



**Australian
Bureau of
Statistics**

FOCUS

ON FAMILIES

**Caring in Families:
Support for persons who are
older or have disabilities**



**1994
INTERNATIONAL YEAR
OF THE FAMILY**

ABS Catalogue No. 4423.0



NEW ISSUE

FOCUS ON FAMILIES:

CARING IN FAMILIES — SUPPORT FOR PERSONS

WHO ARE OLDER OR HAVE DISABILITIES

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Focus on Families: Caring in Families is one of a series produced by the Australian Bureau of Statistics as part of the International Year of the Family. The publication was compiled by Joan Burnside, Elisabeth Davis, Richard Grant and Jennie Widdowson with the assistance of the Welfare Statistics Unit.



Focus on Families: Caring in Families — Support for persons who are older or have disabilities

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INQUIRIES

- *for further information* contact Elisabeth Davis on (06) 252 7430 or any ABS State Office.
- *for information about other ABS statistics and services* please refer to the back page of this publication.

PREFACE

The United Nations General Assembly proclaimed 1994 as the International Year of the Family (IYF). In Australia there is a strong commitment that IYF should be a catalyst to greater support and quality of life for all families. The Australian Bureau of Statistics (ABS) is supporting the goals of IYF by providing data on families to inform discussion on the key priority issues identified by the National Council for IYF.

This report explores the need for care resulting from disability or ageing, the contribution of families to the provision of care and the characteristics of carers in the light of changes taking place in Australian society which affect traditional family roles and the dimensions of the need for care. The National Council for the International Year of the Family has identified three key priority issues in support of caring in families. These are:

To acknowledge the value of caring and nurturing provided by families as part of the contribution made by those involved in unpaid work in households and communities.

To strengthen partnerships between families, governments, education and community services, businesses, unions, religious organisations, and community groups.

To address the circumstances and needs of disadvantaged families, including ...families where a member has a disability or chronic illness.

The United Nations IYF Guidelines encourage 'social welfare policies for meeting the needs of families, as well as those of their individual members', going on to stress that 'policies and programs should take into account: the right of women to participate in economic activity; (and) the limited capacity of some families, especially single parent families, to take on additional responsibilities, such as care for the aged and disabled.'

It is the fourth report in the *Focus on Families* series of publications which provides statistical information on characteristics of families and family members, and factors over the last 10 to 20 years which have influenced the fabric of family life.

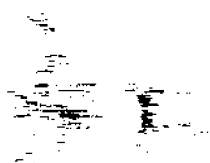
Other publications in the series cover the following topics:

- demographics and family formation;
- education and employment;
- work and family responsibilities;
- income and housing;
- family life.

Publications in the series draw on data from a number of sources, including the 1993 Survey of Disability, Ageing and Carers, the 1992 Time Use Survey and the 1992 Survey of Families in Australia (Family Survey). In addition to publications, the ABS provides data and statistical assistance through a special tabulation service, data in electronic format and a statistical consultancy service. Details of published and unpublished data services are outlined in Appendix A.

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March 1995



Focus on Families

Caring in Families: Support for persons who are older or have disabilities

Main Features

People with handicaps

- In 1993, 18 per cent of Australians had a disability. Most of these people, 14 per cent of the total population, had a handicap (Table 1).
- Almost half (48%) of people with a handicap were aged 60 and over (Tables 1 and 12).
- Almost three-quarters (73%) of people with a handicap lived in families and 6 per cent lived in establishments (Table 2).
- There were 721,000 people with a profound or severe handicap. Of these, two-thirds lived in a family (Table 2).
- Of people with a handicap who lived at home, 39 per cent needed help with home maintenance, and 29 per cent needed help with transport (Table 3).
- Six in 10 people with a handicap who lived in a household and needed help received as much help as they needed (Table 5).
- People born in a non-English speaking country and those born in an English speaking country had a similar chance of having their needs for assistance fully met, (66% and 62% respectively) (Table 5).
- Around 7 per cent of people needing help received no help at all (Table 5).
- Ninety-two per cent of people with a handicap who received informal care received care for some activities from a family member (Table 8).

Older people

- In 1993, there were 2.8 million people aged 60 and over. Just over two-thirds lived in a family (Table 11,12).
- Over half (56%) of all people aged 60 and over who lived in households felt that they needed no help or assistance, because of their age or disability, with activities connected with their daily life (Table 14).
- Around a quarter (24%) of people aged 60 and over had a profound handicap which meant that they always needed help in a basic living activity (Table 13).
- Among those aged 80 and over, close to half always needed help or supervision because of their handicap (Table 13).
- Of the people aged 60 and over who needed help, 74 per cent of those who lived in a family had their needs fully met compared with 61 per cent not living in a family (Table 14).
- Twenty-seven per cent of people who were aged 60 and over, with unmet need, did not consider that their need for help was important enough to seek assistance from a formal service (Table 15).
- Family members provided over 80 per cent of the assistance given to people aged 60 and over. Friends often provide help with transport, mobility and home maintenance (Table 17).
- In 1993, 157,000 people aged 60 and over were principal carers (Table 19).

Providers of care

- In 1993, there were 1.5 million carers who were caring for another person in the same household. Just over 6 per cent of these provided care for more than one person (*Table 20*).
- There were 1.4 million people who received care from another person in the same household. Twenty per cent of these had more than one carer (*Table 21*).
- Fifty-four per cent of all carers who lived in the same household as the person receiving care were men (*Table 23*).
- Sixty-six per cent of male carers cared for a partner, compared with 53 per cent of female carers (*Table 22*).
- Over a quarter (26%) of carers who lived with the person for whom they cared were principal carers (*Table 30*).
- People caring for parents experienced closer to average employment patterns than those caring for a partner or a child (*Tables 36, 37*).
- Thirty-seven per cent of women who worked prior to the caring role had given up work because of the caring role (*Table 38*).
- In 1993, more than half of all principal carers with an income (52%) had a personal weekly income of \$200 or less (*Table 43*).
- 93,000 principal carers were not able to go out during the day or could only go out if help was arranged, or they were accompanied by the person for whom they cared (*Table 44*).
- Twenty-one per cent of all principal carers said their sleep was interrupted by the caring role and that this affected their daily activities (*Table 49*).
- One hundred thousand principal carers reported that they had lost touch or were losing touch with existing friends (*Table 50*).

Principal carers

- Ninety-five per cent of principal carers were providing care to a family member (*Page 23*).
- Forty-two per cent of all principal carers were providing care to their partner (*Table 31*).
- Less than half (38%) of the principal carers of a parent lived in the same household as the parent (*Table 34*).
- Twenty per cent of those caring for a child had been in the caring role for 20 years or longer (*Table 35*).
- Thirty-one per cent of carers for children reported that their relations with other family members were strained (*Table 51*).
- Principal carers of partners or children were more likely to report stress-related illness, worry, depression, anger or lack of energy than those caring for other people (*Table 53*).

Support for carers

- Principal carers of a child were more likely than other groups to have received training for the caring role (*Table 56*).
- Twenty-eight per cent of all principal carers who were caring for a spouse received help with the caring role. Principal carers of other groups, such as parents or children, were twice as likely to have received help (*Table 56*).

Impact of the caring role

- Eighty-three per cent of employed men aged 15 to 64 caring for partners were in full time employment compared with 48 per cent of employed women (*Tables 36, 37*).

Focus on Families: Caring in Families

The family is 'the basic unit of society: ...it continues to provide the natural framework for the emotional, financial and material support essential to the growth and development of its members, particularly infants and children, and for the care of other dependants, including the aged, disabled and infirm' (The United Nations' Guidelines for the International Year of the Family, 1994). This publication examines the extent of the need for care of older people and those with disabilities, the role of families and different types of family members in providing this care, and the effects of caring on those who principally undertake it. The report presents an analysis of the current situation of caring and the need for care in response to the many issues and questions raised by the changing nature of Australian society.

The Australian population is ageing. More people survive infancy, and those who do are living longer. Women are having fewer babies, and doing so later in life. These factors are leading to an increase both in the absolute numbers and in the proportions of older people in the population (Rowland, 1991). Between 1974 and 1994 the number of people aged 65 and over in Australia almost doubled to 2.1 million (*Australian Demographic Statistics*, 3101.0).

Disability has a close association with age. Although people aged 60 and over represent 16 per cent of the population, almost half of the

people with a disability and handicap are in this age group (see *Disability, Ageing and Carers: Summary of Findings*, 4430.0). The disability rate is therefore expected to increase, and in particular the proportion of those whose disability results in need for care (Clark and Tulpule, 1994). The countering effects of post-Depression childhoods, more access to health care and wider public understanding of nutrition on disability rates as people age are not yet measurable.

Government has recognised the increasing costs of residential care for people with profound or severe handicap. At the same time, there has been a growing social perception that people with handicaps have rights, can make a contribution to society, and can be assisted by appropriate rehabilitation programs and services to lead less dependent lives. A series of Acts and Reviews since the 1985 Home and Community Care Act have resulted in support for a move from large-scale residential care to provision of a range of support services to people in their own homes, or in smaller home-like centres. Training and advocacy programs have also been supported, to assist with integration into the community.

Community-based care depends very heavily on families. It is widely perceived that most family care is provided by women. This report outlines the considerable contribution of men caring for partners or parents, while confirming the primary

Table 1. All persons(a): disability status by living arrangements, 1993

Living arrangements	Disability status			No disability	Total
	Handicap	Disability without handicap	Total with disability		
- % -					
<i>Lives in household</i>					
With others-					
In a family	72.7	79.9	74.2	89.3	86.5
Not in a family(b)	2.9	3.6	3.1	5.0	4.7
Alone	18.7	14.2	17.7	5.7	7.8
<i>Total</i>	94.3	97.7	95.0	99.9	99.1
<i>Lives in establishment</i>					
	5.7	2.3	5.0	0.1	0.9
All persons	100.0	100.0	100.0	100.0	100.0
Number ('000)	2,500.2	676.4	3,176.7	14,417.6	17,594.3

(a) Excludes boarding school pupils. (b) Comprises unrelated individuals living together, or with families.

Source: *Survey of Disability, Ageing and Carers*

role of women in the care of family members. Traditionally, caring has been part of the accepted nurturing role of women, usually unpaid or low-paid. Potentially, increased community-based care places additional demands on women. Community integration of people requiring high levels of care may be at the cost of the health of women or their access to employment, income or leisure (Gibson and Allen, 1993; Office of Women's Affairs, Victoria, 1994). The effects of caring are examined in this publication. On the other hand, changes in the status and roles of women, in patterns of marriage and family formation, and in women's participation in paid work raise questions about who will be available to provide care for an ageing population.

Older people and people with disabilities are sometimes portrayed as a burden on society. The report shows that many people in these groups do not need assistance from others. Many are providing care for other people. Moreover, needing assistance in one or more areas does not prevent people from being competent and making valuable contributions in many other areas.

In 1993, 18 per cent of Australians had a disability. Most of these people, 14 per cent of the total population, had a handicap.

A major theme of this report is need — need for help with activities of daily living; need for adequate sleep and leisure, social interaction and access to income; need for support for carers. Need can be described in a number of ways. The approach taken here follows Bradshaw's classification (Bradshaw, 1972). A society may have an expectation about an appropriate standard, and people who are disadvantaged compared with the standard will have a need. This *normative* need is reflected in the existence of social policies to provide services for people with a handicap. It is also seen in the concern that carers should have adequate access to sleep, paid work and income, and not be disadvantaged by their role. When people are asked about what help they need, and whether they receive enough, this can be described as *felt* need. People's need for help with various activities comes into the category of felt need, but when these people have a handicap, or are ageing, the felt need is within a context of normative need. Where some people have access to services but others who meet the same criteria do not, a *comparative* need exists. Comparative need is investigated in comparing different types of population groups, such as migrants, to see whether a disadvantage exists. *Expressed* need or demand is reflected in the use of services. These various kinds of need, with their limitations of definition and measurement, allow different dimensions of need to be explored. All of these four types of need appear in this publication.

Table 2. Persons with a handicap: severity of handicap by living arrangements, 1993

Living arrangements	Severity of handicap						Total
	Profound	Severe	Total	Moderate	Mild	Not determined	
	- % -						
<i>Lives in household</i>							
With others							
In a family	57.2	79.5	66.5	72.1	74.8	79.9	72.7
Not in a family(a)	*1.4	3.7	2.4	2.3	3.0	4.4	2.9
Alone	11.9	16.7	13.9	23.1	21.4	15.7	18.7
Total	70.6	100.0	82.8	97.5	99.2	100.0	94.3
<i>Lives in establishment(b)</i>	29.4	..	17.2	2.5	0.8	**	5.7
All persons with a handicap	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number ('000)	419.9	301.1	721.0	455.5	941.8	382.0	2,500.2

(a) Comprises unrelated individuals living together, or with families. (b) Severe handicap was not identified for persons in establishments.

Source: Survey of Disability, Ageing and Carers

In the following analysis, people with a *disability* are those who have 'any restriction or lack (because of impairment) of ability to perform an action in the manner or within the range considered normal for a human being' (International Classification of Impairments, Disabilities and Handicaps, 1980). People with a disability which limits their ability to perform certain tasks associated with daily living have a *handicap*. These tasks are in the areas of self care, mobility, verbal communication, schooling and employment. The level of *severity of handicap* relates to self care, mobility and verbal communication tasks. Someone with a profound *handicap* always needs assistance in at least one of these areas. A person who sometimes needs this kind of assistance has a *severe handicap*. Someone who does not need assistance, but has difficulty in performing any of these activities of daily living is said to have a *moderate handicap*. People with a *mild handicap* are those who do not need any assistance and do not have difficulty in these areas, but use an aid of some kind, or have difficulty in walking far or walking upstairs, or picking up an object from the floor. All children

aged 4 and under with a disability are considered to have a handicap, but the severity of this handicap is not determined because it is common for children of this age to need help with personal care.

People with handicaps

Two-thirds of people with a severe or profound handicap lived in family households.

In 1993, 18 per cent of Australians had a disability. Most of these people, 14 per cent of the total population, had a handicap. Over recent years there has been a slow and steady increase in the proportion of people with a handicap remaining in their own homes, from 91 per cent in 1981 to 94 per cent in 1993. Three-quarters of these live in families. This movement has been accompanied by a small increase in the proportion living alone.

Table 3. Persons with a handicap: whether needed help and type of help needed(a) by living arrangements, 1993

Activities for which help needed	Lives in a household			Total	Lives in establishment(c)	Total
	With others		Alone			
	In a family	Not in a family(b)				
			- % -			
Needed help						
Self care	16.1	16.0	5.9	14.0	61.7	16.8
Mobility	21.5	20.6	19.2	21.0	80.5	24.4
Verbal communication	5.6	*6.1	**0.2	4.6	20.3	5.5
Health care	18.5	23.9	24.7	19.9	73.8	23.0
Home help	26.2	23.1	30.0	26.8	..	..
Home maintenance	37.1	32.2	47.5	39.0	..	..
Meal preparation	7.8	*8.7	4.6	7.2	..	..
Personal affairs	11.9	15.9	10.7	11.8	81.3	15.8
Transport	27.3	30.7	35.0	29.0	..	..
Total who needed help	58.3	56.2	66.3	59.8	92.7	61.7
Did not need help	41.7	43.8	33.7	40.2	7.3	38.3
All persons with a handicap	100.0	100.0	100.0	100.0	100.0	100.0
Number ('000)	1,817.6	72.5	467.1	2,357.2	143.0	2,500.2

(a) Persons may need help for more than one activity and therefore components do not add to totals. (b) Comprises unrelated individuals living together, or with families. (c) Information on home help, home maintenance, meal preparation and transport was not collected for persons in establishments.

Source: Survey of Disability, Ageing and Carers

In 1981, 18 per cent of people with a handicap who lived in households were living alone. By 1993 this proportion had increased to 20 per cent. Eighty-nine per cent of people without disabilities lived in families. A smaller proportion of people with disabilities (74%) or handicaps (73%) lived in families. Of all people with handicaps, 6 per cent lived in establishments, and 19 per cent lived alone. Among people without disabilities, only 6 per cent lived alone in 1993. These proportions reflect the higher levels of disability and handicap associated with ageing, and the greater likelihood of older people living alone after a partner dies.

