Carers Australia

CARER SERVICE PROVIDERS ROUNDTABLE

NATIONAL CARER STRATEGY

CONSULTATION: 16 JULY 2024

CONTENTS

#	SECTION	PAGE
1	About the roundtable	3
2	Executive Summary	4
3	Topic 1: Staffing	5 – 17
4	Topic 2: Access to services	18 – 30
5	Topic 3: Mixed topics session	31 – 36
Appendix	Attendee organisations	37 – 38

ABOUT THE ROUNDTABLE

Representatives from 12 carer service provider organisations from around the country met on 16 July 2024 to discuss services for carers. Carers service organisations represented support services across the caring spectrum (see the appendix for attendees). Carers Australia would like to thank everyone who participated in the Roundtable.

The Roundtable began with a whole group presentation. Small group discussions followed. They focused on:

1. Staffing: recruitment, retention and wellness of staff;
2. Carer knowledge of, and access to services and what might create barriers to access; and
3. Solutions from a services provision perspective.

Time was then devoted to thinking through solutions in the areas of - enabling collaboration between service providers, helping support former carers, minimising financial stress and hardship experienced by carers, and supporting carers who are hard-to-reach for geographic and other reasons.

For each session, attendees scoped issues within a given topic, explored possible solutions and identified the 'top three' and a 'wild-card' proposal.

Key questions posed by participants:

- How can we achieve more effective **collaboration** between service providers?
- How can we support **former carers?**
- How can the **financial stress and hardship** experienced by carers be minimised?
- How can we better support **hard-to-reach** cohorts of carers?

EXECUTIVE SUMMARY

Australia's 3m+ unpaid carers face unique challenges. They are often time-poor and financially constrained. And the supports that could improve their lives aren't always available.

Carers Australia brought together service providers from across the country and the caring spectrum with the aim of better understanding the drivers of carers' challenges by hearing from service providers about the challenges they face and their views on how to improve outcomes.

One of the key theme of the Roundtable was the increasing compliance and administration burden and the reduced capacity of service providers to deliver services. The need to do more to raise awareness about the carer role and the services on offer was also raised.

Carer service providers spoke about their focus on carer wellbeing, but also cited the vicarious trauma of their staff in support roles and high levels of burnout.

The unintended consequences of short grant funding cycles were highlighted, including program efficiency losses, smaller players leaving the market and thin markets.

Participants workshopped a range of potential solutions for each challenge.

The roundtable was hosted by Annabel Reid, Carers Australia CEO, and facilitated by Edwina Deakin from the University of Technology Sydney.

TOPIC 1

STAFFING

How do we avoid staff having that ‘burnt-out’ feeling so much of the time?

STAFFING

Staffing issues regularly feature in surveys and they generated a lot of interest and discussion at the Roundtable. Pay and conditions naturally featured, but a lot of the time was spent discussing staff wellbeing, attracting and retaining staff, training, stable employment and personal and organisational development.

An underlying theme of this discussion was balancing the delivery of the support carers need while also providing support to staff.

CONCERNS

"How do we avoid staff having that burnt-out feeling so much of the time?"

"Trying to do your best when you know the funding for your position is fragile is really challenging and stressful."

"We recognise the value of training but making it happen is very difficult when constantly working at or above reasonable capacity."

SOLUTIONS

Social change measures to improve the understanding and perception of, and respect for, carers.

Improve the alignment of contract terms by program funders and bid formulation by service providers to avoid negative consequences for carers.

Improve employment conditions for service providers by reducing workloads.

INSIGHTS AT A GLANCE: **Staffing**

Grants management and compliance overhead	Workforce shortages and difficulty attracting staff	Short term viewpoint
Compliance uses excessive amounts of staff time and reduces their capacity to provide services	Funding cycles negatively affect staff retention	Short term funding cycles have unintended consequences

Referral isn't easy	Alignment between funding and purpose	Staff wellbeing
There's no system or directory of services to help providers refer carers	Funding doesn't cover what services need to deliver	Managing trauma and burnout

Compliance overhead

INSIGHT 1:

Carers Australia

Grants management and compliance overhead

Grant guidelines and audit and reporting requirements are not sized for small providers. What this means is that an increasing proportion of staff are allocated to meeting these requirements and that means less staff are available to provide services for carers. For organisations with 1-5 staff, managing the compliance burden becomes impossible.

