

2023 CARER WELLBEING SURVEY



CARING FOR OTHERS AND YOURSELF

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UNIVERSITY OF
CANBERRA

Caring for others and yourself

The 2023 Carer Wellbeing Survey

Full data report

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Executive Summary

Carers provide unpaid assistance to people living with disability, illness, chronic conditions or old-age related frailty. As of 2018, there were 2.65 million unpaid carers in Australia, representing 11% of the Australian population. It is estimated that the equivalent paid services would cost an estimated \$77.9 billion annually if not provided by unpaid carers. It is essential to support carer's financial, emotional and social wellbeing so they can continue to provide high quality care to those they care for over the long term.

However, carers are known to experience poorer wellbeing compared to other Australians, with the risk of poor wellbeing being higher amongst carers who have more complex, time consuming or otherwise challenging caring commitments. Determining how best to support carers in their role, and overall how to support and improve their wellbeing, requires understanding their baseline wellbeing as well as their experiences as a carer and the supports and services they access.

In 2021, the national Carer Wellbeing Survey (CWS) was launched as a partnership between Carers Australia, the Australian Government Department of Social Services (DSS), and the University of Canberra (UC) to develop a comprehensive picture of the wellbeing of carers, how that wellbeing is changing over time, and how wellbeing of carers can be supported.

This report presents findings of the third CWS, which was conducted in February to March 2023 (the 2023 CWS). The 2023 CWS was conducted by the University of Canberra's WellRes unit, and funded by Carers Australia with support from the Australian Government Department of Social Services.

Carer Wellbeing Survey data collection overview

The 2023 CWS was conducted during February and March 2023. A total of 5,881 Australian carers aged 14 and over participated in the survey, with 5328 being defined as those who were currently caring at the time of the survey (current carers), and 553 who were defined as being carers in the past, but who were not currently caring at the time of the survey (past carers). Participants could complete the survey online or on a paper form. Participants were recruited through invitations sent by carer service provider organisations across Australia, by carer representative organisations, social media advertising targeted to carers, and past participants were invited to participate again. All findings presented were statistically weighted to be representative of Australia's carers based on information from the Australian Bureau of Statistics (ABS) *Census of Population and Housing* and *ABS Survey of Disability, Ageing and Carers (SDAC)*.

Wellbeing and health of Australia's carers

The wellbeing of Australian carers fell in 2023 compared to 2022 and 2021, from 52.6% reporting low wellbeing in 2022 to 58.3% in 2023. The decline is, however, consistent with a similar decline seen across the entire adult population of Australia. In the 2023 Regional Wellbeing Survey, which was open from April to July 2023, a total of 30.4% of adult Australian

*Carers were almost twice as likely (58.3%) to report **low wellbeing** compared to adults living across Australia (30.4%)*

reported low wellbeing, an increase from 25.4% in late 2021. This suggests that the decline in wellbeing amongst carers mirrors broader trends across the whole population. It also means that carers continue to be almost twice as likely to have low wellbeing compared to adults living across Australia, and almost three times less likely to have high wellbeing.

Some groups of carers experienced a much larger decline in wellbeing between 2022 and 2023 compared to others. In particular, the following groups experienced higher than average decline in wellbeing: younger carers aged 15-24 years, carers engaged in study, carers of people with low assistance needs, carers who identify as Aboriginal or Torres Strait Islander and carers who identify as LGBTIQ+. Wellbeing did not increase significantly for any group of carers between 2022 and 2023.

Carers also continued to report higher than average rates of psychological distress compared to the general population. While 22.9% of adult Australians had high levels of psychological distress in the first half of 2023, 31.3% of carers were experiencing these levels of distress. Psychological distress was highest amongst carers aged 25-44, carers who identify as LGBTIQ+, carers of three or more people, those caring for 40 hours per week or more, and carers of people with autism spectrum disorder, other developmental disorders, and/or drug or alcohol dependency.

*Carers were **2.5 times less likely to have good/excellent health** (18.7%) compared to other Australians (47.6%)*

General health of carers declined between 2021 and 2023, with a decrease in the proportion of carers reporting very good or excellent health from 22.3% in 2021 to 18.6% in 2022, remaining at 18.7% in 2023, and growth in the proportion of carers reporting fair

or poor health from 45.3% in 2021, to 47.7% in 2022 and 50.2% in 2023. In 2023, general health was significantly poorer for the following groups compared to the average for all carers: Female carers; carers aged 35 to 54 years; those with caring commitments taking up more than 40 hours per week; primary carers and sole carers; those with continuous caring roles; carers who care for 2 or more people; those whose care recipients live with them; those who care for someone with very high assistance needs; and carers who are unemployed or not in the workforce.

Overall, carers continue to be at high risk of poor wellbeing and health, with that risk increasing between 2022 and 2023.

Loneliness and social connection

In 2023, a total of 19.3% of adult Australian's reported feeling lonely often or always, while 38.6% of carers reported that they often or always feel lonely. Loneliness was highest for carers of people with autism spectrum disorder and/or other developmental disorders, carers aged 35-44, carers with more than 40 hours per week caring commitments, and carers of people with high or very high assistance needs.

*Carers who reported being lonely were **more than three times more likely to report low wellbeing** (84.5%) compared to carers who were rarely lonely (25.2%).*

Carers were 1.4 times more likely to experience significant financial stress compared to other Australians.

Financial wellbeing

In 2023, 15.9% of carers reported being poor or very poor, significantly higher than the 13.2% in 2021 and 12.5% in 2022. Carers in all years of the CWS have reported lower financial prosperity compared to the adult Australian population, including in 2023 where carers were 1.6 times more likely to be poor or very

poor than the average Australian. Almost two thirds of carers (60.8%) reported that they had experienced at least one significant financial stress event in the previous 12 months, such as being unable to pay bills on time, going without meals, or having to ask for financial assistance. This was significantly higher than the 57.3% who reported this in 2021, and the 53.5% in 2022.

Housing, telecommunications and transport

In both 2021 and 2022, more than 70% of carers across Australia reported their home met their needs well, however this dropped slightly but significantly in 2023 to 67.3%. The largest (and most significant) decline in satisfaction with home suitability between 2022 and 2023 was amongst young carers. There was no change in perceptions about overcrowding between 2022 and 2023 (this question was not asked in 2021), with just over 70% of carers in both years reporting that their home was not overcrowded.

While the majority of carers have good access to telecommunications, electronic devices and a private space to use online services or telehealth, there are still nearly 15% of carers who report poor mobile reception and/or don't have access to a computer, laptop or tablet, and almost 20% who report poor access to high speed, quality internet. One in four carers do not have access to a private space where they can use online or telehealth services.

There were no significant changes in ease of transport for care recipients, with 37.3% in 2023 reporting the person they care for could easily travel to different places they needed to go, 40.3% reporting they sometimes had difficulty getting the care recipient to places they need to go, and 22.3% indicating that they often have difficulty or can't get to place they need to go.

Time use

A growing body of evidence shows an important relationship between achieving a good balance of time use and a person's wellbeing. A person with good work-life balance, or in the case of carers, a good care-work-life balance, will typically have higher wellbeing. Time use goes beyond paid work and caring duties, however, to also include the extent to which a person has sufficient balance between competing time demands such as childcare duties, home duties, physical activity, self-care and recreation/relaxation.

Carers consistently report spending more time than they wanted to in their caring duties and housework, and less time in paid work, volunteering, exercising, sleeping, socialising and recreating:

- A total of 61.7% of carers reported spending more time than desired on caring duties, significantly more than the 37.7% of adult Australians.

- When asked about housework and chores (other than gardening), significantly more carers (44.9%) indicated they did more housework than they wanted to compared to adult Australians (39.1%).
- Of those who were working, 47.1% of carers reporting they were doing less paid work than desired, compared to only 27.5% of Australians more generally.
- Carers were significantly more likely (50.3%) than adult Australians (36.8%) to report they did less volunteering than they wanted to.
- A significantly higher proportion of carers in 2023 reported spending less time than desired exercising (76.2%) and sleeping (72.6%) compared to the average Australian adult (63.2% and 53.9% respectively).
- During 2023, a total of 50.3% of Australians reported spending less time than they wanted to with friends and family, while 70.7% of carers spent less time than desired socialising.

A total of 71.0% of carers who indicated they did less paid work than desired reported that their caring duties contributed to not working as much as they wanted to.

Employment and study

Carers who were employed were more likely to have healthy levels of wellbeing (43.2%) compared to those who were unemployed (27.5%)

Being an unpaid carer can present challenges that reduce or threaten a carer's ability to engage in the labour force. This is a significant concern, as having poor access to employment has a range of documented negative impacts on a person's overall wellbeing and mental health, social connection, and financial wellbeing.

Almost two thirds of all carers (63.9%) reported low satisfaction with their ability to participate in

paid work, and even more (68.3%) reported low satisfaction with their ability to do further education or training if they want to (significantly more than in 2022). However, 32.4% of carers indicated that their ability to participate in paid work was getting better – a significant improvement since 2021. More than half of carers (56.9%) reported that their ability to progress their studies/education was getting worse, while only 26.3% reported that it was getting better. This was not significantly different to what was reported in 2021 or 2022.

Having a flexible workplace and an employer who understands the challenges that many carers navigate on a daily basis can assist carers in accessing and maintaining paid employment. The 2023 CWS found that carers with employers who are highly supportive of their caregiving role were significantly more likely to have healthy levels of wellbeing compared to those who feel their employers are not understanding. Amongst those with understanding employers, 52.9% had low wellbeing, compared to 70.9% of those who felt their employer was not understanding.

Most employed carers indicated that their employer was at least somewhat understanding about their caring role: 34.2% indicating their employer was somewhat understanding and are able to discuss how to balance caring and work, and 35.6% reported that their workplace was highly supportive of their caregiving role and supports them in making sure they can fulfil their caring duties. However, 15.6% still reported that their employer is not understanding of their role as a carer, and that it is expected their caring duties do not interfere with any aspect of their work. Carers aged 25 and younger were significantly more likely to fall into this last category.

Ongoing experiences of COVID-19

The impacts associated with COVID-19 declined for many carers between 2022 and 2023. In particular, fewer reported reduced social contact in 2023, and fewer reported that the pandemic was impacting their ability to maintain support and care for care recipients. Despite this improvement, impacts remained significant for many:

- In 2023, 39.5% of carers regularly limited their own social interactions in order to reduce risk to one or more people they cared for being (due to them being at high risk if they became ill with COVID-19), compared to 50.3% in 2022.
- In 2023, 36.2% continued to experience increased intensity or amount of caregiving duties due to COVID-19, a decrease from the 48.5% who reported this in 2022.
- More than one in five carers – 23.5% - reported that the person/people they care for had reduced access to some types of supports or services due to the COVID-19 pandemic in 2023, compared to 34.1% in 2022.

Easing of social restrictions led to increased challenges for some carers. In particular, the rapid increase in COVID-19 cases meant some had to further limit social interactions or time spent in public places after restrictions lifted due to the higher likelihood of COVID-19 transmission in these situations. In 2023, a total of 66.3% of carers reported that they regularly or sometimes reduced their social interactions due to the effect that easing of restrictions had on risk of being exposed to COVID-19 in public spaces. Additionally, 47.0% reported that they regularly or sometimes had reduced access to some types of supports or services that assist them in their caring role, suggesting it is not only care recipients who experienced reduction in services, but also carers.

Impact of the rising costs of living

The rising cost of living on Australian households was a topic of concern across Australia during 2022 and 2023 with rapid growth in prices of many household staples, and rising interest rates, contributing to substantial growth in living expenses for many households. The 2023 CWS asked carers whether they were affected by rising living costs in the previous 12 months, and if so, if it had led to changes in how they live.

More than half of carers – 52.5% - reported that in the last 12 months their household expenses increased more rapidly than

household income to a large extent, and a further 32.5% to a smaller extent. Only 15.0% did

Almost one in four carers cancelled or reduced the services that they had previously used to access some support for their carer role.

not experience this, compared to 25.3% of Australian adults more broadly. This increase led to multiple challenges for many carers: 59.8% sometimes or regularly had difficulty affording the groceries they usually buy, 49.7% had difficulty getting around due to rising costs of public transport/fuel, and 37.4% had difficulty affording medications. The proportion of carers who experienced these challenges was significantly higher than for Australian adults: 44.7% sometimes or regularly had difficulty affording the groceries they usually buy, and 27.7% had difficulty affording medications.

Many carers made significant changes to their life in order to save money. This included not going to social events (64.2%), not heating or cooling their home (51.2%), reducing other household spending to afford costs of appointments and care-related costs (53.4%), and cancelling, delaying or reducing the number of appointments with specialists etc (46.6%). A smaller proportion of carers stopped or reduced insurance coverage due to difficulty affording it (36.8%), took on extra debt to be able to cover normal expenses (31.4%), cancelled or reduced carer support services they previously used (24.1%), sought assistance from a charity (22.2%), applied to access their superannuation (20.2%) or asked the bank for support to cope (15.7%).

Benefits associated with being a carer

In 2023, 52.2% of carers reported that overall, they found being a carer satisfying, similar to findings in both 2022 and 2021. However, while there has been no change in levels of satisfaction, the proportion of carers reporting that being a carer contributes to their meaning and purpose in life declined significantly in 2023, with only 51.1% of carers reporting this compared to 55.3% in 2021 and 57.5% in 2022. Similarly, the proportion reporting that they find being a carer a positive experience fell to 45.6% in 2023, from 53.2% in 2022, and 50.1% in 2021.

Despite many carers reporting they achieved some positive benefits from their carer role, only 37.1% of carers would have no hesitation encouraging others to become a carer - a small but significant decrease from the 40.9% who said they would encourage others to become a carer in 2022.

Challenges and impacts of being a carer

While being a carer can be a positive and rewarding experience, it is also often challenging. The most challenging aspects of being a carer in 2023 were:

- Fear for the future of the person being cared for (65.7%)
- Fear of not having enough money to be able to care for the person (56.9%)
- Fear of not being able to continue care for the person (51.2%)
- Feeling unable to access enough support from health and other services for the person/people they care for (51.9%).
- Negative impact on carers' health (45.3%)
- Feeling a sense of strain when thinking about the caring role (42.5%)
- Not having enough time for themselves (59.3%)
- Having more responsibilities than they could cope with (49.2%)
- Feeling more should be done for the care recipient (47.4%)
- Feeling a loss of control in life (46.7%)
- Feeling they could do a better job of caring (45.4%).

Confidence in carer role

Carers were asked if they felt confident that they could achieve positive outcomes in various aspects of their caring and personal life. In all three years of the CWS, around two-thirds of carers have reported feeling confident they could take care of the physical needs of the people they cared for, just over half that they were confident they could manage unexpected events/emergencies, and around half that they could find out about and access services.

*A total of 49.8% of carers reported that their **ability to maintain their own quality of life was getting worse.***

When carers were asked to self-assess how different aspects of being a carer had changed for them in the previous 12 months, almost half - 49.8% - reported that their ability to maintain their own quality of life was getting worse, 46.9% that their ability to maintain their own health was getting worse, 46.0% that navigating systems was getting worse, and 45.4% that access to financial resources needed to fulfil their caring duties was getting worse.

Access to formal and informal support in role as a carer

Many carers access a range of support and services to assist them in their role as a carer, from informal help such as from friends and family, to more formal provisions of services ranging from organising carer support groups, to providing skills training and psychological counselling, to respite care and home support services. Having access to these supports can make a significant difference to the quality of carer's lives, and to both their wellbeing and the wellbeing of the people they care for.

The proportion of carers reporting that they had access to support from friends and family has remained stable since 2021, with no significant changes in access to this type of support. A total of 52.5% of carers in 2023 reported that some friends and family can help out but it's difficult to organise, and 19.7% reported that they can easily organise a friend or family member to help.

Carers who had good access to support from friends and family were significantly less likely to report low wellbeing (32.3%) compared to those who had no or limited access to support from friends of family (75.4%).

The only significant changes in the proportion of carers accessing services between 2021 and 2023 include:

- A decline in the proportion of carers who reported respite care services (from 30.6% in 2021, to 27.7% in 2022 and 26.8% in 2023),
- A decline in the proportion of carers accessing psychological support (from 31.4% in 2021, to 29.0% in 2022 and 27.9% in 2023).

Overall, younger carers, Aboriginal or Torres Strait Islander carers and carers who are paid as first responders were most likely to access all types of support and services, while older carers and sole carers were least likely to access the different supports and services.

Barriers to accessing support

Carers often help the people they care for access various support through available support packages, such as the NDIS and MyAgedCare. Accessing these supports can help reduce the challenges that their care recipients may experience, and may also help support carers in their role through improving quality of life of the people they care for. However, many care recipients find accessing these types of supports challenging.

The most common barriers experienced in accessing different supports and services include:

- Difficulty finding high quality services (43.9%)
- Complicated application processes (42.9%)
- Long waiting times to access services (42.9%)
- Lack of funding for the service via NDIS/MyAgedCare or other support packages (40.2%)
- Lack of local service availability (40.1%).

Most carers reported experiencing several of the barriers asked about, highlighting the complexity many carers face when seeking to help the person they care for access support services.

Navigating government support systems

A new question was included in the 2023 CWS, asking how much time carers spend on average navigating government systems such as Centrelink, NDIS, My Aged Care or Veteran's support on behalf of the person/people they care for. More than 40% of carers spend at least an hour a week – and often more – navigating these systems. While a total of 37.5% of carers reported that they take less than an hour a week on average navigating support systems, 34.2% spend between one and four hours per week, while almost 10% of carers often spend more than five hours per week navigating support systems on behalf of the people they care for.

The majority of carers (61.4%) reported that they did not receive any assistance to help navigate these government systems, while 24.0% reported that they received assistance and that it was helpful, and 14.6% received help but reported that it was not helpful.

When asked who provided them with assistance, over half (52.4%) reported that they received assistance from the system's own helpline or support, 32.1% received assistance from Carer Gateway, 31.0% received assistance from a health professional, 23.2% received assistance from a family member or friend and 14.0% received assistance from a community organisation. It was relatively common for carers to receive assistance from more than one of these sources.

Carer experiences with My Health Record

My Health Record is increasingly used across Australia to store and track patient records, and in some cases carers may access the My Health Record of their care recipient, or act as their nominated representative. The 2023 CWS asked carers about their use of My Health Record.

Only 18.0% of carers reported that their doctor had discussed My Health Record with them, whether for themselves or the person they care for. Despite this, 39.4% do access My Health Record for themselves, 36.1% are a Nominated Representative for the person they care for to access their My Health Record, and 28.0% access it on behalf of the person/people they care for. A total of 28% of carers reported that the person they care for has an Advance Care Plan, but only 7.3% indicated that it was on My Health Record

*Most carers (67.3%)
would recommend
using My Health
Record to other carers.*

In 2023, carers who had not accessed the My Health Record of the person/people they cared for were asked to select the reasons for not accessing it. The most common reason was that carers were unaware that they could apply to access the My Health Record of their care recipient (30.3%), followed by not knowing how to use My Health Record (29.3%).

Life after being a carer: experiences of past carers

Past carers who participated in the 2023 CWS were asked about their experiences since they stopped being a carer. While 47.5% reported that their quality of life improved since they stopped being a carer, the majority of past carers (52.4%) indicated that they were finding it difficult to adjust back to 'normal life' after being a carer. Additionally, 41.4% reported that it had been difficult to build their social life since they stopped being a carer, and 34.0% indicated that they have found it difficult to get back into the workforce. Only 35.9% of past carers felt that they would not hesitate to take on a carer role again in the future. These findings suggest that work and social challenges are often present when a person stops being a carer.

Conclusions

The findings from the 2023 CWS suggest a decline in wellbeing and general health for many groups of carers between 2022 and 2023. The rising cost of living has increased financial pressures for many carers, often from an already high level of financial stress. Carers are consistently more likely than other Australians to report that they spend more time than desired on caring duties and housework/chores, and significantly less time than desired in paid work, volunteering, exercising, sleeping, and spending time with friends and family - all things that contribute to wellbeing.

The wellbeing benefits of having paid employment are evidence in the results of the CWS, highlighting the potential of initiatives that support engagement in employment to in turn help support improved wellbeing amongst carers. The findings of the 2023 survey show that while the majority of employed carers had discussed their caring role at least once with their employer and most indicated that their employer was at least somewhat understanding about their caring role, 15.6% report that their employer is not understanding of their role as a carer, and that it is expected their caring duties do not interfere with any aspect of their work. Carers aged 25 and younger were significantly more likely to fall into this last category.

Access to support and services (formal and/or informal) is essential for carers to be able to provide high quality care for the people they care for, while also being able to care for

themselves. Overall, younger carers, Aboriginal or Torres Strait Islander carers and carers who are paid as first responders were most likely to access a range of types of support and services while older carers and sole carers were least likely to access different supports and services. In 2023, the most common barriers to accessing support included difficulty finding high quality services, complicated application processes, long waiting times to access services, lack of funding for the service via NDIS/MyAgedCare or other support packages and lack of local service availability. Addressing barriers to support has potential to improve wellbeing amongst carers, as well as to increase their ability to engage in paid employment.

While being a carer has challenges, many carers continue to report positive aspects of being a carer, with over half reporting that overall being a carer is satisfying, that their overall ability to be a good carer had increased in the last 12 months and that their confidence in being able to be a good carer was getting better.

After three years of the Carer Wellbeing Survey, both positive and negative trends have been observed. Changing conditions to enable more carers to experience the benefits that can be associated with being a carer and to reduce the impacts that can cause negative wellbeing outcomes takes time.

1.Introduction

Carers provide unpaid assistance to people living with disability, illness, chronic conditions or old-age related frailty. As of 2018, there were 2.65 million unpaid carers in Australia, representing 11% of the Australian population. About one third of these carers were primary carers, meaning they provided the majority of care to a person in one or more core activities (for example assisting with self-care, getting around and communication) (ABS 2019). It is estimated that the equivalent paid services would cost an estimated \$77.9 billion annually if not provided by unpaid carers (Deloitte 2022). It is essential to support carer's financial, emotional and social wellbeing so they can continue to provide high quality care to those they care for over the long term.

However, carers are known to experience poorer wellbeing compared to other Australians, with the risk of poor wellbeing being higher amongst carers who have more complex, time consuming or otherwise challenging caring commitments. Carers are also more likely than those who aren't carers to have significant health problems, and to experience loneliness and financial hardship (Cummins et al. 2007; Schirmer and Riyanti 2021, Schirmer et al. 2022). Determining how best to support carers in their role, and overall how to support and improve their wellbeing, requires understanding their baseline wellbeing as well as their experiences as a carer and the supports and services they access.

In 2021, the national Carer Wellbeing Survey (CWS) was launched as a partnership between Carers Australia, the Australian Government Department of Social Services (DSS), and the University of Canberra (UC). The survey aims to develop a comprehensive picture of the wellbeing of carers, how that wellbeing is changing over time, and how wellbeing of carers can be supported. The 2021 CWS provided an initial baseline set of insights from which change over time could begin to be examined.

This report presents finding of the third CWS, which was conducted in February to March 2023 (the 2023 CWS). The 2023 CWS was conducted by the University of Canberra's WellRes unit and was funded by Carers Australia with support from DSS.

The aims of the CWS are to:

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

This report presents overall findings for all carers in 2023 compared to previous years (where data are available for 2022 and/or 2021). Differences in the wellbeing and support needs of different groups of carers are also examined. Where comparisons can be made with the Australian adult population using responses to the Regional Wellbeing Survey (an annual national survey of adult Australians, see www.regionalwellbeing.org.au for more details), these have been included using data collected between April and July 2023.

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

- Overall wellbeing, illbeing, and health (Section 3)
- Loneliness and social connection (Section 4)
- Financial wellbeing (Section 5)
- Housing, telecommunications and transport (Section 6)
- Time use (Section 7)
- Employment and study (Section 8)
- Ongoing experiences of COVID-19 (Section 9)
- Impacts of the rising cost of living (Section 10)
- Benefits associated with being a carer (Section 11)
- Challenges and impacts associated with being a carer (Section 12)
- Confidence in carer role (Section 13)
- Access to formal and informal support in role as a carer (Section 14)
- Barriers to accessing support (Section 15)
- Navigating government support systems (Section 16)
- Carer experiences with My Health Record (Section 17)
- Life after being a carer: experiences of past carers (Section 18).

2. Methods

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

The 2023 CWS was conducted during February and March 2023, and asked carers about:

- the type of caring responsibilities they had, length of time spent caring, and key needs of the person or people they cared for
- their health, wellbeing and psychological distress symptoms
- positive and negative outcomes they experienced related to their caring duties
- the types of formal and informal support they had access to in their role as a carer
- awareness and use of Carer Gateway and, amongst those who used it, satisfaction with Carer Gateway (including with Carer Gateway service providers)
- impacts of COVID-19 and rising living costs on carers.

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

Survey participants were recruited through multiple methods:

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

In 2023, there were a total of 5,881 valid responses to the survey, with 5328 being defined as those who were current carers at the time of the survey (current carers), and 553 who were defined as being carers in the past, but who were not currently active carers at the time of the survey (past carers).

Throughout this report, unless otherwise stated, findings for current carers have been weighted to adjust for differences between demographics observed in the sample and

known benchmarks taken from the 2021 (where available), the 2016 Census of Population and Housing and the Survey of Disability, Ageing and Carers, 2018-19. Data were weighted by the following characteristics: (i) gender, (ii) age, (iii) State/Territory, (iv) labour force status and (v) weekly caring hours. Past carers were not weighted.

