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Executive Summary

Introduction

One in ten Australians – 2.65 million people in 2018 – are carers. If these carers were replaced by paid workers, the care they provide would cost \$77.9 billion annually, or almost 1% of Australia's GDP (Deloitte 2020). Almost one million of these are 'primary carers' who have caring duties that make up a significant part of their day-to-day life – for many, being much more than a full time job (ABS 2019).

Carers are responsible for taking care of the welfare of large numbers of

What is a carer?

A carer is a person who looks after someone who has a disability, mental illness, drug or alcohol dependency, chronic condition, dementia, terminal or serious illness; or who is frail or needs care due to ageing. They do this not as their paid job, but as a family member or friend. The *Carer Wellbeing Survey* focuses on those carers for whom caring represents a significant part of their day to day life – typically at least 10-15 hours per week, and often much more than this.

vulnerable Australians, providing often challenging and complex caring duties. Past studies have found carers often have lower wellbeing than the average Australian (Schirmer et al. 2016, Carers NSW 2020). We need to know more about how to support the wellbeing of carers, ensuring they have a high quality of life while providing quality of life to the people they care for.

The national *Carer Wellbeing Survey* is addressing this gap. Through an annual survey of Australia's carers, it will build a comprehensive picture of the wellbeing of carers, and how it can best be supported. This report gives findings from the first *Carer Wellbeing Survey*, which surveyed 5,800 carers across Australia during April and May 2021.

Who are Australia's carers?

According to the 2016 ABS Census of Population and Housing, almost half of Australia's carers (45%) are aged between 45 and 64, and 62% between 35 and 64 (Figure E1). Around 20% are aged 65 and older, and 19% are younger than 35. Around 60% of Australia's carers are female, and 40% are male.

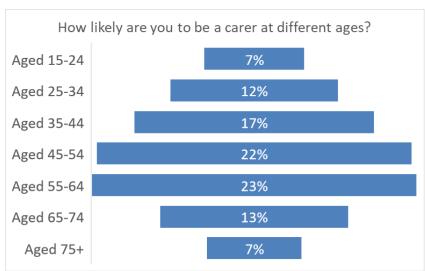


Figure E1: % Australians who are carers, by age group (data source: ABS 2016 Census of Population and Housing)

Carer Wellbeing Survey data collection

The Carer Wellbeing Survey was designed in collaboration with Carers Australia. Carers could complete the survey online or using a paper form, and the survey was available in English, simplified Chinese, Arabic, Italian and Vietnamese. As many carers have limited time, they could choose to do a shorter 5-10 minute version of the survey, or a longer version, with 69% choosing to do the long version. Survey participants were recruited through inviting all carers in an existing national survey database to participate, as well as inviting those registered with care providers across Australia, and members of carer's representative organisations, to take part. In addition, social media advertising and online survey panel recruitment were used, and those who participated in the survey could enter a draw to win one of several gift card prizes. These recruitment methods aimed to reach as wide a range of carers as possible. Having multiple recruitment methods help to ensure biases resulting from any one method of recruitment were minimised. A process of survey weighting was used to enable production of findings that are representative of carers nationally. Throughout this report, all data presented have been weighted to be representative of Australia's carers by gender, age, state/territory, Indigenous status, labour force status, and weekly caring hours, unless otherwise specified.

Wellbeing of Australia's carers

Australia's carers are two and a half times more likely to have low wellbeing than the average Australian adult, with 55% having low wellbeing compared to only 20% of the broader population (Figure E2).

The wellbeing 'gap' becomes larger as carers get older, and wellbeing is poorest amongst carers aged 45 to 54, amongst whom 66% have low wellbeing.

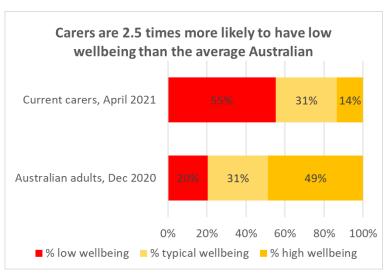


Figure E2 The wellbeing gap between carers and the typical Australian

Carers are at greater risk of low

wellbeing if they have more complex, time consuming or otherwise challenging caring obligations: 60% of those caring for a person who needed high or very high levels of assistance with daily functioning had low wellbeing, compared to 38% of those caring for a person with relatively low daily assistance needs.

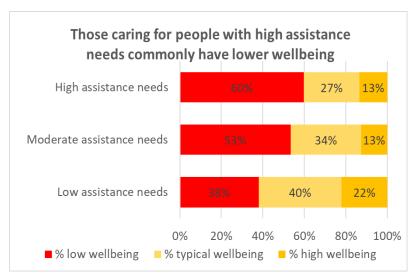


Figure E3 Difference in wellbeing of those caring for people with different levels of daily assistance needs

The wellbeing of carers tend to decrease the longer a person has been a carer, and increase once a person ceases having caring obligations.

Low wellbeing was also more common amongst those caring for a person with autism spectrum disorder (ASD), other development disorders, mental illness/psychosocial disability, drug/alcohol dependency or intellectual disability, and amongst those

caring for a child or grandchild.

Psychological distress

The measures of subjective wellbeing presented above examine levels of positive wellbeing. It is also important to examine measures of 'ill being', such as psychological distress. Carers have significantly higher rates of psychological distress than the average Australian. In 2020, the average psychological distress score for Australian adults was 19.3 out of a possible 50. In contrast, the mean score amongst carers was 25.0.

Across all age groups of carers there was a significant 'distress gap' with significantly higher distress levels among carers compared to the average Australian adult. This gap was greatest for carers aged 30 to 44, whose average psychological distress was 6.7 points higher than that of the general population. Younger carers and those with high caring obligations are at greater risk of high psychological distress. So are those caring for a person with a terminal illness, autism spectrum disorder, development disorder, mental illness, drug/alcohol dependency or intellectual disability.

Health of carers

Many carers are managing challenging health problems while also caring for others. Forty-five per cent of carers have poor health, compared to 21% of adult Australians, and 46% have one or more disabilities, health conditions or injuries that restrict their everyday

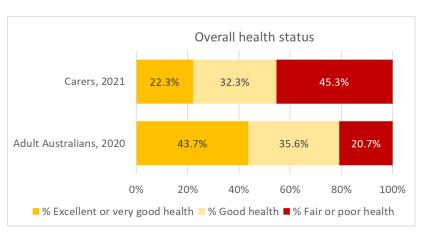


Figure E4 Self-rated health of carers compared to the Australian population

activities. In general, carers are twice as likely to have poor health as other Australians of

similar age. Carers with more challenging caring obligations are more likely to have poor health, as are female carers, carers aged 45 to 54, and those caring for a person with ASD, development disorder, mental illness or intellectual disability.

Loneliness and social connection

Having positive social connection with others is important not just for a person's mental health and wellbeing, but also for their health: a range of physical health issues are more common amongst those who experience high levels of loneliness. Given this, it is important to understand whether carers are able to have the same levels of social connection as other Australians.

Carers were three times as likely as other Australians to regularly experience loneliness, with 35% often or always feeling lonely compared to 11% of Australians.

More than 44% of those caring for a person with high assistance needs, ASD, a development disorder, mental illness or intellectual disability, were frequently lonely. More than 40% of carers aged 35 to 54, and female carers, were regularly lonely. Carers who were older, cared for a person with lower

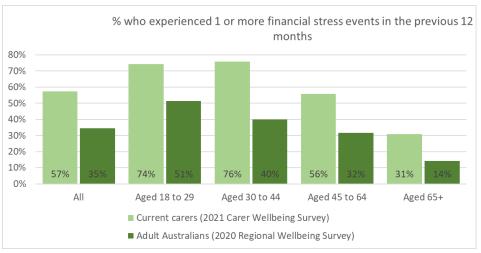
Carers are three times as likely as the average Australian to regularly experience loneliness

35% of carers often or always feel lonely

assistance needs, and who spent fewer hours a week caring for others, were less likely to be lonely.

Household finances

On average, carers have poorer financial wellbeing compared to the typical Australian, particularly those aged under 45. More than half of all carers – 52.8% - reported that their household was either very poor, poor or just getting along financially, compared to 33.8% of Australians. Fifty seven per cent of carers had experienced at least one major financial stress event in the last 12 months, such as being unable to pay bills on time, going without heating or cooling, having to delay important purchases, or having to ask for financial help from



friends and family. This compared to 35% of Australians more generally in 2020. Three quarters of carers aged under 45 had experienced at least one financial stress event (Figure E5). Carers were also more likely than average to have experienced one or more financial stress events if they were Aboriginal or Torres Strait Islander; cared for a person with high assistance needs; cared for two or more people; cared for someone with a terminal illness, ASD, other development disorder, intellectual disability, mental illness, or drug/alcohol dependency; or were caring for a child or grandchild.

Housing and telecommunications

Having access to suitable housing and telecommunications can support the quality of life of both carers and the people they care for. Almost one in three carers reported that some parts of their home were difficult to access due to disability or health problems (32.6%), an issue which can reduce effectiveness of the home as a place for high quality caring for both

Figure E5 % carers experiencing one or more financial stress events

carer and care recipient. Carers who were

younger, male, Aboriginal/Torres Strait Islander, or usually spoke a language other than English at home were more likely to report this. Most carers (79.3%) had good mobile phone reception at their home, and almost three-quarters (74.3%) had access to high speed, reliable internet in their home.

Employed carers

Carers are less likely to be employed than other Australians. Overall, 51.6% of Australian carers were employed, while 4.9% were unemployed and seeking work, and 43.5% were not in the labour force. Carers were more likely to have paid employment if they were younger, and had fewer caring obligations. They were less likely to be in employment if they were

older, or had high caring obligations. The longer a person is a carer, the less likely it is that they will be participating in the labour force (Figure E6): 47% of those who had been a carer for five years or more were employed compared to 61% of those who had been a carer for less than a year. When asked if their employer was understanding of their caring obligations 17.2% reported they were not very understanding, 41.6% that they were somewhat understanding, and 41.3% that

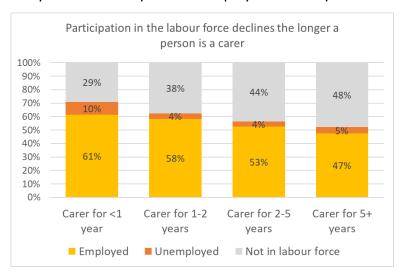


Figure E6 Proportion of carers in the labour force, by number of years they had been a carer

they were very understanding. Younger carers were more likely than other employed carers to report their employers were not very understanding.

Benefits experienced by carers

Overall, 54.1% of carers found being a carer satisfying, while 26.9% did not. Carers were less likely to find their carer role satisfying if they were female, aged 45-54, or caring for a

person experiencing mental illness or drug/alcohol dependency. Those aged 35 to 44 were more likely to report finding being a carer satisfying than other age groups (59.2%). Many carers – 58.6% - felt that being a carer had strengthened their relationship with the people they cared for, while just over one in four (27.1%) disagreed with this. Those caring for a person with dementia, or with drug/alcohol dependency, were less likely to feel their relationship had strengthened than others (50.5% and 47.4% respectively).

Challenges and burdens experienced by carers

Almost all carers reported experiencing multiple types of challenges related to their role as a carer (Figure E7). In particular, 67% regularly feared for the future of the people they cared for; 64% did not usually have time for themselves; between 50% and 57% experienced negative impacts on their social life, finances, and level of control over their life; and more than 40% experienced negative impacts on their own

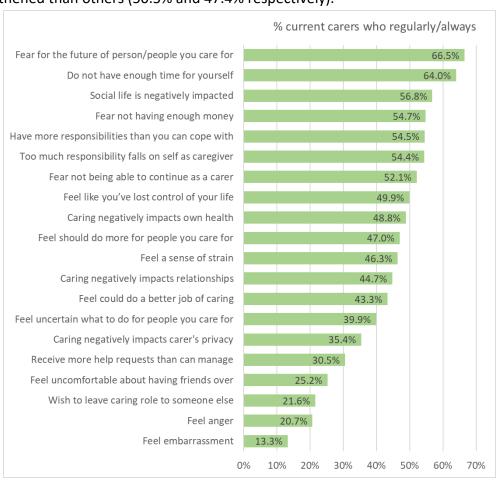


Figure E7 Common challenges experienced by carers

health, and relationships.

Despite these challenges, very few regularly wished to leave their caring role to someone else (22%), felt anger (21%) or felt embarrassment (13%).

When asked to describe the challenges they experienced in accessing services for the person they cared for, common issues identified by carers were:

- Difficulty finding out about available support services
- Long waiting times to access services
- Lack of availability of services in their local area
- Services being reduced or changed when the person they cared for shifted to NDIS
- Lack of skilled and experienced staff providing services
- Difficulty accessing funding to enable them to access services.
- Complex and confusing processes for accessing support

Confidence in carer role

Supporting the wellbeing of the people they care for requires multiple skills. When asked how confident they were in being able to meet the needs of the people they cared for:

- 67.5% of carers were confident they could provide for physical needs
- 52.5% were confident they could handle unexpected events or emergencies
- 52.3% were confident they could identify and organise access to services needed
- 48.1% were confident they could provide for emotional needs
- 41.0% were confident they could make caregiving activities pleasant
- 33.1% were confident they could cope with the stress of care giving activities.

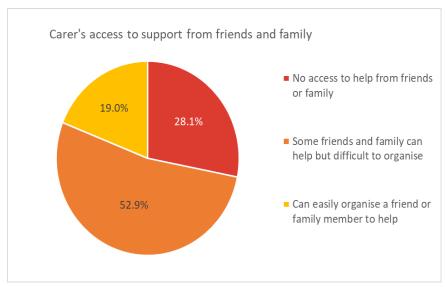


Figure E8 Access to support from friends and family

Access to support from family and friends

Only 19% of carers are able to easily organise a friend or family member to help them in their carer role if they are ill or need a break (Figure E8). More than one in four (28%) have no access to this type of support. Carers aged 45 to 54 were less likely to have access to support than younger or older carers.

In total, 60% had

accessed some support from family and friends in the previous 12 months.

Formal supports accessed in previous 12 months

Beyond family and friends, the most common types of supports carer had accessed in the previous 12 months to help them in their caring role were:

- 33% received support from carer support groups or forums
- 31% accessed psychological support for their role as a carer
- 31% accessed respite care services
- 29% received some form of financial support, such as Carer Payment or Carer Allowance
- 22% accessed carer training and skills courses of some type.

Most carers who have access to support are moderately to highly satisfied with the support they received in the last 12 months. However, between 10% and 18% are dissatisfied with

the supports accessed. This increases to 23% who are dissatisfied with the financial support they have received.

Carers who have more support have higher wellbeing

Having access to support – whether from family, friends or formal care provision services - is associated with higher wellbeing, particularly for carers who are caring for one or more people with high assistance needs. Amongst those caring for people with high assistance needs – the group at greatest risk of low wellbeing – wellbeing was 10 to 11 points higher if the carer had access to support from family and friends or respite care, and also higher if they had financial support, and access to peer support or training/coaching.

Discussion and conclusions

The first *Carer Wellbeing Survey* has confirmed that carers across Australia are at high risk of poor wellbeing, high psychological distress, and poor physical health. Multiple factors are likely to be contributing to this higher risk. In particular, carers experience much higher levels of social isolation and financial stress than other Australians, as well as often experiencing lack of time for self-care, and a range of complex challenges fulfilling their role as a carer.

Some carers are at higher risk of poor outcomes than others: in particular, carers aged 35 to 54, female carers, those with high weekly caring hours, who have been a carer for many years, care for multiple people, care for a child or grandchild, or care for a person with ASD, development disorder, mental illness/psychosocial disability, intellectual disability, or drug/alcohol dependency. Many of these types of carers have limited access to help from friends and family in their role as a carer, and rely on having access to formal supports.

Many carers have poor access to both informal support from family and friends, and formal support from care service providers. Those who do have access to these types of support have significantly improved wellbeing cared to those without support. This highlights the importance of continuing to identify ways of increasing the availability of both informal and formal support for Australia's carers.

1. Background

More than 2.5 million Australians provide what is often labelled 'informal' care to people who need assistance due to having a disability, old age, long-term illness or addiction. As of 2018-19, there were an estimated 2.65 million carers in Australia, representing around 10.8% of the population. Of these, 0.86 million were primary carers, meaning they were the primary person responsible for providing assistance to one or more people who needed assistance with core activities related to mobility, self-care and/or communication. A further 1.78 million other carers either assisted primary carers, or provided care to people with fewer assistance needs (ABS 2019).

As of 2020, it was estimated that these carers provide care that would cost \$77.9 billion if provided formally by paid care workers. This represents 0.8% of Australia's GDP, and 10.6% of the formal health care budget in Australia (Deloitte 2020).

Despite the significant contribution and large numbers of carers in Australia, relatively little is known about their wellbeing. A large survey of carers conducted nationwide in 2020 found that on average, carers had much lower wellbeing compared to the average Australian, and higher rates of psychological distress (Carers NSW 2020).

This report provides findings of the first national *Carer Wellbeing Survey* (CWS), conducted in 2021. The 2021 CWS was conducted by the University of Canberra's Regional Wellbeing Survey team. It is funded by Carers Australia with support from the Australian Government Department of Social Services.

The CWS aims to understand how the wellbeing of carers is changing over time through an annual survey of carers with results analysed to enable a representative picture of carers across Australia. Specifically, it aims to:

- Understand different dimensions of wellbeing and quality of life of carers and how
 they are changing. Wellbeing is a broad term, and many things affect a person's
 quality of life, from their own health to their standard of living and their social
 networks. The survey examines multiple aspects of wellbeing to better identify
 which of these are more and less likely to be higher and lower amongst carers.
- Identify whether particular types of caring roles are associated with higher than typical stresses on wellbeing: for example, whether caring for people with different types of needs is typically associated with better or poorer wellbeing.
- Identify whether particular carers are more vulnerable to low wellbeing than others, for example those of different ages, engaging in the workforce, or with health problems of their own.
- Identify which types of carer support best help support the wellbeing of carers and their ability to maintain quality of life for both the person/people they care for and themselves.

This survey adds to the growing body of evidence regarding the needs of carers, joining the national survey conducted by Carers NSW (Carers NSW 2020) and reports on wellbeing of carers produced previously (Schirmer et al. 2016). These existing surveys have pointed to a need for continued investment in better understanding the wellbeing challenges and needs of carers. The CWS seeks to address this need.

The CWS was conducted for the first time in 2021. As such, this report provides an initial baseline from which change over time can be examined. The survey will be repeated annually, providing opportunity to understand how the wellbeing of carers is changing over time.

Surveys are by their nature a snapshot in time that reflects the impacts of events happening at the time the survey is conducted. The 2021 CWS collected data during April and May 2021. This means it was collecting data in the context of the ongoing impacts of the COVID-19 pandemic. During April to May 2021, most Australian jurisdictions did not have significant movement restrictions related to the COVID-19 pandemic. However, many vulnerable people – included many carers and the people they care for – were restricted in their movements due to the pandemic, due to having high vulnerability if they became ill. Vaccination for COVID-19 was in very early stages of roll-out, with the large majority of Australian not yet vaccinated at the time the survey was conducted.

2. What is a carer?

In this study, a carer is defined as a person who looks after someone who has a disability, mental illness, drug or alcohol dependency, chronic condition, dementia, terminal or serious illness, or who is frail or needs care due to ageing. In most studies, a person is considered a carer if they have provided, or expect to provide, care for six months or more. Carers do not need to live in the same household as the person or people they care for. A person who cares for children is only considered a carer if one or more of the children they care for has a long-term health condition or disability as per the definition above.

This definition is consistent with the definition used in other surveys and studies. However, within this broad definition, there are some differences in how carers are identified. For example, the Australian Bureau of Statistics (ABS) *Census of Population and Housing* does not define the length of time a person has been a carer for, simply asking if in the last two weeks a person spent 'time providing unpaid care, help or assistance to family members or others because of a disability, a long term health condition or problems related to old age' (ABS 2016).

The ABS Survey of Disability, Ageing and Carers (SDAC), meanwhile, differentiates between primary and other carers, with primary carers defined as 'a person who provides any informal assistance (help or supervision) to people with disability or older people (aged 65 years and over). The assistance must be ongoing, or likely to be ongoing, for at least six months' (ABS 2019). The SDAC further defines a primary carer as someone aged 15 or over for provides assistance for one or more core activity needs of:

- Mobility e.g. physical movements
- Self-care e.g. dressing, toileting, eating, drinking, and/or
- Communication.

The SDAC defines all carers who do not meet the definition of a primary carer as 'non-primary carers'. This study includes both those carers defined as primary and non-primary carers in the SDAC. Both primary and non-primary carers may provide non-core forms of assistance including assistance with:

- Health care
- Cognitive or emotional tasks
- Household chores
- Property maintenance
- Meal preparation
- · Reading or writing
- Transport.

Many studies use the term 'informal carers', to reflect that they focus on those people who provide care not as their formal paid employment, but as a family member or friend to the person being cared for. Throughout this report, the term 'carer' is used to mean an informal carer who provides unpaid care, with the only financial payment received (if any) being government carer support payments such as the Carer Payment or Carer Allowance, or financial grants to support purchasing items needed by carers. A person who provides paid

caring services in the course of their paid employment is not considered to be an informal carer, and is not included in the group referred to as 'carers' in this report.

3. Carers in Australia: numbers and types

The CWS aims to understand the quality of life carers have and how their caring obligations affect their quality of life, and the extent to which they have access to effective supports in their role as a carer. This section provides a brief overview of what is currently known about carers in Australia from existing data.

Three recent sources of data were drawn on to profile Australian carers:

- The ABS Survey of Disability, Ageing and Carers (DSAC): in this survey, 21,983
 households were surveyed in 2018-19 and those with disabilities and carers residing
 in the households asked questions about these roles. Data produced include
 information on types of caring responsibilities and hours spent providing care (ABS
 2019).
- The Australian Bureau of Statistics (ABS) Census of Population and Housing (Census): the CPH asks all households in Australia to report whether members of their households are carers, using the definition provided in Section 2. This enables examination of carers by their socio-demographic characteristics, such as age, gender and language spoken at home. However, the Census does not identify information about the types of caring role a person has, hours spent caring, or other information (ABS 2016, 2018).
- The 2020 National Carer Survey (NSW Carers 2020). The National Carer Survey sampled a large number of carers across Australia. This survey provides important insights into aspects of carer's experiences that are not available from other sources of data. However, the sample collected is not weighted to provide nationally representative findings, meaning this data source cannot be used to estimate numbers of carers by type at a national scale.

The 2019 ABS DSAC estimated that across Australia, 10.6% of those aged 15 and over were carers, of which 3.5% were primary carers (defined as a person who provided primary care for a person needing assistance with one or more core activities related to mobility, self-care or communication), and 7.1% not primary carers (either not providing the main care for a person, or providing care not related to core activities) (ABS 2019). In addition, a further 0.2% of the population were carers who were younger than 15 (Figure 1). The ABS Census had a similar estimate, with an estimated 12.5% of all Australians aged 15 and over identified as being carers, with a carer defined as a person who spent time in the two weeks prior to the Census 'providing unpaid care, help or assistance to family members or others because of a disability, a long-term health condition or problems related to old age' (ABS 2018).

All persons living in households, by carer status, 2018

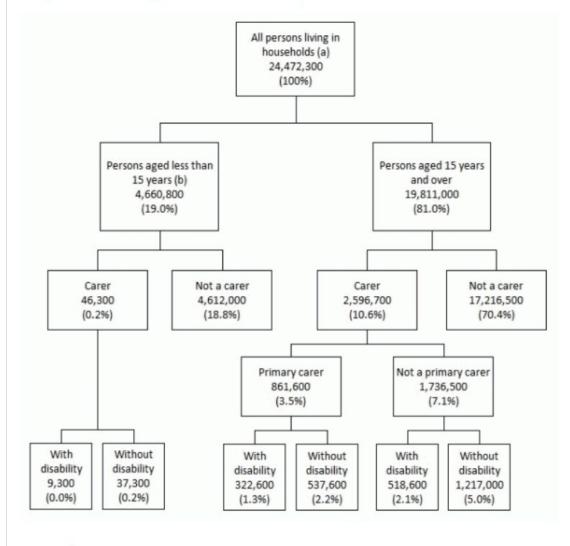


Figure 1 Estimates of the carer population in Australia, Survey of Disability Ageing and Carers (Source: ABS 2019)

Women are more likely than men to be carers, at all stages of life (Figures 2 and 3). While there is some difference in estimates between the Census and the SDAC, the proportion of people who are carers is highest amongst those aged 45 to 74, particularly for women, and lowest amongst those aged under 35.

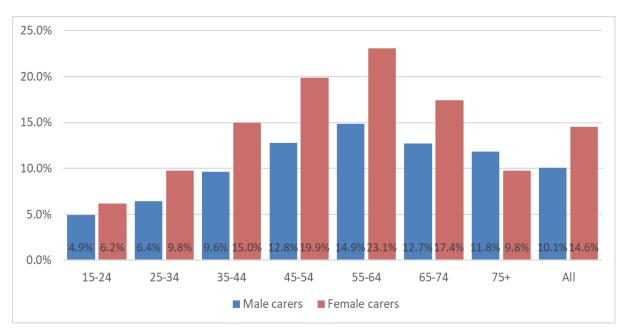


Figure 2 Proportion of population who are carers, by age and gender – 2016 ABS Census (ABS 2018)

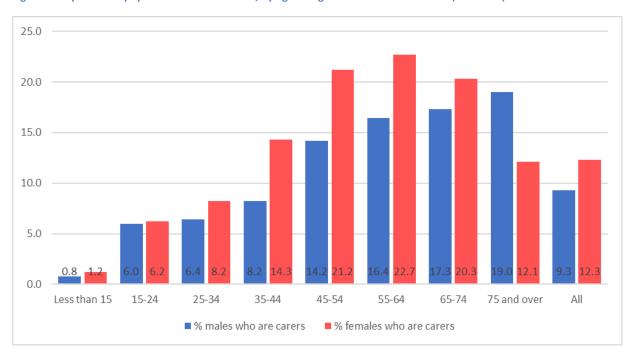


Figure 3 Proportion of population who are carers, by age and gender – 2018-19 SDAC (ABS 2019)

The differing proportion of people who are carers means that 60.4% of all carers are female, and 39.6% male. Of all carers, less than 20% are aged 15-34, while over 40% are aged between 45 and 64 (Table 1).

Table 1 Proportion of carers in different age groups, by gender

	ABS Census (ABS 20	018)	ABS SDAC (ABS 2019)			
Age group	Male carers	Female carers	Male carers	Female carers		
15-24	3.2%	3.9%	3.6%	3.6%		
25-34	4.5%	7.2%	4.4%	5.8%		
35-44	6.4%	10.4%	5.0%	8.9%		
45-54	8.3%	13.7%	8.3%	12.9%		
55-64	8.5%	14.1%	8.6%	12.6%		
65-74	5.4%	7.8%	7.0%	8.7%		
75+	3.2%	3.4%	5.0%	3.8%		
All age groups	39.6%	60.4%	42.7%	57.3%		

Carers therefore have quite different characteristics to those of the general Australian population. This is important when considering their wellbeing, as studies of wellbeing have identified that wellbeing typically follows a 'U-shaped' curve through the life: younger people have higher wellbeing; wellbeing then declines and reaches a low point between the aged of 35 and 55, before wellbeing levels increase again, typically being high through to at least the age of 70. There is more conflicting evidence regarding wellbeing beyond the age of 70 (Blanchflower 2021). This existing evidence, combined with data on prevalence of caring responsibilities at different points in a person's life, suggests that many people are likely to be carers at the point in life where wellbeing is already likely to be lower than at other stages of life. It is important to identify whether the caring role changes this typical pattern of wellbeing through the lifespan.

4. Methods

This section briefly describes the methods used to collect and analyse data in the 2021 CWS. A detailed report documenting the specific methods used in each wave of the survey, providing the survey questionnaire items and other relevant information will be produced and added to each year (Schirmer and Miranti 2021).

Questionnaire design

The CWS questionnaire, was designed in a multi-stage process:

- Existing carer survey instruments were reviewed for potential inclusion in the survey, including validated scales relevant to understanding wellbeing of carers.
- Proposed questionnaire content was developed by the research team.
- Consultation with key stakeholders (Carers Australia and others) was used to revise the content of the initial questionnaire, with two rounds of consultation and revision.
- Pilot testing of the questionnaire was undertaken in two rounds. First, a small group
 of 20 people (including both carers and representatives of care provider and carer
 representative organisations) tested the survey and provided feedback. The revised
 survey was then tested by a sample of 80 carers selected at random from the
 Regional Wellbeing Survey database of carers (see participant recruitment section).
- Final revision of the questionnaire.

The questionnaire was designed to collect data that would enable comparison of carers to the broader Australian adult population. To do this, several measures of health and wellbeing used in multiple existing Australian and international surveys were included in the instrument. In addition, some existing carer survey instruments were drawn on to measure aspects of wellbeing specific to carers, particularly carer burden. Some questions were designed specifically for the survey, and were asked for the first time in the 2021 survey.

Each year, the CWS will repeat key measures, enabling measurement of change over time. Each year the CWS will also include 'special topics' that investigate specific aspects of carer wellbeing in more depth, with these special topics varying each year.

The questionnaire asked about the following topics:

- Caring responsibilities, including number of people cared for, length of time the person had been a carer, needs of care recipients, and typical hours spent on caring responsibilities each week
- Health and wellbeing of the carer, using several existing validated measures including the Personal Wellbeing Index, general health measure, Kessler 10 psychological distress scale, and loneliness scale (see Schirmer and Miranti 2021 for documentation of scales used).
- Challenging life events experienced in last 12 months, including experiencing loss or change of employment, illness, moving house, financial stress, crime, and changes in caring responsibilities
- Quality of time use, assessing extent to which carers had the ability to achieve desired and healthy levels of sleep, caring, work, exercise, and recreation

- Positive and negative experiences associated with being a carer, using both some existing scales (including a modified version of the Caregiver Burden Scale) and a small number of new questions designed specifically for the CWS
- Ability to identify and access both formal and informal support for the person's role as a carer
- Types of formal support accessed, organisations via which these supports were accessed, and level of satisfaction with these supports
- Socio-demographic characteristics of the carer such as age, gender, employment, type of home lived in, and household structure
- Open-ended questions asking about overall challenges experienced in accessing support as a carer, and about other topics carers wanted to have recognised and examined in the CWS in future.

Many carers have very limited time, and may be unable to complete a long questionnaire. Given this, the questionnaire was designed to give carers choice regarding the length of survey they wished to complete. Those completing the survey online (the majority of participants) were asked if they wished to complete a shorter or longer version of the survey. The short version of the survey was designed to take 5-10 minutes to complete, while the longer version took 15 to 30 minutes depending on how many questions were applicable to the person completing the survey. In total, 69% of respondents opted to complete the long version of the survey, while 31% opted to complete the short version of the survey.