The trend of increasing compliance burden means smaller providers are being pushed out which means less available services for carers, particularly in remote and regional area where it doesn't make financial sense for larger organisations to deliver services.

Paraphrased: '*With 18 months of funding, it takes us 12 months to get set up and meet our funding and compliance requirements, hire staff and so on; then the next 6 months are spent encouraging carers to "dip their toe in the water". It takes a long time for carers to build trust with services, especially in the drug and alcohol carer space – they're dealing with trauma.*

By that time we can't prove we have many numbers and our funding is at risk – we can't sustain services this way.'

Workforce shortages

INSIGHT 2:

Carers Australia

Workforce shortages and difficulty attracting staff

Lived experience carers are often suitable candidates for roles within carer service provider organisations but they don't always have the job role skill set in full. Adding a layer of training for lived experience carers would address this issue and help with recruitment.

Continuity of contracts challenges staff retention. Where contracts are renewed very close to renewal dates, organisations have often already let go of staff (they have Fair Work obligations to do so). The result is that quality people are lost and service providers have to re-recruit when contracts are renewed. This is inefficient and good quality, experienced and trained staff don't always return.

Skill sets are also stretched. Service providers spoke about the need for large scale promotional campaigns to bring awareness to both the carer role and services on offer for carers. Service providers don't have the capacity or skills to do the pre-work – 'promotion is actually a lot of work'.

Paraphrased: '*good people leave when they're disgruntled about lack of contract continuity*'.

'People go on maternity leave and we can't replace them'.

'we pretty much lose like a third of our staff or a month every quarter.'

INSIGHT 3:

Carers Australia

Short term thinking

Short term thinking

The focus of this discussion was grant funding and the shorter cycles under which it is managed. Service providers said shorter cycles of funding mean more time is spent applying for grants, waiting for confirmations and on other grant cycle processes, and these proesses soak up staff capacity, leaving fewer staff available to provide services.

Economies of scale gained from longer funding cycles not only mean more secure funding and organisational sustainability, but also better interactions with carers.

Service providers spoke about short term funding requiring them to 'dial it up' each time; that is, they almost had to restart their business each time, wasting staff capacity that could be used to serve carers. If providers let staff go until they know they have secured further funding, then their services decline or cease, and carers leave, lose faith or go elsewhere. When funding is secured, providers then must start from scratch which makes it difficult to gain traction with carer cohorts, making it challenging to gain carer trust and provide supports to carers.

'We want to reflect a shift from short-term, episodic impact to something longer term.'

'Caring isn't always episodic.'

'We need to shift to longer term periods of intervention.'

INSIGHT 4:

Carers Australia

Referral isn't easy

Service providers expressed concern that they couldn't always support carers who were seeking help, and while they would like to refer them to another service, they didn't always know where to refer them because they have poor information on other services and how to find them.

Many providers articulated that their lack of knowledge of other services and care service providers was a blocker to carers accessing other services. Providers also said that it can take a lot of time to research other supports and often staff had little option but to turn carers away (something they felt awful about).

There was a call for a better way to refer carers to alternative services.

It is also often the case that carers are required to re-explain their caring situation. This results in repeated trauma, frustration, and some carers giving up trying to access services.

Paraphrased: '*We don't know what other services there are to refer to, and I feel bad that the carer has to navigate themselves.*'

Referral isn't easy

INSIGHT 5:

Carers Australia

Alignment between funding and purpose

An observation made was that services for carers are often designed around a one carer 'theme', but the reality is that carers can be caring for more one person and their caring roles can require quite different supports. For example, a person can be caring for a child with a disability and a parent with dementia.

Service providers pointed out that funding doesn't usually allow for staff increases, and as such, to deliver the services, existing staff increase their workloads. The extra workload staff take on is in addition to the work they do managing cultural expectations, creating awareness of carers roles to improve service access, and delivering extra (funded) services.

Travel is not usually funded which means services are limited to online or places without travel. This minimises access for carers and reach across rural, remote and outer regional areas.

'There has been a fracturing of networks that were supporting carers.'

'The systems are designed very much with one person in mind.'

INSIGHT 6:

Carers Australia

Staff wellbeing

Staff experiencing vicarious trauma was discussed at length. It was described as impacting staff's feelings of burnout. Not all service providers have the capacity to manage vicarious trauma.