Increased severity of handicap generally accompanies an increased likelihood of living in an establishment. In 1993, the proportion of people living in an establishment was less than 1 per cent of people with mild handicaps, but almost one-third (29%) of people with profound handicaps. The living arrangements of people with profound handicaps are influenced by their requirement for constant personal help or supervision with at least one of the activities of self care, mobility or verbal communication.

Three-quarters of people with mild handicaps were living in a family. Two-thirds of people with severe or profound handicaps (67%) lived in families. People with profound or severe handicaps were less likely to be living in a household by themselves, than people with mild handicaps (14% compared with 21%).

Need for care

Forty per cent of people with handicaps, living in households, needed no assistance.

Families play a large role in caring for people with handicaps. A need for help with basic living activities reduces the ability to live alone. In 1993, two-thirds of those who needed help with self care (70%) or mobility (64%) and three-quarters of those needing help with verbal communication (74%) lived in families. Of the remaining group, half had moved into an establishment. People who had felt needs for help in other areas were more able to live alone because of help from family and friends, and the availability of formal services.

While most people with handicaps who are in need of care live in a household, those who live in an establishment tend to have a much greater need for care. Ninety-three per cent of those who lived in establishments needed help with at least one activity, and 70 per cent needed help with more than three, relating to personal care and personal affairs. Among people with handicaps who lived in a household in 1993, those who lived with a family (58%) or friends (56%) were less likely

Table 4. Persons with a handicap: number of activities for which help was needed by living arrangements, 1993

Number of activities	Lives in a household			Total	Lives in establishment
	With others		Alone		
	In a family	Not in a family(a)			
			- % -		
None	41.7	43.8	33.7	40.2	7.3
One	19.0	18.8	19.5	19.1	10.3
Two	12.8	12.7	18.6	13.9	12.4
Three	8.6	*7.4	9.7	8.8	14.7
Four	5.6	*3.1	8.0	6.0	38.3
Five	4.2	*3.9	5.8	4.5	17.1
Six or more	8.1	*10.3	4.7	7.5	..
All persons with a handicap	100.0	100.0	100.0	100.0	100.0
Number ('000)	1,817.6	72.5	467.1	2,357.2	143.0

(a) Comprises unrelated individuals living together, or with families.

Source: Survey of Disability, Ageing and Carers

overall to need help than those who lived alone (66%). Those living with others were more likely to need help with self care, while those living alone had greater need in the areas of home help, maintenance and transport. Around a fifth of those living with others or alone in households needed help with getting out of bed or getting around. A similar proportion in all types of households needed assistance with health care, such as taking medication, having wounds dressed, or caring for feet. Help with personal affairs was needed by a higher proportion of those living with people other than family (16%). This included paying bills and writing letters.

People with handicaps living at home are more likely to need help with home maintenance and with transport than with any other single activity. In 1993, 39 per cent needed assistance with home maintenance and 29 per cent needed help with transport. Relatively few needed assistance with verbal communication (5%) or with meal preparation (7%).

Unmet need

In 1993, 60 per cent of people with handicaps, who lived in households and needed help, received as much as they needed. Of those who had a need

for help, over 90 per cent received some help. Around 7 per cent of people with a felt need for assistance, however, received no help at all.

Over half a million people with handicaps who lived in households did not receive enough help to meet their needs.

The extent to which needs were met was almost identical for those living in a capital city and for those living in other areas. People born in a non-English speaking country and those born in an English speaking country had a similar chance of having their needs for assistance fully met (66% and 62%).

In 1993, there were 502,000 people with handicaps who lived in households and felt they did not receive enough help to meet their needs. The most common reason (41%) for not receiving enough help from friends and relatives was that they had not asked them for help. The main reason people did not receive enough help from service providers was that the person needing help did not consider their need important enough (30%).

Table 5. Persons with a handicap who were living in households: whether needed help and extent to which needs were met by selected characteristics, 1993

Whether needed help and extent to which needs met	Birthplace		Location		Total
	Main English speaking country	Non-English speaking country	Capital city	Rest of state	
			- % -		
Help needed					
Needs fully met	62.3	66.3	62.8	63.2	62.9
Needs partly met	29.6	27.3	29.4	29.1	29.3
Needs not met at all	8.1	6.4	7.8	7.8	7.8
Total	100.0	100.0	100.0	100.0	100.0
Number ('000)	1,135.8	218.2	817.9	536.0	1,354.0
Extent to which needs met not known ('000)(a)	44.1	13.1	36.6	20.6	57.2
Total help needed ('000)	1,179.9	231.3	854.6	556.6	1,411.2
Help not needed ('000)	846.1	99.9	523.5	422.5	946.0
All persons with a handicap living in households ('000)	2,026.0	331.3	1,378.1	979.1	2,357.2

(a) Persons receiving help with verbal communication were not asked if they received enough help.

Source: Survey of Disability, Ageing and Carers

Table 6. Persons with a handicap who indicated a reason for unmet need for help who were living in households: type of reason(a) by selected characteristics, 1993

Reason for unmet need	Birthplace groups			Location		Total
	Born in English speaking country	Born in non-English speaking country	Parent born in non-English speaking country(b)	Capital city	Rest of state	
- % -						
Reasons for unmet need for informal help						
Has not asked family/friends	42.2	32.9	41.2	40.5	41.4	40.8
Family/friends too busy/not available	30.9	41.0	*32.9	34.7	29.0	32.5
Need more help than family/friends can give	13.7	*10.5	*14.2	13.4	13.0	13.2
No-one to help	17.2	16.4	*18.1	14.9	20.8	17.2
Other	10.0	*11.4	*21.9	11.4	9.7	10.7
Reasons for unmet need for formal help						
Did not know of a service	24.9	28.9	36.7	29.6	20.4	26.0
Need not important enough	30.3	26.8	*30.4	29.9	29.7	29.8
Won't ask/pride	24.2	24.8	*20.3	22.4	26.7	24.1
No service available	11.7	*10.8	*8.7	7.9	17.0	11.4
Unable to arrange service	9.4	*9.6	*16.7	11.4	7.1	9.8
Other	21.9	20.4	*28.1	23.2	20.1	22.0
All persons with a handicap with a reason for unmet need for help						
Number ('000)	100.0	100.0	100.0	100.0	100.0	100.0
	389.5	70.1	22.5	295.3	186.8	482.1

(a) Persons may give more than one reason and therefore components do not add to totals. (b) People born in Australia or other English speaking country, with at least one parent born in a non-English speaking country.

Source: Survey of Disability, Ageing and Carers

While the differences are not large, people from non-English speaking backgrounds are more likely than those from English speaking backgrounds to receive less help than they feel they need because of unavailability of family and friends, lack of awareness of existing services or inability to arrange services. This may reflect smaller support networks and language barriers. In 1993, for 41 per cent of those with unmet need born in a non-English speaking country, family and friends were too busy or not available to help them. Of those with unmet need from English speaking backgrounds 31 per cent were in the same situation.

First generation migrants with unmet need from non-English speaking countries were slightly more likely to be unaware of the existence of a formal service than those from English speaking backgrounds (29% and 25% respectively). Lack of awareness of formal services was more common for those with at least one parent born in a non-English speaking country (37%), as was difficulty in arranging services (17% compared with around 10% for the other two groups).

People who live outside the capital cities are more likely to be aware of formal services that are available, than those living in capital cities. In 1993, 20 per cent who lived outside capital cities and were in need of more help were unaware of the existence of a required service compared with 30 per cent in capital cities. While awareness of existing services may be higher outside capital cities, access to services may be more limited. Those living away from capital cities were more than twice as likely as those living in a capital city to be unable to access a formal service (17% compared with 8%).

Receipt of care

Among people who live in households and receive care, almost all receive some informal care from a relative or friend. Few rely exclusively on formal assistance from a community organisation or health professional. This is more so for people living in a family and less so for people living alone. In 1993, a little under a third of those living

Table 7. Persons with a handicap who were living in households: type of assistance received by living arrangements, 1993

Type of assistance received	Living arrangements			Total
	With others		Alone	
	In a family	Not in a family(a)		
	-%-			
<i>Received assistance</i>				
Informal only	68.6	50.6	30.9	60.2
Formal only	3.2	*18.1	24.8	8.1
Both	28.2	31.3	44.3	31.7
Total who received assistance	100.0	100.0	100.0	100.0
Number ('000)	1,016.7	39.8	277.6	1,334.1
<i>Did not receive assistance ('000)</i>	<i>800.9</i>	<i>32.7</i>	<i>189.5</i>	<i>1,023.1</i>
All persons with a handicap in households ('000)	1,817.6	72.5	467.1	2,357.2

(a) Comprises unrelated individuals living together, or with families.

Source: Survey of Disability, Ageing and Carers

with family compared with two-thirds of those living alone received formal assistance. The receipt of formal help may be what enables many of these people to continue living alone, particularly if informal care is unavailable or insufficient. While those living alone were more likely than those living with others to have received formal help, a greater proportion of those living alone received informal help (75%) than received formal help (69%). This provides an indication of the importance of assistance received from family members in the overall care of people with handicaps who live alone.

People with handicaps who live in households and receive informal care are far more likely to receive this care from a family member than from a friend. In 1993, 92 per cent of these people received help from a family member and 19 per cent received help from a friend. For each activity, no less than 88 per cent received help from a family member. Almost all help with verbal communication (99%), meal preparation (98%) or self care (97%) was received from family members. The activities for which care recipients were most likely to receive help from friends were transport (17%), home maintenance (14%) and mobility (13%).

Table 8. Persons with a handicap who were living in households and receiving informal care: activities for which help was received by provider of care(a), 1993

Provider of care(a)	Activities for which help was received								Total receiving help
	Self care	Mobility	Verbal communication	Health care	Home help	Home maintenance	Meal preparation	Personal affairs	Transport
	-%-								
<i>Family</i>									
Female-	74.5	65.7	85.2	70.4	68.3	33.7	75.7	67.7	53.8
Wife, mother or daughter	71.0	59.7	79.6	64.8	62.1	30.4	70.2	61.9	45.5
Wife	33.2	22.1	11.9	36.5	36.1	17.7	36.1	24.5	10.1
Other	6.7	9.8	16.7	6.2	8.0	3.8	6.8	6.4	11.0
Male-	36.6	43.5	45.2	29.5	37.3	67.1	24.0	32.8	49.8
Husband, father or son	35.1	39.3	38.2	27.8	34.0	56.2	21.4	27.9	43.9
Husband	21.4	22.7	*3.9	21.2	25.7	31.2	15.4	14.8	27.4
Other	*1.7	5.4	13.4	*1.7	3.9	13.8	*2.6	5.5	7.2
<i>Total family</i>	<i>96.8</i>	<i>91.8</i>	<i>99.1</i>	<i>95.4</i>	<i>95.2</i>	<i>89.4</i>	<i>97.6</i>	<i>92.0</i>	<i>88.4</i>
<i>Friend</i>	<i>4.7</i>	<i>13.4</i>	<i>*2.6</i>	<i>5.4</i>	<i>6.6</i>	<i>14.0</i>	<i>*4.1</i>	<i>9.1</i>	<i>16.6</i>
Persons with a handicap living in households who received informal care	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number ('000)	287.8	429.0	76.7	248.0	437.5	692.7	134.7	247.6	588.7

(a) A person may have more than one provider of care and therefore components do not add to totals.

Source: Survey of Disability, Ageing and Carers

Table 9. Persons with a handicap who needed and received assistance and who were living in establishments: provider of assistance(a) by activity for which assistance was needed and received, 1993

Provider of assistance	Activities for which assistance was needed and received					Total who needed and received assistance
	Personal care(b)	Mobility	Verbal communication	Health care(c)	Personal affairs	
			- % -			
Staff of establishment	99.6	98.8	98.4	98.4	83.9	98.7
Medical officer/other personnel outside establishment	5.0	2.1	4.0	6.0	5.4	9.4
Voluntary community assistance scheme	1.2	1.7	1.8	*0.9	2.2	3.4
Relatives	11.4	19.2	31.9	12.6	56.6	56.5
Friends	2.4	5.6	6.5	3.0	10.3	13.6
Persons with a handicap in establishments who needed and received assistance	100.0	100.0	100.0	100.0	100.0	100.0
Number ('000)	87.8	113.8	28.9	18.4	115.9	131.7

(a) Persons may have more than one provider of assistance and therefore components do not add to totals. (b) Includes persons who needed assistance with both self care and footcare. (c) Persons who did not need personal care, who may or may not have needed ongoing help or supervision with taking medication or dressing wounds, but who did need and receive footcare.

Source: Survey of Disability, Ageing and Carers

In 1993, a third of people with handicaps living in a family, compared with two-thirds of those living alone, received formal assistance.

People who need care are slightly more likely to receive it from a female than from a male family member. In 1993, 62 per cent of these people received help from a female family member and 59 per cent from a male family member. Women provided help with a wider range of activities than men. Home maintenance and transport were the activities with which the largest number received help. Help with home maintenance was considerably more likely to have been provided by a male family member, while help with transport was almost evenly shared between men and women.

Help received from family members tends to be received from a close family member. The overwhelming majority received help from a partner, parent or child. A much smaller proportion received help from a more distant relative such as a brother or sister, grandchild,

in-law or cousin. Partners were a major source of care. Fifty-three per cent received assistance from a partner. While a higher proportion of men (61%) than women (47%) received care from a partner, there were more women (324,000) receiving help from a partner than men (285,000).

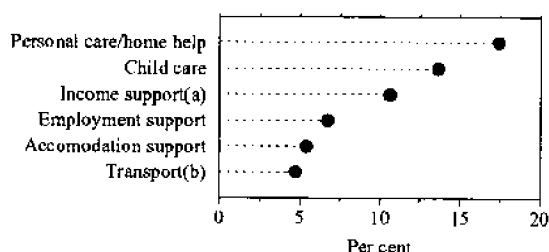
In an establishment, assistance is much more likely to be provided by staff of the establishment, a medical officer or a voluntary organisation than by a friend or relative. Yet friends and relatives do provide assistance for those in establishments, particularly with the tasks of managing money, keeping track of expenses and writing letters. Fifty-seven per cent of those who needed help with at least one of these tasks received help from a family member and 10 per cent received help from a friend.

Recipients giving care

Many people who receive care also have family responsibilities or provide family support. In 1992, 44 per cent of people aged 15 and over who received personal care or home help because of old age, ill health or disability either had a dependent child living with them or provided support to a relative. About one in six (17%) of those who received personal care or home help provided this same form of support to another family member.

Daily life

Figure 1. Persons aged 15 years and over who received personal care or home help because of old age, ill health or disability: whether provided selected types of assistance to a family member, 1992



(a) Includes maintenance. (b) To work, or for a family member because of sickness, disability or old age.

Source: Family Survey

Disability and handicap have a distinct effect on the patterns of daily activity. Over the whole population and within each type of family relationship, the effect of disability and handicap on the use of time is clear. The family role, however, has a much stronger effect than disability or handicap.

In 1992, the proportion of the day spent on labour force activities tended to be lower on average for people with severe handicap (see *Time Use in Glossary*) than for all people with disabilities, and lower for people with disabilities than for all persons. Conversely, time spent on personal care, which includes sleeping, eating, personal hygiene and getting dressed, was greater for all people with a handicap than for people with a disability,

Table 10. Persons aged 15 years and over who were living in households: disability status by proportion of day spent on main activity groups by living arrangements, 1992

Living arrangements and disability status	Labour force activities	Household activities	Personal care	Education and community	Social and leisure	Number of persons
- Proportion of day-						- '000 -
<i>Partner in couple with child aged 14 and under</i>						
Persons with severe handicap	6.8	23.3	45.3	1.5	22.9	52.9
Persons with a disability	13.5	19.0	43.2	3.1	21.1	519.5
All persons	16.7	20.3	41.4	2.4	19.2	3,605.3
<i>Partner in couple without child aged 14 and under</i>						
Persons with severe handicap	3.4	16.1	50.1	1.7	28.5	165.8
Persons with disability	6.5	17.2	46.1	2.3	27.3	1,578.8
All persons	12.9	16.1	43.8	2.4	24.7	4,729.2
<i>Lone parent</i>						
Persons with severe handicap	*0.2	*12.8	*48.4	*1.7	*36.7	*28.4
Persons with disability	3.5	19.9	45.4	3.6	27.4	147.4
All persons	9.7	21.4	43.0	3.2	22.6	595.2
<i>Other family member</i>						
Persons with severe handicap	3.3	6.7	51.9	6.9	31.0	60.8
Persons with disability	19.0	9.1	47.4	5.6	31.8	306.0
All persons	11.9	6.9	44.9	9.9	26.1	2,431.3
<i>Not a family member</i>						
Persons with severe handicap	1.0	15.1	49.2	1.6	32.8	100.7
Persons with disability	5.5	15.5	45.8	2.8	30.3	617.3
All persons	13.1	12.8	43.5	4.0	23.7	1,893.2
Total						
All persons with severe handicap	3.0	16.5	49.4	2.4	29.8	408.6
All persons with a disability	7.6	15.2	45.6	3.1	27.0	3,169.0
All persons aged 15 and over who were living in households	13.6	15.3	43.3	4.0	23.7	13,254.3

(a) Components may not add to totals because of rounding, and because of a very small amount of undescribed time.

