

# Individualized Funding: How Disability Service Policy Can Assist in Maintaining Caregiver Employment

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*The ability of informal caregivers to maintain a job contributes to the well-being of people with autism. However, without support, many employees find it difficult to combine employment and caregiving. This study examines parallel hypotheses about whether the effectiveness of individualized funding for people with disabilities and their caregivers are associated with the likelihood of caregiver job turnover – and whether the care recipient’s type of disability moderates this relationship. Results indicate that individualized funding effectiveness is negatively related to caregiver job turnover. Furthermore, caregivers of people with autism are less likely to turnover when highly effective individualized funding is available.*

The ability of informal caregivers to maintain a job shapes the employment prospects and well-being of people with autism (Chen et al., 2015). By working, caregivers establish employment pathways for people with autism through modeling employment behaviors and work ethic, maintaining job-relevant social networks, and enhancing family socioeconomic status (Morgan & Schultz, 2012; Taylor & Seltzer, 2010). The provision of care can however interfere with a caregiver’s employment (Broady & Bainbridge, 2015b). One possibility for reducing this conflict is for caregivers to relinquish their job (Broady & Bainbridge, 2015a). However,

this adversely affects the employment prospects of people with autism, and leads to financial hardship and social exclusion (Ouyang et al., 2014; Shattuck et al., 2012).

Another way that caregivers might resolve conflict between employment and caregiving is by obtaining more flexibility in how care is provided (Laragy et al., 2015). This pathway is emphasized in recent government policy initiatives in several countries that encourage individuals to take greater control of funding support. Caregivers' attitudes towards these initiatives are generally positive with the majority expecting improvements (Broady, 2014; Carers NSW, 2014). Indeed, Broady (2014) found that caregivers believe the benefits of individualized funding would be even greater for them than for those they care for. Unfortunately, few studies have evaluated whether these expectations translate to improvements in work-related outcomes.

### **Aims and Contribution**

This study aims to examine whether obtaining greater control in how government provided funding support is used affects a caregiver's ability to maintain a paid job, and whether this relationship is contingent on the type of disability held by the person he or she cares for. By addressing these issues, the study provides four major contributions to the disability, caregiving, and work-family literature.

First, the study outlines the effects of funding flexibility for caregivers of people with disabilities. Caregivers are unpaid individuals who provide informal care and support to a family member or friend who has a disability, mental illness, drug or alcohol dependency, chronic condition, terminal illness, or who is frail (Carers NSW, 2015). Disability is defined as "any limitation, restriction or impairment which restricts everyday activities and has lasted or is likely to last for at least six months" (ABS, 2011, p. 4). Prior research on flexibility in the use of supportive funding has concentrated on its effects for people with disabilities and downplays the role of caregivers. However, this approach neglects the clear interdependency of the caregiver and care recipient with a disability. While people with disabilities actively make decisions about their own lives, these decisions are also often made collaboratively with caregivers, leading some authors to suggest that caregivers should be included in disability service providers' mandates (e.g., Mitchell, 2012). Debate exists around the extent to which providing greater control over how funding is used can simultaneously meet the needs of people with disabilities and their caregivers, particularly when conflicts between needs and/or preferences arise (Glendinning et al., 2009). This study contributes to the debate by exploring whether the flexibility to direct funding support shapes outcomes for the under-examined caregiver side of the caregiver-care recipient dyad.

Second, the study considers the role of government policy initiatives in buffering the adverse employment related effects of caregiving. Prior research has disproportionately focused on how individual and contextual predictors shape non-work outcomes such as personal well-being and the quality of care received. The current study extends this by examining how government policy affects caregivers' employment.

Third, the study contributes to the examination of two understudied populations in the management literature – people with disabilities, and their caregivers. Management research has tended to assume that employees' non-work responsibilities only take

the form of developmental assistance provided to a son or daughter. By considering a broader spectrum of non-work responsibilities, the study extends this literature and provides a platform for further theorizing and examination of employees' non-work care responsibilities.