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

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

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

3. Wellbeing, illbeing and health

3.1. Wellbeing

The wellbeing of Australian carers fell in 2023 compared to 2022 and 2021. The proportion of carers reporting low wellbeing increased significantly from 52.6% in 2022 to 58.3% in 2023. There was a corresponding decrease in the proportion of carers who reported typical wellbeing (32.0% in 2022 to 29.0% in 2023) and high wellbeing (15.4% in 2022 to 12.7% in 2023) (Figure 1).

This finding is concerning, given that carers already had significantly poorer wellbeing compared to the average Australian (Schirmer et al. 2022), and this already low wellbeing has declined.

The decline is, however, consistent with a similar decline seen across the entire adult population of Australia. In the 2023 Regional Wellbeing Survey, which was open from April to July 2023, a total of 30.4% of adult Australians reported low wellbeing, an increase from 25.4% in late 2021. This suggests that the decline in wellbeing amongst carers mirrors broader trends across the whole population. It also means that carers continue to be almost twice as likely to have low wellbeing compared to adults living across Australia, and almost three times less likely to have high wellbeing.

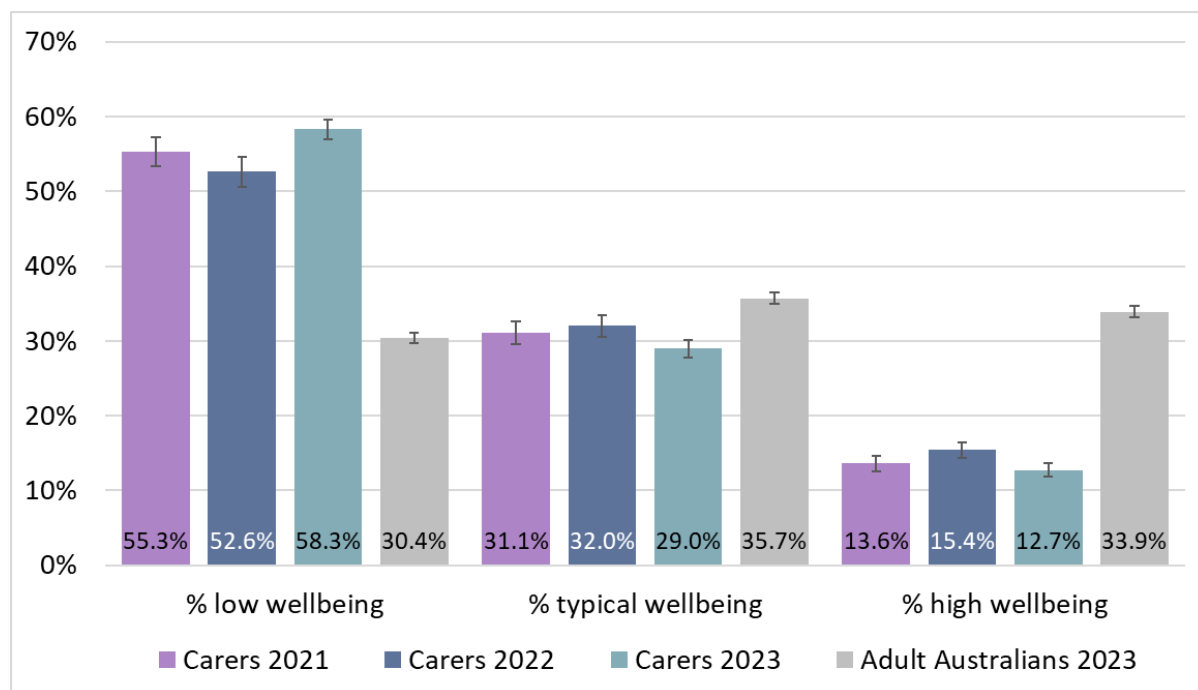


Figure 1 Wellbeing of Australian carers, 2021 to 2023

In 2023, some groups reported significantly higher or lower wellbeing compared to the average for all carers. The differences were similar to those observed in previous years of the CWS, and are summarised in Table 1, with detailed data provided in Appendix 1.

Table 1 Summary of statistically significant differences in wellbeing between different groups of carers, 2023

Group	Significant differences in wellbeing compared to the average for all carers, 2023¹	Is this consistent with 2021 and/or 2022?
Age	Carers aged between 35 and 54 were more likely to report lower wellbeing.	Yes
	Carers aged 65+ were more likely to report higher wellbeing.	Yes
Typical caring hours per week	Carers reporting high caring hours (40+ hours per week) were more likely to report lower wellbeing.	Yes
LGBTIQA+	Carers identifying as LGBTIQA+ were more likely to report lower wellbeing.	No
Urban/rural	Carers living in outer regional and remote areas were more likely to report higher wellbeing.	Yes
Primary carer/care assistance	Primary carers and sole carers were more likely to report lower wellbeing.	Yes
Number of people currently caring for	Those looking after 2 or more people were more likely to report lower wellbeing.	Yes
Care recipient residence	Carers of people who live elsewhere were more likely to report higher wellbeing.	Yes
	Carers of people who live with them were more likely to report lower wellbeing.	Yes
Length of time being a carer	Those who have been carers for five or more years were more likely to report lower wellbeing.	Yes
	Those who have been carers for two years or less were more likely to report higher wellbeing.	Yes
Care recipient disability, illness or injury type	Carers of people with Autism spectrum disorder, other development disorders, mental illness/psychosocial disability or drug/alcohol dependency were more likely to report lower wellbeing.	Yes
Relationships of carer to care recipient	Carers of children or grandchildren were more likely to report lower wellbeing.	Yes
Level of assistance needed by care recipient	Carers of people with low to moderate assistance needs were more likely to report higher wellbeing	Yes
	Carers of people with high to very high assistance needs were more likely to report lower wellbeing.	Yes
Carer labour force/study status	Carers who were unemployed were more likely to report lower wellbeing.	Yes
Past carers	Past carers were more likely to report higher wellbeing.	Yes

Group	Significant differences in wellbeing compared to the average for all carers, 2023 ¹	Is this consistent with 2021 and/or 2022?
¹ Yellow cells indicate higher than average wellbeing, and red cells indicate lower than average wellbeing.		

Some groups of carers experienced a much larger decline in wellbeing between 2022 and 2023 compared to others (Table 2). In particular, the following groups experienced higher than average decline in wellbeing: younger carers aged 15-24 years, carers engaged in study, carers of people with low assistance needs, carers who identify as Aboriginal or Torres Strait Islander and carers who identify as LGBTIQA. Wellbeing did not increase significantly for any group of carers between 2022 and 2023.

There were no significant changes in wellbeing between 2022 and 2023 for those who stopped caring in the last 12 months, nor for those who stopped caring more than 12 months ago.

Table 2 Change in proportion of carers reporting low wellbeing between 2022 and 2023

Group of carers reporting significantly lower wellbeing in 2023 compared to 2022	Proportion reporting low wellbeing (%)		
	2022	2023	Difference
Aged 15-24 years	34.2%	63.2%	29.0%
Carers engaged in study	44.0%	63.2%	19.2%
Recipient with low assistance needs	32.5%	51.2%	18.7%
Carers who identify as Aboriginal or Torres Strait Islander	44.1%	59.1%	15.0%
Carers who identify as LGBTIQA+	57.2%	70.3%	13.1%
Male carers	44.0%	53.4%	9.4%
Caring for less than 20 hour per week	36.7%	45.8%	9.0%
Care for a parent/grandparent	50.1%	58.3%	8.2%
Employed carers	49.3%	56.8%	7.5%
Aged 35 to 44 years	63.2%	70.6%	7.5%
Caring for more than 40 hours per week	63.1%	70.1%	7.0%
Sole carers	56.2%	62.3%	6.0%
Care recipient/s live with carers	56.2%	61.9%	5.8%
Primary carers	56.3%	61.6%	5.4%
Carers living in major cities	54.3%	59.7%	5.3%

3.2. Illbeing

Wellbeing measures are useful in understanding how well a person's life is going. It is also important to understand whether a person is experiencing symptoms of distress that indicate they are experiencing illbeing, which is broadly defined as having symptoms of poor mental health. Illbeing and wellbeing are often interrelated, and illbeing can sometimes be

an early indicator of declining wellbeing. Psychological distress (the Kessler 10, or K10, psychological distress scale) was used to measure illbeing.

Consistent with previous years, carers continued to have higher than average rates of psychological distress compared to the general population. Psychological distress levels of carers were compared to those of adult Australians, using the Kessler 6 measure (which examines a subset of the K10 measures, and which is used in the comparison data set from the Regional Wellbeing Survey). While 22.9% of adult Australians had high levels of psychological distress in the first half of 2023 (Source: Regional Wellbeing Survey, April-July 2023), 31.3% of carers were experiencing these levels of distress.

Levels of high psychological distress increased for adult Australians between 2021 and 2023 (from 12.0% in 2021 to 22.9% in 2023) - consistent with the decrease in wellbeing for the general population – however psychological distress declined for carers between 2021 and 2022, with no significant change in the rate of psychological distress between 2022 and 2023 (Figure 2). Further investigation is needed to understand why this might be the case. It is possible that the already high levels of distress amongst carers does not change as rapidly, or because carers are used to the types of stresses that typically cause low wellbeing and are therefore not triggering an increase in distress in the same way it does for the general population.

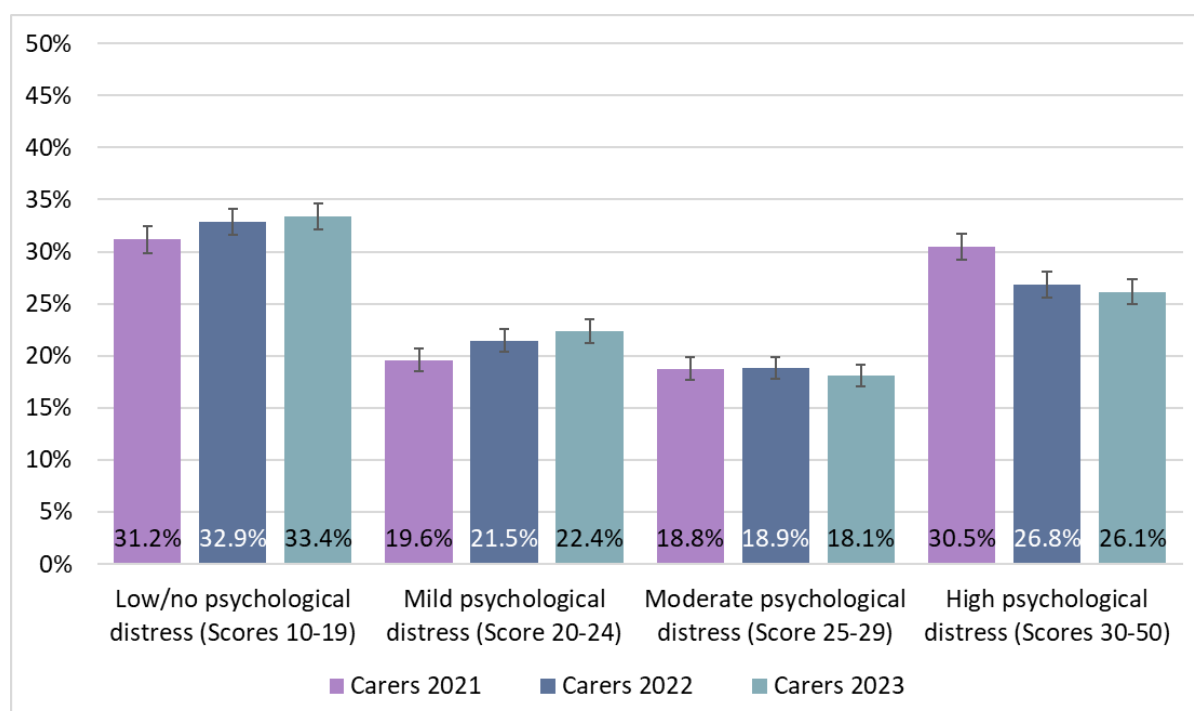


Figure 2 Carer illbeing, 2021 to 2023

A significantly higher proportion of carers in the following groups reported the highest probability of serious mental illness (scores of over 30 on the K10 scale) compared the 26.1% of carers as a whole who reported high psychological distress:

- Carers aged 25 to 34 (42.3%)
- Carers who work as a first responder (or have done so in the past) (40.9%)
- Carers who identify as LGBTIQ+ (37.4%)
- Those who care for someone with drug or alcohol dependency (35.8%)
- Those who care for someone with other developmental disorders (35.7%)
- Carers aged 35 to 44 (34.7%)
- Those who care for 3 or more people (34.5%)

- Those who care for someone autism spectrum disorder (34.1%)
- Carers with more than 40 hours per week caring commitments (33.0%%)
- Those who care for someone with mental illnesses or psychological disability (33.0%)

Psychological distress was lowest amongst carers aged 65 and over, carers with less than 20 hours caring commitments, those who are not primary carers, those whose care recipient lives elsewhere, those who care for someone with low to moderate assistance needs, and those who stopped caring more than 6 months ago.

3.3. Health of carers

In 2023, only 18.7% carers reported being in very good or excellent health, 31.1% in ‘good’ health, and 50.2% in fair or poor health. This is significantly lower than the Australian adult population, with 47.6% reporting being in very good or excellent health, 32.3% in ‘good’ health, and 20.2% in fair or poor health (Source: Regional Wellbeing Survey, April-July 2023) (Figure 3). General health of carers declined between 2021 and 2023, with a decrease in the proportion of carers reporting very good or excellent health from 22.3% in 2021 to 18.6% in 2022, remaining at 18.7% in 2023, and growth in the proportion of carers reporting fair or poor health from 45.3% in 2021, to 47.7% in 2022 and 50.2% in 2023.

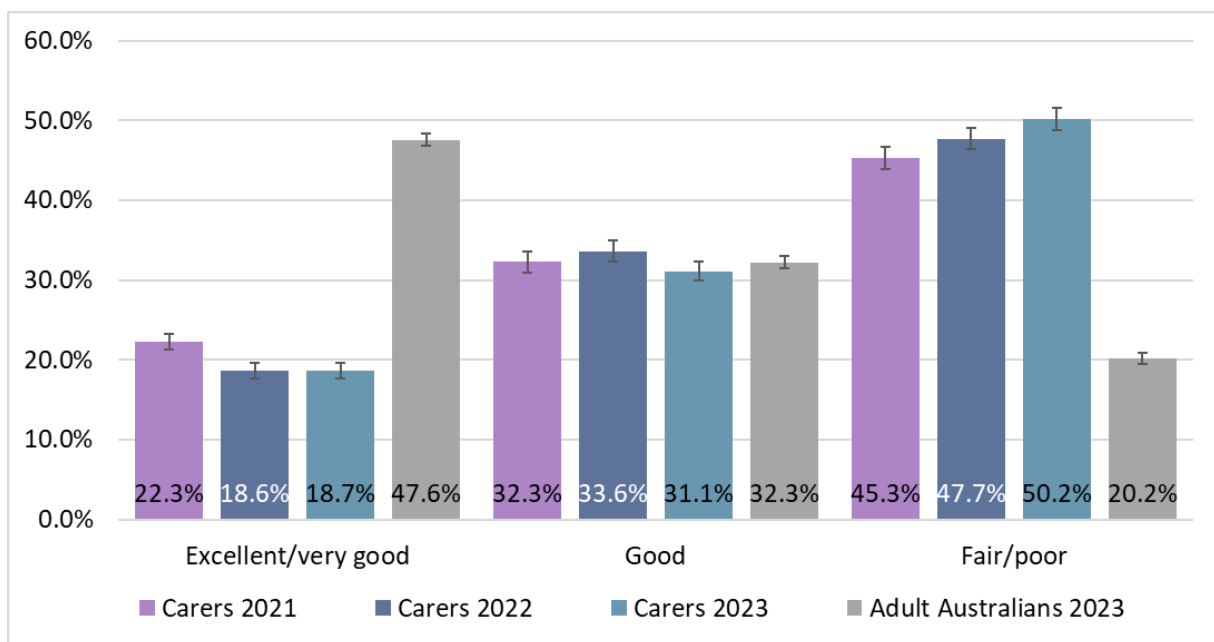


Figure 3 General health of carers 2021 to 2023

In 2023, general health was significantly poorer for the following groups compared to the average for all carers: Female carers; carers aged 35 to 54 years; those with caring commitments taking up more than 40 hours per week; primary carers and sole carers; those with continuous caring roles; carers who care for 2 or more people; those whose care recipients live with them; those who care for someone with very high assistance needs; and carers who are unemployed or not in the workforce (See Appendix 1 for details).

While most groups of carers had poorer health on average in 2023 compared to 2022, for some groups the decline was greater than for others:

- Carers engaged in study were significantly more likely to report fair or poor health in 2023 (53.8%) compared to 2022 (39.2%).
- There was a significant decline in general health for primary carers, with 49.8% reporting fair or poor health in 2022, rising to 54.0% in 2023.
- For carers who have one or more care recipients living with them, general health declined from 50.4% reporting fair or poor health in 2022, to 54.8% in 2023.
- A significantly higher proportion of those caring for a parent or grandparent reported fair or poor health in 2023 (50.1%) compared to 2022 (42.0%).

There was one exception to this overall finding, with average levels of overall health improving amongst one group of carers: general health significantly improved for carers aged 25 to 34 years, with 49.2% reporting fair or poor health in 2022, and 34.1% reporting fair or poor health in 2023.

4. Loneliness and social connection

Loneliness, lack of social connection and social isolation are well established to be associated with poorer health and wellbeing (Cacioppo and Cacioppo 2018). A measure of loneliness is used in the CWS rather than a measure of social isolation. This is because sense of loneliness measures the impact experienced by people who have fewer social relationships or social interactions than desired (Gubler et al. 2020, Hawkley and Cacioppo 2010).

In 2023, 19.3% of adult Australians felt lonely often or always, while 49.4% rarely felt lonely and 31.3% sometimes felt lonely (Source: Regional Wellbeing Survey, April-July 2023).

Loneliness was significantly higher amongst carers compared to adults Australians, with 38.6% of carers reporting that they often or always feel lonely in the 2023 CWS, and only 25.6% rarely feeling lonely (Figure 4).

Carers who reported being often or always lonely in 2023 were more than three times more likely to have low levels of wellbeing compared to carers who were rarely lonely: 84.5% of carers who reported often or always feeling lonely had low wellbeing, compared to 25.2% of carers who never or rarely felt lonely. Between 2021 and 2022, levels of loneliness increased significantly amongst carers. Levels of loneliness then remained stable between 2022 and 2023.

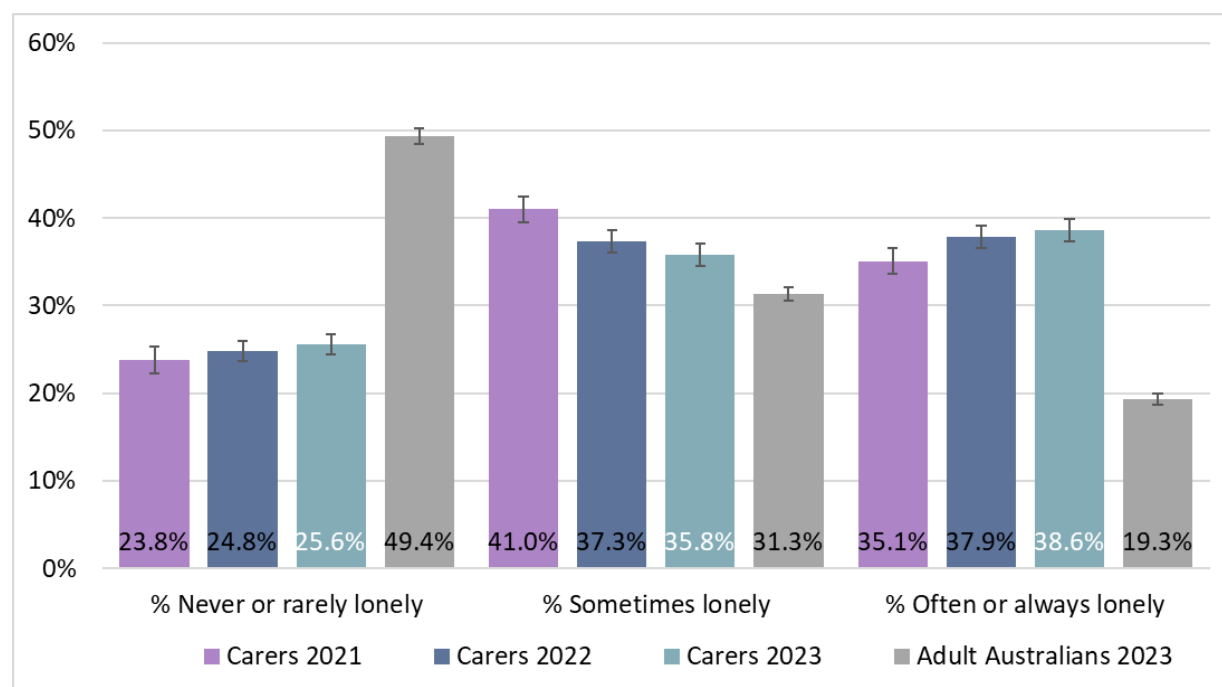


Figure 4 Loneliness in carers, 2021 to 2023

In 2023, some groups were significantly more likely to report feeling lonely often or always compared to all carers (38.6%), and include:

- Those who care for someone with other developmental disorders (53.7%)
- Carers aged 35 to 44 (51.4%)
- Carers with more than 40 hours per week caring commitments (51.2%)
- Those who care for someone autism spectrum disorder (50.6%)
- Carers of people with high (46.9%) or very high (50.7%) assistance needs

- Carers who identify as LGBTIQ+ (49.7%). This group did not have higher rates of loneliness in previous years.
- Carers who are unemployed (48.8%)
- Those who care for someone with mental illnesses or psychological disability (47.3%)
- Carers of children or grandchildren (47.1%)
- Carers currently studying (46.6%). This group did not have higher rates of loneliness in previous years.
- Those who care for someone with an intellectual disability (45.2%)
- Carers aged 45 to 54 (45.1%)
- Sole carers (44.4%). This group did not have higher rates of loneliness in previous years.
- Those who care for 3 or more people (44.2%)
- Those who have been caring for five years or more (43.4%)
- Primary carers (42.6%). This group did not have higher rates of loneliness in previous years.
- Female carers (42.1%)
- Carers with a continuous role (41.9%)
- Carers of people who live with them (41.0%)

These groups were largely the same groups who had higher rates of loneliness in previous years, with the exception of carers who identify as LGBTIQ+, sole carers and primary carers, who previously did not have higher than average loneliness levels. This suggests that these are long-term patterns of difference that are likely to be challenging to address, rather than short-term differences associated with specific events such as the effects of the COVID-19 pandemic on social interactions.

Higher rates of loneliness amongst carers are likely to be a direct result for many of the way their caring role impacts on their ability to spend time with friends and family. In 2023, similar to previous years, 54% of carers reported that their caring duties regularly or always had a negative impact on their social life (Figure 5). The majority of carers in (61.9%) did not feel uncomfortable about having friends over when they are with the person they care for. This suggests that the impacts of caring for others on social interaction are more to do with factors such as the impacts of being a carer on time availability, than with issues such as stigma about friends and family visiting a household in which caring activities are occurring.