Survey mode

Participants could complete the survey online or on a paper form. The online survey used the Qualtrics online survey platform. The online questionnaire was translated into simplified Chinese, Arabic, Italian and Vietnamese, selected as the highest prevalence languages other than English spoken by carers based on data from the 2016 ABS *Census of Population and Housing*. The paper form was sent directly to some carers who did not have an email address (see participant recruitment). Carers could also request a paper survey form by calling a free call number displayed prominently in all materials promoting the survey.

Participant recruitment

Survey participants were recruited using the following methods:

- Existing database: An existing database of carers held by the University of Canberra
 was used to recruit participants. This was the Regional Wellbeing Survey database:
 the Regional Wellbeing Survey is an annual survey, in which all participants are asked
 to identify whether they are a carer. Of the 21,000 people surveyed in 2020, all
 those who identified they were carers and gave permission to be contacted for a
 subsequent survey were invited to take part in the survey.
- Care provider organisations: Organisations who provide professional services to carers across Australia were asked to email their clients to request their participation in the survey.
- Carer representative organisations: A number of carer organisations around Australia sent emails to their membership inviting participation, advertised the survey on their websites, and promoted the survey on their social media channels.

- Social media advertising: Paid advertising on Facebook and Instagram was used to further recruit carers.
- Online survey panel: The Qualtrics online panel service was used to recruit a sample of carers.

A key goal of participant recruitment was to ensure sufficient sample to enable reporting for every Australian State and Territory. This required deliberate over-sampling in States and Territories with smaller populations, specifically in the Northern Territory, Australian Capital Territory, and Tasmania. Similarly, carers identifying as Aboriginal and/or Torres Strait Islander, and from other culturally and linguistically diverse backgrounds, were deliberately over-sampled to ensure it would be possible to specifically analyse the experiences of carers in these groups. The sampling done via the online panel, social media advertising, and carer organisations was designed to result in a sample that achieved sufficient representation of these regions and groups to enable analysis of their experiences.

A prize draw incentive was offered to encourage participants to take part in the survey. Multiple studies have found that providing incentives both increases participation in surveys, and when designed appropriately, can reduce the impacts of some types of survey response bias. In particular, incentives can reduce the risk of salience bias – the risk of overrepresentation of those with a very strong interest in a topic and under-representation of those with little or no interest (see for example Singer and Ye 2012). All those who completed the survey could enter a draw to win one of several prizes. Prizes offered were gift cards, with winners able to choose their preferred gift card from a list of options that enabled the winner to choose what was most relevant and meaningful to them, from Coles-Myer cards enabling purchase of groceries through to fashion, to Bunnings gift cards.

These recruitment methods aimed to reach as wide a range of carers as possible. Having multiple recruitment methods help to ensure biases resulting from any one method of recruitment were minimised. For example, it was expected that carers recruited via care provider organisations and carer representative organisations may have more complex and challenging caring needs compared to carers recruited via the Regional Wellbeing Survey (RWS) database. Recruiting via the RWS database, social media advertising and online survey panel enabled a wider sample of carers to be reached.

Were survey respondents typical of all types of carers?

The definition of carers given earlier in this report is inclusive of the full range of people who have a role as a carer, from those with very limited caring obligations who may not view themselves as being a carer, through to those with very high caring obligations for whom their primary role is being a carer for one or more other people.

While the definition of carer used in this survey covers this full spectrum, it was expected that a survey calling for participation of carers may be more likely to achieve participation from those carers for whom caring is a significant part of day to day life, and less likely to achieve participation of those for whom caring is an occasional or relatively insignificant role. Thus the sample was expected to be largely composed of carers who have a caring role that comprises a significant part of their day to day life, and to largely exclude those who have a relatively limited caring role that is a minor part of their life compared to other activities.

This hypothesis was tested by comparing the characteristics of carers from the RWS database who were invited to complete the survey, with those who chose to respond to this invitation. This comparison identified that, amongst those invited from the RWS database, those who chose to respond were typically carers with more significant caring obligations (for example, higher numbers of caring hours per week, or who were the person primarily responsible for care). Those who chose not to respond were predominantly those who were secondary carers with a limited role in providing caring duties, or who otherwise had a caring role that did not take up a significant part of their day-to-day life.

This means that the findings presented in this report should be considered to be representative of 'carers with significant caring obligations' – meaning carers for whom their caring role is a significant part of their day-to-day life. The sample largely excludes those who provide a very small number of hours of caring each week, for example those assisting for 2-3 hours a week as a secondary carer.

Survey responses and weighting

Survey responses were cleaned to remove invalid and duplicate responses. After this process, there was a total of 5,808 valid responses to the survey. Of these respondents, 1,010 heard about the survey via the RWS database, 1,170 from a care provider organisation, 1,530 from a carer representative organisation, 1,005 from social media advertising, 530 via the Qualtrics online panel and 250 from other methods such as a person hearing about the survey via friends or family. Some participants did not specify how they heard about the survey.

A process of survey weighting was used to enable production of findings that are representative of carers nationally. The weight was developed by first comparing characteristics of the sample to known characteristics of Australian carers from existing data sources. This comparison is shown in Table 2. From this, weights were developed to correct for those types of carers found to be over- or under-represented in the survey responses. For example, the 2016 ABS Census found that 39.6% of carers were male and 60.4% were female, while the 2018-19 SDAC found that 42.7% were male and 57.3% female. When compared to this known distribution, CWS survey respondents were biased to female carers, with 80.7% of respondents being female and 19.3% male. To address this, the weighting process assigned each female respondent a weight less than 1 so in analysis their response would count as a smaller proportion of the total, and male respondents a weight above 1 so their responses counted as a higher proportion. The weights assigned mean that the weighted sample findings are representative of a carer population that is 40.7% male and 59.3%. This weighting process was used to correct for both intentional over-sampling of states and territories with smaller populations, and Aboriginal and Torres Strait Islander population. It was also used to correct oversampling of carers aged 45 and older and underrepresentation of those carers under the aged of 45; and to address over-representation of carers with 40 or more hours of caring obligations a week in the sample.

Throughout this report, all data presented have been weighted to be representative of Australia's carers by gender, age, state/territory, Indigenous status, labour force status, and weekly caring hours, unless otherwise specified.

Table 2 Comparing survey respondent characteristics to benchmark characteristics of Australian carers

			Survey of Disability, Ageing and Carers,	2020 Carer Wellbeing Survey
Characteristic		ABS Census, 2016	2018-19	respondents
Gender	Male	39.6%	42.7%	19.3%
	Female	60.4%	57.3%	80.7%
Age group	15-24	7.1%	1.8%	3.7%
	25-34	11.7%	7.2%	5.4%
	35-44	16.8%	10.2%	11.9%
	45-54	22.0%	13.9%	19.5%
	55-64	22.6%	21.2%	26.0%
	65-74	13.2%	21.2%	22.1%
	75+	6.7%	15.7%	11.4%
Gender by	Male, 15-24	3.2%	0.8%	1.6%
age group	Male, 25-34	4.5%	3.6%	1.3%
	Male, 35-44	6.4%	4.4%	2.0%
	Male, 45-54	8.3%	5.0%	2.0%
	Male, 55-64	8.5%	8.3%	3.3%
	Male, 65-74	5.4%	8.6%	5.1%
	Male, 75+	3.2%	7.0%	3.9%
	Female, 15-24	3.9%	1.0%	1.8%
	Female, 25-34	7.2%	3.6%	3.9%
	Female, 35-44	10.4%	5.8%	10.1%
	Female, 45-54	13.7%	8.9%	17.6%
	Female, 55-64	14.1%	12.9%	22.6%
	Female, 65-74	7.8%	12.6%	17.0%
	Female, 75+	3.4%	8.7%	7.7%
State/	NSW	33.1%	32.3%	20.1%
Territory	Vic	26.2%	26.6%	18.2%
	Qld	19.0%	20.2%	17.9%
	SA	7.9%	6.9%	11.7%
	WA	9.2%	8.8%	16.0%
	Tas	2.3%	3.0%	10.6%
	NT	0.7%	0.4%	1.9%
	ACT	1.7%	1.9%	3.6%
Aboriginal &	Aboriginal and/or Torres Strait Islander	2.8%	No data	4.2%
Torres Strait Islanders	Other	97.2%	_	95.8%
Language	English usually spoken at home	77.6%	No data	78.6%
	Language other than English spoken at		_	
	home	22.4%		21.4%
Labour force	Employed	54.6%	Primary carers: 55.7%	43.0%
status	Unemployed	4.9%	Primary carers 4.7%	4.2%
	Not in the labour force	40.5%	Primary carers 23.3%	52.7%
Weekly	<20		45.8%	39.8%
caring hours	20-39	No data	19.3%	13.9%
	40+		34.9%	46.3%
Weekly	Male, <20		48.4%	44.8%
caring hours	Male, 20-39	-	20.4%	14.6%
by gender	Male, 40+	-	31.3%	40.5%
	Female, <20	- No data — - —	44.8%	38.6%
	Female, 20-39		18.7%	13.7%
	Female, 40+	-	36.5%	47.7%
-	- ··-, ·-			,0

5. Findings

The findings of the 2021 CWS are presented in multiple sections. In each section, overall findings for all carers are presented, before comparing findings for different groups of carers to identify whether different types of carers have differences in their wellbeing and support needs. Table 3 describes the groups of carers that are compared.

Not every difference between groups of carers will be significant: some differences, particularly small ones, are more likely to be the result of sampling variance than of significant differences between groups. Confidence intervals were used to identify where there was a high level of confidence that differences between different groups were likely to be the result of actual differences, rather than sampling variance. A confidence interval, put simply, is a measure of how confident we can be in the results. More accurately, it tells you the boundaries between which, statistically, the mean value of a given variable would be 95% likely to fall if the survey was repeated multiple times with a similar sample. In general, confidence is higher if there is a large sample size and little deviation in responses (for example, almost all people answered '4' on a scale of 1 to 7). Confidence is lower if there is a small sample size and high deviation (for example, equal numbers of people answered 1, 2, 3, 4, 5, 6 and 7 on the 7-point scale). In all cases. 95% confidence intervals were used. While confidence intervals provide a useful way of understanding how reliable the results are likely to be, they are not perfect. Confidence interval calculations assume that data are normally distributed, and a representative sample has been achieved. If these conditions are not met, the confidence interval may not be an accurate representation of confidence.

As large amounts of data are presented in this report, rather than presenting confidence interval ranges (which would require increasing the length of the report substantially), **bold** numbers are used in tables to indicate where 95% confidence intervals indicate that a particular group of carers differ significantly to the average Australian carer. When figures are presented, error bars are used to show the confidence interval ranges. The full sets of data tables underpinning these results, including specific confidence interval ranges, are available from the authors on request.

Findings are presented in several sections that examine the following aspects of carers lives, all of which are important to understanding their wellbeing:

- Overall wellbeing and psychological distress (Section 5.1)
- Health (Section 5.2)
- Loneliness and social connection (Section 5.3)
- Financial wellbeing (Section 5.4)
- Housing and telecommunications (Section 5.5)
- Employment (Section 5.6)
- Benefits associated with being a carer (Section 5.7)
- Challenges and burdens associated with being a carer (Section 5.8)
- Confidence in carer role (Section 5.9)
- Access to formal and informal support in role as a carer (Section 5.10).

Carer group	Categories compared (total sample size	provided in brackets)			
Current carers	All				
Current carers - by	Male				
gender ¹	Female				
Current carers- by age	Aged 15-24	Aged 55-64			
group	Aged 25-34	Aged 65-74			
0 I-	Aged 35-44	Aged 75+			
	Aged 45-54				
Current carers by typical	<20 hours per week				
weekly caring hours	20-39 hours per week				
weekiy caring nears	40+ hours per week				
Current carers – by	Aboriginal/Torres Strait Islander				
cultural background	_	sh at home			
cultural background	Usually speaks language other than English at home Usually speaks English at home				
Current carers – by state/	New South Wales	Western Australia			
territory ²	Victoria	Tasmania			
territory	Queensland	Northern Territory			
	South Australia	· · · · · · · · · · · · · · · · · · ·			
Comment remains the		Australian Capital Territory			
Current carers – by	Care for one person				
number of people cared	Care for two people				
for	Care for three or more people				
Care recipient caring	Dementia	Drug/alcohol dependency			
needs ³	Old-age related frailty	Physical disability			
	Terminal illness	Intellectual disability			
	Autism spectrum disorder	Chronic non-terminal illness or injury			
	Other developmental disorder	Short-term (<6 months) illness/injury			
	Mental illness/psychosocial disability				
Care recipient level of	Low needs	High needs			
assistance required	Low-moderate needs	Very high needs			
	Moderate needs				
Care recipient residence	Care recipient resides with carer				
	Care recipient lives elsewhere				
Carer relationship with	Care for child/grandchild	Care for sibling			
care recipient	Care for partner	Care for other relative or friend			
•	Care for parent/grandparent				
Length of caring	Carer for 5 or more years				
responsibility	Carer for 2-5 years				
	Carer for 1-2 years				
	Carer for <1 year				
Labour force status	Employed				
Labour force status	Unemployed (actively looking for work)				
	Not in labour force				
Primary carer	Primary carer for one or more people				
Filliary Carei	Not primary carer for any person				
Sole carer	Sole carer with no assistance				
Sole carer	Carer with assistance				
Doct corer					
Past carer	All				
	Ceased caring in last 6 months				
	Ceased caring 7-12 months previously				
	Ceased caring more than 1 year ago				

³In many cases, the person or people cared for had more than one of these caring needs.

5.1 Wellbeing and distress

The wellbeing of carers was examined using two commonly used measures of subjective wellbeing:

- Global Life Satisfaction: This is measured using a single question in which a person is asked to rate their satisfaction with their life as a whole from 0 (completely dissatisfied) to 10 (completely satisfied). Answered are then calculated as a score from 0 to 100. This measure allows a person to evaluate their life as a whole based on what is most important to them.
- Personal Wellbeing Index: This is a 7-item measure in which a person rates their satisfaction with seven aspects of their life, using a scale from 0 (completely dissatisfied) to 10 (completely satisfied). The seven aspects of life they rate are their standard of living, health, what they are currently achieving in life, personal relationships, how safe they feel, feeling part of the community, and their future security. The 7 items are combined into a scale scored from 0 to 100 using a standardised methodology (IWB 2013).

These two measures of wellbeing are both commonly used to measure wellbeing both in Australia and internationally. This regular use means there is robust information on how to best use and interpret these measures, including how they can be compared across different surveys. In particular, it is know that average scores vary depending on whether a person completes the survey by talking to another person (e.g. by a phone interview or face to face), or as a self-complete survey (online or on a paper form). This 'survey mode effect' has been shown to be important for any wellbeing measure, with people who answer questions online or on a paper survey without directly interacting with another person likely to give slightly more negative ratings of wellbeing and quality of life, and those who answer questions asked by an interviewer (by phone or face-to-face) likely to give slightly more positive ratings, although findings vary depending on the measure and the mode being compared (Christensen et al. 2014, Dolan and Kavetsos 2016).

As the CWS is conducted using a self-completion approach, findings on wellbeing should only be compared to other data sources that also use self-completion surveys to collect data. They are not comparable to data collected using a phone survey or face to face interview, which will result in higher wellbeing scores. Given this, findings here are compared to those from the Regional Wellbeing Survey (Schirmer et al. 2021) which surveyed 20,000 people across Australia in late 2020, using the same survey modes to collect data as were used in the CWS. This provides a valid comparison.

Australian carers (those currently caring for one or more people) had an average wellbeing score of 53.1 for Global Life Satisfaction and 54.6 for the Personal Wellbeing Index. These scores indicate high prevalence of low wellbeing amongst carers. Across Australia, the average adult in 2020 had a mean score of 70.4 for both Global Life Satisfaction and the Personal Wellbeing Index (Schirmer et al. 2021). Across Australia, 27.0% of adults had a low wellbeing score in 2020; in comparison, 55.3% of carers reported low wellbeing. This means that carers have significantly lower wellbeing than the typical Australian. In particular, carers are twice as likely as the average Australian adult to have low levels of wellbeing. As shown in Figure 4, there is a 15.8 point 'wellbeing gap' between carers and the typical adult Australian. This gap is present for carers in all age groups but appears to increase with age,

ranging from a gap of 11 points amongst those aged 18 to 29, to 21.7 points for those aged 65 and older.

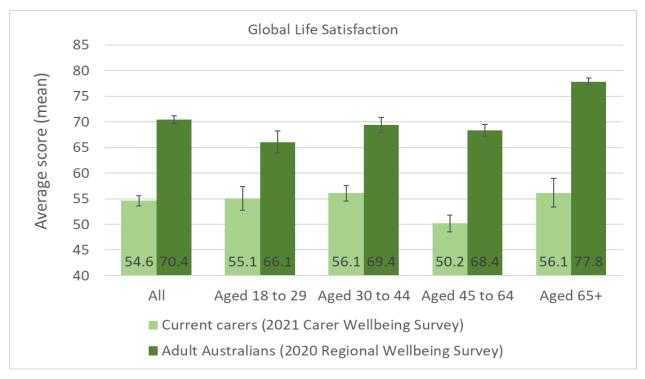


Figure 4 Wellbeing of carers in April/May 2021 compared to adult Australians in Nov/Dec 2020 – by age group

There is a larger wellbeing gap for female carers compared to male carers (Figure 5): female carers had wellbeing 18.8 points lower than the average for adult women across Australia, while male carers had wellbeing that was on average 14.3 points lower than the typical adult Australian male in 2020.



Figure 5 Wellbeing of carers in April/May 2021 compared to adult Australians in Nov/Dec 2020 – by gender

Detailed data on the wellbeing of different groups of Australian carers is provided in Tables 4 and 5. These tables demonstrate that those with more demanding caring obligations in general are more likely to have low wellbeing. For example, those who were not a primary carer had wellbeing 10 points higher than those who were a primary carer. This is consistent with differences in findings for the carers participating in the CWS and the broader set of people with caring obligations in the Regional Wellbeing Survey. Carers who participated in the Regional Wellbeing Survey – who as noted in the previous section include a large proportion of carers for whom their caring role is a relatively small proportion of their daily or weekly life – had higher wellbeing on average than CWS participants. The RWS carers had an average wellbeing score of 63.1 (Schirmer et al. 2021), higher than the average score of 53.1 amongst the CWS participants for whom caring was a significant part of daily life. Both the differences between those with greater and lesser caring obligations in the CWS, and between the sample of all carers including those with minor caring obligations in the RWS, and those in the CWS, highlight that greater caring obligations are often associated with poorer wellbeing for the carer.

These findings are consistent with past studies. The 2020 National Carer Survey measured the Personal Wellbeing Index, and found carers of all types (including past carers and current carers) had a mean wellbeing score of 57.2. While this finding suggests higher wellbeing than that found for current carers in 2021, this difference is likely due to differences in the types of carers included in the two figures. The National Carer Survey average score of 57.2 is the average for both current and past carers who responded to that survey. The CWS score of 53.1 includes only people who at the time of the survey were active carers; those who had been carers in the recent past are not included in this group, with findings for past carers presented separately in Table 5. As shown in Table 5, past carers have significantly higher wellbeing than current carers, suggesting that once the caring role ceases, wellbeing increases. Thus it is important to measure the wellbeing of current carers and past carers separately.

The findings also provide evidence consistent with the argument that the lower wellbeing of carers is likely to in large part be a consequence of the impacts of their caring obligations. As shown in Figure 6, wellbeing scores tend to decrease the longer a person has been a carer, and increase once a person ceases having caring obligations. By the time a person has had more than 12 months since they stopped being a carer, wellbeing levels are close to the average for all adult Australians.

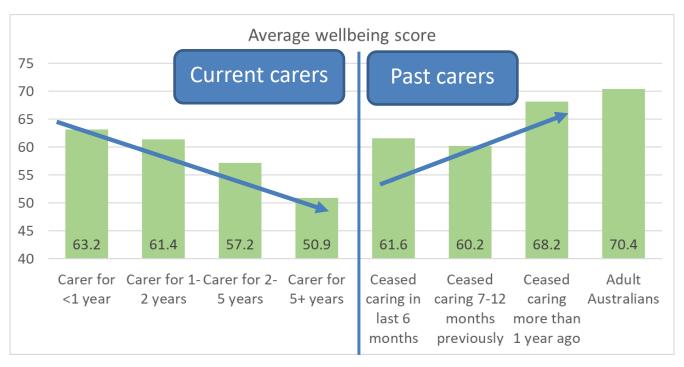


Figure 6 Average levels of subjective wellbeing by length of time person has been a carer

As shown in Tables 4 and 5, wellbeing varied significantly depending on the type of carer. Low wellbeing was more common amongst carers who had:

- higher caring obligations in the form of high caring hours, being a primary or sole carer, or being a carer for a longer period of time
- those caring for a person with autism spectrum disorder (ASD), other development disorders, mental illness/psychosocial disability, drug/alcohol dependency or intellectual disability
- those who care for a child or grandchild
- those who care for a person with high or very high assistance needs, and
- carers who were unemployed.

Low wellbeing was less common amongst carers who:

- were male
- were aged 15-24 or 65 and older
- had lower caring obligations (fewer hours and/or having assistance in their role as a carer)
- had been a carer for a shorter period of time
- were employed
- cared for a person with relatively low assistance needs.

These findings suggest that some types of caring are likely to have a greater impact on a person's wellbeing than others. It is particularly concerning that longer periods of being a carer are associated with decline in wellbeing. The importance of having access to support is clear: carers with limited access to support or assistance, and with higher weekly caring hours, have significantly poorer wellbeing than the average.

Table 4 Carer wellbeing (a)

		Wellheime	Wellbeing - Personal			
		Wellbeing – Global Life				
		Satisfaction	Wellbeing Index	Wellbeing -	Personal Well	boing Indov
		Jatistaction	Mean	weinbeing –	% typical	% high
		Mean score	score	% low	wellbeing	wellbeing
		(measured	(measured	wellbeing	(score 60-	(score
Group	Category	0-100)	0-100)	(score <60)	79)	80+)
Australia	Australian adults – carers & non-carers	70.4	70.4	20.4%	30.9%	48.7%
All current	Current carers	53.1	54.6	55.3%	31.1%	13.6%
Gender	Female	50.7	52.5	58.9%	30.8%	10.3%
	Male	57.5	58.4	47.4%	33.5%	19.1%
Age	Aged 15-24	55.2	60.1	45.4%	35.9%	18.7%
	Aged 25-34	55.4	54.5	56.1%	32.3%	11.6%
	Aged 35-44	56.2	54.7	54.2%	30.1%	15.6%
	Aged 45-54	48.6	48.8	65.5%	26.0%	8.5%
	Aged 55-64	51.3	53.3	57.9%	30.2%	11.9%
	Aged 65-74	55.0	59.6	46.7%	36.8%	16.5%
	Aged 75+	58.7	65.7	35.4%	38.1%	26.5%
Typical	<20 hours/week	56.3	58.9	47.6%	35.8%	16.6%
caring	20-39 hours/week	57.2	57.1	52.4%	31.8%	15.9%
hours per	40. hours/wook	46.5	47.3	67.4%	24.4%	8.2%
week Cultural	40+ hours/week					
and	Aboriginal/Torres Strait Islander	56.4	59.7	43.5%	36.8%	19.8%
language	Not Aboriginal/Torres Strait Islander	53.1	54.5	55.0%	31.7%	13.2%
diversity	Usually speak language other than English at home	53.9	55.7	55.6%	29.7%	14.7%
·	Usually speak English at home	53.1	54.2	54.6%	32.4%	13.0%
State/	NSW	53.5	55.0	55.2%	29.1%	15.7%
Territory	Vic	54.1	55.2	51.6%	34.5%	13.9%
of		51.2	50.5	62.5%	28.8%	8.7%
residence	Qld SA	55.1	55.8	54.3%	31.4%	14.3%
		55.0	56.0	51.3%	36.6%	12.1%
	WA	59.1	60.1	46.9%	34.3%	18.8%
	Tas	62.2				
	NT ACT		61.6	46.4%	32.9%	20.6%
Primary	ACT	54.4	56.4	48.8%	38.8%	12.3%
carer	Primary carer	50.3 60.4	51.1	61.2%	28.7%	10.1%
Sole or	Not a primary carer		62.8	38.5%	40.9%	20.5%
assisted	Sole carer	48.4	49.4	64.1%	27.7%	8.2%
carer	Assisted in caring role	54.4	55.4	53.4%	32.5%	14.1%
No. people	Currently care for 1 person	54.9	56.1	52.4%	32.8%	14.8%
currently	Currently care for 2 people	50.3	51.6	61.7%	27.7%	10.6%
caring for	Currently care for 3 or more people	50.0	48.9	60.9%	30.8%	8.3%
Caree	Caree lives elsewhere	59.2	62.0	38.4%	44.4%	17.2%
residence	Caree lives in home	51.1	51.5	60.6%	28.6%	10.8%
Length of	Carer for 5+ years	50.4	50.9	61.5%	27.4%	11.1%
time being	Carer for 2-5 years	56.0	57.2	51.1%	32.7%	16.2%
a carer	Carer for 1-2 years	57.8	61.4	44.6%	39.8%	15.6%
	Carer for <1 year	62.0	63.2	40.7%	37.3%	21.9%
Interpre	ting findings in this table: Findings highlight					

Interpreting findings in this table: Findings highlighted in **bold** indicate that this group of carers differed significantly to the average for current carers in Australia based on 95% confidence intervals.

Table 5 Carer wellbeing (b)

		Wellbeing – Global Life Satisfaction	Wellbeing - Personal Wellbeing Index	Wellbeing –	Personal Well	being Index
		Mean score (measured	Mean score (measured	% low wellbeing	% typical wellbeing (score 60-	% high wellbeing (score
Group	Category	0-100)	0-100)	(score <60)	79)	80+)
Care	Dementia	53.3	56.5	52.2%	33.7%	14.1%
recipient	Old-age related frailty	54.5	56.2	52.1%	32.8%	15.1%
disability,	Terminal illness	51.6	53.8	57.2%	30.0%	12.9%
illness or	Autism spectrum disorder	49.9	48.6	65.2%	26.0%	8.8%
injury type	Other development disorder	47.6	47.1	68.8%	22.6%	8.6%
	Mental illness/psychosocial disability	48.0	48.2	65.2%	27.3%	7.5%
	Drug/alcohol dependency	50.0	51.1	62.1%	29.7%	8.2%
	Physical disability	53.2	53.5	55.2%	32.6%	12.3%
	Intellectual disability	48.4	48.1	65.2%	25.9%	8.9%
	Chronic non-terminal illness or injury,					
	6 months+	52.2	52.1	57.2%	34.6%	8.2%
	Short term non-terminal illness	50.4	58.3	50.2%	31.3%	18.4%
Type of care	Care for child/grandchild	50.2	49.9	63.8%	28.1%	8.0%
recipient	Care for partner	54.0	56.0	52.9%	33.8%	13.4%
	Care for parent/grandparent	54.2	55.8	53.0%	32.4%	14.6%
	Care for sibling	55.2	55.7	54.1%	26.5%	19.4%
	Care for friend or other type of relative	60.8	58.9	40.8%	41.1%	18.1%
Level of	Low assistance needs	62.4	65.4	31.1%	41.7%	27.1%
assistance	Low-moderate assistance needs	57.6	61.1	43.5%	36.3%	20.2%
needed by	Moderate assistance needs	54.6	55.1	56.1%	33.0%	10.9%
care	High assistance needs	51.5	51.3	60.2%	29.9%	10.0%
recipient	Very high assistance needs	49.0	49.6	63.6%	25.0%	11.4%
Labour force	Employed	57.4	58.2	47.8%	35.8%	16.4%
status	Unemployed	44.8	44.9	75.6%	19.7%	4.7%
	Not in labour force	49.4	51.5	60.3%	28.7%	11.0%
Past carers	Past carers - all	63.0	64.1	40.3%	36.0%	23.7%
	Ceased caring in last 6 months	58.3	61.6	45.7%	32.9%	21.4%
	Ceased caring 7-12 months previously	59.3	60.2	50.4%	31.2%	18.3%
	Ceased caring more than 1 year ago	67.4	68.2	31.3%	38.9%	29.8%

Interpreting findings in this table: Findings highlighted in **bold** indicate that this group of carers differed significantly to the average for current carers in Australia based on 95% confidence intervals.

The measures of subjective wellbeing presented above examine levels of positive wellbeing. It is also important to examine measures of 'ill being', such as psychological distress. Psychological distress was measured using the Kessler 10 (K10) psychological distress scale. This measure asks a person to identify how frequently they have experienced 10 different symptoms of psychological distress in the last four weeks, on a scale from 1 to 5, with 5 being the most frequent. The score across these items is summed to result in a total score from 10 (low/no distress) to 50 (very high distress). This can then be grouped to identify those likely to be well in terms of their mental health related to distress, those likely to have a mild mental disorder related to distress, those likely to have a moderate mental disorder, and those likely to have a severe mental disorder (Andrews and Slade 2001).

Figure 7 compares the average psychological distress scores of carers in April/May 2021 to those of adult Australians in 2020. Carers have significantly higher rates of psychological distress than the average Australian. In 2020, the average psychological distress score for Australian adults was 19.3 out of a possible 50 (Figure 7, Schirmer et al. 2021). In contrast, the mean score amongst carers was 25.0, much higher than the average for the broader population. Across all age groups of carers there was a significant 'distress gap' with significantly higher distress levels among carers compared to the average Australian adult. This gap was greatest for carers aged 30 to 44, whose average psychological distress was 6.7 points higher than that of the general population.

As shown in Figure 8, female and male carers had similar average levels of distress. In the general population, in contrast, men typically have somewhat lower psychological distress levels on average compared to women. This suggests that being engaged in the role of a carer may have impacts on psychological distress that result in higher levels of distress irrespective of gender.

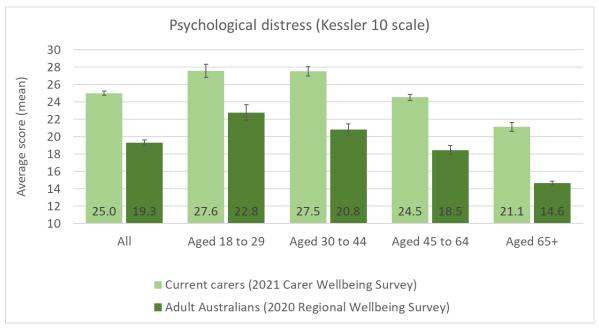


Figure 7 Psychological distress of carers in April/May 2021 compared to adult Australians in Nov/Dec 2020 – by age group

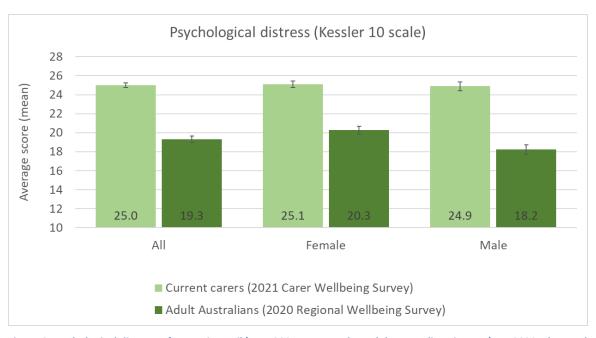


Figure 8 Psychological distress of carers in April/May 2021 compared to adult Australians in Nov/Dec 2020 – by gender

While high levels of distress were observed across all types of carers, some carers were more likely to have high distress than others. Tables 6 and 7 compared distress levels amongst different groups of carers. High distress was particularly prevalent in carers aged under 45, and less prevalent amongst those aged 55 and older. Those with high caring obligations in terms of caring hours, number of people cared for, and assistance needs of the people cared for, had higher distress on average than other carers. So did those who cared for people with specific caring needs: those caring for a person with a terminal illness, ASD, development disorder, mental illness, drug/alcohol dependency or intellectual disability had higher distress on average than others. Carers who were unemployed also had higher distress than average.