Finally, the study makes a contribution via its exploration of whether differential effects accrue to employees based upon the disability held by the person they care for. The caregiving literature provides limited guidance on how care recipient disability type affects employment outcomes for caregivers. While some studies suggest that care recipient disability type influences employee stress (e.g., Bainbridge, Cregan, & Kulik, 2006), there has been limited examination of the relationship between care recipient disability type and employee behavioral outcomes.

### *Person-Centered Approaches and Individualized Funding*

A person-centered approach to service delivery reflects the human rights of people with disabilities as set out by the United Nations Convention on the Rights of Persons with a Disability (United Nations, 2006). This approach recognizes that people with disabilities are individuals with the right to control and choice regarding any services they receive. In light of this, disability sectors have undergone a paradigm shift away from "expert" professional control, towards individual choice and personal empowerment (Lord & Hutchison, 2003). The importance of enabling individuals to have control in organizing services to suit their individual circumstances has been widely recognized, as has the inclusion of caregivers in ensuring the successful application of these approaches (Arksey & Kemp, 2008; Lord & Hutchison, 2003).

A central component of many people-centric systems is individualized funding (Lord & Hutchison, 2003). Internationally, individualized funding packages are referred to with different terminology, including individual budgets, direct payments, personal budgets, self-managed care, consumer-directed care, self-directed care, and personalization. The basic premise of individualized funding is that funding is not directly allocated to services, but to individuals who are then able to decide which services they receive and from whom (Lord & Hutchison, 2003). The move towards individualized approaches is supported by a belief that quality individualized funding is beneficial for both caregivers and care recipients. For example, in the U.K., these arrangements have increased users' sense of control over, and satisfaction with, service delivery (Glendinning et al., 2008, 2009).

### *Individualized Funding and Care Recipients*

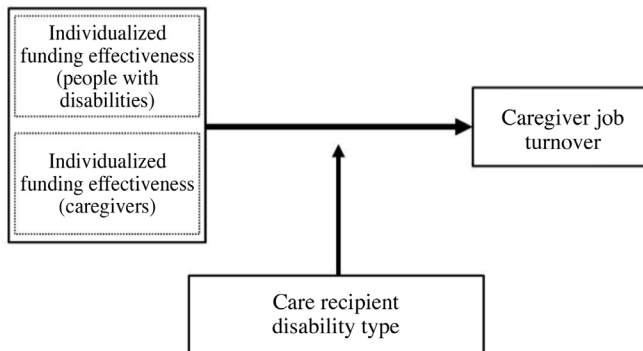
One reason that individualized funding may be beneficial is that it enables greater choice over which supporting services are accessed. This ability to direct funding to where it is has the greatest positive impact is particularly helpful because high quality support services substantially reduce the demands of caregiving and maximize the caregiver's ability to maintain a job.

Greater choice offers the prospect that selected services will be a better match to the care recipient's needs and that they will be of a greater quality (Stainton & Boyce, 2004). For example, two U.S. studies found that individualized funding provides a closer correspondence between the care recipient's needs and the assistance obtained

(Caldwell & Heller, 2007; Carlson et al., 2007). Access to highly appropriate support reduces the size of the gap between a care recipient's needs and the benefits provided by the services that are obtained. A good match also improves the quality of care received and care recipient well-being (Davidson et al., 2012). For a caregiver, a smaller assistance gap implies that less of the essential care is required to be undertaken by him or herself. Reduced demands, in turn, lessen the likelihood that caregiving will interfere with employment to the extent that giving up a job becomes necessary. This point is supported in qualitative research which finds that individualized funding increases individuals' sense of control over their caregiving role and their ability to undertake other life activities including employment (Moran et al., 2012). It is thus expected that a care recipient's ability to access high quality support via individualized funding will improve a caregiver's ability to maintain a job (Figure 1).