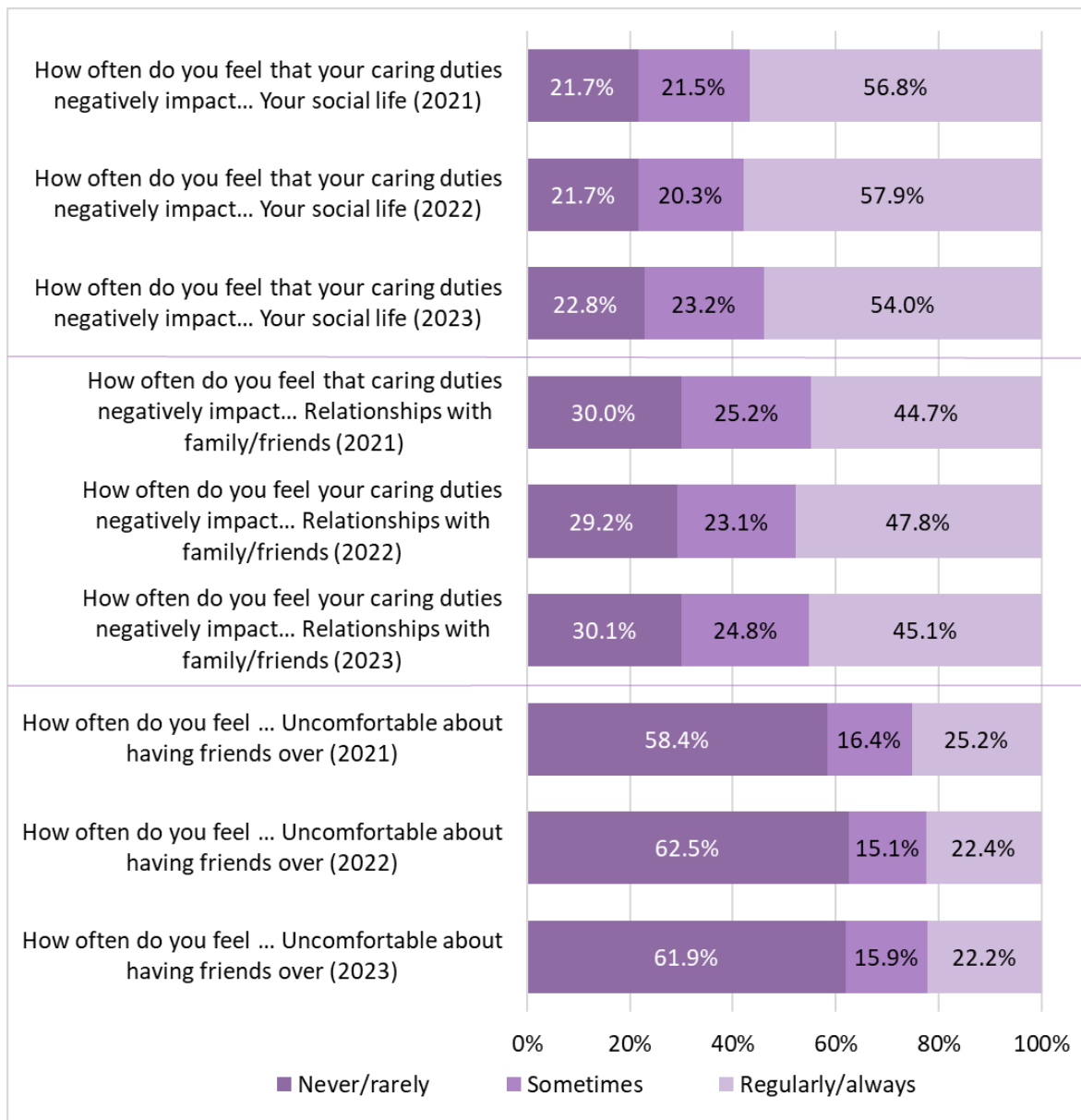


Figure 5 Impact of caring on social relationships, 2021 to 2023

5. Financial wellbeing

In 2023, 15.9% of carers reported being poor or very poor, significantly higher than the 13.2% in 2021 and 12.5% in 2022. However, there was no significant difference in the proportion of carers who were ‘just getting along’ between 2021 and 2023, with 37.7% of carers ‘just getting along’ in 2023, 39.6% in 2021 and 40.1% in 2022.

Carers in all years of the CWS have reported lower financial prosperity compared to the adult Australian population, including in 2023 where carers were 1.6 times more likely to be poor or very poor than the average Australian (Figure 6). In 2023, almost two thirds of carers (60.8%) reported that they had experienced at least one significant financial stress event in the previous 12 months, such as being unable to pay bills on time, going without meals, or having to ask for financial assistance. This was significantly higher than the 57.3% who reported this in 2021, and the 53.5% in 2022. Carers consistently experience higher rates of financial stress events compared to the broader population, 43.0% of adult Australians experiencing one or more financial stress events in the last 12 months (Source: Regional Wellbeing Survey, April-July 2023).

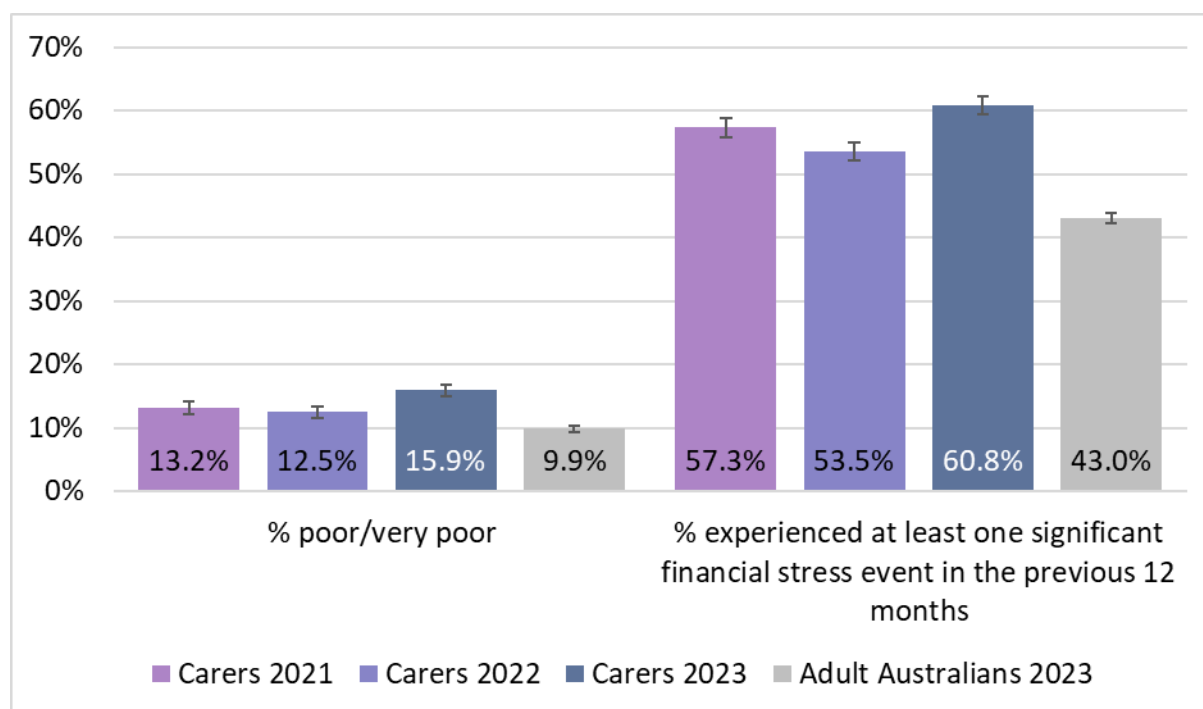


Figure 6 Carer financial wellbeing, 2021 to 2023

Some groups of carers reported significantly lower financial wellbeing compared to the already low average amongst carers as a whole, while others reported significantly better financial wellbeing than was typical for carers (Table 3, with detailed data provided in Appendix 1).

Table 3 Summary of statistically significant differences in financial wellbeing between different groups of carers, 2023

Group	Significant differences in wellbeing compared to the average for all carers, 2023 ¹
Age	Carers aged under 45 were more likely to report lower financial wellbeing
	Carers aged 65 and over were more likely to report higher financial wellbeing.
Typical caring hours per week	Those with caring commitments over 40 hours per week were more likely to report lower financial wellbeing.
LGBTIQA+	Carers who identify as LGBTIQA+ were more likely to report lower financial wellbeing.
Primary carer/care assistance	Sole carers were more likely to report lower financial wellbeing.
	Carers who are assisted in their caring role more likely to report higher financial wellbeing
Number of people currently caring for	Those who care for 2 or more people were more likely to report lower financial wellbeing
	Those who care for 1 person were more likely to report higher financial wellbeing
Care recipient residence	Carers of people who live elsewhere were more likely to report higher financial wellbeing.
Length of time being a carer	Those who have been carers for five or less years were more likely to report higher financial wellbeing.
Care recipient disability, illness or injury type	Those who care for someone autism spectrum disorder, other developmental disorders, mental illnesses or psychological disability and/or drug or alcohol dependency were more likely to report lower financial wellbeing.
Relationships of carer to care recipient	Carers of children or grandchildren were more likely to report lower financial wellbeing
Carer labour force/study status	Carers who are employed were more likely to report higher financial wellbeing.
	Carers who are unemployed more likely to report lower financial wellbeing.
	Carers who are paid as a first responder were more likely to report lower financial wellbeing.
Payments or allowances	Carers who received a carer payment and/or allowance in the last 12 months were more likely to report lower financial wellbeing.
¹ Yellow cells indicate higher than average wellbeing, and red cells indicate lower than average wellbeing.	

While most groups of carers had poorer financial wellbeing in 2023 compared to 2022, some groups of carers experienced a greater decrease than others:

- Carers aged 15 to 24 were significantly more likely to report being poor or very poor in 2023 (28.8%) compared to 2022 (16.1%).
- Carers aged 35 to 44 were significantly more likely to report being poor or very poor in 2023 (25.2%) compared to 2022 (15.3%).
- Carers with typical caring hours of less than 20 hours per week were significantly more likely to report being poor or very poor in 2023 (12.0%) compared to 2022 (5.9%).
- Those with a care recipient living with them were significantly more likely to report being poor or very poor in 2023 (16.9%) compared to 2022 (13.3%).
- Those caring for someone with low to moderate assistance needs were significantly more likely to report being poor or very poor in 2023 (13.0%) compared to 2022 (5.5%).
- Employed carers were significantly more likely to report being poor or very poor in 2023 (13.0%) compared to 2022 (8.7%).
- Carers not currently studying were significantly more likely to report being poor or very poor in 2023 (15.2%) compared to 2022 (12.1%).

In 2023, carers were also asked about financial impacts they experienced as a result of being a carer (Figure 7). The majority of carers reported that:

- becoming a carer resulted in a reduction in the amount of income they earned (61.1%)
- they had accumulated less superannuation than they would have because of their role as a carer (58.4%)
- their household's financial situation has worsened since becoming a carer (56.9%), and
- they have not been able to take employment opportunities due to being a carer (53.4%).

Only 23.0% of carer reported that their income earning ability was the same as it would be if they were not a carer.

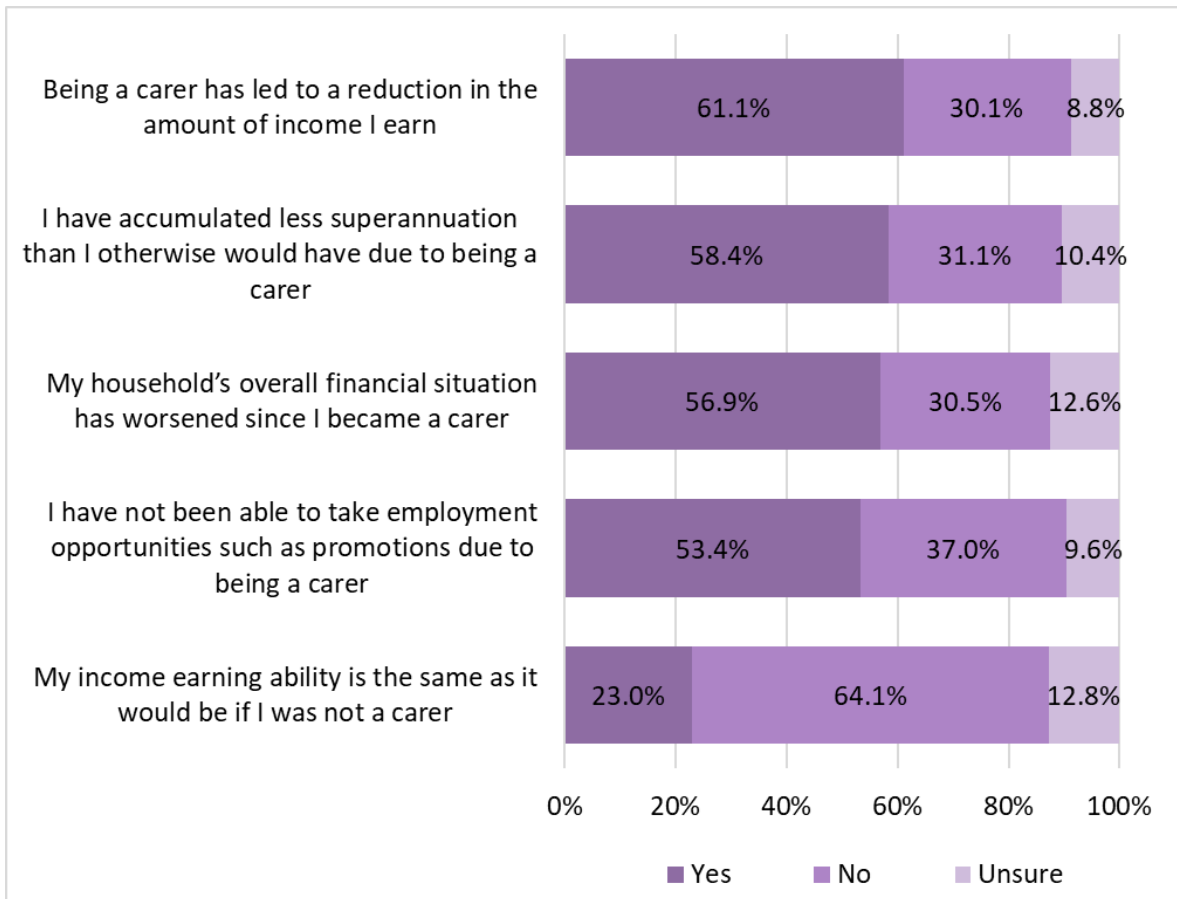


Figure 7 Carer financial burden, 2023

6. Housing, telecommunications and transport

6.1.Housing

In both 2021 and 2022, more than 70% of carers across Australia reported their home met their needs well, however this dropped slightly but significantly in 2023 to 67.3% (Figure 8). The largest (and significant) decline in satisfaction with home suitability between 2022 and 2023 was amongst young carers, but also, amongst those with caring commitments less than 20 hours per week, those who are not primary carers or have assistance in their caring role, those who do not live with the care recipient, those who care for someone with low assistance needs, employed carers and past carers. This suggests that the decline in some carers reporting that their home meets their needs well between 2022 and 2023 may not be driven by their caring situation, but by other factors.

In 2023, the groups of carers significantly less likely to report that their home meets their needs well compared to the average for all carers included:

- young carers aged 15 to 24
- carers who identify as Aboriginal or Torres Strait Islander
- carers of three people or more
- carers who are unemployed
- carers of children or grandchildren, and
- carers of people with autism spectrum disorder or another developmental disorder.

There was no change in perceptions about overcrowding between 2022 and 2023 (this question was not asked in 2021), with just over 70% of carers in both years reporting that their home was not overcrowded.

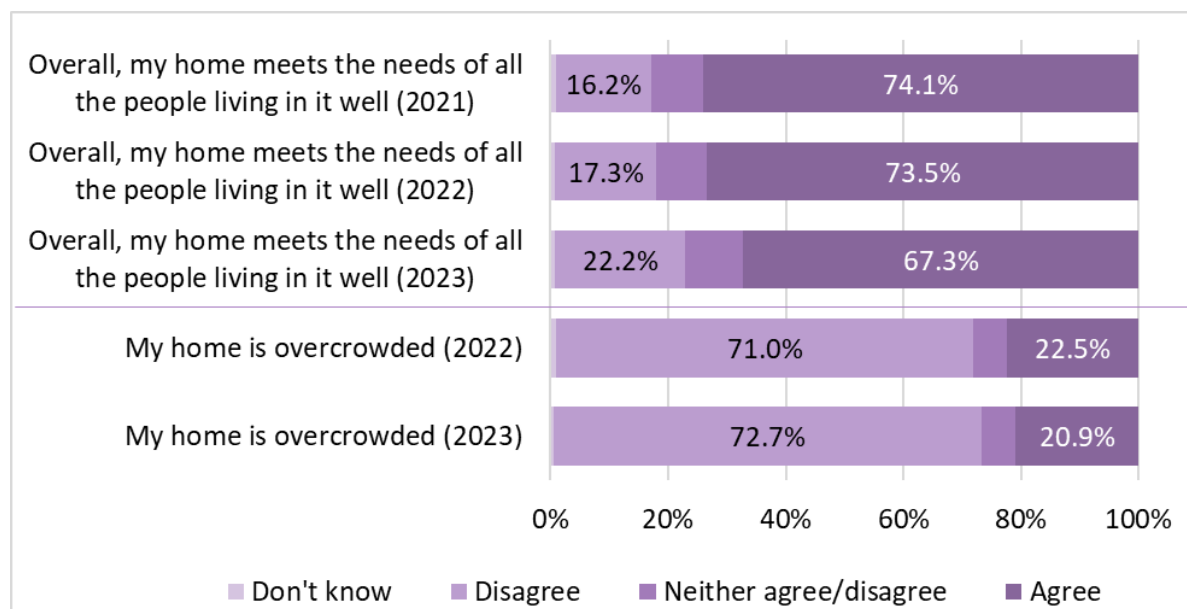


Figure 8 Housing suitability for carers, 2021 to 2023

6.2. Telecommunications

Having good access to telecommunications is increasingly important for carers, particularly as the support systems they navigate are increasingly online, as are a growing proportion of health related appointments. Carers' access to good mobile phone reception remained stable 2021 to 2023 (Figure 9). Some groups of carers are more likely to report having poor access to mobile phone reception than others, particularly includes people living in outer regional and remote areas, young carers aged 15 to 24, carers who identify as Aboriginal or Torres Strait Islander, carers who work or volunteer as first responders, and carers of three or more people.

Between 2022 and 2023, there was a small but significant decline amongst carers reporting good access to high speed, reliable internet (from 74.9% to 72.0%), access to a personal computer/laptop/tablet (from 83.3% to 77.9%) and a private space to use these devices for telehealth or online services (from 70.9% to 65.6%). In 2023, young carers, and carers who identify as Aboriginal or Torres Strait Islander were significantly more likely to report overall poorer access to telecommunications, devices and a private space to use those devices, while those caring for someone for more than 40 hours per week and those caring for three or more people were significantly more likely to report poor access to a private space but did not report poorer access to telecommunication or devices.

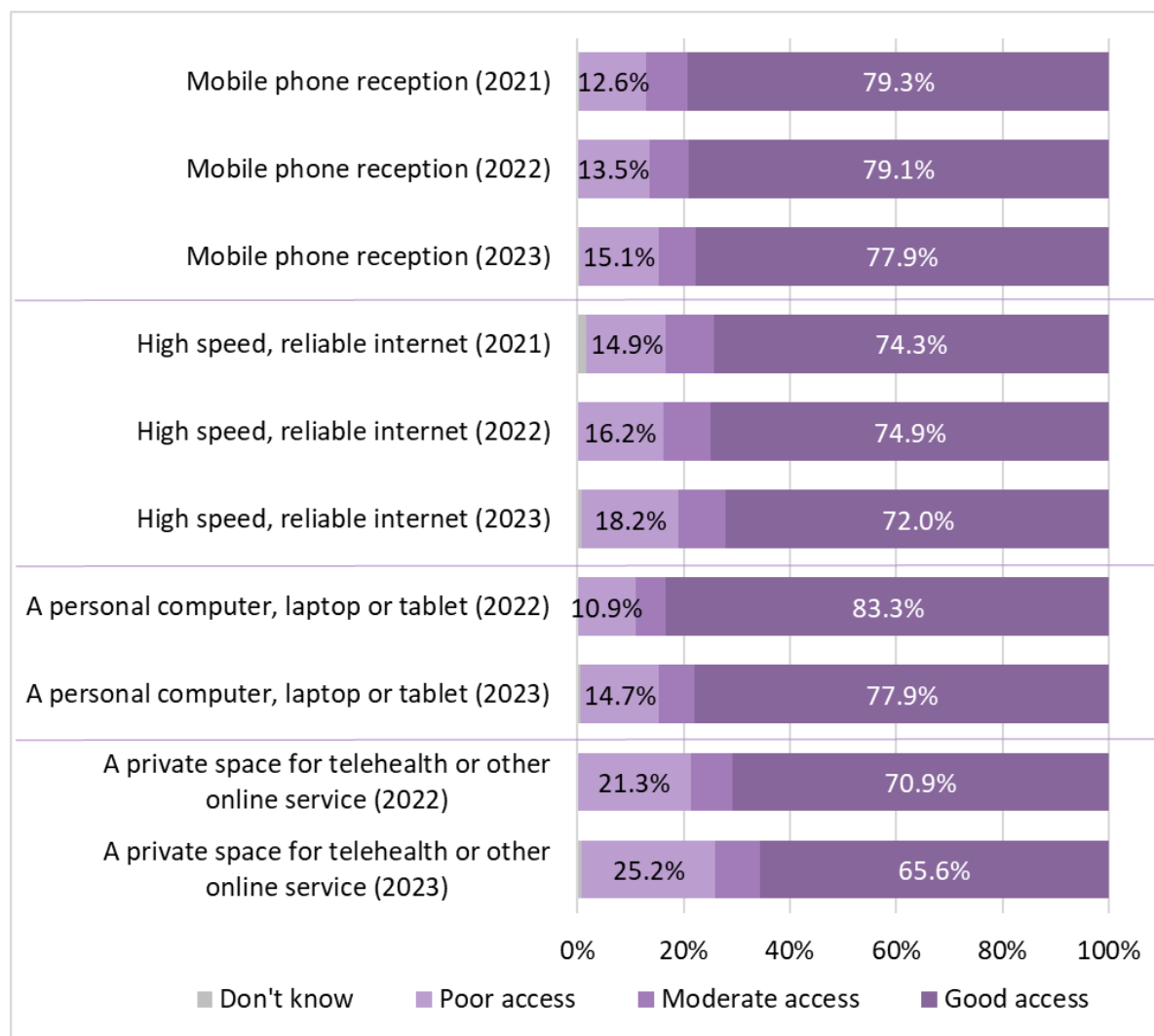


Figure 9 Access to telecommunications, 2021 to 2023

While the majority of carers have good access to telecommunications, electronic devices and a private space to use online services or telehealth, there are still nearly 15% of carers who report poor mobile reception and/or don't have access to a computer, laptop or tablet, and almost 20% who report poor access to high speed, quality internet. One in four carers do not have access to a private space where they can use online or telehealth services. The need to build capacity for use of phone and online services continues to be an important priority to ensure carers and care recipients have access to telecommunications, devices and space to successfully use the growing number of services delivered online.

6.3.Transport

In 2022 and 2023, carers were asked how easily the people they care for can get to the places they need to go. There were no significant changes in ease of transport for care recipients, with 37.3% in 2023 reporting the person they care for could easily travel to different places they needed to go, 40.3% reporting they sometimes had difficulty getting the care recipient to places they need to go, and 22.3% indicating that they often have difficulty or can't get to place they need to go (Figure 10). These findings across two years highlight that many care recipients experience long-term challenges with transport.

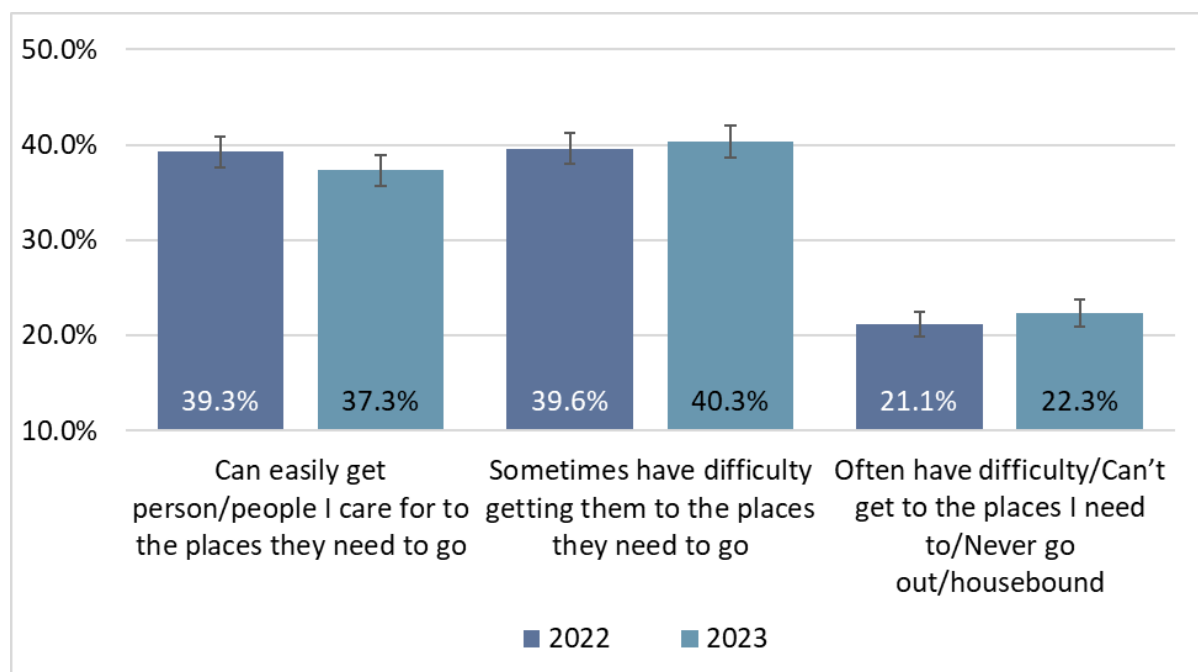


Figure 10 Ease of transport amongst care recipients, 2022 and 2023

7. Time use

A growing body of evidence shows an important relationship between achieving a good balance of time use and a person's wellbeing. A person with good work-life balance, or in the case of carers, a good care-work-life balance, will typically have higher wellbeing (Krueger et al. 2012; Stone et al. 2018; Freedman et al. 2019). Time use goes beyond paid work and caring duties, however, to also include the extent to which a person have sufficient balance between competing time demands such as child care duties, home duties, physical activity, self-care and recreation/relaxation. There is increasing evidence that people who have poor time use balance, particularly in the areas of caring commitments and/or other unpaid work, have poorer wellbeing (Tomczyk et al. 2021).

Carers were asked if, in the last month, they had done more, less, or about as much as they wanted to of a range of activities known to be important to health and wellbeing as part of balanced time use, including time spent on caring and volunteering, work and chores, exercise, sleep, social connection, time outdoors and recreation.