Source: Time Use Survey

Older people

and for people with no disability. A higher proportion of the day spent sleeping is part of the explanation, but so is the difficulty many people with severe handicap experience with self care.

Social and leisure activities showed a similar pattern of increase from all persons to people with severe handicap. This set of activities included visiting and being visited, sport, exercise and outdoor activities, playing cards and other games, watching television, listening to the radio, resting and conversation.

Being a parent in a couple family, however, meant spending a much higher proportion of the day (between 19% and 23%, or five to six hours), on household activities such as cooking, cleaning, child care and shopping than those in most other relationship groups, whether people had disabilities or handicaps or not. Time spent on paid work also tended to be higher for parents with partners than for most other groups. More time spent on paid and unpaid work inevitably meant less time available for personal care and leisure activities.

In 1991, two-thirds of people aged 60 and over lived with at least one other family member (67%). A substantial proportion live alone (23%) and a small minority live in a health establishment (7%). There are, however, considerable differences between the living arrangements of people aged in their early 60s and those aged close to 100. As age increases, the likelihood of living in a family

Table 12. Persons aged 60 years and over: disability status by age, 1993

Age	Disability		No disability	Total
	Handicap	No handicap		
	- % -			- '000 -
60-64	29.1	7.3	63.6	716.2
65-69	34.1	8.6	57.3	684.2
70-74	45.8	10.7	43.5	548.3
75-79	50.6	7.7	41.6	393.6
80 and over	70.7	3.8	25.5	420.6
All persons 60 and over	43.1	7.8	49.1	2,763.0

Source: Survey of Disability, Ageing and Carers

Table 11. Persons aged 60 years and over: living arrangements by age, 1991

Living arrangements	Age								Total
	60-64	65-69	70-74	75-79	80-84	85-89	90-94	95 and over	
	- % -								
Private dwelling									
With family	80.0	74.5	66.6	56.6	44.8	33.7	24.0	19.9	66.7
With unrelated person(s) only	2.4	2.2	2.1	1.8	1.6	1.4	1.2	1.3	2.1
Alone	14.4	19.3	25.4	31.5	34.4	30.5	21.5	11.9	22.7
Total in private dwelling	96.9	96.0	94.1	89.9	80.7	65.6	46.7	33.1	91.4
Health establishment									
Home for the aged	0.3	0.7	1.7	3.9	8.2	14.7	20.4	20.7	2.9
Nursing home	0.3	0.5	1.2	2.8	6.8	14.3	26.2	39.3	2.6
General hospital	0.6	0.8	1.1	1.7	2.6	3.6	4.7	5.6	1.3
Psychiatric hospital	0.1	0.1	0.2	0.2	0.2	0.2	0.2	0.1	0.1
Hostel for the disabled	0.1	0.1	0.1	0.1	0.2	0.4	0.5	0.6	0.1
Total in health establishment	1.3	2.3	4.3	8.7	18.0	33.2	52.0	66.4	7.0
Other non-private dwelling	1.8	1.7	1.6	1.4	1.3	1.2	1.3	0.5	1.6
All persons aged 60 and over	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number ('000)	701.2	640.5	491.2	371.2	223.3	105.1	36.0	9.2	2,577.6

Source: 1991 Census of Population and Housing

Table 13. Persons aged 60 years and over with a handicap: severity of handicap, 1993

Age	Severity of handicap					Total -'000-
	Profound	Severe	Moderate - % -	Mild	Not determined	
60-64	8.3	7.9	21.5	47.9	14.5	208.3
65-69	11.9	9.7	25.5	45.4	7.6	233.4
70-74	17.9	8.1	23.2	46.4	4.3	251.3
75-79	22.9	8.6	21.7	41.9	4.9	199.4
80 and over	48.5	10.1	12.4	27.3	*1.6	297.3
Persons aged 60 and over with a handicap	23.5	9.0	20.4	40.9	6.2	1,189.6

Source: Survey of Disability, Ageing and Carers

steadily diminishes and the chance of living in an establishment rises dramatically. Older people become increasingly likely to be living alone until they reach their early 80s, and then less so in later years. In 1991, 80 per cent of people aged between 60 and 64 years were living with family, 14 per cent lived alone and 1 per cent in a health establishment. For people aged 95 and over, a clear majority (66%) lived in an establishment, 20 per cent lived in a family and 12 per cent lived alone. Most older people who lived in a health establishment lived in either a home for the age or a nursing home. People were slightly more likely to be living in a home for the aged up until

around 90 years of age. After this age they were considerably more likely to be in a nursing home.

An explanation for the changes to living arrangements that accompany ageing lies in the change to living alone on the death of a partner, and the strong relationship between age and handicap. In 1993, twenty-nine per cent of those aged 60 to 64 had a handicap compared with 71 per cent of those aged 80 and over.

Just as the likelihood of having a handicap increases with age for those aged 60 and over, the chance of that handicap being more severe also increases. Less than one in ten people aged 60 to

Table 14. Persons aged 60 years and over who were living in households: whether needed help and extent to which needs met by whether lived in a family, 1993

Whether needed help and extent to which needs met	In a family			Not in a family			Total
	Males	Females	Persons	Males	Females	Persons	
	- % -						
<i>Help needed</i>							
Needs fully met	67.4	77.3	73.8	61.6	60.3	60.5	69.4
Needs partly met	23.6	19.9	21.2	19.8	29.8	28.0	23.5
Needs not met	9.0	2.8	5.0	18.6	10.0	11.5	7.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number ('000)	271.2	490.8	762.0	66.0	311.0	377.1	1,139.0
<i>Whether needs met not known ('000)(a)</i>	8.3	11.1	19.4	**	**0.1	**0.1	19.5
Total help needed ('000)	279.5	501.9	981.4	66.0	311.1	377.2	1,158.5
Help not needed ('000)	707.9	400.6	1,108.5	142.5	209.4	351.9	1,460.4
All persons 60 and over living in households ('000)	987.4	902.5	1,889.9	208.6	520.5	729.1	2,619.0

(a) People receiving help with verbal communication were not asked if they received enough help.

Source: Survey of Disability, Ageing and Carers

64 with a handicap always needed personal help or supervision. Among those aged 80 and over, close to half had a handicap of comparable severity.

Over half of older people living in their own home lived independently, without support from others. In 1993, 56 per cent did not need help with any of the specified activities.

Among those aged 80 and over with a handicap, close to half always needed help or supervision because of their handicap.

Need for help was less pronounced among those living in a family (40% needed help) than among those who did not live in a family (52% needed help). Older women were much more likely than older men to have needed help, regardless of living arrangements, because of their older age structure. Of those who lived in a family, 54 per cent of women compared with 28 per cent of men needed

help. Of those who did not live in a family, 60 per cent of women compared with 32 per cent of men needed help.

Most older people who need help receive as much assistance as they require. For both men and women, those who lived in a family were more likely to have had their needs fully met than those who did not live in a family. In a family, men were less likely to have their needs fully met (67%) than women (77%) whereas for those who did not live in a family, men were slightly more likely to have their needs fully met (62%) than women (60%).

Reasons for unmet need

Many of those with an unmet need for help are reluctant to ask for help. In 1993, there were 13 per cent of older people (aged 60 and over) who lived in a household and felt they needed more help. The main reason that they did not receive enough informal help for some activities was because they had not asked their family or friends (41%). Relatively large proportions did not seek formal

Table 15. Persons aged 60 years and over with an unmet need for help who were living in households: reasons for unmet need by whether lives in a family, 1993

Reasons for unmet need	In a family			Not in a family			Total(a)
	Males	Females	Persons	Males	Females	Persons	
	- % -						
<i>Informal help</i>							
Has not asked family/friends	44.7	43.7	44.2	40.1	35.9	36.6	40.9
Too busy/not available	37.3	33.0	34.9	*27.2	38.8	36.8	35.7
Need more help than family/friends can provide	9.8	12.8	11.5	*9.5	12.1	11.7	11.6
No-one to help	15.0	11.8	13.2	*25.5	20.5	21.3	16.7
Other	*4.7	9.0	7.2	*13.2	*6.0	7.2	7.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number ('000)	84.5	109.6	194.1	25.4	123.5	148.9	343.0
<i>Formal help</i>							
Did not know of a service	33.4	27.8	30.2	*26.7	29.2	28.8	29.6
Need not important enough	28.3	28.4	28.4	*21.5	27.4	26.4	27.5
Won't ask/pride	17.5	24.1	21.2	40.8	25.3	27.9	24.1
No service available	*8.8	11.3	10.2	*10.1	11.2	11.0	10.6
Unable to arrange service	*9.2	7.3	8.2	*10.9	10.3	10.4	9.1
Other	18.0	23.7	21.2	*15.7	22.3	21.2	21.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number ('000)	84.5	109.6	194.1	25.4	123.5	148.9	343.0
Reasons not known ('000)	3.9	1.9	5.8	**	**	**	5.8
All persons 60 and over in households with an unmet need for help ('000)	88.4	111.5	199.9	25.4	123.5	148.9	348.8

(a) People may give more than one reason and therefore components do not add to totals.

Source: Survey of Disability, Ageing and Carers

Table 16. Persons aged 60 years and over: self assessed health status by unmet need for personal care/home help, 1992

Whether needed help and extent to which needs met	Self assessed health				Total
	Excellent	Good	Fair	Poor	
	- % -				- '000-
<i>Help needed</i>					
Needs fully met	4.2	20.9	39.5	35.3	402.0
No help/not enough help received	*3.2	13.8	39.1	43.9	172.8
<i>Total persons needing help</i>	3.9	18.8	39.4	37.9	574.8
<i>No help needed</i>	15.0	46.2	31.5	7.3	1,972.0
All persons aged 60 and over	12.5	40.0	33.3	14.2	2,546.7

Source: Family Survey

help because they did not consider their need to be important enough (28%) and because they would not ask (24%). Much of the unmet need for informal help also results from the absence or limited availability of an informal support network. Thirty-six per cent lacked help because family and friends were either too busy or not available, 19 per cent because there was no one to help, and 12 per cent because the amount of help required exceeded the supportive capacity of family and friends.

Twenty-eight per cent of people aged 60 and over with unmet need for help did not consider their need was important enough to seek assistance from a formal service.

A substantial proportion of those who had an unmet need for formal assistance experienced access difficulties. Around 29 per cent were not aware of the existence of a formal service that was available, 11 per cent did not have a formal service available to them, and 9 per cent were unable to arrange a formal service that was available.

Health

People's sense of well-being can be related to their confidence in being able to live without help, or in getting the help that they need. In 1992, those who did not feel a need for help with personal care or home help generally felt in better health (61% were in good or excellent health) than those who did

feel the need for such assistance. Older people who needed assistance with personal care or home help and received as much assistance as they required tended to assess themselves as healthier (25% were in good or excellent health) than those who had an unmet need for assistance with these activities (17% were in good or excellent health).

Source of help

Help for older people is more likely to be provided by a family member than by a friend or a formal source such as a community organisation or commercial business. Those people who received assistance were considerably more likely to have received that assistance from a family member living with them (58%) than living elsewhere (34%). Help from a formal source was received by 42 per cent of those receiving assistance.

More of those who needed and received help with personal care, health care, home help, home maintenance and meal preparation received it from a formal source, rather than from a family member living elsewhere. For those who needed help with mobility, verbal communication, personal affairs or transport, more received help from a family member living elsewhere than from a formal source. Activities for which a friend was most likely to have provided help were transport (14%), mobility (14%) and home maintenance (10%).

Of older people who need and receive help, those without a handicap are just as likely as those with a handicap to receive assistance from a family member. However, in 1993, those with a handicap

Table 17. Persons aged 60 years and over who needed and received help, and who were living in households: activities for which help was received by provider of assistance(a), 1993

Provider of assistance	Activities for which help was received									Total
	Self care	Mobility	Verbal comm- unication	Health care	Home help	Home main- tenance	Meal prepar- ation	Personal affairs	Trans- port	
- % -										
Family member										
In same household	83.3	63.6	96.7	39.0	62.7	47.6	83.6	66.2	56.8	57.6
Not in same household	8.8	29.8	*9.0	7.6	10.7	23.9	*6.2	26.3	33.7	33.6
Total family members	87.9	88.3	100.0	45.9	70.8	67.8	89.8	90.4	85.5	80.1
Friend	*2.4	13.5	**	*1.4	4.2	10.3	*3.2	8.3	14.1	15.4
Formal help	22.1	7.7	**	63.9	34.7	36.0	13.1	*2.5	9.1	42.3
All persons aged 60 and over who needed and received help	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number ('000)	134.6	211.6	24.6	301.1	390.8	746.2	97.1	165.5	629.8	1,078.2

(a) Persons may have more than one provider of assistance therefore components may not add to totals.

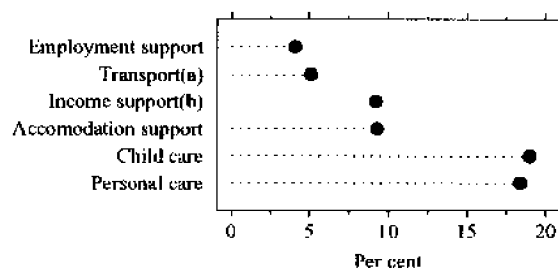
Source: Survey of Disability, Ageing and Carers

were generally more likely (80%) to have received assistance from family than from another source. With personal affairs and transport those without a handicap were more likely than those with a handicap to have received help from family.

Mutual support and independence

Families are networks of mutual help. Much of this care is intangible, and manifests as companionship and emotional support. There are, however, many more tangible ways that family members help each other, such as support with income and housing, or with finding a job, or minding children. Some of these issues are addressed in *Focus on Families: Education and Employment* (4421.0) and *Focus on Families: Income and Housing* (4424.0). While many older people are recipients of care, many are also providers of care, particularly child care and personal care or home help. In 1992, at least 42 per cent of people aged 60 and over provided support to a relative. Almost one-fifth (19%) looked after a related child aged 11 and under who lived outside the household. A similar proportion (18%) provided family support in the form of personal care or home help.

Figure 2. Persons aged 60 years and over who provided support: type of support provided, 1992



(a) To work, or for sick family member. (b) Includes maintenance.

Source: Family Survey

In 1993, 157,000 people aged 60 and over (6%) were the most important provider of care with a personal care activity to someone for whom they were caring. There were others who may not have provided care of this kind, but did not draw on help themselves. In 1993, over 60 per cent of older people did not receive help with any of the activities under consideration. Older women were much more likely than older men to have received help with at least one of these activities. There

Table 18. Persons aged 60 years and over in households who needed and received help: activities for which help was received by whether has a handicap by provider of assistance(a), 1993

Whether has a handicap by provider of assistance	Activities for which help was received									Total
	Self care	Mobility	Verbal	Health	Home	Home	Meal	Personal	Trans-	
			comm- unication	care	help	main- tenance	prepar- ation	affairs	port	
<i>With a handicap</i>										
Family member	87.9	88.3	100.0	46.5	72.2	68.7	90.6	89.3	82.5	80.3
Unrelated person/organisation	23.7	20.2	**	64.4	37.8	44.2	15.8	11.9	26.7	58.2
Total with handicap(a)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number ('000)	134.6	211.6	24.6	294.2	341.6	553.3	92.4	133.1	416.3	721.8
<i>Without a handicap</i>										
Family member	..	..	..	**22.9	60.7	65.3	*73.1	94.6	91.5	79.7
Unrelated person/organisation	..	..	..	*81.3	43.5	43.7	*26.9	*6.6	13.5	32.9
Total without handicap	..	..	..	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number ('000)	..	..	..	*6.9	49.2	192.9	*4.6	32.4	213.5	356.3
All persons aged 60 years and in households who received help ('000)	134.6	211.6	24.6	301.1	390.8	746.2	97.1	165.5	629.8	1,078.2

(a) Persons may indicate more than one provider of assistance therefore components do not add to totals.