*Hypothesis 1: Individualized funding effectiveness for people with disabilities is negatively associated with caregiver job turnover.*

**Figure 1: Moderation Model**



### *Individualized Funding and Caregivers*

Although individualized funding can reduce the size of the gap between essential needs and supporting services, some gap is likely to persist. In this context, another benefit of individualized funding is that it improves control over how and when services are delivered. This control over the scheduling of support services enhances an employee's capacity to combine work and care and may assist the caregiver to maintain his or her job. Flexibility in scheduling support services allows an employee to make appointments at times that are the least disruptive to his or her job (e.g., at the start or end of a work day, during a lunch hour). Thus, individualized funding should improve a caregiver's ability to combine employment and caregiving roles by allowing choice in how and when support is accessed, rather than forcing caregivers to adapt their work day around services that are provided at fixed times and locations. Although few studies have considered the employment-related effects of obtaining flexibility in coordinating caregiving services, work-related flexibility is highly valued

by caregivers. For example, 65% of employees with eldercare responsibilities rated flexible working as the most desirable work-family benefit in their organization (National Council on Aging, 2003). In another study, 47% of female employees agreed that increased flexibility over their work would help them to manage employment and caregiving roles (Habtu & Popovic, 2006). Furthermore, job-related flexibility can directly affect turnover intentions. Matthews et al. (2011) found that the majority of caregivers believed that maintaining a job was difficult without work flexibility. Pavalko and Henderson (2006) identified flexibility as an important consideration for female caregivers when deciding whether to relinquish their employment. Thus, when flexibility is insufficient, job withdrawal is a likely approach “for minimizing work-role demands and better enabling the fulfilment of caregiving demands” (Barnett et al., 2009, p. 53). In summary, it is anticipated that individualized funding will allow for a better coordination of services that enhances the ability of caregivers to maintain their involvement in both employment and caregiving roles.

*Hypothesis 2: Individualized funding effectiveness for caregivers of people with disabilities is negatively associated with caregiver job turnover.*

#### *Care Recipient Disability Type*

Compared to parents of typically developing children, caregivers face greater demands that arise from financial burdens and restrictions in social activities (Matthews et al., 2011). For example, accessing the specialized educational and health services needed by children with disabilities is particularly difficult (Strunk et al., 2014). These demands threaten caregivers' personal resources (e.g., time, energy) and complicate efforts to accommodate the simultaneous demands of employment (Matthews et al., 2011). In turn, this contributes to lower physical and mental health (Hoefman et al., 2014). These experiences are consistent with Hobfoll's (1989) Conservation of Resources Theory which outlines that the demands of multiple roles threaten personal resources and contribute to stress. Caregivers thus experience high levels of stress because they have few opportunities to develop, protect, and reinstate their resources (Matthews et al., 2011).

The stressors experienced by caregivers are important because Spillover Theory outlines that stress can ‘spillover’ from the work to the non-work domain and vice versa (Frone, Yardley, & Markel, 1997). Thus, caregiving stress may adversely affect work-related attitudes and behaviors. For example, one study found that 25% of caregivers of children with disabilities had reduced working hours or quit their jobs for caregiving reasons (U.S. Department of Health and Human Services [HHS], 2007). Another found that 48% of caregivers left the workforce in order to provide care, and 27% were fired from a job due to caregiving-related work intrusions (Rosenzweig & Huffstutter, 2004).

Caregiving responsibilities vary widely and one of the most important individual characteristics that determines the burden of caregiving is the care recipient's type of disability (Pinquart & Sorensen, 2003). The type of disability shapes the care recipient's level of impairment and influences the tasks a caregiver undertakes. One especially large group of caregivers is those who assist people with autism. The neurodevelopmental