7.1. Time spent caring and volunteering

In 2023, 61.7% of carers reported spending more time than desired on caring duties, a decrease from the 66.9% reporting this in 2022 (Figure 11). This is significantly more than the 37.7% adult Australian reporting that they spend more time caring than desired (Source: Regional Wellbeing Survey, April-July 2023).

Many Australians contribute their time as volunteers, across a wide range of activities. For many carers, there is limited time available to volunteer. Reflecting this, in 2023 carers were significantly more likely (50.3%) than adult Australians (36.8%) to report they did less volunteering than they wanted to. This suggests that the time pressures of caring duties likely reduce the amount of time a person can contribute to their community in other ways.

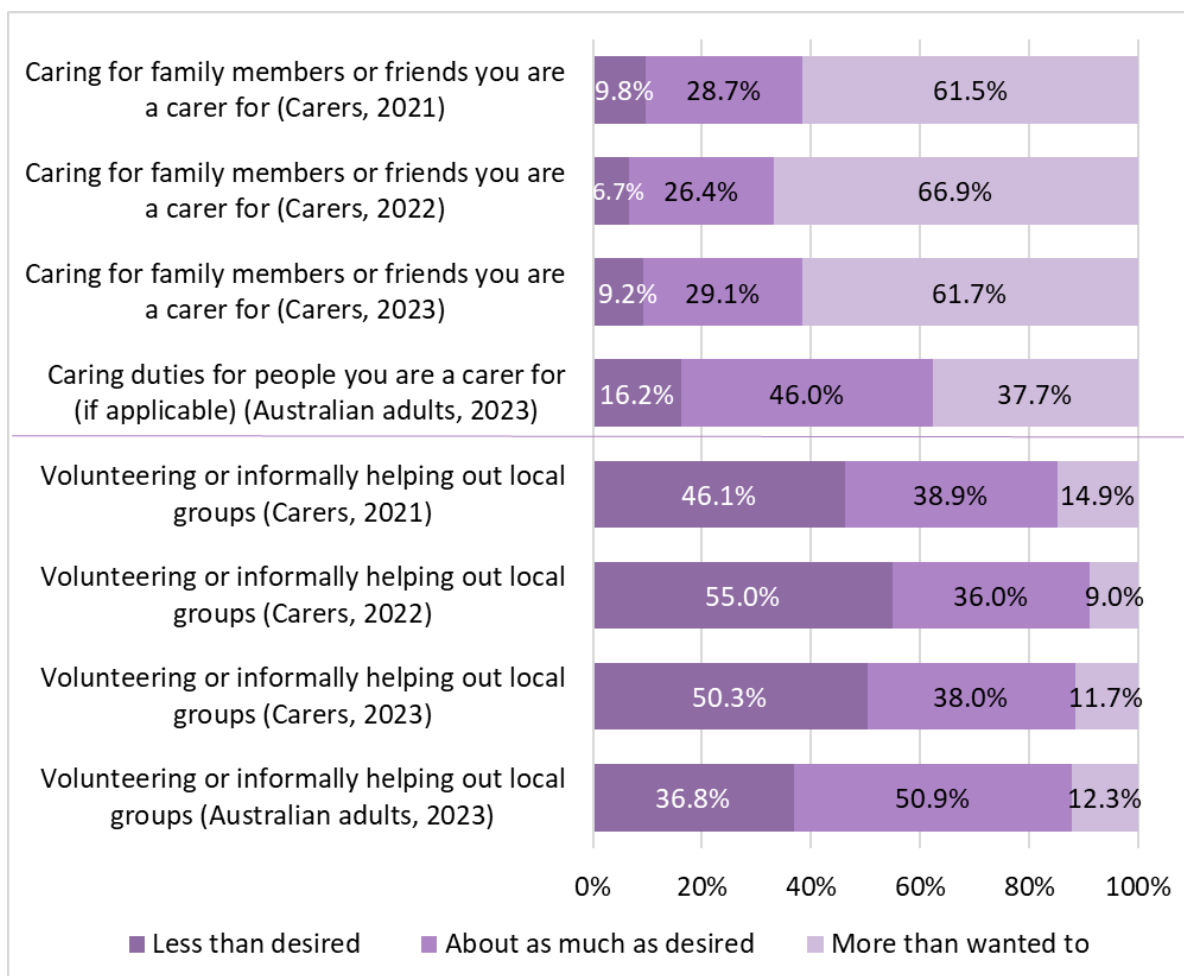


Figure 11 Time use: Caring and volunteering, 2021 to 2023

7.2. Work and chores

Amongst carers who had paid work, 47.1% reported that they were doing less paid work than they wanted to, compared to only 27.5% of Australians more generally (Figure 12). This is an increase of almost 5% since 2021, suggesting that either ability to engage in paid work is decreasing, or that the need to engage in paid work (for example due to experiencing financial stress) is increasing amongst carers.

Caring duties often contribute to carers working less hours than desired: of carers who were doing less paid work than desired, 71.0% reported that their caring duties were a factor that contributed to them being unable to work as much as they wanted to.

The carers most likely to report doing less paid work than they desired were:

- those spending more than 40 hours on their caring duties in a typical week (amongst whom 61.3% were doing less paid work than desired)
- those currently studying (61.3%)

Perhaps reflecting inability to engage in as much paid work as desired, one in five carers reported they wished they could spend more time commuting to work: 20.1% of carers spent less time commuting than desired (20.1%) compared to only 7.5% of adult Australians.

When asked about housework and chores (other than gardening), 44.9% indicated they did more housework than they wanted to in 2023, a significant decline compared to 2022 (50.3%). Despite the decline, carers were still significantly more likely to report doing more housework than desired compared to adult Australians (39.1%).

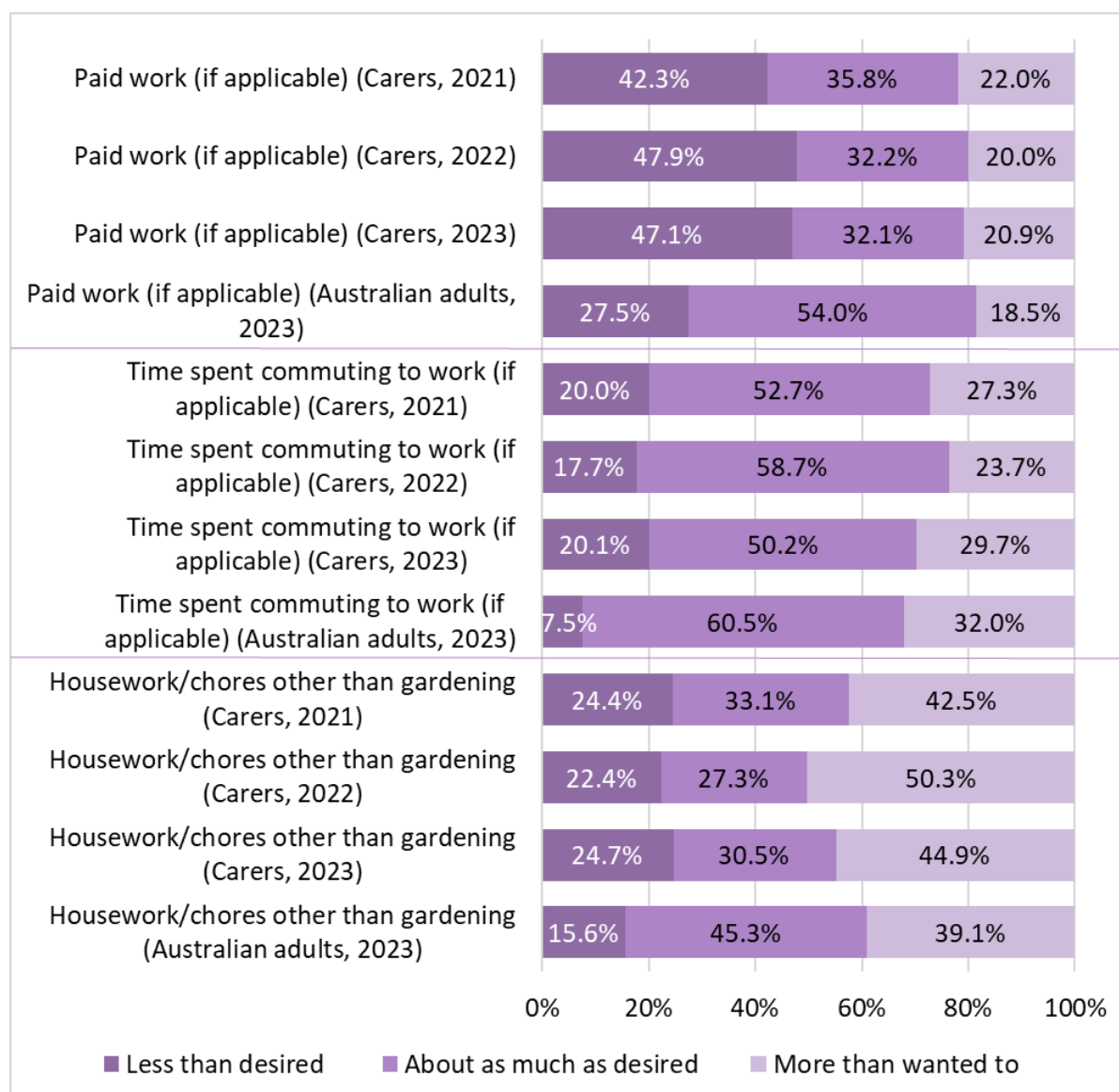


Figure 12 Time use: paid work and chores, 2021 to 2023

7.3. Exercise and sleep

Being able to spend time exercising, and having sufficient hours of sleep, are both critical contributors to a person’s wellbeing. Both, however, can be challenging to achieve when a person is a carer. Reflecting this, 76.2% of carers reported exercising less than they wanted to, and 72.6% reported getting less sleep than desired. In comparison, only 63.2% of Australian adults reported doing less exercise than desired, and only 53.9% getting less sleep than desired in 2023 (Figure 13).

The proportion of carers reporting less than desired exercise increased significantly since 2021, from 72.1%. The types of carers most likely to report exercising less than desired

included female carers, carers aged 35-54, carers with more than 40 hours caring commitments per week, those who have been carers for five or more years, those caring for people with autism spectrum disorder or other development disorders and those caring for someone with very high assistance needs. The same groups of carers were also those most likely to report having less sleep than desired, although in addition those with a continuous caring role and carers of two or more people were more likely than the average carer to lack sufficient sleep.

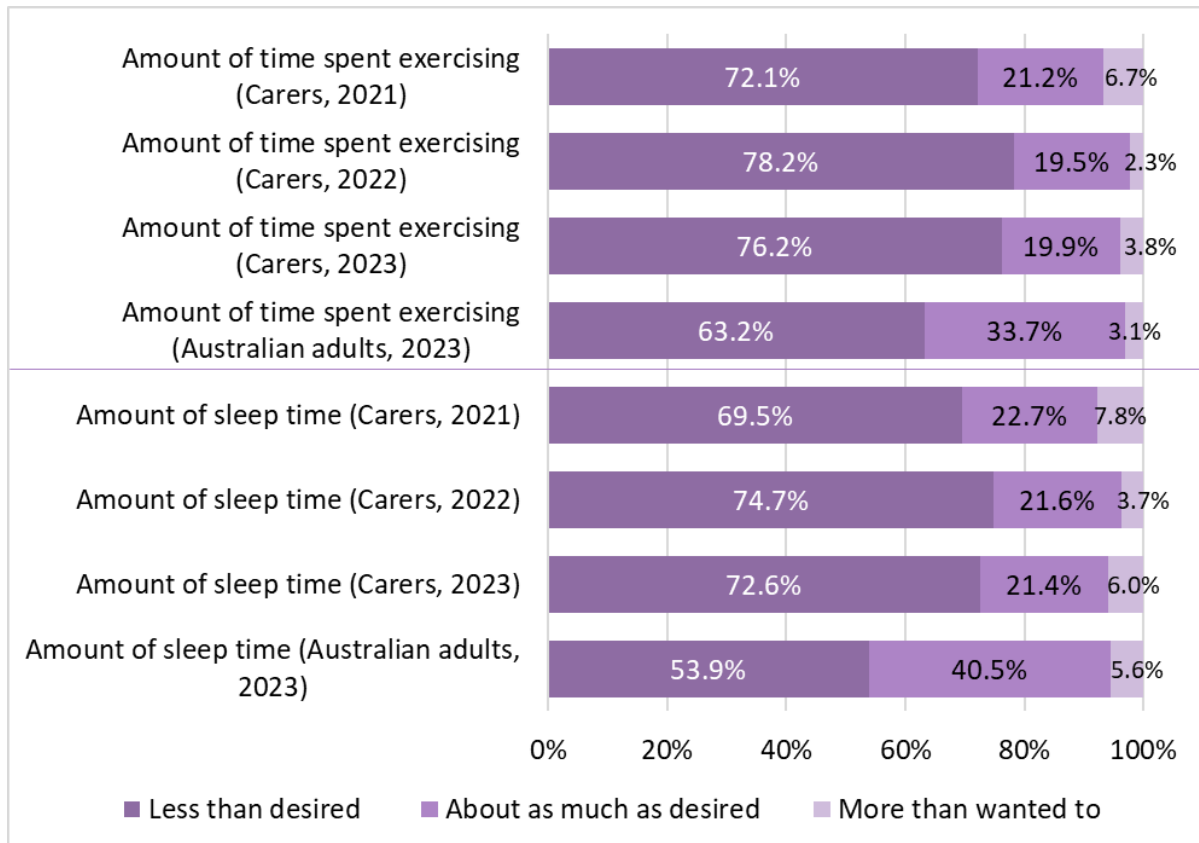


Figure 13 Time use: sleep and exercise, 2021 to 2023

7.4.Social connection, time outdoors and recreation

Carers spend less time than desired connecting with friends and family compared to Australians overall. During 2023, 50.3% of Australians reported spending less time than they wanted to with friends and family, compared to 70.7% of carers (Figure 14). Since 2021, an increasing proportion of carers have reported not spending sufficient time outdoors or recreating.

In 2023, a new aspect of time use was asked about that was not included in the 2021 or 2022 CWS. Carers were asked if they had sufficient free time, defined as time in which they could choose what they wanted to do. A total of 78.5% of carers said they had less free time than they desired, 17.0% about the right amount and 4.5% more than they wanted.

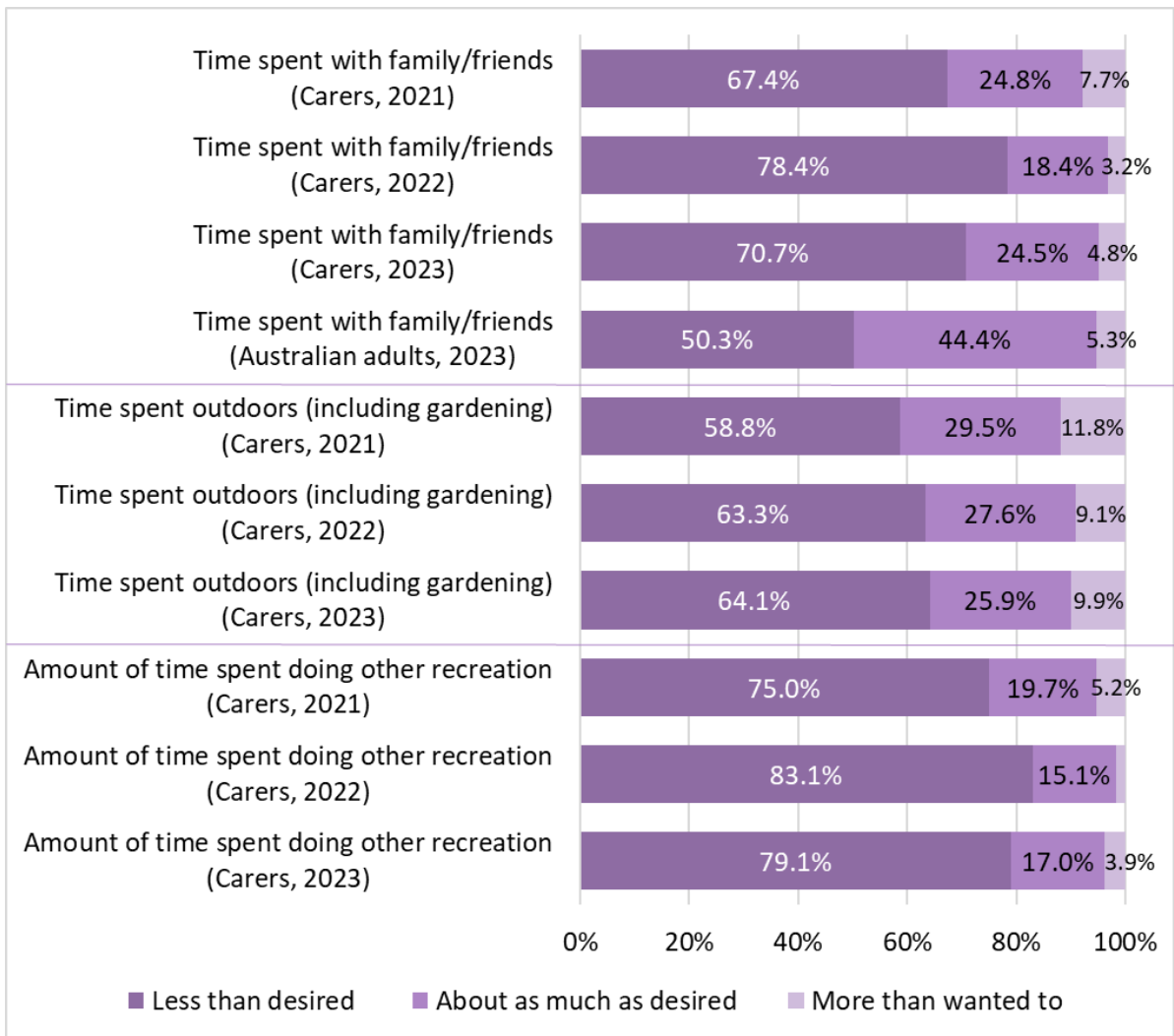


Figure 14 Time use: Social connection, time outdoors and recreation, 2021 to 2023

8. Employment and study

Being an unpaid carer can present challenges that reduce or threaten a carer’s ability to engage in the labour force. This is a significant concern, as having poor access to employment has a range of documented negative impacts on a person’s overall wellbeing and mental health, social connection, and financial wellbeing. Lacking access to paid work can also impact a person’s ability to successfully navigate being an unpaid carer.

As seen in the previous section on time use, carers are often spending more time than desired engaging in their caring duties and housework, and less time than desired in other activities including paid work. According to the 2021 ABS *Census of Population and Housing*, 69.0% of unpaid carers aged 15-64 (typical working age) had paid employment, compared to 73.9% of those who were not carers.

The CWS focuses on carers for whom being a carer is a significant part of day-to-day life. This is somewhat different to the Census, which includes all carers, irrespective of whether their carer role comprises a relatively small or large part of their day-to-day activity. In 2021, the CWS results suggested 51.6% of current carers aged 15-64 were employed, while 4.9% were unemployed and seeking work, and 43.5% were not in the labour force. In 2022, 52.8% of carers aged 15-64 were employed, 5.5% unemployed and 41.7% not in the labour force.

The number of employed carers of typical working age increased significantly in 2023, with 62.4% of carers employed, 6.2% unemployed and 31.3% were not in the labour force. Of the carers that were employed, 36.3% worked less than 20 hours per week, 28.4% worked 30-34 hours per week, 35.4% worked 35-44 hours per week, and only 7.5% worked 45 or more hours.

Carers who were employed were more likely to have healthy levels of wellbeing (43.2%) compared to those who were unemployed (27.5%) (Figure 15). This figure does not account for the many carers – including some of those who are employed, and some of those not currently in the labour force – who would prefer to be doing more paid work than they currently are. As identified in Section 7, of the 44.8% of carers who reported that they did less paid work than desired in the previous month, 70.8% had low wellbeing.

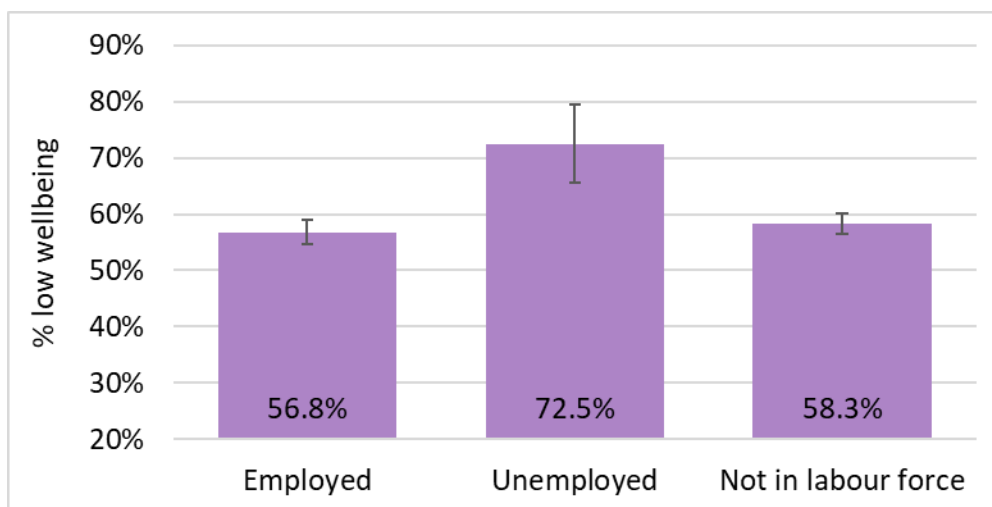


Figure 15 Proportion of carers with low wellbeing, by participation in labour force, 2023

Carers were asked to rate their level of satisfaction with their ability to participate in paid work, and their ability to do further education or training if they wanted to. Almost two thirds of all carers (63.9%) reported low satisfaction with their ability to participate in paid work, and even more (68.3%) reported low satisfaction with their ability to do further education or training if they want to (significantly more than in 2022). Those with caring commitments more than 40 hours per week, continuous carers, primary carers, sole carers, carers of two or more people, those who care for someone who lives with them. Those who have been caring for five years or more, and carers of people with autism spectrum disorder, other developmental disorders and/or mental illness/psychosocial disability reported significantly lower satisfaction with both their ability to participate in paid work and engagement in study.

In addition to asking about the amount of paid work they were able to do and their satisfaction with the ability to engage in paid work, carers were asked to rate whether their ability to engage in paid work was getting better or worse over time. In 2023, 50% of carers indicated that their ability to participate in paid work was getting worse, while 32.4% indicated it was getting better. This was a significant improvement compared to 2021, when only 26.8% reported their ability to engage in paid work was getting better (Figure 16).

Some groups of carers were significantly more likely to report that their ability to engage in paid work was getting worse. This included in particular carers aged 55 to 74, those caring more than 40 hours per week, continuous carers, primary carers, sole carers, those who care for someone who lives with them and carers of people with high to very high assistance needs. In contrast, some carers were significantly more likely than the typical carer to report that their ability to engage in paid work was getting better. This included carers aged 15 to 34, those with less than 20 hours caring commitments per week, carers who identify as Aboriginal or Torres Strait Islander, those with episodic caring roles, those who are not primary carers, those who care for someone who does not live with them, and those who care for a person with lower assistance needs. Overall, those with more intensive and demanding carer roles were most likely to report their ability to engage in paid employment was getting worse, while those whose caring role made less significant demands on their life were most likely to report their ability to engage in paid work was improving.

In 2023, more than half of carers (56.9%) reported that their ability to progress their studies/education was getting worse, while only 26.3% reported that it was getting better. This was similar to finding in 2021 and 2022. Carers who spent over 40 hours a week on their caring responsibilities were significantly and substantially more likely to feel their ability to study is getting worse.