Source: Survey of Disability, Ageing and Carers

were as many women receiving help as not receiving help, whereas for every man who received help there were three who did not.

Table 19. Persons aged 60 years and over: whether a principal carer by whether received help with any activities, 1993

Whether help received	Sex		Persons
	Males	Females	
- % -			
<i>Principal carer</i>			
Received help	1.7	2.8	2.3
Did not receive help	4.3	2.6	3.4
<i>Total</i>	6.0	5.4	5.7
<i>Not a principal carer</i>			
Received help	23.3	47.7	36.7
Did not receive help	70.7	46.9	57.6
<i>Total</i>	94.0	94.6	94.3
All persons aged 60 and over	100.0	100.0	100.0
Number ('000)	1,239.8	1,523.2	2,763.0

Source: Survey of Disability, Ageing and Carers

Providers of care

In 1993, 1.5 million people were caring for another person in the same household. Just over 6 per cent provided care for more than one person.

With the increase in community-based caring, informal care from family and friends is recognised as an important source of unpaid support to people of all ages (Abel, 1990, Herrman et al 1993, Schofield and Herrman, 1993).

Carers are people of any age who provide support to family or friends who have a disabilities, or who may need help because of their age (if they are aged 60 and over). Activities for which help is provided include: self-care, mobility, communication, health care, home help, home maintenance and gardening, meal preparation, financial management and letter writing, and transport.

The amount of care given by carers varies according to the type of activity for which help is required. The amount of care can be relatively small, such as help with changing a light bulb or other similar maintenance tasks for an older person. On the other hand, the carer could be providing personal care for a person with a profound level of severity of handicap who needs almost constant care, including help with showering, dressing, eating and moving around.

In 1993, there were 1.4 million people who received care from another person in the household. 20 per cent of these had more than one carer.

Carers can be considered in terms of three groups: those who cared for someone else in the same household, those caring for someone in another household, and those continuing care to someone in a health establishment. In 1993, almost one in 5 households in Australia contained a person who provided some form of care (other than child care) to another person who lived in the same household. The majority of these carers were family members, although many friends have also taken on the role of family support. There were 1.5 million people who were carers for another person who lived in the same household. There were about 728,000 people who cared for someone who lived in another household. Some carers provided help for friends and relatives who lived in nursing homes and other similar establishments for older people and people with disabilities, but complete information about this group is not available. However, there were at least 80,000 carers who gave help to family members and friends in establishments.

There is some overlap between these three groups of carers because a person who lived in one household and cared for a family member in that household (such as a mother caring for a daughter) could also have cared for her own mother who lived in another household, as well as for a friend who lived in a nursing home.

One carer may care for more than one person, with a disability or who is aged 60 and over, in the household. In 1993, just over 6 per cent of the 1.5 million carers who lived in the same household as those for whom they cared, provided care for more than one person.

Table 20. Carers who were living in same household as recipient of care: number of recipients of care, 1993

Number of recipients	- % -
One	93.5
Two	5.8
Three or more	0.7
All carers living in same household as recipient	100.0
Number ('000)	1,509.1

Source: Survey of Disability, Ageing and Carers

People with disabilities and older people may have several carers who each help with one activity or more, or who all help with the same activity. In 1993, 20 per cent of the 1.4 million persons who received care from someone in the household had more than one carer.

Families are interdependent and the caring role can be a two-way process. Just over 26 per cent of all people receiving care from a household member were also giving care to another person in the household. Most people both giving and receiving care only cared for one person. This was

Table 21. Persons receiving care from others who lived in the same household: care received by care provided, 1993

Persons cared for by recipient	Carers of recipient			Total
	1	2	3 or more	
	- % -			
None	72.0	79.1	86.3	73.7
One	26.5	17.9	11.8	24.6
Two or more	1.5	3.0	1.8	1.8
All persons who received care from others in same household	100.0	100.0	100.0	100.0
Number ('000)	1,148.4	223.0	55.8	1,427.2

Source: Survey of Disability, Ageing and Carers

particularly so for elderly couples who cared for each other. They comprised eighty-nine per cent of people in two person households, where both people were giving and receiving care.

Caring within households

In 1993, carers who lived in the same household as the person for whom they cared made up just over 8 per cent of the Australian population. Fifty four per cent of these carers were men. Care of a partner was the type of care most often provided, with a greater proportion of men providing this type of care than women. Of male carers, 66 per cent were involved in caring for their partner, compared with 53 per cent of female carers. A slightly higher proportion of female carers than male carers provided care for parents who lived with them (16% and 14% respectively).

Table 22. Carers who were living in same household as recipient of care: type of recipient, 1993

Recipient	Carers		Persons
	Males	Females	
	- % -		
Partner	66.4	52.8	60.1
Parent	13.7	16.3	15.0
Child	4.1	15.2	9.2
Other relative	6.8	7.7	7.2
Friend	3.4	2.1	2.8
2 or more recipients	5.6	5.8	5.7
All carers living in same household as recipient	100.0	100.0	100.0
Number ('000)	816.0	693.1	1,509.1

Source: Survey of Disability, Ageing and Carers

Care of children with disabilities was more likely to be provided by mothers than fathers (15% of female carers and 4% of male carers). Similar proportions of men and women cared for other relatives, such as brothers, sisters and grandparents, while male carers were slightly more likely to care for friends than female carers (3% and 2% respectively).

Carers ranged in age from children as young as 9 years to people aged 80 and over. Forty-one per cent were aged 60 and over. In 1993 there were similar proportions in the younger age groups (29 and under) of both male and female carers (13% for males and 14% for females). From age 30 to 59 there were more female carers than male carers (53% compared with 36%). The predominance of women in these age groups is consistent with the type of care being provided. Women in these age

groups included carers of children with handicaps (predominantly mothers), carers of parents (more daughters than sons) and carers of partners (higher handicap rates for men than women). The extent of involvement in caring by women in these age groups is likely to reflect their additional capacity to care in conjunction with their prime responsibility for child care.

Male carers who cared for their partners were predominantly aged 60 and over, while female carers who cared for their partners were younger.

A higher proportion of men than women (49% compared with 31%) were providing some care to people aged 60 and over. The median age for all male carers who lived in the same household as the person for whom they cared was 58 years compared with a median age of 48 years for female carers. The higher proportion of male carers at older ages combined with the large proportion of male carers who cared for partners suggests that many male carers were elderly men caring for a partner who needed help with various activities because of her age or disability.

Table 23. Carers who were living in same household as recipient of care: age group of carer, 1993

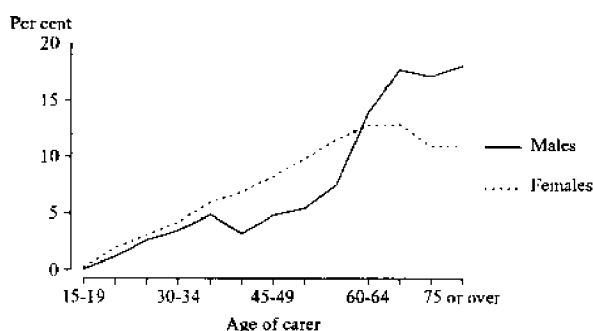
Age	Males		Persons
	Females		
	- % -		
14 and under	1.9	2.6	2.2
15-29	13.3	13.9	13.6
30-44	15.6	24.6	19.7
45-59	20.2	28.0	23.8
60-74	36.1	23.7	30.4
75 and over	12.9	7.3	10.3
All carers living in same household as recipient	100.0	100.0	100.0
Number ('000)	816.0	693.1	1,509.1

Source: Survey of Disability, Ageing and Carers

Sixty-six percent of male carers cared for a partner, compared with 53 per cent of female carers.

As well as for caring within the same household, there were distinct age structures associated with caring for partners. Male carers who cared for their partners were mainly concentrated in older age groups, predominantly aged 60 and over. Female carers who cared for their partners showed a younger age structure. The difference in age structure is highlighted by the difference in median age, which is 65 years for male partner carers, compared with 58 years for female partner carers. The greater proportions of female partner carers at younger ages are likely to be related to the higher rates of severe and profound handicap among men than women, particularly in the pre-retirement years.

Figure 3. Carers who were living in same household as recipient of care: care for a partner by age group, 1993

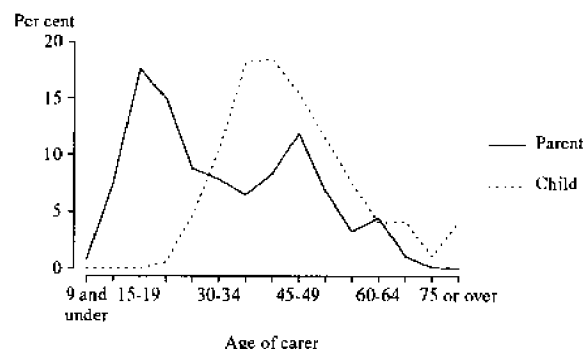


Source: Survey of Disability, Ageing and Carers

The median age of parents who cared for children with handicaps was 44 years, reflecting the likelihood of many adult children's receiving care.

Many children who cared for parents with disabilities were young, with the greatest proportion aged 15 to 19. In the middle years, when adult children mostly have left home, care was mainly provided by partners, with some help from their children who may be living in the household or elsewhere. A second peak occurred in the 45 to 49 age group where children were caring for their older parents who had probably come to live with them.

Figure 4. Carers who were living in same household as recipient of care: carers who cared for parents or children by age group, 1993



Source: Survey of Disability, Ageing and Carers

Caring for those in another household

Almost 425,000 people receiving care from family and friends had only carers who lived outside the household. 77 per cent of these recipients were women.

Carers who live in another household from the person receiving care make a substantial contribution to the overall caring in families. In 1993, there were 728,000 carers who lived in a different household to the person for whom they were caring. Family members provided just under 70 per cent of carers of this type with friends contributing the rest. Sons and daughters made up just over 40 per cent of all carers who lived in another household, with more daughters providing care than sons. Relatives other than partners, parents or children also constituted a considerable proportion of carers for those in another household (23%). Although there were more female than male carers who lived outside the recipient's household, there were larger proportions of friends and relatives other than partners, children and parents who were male carers.

Most people who received care from someone who lived in the same household had no additional care provided by family or friends who lived

Table 24. Carers who were living outside household of recipient of care: type of recipient of care, 1993

Recipient	Carers		
	Males	Females	Persons
	- % -		
Partner	*0.8	**0.3	*0.6
Parent	37.3	46.9	42.3
Child	*1.8	4.6	3.8
Other relative	24.6	21.7	23.1
Friend	35.5	26.5	30.7
All carers living outside household of recipient	100.0	100.0	100.0
Number ('000)	343.0	384.8	728.0

Source: Survey of Disability, Ageing and Carers

outside the household. However, just over 20 per cent of those with one carer who lived in the household also had one or more carers who were family members or friends who lived outside the household. The proportion of carers living outside the household decreased as the number of carers in the household increased. Only 7 per cent of those who received care from three or more people living in the household also received care from one or more people who lived in another household.

Table 25. Persons who received care from others in the household: number of carers who lived outside household, 1993

Number outside household	Number in household			Total
	1	2	3 or more	
	- % -			
None	79.8	84.5	93.2	81.0
One	15.3	13.3	*5.9	14.6
Two or more	4.9	*2.3	**0.9	4.2
All persons who received care from others in household	100.0	100.0	100.0	100.0
Number ('000)	1,148.4	223.0	55.8	1,427.2

Source: Survey of Disability, Ageing and Carers

Almost 425,000 people receiving care from family and friends had only carers who lived outside the household. Nearly three-quarters (73%) of these

people were living alone and 82 per cent were aged 60 and over. Almost four-fifths (77%) of those being cared for only by people outside the household were women.

Nature of care

The proportion of carers who provided care for more than one activity can be used as a measure of the range of activities provided by different types of carers, although not all activities require the same amount of time and effort for the carer.

Where carers lived with the person for whom they cared, just over half (55%) helped with more than one activity, while for carers living in a different household, 33 per cent provide care for more than one activity. This means that, in general, carers living in the same household were providing help with a greater range of activities than those living elsewhere. A greater proportion of daughters caring for parents, both in the household and living elsewhere, provided more types of care (63% and 43% respectively provided help with two or more activities) than other family members.

Table 26. Carers who were living in same household as recipient of care: proportion providing care for more than one activity by type of recipient, 1993

Recipient	% of			Total in category
	Males	Females	Persons	
				- '000 -
Partner	52.0	59.4	55.0	907.6
Child	54.3	62.2	59.7	138.7
Parent	47.8	62.7	54.8	225.4
Other relative	49.1	57.7	53.1	195.3
Friend	55.9	55.0	55.6	42.1
All carers living in same household as recipient	51.4	60.3	55.4	1,509.1

Source: Survey of Disability, Ageing and Carers

Mothers who cared for their children with handicaps provided help with a large number of activities (62% helped with 2 or more activities). Male carers were more likely to provide help with more than one activity to friends living in the same household (56%) and parents in another household (37%). Two-thirds (66%) of all male carers cared for their partners and 52 per cent of these helped with more than one activity.

Main and principal carers in households

Over 90 per cent of people who lived with the person for whom they cared were main carers.

There are often several carers who all provide help with an activity. A main carer is the person who provides the most care for a particular activity. The main carer can live in the same household as the person for whom they care or in another household. Details are only provided about main carers who live in the same household as the recipient of care. There can be a different main carer for each activity for which help is provided, although this is not common. Just over 80 per cent of all recipients of care had only one carer who would, therefore, be their main carer. Over 90 per cent of all carers who lived with the person for whom they cared were main carers.

Table 27. Carers who were living outside household of recipient of care: proportion providing care for more than one activity by type of recipient, 1993

Recipient	% of			Total in category
	Males	Females	Persons	
				- '000 -
Partner	**	**	**	4.1
Child	21.7	21.3	21.4	23.9
Parent	36.5	43.2	40.4	308.2
Other relative	25.0	31.6	28.1	167.8
Friend	29.4	25.9	27.7	223.8
All carers living outside household of recipient	31.5	33.7	32.7	727.8

Source: Disability, Ageing and Carers

Fifty-four per cent of all carers and 35 per cent of all principal carers who live in the same household as the person receiving care were men.

Table 28. Carers who were living in same household as recipient of care: type of recipient by proportion of main carers, 1993

Recipient	% of			Total in category
	Males	Females	Persons	
				- '000 -
Partner	97.8	97.9	97.9	907.6
Parent	79.3	83.3	81.3	138.7
Child	72.2	96.4	90.6	225.4
Other relative	67.7	64.1	66.0	170.3
Friend,	92.0	88.4	90.8	42.1
2 or more recipients	84.0	93.4	88.4	25.0
All carers living in same household as recipient	91.3	92.5	91.8	1,509.1

Source: Survey of Disability, Ageing and Carers

Over 97 per cent of all people who cared for their partners were main carers, showing that most of these carers were the only person providing care. Daughters who provided care for fathers, and carers of relatives other than partners, parents or children, were the types of carers most likely to have additional carers to help with their caring role. This was shown by the lower proportions of these types of carers who were main carers. Only 52 per cent of daughters who cared for their fathers were main carers, although 92 per cent of daughters who cared for mothers were main carers. This reflects the fact that fathers are likely to have a partner who also contributes to caring, but mothers are more likely to be widowed.

For those carers aged 60 and over, almost all (97%) were main carers. Over half (53%) of all young carers aged 14 and under were also main carers. These carers were usually living in households where there were a number of carers providing help. Young carers were usually only a main carer for a few activities, especially home maintenance, home help and meal preparation. About half (54%) of main carers who lived in the same household as the person for whom they cared were men.