condition of autism manifests via the presence of impairments in social interaction and communication, and in restricted, repetitive, and stereotyped patterns of behavior, interest, and activity (Lord & Spence, 2006). People with autism often exhibit internalizing behaviors such as anxiety and depression, and externalizing behaviors such as aggression and defiance (Rivard et al., 2014). As a consequence, caregivers of people with autism experience a relatively high level of caregiving demands (Hoefman et al., 2014). Hayes and Watson (2013) found that caregivers of children with autism experienced particularly high levels of stress and argued that this stemmed from low adaptive functioning and behavioral problems. Caregivers of people with autism also experience greater stressors due to the challenges of obtaining quality educational and health services. For example, caregiving for a child with autism triples the likelihood of reporting problems in obtaining educational services (Montes, Halterman, & Magyar, 2009) and the majority of caregivers of children with autism report problems with obtaining high quality health care (Strunk et al., 2014). These stressors result in greater physical and psychological health problems for caregivers of people with autism (Dabrowska & Pisula, 2010). Thus, drawing upon both Conversation of Resources Theory and Spillover Theory, the relatively stressful experience of providing care to a person with autism is expected to enhance the likelihood of a caregiver resigning from his or her job.

*Hypothesis 3: Providing care for a person with autism (versus other forms of disability) is positively associated with caregiver job turnover.*

#### *Individualized Funding and Care Recipient Disability Type*

Although individualized funding approaches have the potential to create significant personal benefits, these benefits may not be universally experienced across all groups of people with disabilities and/or their caregivers. Prior research has identified some variation in the effects of individualized funding. For example, older people experienced poorer psychological well-being under an individualized system than under previous systems and required the most assistance in navigating individual funding arrangements (Moran et al., 2013). Building upon this, the effects of these arrangements are considered for different groups of caregivers who vary based upon the type of disability held by their care recipient.

Earlier in this paper it was argued that contextual (individualized funding effectiveness for caregivers and care recipients) and individual factors (disability type) influence caregiver job turnover. Beyond this, it is also possible that contextual and individual features interact to form an additional source of influence on turnover behavior. Several theoretical perspectives suggest that an employee's behavior is shaped by contextual and individual features (e.g., Hobfoll, 1989). This position is supported by research that shows that individual characteristics shape the strength of the relationship between context (i.e., available support) and employee behaviors (Tett & Burnett, 2003). The importance of these interactive effects has also been demonstrated in relation to caregiving. For example, Zacher and Schulz (2015) found that eldercare demands moderated the relationship between perceived organizational support for eldercare and employee strain.

As noted, providing care for a person with autism is demanding. These demands suggest that caregivers of people with autism will particularly benefit from support (e.g., high quality individualized funding) relative to caregivers for people with other types of disabilities. Individualized funding may be especially important for employees who care for a person with autism for at least two reasons. First, effective individualized funding is particularly beneficial for employees who care for a person with autism because this type of care typically involves close and constant supervision. This requirement makes it hard for caregivers to maintain typical job roles. The flexibility available through individualized funding is thus useful because it allows these employees to obtain higher quality support services that are more effective at addressing the needs of the person they care for. Second, individualized funding facilitates efforts to combine caregiving and employment. Caregiving for people with autism requires complex forms of care that involve the coordination of multiple service providers. This complexity makes it challenging to combine work and caregiving. Thus, the ability to exert greater control over how funding is used is particularly helpful in allowing an employee to maintain his or her job. In summary, it is expected that a care recipient's disability type will influence the benefits accrued from individualized funding such that this funding is especially helpful in reducing turnover for employees who care for someone with autism. It is anticipated that individualized funding will reduce caregiver turnover via its beneficial effects for both care recipients and caregivers.

*Hypothesis 4: Care recipient disability type will have a moderating effect on the relationship between individualized funding effectiveness and caregiver job turnover. Specifically, caregivers will experience the greatest reduction in job turnover when the care recipient has autism and individualized funding is effective for the 4a) care recipient, and 4b) caregiver.*

## Method

The data collection took place in 2014 in the state of New South Wales (NSW), Australia. The majority of the respondents were members of Carers NSW. This community non-profit organization provides support and advocacy services to caregivers. The survey was sent to Carers NSW members who completed the survey via paper or online means. The survey was also distributed to affiliated organizations and interested individuals who were not members of Carers NSW. Employees with caregiving responsibilities who received individualized funding were selected from this dataset ( $n = 88$ ). Respondent age ranged from 16 to 71 years old, with an average of 50 years old. Most respondents (89%) were female. The highest frequency work background of caregivers in terms of industry sector was education and training (22%).