Distress was lower amongst past carers, although still higher than the average distress experienced across the Australian adult population.

Table 6 Psychological distress (a)

		Psychological				
		distress	Psycholog	ical distress		
		K10 mean score	Likely to be well	Likely to have mild mental disorder	Likely to have moderate mental disorder	Likely to have severe mental disorder
Cuann	Catagomi	(measured 10-	(score	(score 20-	(score 25-	(score
Group	Category	50)	10-19)	24)	29)	30+)
All current	Current carers	25.0	31.2%	19.6%	18.8%	30.5%
Gender	Female Male	25.1 24.9	29.1%	21.3%	19.5%	30.1%
Λσο		24 .9	33.8%	16.4% 15.2%	17.6%	32.2%
Age	Aged 15-24	27.5	20.4%		18.4%	46.0%
	Aged 25-34		19.6%	15.4%	29.2%	35.9%
	Aged 45-54	27.5 25.8	22.3%	16.6%	18.3%	42.8%
	Aged 45-54 Aged 55-64	23.5	25.9% 38.5%	21.4%	18.8%	33.9% 24.6%
	Aged 55-64 Aged 65-74	21.5	44.4%	23.4%	17.7%	14.5%
	Aged 65-74 Aged 75+	21.5	52.5%	20.7%	15.1%	11.8%
Typical	<20 hours/week	24.2	34.8%	19.2%	18.1%	27.9%
caring	20-39 hours/week	25.0	31.4%	19.2%	20.0%	28.7%
hours per	20-33 Hours/ week	23.0	31.470	19.970	20.070	20.770
week	40+ hours/week	26.1	26.2%	19.9%	18.9%	35.0%
Cultural	Aboriginal/Torres Strait Islander	29.0	20.4%	19.7%	14.7%	45.3%
and	Not Aboriginal/Torres Strait Islander	25.0	31.0%	19.4%	19.0%	30.6%
language	Usually speak language other than		0 = 10 / 10			
diversity	English at home	25.2	28.0%	21.6%	17.3%	33.0%
•	Usually speak English at home	25.0	31.6%	18.9%	19.2%	30.3%
State/	NSW	25.2	30.3%	19.2%	18.5%	32.0%
Territory	Vic	25.3	29.5%	21.7%	16.1%	32.7%
of	Qld	25.8	27.6%	16.1%	22.7%	33.6%
residence	SA	23.9	35.4%	21.1%	18.3%	25.2%
	WA	23.9	35.7%	19.5%	20.5%	24.4%
	Tas	22.4	40.9%	21.3%	17.0%	20.7%
	NT	23.7	43.3%	17.3%	11.3%	28.1%
	ACT	23.4	38.8%	17.4%	19.9%	23.9%
Primary	Primary carer	25.5	28.8%	20.3%	19.0%	31.9%
carer	Not a primary carer	22.3	41.4%	20.4%	16.4%	21.8%
Sole or	Sole carer	25.1	29.9%	20.8%	19.4%	29.8%
assisted						
carer	Assisted in caring role	25.0	30.8%	19.9%	18.0%	31.3%
No. people	Currently care for 1 person	23.8	35.4%	19.6%	19.2%	25.8%
currently	Currently care for 2 people	27.1	22.3%	20.1%	20.1%	37.6%
caring for	Currently care for 3 or more people	27.0	26.2%	18.4%	17.1%	38.4%
Caree	Caree lives elsewhere	23.2	39.3%	19.1%	18.0%	23.6%
residence	Caree lives in home	25.5	28.7%	19.5%	19.4%	32.4%
Length of	Carer for 5+ years	25.2	28.9%	21.3%	18.5%	31.3%
time being	Carer for 2-5 years	24.8	34.3%	18.2%	17.5%	30.0%
a carer	Carer for 1-2 years	23.3	36.7%	22.4%	18.5%	22.4%
	Carer for <1 year	24.2	36.4%	15.6%	19.0%	28.9%

Interpreting findings in this table: Findings highlighted in **bold** indicate that this group of carers differed significantly to the average for current carers in Australia based on 95% confidence intervals.

Table 7 Psychological distress (b)

		Psychological				
		distress		Psycholog	ical distress	
					Likely to	Likely to
				Likely to	have	have
				have mild	moderate	severe
		K10 mean	Likely to	mental	mental	mental
		score	be well	disorder	disorder	disorder
		(measured 10-	(score	(score 20-	(score 25-	(score
Group	Category	50)	10-19)	24)	29)	30+)
Care	Dementia	25.1	30.7%	19.9%	19.9%	29.5%
recipient	Old-age related frailty	24.4	33.7%	20.5%	18.4%	27.4%
disability,	Terminal illness	27.3	21.3%	14.6%	24.9%	39.1%
illness or	Autism spectrum disorder	27.9	20.3%	16.6%	21.6%	41.5%
injury type	Other development disorder	28.0	19.4%	18.6%	17.5%	44.5%
	Mental illness/psychosocial disability	27.0	23.9%	17.9%	19.7%	38.5%
	Drug/alcohol dependency	27.4	24.5%	13.1%	19.8%	42.6%
	Physical disability	24.7	32.1%	20.6%	18.7%	28.5%
	Intellectual disability	26.9	23.9%	20.2%	17.3%	38.6%
	Chronic non-terminal illness or injury, 6					
	months+	24.8	31.7%	22.7%	14.8%	30.8%
	Short term non-terminal illness	25.5	27.9%	15.1%	25.8%	31.3%
Type of	Care for child/grandchild	26.1	24.8%	20.1%	20.9%	34.1%
care	Care for partner	23.9	35.4%	20.3%	19.7%	24.7%
recipient	Care for parent/grandparent	25.7	29.2%	19.1%	19.1%	32.6%
	Care for sibling	26.8	22.6%	17.5%	23.4%	36.5%
	Care for friend or other type of relative	22.7	44.5%	19.1%	11.8%	24.6%
Level of	Low assistance needs	22.0	48.8%	15.9%	15.7%	19.7%
assistance	Low-moderate assistance needs	23.4	39.9%	18.4%	16.9%	24.8%
needed by	Moderate assistance needs	24.4	31.2%	20.0%	22.5%	26.4%
care	High assistance needs	25.7	30.1%	16.8%	19.0%	34.1%
recipient	Very high assistance needs	26.8	22.5%	22.5%	17.8%	37.3%
Labour	Employed	25.0	31.0%	19.4%	19.1%	30.4%
force	Unemployed	28.6	15.3%	14.1%	22.9%	47.7%
status	Not in labour force	24.7	32.4%	20.2%	17.9%	29.6%
Past carers	Past carers - all	22.6	43.2%	19.3%	15.0%	22.5%
	Ceased caring in last 6 months	23.8	37.6%	19.3%	15.5%	27.5%
	Ceased caring 7-12 months previously	23.6	36.3%	16.8%	21.7%	25.2%
	Ceased caring more than 1 year ago	19.3	58.3%	21.0%	7.7%	13.0%

5.2 Health of carers

The overall health of carers was examined by asking them to self-rate their overall health, and identifying whether they have a long-term disability, health condition or injury that restricts every day activities.

Figures 9 and 10 compare the overall health of carers to that of the broader Australian population. The measure of general health use for this is one commonly used in Australian and international surveys, in which the person is asked to rate their overall health at the moment on a five-point scale: they can rate their health as excellent, very good, good, fair or poor. This self-rating is a global assessment that will typically reflect both a person's physical and mental health. This measure is used in a range of surveys internationally, and in Australia is used in surveys including the ACT General Health Survey and the Australian Bureau of Statistics National Health Survey (ABS 2018). The general health measure is also included in the Regional Wellbeing Survey and the HILDA survey, making it one of the most widely used general health measures in available Australian datasets.

Carers overall report poorer health than the average Australian: the risk of having poor health is more than double that of the general population. Across Australia, in 2020 43.7% of Australians reported having excellent or very good health, 35.6% good health, and 20.7% fair or poor health (Figure 8). Amongst carers, only 22.3% reported excellent or very good health, 32.3% good health and 45.3% fair or poor health (Tables 8 and 9). Amongst women, the proportion reporting fair/poor health rose from 23% in the general population to more than double this – 51.2% - amongst carers. Men also had a doubling of risk of fair/poor health if they were carers, increasing from 18.2% of the general population to 37.9% of carers. Almost half of carers – 45.8% - report that they themselves have one or more disabilities, health conditions or injuries that restrict their everyday activities.

The health gap between carers and the general population was greater for those aged 30 to 44, amongst whom carers were 2.5 times as likely to report fair/poor health as the broader population (Figure 10). Carers aged 45 to 64 were 2.1 times as likely to report fair/poor health, those aged 65 or older 1.9 times as likely, and those aged 18-29 1.8 times as likely to

Some types of carers were more likely than others to report poor/fair health (Tables 8 and 9). Fair or poor health was more commonly reported by:

- female carers
- those aged 45-54
- those with high caring obligations
- those who cared for a person with high or very high assistance needs
- those who were primary/sole carers
- those who had been a carer for a longer period of time, and

• those who cared for a person with ASD, development disorder, mental illness or intellectual disability.

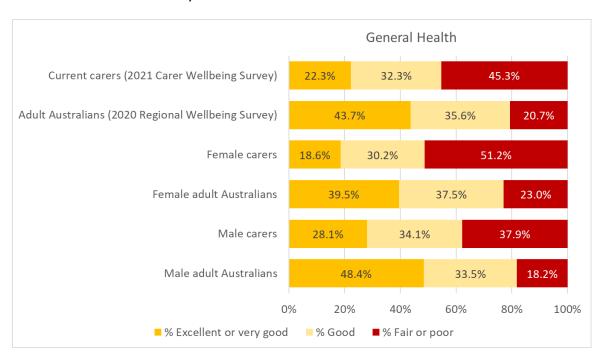


Figure 9 General health of carers in April/May 2021 compared to adult Australians in Nov/Dec 2020 – by gender

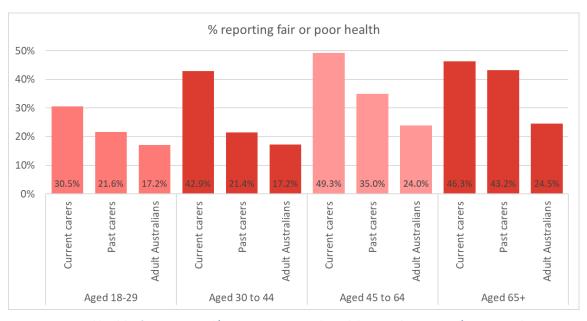


Figure 10 General health of carers in April/May 2021 compared to adult Australians in Nov/Dec 2020 – by age group

Table 8 Overall health (a)

		Ge	Carer has long term disability, health condition or injury restricting everyday activity?			
		% Excellent or		% Fair or		
Group	Category	very good	% Good	poor	% Yes	% No
All current	Current carers	22.3%	32.3%	45.3%	45.8%	54.2%
Gender	Female	18.6%	30.2%	51.2%	45.1%	54.9%
	Male	28.1%	34.1%	37.9%	45.5%	54.5%
Age	Aged 15-24	39.4%	32.0%	28.6%	44.4%	55.6%
	Aged 25-34	28.2%	33.9%	37.9%	40.7%	59.3%
	Aged 35-44	25.0%	31.2%	43.8%	45.5%	54.5%
	Aged 45-54	16.3%	31.7%	51.9%	42.9%	57.1%
	Aged 55-64	19.8%	32.5%	47.7%	47.1%	52.9%
	Aged 65-74	21.1%	33.7%	45.3%	48.5%	51.5%
	Aged 75+	21.3%	32.7%	46.0%	55.7%	44.3%
Typical	<20 hours/week	26.1%	34.2%	39.7%	42.4%	57.6%
caring	20-39 hours/week	26.1%	34.3%	39.6%	46.3%	53.7%
hours per						
week	40+ hours/week	14.8%	28.5%	56.7%	50.2%	49.8%
Cultural	Aboriginal/Torres Strait Islander	41.8%	25.7%	32.4%	57.5%	42.5%
and language	Not Aboriginal/Torres Strait Islander	21.5%	31.9%	46.6%	45.0%	55.0%
	Usually speak language other than					
diversity	English at home	22.6%	31.5%	45.8%	42.7%	57.3%
	Usually speak English at home	21.6%	32.0%	46.5%	46.3%	53.7%
State/	NSW	26.2%	32.3%	41.5%	42.9%	57.1%
Territory	Vic	23.9%	30.0%	46.0%	43.6%	56.4%
of	Qld	14.7%	33.4%	51.9%	54.0%	46.0%
residence	SA	15.3%	33.0%	51.7%	50.7%	49.3%
	WA	20.2%	31.9%	47.9%	40.1%	59.9%
	Tas	24.1%	33.2%	42.6%	47.7%	52.3%
	NT	16.0%	48.4%	35.6%	23.6%	76.4%
	ACT	14.4%	32.0%	53.5%	49.4%	50.6%
Primary	Primary carer	17.7%	30.2%	52.1%	49.1%	50.9%
carer	Not a primary carer	32.6%	32.0%	35.4%	34.0%	66.0%
Sole or	Sole carer	14.2%	30.5%	55.3%	48.7%	51.3%
assisted						
carer	Assisted in caring role	24.3%	30.3%	45.4%	45.9%	54.1%
No. people	Currently care for 1 person	22.2%	35.5%	42.3%	41.6%	58.4%
currently	Currently care for 2 people	24.9%	25.2%	49.9%	52.3%	47.7%
caring for	Currently care for 3 or more people	15.7%	30.4%	53.9%	54.4%	45.6%
Caree	Caree lives elsewhere	33.5%	32.6%	33.9%	40.1%	59.9%
residence	Caree lives in home	19.0%	30.0%	51.0%	48.8%	51.2%
Length of	Carer for 5+ years	16.4%	28.9%	54.7%	50.5%	49.5%
time being	Carer for 2-5 years	26.0%	36.4%	37.6%	40.5%	59.5%
a carer	Carer for 1-2 years	28.3%	39.9%	31.8%	30.1%	69.9%
	Carer for <1 year	33.6%	41.0%	25.3%	40.1%	59.9%

Table 9 Overall health (b)

	General health				Carer has long term disability, health condition or injury restricting everyday activity?		
		% Excellent or		% Fair or			
Group	Category	very good	% Good	poor	% Yes	% No	
Care	Dementia	29.8%	30.2%	40.0%	41.2%	58.8%	
recipient	Old-age related frailty	25.1%	34.8%	40.2%	42.9%	57.1%	
disability,	Terminal illness	23.9%	37.6%	38.4%	52.9%	47.1%	
illness or	Autism spectrum disorder	21.3%	26.4%	52.3%	54.1%	45.9%	
injury type	Other development disorder	14.4%	27.6%	58.0%	56.0%	44.0%	
	Mental illness/psychosocial disability	16.1%	28.5%	55.5%	56.6%	43.4%	
	Drug/alcohol dependency	26.6%	26.6%	46.9%	58.5%	41.5%	
	Physical disability	19.3%	32.4%	48.2%	47.9%	52.1%	
	Intellectual disability	16.4%	26.6%	57.1%	51.0%	49.0%	
	Chronic non-terminal illness or injury, 6						
	months+	17.7%	29.9%	52.4%	49.4%	50.6%	
	Short term non-terminal illness	38.3%	36.0%	25.7%	51.3%	48.7%	
Type of	Care for child/grandchild	16.4%	29.8%	53.8%	50.8%	49.2%	
care	Care for partner	17.5%	36.6%	45.9%	51.3%	48.7%	
recipient	Care for parent/grandparent	28.0%	32.2%	39.8%	38.0%	62.0%	
	Care for sibling	30.0%	27.8%	42.1%	44.5%	55.5%	
	Care for friend or other type of relative	33.7%	29.2%	37.1%	49.1%	50.9%	
Level of	Low assistance needs	36.4%	32.9%	30.7%	41.0%	59.0%	
assistance	Low-moderate assistance needs	27.1%	37.5%	35.4%	44.1%	55.9%	
needed by	Moderate assistance needs	22.1%	34.5%	43.4%	44.0%	56.0%	
care	High assistance needs	20.0%	31.7%	48.3%	46.6%	53.4%	
recipient	Very high assistance needs	18.1%	27.8%	54.2%	48.3%	51.7%	
Labour	Employed	27.8%	33.7%	38.5%	37.9%	62.1%	
force	Unemployed	14.7%	35.3%	50.0%	58.5%	41.5%	
status	Not in labour force	15.5%	29.5%	55.0%	53.0%	47.0%	
Past carers	Past carers - all	35.3%	35.4%	29.4%	30.0%	70.0%	
	Ceased caring in last 6 months	30.3%	35.6%	34.2%	31.1%	68.9%	
	Ceased caring 7-12 months previously	33.4%	32.8%	33.8%	32.7%	67.3%	
	Ceased caring more than 1 year ago	38.4%	34.8%	26.8%	29.0%	71.0%	

5.3 Loneliness and social connection

Being able to build and maintain positive social connection is increasingly recognised as a critical factor contributing to a person's wellbeing and health. High levels of social isolation and loneliness are associated with increased incidence of a wide range of physical and mental health disorders (Cacioppo and Cacioppo 2014). There is strong and growing evidence that:

'Loneliness can lead to various psychiatric disorders like depression, alcohol abuse, child abuse, sleep problems, personality disorders and Alzheimer's disease. It also leads to various physical disorders like diabetes, autoimmune disorders like rheumatoid arthritis, lupus and cardiovascular diseases like coronary heart disease, hypertension (HTN), obesity, physiological aging, cancer, poor hearing and poor health. Left untended, loneliness can have serious consequences for mental and physical health of people. Therefore it is important to intervene at the right time to prevent loneliness...' (Mushtaq et al. 2014)

Levels of loneliness were measured using a well validated three-item loneliness scale in which survey respondents are asked (i) How often do you feel you lack companionship, (ii) How often do you feel left out, and (iii) How often do you feel isolated from others. Response options for each item are (i) Never, (ii) Hardly ever, (iii) Occasionally/sometimes, (iv) Often, or (v) All of the time, scored from 1 (Never) to 5 (all the time). The mean scores of the three items are combined to form the index of loneliness. This loneliness scale is used in a number of studies, some of which use slightly different variants of the response scale, but which have all shown good characteristics for the scale (see Hughes et al. 2004, Matthews-Ewald and Zullig 2013, Snape and Martin 2018). While not known to be used in key long-term surveys in Australia currently, this measure was included in the Regional Wellbeing Survey from 2020.

Carers were three times as likely as other Australians to regularly experience loneliness. In 2020, 11.1% of Australians reported feeling loneliness often or all the time (Schirmer et al. 2021). In contrast, 35.1% of carers reported often or always feeling lonely (Tables 10 and 11). Carers were even more likely than the typical carer report high levels of loneliness if they:

- were female
- were aged 35 to 54
- had high caring hours per week (40+ hours)
- were a primary or sole carer
- cared for more than one person
- cared for a person with ASD, another development disorder, mental illness or intellectual disability
- cared for a person with high or very high assistance needs, or
- cared for a child or grandchild.

Carers were less likely to report frequently feeling lonely if they were:

- aged 65 and over
- had fewer than 20 hours of caring obligations a week
- were not primary carers
- had been carers for less than a year

- cared for someone with old-age related frailty, or
- cared for a person/people with lower levels of assistance needs.

Some of the greater differences in loneliness related to the needs of care recipients. As shown in Figure 11, almost half of carers who cared for a person with ASD, other development disorders, or intellectual disability, reported often or always feeling lonely, as did 44% of those caring for a person experiencing mental illness or psychosocial disability.

This highlights a need to provide targeted support to carers whose caring obligations may mean they are at greater risk of social isolation.

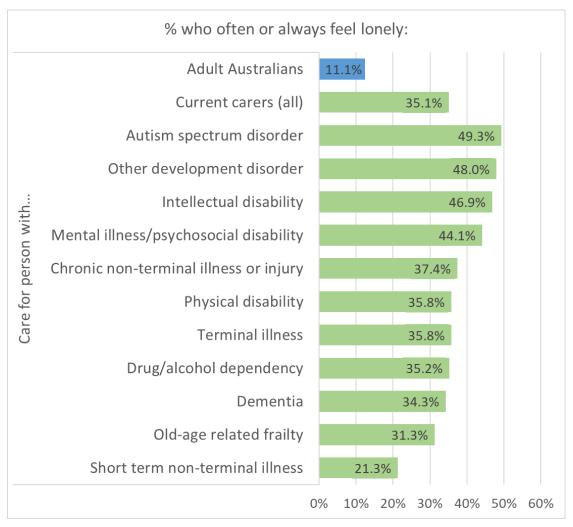


Figure 11 Proportion of people who often/always feel lonely, by care recipient caring need

Table 10 Loneliness and social connection (a)

		Satisfaction with personal relationships	Satisfaction with feeling part of your community	Loneliness	scale	
		Mean score	Mean score	% Never	% Some-	% Often
		(measured	(measured	or rarely	times	or always
Group	Category	from 0-10)	from 0-10)	lonely	lonely	lonely
All current	Current carers	5.2	5.1	23.8%	41.0%	35.1%
Gender	Female	5.0	4.8	20.3%	39.7%	40.0%
A = -	Male	5.7	5.6	29.1%	42.2%	28.7%
Age	Aged 15-24	6.1	6.0	23.6%	53.1%	23.3%
	Aged 25-34	5.5	4.9	22.6%	42.4%	35.0%
	Aged 35-44	5.2 4.6	5.1	17.6%	39.3%	43.1%
	Aged 45-54	5.0	4.6 4.9	19.8% 26.0%	38.2%	42.0%
	Aged 55-64	5.5	5.5	+	39.4%	34.6%
	Aged 65-74 Aged 75+	6.4	6.0	30.9% 37.0%	42.6% 41.6%	26.6% 21.4%
Typical	<20 hours/week	5.7	5.6	30.1%	43.5%	26.4%
caring	20-39 hours/week	5.5	5.5	23.9%	43.6%	32.4%
hours	40+ hours/week				36.1%	
	Aboriginal/Torres Strait Islander	4.4 5.7	4.1 5.9	15.3% 15.9%	39.2%	48.6% 44.9%
Cultural				+		
and language	Not Aboriginal/Torres Strait Islander	5.2	5.0	23.8%	40.7%	35.5%
diversity	Usually speak language other than	F 2	г э	24.20/	42.40/	22.00/
uiveisity	English at home	5.2 5.2	5.3	24.2%	43.1%	32.8%
Chaha /	Usually speak English at home		5.0	23.4%	39.9%	36.8%
State/	NSW	5.3	5.2	23.6%	41.0%	35.4%
Territory of	Vic	5.3	5.2	23.7%	41.1%	35.2%
residence	Qld	4.7	4.5	20.8%	37.6%	41.6%
residence	SA	5.5	5.0	28.1%	39.9%	32.0%
	WA	5.3	5.2	21.7%	44.5%	33.7%
	Tas	5.8	5.5	31.7%	38.3%	30.0%
	NT	6.1	5.6	38.1%	28.8%	33.1%
Duiter	ACT	5.3	5.0	25.2%	38.1%	36.7%
Primary	Primary carer	4.8	4.7	19.8%	38.7%	41.5%
carer	Not a primary carer	6.0	6.1	32.1%	47.5%	20.4%
Sole/ assis-	Sole carer	4.5	4.5	20.7%	37.5%	41.7%
ted carer	Assisted in caring role	5.3	5.2	21.9%	41.7%	36.4%
No. people	Currently care for 1 person	5.3	5.2	26.7%	41.9%	31.4%
currently	Currently care for 2 people	5.1	4.8	17.7%	39.8%	42.5%
caring for	Currently care for 3 or more people	4.7	4.4	21.2%	33.1%	45.7%
Caree	Caree lives elsewhere	6.1	6.1	32.7%	46.4%	20.9%
residence	Caree lives in home	4.8	4.7	20.0%	39.5%	40.5%
Length of	Carer for 5+ years	4.9	4.7	20.5%	38.8%	40.7%
time being	Carer for 2-5 years	5.5	5.4	26.8%	43.3%	29.9%
a carer	Carer for 1-2 years	5.6	5.9	27.8%	45.3%	26.9%
	Carer for <1 year ting findings in this table: Findings highlig	6.1	5.9	32.9%	41.6%	25.5%

Table 11 Loneliness and social connection (b)

		PWI – Satisfaction with personal relationships Mean score	PWI – Satisfaction with feeling part of your community Mean score	Lo % Never	oneliness sc % Some-	ale % Often
		(measured	(measured	or rarely	times	or always
Group	Category	from 0-10)	from 0-10)	lonely	lonely	lonely
Care	Dementia	5.2	5.2	25.2%	40.6%	34.3%
recipient	Old-age related frailty	5.3	5.3	28.3%	40.4%	31.3%
disability,	Terminal illness	5.3	5.1	18.6%	45.6%	35.8%
illness or	Autism spectrum disorder	4.7	4.5	14.5%	36.2%	49.3%
injury type	Other development disorder	4.5	4.3	12.1%	39.9%	48.0%
	Mental illness/psychosocial disability	4.7	4.5	16.9%	39.0%	44.1%
	Drug/alcohol dependency	5.1	4.8	17.3%	47.5%	35.2%
	Physical disability	5.2	4.9	23.7%	40.5%	35.8%
	Intellectual disability	4.6	4.3	15.3%	37.7%	46.9%
	Chronic non-terminal illness or injury, 6					
	months+	5.0	4.7	22.4%	40.2%	37.4%
	Short term non-terminal illness	5.5	5.6	28.3%	50.4%	21.3%
Type of	Care for child/grandchild	4.8	4.6	16.7%	39.7%	43.6%
care	Care for partner	5.5	5.1	24.8%	44.5%	30.7%
recipient	Care for parent/grandparent	5.3	5.3	25.1%	40.3%	34.6%
	Care for sibling	5.5	5.4	30.5%	40.6%	28.9%
	Care for friend or other type of relative	5.8	5.7	38.6%	35.9%	25.5%
Level of	Low assistance needs	6.5	6.3	42.9%	39.1%	18.0%
assistance	Low-moderate assistance needs	6.0	5.9	34.7%	39.6%	25.6%
needed by	Moderate assistance needs	5.1	5.2	24.1%	46.0%	29.9%
care	High assistance needs	4.9	4.6	19.2%	38.3%	42.5%
recipient	Very high assistance needs	4.7	4.4	15.6%	38.3%	46.1%
Labour	Employed	5.5	5.6	25.6%	42.4%	32.0%
force	Unemployed	4.4	4.3	11.9%	44.5%	43.7%
status	Not in labour force	5.0	4.5	22.5%	38.1%	39.3%
Past carers	Past carers - all	6.3	6.0	42.1%	38.8%	19.1%
	Ceased caring in last 6 months	5.6	5.6	32.5%	51.0%	16.5%
	Ceased caring 7-12 months previously	6.0	5.8	35.8%	44.1%	20.2%
	Ceased caring more than 1 year ago	6.9	6.4	56.6%	28.3%	15.1%

5.4 Household finances

On average, carers have poorer financial wellbeing compared to the typical Australian. Financial wellbeing was examined using two measures. Both measures are used in a number of Australian surveys, including the Household Income and Labour Dynamics in Australia (HILDA) survey, some Australian Bureau of Statistics (ABS) surveys, and the Regional Wellbeing Survey. Using these measures ensures findings from the CWS can be compared to the broader Australian population.

The first measure examined experience of household financial stress. Survey participants were asked if, in the last year, they had experienced any of three types of financial stress events: having to delay or cancel non-essential purchases; being unable to pay bills on time; or going without meals or being unable to heat or cool their home. Whereas 34.5% of Australians experienced one or more of these financial stress events in the past 12 months as of the end of 2020, 57.3% of carers reported this (Figure 12).

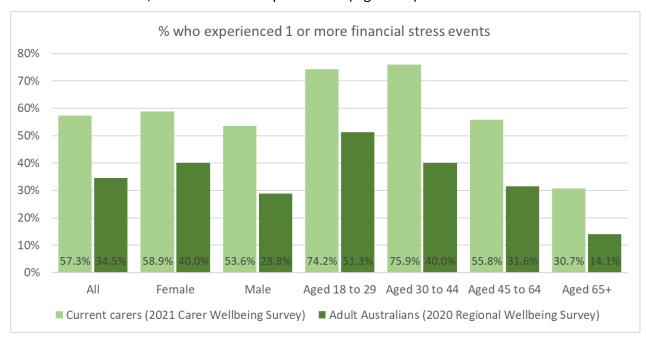


Figure 12 Financial stress of carers in April/May 2021 compared to adult Australians in Nov/Dec 2020 – by gender and age group

While all types of carers reported poorer household finances than the average Australian, some reported greater financial stress than others (Tables 12 and 13). Carers were more likely than average to have experienced one or more financial stress events in the last 12 months (such as being unable to pay a bill on time, going without heating or cooling, going without meals, or delaying non-essential expenses) if they:

- were younger, particularly aged under 55
- were Aboriginal or Torres Strait Islander; lived in Queensland
- cared for two or more people
- cared for someone with a terminal illness, with ASD, other development disorder, intellectual disability, mental illness, or drug/alcohol dependency
- cared for a person with high assistance needs
- cared for a child/grandchild.