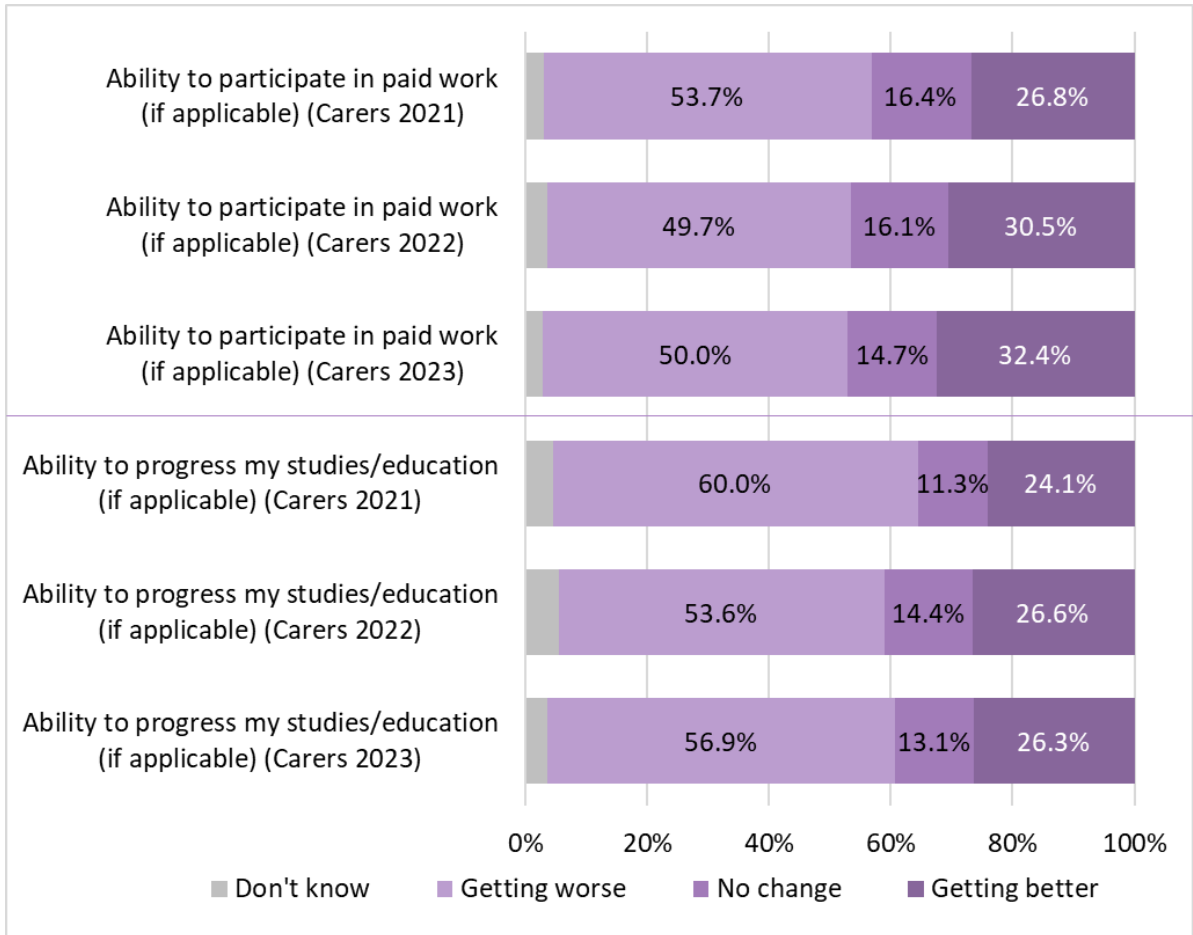


Figure 16 Change in ability to participate in paid work and progress studies, 2021 to 2023

8.1. Workplace support and flexibility

Having a flexible workplace and an employer who understands the challenges that many carers navigate on a daily basis can assist carers in accessing and maintaining paid employment. In 2023, the majority of employed carers had discussed their caring role at least once with their employer. Of carers in paid employment who had a supervisor/employer (a figure that excludes those working in a self-employed job), 45.3% reported that they were able to discuss their carer role with their employer whenever they needed to, while 39.6% said they had discussed their caring role with their employer, but only once or twice. Only 15.0% said they had not discussed their caring role with their employer.

The types of carers least likely to speak to their employer about their caring role were young carers aged 15 to 34, carers who identify as Aboriginal and/or Torres Strait Islander, carers with episodic caring roles, carers of people with a drug/alcohol dependency and carers of people with low assistance needs. Those most likely to discuss their carer role with their employer were female carers, carers aged 35 to 54 and carers of people with an intellectual disability.

In addition to asking about discussing their carer role, carers were asked about key aspects of the workplace that can improve inclusivity, particularly their access to flexibility in work hours. Most carers (59.2%) reported that they have some level of flexibility in the timing of their work hours, with 35.5% reporting that they have set hours that they can change if they need to, and 23.7% reporting that they can change their hours easily as needed. Overall, 23.0% of carers indicated that they could work from home any time if they want to, and 38.1% could work from home sometimes but not always.

Most employed carers indicated that their employer was at least somewhat understanding about their caring role: 34.2% indicating their employer was somewhat understanding and are able to discuss how to balance caring and work, and 35.6% reported that their workplace was highly supportive of their caregiving role and supports them in making sure they can fulfil their caring duties). However, 15.6% still reported that their employer is not understanding of their role as a carer, and that it is expected their caring duties do not interfere with any aspect of their work (Figure 17). Carers aged 25 and younger were significantly more likely to fall into this last category.

Carers with employers who are highly supportive of their caregiving role were significantly more likely to have healthy levels of wellbeing compared to those who feel their employers who are not understanding. Amongst those with understanding employers, 52.9% had low wellbeing, compared to 70.9% of those who felt their employer was not understand. Those with understanding employers were also significantly less likely to have high psychological distress (26.8% compared to 40.8%). While some caution is needed in interpreting these findings, as a person experiencing high distress and/or low wellbeing may be more likely to attribute low understanding to their employer, they do suggest a positive reinforcing relationship between positive workplace experiences and carer wellbeing.

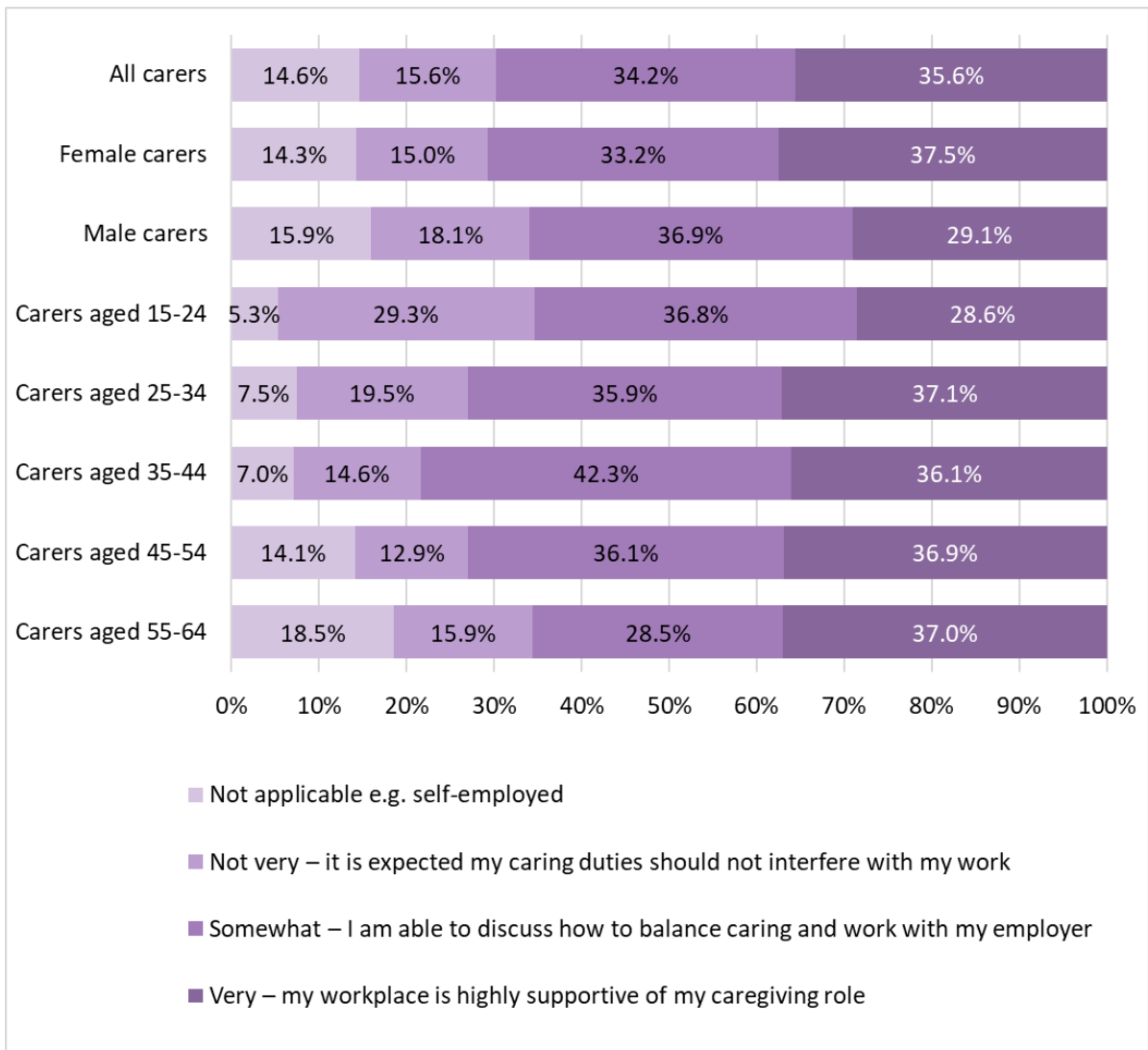


Figure 17 Workplace support for caring role, 2023

9. Ongoing experiences of COVID-19

The 2023 CWS was conducted at a time when there had been just over 12 months since the last COVID-19 lockdown and removal of travel restrictions. However, while many aspects of life may have returned to normal, the COVID-19 pandemic continues, and has significant impacts for many people. The 2022 CWS, conducted during the COVID-19 lockdown, asked carers a number of questions about how the COVID-19 pandemic had impacted them as a carer, and their ability to access ongoing therapy and support for the people they care for. In 2023, some of these questions were repeated, in order to identify the extent to which impacts were ongoing. A small number of additional questions were also asked.

As shown in Figure 18, the impacts associated with COVID-19 declined for many carers between 2022 and 2023. In particular, fewer reported reduced social contact in 2023, and fewer reported that the pandemic was impacting their ability to maintain support and care for care recipients. Despite this improvement, impacts remained significant for many:

- In 2023, 39.5% of carers regularly limited their own social interactions in order to reduce risk to one or more people they cared for being (due to them being at high risk if they became ill with COVID-19), compared to 50.3% in 2022.
- In 2023, 36.2% continued to experience increased intensity or amount of caregiving duties due to COVID-19, a decrease from the 48.5% who reported this in 2022.
- More than one in five carers – 23.5% - reported that the person/people they care for had reduced access to some types of supports or services due to the COVID-19 pandemic in 2023, compared to 34.1% in 2022.

Easing of social restrictions led to increased challenges for some carers. In particular, the rapid increase in COVID-19 cases meant some had to further limit social interactions or time spent in public places after restrictions lifted due to the higher likelihood of COVID-19 transmission in these situations. In 2023, a total of 66.3% of carers reported that they regularly or sometimes reduced their social interactions due to the effect easing of restrictions had on risk of being exposed to COVID-19 in public spaces. Additionally, 47.0% reported that they regularly or sometimes had reduced access to some types of supports or services that assist them in their caring role (Figure 19), suggesting it is not only care recipients who experienced reduction in services, but also carers. Over a third of carers indicated that it became more difficult to find information related to COVID-19 restrictions or advice as restrictions eased. One in four carers (26.2%) reported that they had to reduce their caring responsibilities or ask for help due to having COVID-19 or having long-term health challenges post having COVID-19.

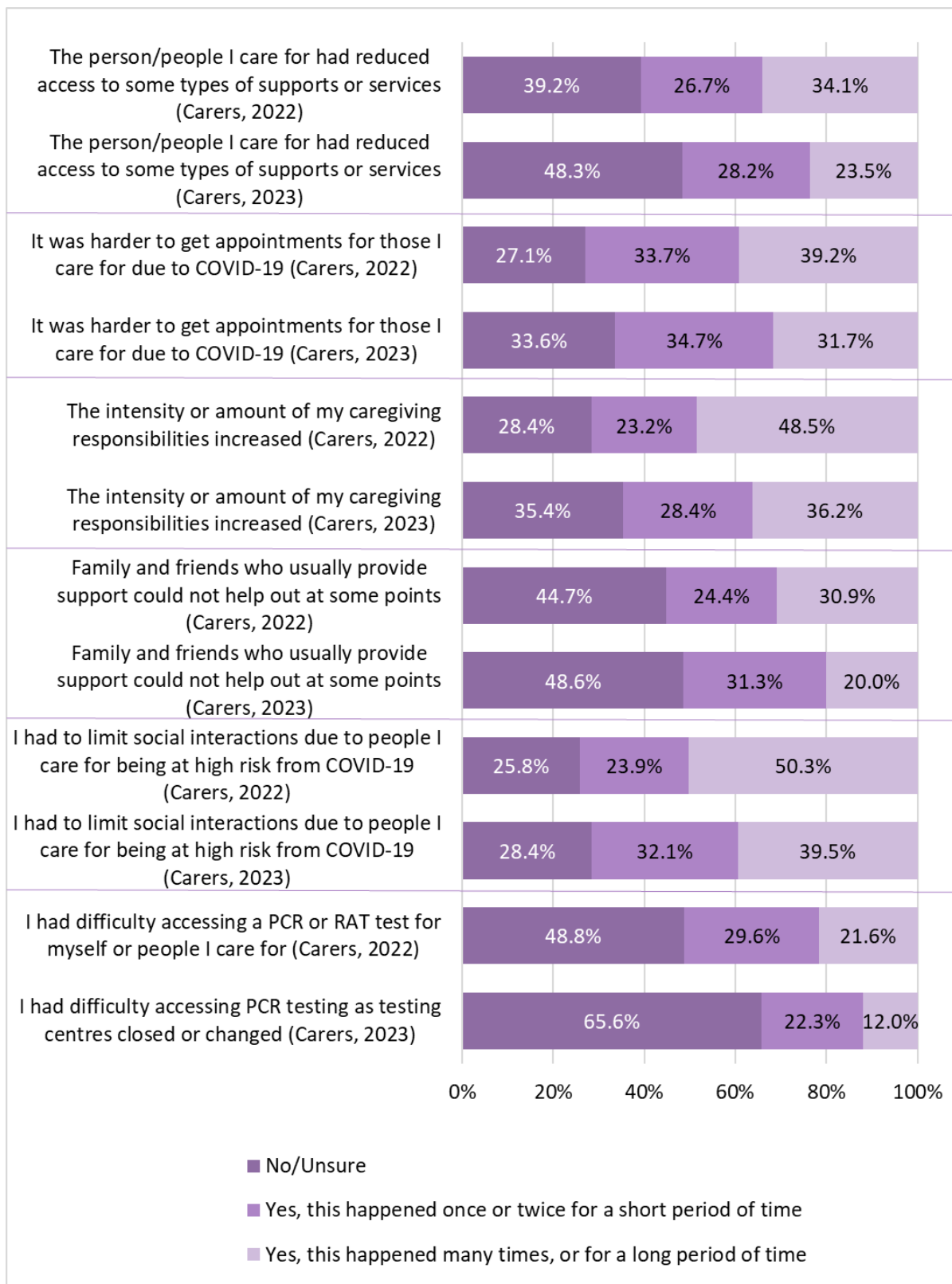


Figure 18 COVID-19 experiences, 2022 and 2023

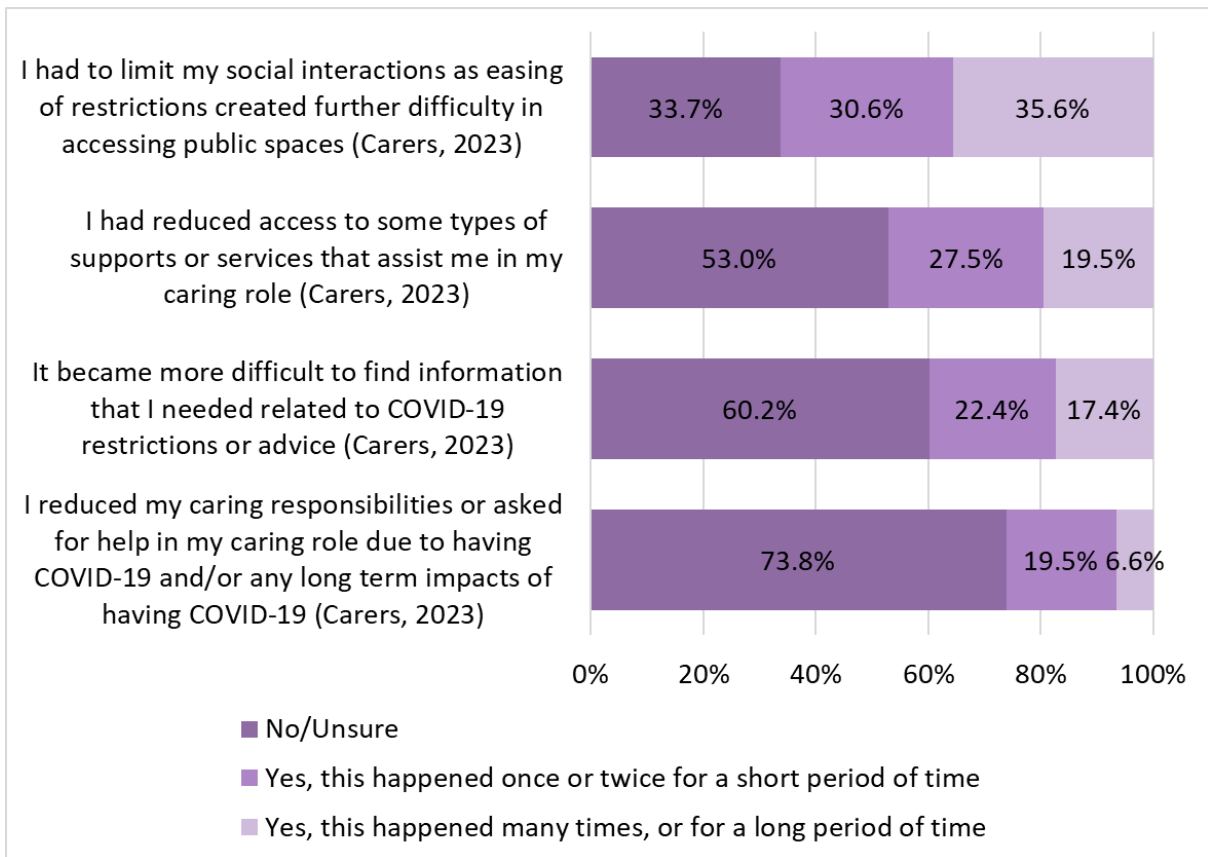


Figure 19 COVID-19 experiences, 2023 only

10. Impact of the rising cost of living

The rising cost of living on Australian households was a topic of concern across Australia during 2022 and 2023 with rapid growth in prices of many household staples, and rising interest rates, contributing to substantial growth in living expenses for many households. The 2023 CWS asked carers whether they were affected by rising living costs in the previous 12 months, and if so, if it had led to changes in how they live.

More than half of carers – 52.5% - reported that in the last 12 months their household expenses increased more rapidly than household income to a large extent, and a further 32.5% to a smaller extent. Only 15% did not experience this, compared to 25.3% of Australian adults more broadly (Source: Regional Wellbeing Survey, April-July 2023) (Figure 20). This increase led to multiple challenges for many carers: 59.8% sometimes or regularly had difficulty affording the groceries they usually buy, 49.7% had difficulty getting around due to rising costs of public transport/fuel, and 37.4% had difficulty affording medications. The proportion of carers who experienced these challenges was significantly higher than for Australian adults more broadly: 44.7% sometimes or regularly had difficulty affording the groceries they usually buy, and 27.7% had difficulty affording medications. Australian adults were not asked about difficulty getting around in the Regional Wellbeing Survey.

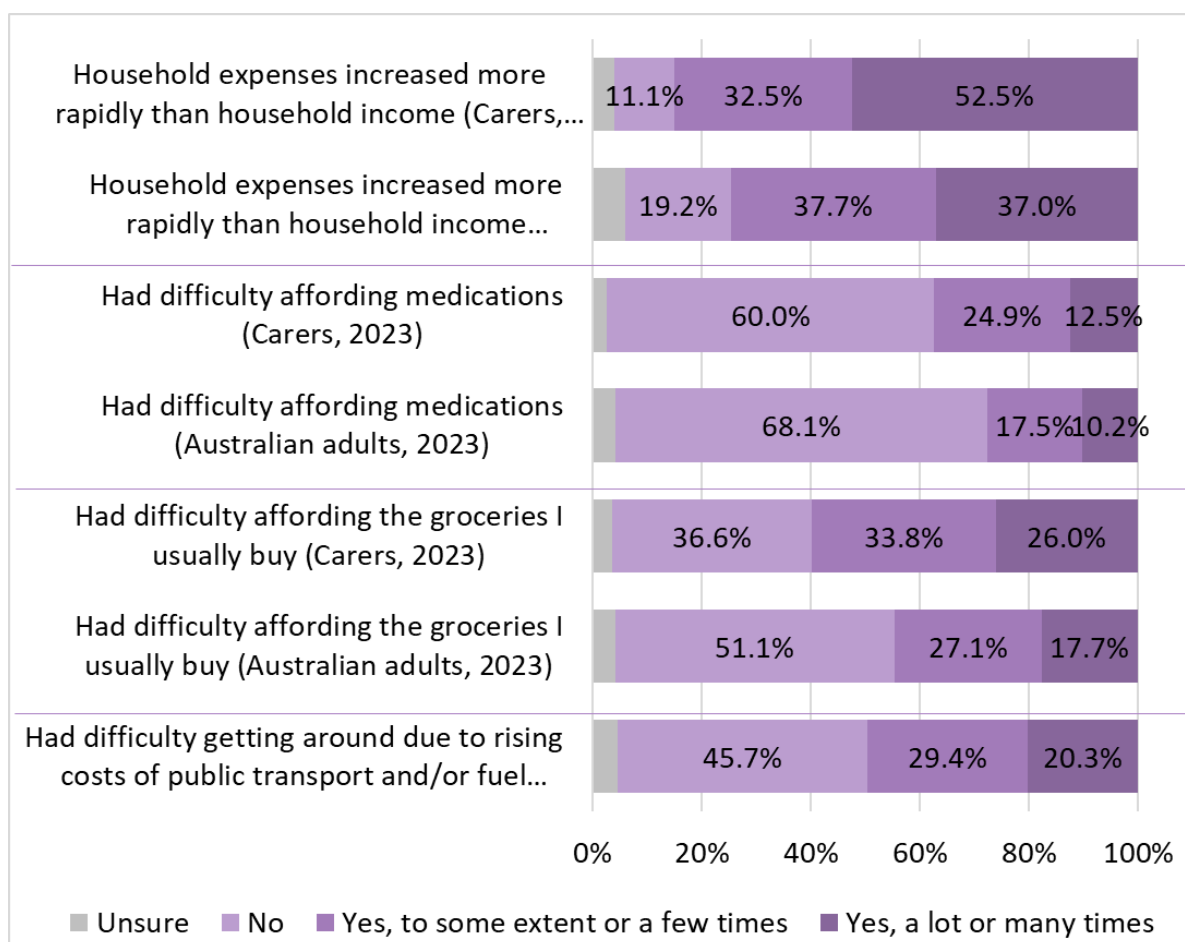


Figure 20 Impacts of rising cost of living, 2023

Many carers made significant changes to their life in order to save money. This included not going to social events (64.2%), not heating or cooling their home (51.2%), reducing other household spending to afford costs of appointments and care-related costs (53.4%), and cancelling, delaying or reducing the number of appointments with specialists etc (46.6%) (Figure 21). A smaller proportion of carers stopped or reduced insurance coverage due to difficulty affording it (36.8%), took on extra debt to be able to cover normal expenses (31.4%), cancelled or reduced carer support services they previously used (24.1%), sought assistance from a charity (22.2%), applied to access their superannuation (20.2%) or asked the bank for support to cope (15.7%). Of particular concern is that almost one in four carers cancelled or reduced the services that they had previously used to access some support for their carer role. This reduction in services has significant potential to negatively impact the wellbeing of carers and has potential in the longer run to impact their quality of care.

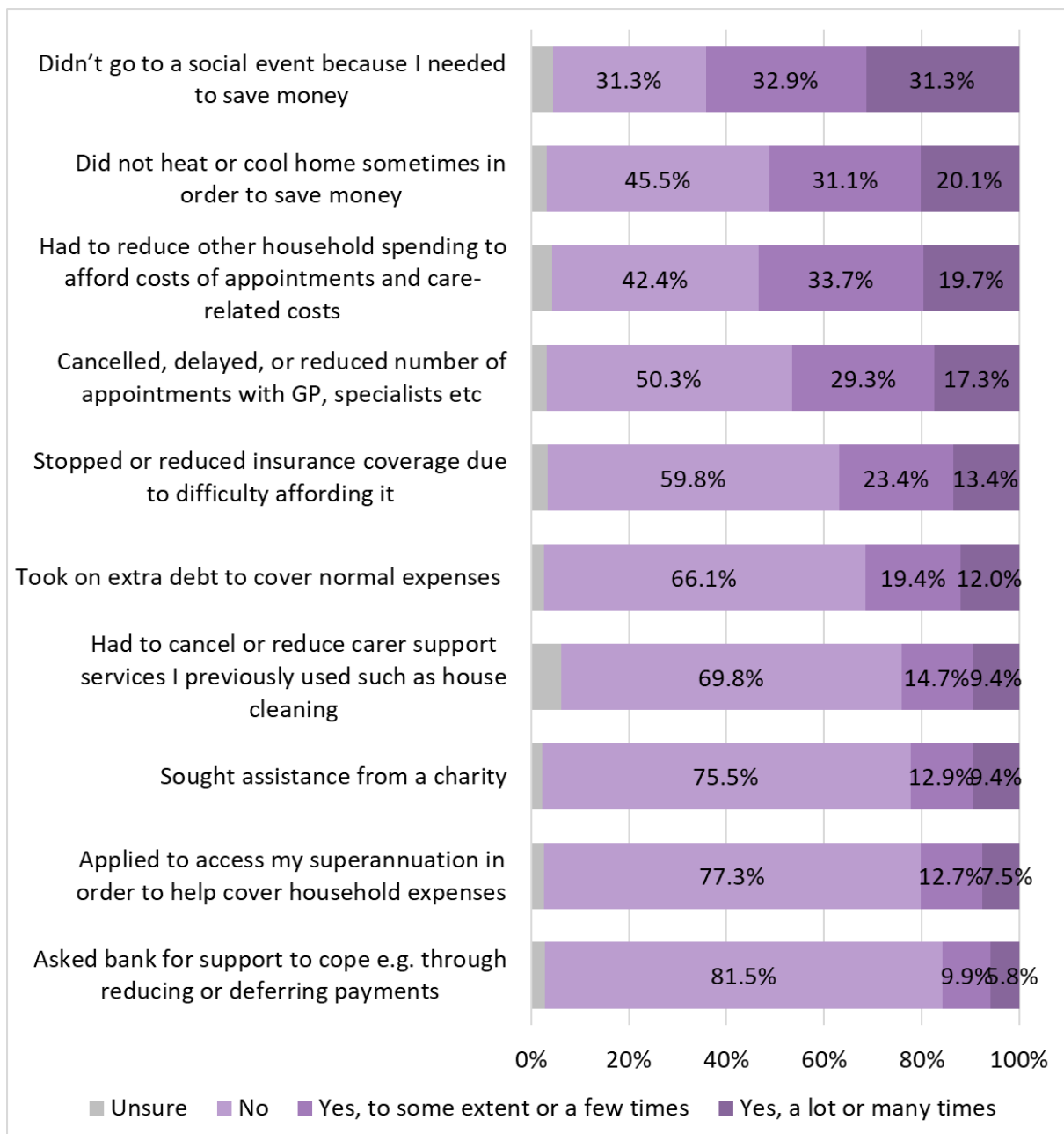


Figure 21 Changes made to save money, carers 2023

11. Benefits associated with being a carer

From 2021 to 2023 carers were asked the extent to which they experience positive outcomes from their caring role, including whether they find their caring role satisfying, whether it contributes meaning and purpose to their life and whether they find it to be a positive experience overall (Figure 22). In 2022 and 2023, carers were also asked whether they would encourage other people to be carers.