### *Outcome Variable*

**Job turnover.** Caregivers were asked the following question "I have had to change jobs to fit in with my caring responsibilities" (1 = yes, 0 = no).

### *Predictor Variables*

**Individualized funding effectiveness.** Caregivers were asked “How has individualized funding affected?” (1 = Much worse, 2 = A little worse, 3 = No change/ Unsure, 4 = A little better, 5 = Much better) and responded to 6 items. These items were subjected to a factor analysis which supported a 2 factor structure. Factor 1 was composed of 3 items that related to *individualized funding effectiveness for caregivers* (“The control you have over services”, “The choices you have in how you live your life”, “The degree to which your needs are met”). Factor 2 was composed of 3 items that related to *individualized funding effectiveness for people with disabilities* (“The control the person(s) you care for has over services”, “The choices the person(s) you care for has in how they live their life”, “The degree to which the needs of the person(s) you care for are met”). Responses were summed to form continuous measures with higher scores indicating greater individualized funding effectiveness for caregivers ( $\alpha = .94$ ) and people with disabilities ( $\alpha = .94$ ).

### *Moderator Variable*

**Care recipient disability type.** Caregivers were asked “For what conditions/ disabilities/illnesses does he/she need your care? (e.g., dementia, autism, arthritis, frailty, depression, Down syndrome, schizophrenia, cancer, brain injury, etc.)”. Responses were coded (1 = cared for person with autism, 0 = cared for person with another type of disability).

### *Control Variables*

Based on prior literature (Bainbridge et al., 2006; Gordon & Rouse, 2013; Kulik, Cregan, & Bainbridge, 2013), 4 controls were included: *Caregiver gender* (1 = male, 0 = female), *Primary caregiver [Level of care]* (0 = No one else provides care, 1 = Someone else provides a small amount of care, 2 = Someone else provides a significant amount of care), *Hours of care provided* (“On average, how many hours per week do you spend caring for him/her? Please select your best estimate”) (1 = 0-10, 2 = 11-20, 3 = 21-30, 4 = 31-40, 5 = 41-50, 6 = 51-60, 7 = 61-70, 8 = More than 70), and *Years caregiving* (1 = Less than 1 year, 2 = 1-5 years, 3 = 6-10 years, 4 = 11-15 years, 5 = 16-20 years, 6 = More than 20 years).

## Results

Means, standard deviations, and zero-order correlations are shown in Table 1. The data were examined using hierarchical moderator regression. The regression models that involved individualized funding effectiveness for care recipients were considered first (Table 2, Models 1a-c), and those that involved individualized funding effectiveness for caregivers second (Table 2, Models 2a-c). Control variables were entered in the first step of each set of regressions. Predictor and moderator variables were entered in a second step. The interaction term was entered in the third step. To test Hypotheses 4a and 4b, the values of the continuous variables were centered (Aiken & West, 1991). Two interaction terms (Individualized funding effectiveness for caregivers x Type of disability, Individualized funding effectiveness for care recipients x Type of disability)



were created. The continuous variables and resulting interaction terms were used in the hierarchical regression analysis (Table 2).

**Table 1: Means, Standard Deviations, and Correlations**

	<i>m</i>	<i>s.d.</i>	1	2	3	4	5	6	7
1. Caregiver gender	.89	.35							
2. Caregiver is the primary caregiver	1.35	.79	.03						
3. Hours of care provided	6.24	2.74	.12	-.11					
4. Years caregiving	4.23	1.63	-.02	-.14	-.06				
5. Individualized funding effectiveness for the person with disabilities	3.90	.90	-.01	.20	-.04	-.05			
6. Individualized funding effectiveness for caregiver of person with disabilities	3.85	.90	-.01	.15	.01	-.06	.95**		
7. Care recipient disability type	.28	.45	.23*	.11	.19	-.01	.09	.06	
8. Caregiver job turnover	.28	.45	-.09	-.13	.09	.19	-.24†	-.27†	.16

Notes. *n* = 86-88.