Table 12 Household financial position (a)

		% experienced 1	Self-rated	l household f	inancial pros	sperity
		or more financial	Poor/	Just		Very
		stress events last	very	getting	Comfort-	comfortable/
Group	Category	12 months	poor	along	able	prosperous
All current	Current carers	57.3%	13.2%	39.6%	36.3%	10.9%
Gender	Female	58.9%	13.3%	43.3%	35.5%	7.9%
	Male	53.6%	13.3%	32.7%	38.0%	16.0%
Age	Aged 15-24	72.5%	12.9%	32.8%	37.1%	17.2%
	Aged 25-34	79.4%	19.6%	34.2%	34.3%	11.9%
	Aged 35-44	73.8%	18.1%	35.1%	34.0%	12.7%
	Aged 45-54	68.2%	18.4%	47.8%	25.7%	8.1%
	Aged 55-64	44.7%	8.8%	44.8%	36.5%	9.8%
	Aged 65-74	36.9%	5.6%	35.0%	48.1%	11.3%
	Aged 75+	17.5%	1.8%	27.7%	57.3%	13.3%
Typical	<20 hours/week	52.7%	9.9%	36.2%	40.6%	13.3%
caring hours	20-39 hours/week	60.3%	16.5%	37.2%	34.4%	12.0%
per week	40+ hours/week	60.7%	15.8%	45.8%	31.4%	7.0%
Cultural and	Aboriginal/Torres Strait Islander	87.0%	16.5%	32.5%	28.4%	22.5%
language	Not Aboriginal/Torres Strait					
diversity	Islander	56.4%	13.2%	39.8%	36.5%	10.5%
	Usually speak language other than					
	English at home	60.0%	13.7%	40.5%	38.1%	7.6%
	Usually speak English at home	56.6%	13.0%	39.4%	35.7%	11.8%
State/	NSW	53.0%	11.8%	37.7%	37.5%	13.0%
Territory of	Vic	59.2%	12.6%	41.0%	33.1%	13.4%
residence	Qld	64.3%	18.1%	43.1%	33.4%	5.4%
	SA	55.6%	14.6%	41.6%	36.9%	7.0%
	WA	56.7%	10.5%	37.5%	42.8%	9.2%
	Tas	46.2%	7.1%	38.1%	41.0%	13.8%
	NT	61.1%	9.3%	42.9%	36.2%	11.7%
	ACT	38.6%	13.2%	25.1%	49.3%	12.4%
Primary	Primary carer	58.6%	15.3%	43.6%	31.6%	9.4%
carer	Not a primary carer	44.9%	5.6%	30.2%	49.2%	15.0%
Sole or	Sole carer	59.9%	18.0%	45.6%	29.2%	7.2%
assisted						
carer	Assisted in caring role	54.3%	10.8%	38.8%	37.8%	12.7%
No. people	Currently care for 1 person	50.5%	11.2%	37.0%	40.8%	10.9%
currently	Currently care for 2 people	68.3%	15.5%	43.9%	29.5%	11.2%
caring for	Currently care for 3 or more people	73.4%	22.2%	45.1%	26.0%	6.7%
Caree	Caree lives elsewhere	49.4%	13.4%	31.5%	41.7%	13.4%
residence	Caree lives in home	58.2%	14.3%	43.1%	32.2%	10.5%
Length of	Carer for 5+ years	59.6%	15.2%	44.4%	32.2%	8.2%
time being a	Carer for 2-5 years	53.0%	10.5%	35.1%	39.1%	15.3%
carer	Carer for 1-2 years	47.3%	7.0%	27.2%	53.7%	12.1%
	Carer for <1 year	52.7%	12.5%	35.7%	41.5%	10.2%

Table 13 Household financial position (b)

		% who	Self-rated h	ousehold fina	ancial prosper	itv
		experienced 1	Jen ratean		anciai prosper	,
		or more				Very
		financial				comfort-
		stress events	Poor/	Just		table/
		last 12	very	getting	Comfort-	prospe-
Group	Category	months	poor	along	able	rous
Care	Dementia	44.2%	9.5%	35.2%	40.3%	15.0%
recipient	Old-age related frailty	50.8%	11.5%	38.3%	39.3%	10.9%
disability,	Terminal illness	69.0%	15.2%	35.5%	36.9%	12.5%
illness or	Autism spectrum disorder	71.9%	17.1%	42.3%	29.9%	10.6%
injury type	Other development disorder	74.4%	20.9%	46.0%	26.6%	6.5%
	Mental illness/psychosocial disability	69.3%	18.5%	45.5%	28.9%	7.1%
	Drug/alcohol dependency	75.0%	22.1%	45.2%	21.6%	11.1%
	Physical disability	55.4%	13.1%	41.9%	36.3%	8.7%
	Intellectual disability	66.1%	18.1%	41.9%	31.6%	8.4%
	Chronic non-terminal illness or injury, 6					
	months+	56.8%	14.7%	45.6%	31.3%	8.5%
	Short term non-terminal illness	68.3%	21.0%	30.7%	40.6%	7.7%
Type of	Care for child/grandchild	66.7%	14.9%	43.9%	31.8%	9.4%
care	Care for partner	49.8%	11.3%	38.9%	39.6%	10.2%
recipient	Care for parent/grandparent	56.7%	13.8%	37.2%	38.0%	10.9%
	Care for sibling	60.2%	16.0%	34.3%	32.8%	16.8%
	Care for friend or other type of relative	65.0%	19.0%	37.4%	33.6%	9.9%
Level of	Low assistance needs	46.6%	13.1%	27.3%	43.1%	16.5%
assistance	Low-moderate assistance needs	49.6%	11.4%	34.3%	38.2%	16.1%
needed by	Moderate assistance needs	55.0%	10.1%	40.5%	39.6%	9.8%
care	High assistance needs	64.4%	17.0%	38.7%	36.0%	8.3%
recipient	Very high assistance needs	58.9%	15.2%	43.5%	31.7%	9.7%
Labour	Employed	57.1%	9.3%	36.0%	40.2%	14.5%
force	Unemployed	77.2%	27.9%	48.7%	20.8%	2.7%
status	Not in labour force	55.4%	16.0%	42.7%	33.7%	7.6%
Past carers	Past carers - all	53.8%	11.0%	35.0%	39.4%	14.6%
	Ceased caring in last 6 months	44.3%	5.1%	38.9%	43.7%	12.3%
	Ceased caring 7-12 months previously	68.4%	17.9%	40.4%	32.7%	9.0%
	Ceased caring more than 1 year ago	45.4%	7.3%	29.5%	46.3%	16.8%

Financial stress events were less commonly reported by the following types of carers:

- Those aged 55 or older
- Those who were not primary carers
- Those who cared for one person (rather than multiple people)
- Those who had been a carer for a shorter period of time, and
- Those who cared for someone with dementia, old-age related frailty or a physical disability.

Tables 12 and 13 in particular show significant differences in financial stress between age groups. Amongst the general population, risk of experiencing financial stress events is highest amongst young adults, and progressively decreases for older age groups. The same is true for carers; however the financial stress gap between carers and the broader population varies depending on the age group. Carers aged 18-29 were 1.5 times more likely than average to experience financial stress, those aged 30-44 were 1.9 times more likely to, those aged 45 to 64 1.8 times more likely to, and those aged 65 and older were 2.2 times more likely to experience financial stress.

Female carers were somewhat more likely to experience financial stress events than male carers (58.9% compared to 53.6%), however the gap between men and women is smaller for carers than in the general population, with 40.0% of all adult women reporting financial stress events compared to 28.8% of all men. This suggests that taking on a caring role is associated with increased risk of financial stress irrespective of gender.

The second measure of household finances asked carers to self-rate their household financial position using a common measure of household financial wellbeing which is used in a range of surveys, including HILDA survey and the Regional Wellbeing Survey. Participants were asked 'Given your current needs and financial responsibilities, would you say that you and your family are...' and able to respond (i) Very poor, (ii) Poor, (iii) Just getting along, (iv) Reasonably comfortable, (v) Comfortable or (vi) Prosperous. carers also reported lower levels of financial wellbeing than other Australian. More than half of all carers – 52.8% - reported that their household was either very poor, poor or just getting along financially, compared to 33.8% of Australians (Figure 13, Tables 12 and 13). Amongst female carers, this rose to 56.6% (compared to 37.3% of adult females across Australia), while amongst male carers 46.0% reported this (compared to 30.3% of adult males).

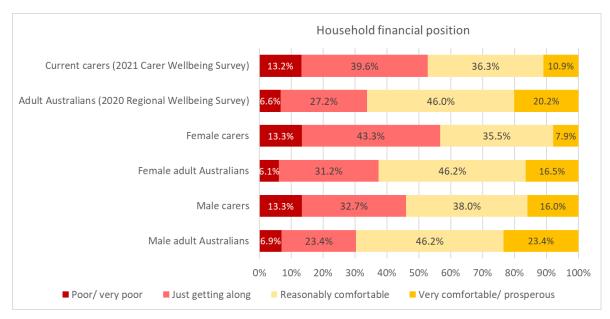


Figure 13 Self-rated household financial position of carers in April/May 2021 compared to adult Australians in Nov/Dec 2020 – by gender

Rates of financial difficulty were highest amongst carers aged 45 to 64: amongst this group, 59.2% reported a household financial position that did not reach the point of being 'reasonably comfortable), compared to 53.2% of those aged 30 to 44, 49.5% of those aged 18-29 and 36.9% of those aged 65 and older (Figure 14). Carers aged 30 and older were 1.5 times more likely to report a challenging household financial position than others of equivalent age.

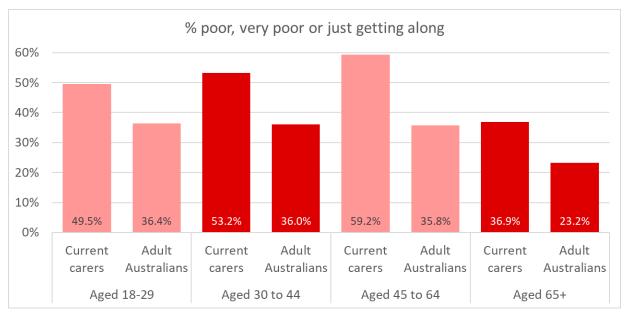


Figure 14 Proportion of carers and adult Australians reporting their household is poor or just getting along financially, by age group

5.5 Housing and telecommunications

Having access to suitable housing and telecommunications can support the quality of life of both carers and the people they care for. Carers were asked if they found it difficult to access or use some parts of their home; if their home met their needs well; and if they had good mobile phone reception and access to high speed, reliable internet from their home (Tables 14 and 15).

Almost one in three carers reported that some parts of their home were difficult to access due to disability or health problems (32.6%), an issue which can reduce effectiveness of the home as a place for high quality caring for both carer and care recipient. Carers who were younger, male, Aboriginal/Torres Strait Islander, or usually spoke a language other than English at home were more likely to report this. However. 74.1% felt their home overall met their needs well. Carers were less likely to report their home met their needs well if they were a primary or sole carer, cared for three or more people, or were caring for a person with a terminal illness. They were more likely to feel their home met their needs well if they cared for a person with relatively low assistance needs.

Most carers (79.3%) had good mobile phone reception at their home, and almost three-quarters (74.3%) had access to high speed, reliable internet in their home.

Table 14 Access to suitable housing and telecommunications (a)

Group	Category	% who found it difficult to access or use some parts of home due to disability/ health problems	% who reported that overall, their home met their needs well	% who had good mobile phone reception at their home	% with access to high speed, reliable internet at home
All current	Current carers	32.6%	74.1%	79.3%	74.3%
Gender	Female	29.2%	72.8%	78.9%	72.7%
Gender	Male	38.1%	76.2%	80.7%	76.8%
Age	Aged 15-24	47.6%	74.8%	72.9%	77.7%
	Aged 25-34	39.8%	68.0%	72.5%	72.9%
	Aged 35-44	38.3%	75.4%	83.5%	81.9%
	Aged 45-54	31.1%	71.9%	77.3%	69.3%
	Aged 55-64	25.4%	74.5%	77.9%	70.5%
	Aged 65-74	27.9%	77.8%	84.8%	78.4%
	Aged 75+	31.5%	77.8%	87.5%	76.3%
Typical	<20 hours/week	31.7%	75.9%	80.3%	75.4%
caring hours	20-39 hours/week	32.5%	74.8%	79.3%	76.7%
per week	40+ hours/week	33.9%	71.1%	78.0%	71.6%
Cultural and	Aboriginal/Torres Strait Islander	49.1%	67.1%	73.3%	73.3%
language	Not Aboriginal/Torres Strait Islander	32.2%	74.3%	79.5%	74.3%
diversity	Usually speak language other than English at home	39.9%	73.1%	78.7%	71.1%
	Usually speak English at home	30.6%	74.3%	79.5%	75.2%
State/	NSW	33.7%	73.5%	77.7%	73.7%
Territory of	Vic	36.2%	75.2%	81.3%	76.3%
residence	Qld	31.0%	73.2%	73.4%	69.4%
	SA	28.5%	76.1%	86.7%	77.4%
	WA	26.9%	72.7%	79.7%	74.3%
	Tas	36.3%	75.9%	87.2%	79.5%
	NT	42.2%	74.6%	79.3%	72.2%
	ACT	19.5%	75.0%	83.8%	79.2%
Primary	Primary carer	29.2%	70.9%	77.2%	72.4%
carer	Not a primary carer	29.7%	81.7%	79.3%	75.1%
Sole/assist-	Sole carer	28.7%	69.6%	77.6%	69.8%
ed carer	Assisted in caring role	29.8%	74.6%	77.4%	75.3%
No. people	Currently care for 1 person	30.3%	75.9%	81.2%	76.7%
currently	Currently care for 2 people	35.7%	73.6%	74.0%	69.3%
caring for	Currently care for 3 or more people	31.7%	64.8%	79.2%	70.3%
Caree	Caree lives elsewhere	29.2%	77.5%	77.8%	78.7%
residence	Caree lives in home	31.7%	71.8%	77.4%	71.9%
Length of	Carer for 5+ years	30.3%	70.8%	76.3%	70.1%
time being a	Carer for 2-5 years	30.7%	76.8%	84.0%	78.7%
carer	Carer for 1-2 years	38.6%	82.5%	86.5%	85.0%
	Carer for <1 year	32.4%	77.5%	82.1%	79.8%

Table 15 Access to suitable housing and telecommunications (b)

Group	Category	% who found it difficult to access or use some parts of home due to disability/ health problems	% who reported that overall, their home met their needs well	% who had good mobile phone reception at their home	% with access to high speed, reliable internet at home
Care	Dementia	33.6%	77.7%	79.1%	73.3%
recipient	Old-age related frailty	31.2%	75.9%	79.6%	72.9%
disability,	Terminal illness	38.2%	69.1%	73.4%	72.4%
illness or	Autism spectrum disorder	35.6%	71.8%	75.3%	72.5%
injury type	Other development disorder	33.6%	70.1%	76.1%	68.3%
	Mental illness/psychosocial disability	31.4%	70.6%	76.2%	70.9%
	Drug/alcohol dependency	34.4%	70.2%	79.2%	76.8%
	Physical disability	31.8%	73.2%	79.3%	72.4%
	Intellectual disability	34.4%	70.3%	77.2%	67.6%
	Chronic non-terminal illness or injury, 6				
	months+	29.8%	75.5%	76.3%	73.6%
	Short term non-terminal illness	43.8%	56.7%	54.8%	62.2%
Type of care	Care for child/grandchild	30.4%	71.1%	77.4%	73.1%
recipient	Care for partner	31.9%	75.1%	78.6%	73.9%
	Care for parent/grandparent	33.0%	76.4%	79.1%	73.9%
	Care for sibling	34.2%	73.9%	71.5%	69.7%
	Care for friend or other type of relative	37.7%	75.4%	85.0%	77.7%
Level of	Low assistance needs	34.3%	84.0%	83.5%	78.7%
assistance	Low-moderate assistance needs	29.6%	73.3%	79.6%	75.9%
needed by	Moderate assistance needs	25.5%	76.1%	79.3%	75.7%
care	High assistance needs	36.3%	72.4%	79.1%	76.0%
recipient	Very high assistance needs	37.6%	72.3%	78.9%	69.9%
Labour force	Employed	33.7%	76.8%	79.9%	76.1%
status	Unemployed	30.0%	65.6%	69.8%	70.5%
	Not in labour force	31.5%	71.9%	79.9%	73.0%
Past carers	Past carers - all	30.3%	80.8%	77.0%	76.8%
	Ceased caring in last 6 months	34.3%	79.9%	76.9%	74.2%
	Ceased caring 7-12 months previously	26.7%	75.4%	73.3%	70.3%
	Ceased caring more than 1 year ago	22.0%	87.1%	76.4%	80.8%

5.6 Employed carers

Being a carer can present challenges to maintaining participation in the labour force. Overall, 51.6% of current carers were employed, while 4.9% were unemployed and seeking work, and 43.5% were not in the labour force (Tables 16 and 17). Rates of employment amongst carers aged 15 to 64 – the ages in which it is most common for a large proportion of the population to be in paid employment – were compared to rates of employment in the Australian population as of May 2021 (Figure 15). This shows that while the youngest group of carers (aged 15-24) had similar rates of employment to non-carers in that age group, from age 25 onwards, carers are less likely to be employed than others of their age.

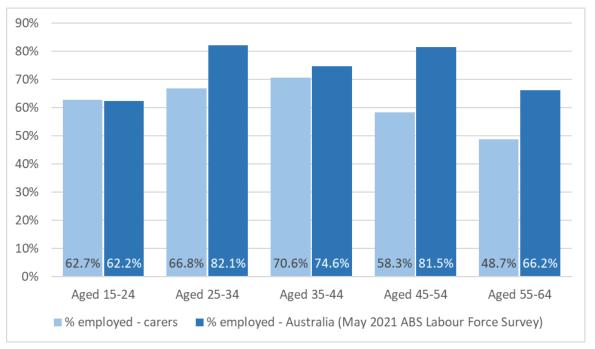


Figure 15 Proportion of different age groups who are employed – comparison of carers to the broader population by age

Carers were more likely than average to be employed if they were:

- younger (aged 25 to 44 in particular)
- identified as Aboriginal or Torres Strait Islander
- had less than 40 hours of caring obligations weekly
- lived in Victoria
- were not a primary carer
- had assistance in their caring role
- cared for someone with a shorter-term illness, or
- cared for someone with low assistance needs.

Carers were less likely than average to be employed if they were:

- older
- had high caring obligations in terms of both caring hours per week and the assistance needs of the people cared for
- cared for a person with a physical disability, or
- were the primary/sole carer.

The likelihood of a carer being employed was lower amongst those who had been carers for a longer period of time: 47.4% of those who had been a carer for five years or more were employed compared to 61.4% of those who had been a carer for less than a year.

Carers who were employed were asked about the flexibility and security of their work, and whether their employer was understanding regarding their caring obligations (Tables 16 to 19).

Of those carers who were employed, a quarter – 24.4% - had no flexibility in their work hours, while 48.0% had somewhat flexible work hours, and 27.6% had very flexible work hours. The flexibility of work hours did not differ significantly between most types of carers.

Of those carers with employment, 22.1% reported their job was very insecure, 48.5% that it was somewhat secure, and 29.3% that it was very secure (Tables 18 and 19). This did not vary significantly between most types of carers.

When asked if their employer or supervisor were understanding of their caring obligations 17.2% reported they were not very understanding, 41.6% that they were somewhat understanding, and 41.3% that they were very understanding. Younger carers were more likely than other employed carers to report their employers were not very understanding (23.5% of those aged 15-24 and employed, and 25.7% of those aged 25 to 34).

Table 16 Engagement in paid work, and flexibility of work hours (a)

						carers – flexib	ility of
		Current lab	our force status		work hour	S	
				% not in			
		%	%	labour	Not	Somewhat	Very
Group	Category	employed	unemployed	force	flexible	flexible	flexible
All current	Current carers	51.6%	4.9%	43.5%	24.4%	48.0%	27.6%
Gender	Female	50.2%	4.7%	45.1%	26.7%	46.0%	27.3%
	Male	53.7%	5.1%	41.2%	19.0%	53.7%	27.3%
Age	Aged 15-24	62.7%	10.8%	26.5%	13.0%	67.2%	19.8%
	Aged 25-34	66.8%	7.2%	26.0%	27.8%	47.4%	24.7%
	Aged 35-44	70.6%	5.6%	23.9%	30.3%	47.0%	22.7%
	Aged 45-54	58.3%	4.9%	36.8%	19.8%	54.0%	26.2%
	Aged 55-64	48.7%	5.4%	45.9%	26.3%	43.9%	29.8%
	Aged 65-74	21.9%	0.7%	77.4%	18.7%	22.4%	58.9%
	Aged 75+				Too fe	w respondent	s to report
Typical	<20 hours/week	57.9%	5.9%	36.2%	21.6%	51.7%	26.8%
caring	20-39 hours/week	60.2%	4.7%	35.1%	23.7%	44.7%	31.6%
hours per	, , , , , , , , , , , , , , , , , , ,						
week	40+ hours/week	38.1%	3.6%	58.4%	29.7%	44.6%	25.7%
Cultural	Aboriginal/Torres Strait Islander	71.9%	5.8%	22.3%	21.9%	55.4%	22.6%
and	Not Aboriginal/Torres Strait						
language	Islander	51.1%	4.8%	44.0%	24.6%	47.6%	27.9%
diversity	Usually speak language other						
-	than English at home	54.1%	6.0%	39.9%	21.9%	49.2%	28.9%
	Usually speak English at home	50.9%	4.5%	44.5%	25.2%	47.6%	27.2%
State/	NSW	55.7%	4.9%	39.4%	19.9%	52.9%	27.1%
Territory	Vic	56.5%	3.6%	39.9%	25.5%	47.4%	27.1%
of	Qld	40.3%	6.7%	53.0%	25.9%	38.4%	35.7%
residence	SA	37.7%	4.3%	58.0%	32.0%	43.4%	24.6%
	WA	52.3%	5.8%	41.9%	29.5%	53.2%	17.3%
	Tas	47.9%	4.2%	47.8%	32.2%	40.7%	27.1%
	NT	66.1%	3.9%	29.9%	14.3%	32.6%	53.0%
	ACT	62.6%	1.4%	36.0%	19.6%	44.9%	35.5%
Primary	Primary carer	46.8%	4.8%	48.4%	23.6%	47.7%	28.7%
carer	Not a primary carer	68.9%	3.1%	28.0%	22.4%	53.9%	23.7%
	•	39.3%					
Sole or assisted	Sole carer	33.3%	5.3%	55.4%	22.4%	43.9%	33.7%
	Assisted in saring role	E0 20/	4.0%	27 7%	22 00/	51.3%	2/1 00/
No. people	Assisted in caring role Currently care for 1 person	58.3% 51.9%	4.0% 4.5%	37.7% 43.5%	23.8%	49.8%	24.8% 26.4%
currently caring for	Currently care for 2 people	53.0%	6.1%	41.0%	23.2%	44.7%	32.1%
caring IUI	Currently care for 3 or more	EA 40/	2 20/	/12 20/	21.9%	40 00/	20 20/
Caroo	people Carea lives alsowhere	54.4%	3.3%	42.2%		49.8%	28.3%
Caree	Caree lives elsewhere	68.9%	5.2%	25.9%	19.4%	57.0%	23.6%
residence	Caree lives in home	48.0%	4.4%	47.6%	24.4%	46.7%	28.9%
Length of	Carer for 5+ years	47.4%	4.8%	47.8%	27.9%	43.1%	28.9%
time being	Carer for 2-5 years	52.5%	4.0%	43.5%	21.1%	55.2%	23.7%
a carer	Carer for 1-2 years	58.3%	4.1%	37.5%	11.8%	46.2%	42.0%
	Carer for <1 year	61.4%	9.6%	29.0%	26.3%	55.6%	18.2%

Table 17 Engagement in paid work, and flexibility of work hours (b)

					Emplo	yed carers – fle	xibility of
			Current labour fo	rce status		w	ork hours
				% not in			
		%	%	labour	Not	Somewhat	Very
Group	Category	employed	unemployed	force	flexible	flexible	flexible
Care	Dementia	50.5%	4.3%	45.2%	21.0%	48.7%	30.3%
recipient	Old-age related frailty	54.5%	4.9%	40.7%	21.9%	55.6%	22.6%
disability,	Terminal illness	56.0%	7.0%	37.0%	19.3%	59.6%	21.1%
illness or	Autism spectrum disorder	59.4%	5.5%	35.1%	24.7%	47.3%	28.0%
injury type	Other development disorder	54.2%	5.0%	40.8%	26.3%	45.8%	27.9%
	Mental illness/psychosocial						
	disability	52.7%	4.6%	42.7%	28.2%	43.9%	27.9%
	Drug/alcohol dependency	55.5%	8.2%	36.3%	16.4%	51.0%	32.6%
-	Physical disability	44.5%	4.9%	50.6%	23.7%	51.1%	25.3%
	Intellectual disability	48.1%	5.4%	46.5%	23.3%	50.6%	26.1%
	Chronic non-terminal illness or						
	injury, 6 months+	48.3%	3.3%	48.4%	24.6%	46.7%	28.7%
	Short term non-terminal illness	72.8%	1.3%	25.9%	42.3%	51.8%	5.9%
Type of	Care for child/grandchild	56.3%	3.7%	40.0%	28.3%	44.4%	27.2%
care	Care for partner	40.5%	2.9%	56.6%	20.4%	45.9%	33.8%
recipient	Care for parent/grandparent	58.5%	6.6%	34.9%	21.0%	54.9%	24.0%
	Care for sibling	54.8%	9.7%	35.5%	28.2%	33.0%	38.9%
	Care for friend or other type of						
	relative	59.2%	6.5%	34.3%	25.3%	54.3%	20.3%
Level of	Low assistance needs	63.8%	4.5%	31.7%	23.7%	57.0%	19.3%
assistance	Low-moderate assistance needs	61.6%	3.2%	35.2%	24.7%	49.1%	26.2%
needed by	Moderate assistance needs	55.7%	5.4%	38.9%	19.0%	49.7%	31.3%
care	High assistance needs	50.0%	5.5%	44.5%	25.2%	41.5%	33.4%
recipient	Very high assistance needs	43.4%	4.5%	52.1%	25.8%	51.8%	22.4%
Past carers	Past carers - all	57.9%	10.7%	31.4%	27.8%	50.6%	21.6%

Table 18 Security of employment and flexibility of employers (a)

		Security of	employment		employer	Extent to which supervise employer understanding obligations		
Group	Category	Insecure	Somewhat secure	Very secure	Not very	Somewhat	Very underst- anding	
All current	Current carers	22.1%	48.5%	29.3%	17.2%	41.6%	41.3%	
Gender	Female	22.7%	47.6%	29.7%	17.0%	43.0%	39.9%	
000.	Male	20.8%	50.2%	29.0%	17.2%	38.2%	44.6%	
Age	Aged 15-24	18.3%	56.1%	25.6%	23.5%	27.9%	48.6%	
, ,80	Aged 25-34	23.7%	50.6%	25.7%	25.7%	33.5%	40.8%	
	Aged 35-44	21.9%	48.8%	29.4%	14.6%	42.5%	43.0%	
	Aged 45-54	24.3%	51.5%	24.3%	16.3%	49.9%	33.8%	
	Aged 55-64	19.3%	46.3%	34.4%	14.1%	41.3%	44.6%	
	Aged 65-74	26.4%	29.6%	44.0%	21.5%	26.2%	52.3%	
	Aged 05-74 Aged 75+	20.470	23.070	44.0/0		w respondent		
Typical	<20 hours/week	17.4%	50.3%	32.3%	18.2%	39.1%	42.7%	
caring	20-39 hours/week	22.6%	47.6%	29.7%	18.2%	47.6%	34.2%	
hours per	·							
week	40+ hours/week	29.3%	46.3%	24.4%	14.7%	41.0%	44.2%	
Cultural	Aboriginal/Torres Strait Islander	26.3%	38.6%	35.0%	19.1%	30.1%	50.8%	
and language	Not Aboriginal/Torres Strait Islander	22.0%	49.0%	29.0%	17.2%	42.1%	40.7%	
diversity	Usually speak language other	24.00/	52.20/	22.22/	47.40/	24 =24		
	than English at home	24.9%	52.2%	22.8%	17.4%	31.7%	50.9%	
	Usually speak English at home	21.3%	47.4%	31.3%	17.1%	44.6%	38.3%	
State/	NSW	23.2%	48.2%	28.6%	18.1%	40.6%	41.3%	
Territory	Vic	19.7%	51.8%	28.5%	17.8%	40.2%	42.0%	
of	Qld	26.1%	45.7%	28.2%	12.4%	44.7%	42.9%	
residence	SA	24.8%	40.9%	34.3%	21.3%	42.1%	36.5%	
	WA	20.7%	48.8%	30.5%	16.1%	47.2%	36.7%	
	Tas	30.6%	42.9%	26.6%	28.1%	32.2%	39.6%	
	NT	13.9%	64.6%	21.4%	10.8%	39.6%	49.6%	
	ACT	15.3%	39.2%	45.5%	10.6%	37.3%	52.1%	
Primary	Primary carer	24.5%	47.6%	27.9%	17.2%	43.0%	39.8%	
carer	Not a primary carer	9.8%	52.9%	37.3%	17.9%	36.9%	45.2%	
Sole or assisted	Sole carer	26.2%	44.3%	29.5%	16.7%	41.1%	42.2%	
carer	Assisted in caring role	19.4%	50.9%	29.7%	17.7%	42.2%	40.1%	
No. people	Currently care for 1 person	20.1%	48.4%	31.5%	17.2%	42.3%	40.5%	
currently	Currently care for 2 people	23.6%	49.9%	26.5%	17.2%	42.0%	40.8%	
caring for	Currently care for 3 or more							
	people	29.1%	48.4%	22.6%	18.9%	38.1%	43.0%	
Caree	Caree lives elsewhere	18.7%	49.5%	31.8%	18.2%	46.5%	35.3%	
residence	Caree lives in home	22.5%	48.4%	29.1%	17.2%	40.7%	42.1%	
Length of	Carer for 5+ years	25.8%	46.4%	27.8%	17.3%	44.0%	38.7%	
time being	Carer for 2-5 years	17.6%	50.5%	31.8%	22.3%	35.5%	42.3%	
a carer	Carer for 1-2 years	14.3%	53.0%	32.6%	7.1%	46.6%	46.3%	
	Carer for <1 year ting findings in this table: Findings I	19.5%	54.7%	25.8%	14.0%	35.6%	50.4%	

Table 19 Security of employment and flexibility of employers (b)

			Security of en	nployment	Extent to which supervisor/ employer understanding of caring obligations			
Group	Category	Insecure	Somewhat secure	Insecure	Not very	Somewhat	Very understanding	
Care	Dementia	21.3%	46.6%	32.1%	22.4%	44.0%	33.6%	
recipient	Old-age related frailty	20.7%	54.0%	25.3%	21.4%	44.5%	34.1%	
disability,	Terminal illness	26.8%	51.6%	21.5%	16.3%	36.0%	47.7%	
illness or	Autism spectrum disorder	28.7%	44.6%	26.7%	18.2%	42.7%	39.2%	
injury type	Other development disorder	28.3%	45.9%	25.8%	17.6%	47.3%	35.1%	
	Mental illness/psychosocial							
	disability	30.5%	47.0%	22.5%	22.8%	41.6%	35.6%	
	Drug/alcohol dependency	29.7%	49.5%	20.8%	23.0%	42.9%	34.1%	
	Physical disability	18.9%	51.4%	29.7%	17.6%	42.0%	40.5%	
	Intellectual disability	26.1%	47.7%	26.2%	18.4%	39.4%	42.3%	
	Chronic non-terminal illness or							
	injury, 6 months+	19.3%	52.0%	28.7%	18.0%	40.8%	41.2%	
	Short term non-terminal							
	illness	42.3%	53.0%	4.7%	30.1%	34.1%	35.9%	
Type of care	Care for child/grandchild	27.8%	43.2%	29.0%	18.9%	40.9%	40.1%	
recipient	Care for partner	22.4%	44.3%	33.2%	13.1%	37.5%	49.3%	
	Care for parent/grandparent	19.5%	54.1%	26.4%	19.9%	41.8%	38.3%	
	Care for sibling	21.8%	56.6%	21.6%	9.1%	57.1%	33.8%	
	Care for friend or other type							
	of relative	23.4%	46.7%	29.9%	20.7%	36.8%	42.5%	
Level of	Low assistance needs	5.9%	58.2%	35.9%	12.6%	46.0%	41.4%	
assistance	Low-moderate assistance							
needed by	needs	23.9%	43.2%	32.9%	17.7%	47.7%	34.7%	
care	Moderate assistance needs	20.2%	49.4%	30.3%	16.6%	39.7%	43.7%	
recipient	High assistance needs	26.1%	52.8%	21.0%	15.2%	40.9%	43.9%	
	Very high assistance needs	23.3%	44.3%	32.4%	22.1%	39.5%	38.4%	
Past carers	Past carers - all	26.7%	47.0%	26.3%	2.8%	24.9%	72.3%	
	Past carers - all ng findings in this table: Findings h							

5.7 Benefits experienced by carers

Carers were asked the extent to which they experience positive outcomes as part of their caring role, in the form of finding their caring role satisfying, finding it contributed meaning and purpose to their life, and finding being a carer an overall positive experience (Tables 20 and 21). They were also asked if being a carer had strengthened their relationship with the person or people they cared for, and whether they had learned new skills due to being a carer (Tables 22 and 23).