Carer service providers acknowledged that having lived experience carers on staff was very beneficial. However, lived experience staff's previous trauma can be re-triggered by hearing other carers' experiences.

It was noted that where carer service providers' funding situations are precarious, there is an expectation from management that staff will go the extra mile for the carers they support which in turns leads to an expectation of longer hours and additional effort.

Paraphrased: '*You know the impacts on the staff with what they do. Like vicarious trauma or whatever you want to call it. What could you do to not only care for carers but care for the staff they're caring for?* '

Staff wellbeing

TOPIC 1 SOLUTIONS

STAFFING

Carers Australia

SOLUTIONS AT A GLANCE: **Staffing**

Grants management and compliance overhead	Workforce shortages and difficulty attracting staff	Short term thinking
Strengthen skills for better costings, better grant funding inclusions, centralised compliance support	Training for lived-experience carers, improve service providers skills on good practice recruitment	Prioritise recurrent funding for programs that are known to be effective

Referral isn't easy	Alignment between funding and purpose	Staff wellbeing
A national directory of services that providers can use for referrals	More flexible funding terms and key performance indicators	Funding for staff wellbeing activities and better manage vicarious trauma

ISSUE	SOLUTIONS
GRANTS MANAGEMENT AND COMPLIANCE OVERHEAD	Strengthen the business skills and knowledge of service provider leaders so they can better cost services and support staff on the ground. There should be better inclusions in grant funding. A staffing component should always feature – it needs to be adequate for delivery of the service and cover staff training and supervision. Overheads should also be covered. Timely indexation is important. Grant funding should not rely on volunteering and in-kind contributions. Consider a centralised service that provides compliance support so staff can be freed up to deliver services.
WORKFORCE SHORTAGES AND DIFFICULTY ATTRACTING STAFF	Build the carer workforce by upskilling lived-experience carers - a training model that can be translated into a professional role (funded and hosted by government). Improve service providers skills on good practice recruitment.
SHORT-TERM THINKING	Prioritise recurrent funding for programs that we know are effective. This will help providers retain staff and mean better outcomes for carers.
REFERRAL ISN'T EASY	Develop a national directory of services that service providers can use for less main-stream services (for example, sign-language, diversity advice, accessibility specialists, etc.).
ALIGNMENT BETWEEN FUNDING AND PURPOSE	More flexible funding terms and key performance indicators aligned to the local environment (with more focus on impacts than on numbers).
STAFF WELLBEING	Acknowledge the psychological impacts on staff working with carers and include funding for staff wellbeing activities (such as vouchers for self-care, time away from work). Address and better manage vicarious trauma experienced by staff.

TOPIC 2

ACCESS TO SERVICES

What about culture? Language? Location?

ACCESS TO SERVICES

Carers need to know that services exist, and they need to be able to access them when they need them. Service providers stressed that they need to understand the characteristics of carers before they can provide a suitable range of services.

CONCERNS

Barriers to accessing services. 'Stigma is a big thing. There is a lot of work to do around identification.'

Poor knowledge and information about available services. Many providers, different messages. 'Carers are time poor. They don't have time to spend hours navigating the system'.

A carer's longevity in a caring role.

'Who are we overlooking?' Culture, language and location.

SOLUTIONS

Long-term promotional/education campaigns to raise awareness and carer knowledge.

Coordination or brokerage services to help carers navigate the system.

More flexible services to better match the needs of carers/reduce gaps in service availability.

Improve integration and coordination across government departments.

Carers Australia

INSIGHTS AT A GLANCE: **Access to services**

Poor carer identification and knowledge of available services leading to limited access.

Poor recognition of carers; stigma affecting access

Aspects of the carer journey are overlooked

What about care beyond the caring journey?

Make evaluation less clinical

Focus on qualitative long-term impacts

Diversity of supports versus needs

How to address low or no digital literacy and still reach carers?

Culturally appropriate services

Service providers are struggling to cater for this with limited capacity

Financial constraints

Carers' access is limited by not being able to afford things like transport

Poor recognition of carers & services

INSIGHT 1:

Carers Australia

Poor recognition of carers and poor knowledge about available services limits access.

Identification of carers was highlighted as a critical success factor for providing supports for carers. Lobby efforts from organisations representing parents, step-parents and kinship care obfuscate the identity of unpaid carers, limiting recognition of who they are and what they need. A lack of common language to describe carers was identified as a key barrier, as was the label of carer (rather than identifying carers by what they do/ their role).