\*  $p < .05$ , \*\*  $p < .01$

**Table 2: Results of Moderation Analyses for Individualized Funding Effectiveness**

Variables	For care recipients			For caregivers		
	Model 1a	Model 1b	Model 1c	Model 2a	Model 2b	Model 2c
<i>Controls</i>						
Caregiver gender	-.71 (.73)	-1.24 (.80)	-1.18 (.79)	-.71 (.73)	-1.28 (.80)	-1.21 (.79)
Caregiver is the primary caregiver	-.20 (.35)	-.08 (.39)	-.27 (.40)	-.20 (.34)	-.12 (.38)	-.22 (.39)
Hours of care provided	.09 (.09)	.07 (.10)	.14 (.11)	.09 (.09)	.08 (.10)	.12 (.10)
Years caregiving	.24 (.16)	.25 (.17)	.27 (.18)	.24 (.16)	.25 (.17)	.27 (.18)
<i>Predictor variable</i>						
Individualized funding effectiveness for the person with disabilities		-.72* (.29)	-.78* (.34)			
Individualized funding effectiveness for caregiver of person with disabilities					-.77** (.29)	-.74* (.31)
<i>Moderating variable</i>						
Care recipient disability type		1.29* (.60)	1.34* (.68)		1.29* (.61)	1.28* (.65)
<i>Interaction term</i>						
Individualized funding effectiveness for the person with disabilities * Care recipient disability type			-2.48* (1.09)			
Individualized funding effectiveness for caregiver of person with disabilities * Care recipient disability type						-1.48† (.83)
Overall Cox and Snell R <sup>2</sup>	.05	.16*	.24**	.05	.18*	.21**
Change R <sup>2</sup>		.11**	.08**		.13**	.03*

Notes. *n* = 88. Unstandardized regression coefficients are presented; numbers in parentheses are standard errors.

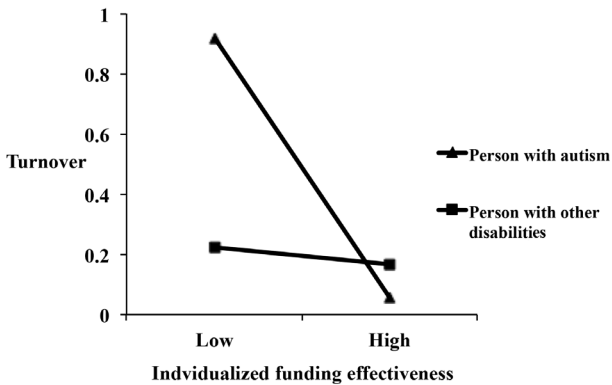
†  $p < .10$ , \*  $p < .05$ , \*\*  $p < .01$

*Models 1a-1c.* Job turnover was less likely when caregivers had access to highly effective individualized funding for their care recipient ( $b = -.72$ ,  $p < .05$ ) and more likely when they assisted people with autism versus other types of disabilities ( $b = 1.29$ ,  $p < .05$ ). The change in R-square resulting from the inclusion of the main effect terms was 0.11. The two-way interaction term, individualized funding effectiveness [for care recipients] x disability type coefficient was significant ( $b = -2.48$ ,  $p < .05$ ). The change in R-square resulting from the inclusion of the interaction term was 0.08. To better understand the interaction term coefficient, separate regression lines were plotted for type of disability (autism, other) following procedures of Aiken and West (1991) (Figure 2). An inspection of the simple slope coefficients demonstrates that it was non-significant for care recipients with a disability other than autism ( $b = -.39$ ,  $p = ns$ ) and significant and negatively inclined for care recipients with autism ( $b = -1.87$ ,  $p < .05$ ). These results support Hypothesis 4a.