Overall, 54.1% of carers found being a carer satisfying, while 26.9% did not. The remainder neither agreed or disagreed that being a carer was satisfying.

Female carers were less likely than male carers to report experiencing most types of benefits including finding being a carer satisfying (49.5% of female carers compared to 62.2% of men), as were those aged 45 to 54 (47.3%), and those caring for a person with mental illness (49.7%) or drug/alcohol dependency (40.7%). Those aged 35 to 44 were more likely to report finding being a carer satisfying than other age groups (59.2%). Very similar findings were identified when carers were asked whether being a carer contributed to their meaning and purpose in life.

Slightly fewer, however, reported that they often found being a carer a positive experience: 50.1% agreed with this statement and 31.5% disagreed. Female carers were less likely to agree and male carers more likely to; those who were Aboriginal or Torres Strait Islander were more likely to agree, and those caring for a person with mental illness or drug/alcohol dependency less likely to (43.2% and 41.5% respectively).

Many carers -58.6% - felt that being a carer had strengthened their relationship with the people they cared for, while just over one in four (27.1%) disagreed with this. Those caring for a person with dementia, or with drug/alcohol dependency, were less likely to feel their relationship had strengthened than others (50.5% and 47.4% respectively).

Almost two thirds of carers – 65.2% - reported that they had learned new skills due to being a carer. Those was somewhat less common amongst those who cared for a person with dementia (58.6%), and those caring for a partner (57.8%, with many of those caring for partners who had dementia). Learning new skills was more common amongst those who cared for a person with ASD (73.0%), other development disorder (76.9%) or intellectual disability (74.6%), as well as amongst those caring for a child or grandchild (71.0%).

Table 20 Benefits of caring: satisfaction, meaning and positive experience (a)

		Overall, I find it satisfying being a carer		Being a carer contributes to my meaning and purpose in life		I often find being a carer a positive experience	
Group	Category	% disagree	% agree	% disagree	% agree	% disagree	% agree
All			48.00		<u></u>		<u></u>
current	Current carers	26.9%	54.1%	28.1%	55.3%	31.5%	50.1%
Gender	Female	29.2%	49.5%	30.7%	51.5%	35.3%	44.1%
	Male	23.0%	62.2%	23.1%	62.7%	24.5%	61.1%
Age	Aged 15-24	20.7%	59.5%	20.4%	63.5%	16.5%	55.6%
	Aged 25-34	26.3%	56.3%	25.1%	59.7%	29.3%	48.7%
	Aged 35-44	21.1%	59.2%	22.2%	62.8%	27.9%	56.6%
	Aged 45-54	33.4%	47.3%	34.1%	50.1%	38.8%	43.9%
	Aged 55-64	28.7%	54.1%	28.9%	52.5%	31.4%	50.0%
	Aged 65-74	25.3%	54.7%	30.1%	51.0%	32.2%	49.1%
	Aged 75+	21.4%	56.2%	27.2%	57.4%	30.7%	54.1%
Typical	<20 hours/week	25.2%	55.0%	26.3%	54.9%	29.6%	49.9%
caring	20-39 hours/week	24.6%	56.2%	26.4%	59.7%	29.1%	55.8%
hours per							
week	40+ hours/week	30.5%	51.6%	31.4%	53.3%	35.4%	47.2%
Cultural	Aboriginal/Torres Strait Islander	23.4%	62.4%	21.7%	58.8%	20.8%	65.2%
and	Not Aboriginal/Torres Strait Islander	26.9%	53.9%	28.0%	55.4%	31.7%	49.7%
language	Usually speak language other than English at home	25.0%	55.5%	24.6%	59.2%	30.4%	54.3%
diversity	Usually speak English at home	27.3%	53.5%	28.9%	54.3%	31.9%	48.8%
State/	NSW	26.6%	53.8%	27.6%	54.1%	32.2%	51.0%
Territory	Vic	29.5%	52.7%	29.8%	55.6%	32.2%	47.3%
of	Qld	27.6%	52.9%	28.5%	56.1%	31.9%	49.4%
residence	SA	20.6%	61.5%	24.7%	60.8%	26.9%	55.7%
	WA	23.6%	53.5%	27.6%	52.6%	30.5%	50.4%
	Tas	22.7%	57.8%	21.6%	60.9%	26.0%	53.6%
	NT	12.6%	68.8%	15.2%	64.2%	19.7%	62.6%
	ACT	34.9%	46.1%	33.2%	46.8%	42.3%	42.1%
Primary	Primary carer	29.1%	52.0%	30.2%	53.0%	35.2%	46.3%
carer	Not a primary carer	22.1%	55.7%	26.5%	55.5%	25.8%	54.5%
Sole or	Sole carer	28.8%	52.6%	31.3%	51.4%	35.9%	46.2%
assisted	A	27.70/	F2 F0/	20.40/	FF 00/	22.40/	40.20/
carer	Assisted in caring role	27.7%	52.5%	28.4%	55.0%	32.4%	48.3%
No.	Currently care for 1 person	27.1%	53.5%	29.4%	54.3%	32.5%	49.4%
people	Currently care for 2 people	27.5%	53.5%	26.1%	54.4%	32.6%	47.1%
currently caring for	Currently care for 3 or more people	25.9%	58.4%	26.0%	61.0%	27.9%	54.4%
Caree	Caree lives elsewhere	24.5%	53.4%	25.2%	54.8%	29.1%	49.5%
residence	Caree lives in home	28.8%	52.4%	30.5%	53.1%	34.8%	46.9%
Length of	Carer for 5+ years	28.0%	53.7%	27.8%	55.2%	32.7%	49.3%
time	Carer for 2-5 years	27.6%	53.4%	29.0%	54.6%	32.7%	49.5%
being a	Carer for 1-2 years	21.8%	54.9%	27.3%	55.0%	24.1%	57.1%
carer	Carer for <1 year	22.8%	57.9%	28.3%	57.7%	26.2%	54.7%
	eting findings in this table: Findings highlighted in bol e						

Table 21 Benefits of caring: satisfaction, meaning and positive experience (b)

		Overall, I find it satisfying being a carer		Being a c contribute meaning and I life	s to my	I often find being a carer a positive experience	
		%	%				
Group	Category	disagree	agree	% disagree	% agree	% disagree	% agree
Care recipient	Dementia	30.2%	49.5%	32.1%	50.8%	35.7%	48.5%
disability, illness	Old-age related frailty	22.7%	57.0%	25.4%	58.1%	27.2%	53.8%
or injury type	Terminal illness	26.7%	55.4%	25.8%	60.0%	32.1%	47.0%
	Autism spectrum disorder	30.1%	52.1%	27.5%	55.7%	34.9%	46.7%
	Other development disorder	29.9%	51.2%	29.6%	56.0%	34.7%	48.1%
	Mental illness/psychosocial disability	32.1%	49.7%	32.1%	51.0%	37.5%	43.2%
	Drug/alcohol dependency	38.1%	40.7%	34.5%	48.5%	40.1%	41.5%
	Physical disability	25.8%	56.3%	27.4%	56.4%	30.9%	50.8%
	Intellectual disability	27.5%	53.8%	27.3%	55.3%	33.0%	50.3%
	Chronic non-terminal illness or injury, 6 months+	27.6%	54.2%	31.0%	53.8%	34.5%	49.6%
	Short term non-terminal illness	25.9%	55.9%	25.8%	57.0%	31.4%	54.1%
Type of care	Care for child/grandchild	29.1%	51.6%	29.6%	54.5%	33.3%	47.5%
recipient	Care for partner	29.4%	51.8%	31.5%	51.0%	35.9%	46.4%
	Care for parent/grandparent	23.9%	55.6%	25.1%	58.0%	28.7%	51.9%
	Care for sibling	28.3%	53.3%	24.4%	53.9%	32.8%	45.6%
	Care for friend or other type of relative	19.0%	68.0%	17.3%	68.8%	17.4%	68.6%
Level of	Low assistance needs	27.4%	57.9%	26.7%	52.7%	26.2%	52.6%
assistance needed by care	Low-moderate assistance needs	26.6%	52.7%	29.9%	53.7%	30.1%	48.4%
recipient	Moderate assistance needs	24.4%	54.9%	26.4%	54.2%	31.4%	47.4%
	High assistance needs	28.4%	53.8%	28.8%	56.8%	31.9%	53.2%
	Very high assistance needs	29.4%	52.3%	29.8%	55.8%	36.0%	47.9%
Labour force	Employed	25.5%	55.3%	26.8%	56.7%	30.0%	50.8%
status	Unemployed	38.1%	47.9%	34.6%	49.7%	39.7%	47.8%
	Not in labour force	26.6%	53.3%	28.3%	54.8%	32.0%	50.0%
Interpreting f	indings in this table: Findings h						

Table 22 Benefits of caring: relationships and skills (a)

		Being a carer strengthened relationship w	my	I have learned new skills		
		person/peopl	e I care for	due to being	a carer	
Group	Category	% disagree	% agree	% disagree	% agree	
All current	Current carers	27.1%	58.6%	20.6%	65.2%	
Gender	Female	30.5%	54.7%	22.4%	64.1%	
	Male	21.6%	64.5%	16.6%	68.1%	
Age	Aged 15-24	22.2%	59.7%	11.9%	72.6%	
	Aged 25-34	23.4%	64.6%	14.7%	67.5%	
	Aged 35-44	22.6%	65.8%	14.5%	75.7%	
	Aged 45-54	28.8%	55.2%	21.8%	66.7%	
	Aged 55-64	28.9%	57.1%	24.1%	60.6%	
	Aged 65-74	30.6%	54.5%	28.2%	55.8%	
	Aged 75+	29.3%	55.8%	20.6%	60.0%	
Typical	<20 hours/week	26.1%	58.7%	21.5%	63.0%	
caring	20-39 hours/week	27.3%	60.4%	18.7%	68.6%	
hours per week	40+ hours/week	28.4%	57.5%	20.6%	66.2%	
Cultural	Aboriginal/Torres Strait Islander	23.7%	60.6%	15.0%	65.1%	
and	Not Aboriginal/Torres Strait Islander	27.3%	58.4%	20.5%	65.4%	
language	Usually speak language other than					
diversity	English at home	25.0%	61.9%	19.0%	68.8%	
	Usually speak English at home	28.0%	57.4%	21.0%	64.2%	
State/	NSW	28.0%	58.2%	20.0%	66.9%	
Territory	Vic	27.1%	59.0%	21.1%	62.1%	
of	Qld	27.4%	57.7%	20.4%	66.9%	
residence	SA	24.2%	60.4%	18.4%	69.1%	
	WA	26.8%	57.2%	21.1%	63.7%	
	Tas	22.2%	65.0%	19.9%	66.8%	
	NT	24.2%	54.6%	21.1%	61.0%	
	ACT	33.7%	51.7%	27.8%	60.8%	
Primary	Primary carer	29.8%	56.3%	21.8%	64.0%	
carer	Not a primary carer	23.7%	60.3%	17.6%	68.5%	
Sole or	Sole carer	29.3%	56.5%	25.5%	60.5%	
assisted						
carer	Assisted in caring role	28.7%	57.0%	17.6%	68.1%	
No. people	Currently care for 1 person	28.1%	57.5%	21.3%	63.7%	
currently	Currently care for 2 people	27.9%	58.2%	21.1%	66.1%	
caring for	Currently care for 3 or more people	22.5%	62.6%	14.7%	72.4%	
Caree	Caree lives elsewhere	25.1%	58.6%	18.4%	64.3%	
residence	Caree lives in home	29.7%	56.4%	21.7%	64.6%	
Length of	Carer for 5+ years	27.3%	59.4%	18.7%	67.4%	
time being	Carer for 2-5 years	28.5%	55.6%	25.2%	60.6%	
a carer	Carer for 1-2 years	25.1%	55.6%	20.7%	66.6%	
	Carer for <1 year	23.9%	65.4%	21.5%	59.9%	
Int	erpreting findings in this table: Findings hi	ghlighted in bold i	indicate that t	his group of ca	rers differed	

Table 23 Benefits of caring: relationships and skills (b)

		Being a car strengther relationship person/people	ned my with the	I have learned new skills due to being a carer		
Group	Category	% disagree	% agree	% disagree	% disagree	
Care	Dementia	32.2%	50.5%	27.1%	58.6%	
recipient	Old-age related frailty	25.8%	59.2%	24.2%	61.8%	
disability,	Terminal illness	29.6%	56.5%	23.1%	62.9%	
illness or	Autism spectrum disorder	26.1%	61.1%	14.6%	73.0%	
injury type	Other development disorder	27.5%	60.2%	12.4%	76.9%	
	Mental illness/psychosocial disability	31.3%	55.2%	20.0%	67.3%	
	Drug/alcohol dependency	37.6%	47.4%	22.9%	64.2%	
	Physical disability	27.2%	59.5%	22.4%	64.8%	
	Intellectual disability	26.0%	62.4%	13.5%	74.6%	
	Chronic non-terminal illness or injury, 6					
	months+	27.1%	59.0%	24.0%	63.4%	
	Short term non-terminal illness	34.9%	61.0%	14.6%	57.9%	
Type of	Care for child/grandchild	25.9%	60.9%	14.8%	71.0%	
care	Care for partner	33.1%	51.9%	27.5%	57.8%	
recipient	Care for parent/grandparent	24.9%	58.6%	22.5%	63.9%	
	Care for sibling	29.3%	55.3%	16.6%	68.5%	
	Care for friend or other type of relative	20.0%	71.6%	13.7%	74.0%	
Level of	Low assistance needs	23.5%	59.1%	23.0%	63.2%	
assistance	Low-moderate assistance needs	26.1%	58.0%	23.3%	58.1%	
needed by	Moderate assistance needs	29.5%	55.8%	21.0%	64.7%	
care	High assistance needs	27.4%	59.3%	20.2%	64.7%	
recipient	Very high assistance needs	27.4%	59.6%	18.5%	70.0%	
Labour	Employed	26.3%	59.4%	17.3%	68.1%	
force	Unemployed	39.0%	49.1%	27.2%	60.0%	
status	Not in labour force	26.9%	58.2%	23.2%	62.7%	
Int	erpreting findings in this table: Findings high	lighted in bold in	dicate that t	his group of ca	rers differed	

5.8 Challenges and burdens experienced

5.8.1 Overall challenges and burdens experienced

Carers can experience many burdens. The *Caregiver Burden Scale* (Zarit et al. 1980) was included in the survey. This scale asks multiple questions about different types of burden a carer may experience, asking them how often they feel or experience a range of burdens associated with their caring role, on a five point scale from never (0) to nearly always (4). It is then possible to score total carer burden by summing the scores for each type of burden.

While the total carer burden scale is important, it is also important to understand which types of burden are more and less common amongst different types of carers. Figure 16 identifies the burdens that carers were more and less likely to report experiencing on a regular basis. The most common burdens carers reported experiencing on a regular basis were fear for the future of the people they cared for (66.5% of carers), and not having sufficient time for themselves (64.0%). Between 50% and 57% regularly experienced negative impacts on their social life, fear of not having enough money, overload of responsibilities, and concern about whether they could continue providing care. Almost half reported that they regularly felt they had lost control of their life, their own health was negatively impacted by their caring duties, they wanted to do more for the people they cared for, and/or an overall sense of strain. Tables 24 to 31 provide detailed results for each of the items asked in the *Caregiver Burden Scale*.

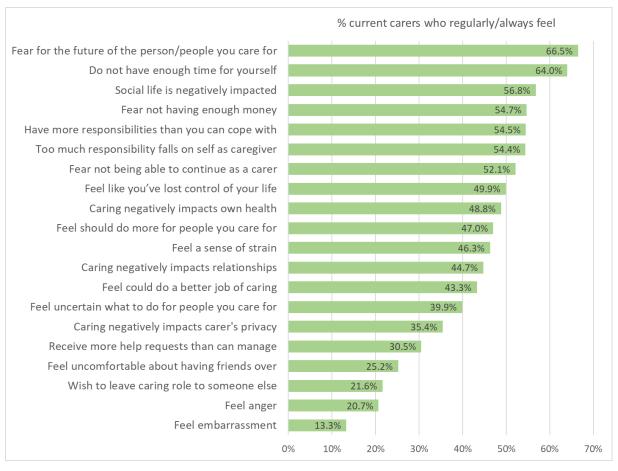


Figure 16 Burdens carers reported experiencing regularly

5.8.2 Lack of time, coping with caring, and knowing what to do

The first questions in the Caregiver Burden Scale asked about carer's ability to have time for themselves, and feeling able to do a good job of caring (Tables 24 and 25). Overall:

- Having time for yourself: 64.0% of current carers regularly or always felt they did not have enough time for themselves, particularly female carers (68.6%), those aged 35-44 (72.5%) and 45-54 (72.6%), those with high caring hours (75.3%), caring for three or more people (74.9%), primary carers (68.7%), and those who cared for people living in the same home (68.5%). It was also higher than average amongst those caring for people with ASD (74.9%), development disorders (78.0%), and intellectual disability (69.4%), caring for a person with high (71.3%) or very high (74.7%) assistance needs, and caring for a child/grandchild (71.8%).
- Being able to cope with caring responsibilities: 54.5% of carers felt they have more responsibilities than they can cope with, particularly female carers (60.9%), those aged 35-44 (68.8%, 45-54 (62.7%), those with 40 hours or more caring obligations weekly (63.0%), primary carers (58.8%), and those caring for two (68.0%) or three or more people (65.3%). It was also higher than average amongst those caring for people with terminal illness (63.8%), ASD (68.7%), development disorders (73.0%), mental illness/psychosocial disability (66.2%), intellectual disability (64.4%), or for any person with high (61.9%) or very high (65.6%) assistance needs, for a child/grandchild (66.0%), and those who were employed (60.0%).
- Having control over your life: 49.9% often felt they had lost control of their lives. This was more common amongst female carers, those aged 35 to 54, and those with higher caring obligations in terms of hours, number of people cared for and being a primary carer. It was also high amongst those caring for people with terminal illness (58.4%), ASD (57.5%), other development disorders (63.8%), mental illness/psychosocial disability (58.1%), drug/alcohol dependency (57.7%) and intellectual disability (56.8%), those caring for a person with very high assistance needs (59.9%), and those caring for a child or grandchild (66.0%).
- Knowing what to do as a carer: Fewer carers 39.9% regularly or always felt uncertain about what to do for the person or people they cared for. This was more common amongst carers aged 35-44 (45.1%), Aboriginal/Torres Strait Islander carers (51.3%), those caring for a person with a mental illness/psychosocial disability (49.1%), drug/alcohol dependency (48.2%), or for a child/grandchild (44.3%).
- Feeling you should do more as a carer: 47.0% regularly/always felt they should do more for the person or people they cared for, particularly those aged 35-44, those caring for two people, those caring for a person with ASD (59.0%), other development disorder (59.4%), mental illness/psychosocial disability (52.2%), intellectual disability (56.7%), a person with very high caring needs (52.2%), those a child or grandchild (55.6%), and amongst those carers who were employed (52.7%).
- Feeling you could do a better job of caring: 43.3% felt they could do a better job of caring, particularly those aged 15-24 (56.1%) and 35-44 (52.9%), those who identified as Aboriginal or Torres Strait Islander (58.6%), those caring for two or more people (49.8%), those caring for a person with ASD (52.6%), other development disorder (51.3%), mental illness/psychosocial disability (48.3%), intellectual disability (49.5%), with very high caring needs (48.6%), those caring for a child or grandchild (49.9%), and those who were employed (49.0%) or unemployed and looking for work (57.1%).

Table 24 Carer challenges experienced: time, responsibilities, control and competence (a)

		% who regi	ularly or always f	eel			
		There is not enough time for	You have more respons- ibilities than you can	Like you've lost control of your	Uncertain about what to do for the person/ people you	Like you should do more for the person/ people you	Like you could do a better job of
Group	Category	yourself	cope with	life	care for	care for	caring
All	Command command	64.00/	E 4 E 0 /	40.00/	20.00/	47.00/	42.20
current	Current carers	64.0%	54.5%	49.9%	39.9%	47.0%	43.39
Gender	Female	68.6%	60.9%	54.8%	41.4%	47.7%	43.49
A	Male	56.6%	44.0%	43.2%	39.0%	45.3%	43.89
Age	Aged 15-24	55.1%	52.9%	37.9%	41.6%	50.6%	56.19
	Aged 25-34	54.9%	51.8%	47.4%	45.3%	50.7%	48.79
	Aged 35-44	72.5%	68.8%	56.7%	45.1%	59.1%	52.99
	Aged 45-54	72.6%	62.7%	57.3%	44.0%	51.4%	45.79
	Aged 55-64	65.1%	51.6%	50.6%	36.2%	43.8%	40.59
	Aged 65-74	55.5%	41.9%	42.7%	34.7%	35.3%	31.5%
Tunical	Aged 75+	49.1%	31.4%	32.7%	27.8%	27.9%	28.2 9 43.19
Typical	<20 hours/week	55.9%	48.7%	46.2%	39.6%	46.3%	
caring hours per	20-39 hours/week	63.0%	52.9%	43.0%	40.8%	44.9%	43.29
week	40+ hours/week	75.3%	63.0%	58.6%	39.8%	49.1%	43.79
Cultural	Aboriginal/Torres Strait Islander	64.9%	57.0%	55.6%	51.3%	57.6%	58. 69
and	Not Aboriginal/Torres Strait	04.970	37.070	33.070	31.376	37.0%	30.0
language	Islander	64.3%	55.0%	50.4%	40.3%	46.6%	43.29
diversity	Usually speak language other than	04.570	33.070	30.470	40.570	40.070	43.2
arver sicy	English at home	61.6%	55.1%	45.4%	38.5%	44.9%	40.79
	Usually speak English at home	65.1%	54.7%	52.1%	41.1%	47.5%	44.49
State/	NSW	62.0%	57.2%	49.8%	41.3%	47.1%	46.69
Territory	Vic	67.4%	54.7%	51.0%	40.9%	47.0%	43.49
of	Qld	64.7%	55.3%	56.4%	41.7%	48.4%	41.19
residence	SA	63.1%	53.0%	47.4%	37.8%	45.3%	38.89
	WA	65.4%	50.1%	47.6%	38.0%	45.1%	42.09
	Tas	60.9%	47.3%	40.2%	33.0%	45.3%	38.99
	NT	49.4%	38.9%	30.7%	20.9%	37.3%	34.59
	ACT	66.7%	55.4%	49.6%	48.7%	46.1%	44.99
Primary	Primary carer	68.7%	58.8%	55.2%	41.0%	46.8%	44.09
carer	Not a primary carer	53.8%	45.8%	41.4%	42.2%	51.6%	49.99
Sole or	Sole carer	65.8%	56.3%	54.0%	42.8%	44.4%	43.29
assisted		03.070	30.370	3 1.070	12.070	111.70	10.2
carer	Assisted in caring role	67.8%	57.9%	52.9%	39.7%	49.9%	46.19
No.	Currently care for 1 person	62.6%	49.0%	47.4%	39.5%	43.7%	42.29
people	Currently care for 2 people	65.4%	68.0%	56.6%	43.9%	55.6%	49.89
currently	Currently care for 3 or more						
caring for	people	74.9%	65.3%	56.9%	35.7%	50.8%	42.59
Caree	Caree lives elsewhere	57.4%	52.2%	46.2%	44.8%	51.5%	46.89
residence	Caree lives in home	68.5%	58.0%	54.7%	40.5%	46.7%	44.49
Length of	Carer for 5+ years	65.7%	58.2%	53.7%	40.1%	47.0%	42.89
time	Carer for 2-5 years	65.3%	49.7%	46.9%	37.8%	49.5%	44.49
being a	Carer for 1-2 years	61.6%	49.9%	42.0%	42.3%	41.3%	41.09
carer	Carer for <1 year	50.0%	46.2%	39.4%	41.2%	46.1%	46.49

Table 25 Carer challenges experienced: time, responsibilities, control and competence (b)

		% who reg	ularly or alwa	vs feel			
		70 11110 108	alarry or alle	195 1001	Uncertain		
			You have		about		
			more		what to do	Like you	
		There is	respons-		for the	should do	
		not	ibilities	Like	person/	more for the	Like you
		enough	than you	you've lost	people	person/	could do a
C	0-1	time for	can cope	control of	you care	people you	better job
Group	Category	yourself	with	your life	for 41. 50/	care for	of caring
Care recipient	Dementia	68.1%	55.2%	53.3%	41.5%	43.5%	43.6%
disability,	Old-age related frailty	60.1%	50.0%	47.6%	37.7%	45.3%	41.8%
illness or	Terminal illness	63.8%	63.8%	58.4%	40.2%	49.6%	39.8%
injury type	Autism spectrum	74.00/	60.70/	F7 F0/	42.20/	E0 00/	F2 60/
, , ., ,, ,,	disorder	74.9%	68.7%	57.5%	43.2%	59.0%	52.6%
	Other development disorder	78.0%	73.0%	63.8%	40.6%	59.4%	51.3%
	Mental	76.070	75.0%	03.876	40.0%	33.470	31.3/0
	illness/psychosocial						
	disability	67.6%	66.2%	58.1%	49.1%	52.2%	48.3%
	Drug/alcohol	07.1070			101270		101070
	dependency	65.8%	61.4%	57.7%	48.2%	45.6%	43.5%
	Physical disability	64.5%	53.1%	52.2%	35.8%	45.1%	40.9%
	Intellectual disability	69.4%	64.4%	58.3%	37.8%	56.7%	49.5%
	Chronic non-terminal						
	illness or injury, 6						
	months+	62.0%	57.1%	48.2%	38.2%	44.2%	42.2%
	Short term non-terminal						_
	illness	50.7%	53.3%	40.7%	36.5%	39.6%	44.9%
Type of care	Care for child/grandchild	71.8%	66.0%	56.8%	44.3%	55.6%	49.9%
recipient	Care for partner	61.5%	50.9%	48.7%	36.3%	39.2%	36.6%
	Care for						
	parent/grandparent	61.8%	53.1%	49.3%	40.6%	47.8%	44.2%
	Care for sibling	57.6%	59.6%	46.4%	33.6%	46.0%	45.9%
	Care for friend or other	- - - - - - - - - -	20.20/	25.201	22.00/	44.00/	40.00/
	type of relative	56.7%	39.2%	36.2%	29.9%	44.0%	40.2%
Level of	Low assistance needs	44.5%	32.3%	31.6%	38.6%	46.2%	47.3%
assistance	Low-moderate	40 50/	42.00/	43.00/	25 60/	40.40/	20.20/
needed by care	assistance needs	48.5%	42.0%	42.0%	35.6%	40.4%	39.3%
recipient	Moderate assistance	63.3%	52.6%	48.9%	40.7%	44.6%	42.7%
recipient	needs						
	High assistance needs Very high assistance	71.3%	61.9%	53.0%	40.8%	49.1%	42.0%
	needs	74.7%	65.6%	59.9%	42.1%	52.2%	48.6%
Labour force		66.6%	60.0%	50.5%	42.1%	52.7%	49.0%
status	Employed						
Status	Unemployed	61.7%	54.9%	55.9%	50.2%	46.8%	57.1%
	Not in labour force	62.4%	49.1%	49.8%	37.4%	40.7%	36.6%

5.8.3 Feeling strain, anger, embarrassment or uncomfortable

When asked about burden related to feeling a sense of strain, anger, embarrassment or feeling uncomfortable having friends over (Tables 26 and 27):

- Feeling strain: 46.3% regularly or always felt a sense of strain, particularly carers with 40 or more hours a week of caring obligations, caring for two people (55.9%), caring for a person with dementia (56.6%), ASM (52.2%), development disorder (51.8%), mental illness (56.6%), or drug or alcohol dependency (58.4%), or for any person with very high assistance needs (55.9%).
- Feeling anger: 20.7% regularly or always felt anger. This was more common amongst carers aged 15-24 (31.0%), those who identified as Aboriginal or Torres Strait Islander (33.7%), those caring for a person with dementia (25.3%) and those carers who were unemployed and seeking work (28.7%).
- Feeling embarrassed: Relatively few carers 13.3% regularly or always felt embarrassment. This was more common amongst male carers (17.6%), carers aged 15-24 (29.8%) and 35-44 (17.8%), who identified as Aboriginal or Torres Strait Islander (27.0%), caring for two people (17.4%), caring for a person with a terminal illness (20.2%) or drug/alcohol dependency (21.6%), and carers who were employed (16.0%).
- Feeling uncomfortable having friends over: 25.2% regularly or always felt uncomfortable about having friends over. This was more common amongst younger carers, with 37.4% of carers aged 15-24, 35.3% of those aged 25-34, and 32.9% of those aged 35-44 reporting this, whereas amongst those aged 65 to 74 only 14.4% reported this, and only 12.3% of carers aged 75 and older. This was also more common amongst carers identifying as Aboriginal or Torres Strait Islander (37.6%), and those caring for two people (33.3%). Carers were more likely to feel uncomfortable having friends over if they cared for a person with ASD (36.1%), mental illness (34.3%), drug/alcohol dependency (42.8%), high assistance needs in general (30.4%), or if the carer was unemployed (35.6%).