Table 29. Carers who were living in same household as recipient of care: proportion who were main carers by age group, 1993

Age	% of			Total in category
	Males	Females	Persons	
				- '000 -
14 and under	59.4	47.2	52.8	33.9
15-29	73.9	73.7	73.8	204.7
30-44	89.6	95.7	93.1	297.9
45-59	91.9	99.0	95.7	358.7
60-74	98.2	97.0	97.8	458.5
75 and over	96.3	93.5	95.4	155.4
All carers living in same household as recipient	91.3	92.5	91.8	1,509.1

Source: Survey of Disability, Ageing and Carers

Principal carers were those main carers aged 15 and over who provided the most personal care (help with self-care, mobility or verbal communication) to a person aged 5 and over with a severe or profound level of handicap. Around 17 per cent of male carers and 37 per cent of female carers who lived in the same household as the recipient were principal carers.

Table 30. Carers who were living in same household as recipient of care: proportion who were principal carers by age group, 1993

Age	% of			Total in category
	Males	Females	Persons	
				- '000 -
14 and under	..	..	..	33.9
15-29	12.7	25.2	18.6	204.7
30-44	16.2	49.2	35.1	297.9
45-59	22.5	37.7	30.7	358.7
60-74	14.8	32.3	21.1	458.5
75 and over	20.3	36.7	25.6	155.4
All carers living in same household as recipient	16.7	36.5	25.8	1,509.1

Source: Survey of Disability, Ageing and Carers

Principal carers

In 1993, there were over half a million principal carers.

Principal carers carry the heaviest responsibilities for people with profound and severe handicaps. It is helpful to examine the current population of principal carers, their care recipients, and any effects the caring role may have, particularly in relation to employment opportunities and physical, social and emotional well being. This is because there is widespread community concern about how caring needs may be met by the family and the community, the type of formal and informal help that may be required, and how carers in the community can best be supported, both now and in the future.

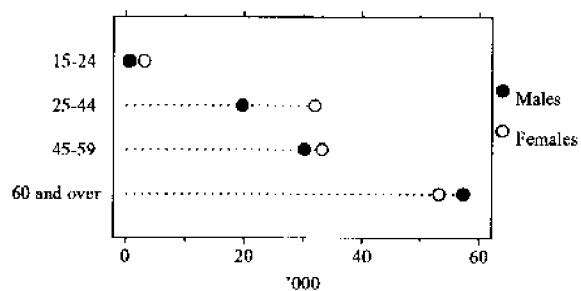
Relationships of care

Forty-two per cent of all principal carers were providing care to their partner.

The role of the family is crucial in providing the personal and often demanding form of help needed by those with profound and severe handicaps. In 1993, there were over half a million (541,000) principal carers, two-thirds of whom were women (67%). Ninety-five per cent of principal carers were providing care to another family member. More than half (55%) were caring for people aged 60 and over.

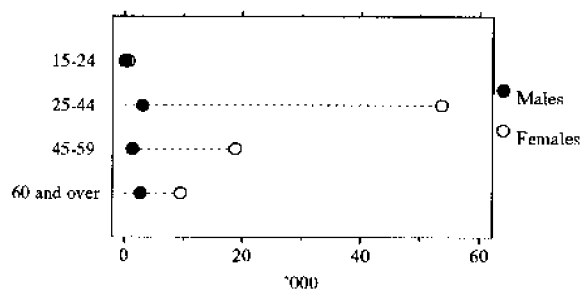
As with all carers, the largest group of principal carers were providing care to a partner (42 per cent of all principal carers). About 229,000 principal carers were caring for a partner in 1993. Nearly two-thirds of men (61%) and a third of women who were principal carers were involved in partner care. A high proportion of partners receiving care were aged 60 and over.

Figure 5. Principal carers who were caring for a partner: age by sex, 1993



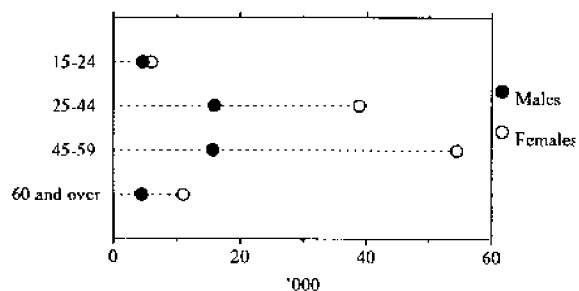
Source: Survey of Disability, Ageing and Carers

Figure 6. Principal carers who were caring for a child: age by sex, 1993



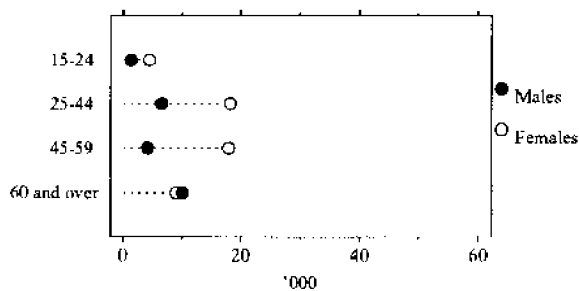
Source: Survey of Disability, Ageing and Carers

Figure 7. Principal carers who were caring for a parent: age by sex, 1993



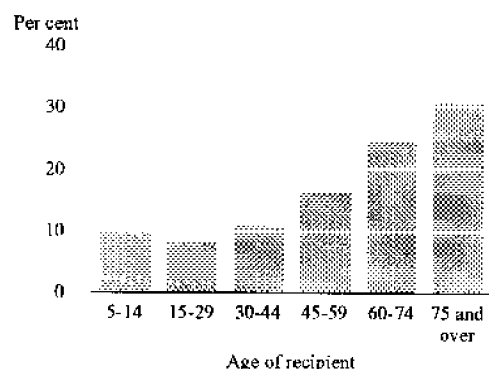
Source: Survey of Disability, Ageing and Carers

Figure 8. Principal carers of other family and friends: age by sex, 1993



Source: Survey of Disability, Ageing and Carers

Figure 9. Principal carers: age of recipient, 1993

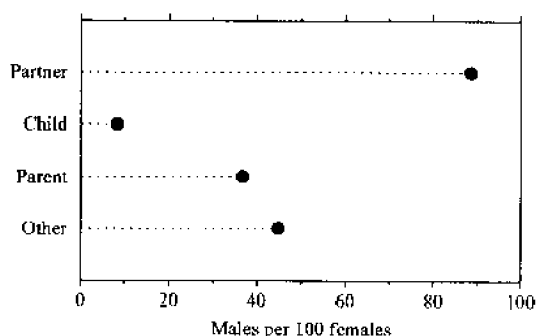


Source: Survey of Disability, Ageing and Carers

The modern nuclear family has not cut itself off from older relatives, although older parents and their children tend not to live in the same premises in western society (Braithwaite, 1990). Twenty-eight per cent of principal carers, 151,000, were providing care to a parent. In the majority of cases (62%) the parent did not live in the same household as the care-giver. Care for a parent accounted for 23 per cent of male carers and 30 per cent of female carers. Principal care of a parent was more often provided by a daughter (73%) than by a son (27%).

Over 89,000 principal carers, 1 in 6, were caring for a child, a son or daughter of any age 5 years and over. The proportion of fathers providing principal care to a child was very low. The great majority (93%) of principal carers for their children were mothers.

Figure 10. Principal carers: ratio of males to females by recipient, 1993



Source: Survey of Disability, Ageing and Carers

Caring for children with handicaps can often be a lifelong task for parents. Most of the children receiving care were aged 14 and under (59%) but 12 per cent were aged 30 and over. In some cases

these older children had needed principal care from a much younger age and had been in receipt of care for more than 20 years. For others the need for care occurred later in life.

An additional 56,000 children, aged 0 to 4 with a handicap, have not been included as having a principal carer. It is difficult to distinguish the routine care parents give children of this age from care due to handicap.

Those providing care to other family members (such as brothers, sisters, aunts, uncles or grandparents), or to non-family members, represented 13 per cent of principal carers. Although almost equal proportions of men (13%) and women (14%) were giving this kind of care, principal carers in this group were most often women (69%).

Table 31. Principal carers: relationship of recipient of care to carer, 1993

Recipient of care	Carers			Total
	Males	Females	Persons	
	- % -			- '000 -
Partner	60.7	33.4	42.3	229.1
Child	3.8	22.7	16.5	89.3
Parent	22.9	30.3	27.9	150.9
Other	12.5	13.7	13.3	71.9
All principal carers	100.0	100.0	100.0	100.0
Number ('000)s	177.2	364.0	541.2	541.2

Source: Survey of Disability, Ageing and Carers

Age of principal carers

There are strong relationships between the age of the carer and the type of carer/recipient relationship. Male principal carers are predominantly involved in the care of their partner as the couple age: '...it is notable that a sizable group of elderly men is caring for demented and frail wives' (Herman et al. 1993). Because of this they tended to be older than female carers with 42 per cent of men aged 60 and over, compared with 23 per cent of women. Where men were caring for a partner the proportion of carers aged 60 and over rises to more than half (53%). The proportion of women in this age group, caring for partners, was also higher (44%) than for other

Table 32. Principal carers: age by relationship of recipient of care to carer, 1993

	Recipient of care				
Sex by age	Partner	Child	Parent	Other	Total
	- % -				
Males					
15-24	**0.5	**	*11.4	**5.7	3.6
25-44	18.2	*43.3	39.2	*29.6	25.4
45-59	28.0	**18.8	38.6	*19.1	28.9
60 and over	53.3	*37.9	*10.9	45.6	42.0
All male principal carers	100.0	100.0	100.0	100.0	100.0
Number ('000)	107.6	6.8	40.5	22.2	177.2
Females					
15-24	*2.5	**0.7	*5.4	*9.1	3.9
25-44	26.3	65.0	35.2	36.7	39.2
45-59	27.3	22.8	49.4	36.0	34.2
60 and over	43.8	11.5	9.9	18.2	22.7
All female principal carers	100.0	100.0	100.0	100.0	100.0
Number ('000)	121.5	82.5	110.4	49.7	364.0
All principal carers ('000)	229.1	89.3	150.9	71.9	r 541.2

Source: *Survey of Disability, Ageing and Carers*

carer types. Those providing care to parents were most commonly aged between 25 and 59. Young women, aged 25 to 44, constituted two-thirds of carers for children. As with principal carers for a partner, there were more women than men caring for other family members in all age groups below 60 years, but more men than women aged 60 and over. Women caring for this group were most commonly aged 25 to 59 (73%) but men were considerably older, with 46 per cent aged 60 and over.

Living arrangements

The number and type of family members living in the principal carer's household can impact on their caring role, or on other responsibilities associated with their position in the household, for example, as a parent.

The majority (80%) of principal carers were living in a couple family. Of these, more than half (57%) had children living with them. Most carers (78%) living in couple only families tended to be older and were caring for a partner. Where the carer was living in a couple family without children but with another relative, the recipient of care was most likely to be a parent (82%).

For carers in couple families with children, the pattern of care is more evenly spread. In these families, 35 per cent were caring for a partner, 29 per cent for a parent, and 26 per cent for a child. In one parent families, principal carers were most often involved in the care of a parent (53%). One-third were caring for a child.

There are differences between the pattern of family types of principal carers, and those of all persons aged 15 and over living in households. This difference is most marked among men, because of their concentration as carers of ageing partners. Compared with 24 per cent of all men aged 15 and over, 47 per cent of male principal carers lived in couple families without children or other relatives. Consequently, the proportion of male principal carers in couple families with children was much smaller, 36 per cent compared with 52 per cent of men in general.

Principal carers were more likely than the general population to live in one parent families (13% and 9% respectively). This was particularly so for women. The living arrangements of female principal carers were otherwise similar to those for all women.

Table 33. Persons aged 15 years and over who were living in households: living arrangements, 1993

Living arrangements	Principal carers			All persons		
	Males	Females	Persons	Males	Females	Persons
	-%			-%		
Couple no children-						
Couple only	47.0	25.9	32.8	24.2	23.3	23.8
With other related individuals	*1.3	2.3	2.0	0.6	0.7	0.7
Couple, with children	35.8	50.4	45.6	52.1	47.3	49.7
One parent family	7.1	15.2	12.6	5.9	11.5	8.7
Other family	**1.0	*0.7	*0.8	1.1	0.9	1.0
Not in family	7.8	5.4	6.2	16.1	16.3	16.2
Total with family status	100.0	100.0	100.0	100.0	100.0	100.0
Number ('000)	177.2	364.0	541.2	6,736.6	6,845.6	13,582.2
Family status not determined ('000)	..	..	..	15.7	15.6	31.3
All persons aged 15 and over living in households ('000)	r 177.2	r 364	r 541.2	6,752.3	6,861.2	13,613.4

Source: Survey of Disability, Ageing and Carers

Caring in own and other households

For couple families with children, and one parent families, care for a parent most likely involves children of the families caring for their parents. However it also includes parents caring for their own parents, living in the same or another household. Caring for a child includes children of any age except infants.

Multiple caring roles

The type of care in couple families with children is fairly evenly divided between that for partners, children and parents. Because of this, it is likely that carers in this family group, and in one parent families with dependent children, were providing principal care to a person with a handicap and, at the same time, were also responsible for routine care of dependent children within the household (see *Focus on Families: Work and Family Responsibilities*, 4422.0).

There were 138,000 principal carers who were parents, living with dependent children, and providing principal care to someone other than their children.

Less than half of the principal carers of a parent live in the same household as the parent.

Most principal carers provide care to people living in the same household, but in 1993, over one-quarter of all principal carers (28%) were providing care to someone living in another household. This support may be instrumental in enabling the person being cared for to retain a degree of independence, particularly if they are living in their own home. Seventy-six per cent of those living in families were caring for someone living in the same household. Those not living in a family situation were most often providing care to family or friends in another household (84%).

Virtually all principal carers of a partner or a child lived in the same household as the care recipient. However less than half of the principal carers of a parent lived in the same household as the care recipient (38%). Principal carers who were living in couple families and who were caring for a parent were less likely to have the parent living

Table 34. Principal carers: living arrangements by recipient of care and whether living in same household as recipient of care, 1993

Living arrangements	Recipient										All principal carers
	In same household					Not in same household					
	Partner	Child	Parent	Other	Total	Partner	Child	Parent	Other	Total	
	- % -										- '000 -
Couple without children	74.8	**	4.9	**0.2	79.9	**	**0.5	10.2	9.4	20.1	188.2
Couple with children	35.3	26.1	8.4	*1.1	70.8	**	**0.3	21.0	7.9	29.2	246.8
One parent family	..	33.2	41.0	*5.6	79.8	**0.9	**0.1	12.4	*6.8	20.2	68.1
Other family	..	..	..	*88.2	*88.2	**	**	**	**11.8	**11.8	*4.5
Not in family	..	..	..	*16.5	*16.5	**1.8	**1.5	40.9	39.3	83.5	33.6
All principal carers	42.1	16.1	10.7	3.0	71.9	**0.2	*0.4	17.2	10.3	28.1	r 541.2

Source: Survey of Disability, Ageing and Carers

with them than those living in one parent families who were caring for a parent (29% and 77% respectively).

Length of time in the caring role

Twenty per cent of those caring for a child had been in the caring role for 20 years or longer.

Principal carers are often in the caring role for many years and during this time may be unable to pursue employment, recreational or educational

activities because of their responsibilities. In 1993, 9 per cent of principal carers, 47,000 people, had been caring for at least 20 years. Of these, 41 per cent were caring for a partner, and 38 per cent for a child. Twenty per cent of those caring for a child had been in the caring role for 20 years or longer, well into the adulthood of the child.

Around twenty-nine per cent of principal carers had been in the caring role for 10 years or more. Almost half (45%) of those caring for a child, and 30 per cent of those caring for a partner, had been caring 10 years and over. For those caring for a parent, or other family and friends, the proportions were 21 per cent and 25 per cent respectively.