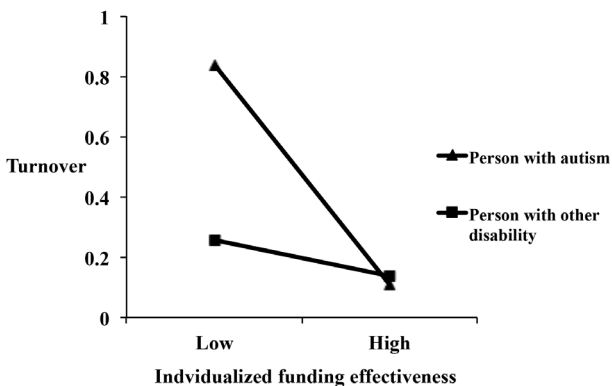
*Models 2a-2c.* The results showed that job turnover was less likely when caregivers had access to highly effective individualized funding ( $b = -.72$ ,  $p < .01$ ) and more

likely when caregivers assisted people with autism versus other types of disabilities ( $b = 1.29, p < .05$ ). The change in R-square resulting from the inclusion of the main effect terms was 0.13. The two-way interaction term was entered in the third step of the regression. The individualized funding effectiveness [for caregivers]  $\times$  disability type coefficient was marginally significant ( $b = -1.48, p < .10$ ). The change in R-square resulting from the inclusion of the interaction term was 0.03. To explore the interaction term coefficient, separate regression lines were plotted for type of disability (autism, other) (Figure 3). The simple slope coefficient was non-significant for care recipients with a disability other than autism ( $b = -.33, p = ns$ ). The simple slope coefficient was significant and negatively inclined for care recipients with autism ( $b = -2.67, p < .01$ ). These results support Hypothesis 4b. In summary, the combined results provide support for Hypotheses 1, 2, and 3. Hypotheses 4a and 4b also received support.

**Figure 2:** Individualized Funding Effectiveness (Person with Disabilities)  $\times$  Type of Care Recipient Interaction Effect on Caregiver Job Turnover



**Figure 3:** Individualized Funding Effectiveness (Caregiver)  $\times$  Type of Care Recipient Interaction Effect on Caregiver Job Turnover



## Discussion

The study findings pointed clearly to the benefits of individualized funding. For both caregivers and care recipients, access to highly effective individualized funding reduced the likelihood of a caregiver having to relinquish his or her job. Furthermore, the findings demonstrated that access to highly effective individualized funding was especially beneficial in reducing caregiver job turnover when the person being assisted was on the autism spectrum. Care recipient disability type moderated the effect of both caregiver and care recipient individualized funding effectiveness on caregiver job turnover.

This study built upon Conservation of Resources Theory (Hobfoll, 1989) which outlines how the flexibility provided by support such as individualized funding packages is a valuable personal resource that helps reduce the depletion of other resources. The finding that individualized funding helps to reduce the likelihood that caregivers will leave their job is consistent with arguments that once flexibility is obtained in one domain, it can be enacted at various times and/or in different domains. The findings are thus consistent with Conservation of Resources Theory but extend the application of this theory into a relatively understudied area in the work-family literature – that is, the study of employees' informal, unpaid caregiving responsibilities for people with disabilities. These findings have important implications for both research and practice.

## Implications

### *For Theory*

The findings extend research on people with disabilities, their caregivers, and the work-family interface in four ways. First, the finding that individualized funding reduced the likelihood of caregivers relinquishing their job highlights the importance of the connection between a caregiver and whom he or she cares for. Prior research has tended to focus only on the person cared for and has neglected the interdependencies in the caregiver-care recipient dyad. This overlooks the fact that decisions about supporting services are typically made in consultation with caregivers and that these decisions jointly affect the caregiver and care-recipient. The findings underline that it is also important to evaluate the effects of individualized funding on the caregiver. Further, the results reinforce the notion that caregivers play a major role in person centered systems and individualized funding arrangements and that they need to be appropriately considered (NSW Government, 2012). Future researchers would be well served to explore other aspects of the independencies that exist between caregivers and care recipients.