Table 26 Carer challenges experienced: negative emotions and difficulty having friends over (a)

		ularly or always feel, when with the cople they care for			
Group	Category	A sense of strain	Anger	Embarrass- ment	Uncomfortable about having friends over
All	<u> </u>				
current	Current carers	46.3%	20.7%	13.3%	25.2%
Gender	Female	49.2%	19.4%	10.9%	25.0%
	Male	42.9%	23.3%	17.6%	25.3%
Age	Aged 15-24	36.8%	31.0%	29.8%	37.4%
	Aged 25-34	41.3%	24.0%	16.8%	35.3%
	Aged 35-44	48.3%	24.7%	17.8%	32.9%
	Aged 45-54	50.8%	22.5%	13.6%	26.5%
	Aged 55-64	48.0%	18.2%	10.0%	21.2%
	Aged 65-74	46.9%	15.7%	7.5%	14.4%
	Aged 75+	34.1%	9.1%	4.8%	12.3%
Typical	<20 hours/week	43.4%	22.4%	13.9%	23.2%
caring	20-39 hours/week	43.2%	22.0%	14.2%	27.7%
hours per week	40+ hours/week	52.0%	17.9%	12.2%	26.7%
Cultural	Aboriginal/Torres Strait Islander	44.7%	33.7%	27.0%	37.6%
and	Not Aboriginal/Torres Strait Islander	47.0%	20.6%	13.0%	24.9%
language	Usually speak language other than English at home	43.7%	22.1%	11.8%	21.6%
diversity	Usually speak English at home	47.9%	20.3%	13.7%	26.4%
State/	NSW	48.0%	23.0%	15.9%	26.2%
Territory	Vic	47.1%	22.4%	15.1%	25.8%
of	Qld	49.2%	20.5%	11.3%	26.1%
residence	SA	40.5%	14.9%	7.4%	20.7%
	WA	45.6%	15.4%	8.1%	25.0%
	Tas	41.4%	15.5%	7.5%	19.2%
	NT	29.0%	10.1%	17.5%	24.1%
	ACT	46.1%	14.5%	4.9%	16.9%
Primary	Primary carer	47.3%	20.1%	12.5%	25.9%
carer	Not a primary carer	45.3%	18.1%	7.5%	18.3%
Sole or	Sole carer	46.8%	20.7%	11.1%	25.5%
assisted	00.0 00.0	10.070	20.7,0	11.170	23.370
carer	Assisted in caring role	47.2%	19.2%	12.6%	24.4%
No.	Currently care for 1 person	42.9%	19.8%	12.2%	22.0%
people	Currently care for 2 people	55.9%	24.9%	17.4%	33.3%
currently	- Carrenary care is: 2 people				
caring for	Currently care for 3 or more people	48.0%	17.3%	9.2%	29.6%
Caree	Caree lives elsewhere	48.9%	18.5%	9.4%	14.9%
residence	Caree lives in home	46.8%	20.1%	12.3%	26.6%
Length of	Carer for 5+ years	47.4%	18.9%	13.2%	26.9%
time	Carer for 2-5 years	46.4%	22.2%	14.3%	21.2%
being a	Carer for 1-2 years	42.7%	23.9%	10.4%	26.7%
carer	Carer for <1 year	42.6%	26.2%	14.5%	23.2%

Table 27 Carer challenges experienced: negative emotions and difficulty having friends over (b)

		care for			Uncomfortable
		A sense of		Embarrass-	about having
Group	Category	strain	Anger	ment	friends over
Care recipient	Dementia	56.6%	25.3%	14.8%	23.3%
disability, illness or	Old-age related frailty	47.1%	19.3%	11.0%	23.6%
njury type	Terminal illness	49.6%	24.8%	20.2%	30.8%
	Autism spectrum disorder	52.2%	21.8%	15.6%	36.1%
	Other development				
	disorder	51.8%	21.5%	17.1%	33.4%
	Mental illness/psychosocial				
	disability	56.6%	22.6%	13.0%	34.3%
	Drug/alcohol dependency	58.4%	36.2%	21.6%	42.8%
	Physical disability	45.7%	18.1%	10.8%	23.4%
	Intellectual disability	48.1%	17.4%	13.3%	28.7%
	Chronic non-terminal				
	illness or injury, 6 months+	47.1%	17.1%	7.0%	19.4%
	Short term non-terminal				
	illness	39.9%	27.2%	18.4%	31.2%
Type of care	Care for child/grandchild	49.5%	19.4%	14.1%	29.3%
ecipient	Care for partner	45.0%	22.0%	11.1%	21.9%
	Care for				
	parent/grandparent	48.6%	21.1%	12.9%	26.0%
	Care for sibling	39.9%	20.0%	14.8%	31.6%
	Care for friend or other				
	type of relative	36.3%	18.1%	13.5%	24.6%
evel of assistance	Low assistance needs	34.6%	18.4%	14.0%	18.9%
needed by care	Low-moderate assistance				
ecipient	needs	34.0%	19.7%	13.2%	17.9%
	Moderate assistance needs	44.8%	22.2%	12.0%	23.9%
	High assistance needs	49.6%	20.9%	14.2%	30.4%
	Very high assistance needs	55.9%	20.3%	13.1%	28.8%
abour force status	Employed	48.0%	23.7%	16.0%	26.6%
	Unemployed	53.5%	28.7%	12.7%	35.6%
	Not in labour force	45.4%	16.8%	10.4%	23.0%

5.8.4 Impacts on social life, relationships, health and privacy

Caring can have many impacts on a person's social life, relationships, health and privacy (Tables 28 and 29). When asked about this:

- Impacts on social life: 56.8% felt their caring responsibilities regularly or always negatively impacted their social life. This was more common amongst carers aged 45-54 (65.3%), those with 40 or more hours spent caring weekly (70.1%), those who were primary carers (63.2%) or sole carers (61.5%), those who cared for two people (62.4%) and those who cared for a person living in the same home as them (63.5%). Social life was more likely to be negatively impacted if a person cared for someone with dementia (61.7%), ASD (66.8%), development disorder (67.5%), mental illness (61.5%), intellectual disability (66.0%), or with high (64.2%) or very high (72.8%) assistance needs; and amongst those caring for a child/grandchild (63.6%).
- Impacts on relationships with family and friends: 44.7% felt their caring responsibilities regularly or always negatively impacted their relationships with family and friends. This was higher for female carers than male carers (48.2% compared to 38.6% for men), amongst carers aged 35-44 (52.6%) and 45-54 (53.8%), with 40 or more hours of caring obligations a week (56.5%), who were primary carers (49.4%), cared for two people (53.7%) or three or more people (51.6%), or for a person living in their home (50.0%). Relationships were also more likely to be negatively impacted amongst carers caring for a person with a terminal illness (54.1%), ASD (58.0%), development disorder (61.1%), mental illness (54.7%) or intellectual disability (54.7%), or for any person with high (55.1%) or very high (59.4%) assistance needs. Those caring for children or grandchildren were also more likely to report this (54.0%).
- Impacts on carer's health: 48.7% felt their caring responsibilities regularly or always negatively impacted their health. This was more common amongst female carers (52.3%) than male carers (43.8%), and amongst carers aged 35-44 (58.6%) and 45-54 (57.6%), those with 40 hours or more a week of caring obligations (56.1%), who were primary carers (53.6%), caring for two people (57.9%), or for a person living in their home (52.3%). Carers were more likely to report negative impacts on their health if they cared for a person with ASD (60.0%), development disorder (61.5%), mental illness (60.2%), intellectual disability (54.9%), or any person with high (58.7%) or very high (58.5%) assistance needs. Those caring for a child or grandchild were also more likely to report negative impacts on health (56.9%).
- Impacts on carer's privacy: 35.4% felt their caring responsibilities regularly or always negatively impacted the level of privacy they had. This was more common amongst carers aged 35-44 (43.2%) and 45-54 (40.2%), with 40+ weekly caring hours (45.7%), who identified as Aboriginal or Torres Strait Islander (47.2%), cared for two people (42.9%); and amongst those who cared for a person with ASD (47.4%), development disorder (49.5%), mental illness (42.6%), or intellectual disability (44.4%), or more generally for a person with high (41.2%) or very high (46.3%) assistance needs, and/or for a child or grandchild (44.3%).

Table 28 Carer challenges experienced: negative impacts on social life, relationships, health and privacy (a)

	% who feel that their caring responsibilities and du							
		regularly or	always negativel	y impact				
			Relationships					
			with family	Carer's	Carer's			
Group	Category	Social life	and friends	health	privacy			
All .								
urrent	Current carers	56.8%	44.7%	48.8%	35.4%			
	Female	60.0%	48.2%	52.3%	38.2%			
Gender	Male	52.1%	38.6%	43.8%	30.3%			
	Aged 15-24	42.8%	39.7%	35.6%	37.6%			
	Aged 25-34	49.5%	38.0%	48.3%	31.2%			
	Aged 35-44	61.8%	52.6%	58.6%	43.2%			
	Aged 45-54	65.3%	53.8%	57.6%	40.2%			
	Aged 55-64	57.0%	44.1%	46.6%	36.8%			
	Aged 65-74	50.7%	36.6%	40.7%	28.0%			
ge	Aged 75+	48.0%	27.8%	28.5%	14.9%			
ypical	<20 hours/week	46.4%	35.8%	43.0%	28.3%			
aring	20-39 hours/week	57.6%	44.8%	49.5%	33.7%			
ours per	·							
/eek	40+ hours/week	70.1%	56.5%	56.1%	45.7%			
ultural	Aboriginal/Torres Strait Islander	52.3%	49.4%	46.9%	47.2%			
nd	Not Aboriginal/Torres Strait Islander	57.4%	44.7%	49.4%	35.0%			
nguage	Usually speak language other than English at home	52.0%	46.0%	47.4%	35.3%			
iversity	Usually speak English at home	58.8%	44.4%	49.8%	35.0%			
•	NSW	57.1%	43.1%	47.0%	35.8%			
	Vic	59.0%	45.4%	50.4%	34.0%			
	Qld	59.3%	47.6%	54.3%	38.6%			
	SA	53.4%	41.6%	46.8%	31.5%			
tate/	WA	59.5%	48.7%	49.5%	34.6%			
erritory	Tas	43.2%	37.1%	41.1%	29.5%			
f	NT	32.1%	32.3%	26.4%	35.3%			
esidence	ACT	47.0%	43.3%	57.4%	27.9%			
rimary	Primary carer	63.2%	49.4%	53.6%	38.4%			
arer	Not a primary carer	43.2%	38.5%	31.4%	23.0%			
ole or	Sole carer	61.5%	46.9%	52.2%	38.4%			
ssisted		02.070	13.370	52.270	30.470			
arer	Assisted in caring role	60.0%	49.0%	49.6%	34.8%			
lo.	Currently care for 1 person	55.0%	41.9%	45.0%	32.2%			
eople	Currently care for 2 people	62.4%	53.7%	57.9%	42.9%			
urrently		22,0	23.770	37.370	.=.570			
aring for	Currently care for 3 or more people	62.1%	51.6%	54.4%	41.1%			
aree	Caree lives elsewhere	44.0%	36.2%	42.1%	22.1%			
sidence	Caree lives in home	63.5%	50.0%	52.3%	38.9%			
ength of	Carer for 5+ years	59.1%	47.3%	51.3%	39.1%			
me	Carer for 2-5 years	54.9%	41.0%	46.4%	29.5%			
	Carer for 1-2 years	58.4%	45.5%	47.1%	29.2%			
eing a								

Table 29 Carer challenges experienced: negative impacts on social life, relationships, health and privacy (b)

		% who feel that always negative		nsibilities and duti	ies regularly or
			Relationships with family		
Group	Category	Social life	and friends	Carer's health	Carer's privacy
	Dementia	61.7%	48.3%	49.2%	35.9%
	Old-age related frailty	55.2%	43.5%	45.2%	32.8%
	Terminal illness	61.5%	54.1%	54.2%	36.0%
	Autism spectrum disorder	66.8%	58.0%	60.0%	47.4%
	Other development disorder	67.5%	61.1%	61.5%	49.5%
	Mental illness/psychosocial				
	disability	61.3%	54.7%	60.2%	42.6%
	Drug/alcohol dependency	59.9%	47.0%	51.9%	41.3%
	Physical disability	58.8%	46.0%	49.6%	35.7%
Care recipient	Intellectual disability	66.0%	57.6%	54.9%	44.4%
disability,	Chronic non-terminal illness or				
illness or	injury, 6 months+	54.8%	46.1%	51.5%	35.2%
injury type	Short term non-terminal illness	46.9%	34.1%	34.0%	43.3%
	Care for child/grandchild	63.6%	54.0%	56.9%	44.3%
	Care for partner	56.7%	40.1%	46.4%	26.4%
	Care for parent/grandparent	56.9%	44.4%	47.5%	38.1%
	Care for sibling	43.4%	43.3%	46.8%	32.8%
Type of care	Care for friend or other type of				
recipient	relative	40.8%	35.4%	37.1%	25.3%
	Low assistance needs	32.6%	22.8%	32.7%	18.0%
Level of	Low-moderate assistance needs	35.7%	27.4%	32.9%	21.9%
assistance	Moderate assistance needs	55.8%	41.4%	45.2%	32.8%
needed by	High assistance needs	64.2%	55.1%	58.7%	41.2%
care recipient	Very high assistance needs	72.8%	59.4%	58.5%	46.3%
	Employed	55.7%	44.3%	48.7%	35.1%
Labour force	Unemployed	57.2%	47.9%	55.3%	41.7%
status	Not in labour force	59.0%	44.6%	49.1%	34.0%

5.8.5 Coping with caring requests, responsibility, and planning for the future

Carers were asked how often they felt they received more help request than they could manage, had too much responsibilities, feared the future, not having enough money or not being able to continue their caring role, or wished to leave the care of the person or people they cared for to someone else (Tables 30 and 31). Overall findings had similarities to many of those for other types of burden, reported on previous pages:

- Having more help requests than the carer can manage: 30.5% of carers regularly received more help requests than they could manage. This was more common for carers aged between 25 and 54 (35% or higher), who were employed (34.3%), caring for two people (43.6%) or three or more people (43.3%). It was also higher for those caring for a person with a terminal illness (40.5%), ASD (42.0%), development disorder (38.7%), mental illness (38.8%), or drug or alcohol dependency (44.8%), or for any person with high (37.6%) or very high assistance needs (35.9%)
- Feeling too much responsibility falls on the carer: 54.4% of carers regularly or always felt that too much responsibility fell on themselves as the caregiver. This was much more common amongst female carers (63.0%) than male carers (39.8%), amongst carers aged 35-44 (64.4%) and 45-54 (64.2%) compared to those of other ages, and amongst carers with 40 hours or more weekly caring obligations (63.2%). Those who were the primary carers were also more likely to report this (59.8%), and were those caring for two people (66.1%) or three or more people (64.8%). Those who had been a carer for five years or more were much more likely to report this (58.7%) compared to those who had been a carer for less time – for example, 41.2% of those who had been a carer less than a year felt too much responsibility fell on them. It was also higher for those caring for a person with ASD (67.4%), development disorder (67.1%), mental illness (64.4%), intellectual disability (62.8%) or drug or alcohol dependency (61.7%), or for any person with high (65.9%) or very high assistance needs (65.7%). Those caring for a child/grandchild (64.9%) or who were unemployed and looking for work (66.5%) were also more likely to report this than average.
- Fearing for the future of the person/people cared for: Most carers 66.5% regularly or always fear for the future of the person or people they care for. This was more often the case for men than women, for carers aged 45-54 and those with high caring obligations in the form of high caring hours, being a primary carer, or caring for more than one person. Fear for the future was also higher the longer the person had been a carer, increasing from 52.8% of those who had been a carer for less than a year to 70.3% amongst those who had been a carer for five or more years. It was also higher for those caring for a person with ASD (79.0%), development disorder (78.5%), mental illness (75.0%), drug/alcohol dependency (79.5%) or intellectual

- disability (77.0%), very high assistance needs (77.6%) and those caring for a child/grandchild (77.7%).
- Fearing not having enough money to care for the people being cared for: 54.7% of carers fear not having enough money to continue caring for the people they are responsible for. This was again most common amongst carers aged 35 to 54, those with 40 or more hours of caring obligations weekly, primary and sole carers, and those caring for more than one person. This was more common amongst those caring for a person with ASD (69.9%), development disorder (72.7%), mental illness (66.5%) or intellectual disability (66.4%), or for a person with high (62.4%) or very high assistance needs (63.2%). Those caring for a child/grandchild were more likely to report this (64.2%) than those caring for partners, parents, siblings or friends, as were those who were unemployed and looking for work (68.4%).
- Fearing not being able to continue caring for the people being cared for: 52.1% of carers regularly or always fear they may not be able to continue caring for the people they care for. This was higher amongst carers aged 45-54 (57.7%), those with 40 or more hours of caring obligations weekly (62.1%), and was higher for those who had been a carer for a longer period of time. It was particularly high amongst those caring for a child/grandchild (60.2%), for a person with ASD (63.9%), development disorder (61.8%), mental illness (59.5%), intellectual disability (67.3%) or for any person with very high assistance needs (63.2%).
- Wishing to leave caring obligations to someone else: Only 21.6% of carers reported they regularly or always wished to be able to leave the care of the person or people they cared for to someone else. However, this still represents slightly more than one in every five carers. This was higher amongst young carers those aged 15-24 (30.5%) and 25-34 (28.5%), those who were employed (30.1%) and amongst Aboriginal and Torres Strait Islander carers (33.3%) (many of whom are also in younger age groups). It was also higher amongst secondary carers (27.5%). However, the group for whom this was higher than any other were those caring for a person with mental illness/psychosocial disability (35.0%).

Table 30 Carer challenges experienced: obligations and fear for the future (a)

		% who regu	larly or alway	s feel			
		Receive more help requests than can	Too much responsi- bility falls on self as	Fear the future regarding person/people	Fear not having enough money to care for person/ people care	Fear not being able to continue caring for person/ people	Wish to leave the care of the person/ people cared for to someone
Group	Category	manage	caregiver	care for	for	care for	else
All							
current	Current carers	30.5%	54.4%	66.5%	54.7%	52.1%	21.69
Gender	Female	31.8%	63.0%	71.1%	57.7%	53.9%	19.2%
	Male	27.8%	39.8%	58.8%	49.8%	48.7%	24.2%
Age	Aged 15-24	21.9%	47.2%	55.8%	50.8%	45.6%	30.5%
	Aged 25-34	37.3%	47.3%	61.6%	53.2%	46.5%	28.5%
	Aged 35-44	44.1%	64.4%	70.1%	66.6%	49.2%	23.19
	Aged 45-54	35.2%	64.2%	72.3%	67.8%	57.7%	22.49
	Aged 55-64	25.9%	53.4%	66.4%	51.0%	54.0%	19.79
	Aged 65-74	20.4%	46.3%	64.4%	39.9%	49.9%	17.79
T ! I	Aged 75+	13.6%	33.6%	58.9%	29.1%	51.7%	11.39
Typical	<20 hours/week	28.6%	47.5%	61.1%	47.7%	46.5%	23.29
aring nours per	20-39 hours/week	33.9%	54.9%	63.1%	52.5%	47.5%	25.29
veek	40+ hours/week	31.1%	63.2%	75.7%	65.3%	62.1%	17.49
Cultural	Aboriginal/Torres Strait Islander	39.2%	52.5%	68.2%	62.7%	51.2%	33.39
and	Not Aboriginal/Torres Strait Isla.	30.3%	54.7%	66.5%	54.5%	51.2%	20.99
anguage	Usually speak language other than	30.370	34.770	00.570	34.570	31.570	20.57
diversity	English at home	26.6%	57.3%	66.7%	54.5%	53.8%	19.29
,	Usually speak English at home	31.7%	53.9%	66.7%	54.9%	51.6%	21.39
State/	NSW	32.5%	53.1%	67.3%	53.7%	52.4%	23.19
Territory	Vic	30.4%	57.8%	68.9%	54.1%	50.7%	22.99
of ,	Qld	32.4%	56.4%	63.8%	61.9%	55.4%	20.79
residence	SA	25.0%	50.4%	62.9%	53.1%	48.4%	11.49
	WA	25.6%	54.3%	67.4%	52.9%	51.6%	17.99
	Tas	25.4%	42.5%	61.4%	44.6%	48.0%	13.89
	NT	26.2%	47.3%	61.1%	50.2%	47.3%	15.09
	ACT	24.3%	53.7%	69.8%	45.8%	50.4%	15.39
Primary	Primary carer	31.4%	59.8%	70.0%	60.4%	55.8%	20.69
arer	Not a primary carer	27.8%	45.4%	64.1%	40.8%	52.4%	27.59
Sole or assisted	Sole carer	28.5%	57.3%	69.1%	62.9%	54.6%	19.49
carer	Assisted in caring role	33.1%	58.6%	69.4%	53.8%	56.0%	23.29
No.	Currently care for 1 person	24.6%	49.7%	63.7%	50.6%	49.9%	20.29
people	Currently care for 2 people	43.6%	66.1%	74.6%	60.5%	56.5%	26.69
currently	Currently care for 3 or more						
caring for	people	43.3%	64.8%	70.1%	70.3%	57.7%	18.09
Caree	Caree lives elsewhere	33.4%	54.0%	67.5%	47.1%	49.4%	26.19
esidence	Caree lives in home	30.6%	58.7%	69.6%	59.8%	56.4%	20.79
ength of	Carer for 5+ years	31.3%	58.7%	70.3%	59.0%	56.8%	20.39
time	Carer for 2-5 years	29.0%	50.1%	65.1%	47.9%	47.3%	21.9%
peing a	Carer for 1-2 years	25.8%	48.6%	57.6%	49.7%	45.9%	25.19
carer	Carer for <1 year	34.6%	41.2%	52.8%	48.9%	38.6%	26.79

for current carers in Australia based on 95% confidence intervals.

Table 31 Carer challenges experienced: obligations and fear for the future (b)

		% who reg	ularly or alway	ys feel			
Group					Fear not		Wish to leave the care o
		Receive more help	Too much responsi-	Fear the future regarding	having enough money to care for	Fear not being able to continue caring for	the person, people cared fo
		requests	bility falls on self as	person/	person/	person/	to
	Category	than can	caregiver	people care for	people care for	people care for	someone else
Care	Dementia	manage 30.3%	57.3%	64.2%	45.8%	51.9%	20.29
recipient	Old-age related frailty	31.8%	54.9%	59.1%	47.9%	47.0%	23.49
disability,	Terminal illness	40.5%	57.7%	69.8%	58.1%	48.6%	
llness or		40.5%	57.7%	69.8%	58.1%	48.0%	23.19
injury type	Autism spectrum disorder	42.0%	67.49/	79.0%	69.9%	63.9%	19.59
iligally type		42.0%	67.4%	79.0%	69.5%	03.3%	19.57
	Other development disorder	38.7%	67.1%	78.5%	72.7%	61.8%	25.59
	Mental	30.7/0	07.1/0	76.5/0	72.770	01.0/0	23.3
	illness/psychosocial						
	disability	38.8%	64.4%	75.0%	66.5%	59.5%	35.09
	Drug/alcohol	30.070	04.470	73.0%	00.3/0	39.370	33.0
-	dependency	44.8%	61.7%	79.5%	60.2%	58.6%	19.4
	Physical disability	29.6%	55.9%	65.8%	55.7%	53.6%	22.9
	Intellectual disability	32.0%	62.8%	77.0%	66.4%	67.3%	19.1
	Chronic non-terminal	32.0/0	02.6/6	77.0%	00.476	07.5/0	19.1
	illness or injury, 6						
	months+	30.0%	57.0%	68.4%	59.4%	51.6%	22.6
	Short term non-terminal	30.070	37.070	00.470	33.470	31.070	22.0
	illness	33.8%	43.3%	54.5%	34.5%	44.3%	22.0
Type of care	Care for child/grandchild	36.4%	64.9%	77.7%	64.2%	60.2%	18.2
recipient	Care for partner	25.6%	49.7%	64.7%	53.4%	49.0%	23.6
ccipient	Care for	23.070	43.770	04.770	33.470	45.070	23.0
	parent/grandparent	33.5%	55.8%	61.8%	50.2%	48.3%	24.1
	Care for sibling	30.9%	51.2%	67.6%	55.0%	56.4%	21.1
	Care for friend or other	30.370	31.270	07.070	33.070	30.470	21.1
	type of relative	33.8%	42.0%	55.0%	47.9%	49.0%	23.9
Level of	Low assistance needs	20.5%	34.1%	58.5%	38.7%	42.5%	19.59
assistance	Low-moderate	20.570	34.170	30.370	30.770	42.370	13.3
needed by	assistance needs	18.7%	37.5%	55.7%	38.5%	39.7%	19.2
care	Moderate assistance	2017/0	37.370	33.7,0	55.575	33.770	13.2
recipient	needs	29.4%	51.4%	65.5%	53.6%	47.9%	21.5
	High assistance needs	37.6%	65.9%	65.8%	62.4%	56.0%	24.5
	Very high assistance	57.070	00.070	33.370	V=1770	30.070	24.5
	needs	35.9%	65.7%	77.6%	63.2%	63.2%	24.89
Labour force	Employed	34.3%	54.8%	65.8%	52.7%	49.6%	30.19
status	Unemployed	38.4%	66.5%	74.2%	68.4%	48.2%	15.39
	Not in labour force	25.8%	53.2%	66.9%	55.7%	54.9%	20.29

5.8.6 Accessing supports and services needed by care recipients

For many carers, a core part of their role involves organising access to the supports and services needed by the people they care for.

Carers were asked 'what challenges have you experienced accessing the services needed by the person or people you care for?' This was asked as an open-ended question, with carers able to write as much or as little as they wished. In total, 3,200 carers provided responses. These were categories by theme; as some carers identified more than one challenge, a total of 3,654 themes were coded into categories after excluding the small number of carers (approx. 400) who commented that they had sufficient support and/or experienced no difficulties or challenges.

Table 32 summarises the themes identified in responses. The most common theme – almost twice as common as any other – was that carers often found it difficult to identify where they could access support, with 623 carers reporting this. This was followed by often long waiting times to access services and support (352), overall lack of availability of services (281), experiencing a reduction in services available to the care recipient when they shifted to NDIS (260), and lack of suitably skilled or experienced staff providing support services (237). A further 215 carers reported difficulty accessing funding needed to be able to access services.

Other common themes included lack of services in rural areas, the difficulty involved in reaching out and applying for support as carers often had to engage in complex application and administrative processes, lack of responsiveness from service providers, and unwillingness of care recipients to access services.

Table 32 Challenges carers reported experiencing when accessing services needed by the people they cared for

What challenges have you experienced accessing the services needed by the person or people you	No. of
care for?	carers
Difficulty identifying where it is possible to access support	623
Long waiting times	352
Lack of availability of services and supports	281
NDIS reduced availability of support	260
Lack of skilled experienced staff at support providers	237
Difficulty accessing funding to cover cost	215
Generally hard	160
Lack of services in rural areas	157
Carers have to actively seek support - requires a lot of time & effort	154
Care recipient unwilling to accept support	147
Complex, too much information & confusion	144
Lack of response from service providers	143
Lack of services specific to care recipient's needs	141
Service provider/s unhelpful	102
Government services, bureaucracy, red tape	83
Fatigue, workload, stress or frustration	78
COVID-related difficulties	68
Poor quality of services	64
Have to travel to access specialists or services; inadequate support for accommodation and transport	64
Difficulty scheduling appointment times/support scheduling	62
Additional procedure/ paperwork	60
Centrelink reduced availability of support	46
Services don't talk to each other	45
High cost	44
Ineligible for services	38
Lack of family support	37
Complex dealing with multiple organisations	35
Worry	34
Require technical knowledge/ technology	32
Mental health issues	31
Rapid staff turnover	29
Services don't talk to carer	28
Hard to make appointments/get support due to caree travel limits	26
High caring responsibilities even with access to services	26
Support unavailable in general (not specified why)	26
Circular referrals	24
Conflicting advice about availability of services	24
Support stopped	23
Difficulties with health professionals	23
Lack of social group, community/ support groups	
	22
Language, cultural, ethnic issues	18
Carers have to fight to get access to support	15
Constant change in names, service providers, government support	15
Feeling afraid or overwhelmed	14
Feeling criticised or judged	13
Conflicting advice on caree needs and status	13
Privacy concerns	12

5.9 Confidence in carer role

Carer's confidence in their ability to manage different aspects of their caring role, including being able to maintain their own wellbeing, was examined. A set of specific questions in the CWS asked carers about their confidence in their ability to take care of the physical and emotional needs of the people they cared for, to find out about and access services, to cope with the stresses associated with caregiving, make caregiving activities pleasant, and to manage unexpected events or emergencies (Tables 33 to 36).

While 67.5% of carers had high confidence they could take care of the physical needs of the people they cared for, fewer – 48.1% - had high confidence in their ability to take care of the emotional needs of the people they cared for. Only just over half (52.3%) were highly confident in their ability to find out about and organise access to services for the people they cared for. Only one in three (33.1%) were highly confident they could cope with the stress of caring and caregiving activities, and 41.0% highly confident they could make caregiving activities pleasant for the care recipient and themselves. Just over half – 52.5% - were highly confident that they could manage unexpected events or emergencies related to their caring duties.

Those with higher caring obligations tended to have higher confidence in their ability to meet physical and emotional needs and access services needed by the people they cared for. However, the same group were slightly less confident they could cope with the stress of caregiving, as were those caring for a person with ASD, mental illness, or drug/alcohol dependency.