Table 35. Principal carers: number of years in the caring role by recipient of care, 1993

Number of years in the caring role	Recipient of care				Total
	Partner	Child	Parent	Other	
			- % -		
Less than 1	7.4	*2.5	7.9	21.0	8.5
1	8.1	*5.4	10.1	11.9	8.7
2	11.4	*4.4	14.3	13.2	11.3
3	9.2	*2.6	9.2	*5.3	7.6
4	6.8	*5.8	10.6	*3.5	7.3
0-4	43.0	20.7	52.1	54.9	43.4
5-9	27.5	34.5	27.4	20.6	27.7
10-14	16.3	16.4	14.7	14.3	15.6
15-19	5.0	*8.5	*2.0	*4.4	4.7
20 or more	8.3	20.0	*3.8	*5.8	8.6
All principal carers	100.0	100.0	100.0	100.0	100.0
Number ('000)	229.1	89.3	150.9	71.9	r 541.2

Source: Survey of Disability, Ageing and Carers

Impact of the caring role

The demands of a principal carer's role can operate as a barrier to labour force participation. Conversely, participation in the labour force, particularly by women, is seen as potentially limiting the availability of people to care for family members with handicaps. Barriers to the labour force participation of people living in families are discussed in *Focus on Families: Education and Employment* (4421.0).

Labour force participation

Principal carers aged 15 to 64 had a lower labour force participation rate than all people.

In 1993, principal carers aged 15 to 64 had a lower labour force participation rate than all persons (60% and 78%), and were less likely to be employed (50%) than all persons (63%). In common with the rest of women, female principal carers had a lower labour force participation rate than male carers (75% respectively of the male rate). The labour force status of principal carers aged 15 to 64 compared with that of all people aged 15 to 64 is discussed more fully in *Focus on Families, Work and Family Responsibilities* (4422.0).

Table 36. Male principal carers aged 15 to 64 years: labour force status by recipient of care, 1993

Labour force status	Partner	Child	Parent
- % -			
Employed-			
Full-time	82.8	*97.5	78.2
Part-time	*17.2	**2.5	*21.8
Total employed	100.0	100.0	100.0
Number ('000)	32.0	*3.1	27.1
Unemployment rate	*17.7	**13.6	*18.6
Total in the labour force ('000)	38.9	*3.6	33.2
Labour force participation rate	61.6	*75.8	88.1
All male principal carers aged 15-64 ('000)	63.2	*4.8	37.7

Source: Survey of Disability, Ageing and Carers

Table 37. Female principal carers aged 15 to 64 years: labour force status by recipient of care, 1993

Labour force status	Partner	Child	Parent
- % -			
Employed-			
Full-time	48.0	36.0	49.5
Part-time	52.0	64.0	50.5
Total employed	100.0	100.0	100.0
Number ('000)	25.7	37.3	58.3
Unemployment rate	*10.8	17.9	*9.8
Total in the labour force ('000)	28.8	45.4	64.6
Labour force participation rate	35.2	60.4	61.4
All female principal carers aged 15-64 ('000)	82.0	75.1	105.2

Source: Survey of Disability, Ageing and Carers

People caring for parents experienced closer to average employment patterns than those caring for a partner or a child.

Labour force participation is described in more detail by the type of carer relationship, as labour force patterns vary for each different group. Principal carers aged 15 to 64 caring for a partner are less likely to be in the labour force than principal carers of other groups. In 1993, the labour force participation rate for this group was 47 per cent, lower for both men and women than in other carer groups. This lower participation rate is consistent with the fact that principal carers in this group are older than carers of other groups and more likely to be of retirement age: 18 per cent were aged 60 to 64 compared with between 3 and 10 per cent for other groups. The participation rate for women compared with men was much lower among carers for partners (57% of the men's rate) than among carers in general (75%), possibly reflecting generational attitudes and opportunities. Eighty-three per cent of employed men caring for partners were in full time employment compared with 48 per cent of employed women.

In 1993, there were 80,000 principal carers aged 15 to 64 caring for a child and 94 per cent were women. The labour force participation rate for women in this group was 60 per cent, a little lower than the 67 per cent for all women. Their unemployment rate was 18 per cent. Half of mothers caring for children with handicaps were employed. Nearly two-thirds of these worked part-time — the highest proportion of all carer groups. This kind of work can be accommodated to the times children needing care are away from home, but allows intensive care when necessary.

People caring for parents experienced closer to average employment patterns than those caring for a partner or a child. At 88 and 61 per cent respectively, labour force participation was higher for both males and females aged 15 to 64 who were caring for parents. Half of the employed women and over three-quarters of the employed men (78%) caring for parents were employed full-time. This is the highest full-time employment rate of female principal carers in all groups, though it is still below that for all employed women (56%). Carers for parents are likely to have an established working life before acquiring the responsibility of care, and attempt to manage both their work and caring roles without letting one impact too heavily on the other.

It might be expected that employment patterns for people caring for other family and friends would resemble those for people caring for parents, because both groups are largely caring for people living in another household. There are some differences, however. While a smaller proportion of men aged 15 to 64 caring for other family and friends were in the labour force (77%) compared with those caring for parents, participation was higher among women (64%). The greater age of men in this group may account for the difference. Both men (34%) and women (57%) in this group were more likely to be working part time than those caring for parents (22% and 51%).

Effect on work patterns

Some of the indirect costs of caring may include the need for carers to reduce their hours of work or to give up work altogether (Braithwaite, 1990). In 1993, although the majority of principal carers were not currently working, most of these (63%) had not worked prior to assuming the caring role. Of those that were currently working, approximately 15 per cent had made changes to their working hours because of the responsibilities of caring.

Thirty-seven per cent of women who worked prior to the caring role had given up work because of the responsibilities of the caring role.

There were almost equal proportions of male and female principal carers who were working, and in both groups the great majority (86% and 85% respectively) had made no change in their working hours because of the caring role.

Of those not currently working, more than a third (122,000) had been working prior to the caring role, and of these 30 per cent had given up work because of caring. The remainder may have given up work for other reasons or may have acquired their caring responsibilities at retirement.

Table 38. Principal carers: whether currently working, reduced hours for caring role or gave up work for caring role, 1993

Whether currently working	Sex		
	Males	Females	Persons
	- % -		
<i>Currently working(a)</i>			
No change in work hours	86.4	84.9	85.4
Reduced hours for caring role	13.6	15.1	14.6
Total currently working	100.0	100.0	100.0
Number ('000)	72.1	143.5	215.6
<i>Not currently working</i>			
Worked prior to caring role	48.8	31.9	37.4
Did not work prior to caring role	51.2	68.1	62.6
Total not currently working	100.0	100.0	100.0
Number ('000)	105.0	220.5	325.5
Gave up work for caring role ('000)	9.8	26.2	36.0
All principal carers ('000)r	177.2	364.0	541.2

(a) Excludes persons who are currently away from their job because of holidays, sickness or other reasons.

Source: Survey of Disability, Ageing and Carers

The proportion of women who were not currently working, and had given up work because of their caring role was considerably higher than that of men (37% and 19% respectively). This is likely to be because male principal carers tended to be older than women and had already retired before taking on a caring role.

Table 39. Employed(a) principal carers: type of leave taken for caring role, 1993

Type of leave taken	- % -
Sick leave	*10.8
Flexible hours	57.2
Recreation/ annual leave	*18.4
Long service leave	*6.2
Other	23.4
All principal carers taking leave(b)	100.0
Number ('000)	34.1

(a) Working for an employer for a wage or salary excluding persons who are currently away from their job because of holidays, sickness or other reasons. (b) Persons may indicate more than one type of leave taken, and therefore components do not add to total.

Source: Survey of Disability, Ageing and Carers

Thirty-four thousand principal carers (16% of all employed principal carers) worked for an employer for a wage or salary and often needed time off work because of their caring role. Small proportions used leave intended for other purposes such as sick leave, recreation leave and long service leave. The types of arrangements most commonly used by these carers for managing their caring role were flexible hours (57%), or some other form of leave (23%) which may have included unpaid leave.

Table 40. Principal carers who would like to work after the caring role: whether expected difficulties in finding work, 1993

Type	Principal carers
	- % -
Limited experience	15.6
Limited education	*4.5
Too long out of work force	20.0
Age	24.7
Other	12.1
No difficulties	14.8
Not stated	8.3
All principal carers who would like to work after the caring role	100.0
Number ('000)	86.5

Source: Survey of Disability, Ageing and Carers

Principal source of income

Twenty-eight per cent of principal carers receive their main income from wages or salary compared with 49 per cent of all persons.

Almost a quarter (24%) of principal carers who were not currently working stated that they would like to work when they were no longer in the caring role. Nearly 77 per cent of these carers expected that they would encounter some sort of difficulty in finding work. Most often it was related to their age or the fact that they had been too long out of the work force (45%). About 20 per cent of carers felt that the main barrier to finding work would be their limited experience or limited education. While these may not have been actual barriers to rejoining the labour force, they indicate the lack of confidence that can develop among carers who are out of the labour force for a long period of time.

Table 41. Persons aged 15 years and over with an income: principal source of income, 1993

Principal source of income	Principal carers	All persons
	- % -	
Wage/salary	27.8	48.4
Income from own business / share in partnership	6.4	8.6
Any government pension / benefit	53.0	33.4
Rent/dividends/interest	8.4	6.5
Superannuation	3.3	1.9
Other regular income	*1.1	1.3
All persons 15 and over with an income	100.0	100.0
Number ('000)	508.7	12,355.7

Source: Survey of Disability, Ageing and Carers

More than half of all principal carers have a government pension or benefit as their principal source of income. This may be partly due to the caring role affecting the carer's ability to earn income through employment, but also reflects the fact that many principal carers are of retirement age.

Table 42. Principal carers: selected pensions and benefits received, 1993

Type of pension and benefit	%
Age pension	14.0
Service pension	4.5
Disability/invalid pension	4.3
Wife's pension	3.7
Carer's pension	3.7
Sole parent's pension	2.9
Unemployment benefit/job search allowance	3.5
Family allowance/supplement	15.5
Domiciliary nursing care benefit	2.2
Child's disability allowance	4.3
Not in receipt of a pension or benefit	27.4
All principal carers ('000)r	541.2

Source: Survey of Disability, Ageing and Carers

In 1993, 6 per cent of principal carers did not have a principal source of income, compared with 9 per cent of all people aged 15 and over. Just over one quarter (28%) of principal carers with an income received their main income from wages or salary compared with 49 per cent of all persons. Conversely, more than half (53%) stated that government pensions or benefits were their main source of income compared with 33 per cent of all persons aged 15 and over.

These differences are consistent with the fact that principal carers tend to be older, and have a lower labour force participation rate than people in general, so are likely to be receiving the aged pension. Higher proportions are likely to be receiving superannuation for the same reasons.

There are also some people in receipt of financial support provided because of the caring role. Twelve per cent of principal carers were in receipt of a benefit specifically related to caring.

Personal income

In 1993, 52 per cent of principal carers had a personal weekly income of \$200 or less.

Principal carers tend to have a lower personal weekly income than all persons aged 15 and over. In 1993, reflecting the proportion receiving pensions, more than half of principal carers who stated an income (54%) had a personal weekly income of \$200 or less, compared with 42 per cent of all persons.

Male principal carers experienced the largest difference when compared to all men, as might be expected from the higher rate receiving a government pension. Around 46 per cent of men

Table 43. Persons aged 15 years and over with an income(a) who were living in households: personal weekly income, 1993

Income	Principal carers			All persons		
	Male	Female	Persons	Male	Female	Persons
	-%-					
Nil	*1.7	*0.6	*1.0	1.5	0.7	1.1
\$001-\$100	*3.2	17.2	12.5	6.2	18.6	12.4
\$101-\$200	41.2	39.5	40.1	22.7	33.3	28.0
\$201-\$300	15.6	15.1	15.3	10.7	13.0	11.8
\$301-\$400	6.8	7.5	7.3	10.7	10.6	10.7
\$401-\$500	11.7	7.4	8.8	13.5	9.6	11.6
\$501-\$600	4.9	4.0	4.3	10.8	5.9	8.4
\$601-\$700	*4.2	3.3	3.6	6.8	3.4	5.1
\$701-\$800	*3.2	*2.4	2.6	5.1	2.1	3.6
\$801 and over	7.6	3.1	4.6	12.0	2.7	7.4
All persons aged 15 and over with an income in households	100.0	100.0	100.0	100.0	100.0	100.0
Number ('000)	163.8	325.3	489.1	5,890.0	5,818.7	11,708.7

(a) Excludes not stated, not known, refused and not applicable responses.

Source: Survey of Disability, Ageing and Carers

who were principal carers had a personal income of \$200 or less compared with 30 per cent for all men.

For female principal carers the difference was less marked, 57 per cent having a personal income of \$200 or less compared with 53 per cent for all women. Of all principal carers with an income, less than a third (31%) received more than \$300. Fifteen per cent received more than \$500 per week, compared with 25 per cent of all persons.

Impact on daily life

92,000 principal carers (17%) were not able to go out during the day or could only go out if help was arranged, or they were accompanied by the person for whom they cared.

Principal carers may experience a number of changes to their daily life as a direct result of their caring role. These may include effects on their financial situation or changes in their ability to go out, to go on holiday, or to complete regular tasks such as housework.

Most principal carers experienced either no change or a minor change in their ability to go out during the day because of their caring role. However, 17 per cent could not go out or could only go out if help was arranged or if they were accompanied by the person for whom they cared. A greater proportion (26%) experienced difficulties in arranging to go out during the evenings. In both cases the principal carer was most affected if living in the same household as the care recipient. Very

Table 44. Principal carers: ability to go out by whether lived in same household as recipient of care, 1993

Whether caring affected ability to go out	In same household	Not in same household	Total
- % -			
<i>During the day</i>			
No change	37.9	49.4	41.1
Minor change	34.0	40.2	35.8
Only if help arranged	10.9	*4.3	9.1
Only with recipient of care	7.1	**1.0	5.4
Cannot go out	3.5	**0.6	2.7
Not stated	6.5	*4.5	5.9
Total	100.0	100.0	100.0
<i>During the evening</i>			
No change	36.7	69.5	46.0
Minor change	23.5	21.5	22.9
Only if help arranged	15.1	*4.1	12.0
Only with recipient of care	5.9	**	4.2
Cannot go out	13.1	0.5	9.6
Not stated	5.7	*4.3	5.3
Total	100.0	100.0	100.0
All principal carers ('000)r	388.9	152.3	541.2

Source: Survey of Disability, Ageing and Carers

few carers living in another household reported a restriction in their ability to go out either by day or night.

Nearly half (46%) of principal carers of a child with a handicap felt the effects of reduced income or extra expenses because of their caring role. Principal carers who cared for partners also felt that their caring role had affected their financial

Table 45. Principal carers: effect of the caring role on financial situation by recipient of care, 1993

Effect of caring role on carer's financial situation	Recipient of care				Total
	Partner	Child	Parent	Other person	
			- % -		
No change	45.7	29.4	57.9	61.5	48.5
Minor change	11.9	24.4	18.3	20.6	16.9
Less income	17.0	15.2	8.8	*3.9	12.6
Extra expenses	19.2	30.6	9.6	11.5	17.4
Not stated	6.3	**0.5	5.5	**2.5	4.6
All principal carers	100.0	100.0	100.0	100.0	100.0
Number ('000)	229.1	89.3	150.9	71.9	r 541.2

Source: Survey of Disability, Ageing and Carers

situation in this way (36%). Carers of other family members and friends reported less effect on their income and expenditure as a result of their caring role, partly because of closer to average labour force participation, and partly because they did not bear the immediate financial responsibility for these people.

Table 46. Principal carers: ability to go on holiday by whether lived in same household as recipient of care, 1993

Whether caring affected ability to go on holiday	In same household	Not in same household - % -	Total
No change	36.9	52.6	41.3
Minor change	18.2	24.1	19.9
Takes fewer holidays	16.7	14.5	16.1
Cannot go on holiday	21.9	*5.2	17.2
Not stated	6.2	*3.4	5.5
All principal carers	100.0	100.0	100.0
Number ('000)r	388.9	152.3	541.2

Source: Survey of Disability, Ageing and Carers

Table 47. Principal carers who could not take holidays or took fewer holidays: main difficulties experienced, 1993

Main difficulty	- % -
Involved more organisation	17.4
Difficult to arrange alternative care	21.2
Could only take holidays with recipient of care	21.2
Restricted in location or length of or holiday	17.2
Too costly	14.6
Other	*6.5
Not stated	*1.9
All principal carers who took fewer or no holidays	100.0
Number ('000)	180.4

Source: Survey of Disability, Ageing and Carers

Thirty-five per cent of principal carers took fewer holidays or could not go on holiday because of their caring role. Those not in the same household as the recipient of care, are less likely to be affected

by restrictions in their ability to go on holiday, than carers who lived in the same household as the person for whom they cared. Five per cent were unable to take holidays compared with 22 per cent of carers living in the same household as the person for whom they were caring. The most common reasons given for these restrictions were difficulties in arranging alternative care or that holidays could only be taken with the care recipient.