Young carers and carers of people with alcohol and drug abuse are among those not well recognised.

Stigma is a huge issue impacting carers' access to services. Mental health carers and carers of people with drug/alcohol abuse are often blamed for the condition or illness.

Fear of child protection services being involved can prevent people accessing services, and sometimes 'families close ranks' and prevent access by discouraging a family issue to be spoken about outside the family.

Service providers don't always know what other services are on offer and they often don't have the time to call around for a carers, so they can't refer effectively. Carers often tell their story repeatedly, and some give up.

'Grandparents who are providing care for kinship are lobbying to be involved.'

'It dilutes the message.'

'I've been in this industry long enough to see the pendulum swing – we keep doing this – raising awareness, then it drops away, then we raise awareness.'

'We talk about breaking down stigma and barriers to access for the consumer, but not the carer.'

INSIGHT 2:

Carers Australia

Aspects of the carer journey are overlooked

It was discussed that carers may not realise where they are in their carer journey and so don't seek the support they require. Carers also differ in the supports needed at different parts of the journey; it's not the same for everyone.

Some carers require support after their caring journey is considered complete; i.e. often rules for services mean no support for carers if the person they care for no longer needs care. Attendees cited instances where carers needed support transitioning from carer to the next thing. Examples of situations for those carers include:

- long time carers having housing access quickly removed and because of the caring role they've undertaken over years, their out-of-date skills set makes it difficult to get a job to pay for alternative housing; or
- After short and traumatic caring journeys, such as for a palliative carer, the carer suddenly finds they are left with no supports when the person they are caring for dies.

While carers' responsibilities can increase with the carer journey, services don't always increase in line.

'Awareness is often generated through low touch interactions that build trust until someone comes to sue the program.'

'I always see the care journey increasing over time.'

Relevant evaluation

INSIGHT 3:

Carers Australia

Make evaluation more relevant

It was discussed that the review process for services is viewed through a medicalised lens and the focus for assessments could be shifted to more practical, carer-centred delivery. As service providers said, services are there to improve the wellbeing of carer's, not just to improve their ability to care.

The driver of this thinking could be the current state of 'KPIs based reporting for not-for-profits rather than using qualitative measures'.

Qualitative measures were discussed as a more effective way of understanding program effectiveness given the unique circumstances of each carer.

A wellbeing index was suggested as a measure of success as service providers ultimately want to improve the wellbeing of carers they support.

A framework for carer service providers across federal and state, based on the *Care Recognition Act* was also suggested.

'We can't just focus on the services, but all the light touch points leading up to it.'

'We want to reflect a shift from short-term, episodic impact to something longer term.'

'Caring isn't always episodic.'

Diversity of supports needed

INSIGHT 4:

Carers Australia

Diversity of supports available versus needs

The different ways carers interact with supports was discussed. Because digital supports are the most cost effective, they are preferred for many grants, but they don't meet the needs of people with low/no digital literacy, those without access to reliable internet, and people who prefer face-to-face services.

The cost of travel, and available staff capacity were cited as barriers to face-to-face services, especially when reaching hard to get to areas such as rural, outer regional and remote areas. Language and cultural barriers were also discussed.

Mental health issues demand an individualised approach to providing supports, but providers often do not have the staff/ capacity to deliver such an approach.

Outside hours availability and the inequity of this in services was noted - carers often have difficulty accessing services during work hours.

Recognition of the fluidity of the journey was also discussed – 'it's not binary'. And it was noted that carers with neurodiversity and disabilities can struggle to navigate supports.

'They often don't have the staff to travel.'

'Right now, we're offering online, we've got very minimal outside work hours. We comment that workers in our own organisations who are carers can't attend [sic].'

'Carers with learning disabilities, neurodivergence and stuff like that … it makes it even harder for them to access information.'

Culturally appropriate services

INSIGHT 5:

Culturally appropriate services

The challenges of providing culturally appropriate services was discussed at length. Service providers don't have enough capacity to tailor services for carers – they are already stretched meeting compliance and administration requirements.

Staff feel untrained and unready to address this aspect of support but acknowledged the need to do more because the cultural and language barriers mean many carers are invisible to service providers and they go 'unseen' and 'unsupported'.