Table 33 Confidence in ability to take care of physical and emotional needs of care recipients and organise access to services (a)

		Take care of the physical needs of the person/people you care for		Take care of the emotional needs of the person/people you care for		Find out about and organise access to services for the person/people you care for	
	At the moment, how confident					Low	High
	do you feel that you are able to	Low	High	Low con-	High	conf-	conf-
Group	do the following well?	confidence	confidence	fidence	confidence	idence	idence
All current	Current carers	12.3%	67.5%	22.9%	48.1%	23.0%	52.39
	Female	12.0%	68.1%	24.1%	46.8%	23.5%	50.99
Gender	Male	12.1%	67.0%	21.3%	50.0%	22.4%	55.09
	Aged 15-24	14.9%	53.4%	26.3%	36.9%	33.7%	40.5
	Aged 25-34	12.1%	62.7%	23.7%	48.8%	19.1%	50.69
	Aged 35-44	6.1%	73.2%	14.9%	55.5%	23.8%	52.3
	Aged 45-54	12.2%	71.4%	23.3%	48.2%	23.1%	50.8
	Aged 55-64	14.5%	67.0%	24.4%	46.0%	23.6%	52.99
	Aged 65-74	13.6%	67.3%	25.7%	49.0%	22.5%	58.2
Age	Aged 75+	15.2%	62.3%	25.4%	42.4%	17.8%	57.9
Typical	<20 hours/week	14.2%	63.4%	24.2%	45.6%	23.8%	51.4
caring	20-39 hours/week	10.9%	67.7%	23.7%	45.6%	21.8%	53.0
hours per							
week	40+ hours/week	10.5%	72.6%	20.7%	52.7%	22.7%	52.9
	Aboriginal/Torres Strait Islander	17.4%	58.7%	21.5%	52.1%	25.7%	52.7
	Not Aboriginal/Torres Strait						
Cultural	Islander	11.9%	67.8%	23.0%	47.9%	22.8%	52.6
and	Usually speak language other						
language	than English at home	9.8%	68.6%	21.0%	51.8%	23.8%	55.5
diversity	Usually speak English at home	12.8%	67.3%	23.7%	46.9%	23.1%	51.7
	NSW	13.1%	65.1%	21.7%	48.8%	25.4%	50.2
	Vic	13.0%	66.9%	23.8%	47.3%	21.7%	53.8
	Qld	8.6%	73.2%	24.6%	46.7%	21.4%	55.4
	SA	11.2%	68.1%	20.4%	51.1%	21.2%	54.4
State/	WA	12.2%	68.9%	23.7%	48.7%	23.7%	51.8
Territory	Tas	12.3%	69.9%	26.3%	49.0%	23.6%	53.4
of	NT	5.3%	64.9%	12.4%	54.5%	19.3%	54.8
residence	ACT	18.7%	61.2%	30.0%	36.6%	26.1%	44.5
Primary	Primary carer	10.8%	71.2%	23.4%	46.8%	25.2%	50.6
carer	Not a primary carer	16.0%	56.4%	26.4%	41.1%	26.8%	46.8
Sole or	Sole carer	9.4%	74.7%	22.4%	47.4%	26.9%	49.7
assisted							
carer	Assisted in caring role	13.1%	64.7%	25.0%	45.0%	24.1%	50.5
	Currently care for 1 person	10.7%	68.8%	23.2%	47.1%	22.7%	52.5
No. people	Currently care for 2 people	15.0%	63.3%	23.2%	48.3%	24.3%	51.9
currently	Currently care for 3 or more						
caring for	people	13.2%	72.3%	17.1%	51.3%	22.6%	52.0
Caree	Caree lives elsewhere	21.9%	52.4%	25.7%	41.0%	22.6%	53.2
residence	Caree lives in home	9.6%	72.2%	23.5%	46.9%	25.9%	49.6
	Carer for 5+ years	11.9%	68.5%	23.5%	48.4%	23.9%	51.3
Length of	Carer for 2-5 years	13.2%	68.0%	20.8%	48.4%	20.5%	54.2
time being	Carer for 1-2 years	11.2%	69.7%	19.6%	51.2%	21.6%	59.4
a carer	Carer for <1 year	13.5%	54.9%	29.1%	41.0%	25.9%	44.5

Table 34 Confidence in ability to take care of physical and emotional needs of care recipients and organise access to services (b)

		physical no person/p	re of the eeds of the eople you e for	emotiona the person	re of the al needs of /people you e for	Find out a organise service person/pe	access to es for the
	At the moment, how confident do you	Low	High	Low		Low	High
	feel that you are able to do the	confi-	confi-	confi-	High confi-	confi-	confi-
Group	following well?	dence	dence	dence	dence	dence	dence
	Dementia	14.7%	64.9%	24.2%	45.3%	22.0%	54.0%
	Old-age related frailty	13.7%	66.1%	19.3%	48.2%	20.6%	56.5%
	Terminal illness	14.0%	62.9%	22.1%	48.5%	20.8%	55.4%
	Autism spectrum disorder	10.6%	71.5%	22.5%	49.0%	25.4%	46.7%
	Other development disorder	10.7%	72.0%	17.6%	51.0%	24.7%	49.2%
	Mental illness/psychosocial disability	13.8%	65.0%	28.5%	43.1%	25.2%	48.8%
	Drug/alcohol dependency	20.6%	55.8%	34.2%	37.8%	18.8%	43.4%
Care	Physical disability	11.7%	68.6%	21.6%	48.4%	22.8%	54.3%
recipient	Intellectual disability	11.7%	70.8%	17.6%	53.0%	22.8%	47.8%
disability,	Chronic non-terminal illness or injury,						
illness or	6 months+	11.7%	67.7%	23.3%	44.5%	25.1%	51.0%
injury type	Short term non-terminal illness	2.0%	50.1%	19.9%	44.2%	33.8%	42.1%
	Care for child/grandchild	9.6%	70.6%	23.0%	48.8%	22.4%	49.9%
	Care for partner	13.4%	68.4%	25.0%	47.4%	22.4%	55.5%
Type of	Care for parent/grandparent	12.2%	65.3%	20.3%	46.7%	24.1%	53.8%
care	Care for sibling	17.4%	58.4%	20.7%	38.5%	28.3%	42.4%
recipient	Care for friend or other type of relative	17.1%	66.6%	17.1%	59.8%	16.9%	57.0%
Level of	Low assistance needs	15.6%	65.6%	20.6%	49.9%	27.9%	53.6%
assistance	Low-moderate assistance needs	14.6%	60.5%	31.7%	39.3%	26.0%	50.3%
needed by	Moderate assistance needs	11.0%	68.3%	21.8%	44.3%	23.8%	48.5%
care	High assistance needs	9.3%	69.6%	21.4%	52.5%	21.2%	52.3%
recipient	Very high assistance needs	12.5%	70.9%	20.0%	52.3%	20.6%	57.1%
Labour	Employed	12.7%	66.0%	23.0%	46.3%	22.6%	52.2%
force	Unemployed	13.9%	60.2%	27.2%	47.1%	31.3%	41.8%
status	Not in labour force	10.8%	70.4%	22.4%	50.2%	22.9%	54.0%
Interpre	ting findings in this table: Findings highligh				f carers differ	_	-

Table 35 Confidence in ability to cope with caregiving activities, make activities pleasant, and manage unexpected caring events (a)

			n the stress caregiving	Make caregive activities plea both you and person/peopl for	sant for the	Manage unexpected events or emergencies involving the person/people you care for	
	At the moment, how confident	Low	High		High		High
	do you feel that you are able to	confi-	confi-	Low con-	confi-	Low conf-	conf-
Group	do the following well?	dence	dence	fidence	dence	idence	idence
All current	Current carers	33.0%	33.1%	24.3%	41.0%	21.4%	52.5%
	Female	38.0%	27.0%	26.9%	36.9%	23.8%	50.9%
Gender	Male	23.9%	43.3%	19.7%	47.8%	17.2%	56.8%
	Aged 15-24	29.2%	37.6%	24.8%	35.5%	28.7%	38.0%
	Aged 25-34	33.4%	36.1%	21.3%	47.0%	22.2%	44.4%
	Aged 35-44	30.8%	39.3%	22.0%	42.2%	21.2%	52.4%
	Aged 45-54	37.0%	26.0%	24.5%	39.5%	21.0%	51.7%
	Aged 55-64	33.6%	29.3%	26.7%	38.8%	22.7%	54.8%
	Aged 65-74	30.9%	37.2%	25.3%	43.4%	19.5%	59.2%
Age	Aged 75+	28.6%	40.7%	24.5%	40.9%	16.1%	58.9%
Typical	<20 hours/week	29.2%	35.5%	24.0%	40.6%	21.5%	51.3%
caring hours	20-39 hours/week	31.3%	33.0%	23.4%	41.3%	21.8%	50.5%
per week	40+ hours/week	39.0%	30.1%	25.1%	41.4%	21.2%	55.1%
·	Aboriginal/Torres Strait Islander	32.0%	42.8%	23.4%	48.9%	19.7%	54.3%
	Not Aboriginal/Torres Strait						
	Islander	32.9%	32.7%	24.4%	40.3%	21.5%	52.8%
Cultural and	Usually speak language other						
language	than English at home	28.7%	36.3%	21.1%	42.0%	22.1%	52.3%
diversity	Usually speak English at home	34.4%	31.6%	25.5%	40.1%	21.5%	52.9%
	NSW	32.8%	35.3%	24.7%	43.0%	22.3%	49.8%
	Vic	31.7%	31.1%	25.5%	40.7%	23.9%	54.1%
	Qld	35.2%	31.1%	24.2%	37.0%	19.3%	53.2%
	SA	30.3%	30.9%	20.0%	42.2%	21.1%	55.3%
	WA	35.0%	30.6%	25.1%	35.5%	16.6%	56.8%
State/	Tas	30.9%	37.9%	21.2%	45.4%	23.4%	56.0%
Territory of	NT	40.8%	29.8%	14.5%	53.2%	9.6%	54.7%
residence	ACT	39.2%	31.5%	33.5%	38.5%	24.4%	52.9%
Primary	Primary carer	36.9%	29.8%	26.3%	40.0%	22.2%	53.2%
carer	Not a primary carer	30.6%	24.7%	25.1%	30.5%	28.7%	44.7%
Sole or	Sole carer	37.1%	29.7%	26.1%	39.7%	21.1%	56.1%
assisted							
carer	Assisted in caring role	35.2%	28.8%	26.3%	38.1%	24.6%	48.9%
	Currently care for 1 person	31.3%	33.6%	24.6%	40.2%	21.6%	52.4%
No. people	Currently care for 2 people	38.1%	32.2%	25.8%	41.3%	23.2%	53.5%
currently	Currently care for 3 or more						
caring for	people	37.0%	26.0%	23.4%	42.3%	18.5%	47.8%
Caree	Caree lives elsewhere	32.0%	29.0%	23.2%	36.8%	24.8%	51.5%
residence	Caree lives in home	36.8%	29.2%	26.7%	39.2%	22.7%	52.3%
	Carer for 5+ years	36.4%	29.6%	26.2%	38.9%	22.5%	52.0%
Length of	Carer for 2-5 years	30.7%	36.6%	23.3%	41.8%	18.4%	54.5%
time being a	Carer for 1-2 years	24.7%	39.6%	21.2%	44.9%	22.0%	51.0%
carer	Carer for <1 year	24.7%	41.4%	16.3%	50.1%	21.9%	51.0%
Interpreti	ng findings in this table: Findings hig	ghlighted in	bold indicate			ffered significa	

Table 36 Confidence in ability to cope with caregiving activities, make activities pleasant, and manage unexpected caring events (b)

			the stress caregiving vities	activities both yo person/p	Make caregiving activities pleasant for both you and the person/people you care for		Manage ed events ergencies olving the eople you care for
	At the moment, how confident do you	Low	High	Low		Low	High
	feel that you are able to do the	confi-	confi-	confi-	High confi-	confi-	confi-
Group	following well?	dence	dence	dence	dence	dence	dence
	Dementia	37.8%	31.1%	26.7%	40.0%	22.0%	53.5%
	Old-age related frailty	28.3%	36.7%	21.0%	43.5%	18.1%	53.3%
	Terminal illness	31.9%	39.1%	24.4%	48.7%	19.6%	48.2%
	Autism spectrum disorder	39.6%	27.3%	28.1%	36.4%	25.2%	46.8%
	Other development disorder	40.9%	28.2%	27.5%	40.2%	20.9%	51.5%
	Mental illness/psychosocial disability	40.1%	24.4%	32.0%	33.6%	27.1%	48.1%
	Drug/alcohol dependency	41.8%	24.1%	36.1%	32.9%	27.9%	43.2%
Care	Physical disability	33.0%	33.3%	23.6%	42.5%	19.9%	55.3%
recipient	Intellectual disability	36.9%	28.9%	24.9%	39.2%	24.4%	52.9%
disability,	Chronic non-terminal illness or injury,						
illness or	6 months+	35.0%	30.6%	25.8%	39.7%	19.2%	55.0%
injury type	Short term non-terminal illness	40.1%	27.2%	21.9%	38.5%	35.3%	38.3%
	Care for child/grandchild	35.7%	28.6%	26.0%	39.0%	21.9%	47.8%
	Care for partner	35.2%	33.7%	27.0%	40.0%	20.1%	58.6%
Type of	Care for parent/grandparent	32.7%	32.8%	22.0%	42.4%	20.7%	51.6%
care	Care for sibling	33.6%	29.4%	27.1%	35.0%	30.3%	40.4%
recipient	Care for friend or other type of relative	27.5%	39.3%	20.5%	52.4%	21.7%	54.7%
Level of	Low assistance needs	23.2%	42.6%	18.2%	45.8%	19.0%	52.5%
assistance	Low-moderate assistance needs	28.8%	34.7%	26.1%	40.7%	19.5%	52.4%
needed by	Moderate assistance needs	31.9%	31.2%	24.7%	37.1%	22.6%	49.9%
care	High assistance needs	39.1%	29.3%	25.5%	41.9%	22.7%	50.8%
recipient	Very high assistance needs	36.0%	32.4%	25.4%	41.8%	21.9%	55.5%
Labour	Employed	31.4%	33.5%	24.7%	40.8%	20.9%	51.7%
force	Unemployed	39.4%	27.7%	24.7%	33.0%	30.7%	48.0%
status	Not in labour force	33.8%	32.7%	24.2%	41.2%	21.5%	54.4%
Interpre	ting findings in this table: Findings highligh			this group o		_	-

average for current carers in Australia based on 95% confidence intervals.

5.10 Access to formal and informal support

5.10.1 Overall access to support

Carers were asked about their access to both informal and formal sources of support. When asked 'are you able to call on friends or family to help you in your caring responsibilities if you are ill or need a break', only 19.0% of carers could easily organise this type of support, while 52.9% could organise it with difficulty, and 28.1% had no access to this type of support (Figure 17).

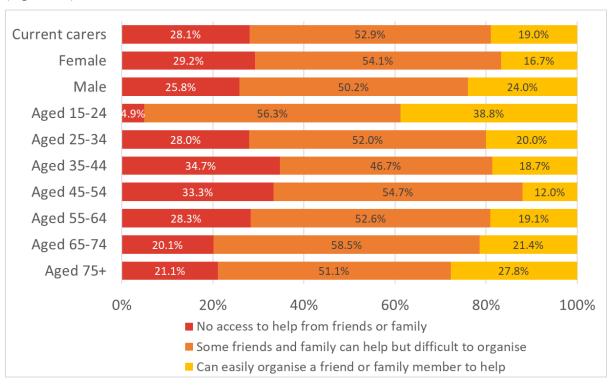


Figure 17 Carer access to informal support, by gender and age group

Access to support varied a little between male and female carers (Figure 17, Tables 37 and 38): male carers were more likely than female carers to report being able to easily organise a friend or family member to help (24.0% compared to 16.7% of female carers). There was also some variation by age, with carers aged 15-24 (38.8%) more likely to have access to informal support, and those aged 35-44 and 45-54 less likely to (34.7% and 33.7% respectively having no access to help in these age groups.

Other carers reporting better than typical access to informal support were those identifying as Aboriginal or Torres Strait Islander (38.4%), and those who cared for a person with low levels of assistance needs (43.2%). In addition to those aged 35-54, the following groups of carers were less likely than other carers to have access to informal support from family or friends: those who spent 40 or more hours caring in a typical week (36.3%); those caring for two people (33.9%) or three or more people (39.9%); those caring for a person with ASD (37.9%), development disorders (34.6%), mental illness (33.5%), or drug/alcohol dependency (37.6%); and those caring for a child or grandchild (34.0%).

Table 37 Access to informal support from friends and family (a)

		No access to help from	Some friends and family can help but difficult to	Can easily organise a friend or family member to
Group	Category	friends or family	organise	help
All current	Current carers	28.1%	52.9%	19.0%
	Female	29.2%	54.1%	16.7%
Gender	Male	25.8%	50.2%	24.0%
	Aged 15-24	4.9%	56.3%	38.8%
	Aged 25-34	28.0%	52.0%	20.0%
	Aged 35-44	34.7%	46.7%	18.7%
	Aged 45-54	33.3%	54.7%	12.0%
	Aged 55-64	28.3%	52.6%	19.1%
	Aged 65-74	20.1%	58.5%	21.4%
Age	Aged 75+	21.1%	51.1%	27.8%
Typical caring	<20 hours/week	23.9%	53.7%	22.3%
hours per	20-39 hours/week	21.3%	55.9%	22.8%
week	40+ hours/week	36.3%	50.4%	13.3%
	Aboriginal/Torres Strait Islander	26.9%	34.7%	38.4%
Cultural and	Not Aboriginal/Torres Strait Islander	28.1%	53.5%	18.4%
language	Usually speak language other than English at home	32.9%	45.8%	21.4%
diversity	Usually speak English at home	26.7%	54.9%	18.3%
	NSW	27.0%	54.4%	18.6%
	Vic	26.9%	51.6%	21.5%
	Qld	32.4%	53.1%	14.5%
	SA	28.7%	52.0%	19.3%
	WA	27.8%	55.0%	17.2%
State/	Tas	27.9%	48.3%	23.8%
Territory of	NT	37.4%	32.2%	30.4%
residence	ACT	21.2%	57.2%	21.7%
	Primary carer	28.7%	54.4%	16.9%
Primary carer	Not a primary carer	22.5%	45.8%	31.8%
Sole or	Sole carer	33.1%	52.1%	14.8%
assisted carer	Assisted in caring role	23.4%	54.3%	22.3%
No. people	Currently care for 1 person	24.3%	56.2%	19.5%
currently	Currently care for 2 people	33.9%	47.1%	19.1%
caring for	Currently care for 3 or more people	39.9%	49.0%	11.1%
Caree	Caree lives elsewhere	22.3%	53.5%	24.3%
residence	Caree lives in home	28.9%	53.3%	17.9%
	Carer for 5+ years	31.0%	53.6%	15.3%
Length of	Carer for 2-5 years	23.4%	54.5%	22.2%
time being a	Carer for 1-2 years	25.4%	47.7%	26.9%
carer	Carer for <1 year	21.0%	51.4%	27.6%

Table 38 Access to informal support from friends and family (b)

Group	Category	No access to help from friends or family	Some friends and family can help but difficult to organise	Can easily organise a friend or family member to help
Cicap	Dementia	28.8%	52.6%	18.6%
	Old-age related frailty	26.7%	55.3%	18.0%
	Terminal illness	28.2%	60.1%	11.7%
	Autism spectrum disorder	37.9%	45.2%	16.9%
	Other development disorder	34.6%	53.1%	12.3%
	Mental illness/psychosocial disability	33.5%	53.7%	12.8%
	Drug/alcohol dependency	37.6%	53.0%	9.3%
	Physical disability	27.2%	54.5%	18.3%
Care recipient	Intellectual disability	33.6%	48.8%	17.6%
disability,	Chronic non-terminal illness or injury, 6			
illness or	months+	28.3%	56.7%	15.0%
injury type	Short term non-terminal illness	28.7%	43.5%	27.8%
	Care for child/grandchild	34.0%	50.7%	15.3%
	Care for partner	24.2%	56.4%	19.4%
	Care for parent/grandparent	27.0%	53.1%	19.9%
Type of care	Care for sibling	21.1%	57.1%	21.7%
recipient	Care for friend or other type of relative	29.0%	55.5%	15.5%
	Low assistance needs	18.6%	38.2%	43.2%
Level of	Low-moderate assistance needs	21.6%	52.3%	26.1%
assistance	Moderate assistance needs	23.4%	58.7%	17.9%
needed by	High assistance needs	33.6%	54.7%	11.6%
care recipient	Very high assistance needs	33.7%	50.7%	15.6%
	Employed	23.5%	54.0%	22.5%
Labour force	Unemployed	36.1%	49.5%	14.4%
status	Not in labour force	31.8%	52.4%	15.8%
Interpreting	findings in this table: Findings highlighted in b	old indicate that this gr	oup of carers differed s	ignificantly to the

average for current carers in Australia based on 95% confidence intervals.

5.10.2 Types of support accessed in the last 12 months

Carers were asked about the types of formal and informal support they had been able to draw on in the previous 12 months to help them in their role as a carer (Figure 18). Carers most commonly reported relying on informal support from friends and/or family members, with just under 60% doing this. However, 40.2% did not have any access to informal support in the last 12 months. It is not known to what extent this was impacted by restrictions related to COVID-19, which may have reduced access of many carers to support: comparing access to informal support in 2021 with access in future years in which the CWS is repeated will enable better understanding of whether the 2021 findings represent typical levels of access carers have to informal support.

In terms of formal supports:

- 32.6% of carers had connected to other carers in the last 12 months, for example through support groups or online forums
- 31.4% had accessed psychological support for their role as a carer
- 30.6% had accessed respite care services
- 29.0% had received some form of financial support, such as the Carer Payment or Carer Allowance, or a financial grant to assist in buying items that could reduce burden of caring duties, and
- 22.0% had accessed carer training and skills courses of some type.

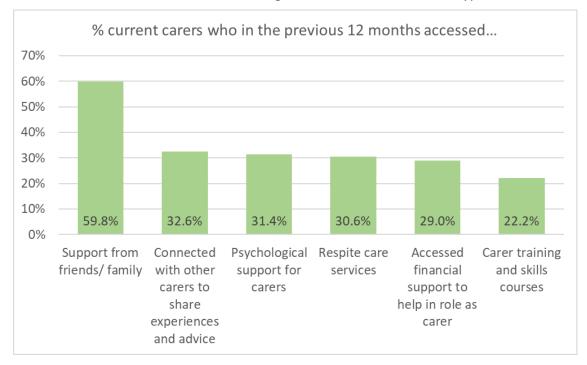


Figure 18 Formal and informal supports drawn on by carers in the last 12 months

When asked about the types of formal and informal support accessed in the last 12 months to help them in their caring role (Tables 39 and 40):

- Support from friends and family:
 - More likely to have accessed this in the past 12 months: Carers aged 15-24 (67.1%), 25-34 (67.0%), Aboriginal/Torres Strait Islander carers (70.9%),

- employed carers (65.6%), and those caring for a person with drug/alcohol dependency (70.0%) or dementia (68.9%)
- Less likely to have accessed this in the past 12 months: Male carers (54.8%), careered aged 45-54 (54.6%), carers with 40 or more hours a week caring obligations (54.9%), sole carers (52.9%) and unemployed carers (51.5%)

Respite care:

- More likely to have accessed this in the past 12 months: Carers aged 15-24 (39.6%), Aboriginal/Torres Strait Islander carers (41.3%), those who had been a carer for less than two years (38.1%), and those caring for a person with dementia (44.1%), terminal illness (39.9%), old age related frailty (34.6%) or more generally with high support needs (39.7%)
- Less likely to have accessed this in the past 12 months: Carers aged 45-54 (26.0%), sole carers (19.8%), and those caring for a person with mental illness/psychosocial disability (23.6%).

Training courses or coaching:

- More likely to have accessed this in the past 12 months: Carers aged 15-24 (37.1%) and 25-34 (32.5%), and those caring for a person with drug/alcohol dependency (35.4%), dementia (30.3%), terminal illness (29.9%) or ASD (28.0%).
- Less likely to have accessed this in the past 12 months: Those with 40 hours or more a week of caring obligations (15.6%), sole carers (15.0%), and who had been carers for 5 or more years (18.1%); more generally, older carers were less likely to access this than younger carers.

Psychological counselling:

- More likely to have accessed this in the past 12 months: Carers aged 15-24 (52.7%), or 25-34 (39.6%), those caring for three or more people (40.7%), and those caring for a person with drug or alcohol dependency (48.7%), mental illness/ psychosocial disability (38.5%) or ASD (36.0%).
- Less likely to have accessed this in the past 12 months: Carers aged 65 and older (22.2% or less).

• Connecting with other carers:

- More likely to have accessed this in the past 12 months: Carers aged 15-24 (52.1%), Aboriginal/Torres Strait Islander carers (56.5%), those caring for a child/grandchild (37.5%), and those caring for a person with drug or alcohol dependency (47.4%) or ASD (38.9%).
- Less likely to have accessed this in the past 12 months: Male carers (29.0%) and those caring for a person with old-age related frailty (28.7%) or a physical disability (28.7%).

• Financial support for carer role:

- More likely to have accessed this in the past 12 months: Carers aged 15-24 (44.5%) and 25-34 (38.9%), and Aboriginal/Torres Strait Islander carers (47.7%).
- Less likely to have accessed this in the past 12 months: Carers aged 55 and older (23.6% or fewer), sole carers (23.5%), those who had been a carer less than a year (22.2%), and those caring for a person with low assistance needs (20.6%).

Table 39 Types of informal and formal support accessed in last 12 months (a)

		% carers v	vho had acc	essed differe	nt types of supp	ort in the pre	vious 12
		months				Connected with other	Accesse d
Group	Category	Support from friends/ family	Respite care	Carer training and skills courses	Accessed psychologi- cal support	carers to share experience s and advice	financial support to help in role as carer
All current	Current carers	59.8%	30.6%	22.2%	31.4%	32.6%	29.0%
	Female	62.1%	28.6%	19.3%	30.3%	33.7%	27.4%
Gender	Male	54.8%	32.4%	25.5%	30.1%	29.0%	31.3%
	Aged 15-24	67.1%	39.6%	37.1%	52.7%	52.1%	44.5%
	Aged 25-34	67.0%	34.4%	32.5%	39.6%	37.4%	38.9%
	Aged 35-44	64.4%	30.3%	29.2%	36.4%	38.5%	32.5%
	Aged 45-54	54.6%	26.0%	19.8%	34.4%	29.4%	27.7%
	Aged 55-64	55.9%	29.9%	14.6%	23.4%	27.6%	23.6%
	Aged 65-74	59.4%	29.0%	17.8%	22.2%	28.5%	21.5%
Age	Aged 75+	63.9%	37.2%	16.0%	18.7%	30.1%	30.1%
Typical	<20 hours/week	60.9%	28.3%	23.9%	32.0%	34.0%	27.6%
caring	20-39 hours/week	65.5%	32.4%	29.3%	36.6%	34.9%	32.1%
hours per							
week	40+ hours/week	54.9%	32.6%	15.6%	27.6%	29.5%	28.8%
	Aboriginal/Torres Strait Islander	70.9%	41.3%	48.8%	55.1%	56.5%	47.7%
	Not Aboriginal/Torres Strait						
Cultural	Islander	59.0%	29.6%	20.8%	29.9%	31.2%	28.3%
and	Usually speak language other						
language	than English at home	58.1%	32.5%	25.9%	34.9%	34.6%	28.7%
diversity	Usually speak English at home	59.7%	29.2%	20.5%	29.2%	31.0%	28.6%
	NSW	63.0%	32.7%	25.2%	33.9%	36.1%	29.3%
	Vic	59.6%	29.8%	19.5%	30.0%	29.5%	28.8%
	Qld	51.1%	28.1%	19.2%	26.7%	27.5%	25.4%
	SA	61.4%	26.0%	20.1%	30.3%	33.3%	29.5%
State/	WA	57.7%	28.6%	20.9%	26.2%	31.6%	32.0%
Territory	Tas	57.3%	27.6%	20.3%	22.7%	27.4%	21.4%
of	NT	71.7%	54.5%	30.0%	50.6%	33.7%	35.5%
residence	ACT	63.8%	16.7%	25.8%	30.1%	38.9%	35.5%
Primary	Primary carer	59.3%	27.1%	19.8%	31.6%	31.4%	28.1%
carer	Not a primary carer	70.6%	31.9%	21.3%	29.4%	35.3%	24.4%
Sole or	Sole carer	52.9%	19.8%	15.0%	26.5%	26.0%	23.5%
assisted							
carer	Assisted in caring role	67.2%	34.3%	24.2%	35.3%	36.7%	31.2%
	Currently care for 1 person	59.8%	30.5%	20.9%	29.1%	30.9%	29.9%
No. people	Currently care for 2 people	62.5%	30.3%	25.7%	35.2%	37.1%	29.0%
currently	Currently care for 3 or more						
caring for	people	56.6%	28.7%	24.9%	40.7%	33.3%	29.1%
Caree	Caree lives elsewhere	69.7%	27.1%	22.2%	33.7%	32.5%	20.5%
residence	Caree lives in home	59.1%	28.8%	21.3%	32.2%	32.8%	30.2%
	Carer for 5+ years	55.6%	27.8%	18.1%	28.9%	30.6%	26.6%
Length of	Carer for 2-5 years	63.3%	29.6%	23.2%	30.7%	32.3%	29.4%
time being	Carer for 1-2 years	69.8%	38.1%	30.8%	42.7%	41.0%	39.9%

Table 40 Types of informal and formal support accessed in last 12 months (b)

		% c	arers who h	ad accessed	different types o	f support in the	previous 12
							months
						Connected	Accessed
						with other	financial
		Support		Carer		carers to	support to
		from	Respite	training	Psychological	share	help in
		friends/	care	and skills	support for	experiences	role as
Group	Category	family	services	courses	carers	and advice	carer
Care	Dementia	68.9%	44.1%	30.3%	34.8%	34.4%	32.8%
recipient	Old-age related frailty	61.5%	34.6%	21.7%	31.5%	28.7%	29.5%
disability,	Terminal illness	65.5%	39.9%	29.9%	41.1%	32.2%	36.9%
illness or	Autism spectrum disorder	58.5%	29.9%	28.0%	36.0%	38.9%	34.3%
injury type	Other development						
	disorder	59.9%	28.5%	26.0%	33.9%	36.4%	33.1%
	Mental illness/						
	psychosocial disability	59.0%	23.6%	23.2%	38.5%	34.8%	26.5%
	Drug/alcohol dependency	70.0%	32.8%	35.4%	48.7%	47.4%	30.5%
	Physical disability	58.9%	29.7%	16.4%	27.1%	28.7%	27.8%
	Intellectual disability	58.0%	32.4%	20.5%	30.0%	34.8%	28.3%
	Chronic non-terminal						
	illness or injury, 6 months+	56.5%	21.4%	15.7%	30.1%	30.2%	25.9%
	Short term non-terminal						
	illness	67.8%	39.0%	36.3%	51.7%	41.2%	40.8%
Type of care	Care for child/grandchild	59.1%	27.6%	24.5%	34.2%	37.5%	32.5%
recipient	Care for partner	59.4%	27.3%	19.6%	28.1%	29.0%	27.0%
	Care for						
	_parent/grandparent	63.0%	34.8%	23.8%	34.2%	31.3%	28.4%
	Care for sibling	67.5%	30.9%	26.6%	37.4%	35.9%	28.6%
	Care for friend or other						
	type of relative	53.6%	29.8%	26.2%	33.8%	39.1%	30.3%
Level of	Low assistance needs	63.3%	21.3%	21.7%	25.2%	34.4%	20.6%
assistance	Low-moderate assistance						_
needed by	needs	59.2%	25.2%	24.0%	33.1%	35.7%	25.3%
care	Moderate assistance						
recipient	needs	61.4%	24.7%	23.7%	33.1%	33.8%	31.8%
	High assistance needs	59.1%	34.2%	21.8%	35.2%	29.2%	30.1%
	Very high assistance needs	59.2%	39.7%	20.5%	28.5%	31.7%	31.1%
Labour force	Employed	65.6%	31.3%	26.5%	33.7%	34.8%	31.3%
status	Unemployed	51.5%	28.5%	24.9%	27.8%	34.2%	22.8%
	Not in labour force	53.1%	28.1%	15.8%	26.6%	28.1%	26.4%
Internreti	ng findings in this table: Findin	as hiahliahte	ed in hold in	dicate that th	is group of carers	differed signific	

5.10.3 Satisfaction with supports accessed in the last 12 months

Just over half of carers who had used different types of formal and informal support in the last 12 months reported being highly satisfied with that support, and between 10% and 18% reported low satisfaction, for all types of support except financial support (Figure 19). Fewer were highly satisfied with the financial support they received as a carer (44.1%) and more reported low satisfaction with financial support (22.9%) compared to all other forms of carer support accessed.