In 2023, 52.2% of carers reported that overall, they found being a carer satisfying, similar to findings in both 2022 and 2021. However, while there has been no change in levels of satisfaction, the proportion of carers reporting that being a carer contributes to their meaning and purpose in life declined significantly in 2023, with only 51.1% of carers reporting this compared to 55.3% in 2021 and 57.5% in 2022. Similarly, the proportion reporting that they find being a carer a positive experience fell to 45.6% in 2023, from 53.2% in 2022, and 50.1% in 2021.

Despite many carers reporting they achieved some positive benefits from their carer role, only 37.1% of carers would have no hesitation encouraging others to become a carer - a small but significant decrease from the 40.9% who said they would encourage others to become a carer in 2022. This suggests that the positive aspects of being a carer are, for many, outweighed by the challenges experienced as a carer.

The types of carers most likely to find being a carer satisfying in 2023 includes male carers, carers aged 75 or older, and carers of people with low assistance needs (Table 4). Those least likely to find being a carer satisfying included carers who identified as LGBTIQ+, carers of people with autism spectrum disorder, mental illness and psychosocial disability, and those caring for children or grandchildren.

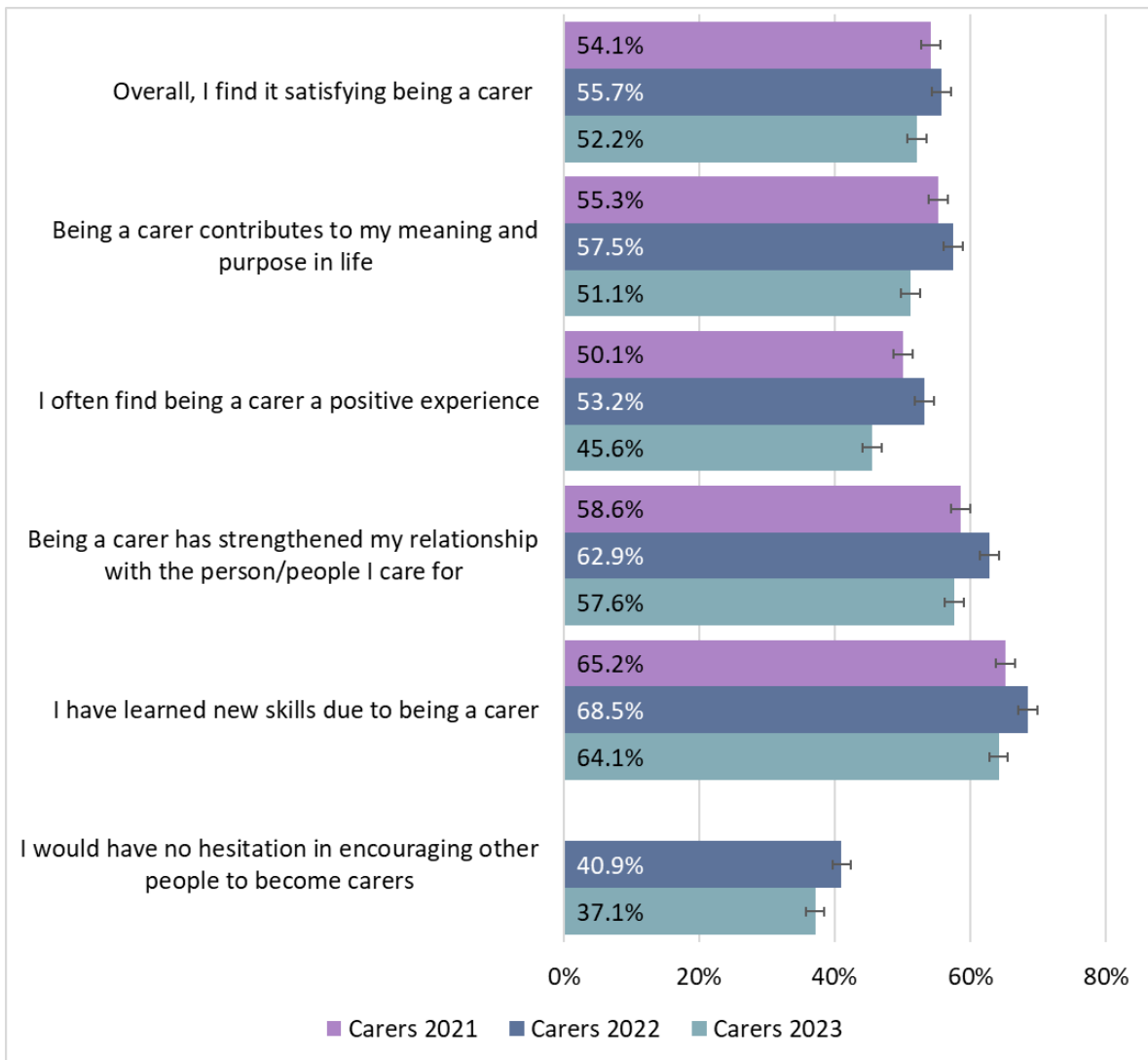


Figure 22 Positive experiences associated with being a carer, 2021 to 2023

Table 4 Summary of statistically significant differences in overall satisfaction with caring role, 2023

Group	Significant differences in overall satisfaction with being a carer, 2023 ¹
Gender	Male carers (59.3%)
Age	Carers aged 75+ (64.4%)
LGBTIQ+	Carers identifying as LGBTIQ+ (43.5%)
Urban/rural	Carers living in outer regional or remote areas (59.1%)
Care recipient disability, illness or injury type	Carers of people with autism spectrum disorder (47.3%), and/or mental illness/psychosocial disability (46.8%)
	Carers of people with a short term non-terminal illness (53.7%)
Relationships of carer to care recipient	Carers of children or grandchildren (48.0%)
	Cares of a friend or other type of relative (66.2%)
Level of assistance needed by care recipient	Carers of people with low assistance needs (59.5%)
¹ Yellow cells indicate higher than average wellbeing, and red cells indicate lower than average wellbeing.	

12. Challenges and impacts of being a carer

While being a carer can be a positive and rewarding experience, it is also often challenging. Since 2021, the CWS data suggest that common challenges included feeling fear for the future of the person or people being cared for, and difficulty meeting the commitments and responsibilities a carer is asked to meet. In 2023, the most common challenges carers reported were fear for the future of the person being cared for (65.7%), feeling too much responsibility fell on them as a caregiver (57.2%), fear of not having enough money to be able to care for the care recipient/s (56.9%), fear of not being able to continue care for the person (51.2%), and feeling unable to access enough support from health and other services for the person/people they care for (51.9%) (Figure 23).

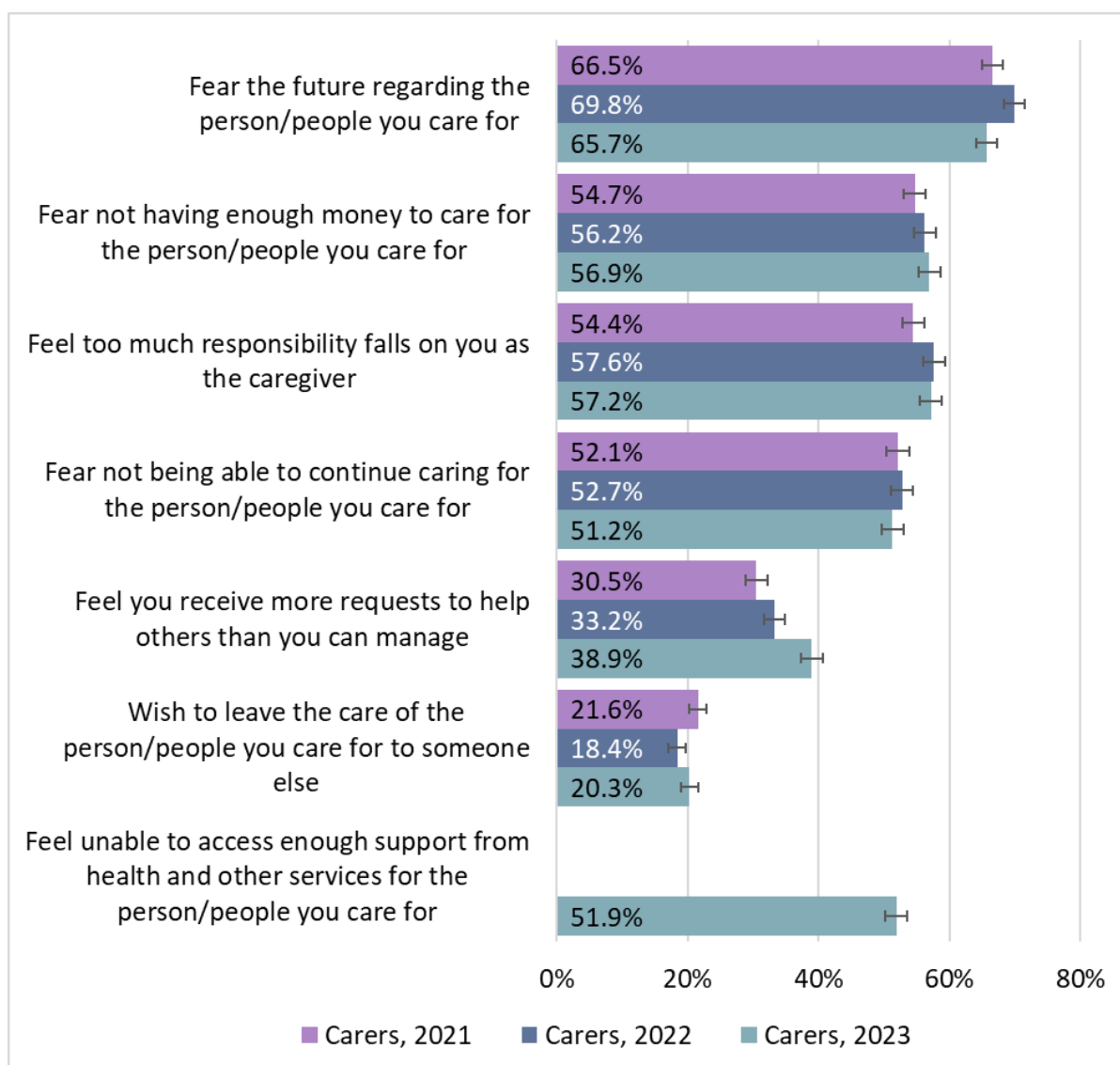


Figure 23 Challenging aspects of being a carer, 2021 to 2023

These challenges can have a range of negative impacts on carers. When asked directly about these negative impacts, 45.3% of carers reported experiencing a negative impact on their health, and 42.5% felt a sense of strain when thinking about their caring role (Figure 24).

Relatively few reported feeling anger (15.5%) or embarrassment (8.7%) when thinking about the person they care for.

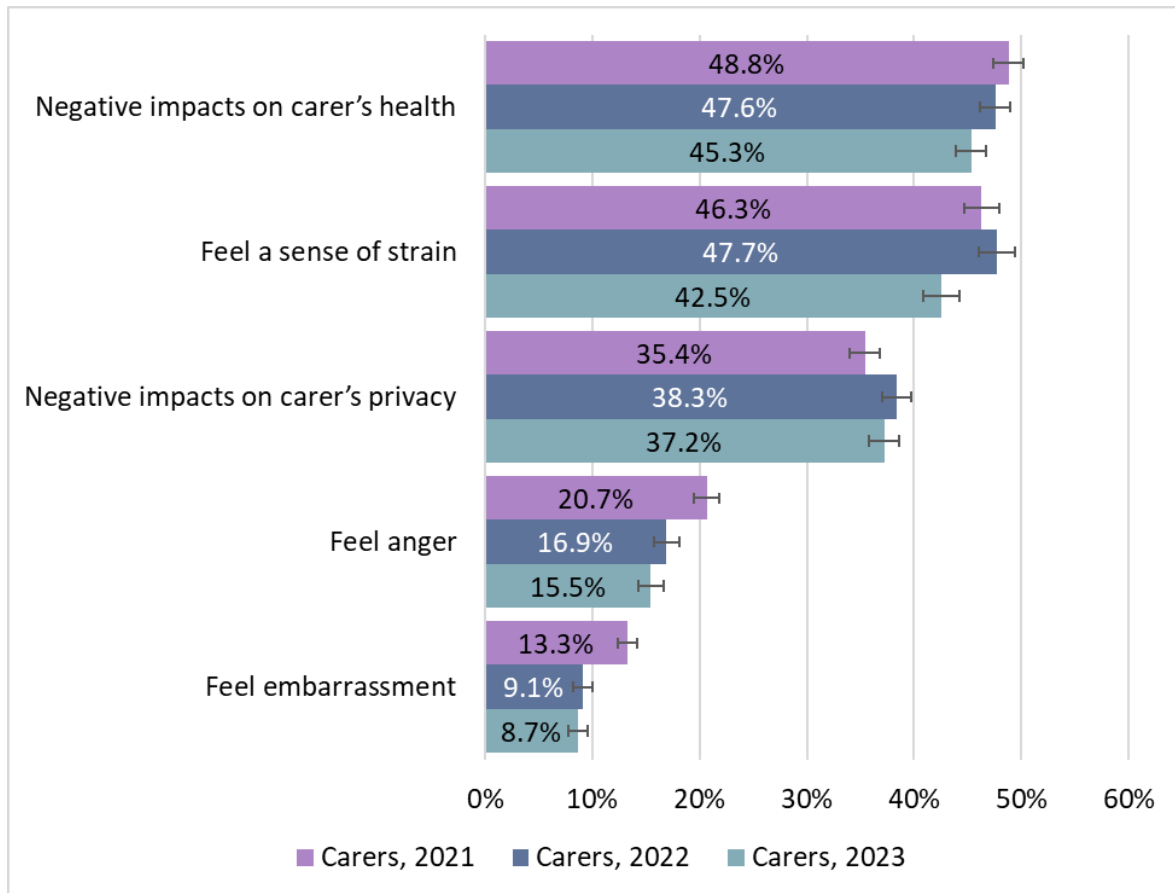


Figure 24 Negative impacts experienced in association with being a carer, 2021 to 2023

In 2023, a total of 59.3% of carers felt that they did not have enough time for themselves, 49.2% felt that they had more responsibilities than they could cope with, 47.4% felt they should do more for the person they care for, 46.7% felt like they'd lost control of their life, and 45.4% felt that they could do a better job of caring (Figure 25). Only 37.9% felt uncertain about what to do for the person they care for.

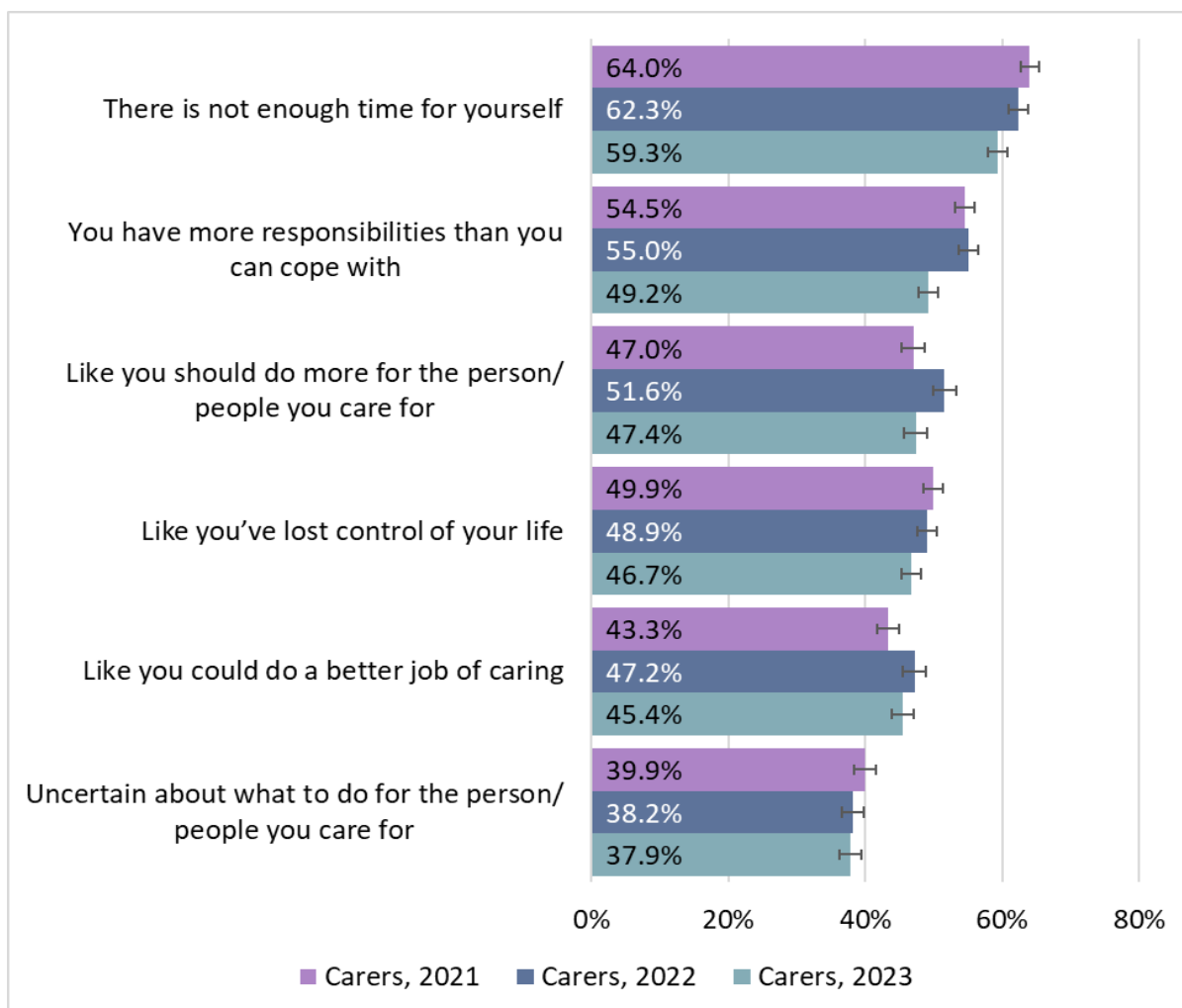


Figure 25 Negative feelings about caring role, 2021 to 2023

There were some significant changes in the frequency with which carers experienced different challenges and impacts between 2021 and 2023. While these changes are sometimes small, all are statistically significant:

- There was an increase in the proportion of carers who feel they receive more requests to help others than they can manage, from 30.5% in 2021 to 38.9% in 2023.
- Fewer carers reported that their carer role had a negative impact on their health in 2023 (45.3%) compared to 2022 (47.6%) and 2021 (48.8%).
- Fewer carers reported feeling a sense of strain when thinking about the person they care for in 2023 (42.5%) compared to 2022 (47.7%).
- There was a decrease in the proportion of carers reporting anger (15.5% in 2023 compared to 20.7% in 2021), and embarrassment (8.7% in 2023 compared to 13.3% in 2021).
- There was a decline in the proportion of carers reporting that they did not have enough time for themselves, from 64.0% in 2021 to 59.3% in 2023

There was a decline in the proportion of carers who felt they had more responsibilities than they could cope with, from 54.5% in 2021 to 49.2% in 2023.

13. Confidence in carer role

Carers were asked if they felt confident that they could achieve positive outcomes in various aspects of their caring and personal life. In all three years of the CWS, around two-thirds of carers have reported feeling confident they could take care of the physical needs of the people they cared for, just over half that they were confident they could manage unexpected events/emergencies, and around half that they could find out about and access services (Figure 26).

Confidence was lowest in the ability to cope with the stress of caregiving, with 33.6% in 2023 reporting that they were confident that they could cope with the stress of caring activities. Overall there was little change in confidence since 2021.

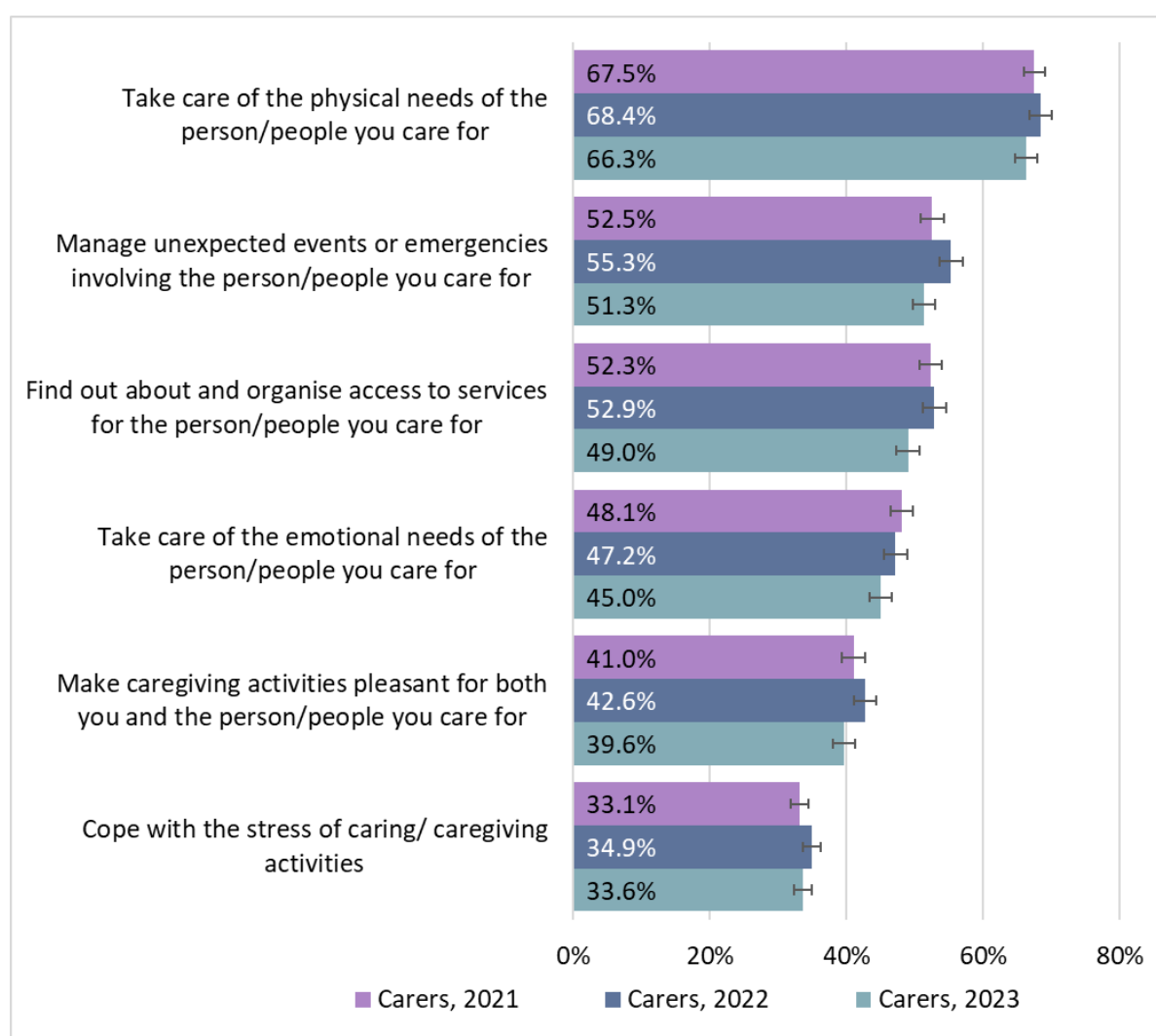


Figure 26 Proportion of carers who felt confident they could achieve different outcomes as part of their carer role, 2021 to 2023

These findings at first appear to suggest that little has changed for many carers between 2021 and 2023. However, a slightly different picture emerges from answers to questions in which carers are asked to self-assess how different aspects of being a carer have changed for them in the past 12 months (Figure 27). More than half of carers (53.7%) felt that their

overall ability to be a good carer had improved in the last 12 months, and that their confidence in being able to be a good carer was growing (53.4%).