'Insular communities' are another challenge. These communities can be cultural/ religious groups who don't engage externally. While such groups may have a WhatsApp group or something similar, they aren't necessarily technologically savvy and able to navigate services online.

Service providers would like someone in these communities to help with translating and improving access to services.

'The problem is that you get a sort of cultural load on staff members that are in other roles or members of the community.'

Paraphrased: *'Kind of like you have translation services, but with added cultural information'*

Financial constraints

INSIGHT 6:

Carers Australia

Financial constraints

The financial constraints placed on carers, and financial stress were topics raised by many services providers at the Roundtable. Service providers spoke about carers who couldn't come to events or participate in activities because they couldn't afford to pay for the petrol or public transport.

Flexibility of funding was considered key for carers. Something as small as being able to use funding to buy a phone can have a significant impact on the life of a carer.

The economics of caring and negative financial consequences for carers were also discussed.

'there's a young carer who they funded to give him a push bike, - so many barriers reduced for him purely by funding a bicycle'

'We need to revisit payments for carers…recognise their various levels of contribution and remove unintended outcomes.'

TOPIC 2 SOLUTIONS

ACCESS TO SERVICES

Carers Australia

SOLUTIONS AT A GLANCE: **Access to services**

Poor recognition and poor knowledge of services	Aspects of the care journey are overlooked	Evaluation focus
A promotional campaign. An online platform like My Health Record for providers. Equip carers to navigate the system	Invest time and money across the full carer journey (early identification through to effective referral pathways).	Shift the focus from qualitative measure to quantitative KPI's

Diversity of supports vs need	Culturally appropriate services	Financial constraints
A wider range of tailor made supports and delivery options	Cultural Consultant Services that service providers can use as needed	More funding flexibility for carers. Increase the Carer Payment

ISSUE	SOLUTIONS
POOR RECOGNITION OF CARERS AND POOR KNOWLEDGE OF AVAILABLE SERVICES LEADS TO POOR ACCESS	An online platform that integrates disparate carer-required systems and can also be used by the caring service providers - an equivalent of the 'My Health Record' or a 'Carer Passport'. Make the system not so hard to navigate. By careful design, deliver against the following objectives: • empower carers by increasing their capacity to be their own case managers and system navigators • agents or brokers facilitate use of the platform – akin to Immigration Agents – they fly-the-keyboard as directed by the carer to complete the data entry needed and help carers understand what's being asked for, etc.
SOME ASPECTS OF THE CARER JOURNEY ARE OVERLOOKED	Invest time and money across the full carer journey • Raise general awareness about caring (marketing/promotional expertise). • Build trust with new carers (light touch interactions) • Help carers access services and supports as they need them (the mature stage of engagement). There should be a focus on early identification of carers and effective referral pathways.
MAKE EVALUATION MORE RELEVANT	Shift the focus to qualitative evaluations, and measures of wellbeing over quantitative key performance indicators.
DIVERSITY OF SUPPORTS vs NEEDS	Recognise that the supports carers need will change across their carer journey, across cohorts and caring themes. For example, traditional respite should just be one option within a wider more imaginative list of tailor-made options, including gym vouchers, prepared meals etc. Face to face delivery can't be overlooked. Cultural and language accommodations mean greater staff capacity is required, and deeper levels of assessment are needed.
CULTURALLY APPROPRIATE SERVICES	Cultural Consultant Services - services that service providers can draw on to advise them when they are liaising with a client cohort they may not be familiar with (for example, access to culturally and linguistically appropriate staff).
FINANCIAL CONSTRAINTS	Flexibility for carers to use funding on their choice of things can have a very positive impact. It gives back control and choice, and facilitates their wellbeing. Increase the carer payment and better recognise that some carers care for multiple people.

TOPIC 3

MIXED SESSION

How do we minimise financial stress and hardship for carers?

MIXED SESSION

For the final session, attendees chose to explore one of four solution areas – enabling more effective collaboration between services providers, supporting former carers, minimising financial stress and hardship experienced by carers, and supporting hard-to-reach cohorts of carers. While aspects of these topics had been discussed in earlier sessions, the mixed session allowed for a deep dive into the issues, including exploring what had worked well in the past and ideas for new approaches.