The caring role can affect a carer's ability to complete housework, by creating more work, and making demands on time. One-third (33%) of principal carers found it was more difficult to complete household tasks or that they could not do all of the housework because of their caring role. Only a small proportion (4%) received help from someone else to do all, or part, of the housework.

Table 48. Principal carers: whether caring role affected housework by whether lived in same household as recipient of care, 1993

Whether caring affected housework	In same household	Not in same household - % -	Total
No change	35.0	59.7	42.0
Minor change	15.7	18.3	16.4
More difficult but still manageable	23.0	6.2	18.3
Some does not get done	16.4	9.7	14.5
Someone else does all or part	4.2	*2.3	3.7
Not stated	5.7	*3.9	5.2
All principal carers	100.0	100.0	100.0
Number ('000)r	388.9	152.3	541.2

Source: Survey of Disability, Ageing and Carers

However, over 40 per cent found that their caring role had no effect on the amount of housework they were able to do. Nearly two-thirds (60%) of those caring for someone living in another household found that the caring role had no effect on housework, compared with one-third (35%) where the carer lived with the recipient of care.

Twenty-one per cent of principal carers said their sleep was interrupted by the caring role and that this affected their daily activity.

Physical and emotional well-being can be threatened through deprivation of basic needs such as insufficient rest (Braithwaite, 1990). This can lead to difficulties fulfilling daily tasks and to higher levels of stress. About 42 per cent of principal carers who lived in the same household as the person for whom they cared reported interruptions to their sleep as a result of their caring role. For more than half of these (66%), the broken sleep interfered with their normal daily activities. Those who did not live in the same household were also affected, although fewer (15%) reported that their sleep was interrupted because of their caring role.

Table 49 Principal carers: effect of the caring role on sleep by whether lived in same household as recipient of care, 1993

Effect of caring on sleep	In same household	Not in same household	Total
	- % -		
No effect	52.8	81.7	60.9
Interruptions-			
Affected daily activity	25.5	9.1	20.9
Did not affect daily activity	16.9	6.0	13.9
Not stated	4.8	3.1	4.3
All principal carers	100.0	100.0	100.0
Number ('000)r	388.9	152.3	541.2

Source: Survey of Disability, Ageing and Carers

100,000 principal carers reported that they had lost touch or were losing touch with existing friends.

Caring for another person is a rewarding and a demanding role that can both strengthen relationships and place strains upon them. As carers modify their lifestyle to accommodate the caring role, they may lose touch with existing friends or their friends may change. However, many carers found little change in their relationships with their family and friends.

For nearly two-thirds of principal carers, their caring role had not affected their friendships with others, or there had been only a minor change. For a small proportion (2%) it had increased their circle of friends. One hundred thousand carers (18%) had lost touch or were losing touch with existing friends.

Table 50. Principal carers: main effect of the caring role on friendships, 1993

Main effect on friendships	- % -
No change	51.9
Minor change	15.5
Circle of friends has increased	2.4
Circle of friends has changed	7.2
Have lost or are losing touch with existing friends	18.4
Not stated	4.5
All principal carers	100.0
Number ('000)r	541.2

Source: Survey of Disability, Ageing and Carers

For more than half (52%) of the principal carers who were caring for someone other than their partner, the caring role had not affected their relationship with their partner. However, for a further third (31%) it had placed a strain on the relationship, or they lacked time alone together. Caring for another person had brought the carer and their partner closer together in just over 10 per cent of cases.

Table 51. Principal carers who were not caring for their partner: main effect of the caring role on relationship with partner, 1993

Main effect on relationship with partner	- % -
No change	51.6
Brought closer together	10.3
Lacked time alone together	15.3
Strained the relationship	15.4
Not stated	7.5
Total with a partner	100.0
Number ('000)	232.6
Has no partner ('000)	79.6
All principal carers not caring for their partner ('000)	312.2

Source: Survey of Disability, Ageing and Carers

Where the caring role had placed a strain on the relationship with the recipient of care, it was more likely that it had also placed a strain on relationships with other members of the family.

Table 52. Principal carers: selected effects on relationships by recipient of care, 1993

Effects on relationships	Recipient					Total
	Female partner	Male partner	Child	Parent	Other	
	- % -					
<i>Strain on relationship</i>						
With recipient of care	17.6	32.2	20.0	18.2	11.3	20.6
With other family members	8.0	21.6	30.7	14.1	*10.1	14.8
<i>Lost contact with friends</i>	18.3	25.9	16.4	15.6	14.8	18.4
<i>Brought closer together</i>						
With recipient of care	28.4	23.6	36.8	31.4	45.7	31.9
With other family members	9.7	11.6	12.6	8.9	*7.3	9.5
All principal carers	100.0	100.0	100.0	100.0	100.0	100.0
Number ('000)	107.6	121.5	89.3	150.9	71.9	r 541.2

Source: Survey of Disability, Ageing and Carers

There were 111,000 principal carers (21%) who reported a strain on their relationship with the recipient of care, and 80,000 (15%) who reported a strain on their relationship with other family members. For fifty-three thousand there was a strain on both relationships. The caring role had brought thirty-five thousand carers closer to both the care recipient, and to other family members.

Thirty-one per cent of carers for children found their relations with other family members strained.

Different types of carers experienced different patterns of effects on their relationships. Among all carer types, the largest groups perceived no change, but there were those who found that caring strengthened and those who found it strained their relationships. More men caring for their partners felt closer to them (28%) than experienced strain (18%). The caring role had less effect on their other relationships. Women caring for their partners who found a change at all were more likely to experience negative rather than positive effects on all their relationships.

More than a third (37%) of parents caring for a child felt closer to that child, while for 20 per cent the relationship with the child was strained. A higher proportion (31%) of carers for children found their relations with other family members strained.

Thirty-one per cent of carers for a parent were drawn closer to that parent, compared with 18 per cent who felt strain. Fourteen per cent experienced strain with other family members.

Among carers for other relatives and friends, the largest group (46%) became closer to the person for whom they cared. In all groups, 15 to 18 per cent lost touch with friends, except for women caring for partners, where the impact of caring was more severe (26%).

Principal carers of partners or children were more likely to report stress-related illness, worry, depression, anger or lack of energy than other groups of carers.

The physical and emotional well-being of carers differed depending on the family relationship between the carer and the recipient. More principal carers of children with handicaps were affected, with 80 per cent experiencing a change in their well-being. A smaller proportion (59%) of those caring for people other than partners, parents or children reported changes in their well-being. For many carers (20%), the caring role brought a feeling of satisfaction.

Principal carers of partners or children were those most likely to suffer from stress-related illness, worry, depression, anger, or lack of energy. These

Table 53. Principal carers: effect of the caring role on carer's physical and emotional well-being by recipient of care, 1993

Effect of caring role on carer's physical and emotional wellbeing	Recipient of care				Total(a)
	Partner	Child	Parent	Other	
	- % -				
No change	33.3	20.1	35.3	41.4	32.8
Feel satisfied	14.6	17.7	23.3	29.6	19.5
Weary, lack energy	28.4	41.2	21.5	18.6	27.3
Worried, depressed, angry	30.4	44.7	28.0	22.8	31.0
Stress related illness	14.6	20.5	8.4	*7.6	12.9
All principal carers	100.0	100.0	100.0	100.0	100.0
Number ('000)	229.1	89.3	150.9	71.9	541.2

(a) Persons may indicate more than one type of effect and therefore components do not add to total.

Source: Survey of Disability, Ageing and Carers

principal carers were also less likely to feel satisfied with their role than carers of other family members.

Managing time

Responsibility for caring makes demands on people which compete for the limited time in the day. Some other areas of living may have to diminish or be set aside.

Principal carers use their time differently depending on who the care recipient is. In 1992, parents, usually mothers, caring for a child aged 14 and under with a handicap, spent much less time in paid work than the general population, but twice as much time (over 7 hours per day) in the household activities of housework, shopping and child care, including care for the child with a handicap. Leisure time was over half an hour lower, and the time available for personal care activities such as sleeping, eating, bathing and dressing, at least three-quarters of an hour lower than for other carer types, or the population in general. Compared with other (partnered) mothers of children aged 14 and under, however, these differences almost disappear. Mothers who were principal carers on average spent a little less time (22 minutes a day) on paid work than other mothers, but there was a corresponding increase in time spent on household work and community involvement. Likewise, the combined time spent on personal care and social/leisure activities was the same, although the balance was slightly different. Caring for children imposes its own

constraints on time, whether the children have handicaps or not.

The way time was used by principal carers for people aged 15 and over reflected the likelihood that these were older people caring for their partners. A lower proportion of time was spent on labour force activities (5%) than for people in general, and a greater proportion (45%) on sleeping and other personal care. Some of the time identified as leisure time would have involved supervision or companionship with the person for whom they were caring.

Table 54. All persons: proportion of day spent on main activity groups by whether a principal carer in same or other household by age of recipient, 1992

Main activity	Principal carers			All persons
	Age of recipient in same household			
	14 years and under	15 years and over	In other household	
	- proportion of day -			
Labour force	6.0	5.3	10.4	13.6
Household	30.1	20.5	18.3	15.3
Personal care	40.2	44.6	43.9	43.3
Education/ community	2.9	3.9	4.4	4.0
Social/leisure	20.8	25.5	22.9	23.7
Number of persons ('000)	92.6	277.6	100.0	13,254.3

Source: Time Use Survey

Those caring for someone in another household, most often a parent, were more involved in paid work than other principal carers, but less than the general population. They spent more time on household work than the average for all people, but less than other principal carers. The time they spent on personal needs was similar to that for all persons. The time spent on social and leisure activities (5.5 hours per day) would to some extent have included visiting or receiving visits from the person receiving care.

Table 55. Principal carers who were living in the same household as recipient: time spent with person with a disability as a proportion of time spent on main activity group by age of recipient of care, 1992

Main activity by age of recipient	Proportion of time spent in activity with person with a disability - % -	Average daily time spent on activity - Hours per day -
14 and under		
Labour force	12.1	1.4
Domestic	70.7	3.5
Child care	77.5	2.7
Purchasing	42.9	1.0
Personal care	86.9	9.7
Sleep	88.6	7.8
Personal hygiene	83.4	0.8
Education	3.7	0.2
Community	45.3	0.5
Social life	71.3	2.1
Active leisure	62.7	0.5
Passive leisure	82.0	2.4
All activities	73.3	24.0
15 and over		
Labour force	8.2	1.3
Domestic	84.0	3.6
Child care	66.0	0.4
Purchasing	47.0	0.9
Personal care	89.0	10.7
Sleep	90.8	8.1
Personal hygiene	85.0	0.9
Education	18.7	0.2
Community	58.1	0.8
Social life	50.9	1.7
Active leisure	53.1	0.7
Passive leisure	88.9	3.8
All activities	76.8	24.0

Source: Time Use Survey

Principal carers for someone in the same household spent three-quarters of their time with a person with a disability (see *Social Context in Glossary*), most likely the recipient of care.

Spending time with people means being in the same house as them, or going out in their company. In the home it implies a responsibility of care rather than an interaction, although interactions may be taking place.

Carers spent more, or less, time with someone needing care depending on what kinds of things they were doing and the kind of person for whom they were caring. Those caring for children aged 14 and under spent, on average, 12 per cent of their paid work time with the child present. Since many mothers of children needing care because of handicap are not involved in paid work, this suggests that some who are employed either have the child at work with them, or, more likely, do their paid work at home. While they were doing housework, carers for children aged 14 and under spent a higher proportion of their time (29%) away from the recipient of care than carers for older people (16%).

This was true for passive leisure time also (18% compared with 11%). It may be that children needing care are more likely to be away from the house for a time than older recipients, perhaps at school or other programs. On the other hand, carers for children aged 14 and under spent a higher proportion of their social and active leisure time with the person for whom they were caring. Carers for both kinds of recipients spent around half of their time shopping and in community activities with the recipient of care.

Support for carers

Principal carers of a child were more likely than other groups to have received training for the caring role.

Many principal carers have not received any training for the caring role and most do not belong to a carer support group. Principal carers of a child represented only 17 per cent of all principal carers but were more likely than other groups to have received training for the caring role, or to belong to a support group. More than half of these had received training for the caring role. On the other hand of the 229,000 carers of a partner, the largest principal carer group, one-quarter (25%) had received training. This may be because principal carers of a child tend to be younger than other carers, or because they are more likely to

come into contact with formal support groups through information provided by hospitals or child health clinics. Principal carers of a partner may be more likely to gradually increase their caring responsibilities over time, without coming into contact with specialist support groups, and so be less likely to receive training or information about support groups.

Table 56. Principal carers: proportion who received training or belonged to a support group by recipient of care, 1993

Recipient of care	Received training - % -	Support group - % -	Total - '000 -
Partner	25.3	*3.4	229.1
Child	53.2	13.4	89.3
Parent	30.2	*2.3	150.9
Other	23.2	*7.4	71.9
All principal carers	31.0	5.3	r 541.2

Source: Survey of Disability, Ageing and Carers

Respite care

Respite care services, such as in home respite, day care respite or the peer support program, were used by 12 per cent of principal carers. This take-up rate represents an expressed need for respite care. Of the majority of principal carers

Table 57. Principal carers: whether used respite care, 1993

Use of respite care	- % -
Reasons did not use respite care -	
Did not know about service	12.5
Did not know enough about service	3.2
Not available in area	1.9
Did not need service	66.3
Too costly	*1.1
Preferred to do without outside help	8.8
Other	6.1
Total who did not used respite care	100.0
Number ('000)	478.1
Total who used respite care ('000)	63.1
All principal carers ('000)r	541.2

Source: Survey of Disability, Ageing and Carers

who did not use respite care, three-quarters stated that they did not need or would prefer to do without such services. However, almost one-quarter of principal carers either did not know about the services or gave other reasons for not using them, including that it was too costly or was not available in the area.

Principal carers receiving help

Principal carers of parents or children were twice as likely to have received help as those who cared for a partner.

The caring role can be physically, mentally and emotionally demanding. The amount and types of support offered to carers, whether formal or informal, can therefore be very important. This support could be practical, financial, or simply sympathetic understanding. The level of help needed by principal carers may vary amongst individuals and over time. Just over half of all principal carers did not receive any help with the caring role from family, friends or formal organisation.

Table 58. Principal carers: proportion who received help with the caring role by recipient of care, 1993

Recipient of care	Received help - % -	No help - % -	Principal carers - '000 -
Males			
Partner	30.5	69.5	107.6
Child	*56.6	*43.4	*6.8
Parent	61.7	38.3	40.5
Other	60.7	39.3	22.2
Total males	42.4	57.6	177.2
Females			
Partner	26.3	73.7	121.5
Child	62.8	37.2	85.5
Parent	63.1	36.9	110.4
Other	59.1	40.9	49.7
Total females	50.2	49.8	364.0
All principal carers	47.7	52.3	r 541.2

Source: Survey of Disability, Ageing and Carers

Twenty-seven per cent of all principal carers who were caring for a partner received help with the caring role. In contrast, principal carers of other groups, such as parents or children, were twice as likely to have received help. For all groups women were as likely to receive help as men.

Of the 258,000 principal carers who were receiving help with the caring role there was a marked difference in the main sources of help for male and female carers. For female carers the largest proportion (35%) received help from their partner. However, most male carers (26%) received help from formal organisations. Men were less likely to receive help from their partners (16%) because their partners were more likely to be the recipients of care.

Table 59. Principal carers who received help with the caring role: main source of help, 1993

Main source of help	Males	Females	Persons
	- % -		
Partner	15.7	34.8	29.2
Parent	*5.0	5.2	5.1
Son	*6.6	6.7	6.7
Daughter	16.4	9.7	11.6
Other relative	21.1	17.3	18.4
Friend/neighbour/other	*9.7	6.3	7.3
Formal help	25.6	20.0	21.6
All principal carers who received help	100.0	100.0	100.0
Number ('000)	75.1	182.8	257.9

Source: Survey of Disability, Ageing and Carers

GLOSSARY

DISABILITY AND HANDICAP

The *International Classification of Impairments, Disabilities and Handicaps*' definition for disability is as follows:

In the context of health experience, a disability is any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.