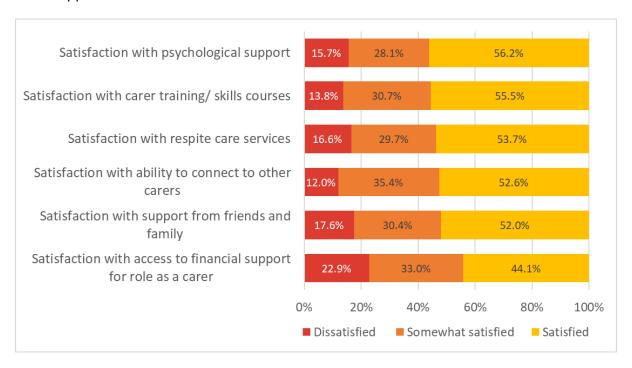


Figure 19 Satisfaction with carer supports accessed in last 12 months

When groups of carers were compared (Tables 41 to 44), there were mostly relatively small differences in levels of satisfaction. Key exceptions were the following:

- Support from family and friends: Those least satisfied were carers aged 45-54 (28.8% reporting dissatisfaction), caring for three or more people (27.4%) and caring for a person experiencing mental illness/psychosocial disability. Carers were more likely to report high satisfaction if they were aged 75 or over (64.2%), had been a carer less than two years (60% or more depending on length of time), or cared for a person with low assistance needs (65.6%).
- Respite care: Somewhat higher satisfaction was reported by male carers (64.3%) and those aged 35-44 (63.3%). Dissatisfaction was more common amongst those caring for a person with a terminal illness (26.8%) or development disorder (25.1%).
- Financial support: Higher levels of dissatisfaction were reported amongst carers with 40 or more hours of caring obligations a week (31.1%), who cared for a person not living with them (35.9%), had been a carer for less than one year (36.7%), or cared for a person with mental illness/psychosocial disability (32.8%). Higher satisfaction was reported by male carers (51.5%), those with fewer than 20 hours a week caring obligations (51.5%) and those aged 75 and older (60.6%).

Table 41 Satisfaction with different types of support accessed in the last 12 months (a)

		Satisfaction	on with	Satisfact	ion with	Satisfact	ion with
		support f	rom	respite c	are	carer tra	ining/
		friends ar	nd family	services		skills cou	ırses
Group	Category	Low	High	Low	High	Low	High
All							
current	Current carers	17.6%	52.0%	16.6%	53.7%	13.8%	55.5%
Gender	Female	18.3%	48.0%	19.0%	47.7%	16.5%	50.7%
•	Male	16.2%	59.5%	11.8%	64.3%	9.2%	63.6%
Age	Aged 15-24	15.1%	55.5%	15.0%	50.7%	14.5%	41.9%
-	Aged 25-34	16.9%	49.7%	17.3%	56.0%	16.1%	55.7%
•	Aged 35-44	10.7%	57.8%	9.7%	63.3%	15.3%	63.7%
•	Aged 45-54	28.8%	39.7%	17.9%	40.3%	13.4%	56.0%
•	Aged 55-64	14.8%	55.1%	16.4%	57.3%	9.8%	53.0%
•	Aged 65-74	17.2%	53.3%	21.7%	53.4%	13.1%	53.1%
•	Aged 75+	10.8%	64.2%	15.5%	61.6%	9.2%	62.5%
Typical	<20 hours/week	12.8%	55.4%	15.5%	56.7%	13.2%	57.0%
caring	20-39 hours/week	23.2%	53.0%	11.7%	58.5%	5.1%	62.7%
hours per	·						
week	40+ hours/week	20.7%	46.3%	20.7%	47.7%	24.5%	44.4%
Cultural	Aboriginal/Torres Strait Islander	12.9%	61.8%	21.2%	60.1%	9.3%	61.2%
and	Not Aboriginal/Torres Strait Islander	17.7%	51.6%	16.4%	53.3%	14.1%	55.6%
language	Usually speak language other than English at home	17.0%	57.1%	10.3%	50.5%	14.4%	59.8%
diversity	Usually speak English at home	17.9%	50.4%	18.4%	54.8%	13.1%	54.8%
State/	NSW	17.3%	55.4%	14.9%	55.9%	13.5%	62.1%
Territory	Vic	16.1%	49.9%	15.9%	54.2%	11.8%	47.6%
of	Qld	22.9%	48.2%	19.2%	46.2%	20.7%	55.5%
residence	SA	14.3%	49.2%	20.3%	48.8%	10.8%	47.7%
•	WA	20.9%	50.1%	16.1%	62.5%	15.1%	56.1%
	Tas	15.9%	53.4%	19.4%	55.9%	14.3%	55.8%
•	NT	19.7%	50.7%	9.9%	63.9%	4.4%	53.1%
•	ACT	9.0%	62.7%	30.4%	35.2%	0.0%	62.9%
Primary	Primary carer	20.1%	46.0%	18.7%	47.3%	16.3%	50.4%
carer	Not a primary carer	13.5%	64.7%	15.3%	53.5%	5.4%	57.4%
Sole or	Sole carer	20.9%	46.8%	21.2%	41.7%	15.1%	50.1%
assisted							
carer	Assisted in caring role	18.1%	50.1%	16.8%	51.3%	14.7%	52.2%
No.	Currently care for 1 person	16.3%	53.1%	14.6%	56.2%	13.9%	56.7%
people	Currently care for 2 people	17.4%	51.7%	19.4%	48.8%	12.1%	58.6%
currently							
caring for	Currently care for 3 or more people	27.4%	39.2%	21.5%	40.4%	15.6%	40.5%
Caree	Caree lives elsewhere	18.1%	50.7%	12.4%	61.7%	12.5%	51.4%
residence	Caree lives in home	19.2%	48.5%	18.5%	47.3%	14.8%	51.7%
Length of	Carer for 5+ years	20.2%	46.8%	21.4%	48.1%	18.5%	49.6%
time	Carer for 2-5 years	13.6%	55.3%	12.7%	62.9%	8.2%	64.4%
being a	Carer for 1-2 years	15.2%	59.7%	10.0%	55.4%	5.0%	57.0%

Table 42 Satisfaction with different types of support accessed in the last 12 months (b)

		Satisfaction v		Satisfacti		Satisfaction	
		from friends	and family	respite car	e services	training/ sk	ills courses
Group	Category	Low	High	Low	High	Low	High
Care	Dementia	18.4%	52.4%	15.1%	56.7%	9.6%	54.3%
recipient	Old-age related frailty	18.5%	52.1%	15.0%	55.8%	11.2%	60.5%
disability,	Terminal illness	18.7%	50.2%	26.8%	49.5%	19.7%	60.4%
illness or	Autism spectrum						
injury type	disorder	18.8%	45.8%	19.3%	47.4%	16.5%	52.1%
	Other development						
	disorder	20.4%	42.5%	25.1%	38.2%	19.1%	52.1%
	Mental						
	illness/psychosocial						
	disability	25.3%	42.2%	20.2%	40.9%	19.0%	44.9%
	Drug/alcohol						
	dependency	21.6%	47.8%	23.1%	43.2%	16.2%	37.6%
	Physical disability	17.4%	53.5%	19.2%	48.4%	13.6%	47.4%
	Intellectual disability	20.8%	45.1%	18.0%	39.1%	15.3%	54.1%
	Chronic non-terminal						
	illness or injury, 6						
	months+	19.5%	50.3%	19.3%	50.2%	13.5%	44.4%
	Short term non-						
	terminal illness	15.8%	45.3%	13.5%	66.8%	40.1%	33.5%
Type of	Care for						
care	child/grandchild	19.6%	46.4%	17.4%	47.8%	17.7%	52.7%
recipient	Care for partner	16.2%	56.2%	20.4%	55.6%	15.8%	52.1%
	Care for						
	parent/grandparent	18.9%	49.9%	13.0%	56.6%	9.0%	58.3%
	Care for sibling	18.1%	51.1%	13.0%	37.5%	8.6%	57.0%
	Care for friend or other						
	type of relative	18.3%	62.0%	14.5%	56.8%	7.8%	53.7%
Level of	Low assistance needs	6.9%	65.6%	1.2%	63.8%	7.9%	57.1%
assistance	Low-moderate						
needed by	assistance needs	8.9%	56.3%	17.4%	60.3%	11.0%	63.8%
care	Moderate assistance						
recipient	needs	19.2%	50.7%	12.7%	52.7%	14.9%	55.0%
	High assistance needs	21.7%	45.9%	16.8%	59.5%	14.4%	52.0%
	Very high assistance				-		
	needs	20.3%	51.1%	20.4%	46.0%	14.5%	53.9%
Labour	Employed	15.6%	53.0%	13.5%	53.8%	12.7%	57.6%
force	Unemployed	22.6%	57.2%	12.6%	64.4%	7.7%	74.3%
status	Not in labour force	20.1%	50.1%	20.6%	52.9%	16.1%	49.8%
Past carers	Past carers - all	14.4%	55.8%	13.9%	58.3%	15.9%	51.3%

Table 43 Satisfaction with different types of support accessed in the last 12 months (c)

		Satisfaction psychologica		Satisfaction ability to other care	connect to	Satisfaction with access to financial support for role as a carer		
Group	Category	Low	High	Low	High	Low	High	
All								
current	Current carers	15.7%	56.2%	12.0%	52.6%	22.9%	44.1%	
Gender	Female	14.4%	55.4%	13.2%	48.9%	26.0%	39.1%	
	Male	16.6%	60.0%	8.1%	61.8%	19.3%	51.5%	
Age	Aged 15-24	13.4%	54.9%	5.9%	56.5%	13.9%	51.5%	
	Aged 25-34	19.0%	57.0%	12.0%	49.8%	15.2%	51.6%	
•	Aged 35-44	15.2%	58.1%	11.8%	56.5%	27.4%	38.5%	
•	Aged 45-54	18.5%	55.2%	13.7%	45.9%	29.1%	34.3%	
•	Aged 55-64	11.9%	56.1%	12.5%	54.1%	24.5%	46.4%	
•	Aged 65-74	13.2%	55.9%	9.5%	59.5%	20.6%	44.3%	
•	Aged 75+	15.7%	58.9%	15.4%	52.5%	16.6%	60.6%	
Typical	<20 hours/week	14.3%	57.1%	9.7%	55.9%	18.8%	51.5%	
caring	20-39 hours/week	12.8%	63.6%	12.3%	51.1%	18.1%	44.1%	
hours per week	40+ hours/week	19.9%	49.6%	15.3%	48.5%	31.1%	34.6%	
Cultural	Aboriginal/Torres Strait Islander	11.2%	57.2%	9.0%	47.0%	8.0%	45.0%	
and	Not Aboriginal/Torres Strait Islander	15.8%	56.9%	11.5%	53.3%	24.1%	44.3%	
language	Usually speak language other than English							
diversity	at home	16.6%	58.8%	8.6%	53.0%	17.4%	44.3%	
	Usually speak English at home	15.1%	56.5%	12.1%	53.2%	24.8%	44.3%	
State/	NSW	13.3%	62.1%	8.9%	55.0%	21.0%	40.8%	
Territory	Vic	15.2%	54.0%	13.3%	52.8%	25.2%	49.3%	
of	Qld	23.4%	50.5%	11.5%	50.7%	29.3%	39.8%	
residence	SA	8.5%	67.7%	9.2%	54.4%	20.2%	44.2%	
	WA	20.9%	45.1%	17.1%	50.1%	19.8%	50.4%	
,	Tas	16.1%	55.3%	9.7%	48.5%	20.7%	40.5%	
	NT	8.9%	44.0%	14.2%	48.1%	27.7%	39.8%	
,	ACT	13.3%	60.3%	11.3%	45.7%	22.7%	40.9%	
Primary	Primary carer	19.7%	52.0%	14.0%	48.7%	26.6%	37.0%	
carer	Not a primary carer	9.5%	71.9%	10.2%	61.3%	17.6%	51.8%	
Sole or	Sole carer	18.6%	51.5%	15.0%	47.4%	26.6%	36.3%	
assisted								
carer	Assisted in caring role	18.5%	56.2%	12.6%	52.4%	25.1%	40.1%	
No.	Currently care for 1 person	16.0%	54.5%	11.8%	52.9%	22.3%	43.1%	
people	Currently care for 2 people	14.4%	61.3%	11.6%	52.7%	22.8%	46.7%	
currently								
caring for	Currently care for 3 or more people	19.8%	54.4%	18.6%	46.8%	29.1%	41.7%	
Caree	Caree lives elsewhere	15.8%	55.3%	13.7%	53.3%	35.9%	30.7%	
residence	Caree lives in home	19.1%	53.7%	13.3%	50.8%	23.3%	40.5%	
Length of	Carer for 5+ years	18.6%	52.2%	15.0%	48.0%	27.5%	39.9%	
time	Carer for 2-5 years	13.0%	60.7%	9.0%	58.1%	18.3%	53.4%	
being a	Carer for 1-2 years	9.3%	66.0%	6.1%	57.2%	12.1%	44.9%	
carer	Carer for <1 year	14.1%	54.3%	10.6%	49.2%	36.7%	38.8%	

average for current carers in Australia based on 95% confidence intervals.

Table 44 Satisfaction with different types of support accessed in the last 12 months (d)

		psycholog	ction with cical support	ability to	ction with connect to carers	Satisfaction with access to financial support for role as a carer		
Group	Category	Low	High	Low	High	Low	High	
Care	Dementia	13.5%	58.6%	10.2%	55.5%	19.9%	47.6%	
recipient	Old-age related frailty	14.9%	61.5%	10.5%	54.4%	18.8%	48.5%	
disability,	Terminal illness	22.0%	54.8%	16.6%	41.3%	20.5%	47.8%	
illness or	Autism spectrum disorder	16.4%	53.5%	15.3%	49.0%	23.7%	42.1%	
injury type	Other development disorder	19.4%	51.5%	17.3%	47.7%	29.8%	33.0%	
	Mental illness/psychosocial							
	disability	17.2%	52.0%	15.3%	47.0%	32.8%	35.4%	
	Drug/alcohol dependency	12.4%	55.1%	9.0%	56.6%	20.8%	35.4%	
	Physical disability	19.3%	53.5%	11.0%	55.2%	25.9%	44.7%	
	Intellectual disability	19.5%	50.5%	14.2%	50.3%	30.0%	37.8%	
	Chronic non-terminal illness							
	or injury, 6 months+	17.9%	55.0%	14.0%	50.8%	26.8%	41.6%	
	Short term non-terminal							
	illness	46.9%	37.4%	16.6%	51.9%	15.3%	32.7%	
Type of	Care for child/grandchild	19.6%	50.4%	15.7%	47.8%	27.0%	38.5%	
care	Care for partner	18.4%	54.9%	12.8%	49.6%	20.7%	47.9%	
recipient	Care for parent/grandparent	13.3%	60.1%	9.7%	56.6%	18.9%	46.1%	
	Care for sibling	1.8%	68.3%	4.9%	38.6%	32.4%	39.8%	
	Care for friend or other type							
	of relative	11.6%	65.5%	13.8%	62.1%	27.5%	45.8%	
Level of	Low assistance needs	13.8%	44.3%	10.1%	62.2%	17.6%	42.8%	
assistance	Low-moderate assistance							
needed by	needs	21.7%	55.4%	10.7%	61.2%	14.6%	43.9%	
care	Moderate assistance needs	13.6%	56.8%	9.9%	50.3%	21.1%	45.3%	
recipient	High assistance needs	15.2%	59.2%	15.8%	50.0%	26.2%	44.3%	
	Very high assistance needs	17.5%	57.0%	14.6%	49.5%	28.2%	41.9%	
Labour	Employed	15.2%	56.6%	10.5%	53.4%	21.0%	43.9%	
force	Unemployed	12.6%	58.8%	12.7%	49.7%	32.2%	37.7%	
status	Not in labour force	16.0%	58.2%	12.3%	53.8%	26.0%	45.6%	
Past carers	Past carers - all	8.7%	51.1%	9.9%	52.8%	21.5%	50.6%	
	Ceased caring in last 6							
	months	14.1%	55.9%	13.4%	49.9%	30.8%	45.2%	
	Ceased caring 7-12 months							
	previously	15.7%	23.6%	21.8%	31.3%	53.3%	12.6%	

5.10.4 Is having support associated with higher carer wellbeing?

Having access to support can make an important difference to the wellbeing of carers. This section examines whether those carers who were able to access different types of support in the previous 12 months had higher levels of wellbeing and/or lower levels of psychological distress compared to carers who did not have access to support.

Different types of carers will vary in their level of need for support. When wellbeing was examined earlier in this report, some of the greater variance in wellbeing of carers was amongst those caring for people with differing levels of assistance needs. Those who cared for someone with low assistance needs reported much higher wellbeing compared to those who cared for people with very high assistance needs: there was a 13 point difference in global life satisfaction, and almost 16 point difference in the Personal Wellbeing Index measure. The proportion of carers reporting low wellbeing rose from 31.1% amongst those caring for a person with low assistance needs, to 63.6% amongst those caring for one or more people with very high assistance needs.

Given this, when examining whether access to supports made a different to wellbeing, carers were compared based on the level of assistance needs they were providing to care recipients.

Having access to support is associated with higher wellbeing, particularly for carers who are caring for one or more people with high assistance needs. As shown in Figure 20 and Table 45:

- Carers with access to support from family and friends had significantly higher wellbeing – amongst those caring for people with moderate assistance needs, wellbeing was 10 points higher if they had access to this type of support, and 11 points higher amongst those caring for someone with high assistance needs
- Accessing respite care was associated with higher wellbeing, with an increase of five
 points amongst those caring for a person with low assistance needs, and 8 to 11
 point increase amongst those caring for people with moderate and high assistance
 needs
- Access to financial support was associated with significantly higher wellbeing for those caring for a person with moderate or high assistance needs, but not those caring for a person with low assistance needs
- Accessing skills and training, and connecting with other carers, were both associated with significantly higher wellbeing, particularly for those caring for a person with high assistance needs
- Accessing psychological counselling was not typically associated with higher wellbeing: this may reflect that those accessing counselling may have lower wellbeing to begin with compared to those who do not need to seek this type of counselling.

Overall, access to support is associated with significantly higher levels of wellbeing. Providing carers with access to support – particularly from friends and family, respite care, financial support, skills/training, and peer support networks – is likely to be key to supporting wellbeing. However, access to support was associated with fewer differences in levels of psychological distress (Table 44), suggesting a need to better understand whether

and how higher levels of wellbeing made help to moderate negative impacts of psychological distress, and different impacts of support on wellbeing versus distress. This should be examined further in future waves of this survey.

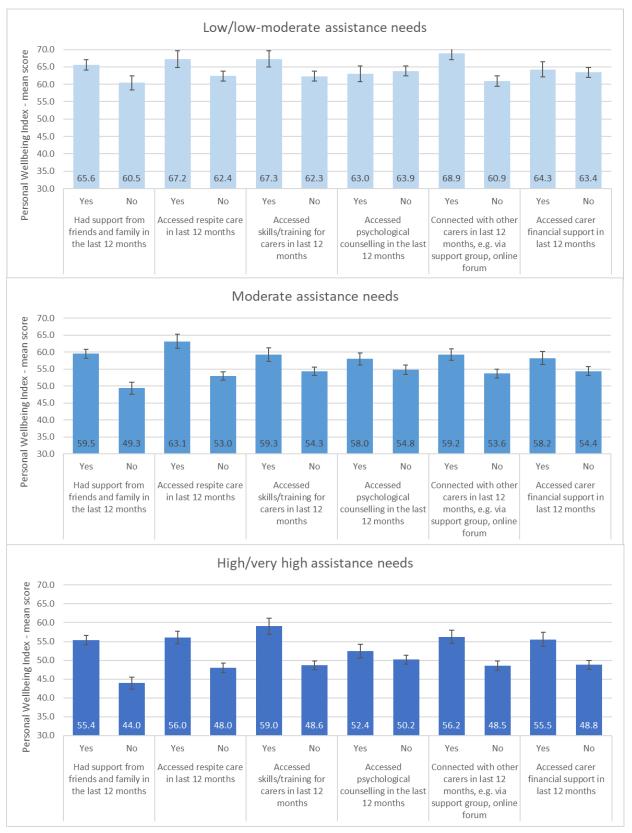


Figure 20 Wellbeing levels of carers who were and were not able to access different supports in the last 12 months

Table 45 Wellbeing and psychological distress levels of carers who were and were not able to access different forms of support in the last 12 months

	Assistance needs of care recipient	friend	support Is and fa ast 12 m No	mily in		sed resp ist 12 m		skill	Accesseds/trainingers in last months	ng for st 12	ps counse	Accessed ychologi elling in t .2 month No	cal the last	care mo	cted wit ers in las nths, e.g rt group, forum No	t 12 . via	finan	essed ca cial supp : 12 mor No	ort in
Global Life	Low/low-	61.5	58.6	2.9	64.7	59.3	5.4	64.4	58.8	5.6	58.2	61.2	-3.0	64.3	58.1	6.1	59.9	60.4	-0.5
Satisfaction -	moderate Moderate	F7.6	50.7	7.0	60.6	53.0	7.7	F7.6	54.0	3.6	F.C. 1	F4.0	2.0	58.6	53.0	5.6	F.C. 4	F4.2	2.0
mean score (0- 100)	Moderate High/very	57.6 54.8	44.5	10.3	55.3	48.3	7.7	57.6 58.7	48.5	10.3	56.1 51.4	54.0 50.4	1.1	57.2	47.8	9.4	56.4 55.6	54.3 48.5	2.0 7.0
100)	high	34.0	77.3	10.3	33.3	40.3	7.1	30.7	70.5	10.3	31.4	50.4	1.1	37.2	47.0	3.4	33.0	40.5	7.0
Personal	Low/low-	65.6	60.5	5.2	67.2	62.4	4.9	67.3	62.3	5.0	63.0	63.9	-0.8	68.9	60.9	8.0	64.3	63.4	0.9
Wellbeing	moderate																		
Index - mean	Moderate	59.5	49.3	10.2	63.1	53.0	10.1	59.3	54.3	5.0	58.0	54.8	3.2	59.2	53.6	5.6	58.2	54.4	3.8
score (0-100)	High/very	55.4	44.0	11.4	56.0	48.0	8.0	59.0	48.6	10.4	52.4	50.2	2.2	56.2	48.5	7.7	55.5	48.8	6.7
	high																		
Psychological	Low/low-	23.6	22.0	1.6	24.8	22.4	2.4	24.6	22.4	2.2	25.1	22.0	3.1	23.7	22.5	1.2	24.1	22.5	1.6
distress - mean	moderate																		
score	Moderate	23.9	25.2	-1.4	23.4	24.7	-1.3	25.6	24.0	1.6	26.0	23.7	2.3	24.5	24.3	0.2	25.3	23.9	1.4
(measured 10-	High/very	25.3	27.9	-2.6	25.4	26.8	-1.4	26.5	26.3	0.2	27.1	26.0	1.1	25.5	26.7	-1.3	25.4	26.8	-1.4
50)	high																		

Interpreting findings in this table: Findings highlighted in **bold** indicate that this there was a significant difference in the wellbeing or distress of carers who did and didn't have this type of support, based on 95% confidence intervals.

6. Discussion and conclusions

The findings of this study confirm that carers have much greater risk of poor wellbeing, high psychological distress, and poor health, compared to the average Australian. Multiple factors are likely to be contributing to this higher risk. In particular, carers experience much higher levels of social isolation and financial stress than other Australians, as well as often experiencing lack of time for self-care, and a range of complex challenges fulfilling their role as a carer.

Some carers are at higher risk of poor outcomes than others. Table 46 synthesises key findings from the study to summarise the extent to which different types of carers were at higher or lower risk of poor wellbeing, high distress, poor health, loneliness, financial stress, loss of time for themselves, low confidence in being able to be a successful carer, negative impacts on social life, and lack of access to support.

It is important when examining Table 46 to interpret it correctly. Table 46 compares different types of carers to the 'average' Australian carer. In many cases, the average Australian carer typically has poorer wellbeing outcomes than Australians more broadly. For example, those carers identified as having higher wellbeing still typically have lower wellbeing levels than the average Australian. This means that even those carers identified as having somewhat better outcomes are still likely to be experiencing significant stress on their wellbeing.

While it is important to recognise that all carers are at higher than typical risk of experiencing poor wellbeing, different groups of carers have specific risks:

- Female carers: Female carers are more likely than male carers to be lonely, have little time to themselves, and have poorer health and wellbeing
- Carers aged under 35: While these carers typically had better health and were less likely to experience social isolation or lack time for themselves, they had higher levels of psychological distress, higher financial stress, more negative emotions and lower confidence in their ability to be a good carer.
- Carers aged 35-44: This group had higher psychological distress, high loneliness, less time, lower confidence, and more negative emotions associated with their caring role.
- Carers aged 45-54: This group was at particularly high risk of low wellbeing, poor health, social isolation, financial stress, lack of time, and poor access to support from family and friends.
- Carers aged 55 and older: Older carers in general had fewer wellbeing risks compared to other carers, although their wellbeing was still significantly poorer than other Australians of similar age.
- Caring hours: As caring hours increased, risk of poor outcomes also typically increased.
- Aboriginal and Torres Strait Islander carers: These carers are at higher risk of psychological distress, financial stress, negative emotions associated with their carer role, and low confidence in being able to deliver on their caring role. However, they have better access to support than some other groups of carers.
- Number of people cared for: As the number of people cared for increased, risk of negative outcomes increases

- Time spent as a carer: As time spent as a carer increases, risk of negative outcomes increases
- Caring for a person with ASD, development disorder, mental illness/psychosocial disability, intellectual disability, or drug/alcohol dependency: These carers were at higher risk of negative wellbeing outcomes compared to those caring for people with other types of needs.
- Caring for a child or grandchild: Those caring for children or grandchildren were at higher risk of negative outcomes compared to those caring for a parent, partner, sibling, other relative, or friend.
- Caring for a person with higher assistance needs: As the level of daily assistance needs of care recipients increases, so does risk of poor wellbeing outcomes
- Unemployment: Carers who were unemployed were at great risk of negative wellbeing outcomes.

The findings show clearly that carers who have better access to support have higher levels of wellbeing and fewer negative outcomes for their own health and relationships. However, access to informal support from family and friends tends to be lower amongst those caring for people with high assistance needs, those aged 45-54, those who have been carers for longer, and those caring for people with mental illness, drug/alcohol dependencies, or development disorders. These groups in particular can benefit from access to formal supports.

Overall, there is an ongoing need to tailor supports available to meet the unique needs of different types of carers. A person who is caring for someone experiencing mental illness is likely to have different support needs compared to someone caring for a person with oldage related frailty. Those who are carers at different stages of life also experience different types of care-related stress, and are likely to benefit from support tailored to the needs common to that stage of life.

Table 46 Wellbeing drivers and outcomes: which carers are at higher than average risk of low wellbeing?

Group	Category	Wellbeing	Psycho- logical distress	Health	Lonel- iness	Finances	Benefits	Time	Confidence in carer role	Negative emotions	Negative impacts on social life, relation- nships	Access to informal support	Access to formal supports
Gender	Female	Lower		Poorer	Higher		Fewer	Less			Пэтгрэ		
Certaer	Male	Higher		Better	Lower		Higher	More		More		Better	
Age	Aged 15-24	1.1.8.101	Higher	Better	Lower	Poorer	J	More	Lower	More	Fewer	Better	Higher
0 -	Aged 25-34		Higher	Better		Poorer		More			Fewer		Higher
	Aged 35-44		Higher		Higher	Poorer	Higher	Less	Lower	More	More		
	Aged 45-54	Lower	Ŭ	Poorer	Higher	Poorer	Fewer	Less			More	Poorer	
	Aged 55-64		Lower		J	Better							Lower
	Aged 65-74		Lower		Lower	Better		More	Higher	Fewer	Fewer		
	Aged 75+	Higher	Lower		Lower	Better		More	Higher	Fewer	Fewer	Better	
Typical	<20 hours/week			Better	Lower			More			Fewer		
caring	20-39 hours/week	Higher		Better									
hours	40+ hours/week	Lower	Higher	Poorer	Higher			Less			More	Poorer	
Cultural,	Aboriginal/Torres Strait Islander		Higher	Better		Poorer			Lower	More		Better	Higher
language	Usually speak language other												
diversity	than English at home												
Sole or	Sole carer	Lower		Poorer	Higher						More	Poorer	Lower
assisted													
carer	Assisted in caring role												
No.	Currently care for 1 person		Lower										
people	Currently care for 2 people	Lower	Higher			Poorer							
	Currently care for 3 or more	Lower	Higher	Poorer	Higher	Poorer		Less				Poorer	
Caraa	people Caree lives elsewhere	Highor	Lower	Dottor	Lower						Fewer		
Caree resid-	Caree lives elsewhere	Higher	Lower	Better Poorer	Lower Higher			Less			More		
ence	Caree lives in home			Poorei	підпеі			LESS			WIOTE		
Length	Carer for 5+ years	Lower		Poorer	Higher							Poorer	
of time	Carer for 2-5 years	LOWEI		Better	Lower							1 001 01	
being a	Carer for 1-2 years	Higher	Lower	Better	Lower							Better	Higher
carer	Carer for <1 year	Higher		Jette.	Lower			More		More	Fewer	Better	
Care	Dementia				20.70	Better	Fewer			More	More		Higher
recipient	Old-age related frailty						Higher	More					
disability	Terminal illness		Higher	Better		Poorer				More	More	Poorer	Higher
illness or	Autism spectrum disorder	Lower	Higher	Poorer	Higher	Poorer		Less	Lower		More		Higher

Group	Category	Wellbeing	Psycho- logical distress	Health	Lonel- iness	Finances	Benefits	Time	Confi- dence in carer role	Negative emotions	Negative impacts on social life, relation- nships	Access to informal support	Access to formal supports
injury	Other development disorder	Lower	Higher	Poorer	Higher	Poorer		Less	Lower		More	Poorer	
type	Mental illness/ psychosocial	Lower	Higher	Poorer	Higher	Poorer	Fewer		Lower		More	Poorer	Varied
	Drug/alcohol dependency	Lower	Higher			Poorer	Fewer		Lower	More		Poorer	Higher
	Physical disability												Lower
	Intellectual disability	Lower	Higher	Poorer	Higher			Less	Lower		More		
	Chronic illness or injury												
	Short term non-terminal illness			Poorer	Lower			More					
Type of	Care for child/grandchild	Lower	Higher	Poorer	Higher	Poorer		Less	Lower		More	Poorer	
care	Care for partner								Higher				
recipient	Care for parent/ grandparent			Better									
Care	Lower assistance needs	Higher	Lower	Better	Lower	Better		More			Fewer	Better	
recipient	Moderate assistance needs			Better	Lower								
needs	High/ assistance needs	Lower	Higher	Poorer	Higher			Less	Lower		More	Poorer	
Labour	Employed			Better					Lower				
force	Unemployed	Lower	Higher	Poorer	Higher	Poorer	Fewer			More			
status	Not in labour force	Lower		Poorer					Higher				

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