HOW TO…	SOLUTIONS
…enable more effective **collaboration** between service providers.	Carer provider service forum/network. Better coordination between departments and services. Focus on carer literacy.
…support **former carers** appropriately.	
…minimise **financial stress and hardship** experienced by carers.	Adopt a common approach for managing former carers – a post-caring transition support framework/program.
…better support the **hard-to-reach** cohorts of carers.	Revisit carer payments in light of what carers contribute to society. Look at superannuation and other options to reduce the risk of a retirement solely reliant on the Age Pension.

TOPIC 3 OUTCOMES

MIXED SESSION

Carers Australia

SOLUTIONS AT A GLANCE: **Mixed session**

Improve collaboration with better information	Time taken to refer to other services	Poor perception of carer role
A Carer Service Provider network or forum to foster collaboration/keep providers up-to-date on information	A national directory for service providers. Better coordination of work between government departments	Promotional/education campaign, key messages for hard-to-reach carers
Helping carers help themselves	**Minimising stress and hardship of carers**	**Support for former carers**
Improve carers literacy and technology skills	Short-term financial assistance. Revisit superannuation on Carer Payments	Evidence-based guidelines/ frameworks for supporting former carers

ISSUE	SOLUTION
IMPROVE COLLABORATION WITH BETTER INFORMATION	A Carer Service Provider network or forum - an inter-agency reach, online, designed to keep service providers up-to-date on information they need, and to foster connections and collaboration.
TIME TAKEN TO REFER TO OTHER SERVICES	A national directory of carer services for service providers that they can contribute to (as they come across helpful contacts).
POOR PERCEPTION OF CARER ROLE	A targeted and sustained campaign to re-position caring in all communities, with key messages for the hard-to-reach carers. Perhaps styled like messages about safe driving, gambling, domestic violence.
EFFORT REQUIRED TO BRIDGE BETWEEN DEPARTMENTS	Continued efforts to better coordinate the work of different departments – justice, child safety etc.
HELPING CARERS HELP THEMSELVES	Continued efforts in areas of literacy and technology to better equip carers to engage and secure the support independently.
FINANCIAL STRESS & HARDSHIP OF CARERS	Include short-term financial assistance in the menu of funded services to relieve some of the immediate pressures carers may face. Revisit the topic of long-term superannuation impacts on carers and what government can do to reduce or remove this impact.
SUPPORT FOR FORMER CARERS	Establish an evidence-based guideline for an appropriate period of continued support carers post-caring. Develop a way for former carers to continue engaging with fellow carers to preserve the kinship and avoid isolation. Develop post-caring transition frameworks, including for those bereaved as part of that transition.

APPENDIX

ATTENDEE ORGANISATIONS

ORGANISATION	LOCATION	REPRESENTATIVE
PARKINSONS NSW	New South Wales	Client Services Team Leader
SPECTRUM	Victoria	Support for Carers and Care Finder Coordinator
EATING DISORDERS FAMILIES AUSTRALIA	Queensland & Victoria	National Support and Education Manager
THE CARERS FOUNDATION	Queensland	Founding Director
CARERS AND DISABILITY LINK	South Australia	CEO
SATELLITE FOUNDATION	Victoria	Director of Creativity, Development & Growth
MENTAL HEALTH FAMILIES AND FRIENDS TASMANIA	Tasmania	Lived Experience Policy Officer
CARERS ACT	Australian Capital Territory	Manager – Groups
CARERS QLD	Queensland	Carer Program Manager
CARERS NSW	New South Wales	NSW Executive Manager
CARERS VIC	Victoria	CEO
DEPARTMENT OF SOCIAL SERVICES	Nationwide	Acting Branch Manager
CARERS AUSTRALIA	Nationwide	CEO

Carers Australia

ABOUT US

Carers Australia is the national peak body representing the diversity of the 3 million Australians who provide unpaid care and support to family members and friends with a disability, chronic condition, mental illness or disorder, alcohol or other drug related condition, terminal illness, or who are frail aged.

In collaboration with our members, the peak carer organisations in each state and territory, we collectively form the National Carer Network and are an established infrastructure that represent the views of carers at the national level.

Our vision is an Australia that values and supports all carers, where all carers should have the same rights, choices and opportunities as other Australians to enjoy optimum health, social and economic wellbeing and participate in family, social and community life, employment and education.

For further information on this report, please contact **policy@carersaustralia.com.au**