However, this positive picture is mitigated by negative change in other aspects of being a carer. Almost half of carers - 49.8% - reported that their ability to maintain their own quality of life was getting worse, 46.9% that their ability to maintain their own health was getting worse, 46.0% that navigating systems was getting worse, and 45.4% that access to financial resources needed to fulfil their caring duties was getting worse.

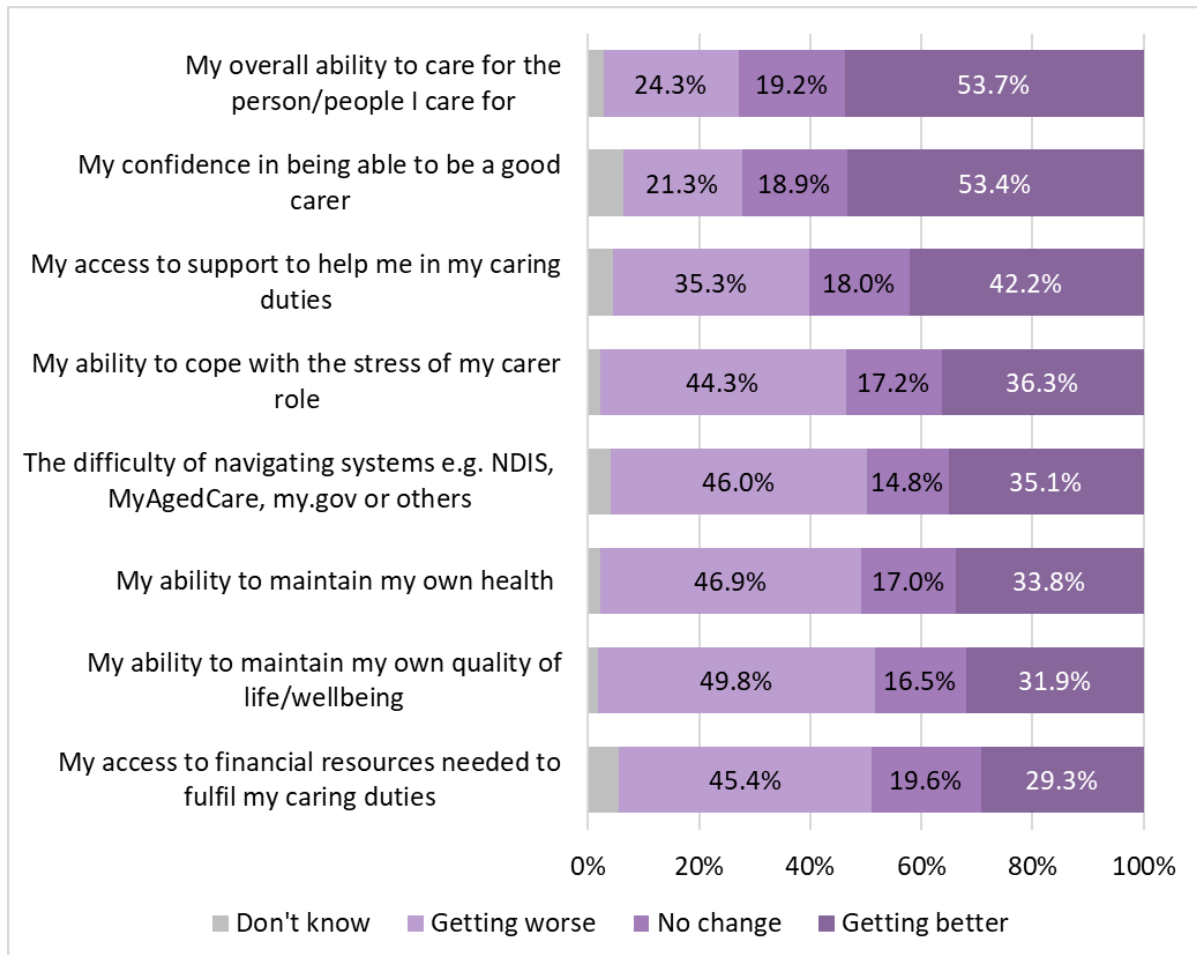


Figure 27 Self-assessed change in carer capabilities and conditions over the last 12 months

14. Access to formal and informal support in role as a carer

Many carers access a range of support and services to assist them in their role as a carer, from informal help such as from friends and family, to more formal provisions of services ranging from organising carer support groups, to providing skills training and psychological counselling, to respite care and home support services. Having access to these supports can make a significant difference to the quality of carer’s lives, and to both their wellbeing and the wellbeing of the people they care for.

When asked if they had access to support in their caring role from friends or family, 52.5% of carers in 2023 reported that some friends and family can help out but it’s difficult to organise, and 19.7% reported that they can easily organise a friend or family member to help. The proportion of carers reporting that they had access to support from friends and family has remained stable since 2021, with no significant changes in access to this type of support (Figure 28).

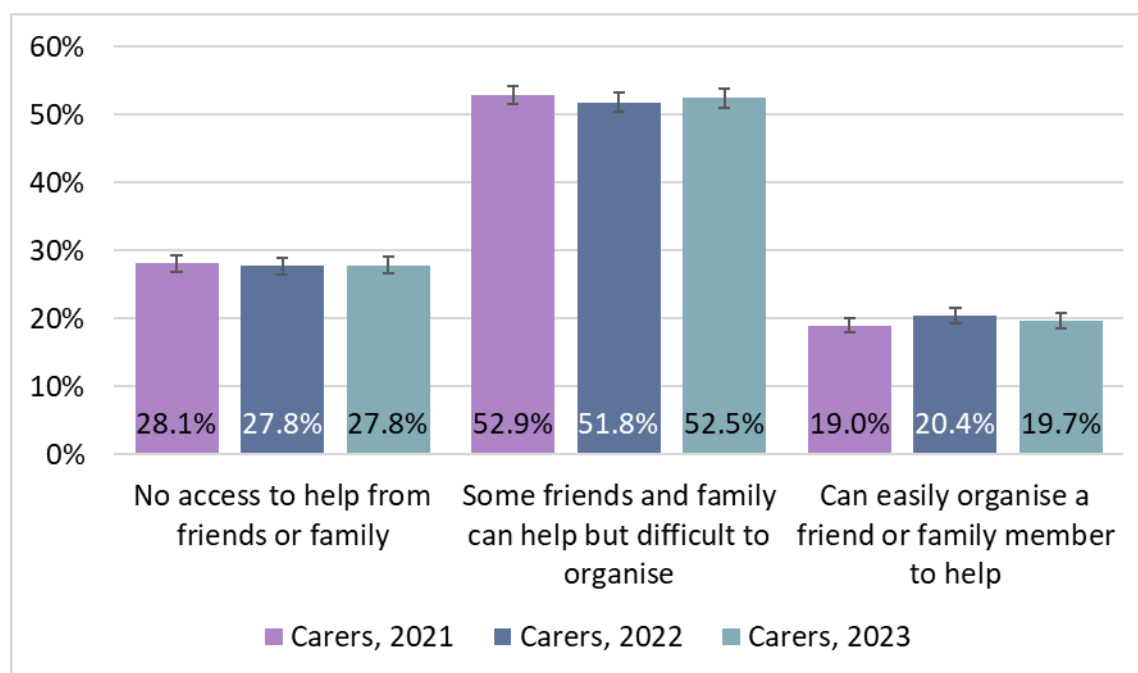


Figure 28 Access to help from friends or family in caring role, 2021 to 2023

Carers were also asked if they accessed different types of formal support to assist them in their carer role (Figure 29). While there were some changes in the proportion of carers who reported accessing different types of formal and informal support between 2021 and 2022, in 2023 access declined compared to 2022 for most types of support. This may in part reflect the significant proportion of carers who reported reducing use of services due to cost of living challenges in the last year, discussed earlier in the report.

Overall, between 2021 and 2023 the only significant changes were a decline in the proportion of carers who reported respite care services (from 30.6% in 2021, to 27.7% in 2022 and 26.8% in 2023), and in the proportion accessing psychological support (from 31.4% in 2021, to 29.0% in 2022 and 27.9% in 2023).

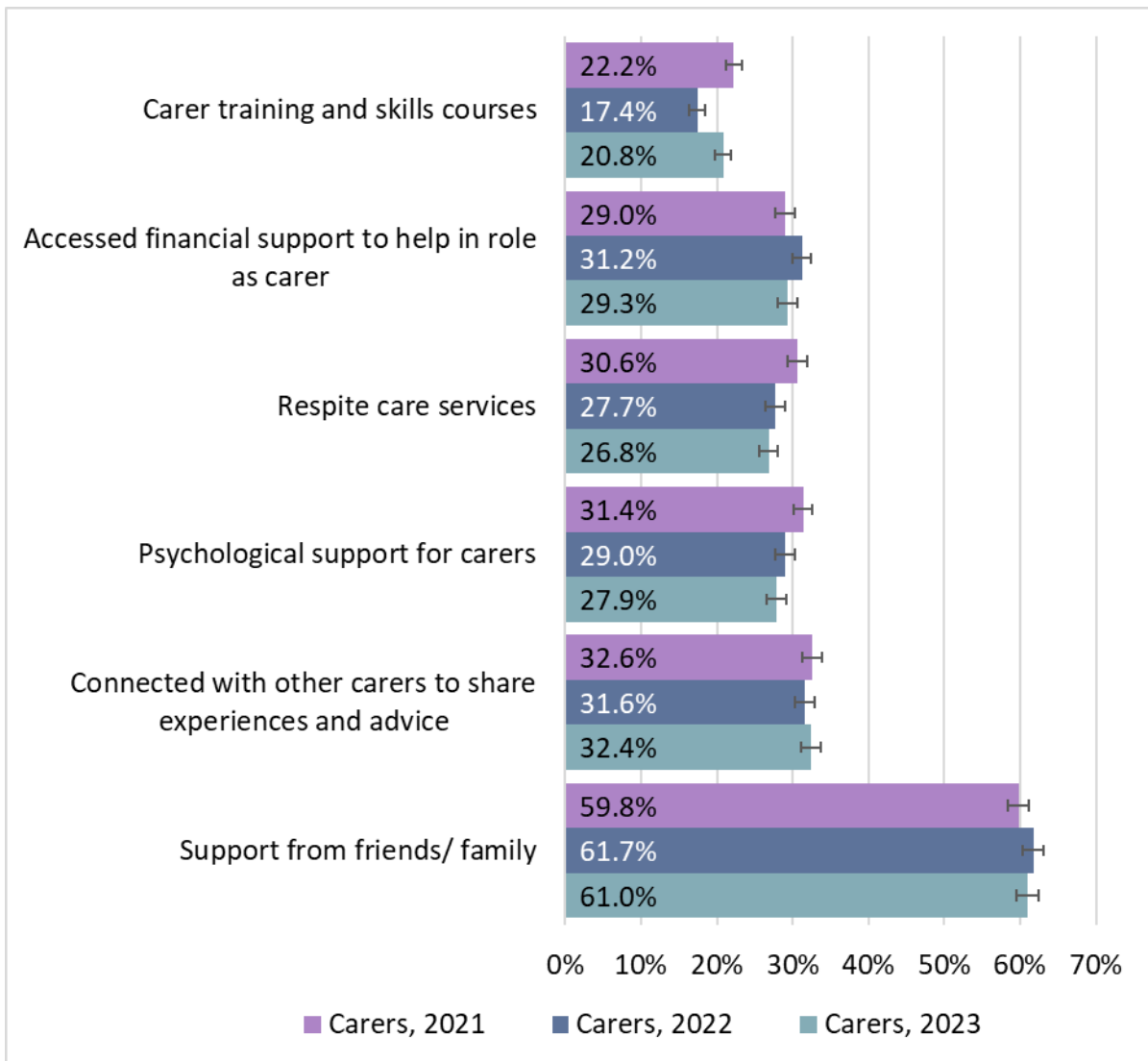


Figure 29 Types of informal and formal support accessed in last 12 months

The types of carers most likely to access all types of support and services were younger carers, Aboriginal or Torres Strait Islander carers and carers who are paid as first responders (Table 5), while older carers and sole carers were least likely to access supports and services.

Carers of people with high assistance needs were less likely to have support from friends and family or to access skills and training courses, while carers of people with lower assistance needs were less likely to access respite care. Carers living in Tasmania were less likely to connect with other carers to share experiences and advise, to access psychological support or financial support, while carers living in the ACT were less likely to access respite care.

Table 5 Types of carers most and least likely to report accessing different types of informal and formal support in the previous 12 months, 2023

% current carers who accessed this in last 12 months, 2023			Top 5 groups				
Accessed support from friends/family	61.0%	Most likely	Carer is Aboriginal/Torres Strait Islander (78.7%)	Care for person with short term non-terminal illness (77.9%)	Carer is not a primary carer (76.3%)	Carer aged 15-24 (74.0%)	Care recipients live elsewhere (72.7%)
		Least likely	Sole carer (51.5%)	Care for person with an intellectual disability (55.0%)	Carer not in labour force (55.4%)	Carer supports a person's work/study (55.7%)	Care for a person with very high assistance needs (55.9%)
Connected with other carers to share experiences and advice	32.4%	Most likely	Carer is Aboriginal/Torres Strait Islander (62.7%)	Carer is paid as a first responder (58.5%)	Carer aged 25-34 (56.9%)	Carer aged 15-24 (51.3%)	Cares for friend or other type of relative (48.7%)
		Least likely	Carer aged 65-74 (24.1%)	Sole carer (24.5%)	Carer lives in Tasmania (27.0%)	Care recipient has chronic non-terminal illness or injury, 6 months+ (27.2%)	Carer aged 55-64 (27.7%)
Accessed psychological support for carers	27.9%	Most likely	Carer aged 25-34 (55.7%)	Carer is Aboriginal/Torres Strait Islander (55.2%)	Carer is paid as a first responder (45.0%)	Cares for friend or other type of relative (43.5%)	Carer aged 15-24 (42.2%)
		Least likely	Carer aged 75+ (18.7%)	Carer aged 65-74 (20.7%)	Carer lives in Tasmania (21.8%)	Carer living in inner regional location (22.4%)	Sole carer (22.9%)
Accessed respite care services	26.8%	Most likely	Carer aged 25-34 (54.7%)	Carer is Aboriginal/Torres Strait Islander (51.6%)	Carer is paid as a first responder (50.2%)	Carer aged 15-24 (45.7%)	Cares for friend or other type of relative (42.2%)
		Least likely	Carer aged 35-44 (16.8%)	Sole carer (17.2%)	Care for a person with low-moderate assistance needs (19.3%)	Carer aged 45-54 (20.5%)	Carer living in ACT (22.3%)
Accessed financial support to help in role as carer	29.3%	Most likely	Carer aged 15-24 (56.7%)	Carer is Aboriginal/Torres Strait Islander (54.1%)	Carer aged 25-34 (52.1%)	Carer is paid as a first responder (49.8%)	Carer volunteers as a first responder (41.5%)
		Least likely	Carer aged 65-74 (21.4%)	Carer lives in Tasmania (21.6%)	Caring hours <20 hours per week (22.6%)	Care recipients live elsewhere (22.7%)	Carer aged 55-64 (22.9%)
Accessed carer training and skills courses	20.8%	Most likely	Carer aged 25-34 (53.8%)	Carer is Aboriginal/Torres Strait Islander (51.2%)	Carer is paid as a first responder (48.8%)	Carer aged 15-24 (40.7%)	Care for person with short term non-terminal illness (39.3%)
		Least likely	Care recipient has chronic non-terminal illness or injury, 6 months+ (14.5%)	Carer aged 65-74 (14.7%)	Carer aged 55-64 (15.3%)	Care for a person with very high assistance needs (15.5%)	Care for person with other condition (15.8%)

Consistent with previous years, carers in 2023 who had good access to support from friends and family were significantly more likely have healthy levels of wellbeing compared to those who had no or limited access to support from friends of family. A total of 75.4% of carers with no access to help from friends and family reported low wellbeing, compared to 32.3% of those who had easy access to help from friends and family.

Figure 30 shows that wellbeing was significantly higher for carers who accessed support from family and friends, who connected with other carers to share experiences and advice, who accessed respite care and who accessed carer training and skills courses. Wellbeing was not significantly higher for those who accessed psychological support services or financial support, but this may be because people will often access these types of supports when stress is particularly high and wellbeing is lower.

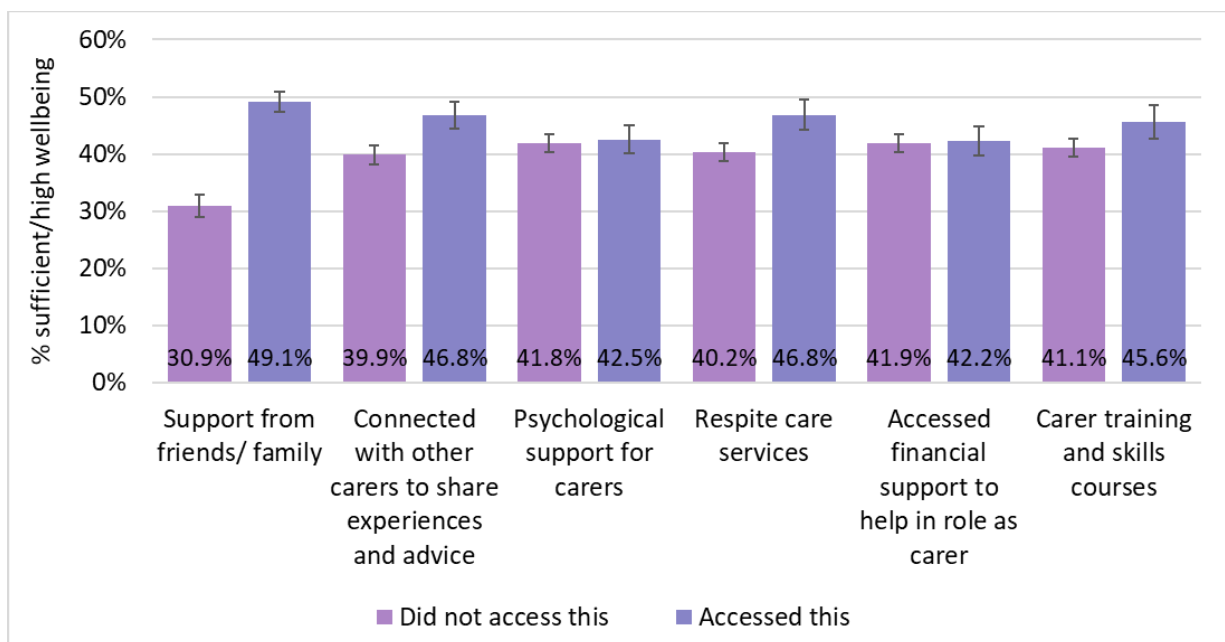


Figure 30 Proportion of carers with sufficient/high wellbeing amongst carers did and did not access different supports in the past 12 months

15. Barriers to accessing support

Carers often help the people they care for access various support through available support packages, such as the NDIS and MyAgedCare. Accessing these supports can help reduce the challenges that their care recipients may experience, and may also help support carers in their role through improving quality of life of the people they care for. However, many care recipients find accessing these types of supports challenging.

Carers were asked to rate whether they felt that the person or people they care for had good or poor access to a range of types of support. It is important to note that this rating may differ to the views of the care recipient: as the CWS asks questions of carers only, it is not possible to compare views of carers and those they care for regarding access to supports. Overall, the proportion of carers reporting that the people they care for had poor access to different types of support decreased between 2022 and 2023. However, a large proportion of carers still reported that the person or people they cared for had poor access to several types of support, particularly respite care, mental health support services, and transport services (Table 6). Some carers were more likely than others to report that the people they cared for had poor access to different services:

- Carers identifying as LGBTIQ+ were more likely to report the people they cared for had poor access to almost all services except emergency respite care and Veteran's support.
- Carers aged 35-44 were more likely to report the people they cared for had poor access to all types of respite care, transport services and in-home care support.
- Carers aged 15-24 were more likely to report the people they cared for had poor access to MyAgedCare, Veteran's support, physical and/or allied health support services and other types of support from a formal service.
- Sole carers were more likely to report the people they cared for had poor access to in-most services except emergency respite care, transport services, Veteran's support, in home care support and MyAgedCare.
- Carers of people with autism spectrum disorder, mental illness/psychosocial disability or other development disorders were more likely to report the people they cared for had poor access to day respite care out of home, in-home day respite care, transport services, NDIS, in-home care support, MyAgedCare and physical and/or allied health support services.
- Carers for people with a terminal illness were more likely to report the person they cared for had poor access to NDIS.
- Carers for people with high or very high assistance needs were more likely to report the person they cared for had poor access to emergency respite care, mental health support services, transport services, Veteran's support and other types of support from a formal service.

Table 6 Access to different types of support during the last 12 months – by carer groups, 2023

2023	% reporting poor access	Top 5 groups most likely to report care recipient has poor access				
In-home overnight respite care	71.0%	Carer LGBTIQ+ (89.3%)	Carer aged 65-74 (84.5%)	Carer aged 35-44 (81.3%)	Sole carer (81.3%)	Not ATSI (79.7%)
Emergency respite care	68.0%	Carer aged 45-54 (81.7%)	Carer aged 35-44 (80.2%)	Recipient has very high assistance needs (80.1%)	Carer for 5+ years (79.8%)	Supports recipient in work/study (79.5%)
Overnight respite care out of home	66.3%	Carer aged 35-44 (78.1%)	Carer LGBTIQ+ (77.6%)	Carer studying (75.7%)	Recipient has very high assistance needs (75.3%)	Sole carer (75.2%)
Day respite care out of home	60.7%	Carer LGBTIQ+ (74.0%)	Carer aged 35-44 (73.1%)	Sole carer (70.0%)	Supports recipient in work/study (68.4%)	Recipient has mental illness/ psychosocial disability (68.3%)
In-home day respite care	58.2%	Carer LGBTIQ+ (76.1%)	Sole carer (71.2%)	Carer aged 35-44 (70.1%)	Supports recipient in work/study (68.7%)	Recipient has autism spectrum disorder (67.6%)
Mental health support services	56.7%	Carer LGBTIQ+ (71.5%)	Recipient has very high assistance needs (68.0%)	Carer lives in ACT (67.4%)	Caring 40+ hours per week (64.2%)	Sole carer (63.8%)
Transport services	53.9%	Carer aged 35-44 (70.5%)	Carer LGBTIQ+ (70.1%)	Recipient has very high assistance needs (64.4%)	Recipient has autism spectrum disorder (64.1%)	Recipient has mental illness/ psychosocial disability (64.0%)
Other types of support from a formal service	52.4%	Carer aged 15-24 (71.2%)	Care for parent/ grandparent (62.7%)	Sole carer (61.1%)	Recipient has high assistance needs (61.3%)	Carer LGBTIQ+ + (60.9%)
Veteran's support	47.0%	Carer aged 15-24 (62.3%)	LOTE (59.8%)	Care for sibling (59.4%)	Carer lives in WA (59.1%)	Recipient has very high assistance needs (58.3%)
NDIS	44.2%	Sole carer (59.8%)	Carer LGBTIQ+ (58.2%)	Recipient has mental illness/ psychosocial disability (53.3%)	Recipient has chronic non-terminal illness or injury, 6 months+ (50.0%)	Carers living in SA (49.4%)
In-home care support e.g. showering, dressing	41.4%	Carer aged 35-44 (57.0%)	Carer identifies as LGBTIQ+ (55.3%)	Recipient has autism spectrum disorder (54.0%)	Recipient has other development disorder (53.8%)	Supports recipient in work/study (53.7%)
MyAgedCare	41.0%	Carer LGBTIQ+ (60.2%)	Carer aged 15-24 (59.6%)	Recipient has other development disorder (53.0%)	Recipient has autism spectrum disorder (51.9%)	Supports recipient in work/study (51.1%)
Physical and/or allied health support services	39.6%	Carer aged 15-24 (49.7%)	Carer LGBTIQ+ (48.1%)	Recipient has mental illness/ psychosocial disability (47.3%)	Carers who are unemployed (47.1%)	Sole carer (47.0%)

Carers were asked to what extent different factors acted as barriers to accessing support services for the person they cared for during the previous 12 months (Figure 31). Similar to 2022, the most common barriers experienced in the 12 months leading up to March 2023 were difficulty finding high quality services (43.9% reporting this as a large barrier), complicated application processes (42.9%), long waiting times to access services (42.9%), lack of funding for the service via NDIS/MyAgedCare or other support packages (40.2%) and lack of local service availability (40.1%). Most carers reported experiencing several of the barriers asked about, highlighting the complexity many face when seeking to help the person they care for access support services.