Second, the finding that individualized funding reduces caregiver job turnover suggests that work-family researchers should make greater efforts to understand how the broader policy context shapes caregiver employment outcomes. Research on people with disabilities and their caregivers has tended to focus on how government policy affects non-work outcomes, while work-family researchers have concentrated on exploring how organizational policies shape the outcomes of employed parents with non-disabled children. This had led to clear gap in understanding of the effects

of government policy interventions on a caregiver's employment. The current study findings thus help to address a major gap in the literature while suggesting the benefits of further research that considers how other government policies affect a caregiver's employment experience.

Third, the finding that different caregiving responsibilities affect the likelihood of job turnover underlines the importance of broadly conceptualizing what constitutes "family" in "work-family" research. Future research might build upon this study by including more nuanced measures of employee's non-work responsibilities that take into account a range of care-related roles. These might encompass, but are not limited to, situations in which an employee has non-work responsibilities as a parent for his or her non-disabled child.

Fourth, the finding that caregivers of people with autism were less likely to leave their job when they had access to effective individualized funding demonstrates the importance of treating people with disabilities and their caregivers as heterogeneous groups. Future research should ensure the use of study measures that are sensitive to group differences so that their diverse experiences are not obscured by over-simplistic approaches to conceptualization and measurement.

### *Practical Implications*

The findings suggested that individualized funding packages have broader benefits for caregivers than may necessarily have been expected or intended. While the overarching aim of this approach to service delivery was to increase the choice and control that people with disabilities have over the services they receive, the study findings suggested that this choice has very real implications for caregivers, including an enhanced ability to maintain employment. This finding alone may serve as an encouragement to other caregivers to take on individualized funding packages where they, or the person they care for, qualify. The opportunity afforded by individualized funding is especially important because caregivers typically find few organizational initiatives that are specifically designed to assist them manage the simultaneous demands of employment. The use of individualized funding may have further benefits for people on the autism spectrum. As the flexibility of individualized funding packages appears to reduce job turnover amongst their caregivers, people with autism are likely to experience benefits in terms of family income and modeled behavior regarding stable employment.

For organizations, the finding that flexibility in relation to service access decreases the likelihood of caregiver job turnover suggests that providing workplace flexibility may also have positive effects. Thus, organizations may benefit from enhancing flexible caregiver working conditions and by publicizing non-work sources of flexibility in the form of individualized funding programs. The findings also suggest that it may be advantageous for policy makers to investigate ways of adapting existing approaches in order to meet the needs of families with other disabilities in an equally effective manner. For example, policy initiatives that focus on the family unit as a whole (as opposed to being centered solely on the person with a disability) may be particularly beneficial for people on the autism spectrum and their caregivers.

## Conclusion

One potential limitation of the study was the relatively small sample size. This restricted the number of control variables that could be included in the models. Thus, future researchers might consider alternative data collection strategies that focus on identifying users of individualized funding via snowball sampling or by obtaining details of potential respondents via partnerships with government agencies who administer individualized funding. The small sample size may also raise potential concerns about the relationships reported. However, it should be noted that the effects were significant in spite of the size of the sample. This suggests that the effect size for the interactions were relatively large and this provides encouragement for further research in this area. One important boundary condition to the findings is that the effects of the predictors were assessed on an employment-related outcome variable. It is thus possible that a more complex picture might emerge from the collection of data on outcomes across several life domains. For example, while the flexibility available via individualized funding is generally viewed positively by caregivers, some caregivers have expressed concerns that the complexity of self-managing these arrangements is an additional burden (Broady, 2014). A clear direction for future research is thus to include complementary measures of caregiver burden and well-being when assessing the effects of individualized funding on employees with caregiving responsibilities. Despite these limitations, the current study has important strengths in its consideration of a critical employment outcome in connection to two understudied groups in the work-family literature. Both caregivers and care recipients face many employment challenges, but this study clearly demonstrates to both organizations and individuals the benefits of a key intervention for facilitating employment.

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