In this publication *disability* is defined as the presence of one or more of a selected group of limitations, restrictions or impairments which had lasted, or were likely to last, for a period of six months or more.

A person with a *disability without a handicap* has one of the broad limitations, restrictions or impairments as given for disability, but is not restricted in any of the specific tasks given to identify persons with a handicap.

Employment limitation See handicap

Establishments are defined in this publication as hospitals, homes for the aged, nursing homes, hostels, and retirement villages which have a support component.

A *handicap* is identified as a limitation in performing certain tasks associated with daily living. The limitation must be due to a disability and in relation to one or more of the areas listed below.

- Self-care - difficulties in showering, bathing, dressing, eating, toileting, bladder or bowel control;
- Mobility, when the handicap is profound, severe or moderate, includes difficulties going places away from the house or establishment, moving about the house or establishment, and transferring to and from a bed or chair. A mild mobility handicap is a limitation in walking 200 metres, walking up or down stairs or using public transport.
- Verbal communication - difficulties understanding or being understood by strangers, family, friends or staff of the establishment in the person's native language;
- Schooling - limited in the ability to attend school or needing to attend a special school or special classes;
- Employment - limited in the ability to work, the type of work performed and other work problems such as the amount of time off required and special arrangements which need to be made.

Persons aged less than 5 years with one or more disabilities were all regarded as having a handicap, but were not classified by area of handicap. This was due to difficulties inherent in determining whether the needs of children aged less than 5 years were a function of their age or their disability.

Impairment is defined by the World Health Organisation as follows:

In the context of health experience, an impairment is any loss or abnormality of psychological, physiological or anatomical structure or function.

Mobility handicap See Handicap

An *older person* refers to a person aged 60 or more.

Self-care handicap See Handicap

Four levels of *Severity of handicap* (profound, severe, moderate and mild) were determined for each of the three areas of handicap: self-care, mobility and verbal communication. These levels were based on the person's ability to perform tasks relevant to these three areas and on the amount and type of help required. For each area of handicap, the levels of severity are as follows:

- profound handicap is where personal help or supervision is always required;
- severe handicap - personal help or supervision sometimes required ;

- moderate handicap - no personal help or supervision required, but the person has difficulty in performing one or more of the tasks;
- mild handicap - no personal help or supervision required and no difficulty in performing any of the tasks, but the person uses an aid, or has a mild mobility handicap or cannot easily pick up an object from the floor.

The highest level of severity in any one of the areas of self-care, mobility and verbal communication determines the severity of total handicap. Severity was not determined for people with only an employment or schooling limitation.

Schooling limitation See Handicap

Verbal communication handicap See Handicap

EMPLOYMENT

Employed persons are those aged 15 years and over and currently work for pay, profit, commission or payment in kind in a job or business, or on a farm (comprising employees, employers and self-employed persons), or work without pay in a family business or on a farm (ie unpaid family helpers).

Employees are persons aged 15 years and over who worked in their current position for an employer for wages or salary including owner-managers (ie persons who worked in their own business, with or without employees, if that business was a limited liability company). School students aged 15 to 20 years who also worked as wage and salary earners and persons who worked solely for payment in kind were excluded.

Full-time employed persons are those who usually work 35 hours or more per week in all jobs.

Labour force comprises, for any group, persons aged 15 years and over who are employed or unemployed.

Labour force activities, in the Time Use Survey, include activities carried out in paid employment, or unpaid work in a family business or farm; job search activities; and related activities such as travel to work or in the course of job search, and time spent in the workplace during work breaks.

Labour force participation rate is, for any group, the number of persons who are employed or unemployed, expressed as a percentage of all persons in that group.

Labour force status classifies persons as employed, unemployed or not in the labour force. For the Survey of Disability, Ageing and Carers, this classification excludes school students.

Not in the labour force describes those individuals who are not employed in any job, business or farm, and have not looked for work during the last four weeks, and those permanently unable to work. Also included are those people who are looking for work, but if offered a job, could not start work within the next week.

Part-time employed persons are those employed persons who usually work less than 35 hours per week in all jobs.

Unemployed persons are not currently employed in any job, business or farm and have looked for work during the last four weeks and would be able to start work within the next week.

Unemployment rate is, for any group, the number of unemployed persons expressed as a percentage of the labour force in the same group.

(Unpaid) household work refers to the three major activity groups of domestic activities, child care and purchasing. Domestic activities include domestic management, home and car maintenance and improvement, pet care, care of the grounds; food preparation, service and clean-up; washing, ironing and tidying activities.

Work, if unqualified, refers to paid employment.

FAMILY/HOUSEHOLD STRUCTURE

A *child* in this publication is a family member with at least one parent (natural or step) in the same or another household, and who may or may not have a child (natural or step) or spouse of their own.

A *couple* is two usual residents, both aged 15 years and over, who are either registered married to each other or living in a de facto relationship with each other. Prior to 1994, the ABS did not classify a homosexual couple as a couple in its collections. All surveys in this publication were collected prior to 1994. Homosexual couples appear as 'unrelated individuals' in a family or group household.

A *dependent child* is a usual resident child aged under 15 years, or aged 15 to 24 years and studying full-time.

A *family*, in this publication, is two or more persons who are related to each other by blood, marriage, de facto partnering, fostering or adoption.

A *family household* is a household that contains a family, regardless of whether other persons reside in the household.

A *group household* is a household containing two or more unrelated individuals, and no related individuals.

A *household* is a lone person or a group of people who usually reside together. Communal institutions (eg. boarding schools, mental institutions) are excluded. A household may consist of:

- one person;
- one family;
- one family and unrelated individuals;
- related families with or without unrelated individual(s);
- unrelated families with or without unrelated individual(s);
- unrelated individuals.

A *lone parent* is a usual resident aged 15 years and over who does not have a usual resident spouse (marriage or de facto) but has at least one usually resident child (natural, step or otherwise related) who does not have a usually resident spouse (marriage or de facto) or child of their own.

A *lone person household* is a household containing one person only.

A *non-dependent child* is a usual resident child aged 25 years and over, or aged 15 to 24 years and not studying full-time.

A *one parent family* comprises a lone parent and that parent's child(ren) plus all other persons in the household related to them, provided those persons do not have a spouse or child of their own.

Other related individual is a related individual who is not the spouse, child, parent or ancestor of any usual resident eg. sisters, aunts, uncles.

A *parent* in this publication is a person with a child (natural, step or otherwise related) living in the same or another household, and that child may or may not have a partner or child of their own.

A *partner* is a spouse in a de facto relationship or registered marriage between people of the opposite sex usually resident in the same household. Prior to 1994, the ABS did not classify homosexuals as partners in its collections. All surveys in this publication were collected prior to 1994. Homosexual partners appear as 'unrelated individuals' in a family or group household.

Spouse is a non-sex-specific term which means registered marriage or de facto partner.

A *usual resident* of a private dwelling is a person who lives in that particular dwelling and regards it as their only or main home.

GEOGRAPHIC LOCATION

A *non-English speaking country* is one other than a Main English speaking country.

An *other Main English speaking country* (other than Australia) is a country from which Australia receives significant numbers of overseas settlers who are likely to speak English. These are Canada, England, Scotland, Wales, Northern Ireland, Republic of Ireland, United States of America, South Africa and New Zealand.

A *Capital city* is the Statistical Division for the capital city for each State and Territory.

Rest of state refers to all areas other than the capital city in each State and Territory.

PERSONAL CARE/HOME HELP/CHILD CARE

Activities for which help can be provided for a person with a disability or an older person are: self-care, mobility, verbal communication, health care, home help, home maintenance and gardening, meal preparation, financial management and letter writing, and transport. *Self care, mobility* and *verbal communication* are defined under *Handicap*. Health care includes giving medication, dressing wounds and caring for feet. Financial management refers to paying bills, keeping track of expenses and managing money.

A *carer* is a person of any age who provides help/informal care to a person with a disability or a person who is aged 60 or more for any of the activities listed above. A recipient of care may have up to three carers for each activity.

Formal care/help is help provided to a person with a disability or a person who is aged 60 and over by: an organisation or individuals representing such organisations; by family or friends living outside the household who receive money on a regular basis for providing care; or other persons (excluding family and friends) who provide care on a regular basis.

Informal care/help is help provided to a person with a disability or a person who is aged 60 and over, by family, friends or neighbours. Generally, this help is unpaid.

Informal child care is non-regulated care either in the child's home or elsewhere. Care could be free or charged for by the carer and includes:

- usually resident family members and relatives [other than (step) mothers and (step) fathers];
- non-usually resident relatives;
- neighbours and friends;
- privately employed persons;
- any other person.

A *main carer* is a person of any age identified by the recipient of care as providing the most help/informal care for one of the activities listed above. A recipient of care may have more than one main carer, but can only have one main carer for each activity.

A *principal carer* is a person aged 15 years and over providing the most informal care for the activities of self-care, mobility or verbal communication. Principal carers who live in the same household as the recipient of care are chosen (by the care recipient) from the main carers nominated for the activities of self-care, mobility or verbal communication. A recipient can identify only one principal carer. Principal carers who live outside the household are identified as providing the most informal care to a person in another household for the activities of self-care, mobility or verbal communication.

A *provider of help* with one of the above activities is the usual source of help nominated by a person with a disability or a person who is aged 60 and over. Up to 3 providers of informal help and two sources of formal help can be identified.

Personal care/home help in the Family Survey is help received by a family member because of that family member's long term illness, disability or old age. Personal care/home help comprises:

- meals (preparing, cooking, feeding);
- housework (vacuuming, washing, ironing, cleaning floors/bathrooms);
- house repair/maintenance;
- personal care (washing, bathing, dressing, toileting);
- general nursing care (help to administer drugs, continuing supervision).

A *recipient of care* is a person with a disability or a person aged 60 and over who is receiving care or help with any of the activities listed above.

TIME USE

Average time spent in any activity refers to the time spent in a day by members of a population who took part in the activity, distributed over the whole population. It is therefore a combination of time spent and numbers participating.

A *person with a disability* is one who has one or more of a specified set of conditions which has lasted or is likely to last 6 months or more. The set of conditions (see *Time Use Survey, User's Guide*, 4150.0) corresponds with those used in the 1988 Survey of Disabled and Aged Persons. The 1993 Survey of Disability, Ageing and Carers uses some further conditions (see Survey of Disability, Ageing and Carers: User Guide, 4431.0).

A *person with a handicap* is a person with a disability who needs assistance in the areas of personal care, mobility or communication, or has employment or schooling limitations. The level of handicap would generally relate to the 'severe' category in the 1988 Survey of Disabled and Aged Persons, which does not distinguish between *always* and *sometimes* needing help, so that profound handicap cannot be identified. Questions were asked of the parent about the need to provide similar care for children aged 14 and under, without distinguishing those aged 5 and under. The level of handicap for children in the Time Use Survey therefore is not determined.

The *Social context* refers to other people present during an activity episode. This was taken to mean in the same house or yard when the activity happened at home, and together with the person engaging in the activity when away from home. The family and other relationships of other people present were recorded for each activity episode, and also a broad age group and an indicator of sickness and disability. Other people present were not recorded as having a disability unless there was some evidence that they did: either they were in the household and defined in the questionnaire as having a disability, or they lived in an appropriate institution, or they were aged 60 and over and were receiving the kind of help that suggested a restriction in their capacity to perform usual activities. Where the person reporting has been defined as a carer for a person with a handicap, the overwhelming, but not absolute, likelihood is that the 'person with a disability' in their social context is the person to whom they are providing care.

APPENDIX A

References

ABS publications

- Australian Demographic Statistics, June Quarter (3101.0)
- Focus on Families: Demographics and Family Formation (4420.0)
- Focus on Families: Education and Employment (4421.0)
- Focus on Families: Work and Family Responsibilities (4422.0)
- Survey of Disability, Ageing and Carers: Summary of Findings (4430.0)

Other publications

- Abel, E. K., 'Informal care for the disabled elderly: a critique of recent literature' Research on Aging, 12, 1990
- Bradshaw, J., 'The concept of social need', New Society, March 1972
- Braithwaite, V. A., Bound To Care, Allen and Unwin, Sydney, 1990
- Clark, R., and Tulpule, A., 'Australia's Ageing Society', EPAC Background Paper, No. 37, AGPS, Canberra, 1994
- Herrman, Helen, Singh, Bruce and Schofield, Hilary, 'The health and well-being of informed caregivers: a review and study program', Australian Journal of Public Health 17/2 1993
- National Council for the International Year of the Family, The Heart of the Matter: Families at the Centre of Public Policy, A.G.P.S, Canberra, 1994
- Gibson, Diane and Allen, Judith, 'Parasitism and Phallocentrism in Social Provision for the Aged' Policy Sciences 26, The Netherlands, 1993
- Schofield, Hilary and Herrman, Helen, 'Characteristics of Carers in Victoria', Family Matters No 34, Australian Institute of Family Studies, May, 1993
- Sundstrom, Gerdt, 'Care by Families: An Overview of Trends', Caring for Frail Elderly People, Social Policy Studies, No.14, OECD, 1994
- Office of Women's Affairs, Victoria, in consultation with the Standing Committee of the Commonwealth and State Women's Advisors, The Price of Care, 1994
- World Health Organisation, International Classification of Impairments, Disabilities and Handicaps, Geneva, 1980
- United Nations, 1994 International Year of the Family United Nations Guidelines, A.G.P.S., Canberra 1994

Related Publications

Australian Social Trends (4102.0)

Australia's Families: Selected findings from the Survey of Families in Australia, 1992 (4418.0)

Time Use Survey Australia: How Australians Use their Time (4153.0)

Focus on Families - A Statistical Series:

- Demographics and Family Formation (4420.0)
- Education and Employment (4421.0)
- Work and Family Responsibilities (4422.0)
- Income and Housing (4424.0) (forthcoming)
- Family Life (4425.0) (forthcoming)

Current publications produced by the ABS are contained in the *Catalogue of Publications and Products, Australia* (1101.0). The ABS also issues, on Tuesdays and Fridays, a *Publications Advice* (1105.0) which lists publications to be released in the next few days. Both publications are available from any ABS office.

Symbols used

- * relative standard error greater than 25 and up to 50 per cent.
- ** relative standard error over 50 per cent. Figures should be used with caution. If appears in place of an estimate, the estimate is zero.
- .. not applicable.
- r revised.

Estimates may have been rounded and discrepancies may occur between sums of the component items and totals.

Unpublished statistics

As well as the statistics included in this and related publications, the ABS has other unpublished data available. Inquiries should be made to the Information Consultancy Service contact shown at the rear of this publication.

Data can be made available as:

- special tabulations;
- tabulations utilising the PROTAB facility;
- publications and products, including unit record data;
- statistical consultancy service.

Special tabulations

Special tabulations can be produced on request to meet individual user requirements. These can be provided in printed form or on floppy disk. Subject to confidentiality and sampling variability

constraints, tabulations can be produced from a survey incorporating data items, populations and geographic areas selected to meet individual requirements.

PROTAB

PROTAB is a Personal Computer based software system, supplied on floppy disk, that is an alternative means of access for clients who have on-going or complex requirements for data. Clients can use PROTAB to browse the complete list of variables that can be cross-classified for the Family Survey, select some of these, and use these variables to produce unambiguous specifications for their required tables. PROTAB will also supply approximate costs for the generated tables. Clients can then fax the table specifications to the ABS where they will be processed. In most cases the tables will be returned within 48 hours of receipt of the specifications.

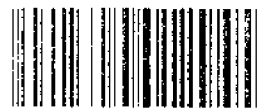
Unit Record File

A unit record data file is available for some survey collections. The file is hierarchical, comprising a subset of variables at the person, family and household levels. It provides purchasers with an opportunity to undertake their own detailed analysis of the data. Deletion of some variables and aggregation of categories in other variables ensures confidentiality of individual respondents is maintained. Enquiries should be made to the contact officer listed at the front of this publication.



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ISBN 0 642 20680 5

Recommended retail price: \$25.00