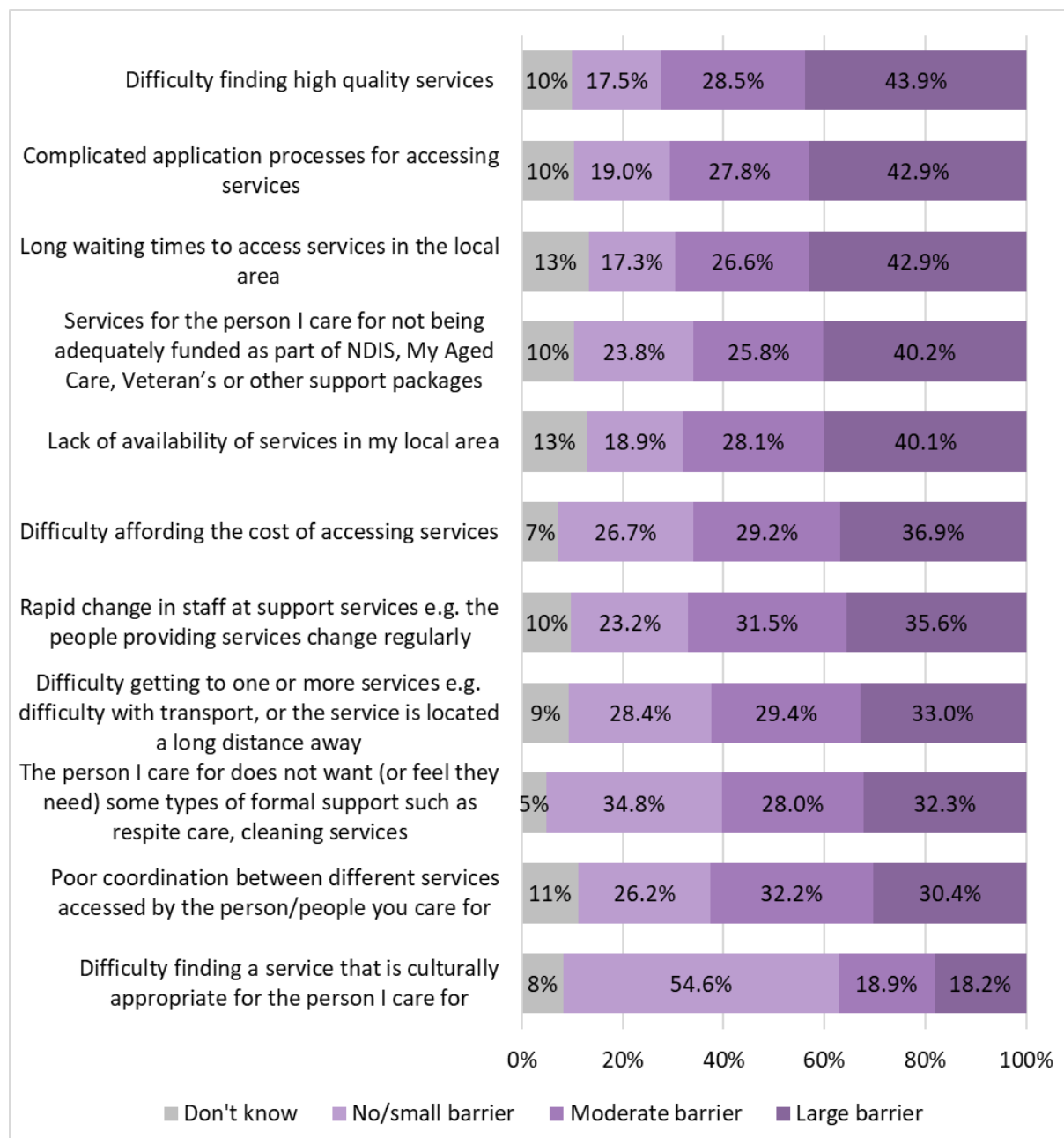


Figure 31 Barriers/problems experienced by carers when seeking to access services for care recipient

16. Navigating government support systems

A new question was included in the 2023 CWS, asking how much time carers spend navigating government systems such as Centrelink, NDIS, My Aged Care or Veteran’s support on behalf of the person/people they care for. More than 40% of carers spend at least an hour a week – and often more – navigating these systems. While a total of 37.5% of carers reported that they take less than an hour a week on average navigating support systems, 34.2% spend between one and four hours per week, while almost 10% of carers often spend more than five hours per week navigating support systems on behalf of the people they care for (Figure 32).

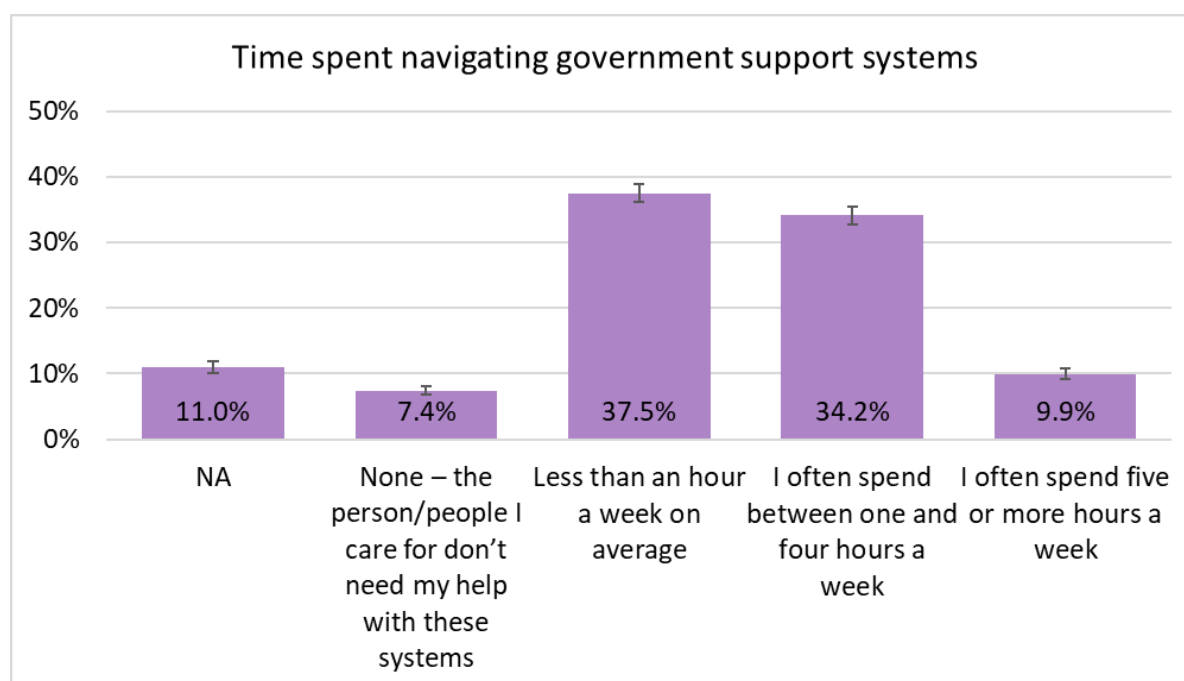


Figure 32 Time spent navigating support systems on behalf of the care recipient, 2023

Carers were asked if they had received any assistance to help navigate these government systems. The majority of carers (61.4%) reported that they did not receive any assistance, while 24.0% reported that they received assistance and that it was helpful, and 14.6% received help but reported that it was not helpful. When asked who provided them with assistance, over half (52.4%) reported that they received assistance from the system’s own helpline or support, 32.1% received assistance from Carer Gateway, 31.0% received assistance from a health professional, 23.2% received assistance from a family member or friend and 14.0% received assistance from a community organisation (Figure 33). It was relatively common for carers to receive assistance from more than one of these sources.

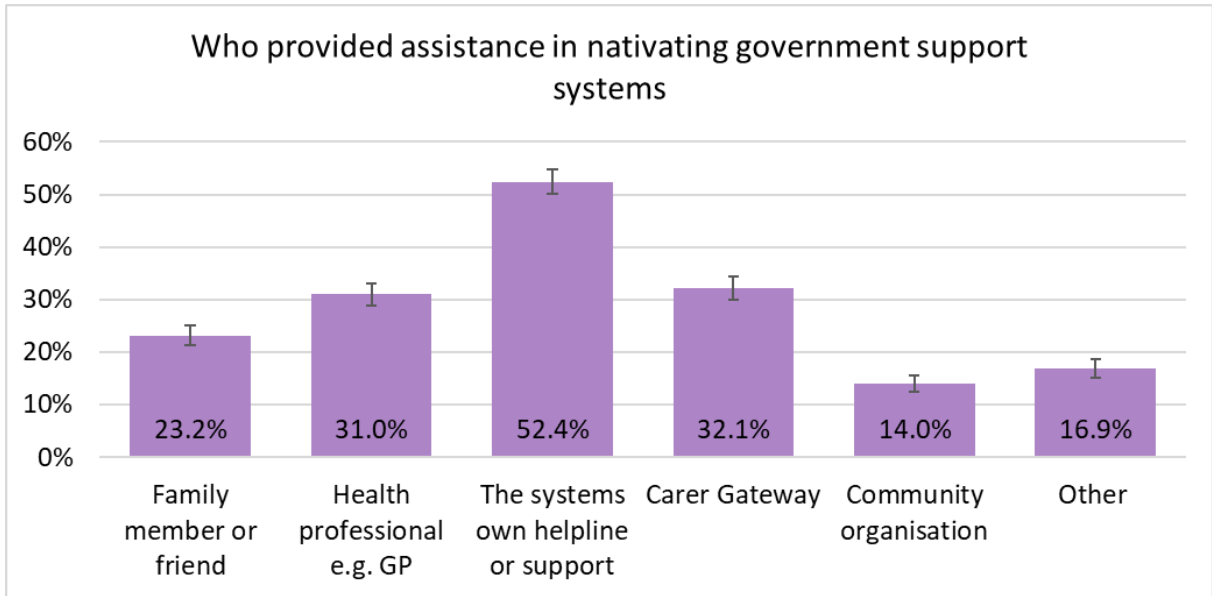


Figure 33 Sources of assistance to help carers navigate government support systems, 2023

17. Carer experiences of My Health Record

My Health Record is increasingly used across Australia to store and track patient records, and in some cases carers may access the My Health Record of their care recipient, or act as their nominated representative. The 2023 CWS asked carers about their use of My Health Record.

Only 18.0% of carers reported that their doctor had discussed My Health Record with them, whether for themselves or the person they care for. Despite this, 39.4% do access My Health Record for themselves, 36.1% are a Nominated Representative for the person they care for to access their My Health Record, and 28.0% access it on behalf of the person/people they care for (Figure 34). A total of 28% of carers reported that the person they care for has an Advance Care Plan, but only 7.3% indicated that it was on My Health Record. Older carers, carers of parents or grandparents and carers with less than 20 hours per week caring commitments were least likely to access the My Health Record of the person/people they care for, while carers who identify as Aboriginal or Torres Strait Islander, carers living in NT and carers aged 25 to 34 were most likely to access the My Health Record of the person/people they care for.

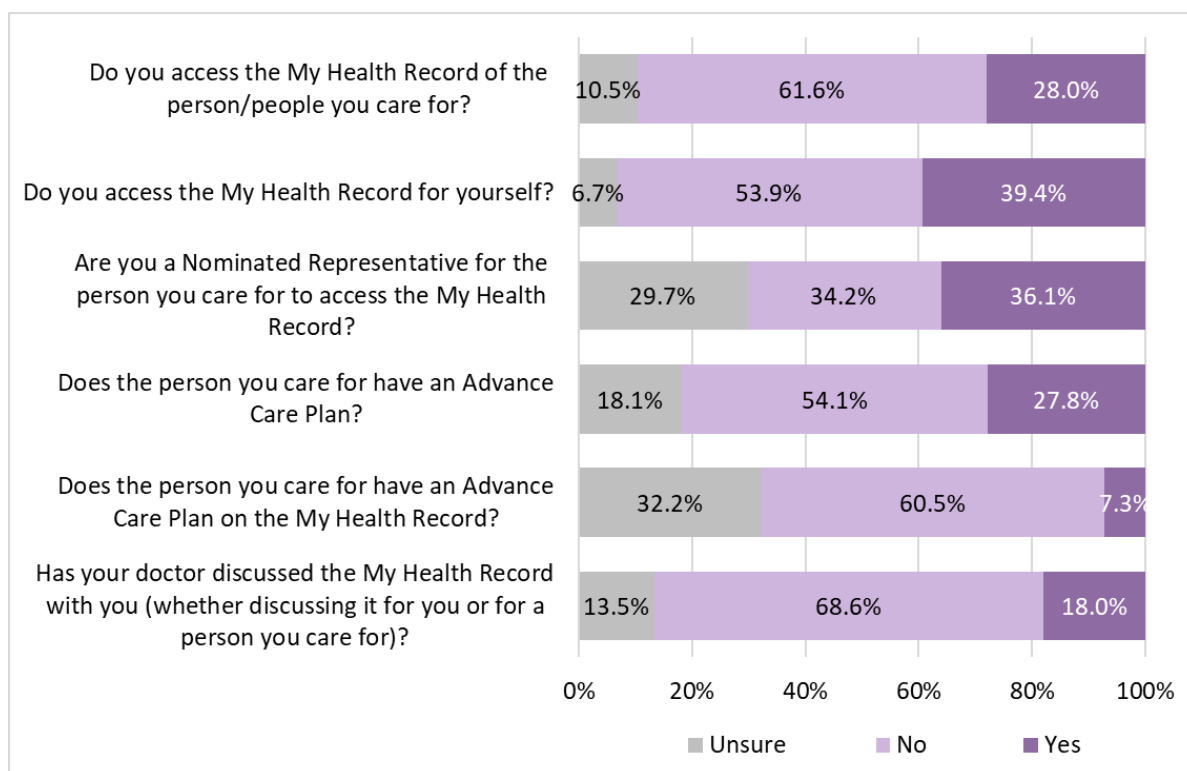


Figure 34 Use of My Health Record amongst carers

In 2023, carers were also asked how likely they would be to recommend using My Health Record to others. A total of 67.3% reported that they would be moderately to highly likely to recommend using My Health Record to other carers, and 66.9% moderately/highly likely to recommend using My Health Record to others wanting to access their health records.

In 2023, carers who had not accessed the My Health Record of the person/people they cared for were asked to select the reasons for not accessing it (Figure 35). The most common reason was that carers were unaware that they could apply to access the My Health Record of their care recipient (30.3%), followed by not knowing how to use My Health Record (29.3%). A total of 23.6% reported that their care recipient/s had opted out of using My Health Record, while 22.0% indicated that the person/people they care for don't need them to access their My Health Record.

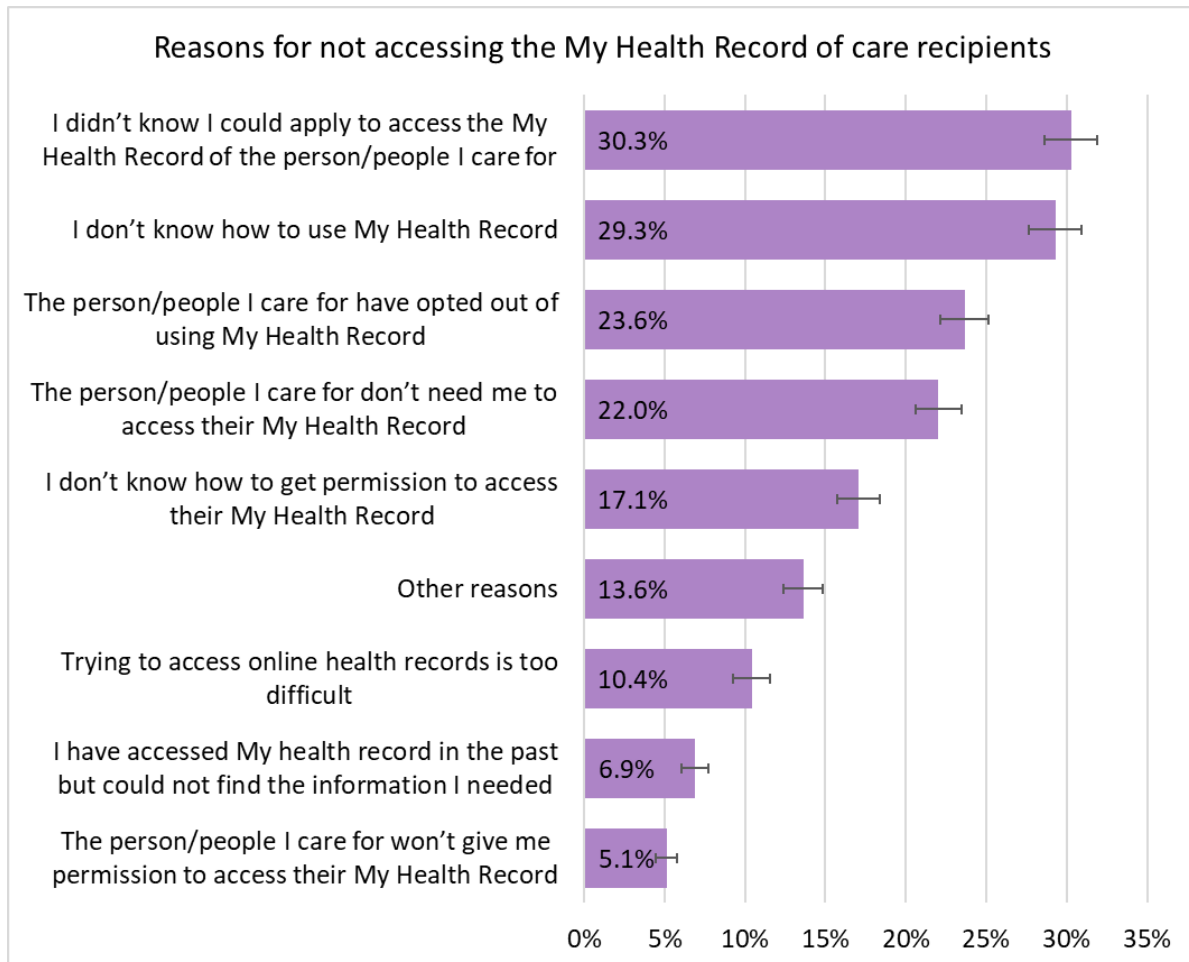


Figure 35 Reasons for not using My Health Record for care recipients, 2023

18. Life after being a carer: experiences of past carers

The CWS is open to past carers as well as current carers. Past carers are those who used to be a carer, but have stopped their caring role in recent months or years. Past carers who participated in the 2023 CWS were asked about their experiences since they stopped being a carer (Figure 36). While 47.5% reported that their quality of life improved since they stopped being a carer, the majority of past carers (52.4%) indicated that they were finding it difficult to adjust back to 'normal life' after being a care. Additionally, 41.4% reported that it had been difficult to build their social life since they stopped being a carer, and 34.0% indicated that they have found it difficult to get back into the workforce. Only 35.9% of past carers felt that they would not hesitate to take on a carer role again in the future. These findings suggest that work and social challenges are often present when a person stops being a carer.

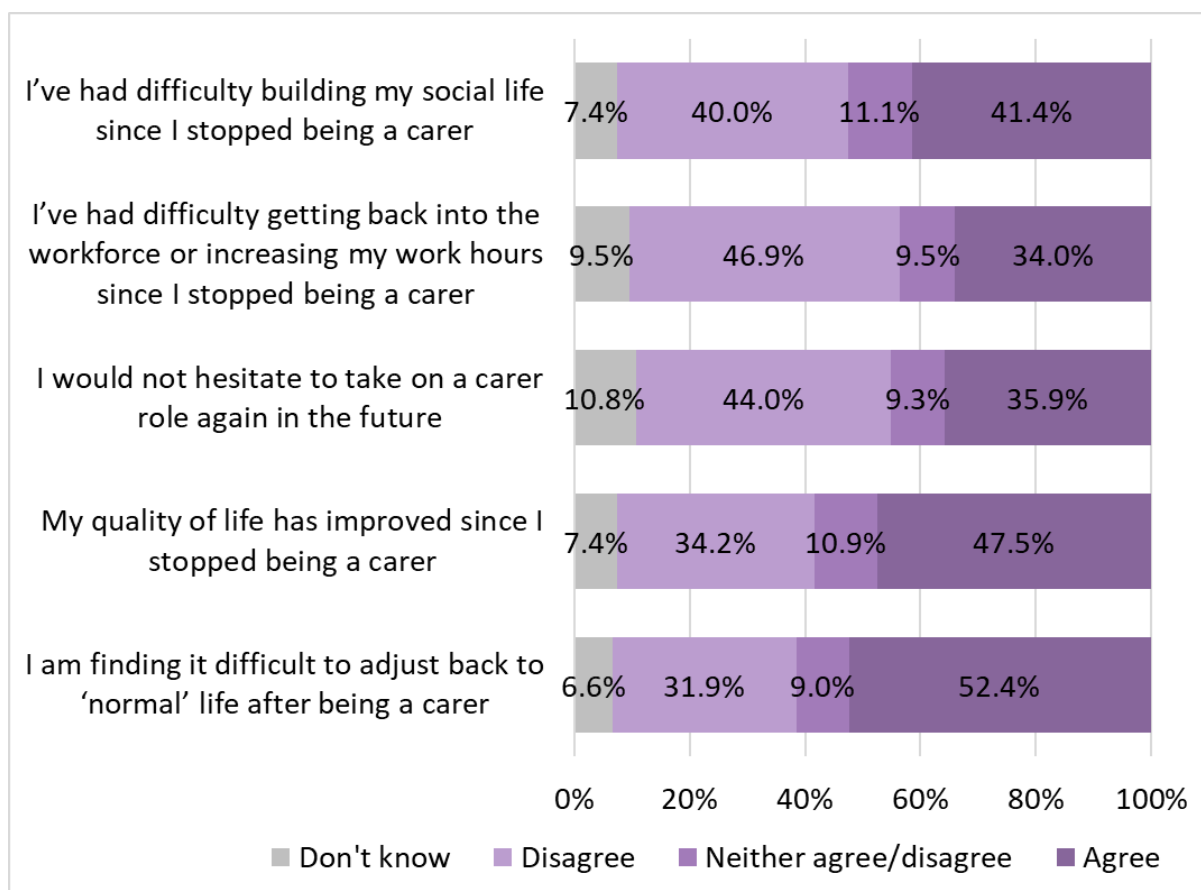


Figure 36 Experiences of past carers

19. Conclusions

The findings from the 2023 CWS suggest a decline in wellbeing and general health for many groups of carers between 2022 and 2023. The rising cost of living has increased financial pressure for many carers, often from an already high level of financial stress. Carers are consistently more likely than other Australians to report that they spend more time than desired on caring duties and housework/chores, and significantly less time than desired in paid work, volunteering, exercising, sleeping, and spending time with friends and family - all things that contribute to wellbeing.

Overall the 2023 CWS highlighted poorer outcomes for some groups of carers, in particular younger carers, carers who identify as LGBTIQ+, Aboriginal and Torres Strait Islander carers, those with higher caring commitments (primary and sole carers, those caring for more than 40 hours per week, those who care for two or more people and those who live with their care recipient), carers of children/grandchildren, those who care for someone with autism spectrum disorder, other development disorder, mental illness/psychosocial disability, and/or drug/alcohol dependency, and carers who are paid as first responders. Other groups of carers reported better outcomes, including older carers and those with lower caring commitments (care for less than 20 hours per week, those who share the caring role, those who care for one person and carers who do not live with the care recipient). This is consistent with results from previous years, and highlights a long-term need to support in particular those carers with more complex, time consuming and intensive caring responsibilities.

The wellbeing benefits of having paid employment are evidence in the results of the CWS, highlighting the potential of initiatives that support engagement in employment to in turn help support improved wellbeing amongst carers. The findings of the 2023 survey show that while the majority of employed carers had discussed their caring role at least once with their employer and most indicated that their employer was at least somewhat understanding about their caring role, 15.6% report that their employer is not understanding of their role as a carer, and that it is expected their caring duties do not interfere with any aspect of their work. Carers aged 25 and younger were significantly more likely to fall into this last category.

Access to support and services (formal and/or informal) is essential for carers to be able to provide high quality care for the people they care for, while also being able to care for themselves. Overall, younger carers, Aboriginal or Torres Strait Islander carers and carers who are paid as first responders were most likely to access a range of types of support and services while older carers and sole carers were least likely to access different supports and services. In 2023, the most common barriers to accessing support included difficulty finding high quality services, complicated application processes, long waiting times to access services, lack of funding for the service via NDIS/MyAgedCare or other support packages and lack of local service availability. Addressing barriers to support has potential to improve wellbeing amongst carers, as well as to increase their ability to engage in paid employment.

The need to build capacity for use of phone and online services continues to be an important priority to ensure carers and care recipients have access to telecommunications,

devices and space to successfully use the services that are available to them. While the majority of carers have good access to telecommunications, electronic devices and a private space to use online services or telehealth, there are still nearly 15% of carers who report poor mobile reception and/or don't have access to a computer, laptop or tablet, almost 20% who report poor access to high speed, quality internet, and one in four carers who do not have access to a private space where they can use online or telehealth services.

The most challenging aspects of being a carer in 2023 was the fear for the future of the person being cared for, fear of not having enough money to be able to care for the person, fear of not being able to continue care for the person, and being unable to access enough support from health and other services for the person/people they care for. However, while being a carer has challenges, many carers continue to report positive aspects of being a carer, with over half reporting that overall being a carer is satisfying, that their overall ability to be a good carer had increased in the last 12 months and that their confidence in being able to be a good carer was getting better.

After three years of the Carer Wellbeing Survey, both positive and negative trends have been observed. Changing conditions to enable more carers to experience the benefits that can be associated with being a carer and to reduce the impacts that can cause negative wellbeing outcomes takes time.

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Appendix 1: Detailed data tables

Detailed data tables are available as a Microsoft Excel file. To request the data tables, please email carerwellbeing@canberra.edu.au.