



# Carers Over 65 Roundtable

NATIONAL CARER STRATEGY  
CONSULTATION: 30 JULY 2024



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# ABOUT THIS DOCUMENT

## The research

Carers Australia has been engaged by the Department of Social Services to organise a series of consultations with carer cohorts and stakeholders in the carer domain.

This report documents the outcomes of a roundtable held in Brisbane and hosted by Carers Australia, supported by Carers Queensland. Jim Toohey, Chair of the Carers Queensland Board, facilitated the event on 30 July 2024.

The event was also attended by Kartika Medcraft-Smith, Director of Carer Policy in the Department of Social Services, who provided background on the development of the National Carer Strategy and the role of in-person Roundtables and other engagements with lived experience carers in contributing to the Strategy.



# ABOUT THE ROUNDTABLE

39 carers over the age of 65 participated in this Roundtable, most of whom cared for a partner but some who cared for an adult child. Participants came from Queensland, New South Wales, South Australia, Tasmania and Victoria – some from capital cities and others from regional areas.

The Roundtable was led by an external facilitator and ran for 4 hrs. Discussion was group based. The meeting was transcript, with table-based note takers capturing key discussion points.



## Key areas discussed with participants:

1. Carer financial impacts
2. Carer health and wellbeing
3. Carer support services – awareness and access
4. Possible solutions that could be implemented to improve the caring experience

**Carers Australia  
would like to thank  
everyone who  
participated in the  
Roundtable.**

SECTION ONE

# WHAT WE HEARD

What if something  
goes wrong?"



# EXECUTIVE SUMMARY

In addition to discussing broad issues pertaining to carers over the age of 65, the Roundtable provided an excellent opportunity for carers to share individual experiences and tips to address problems which arose in conversation.

While carer-specific support services were discussed, there was a strong focus on other service systems accessed by carers – such as social security payments through Centrelink, health services, the NDIS (but not a dominant area), and most of all, aged care.

Themes which emerged throughout the day included:

- Lack of recognition of carers' value and their contribution to both those they care for and to the systems providing support to those they care for
- Sacrifices
- Impacts of the role on health, financial and social wellbeing
- Finding out about support services for those they care for
- Major difficulties accessing and navigating support systems
- Lack of timely, and adequate service access through My Aged Care
- Digital literacy challenges
- Both difficulties in accessing respite and reasons why they would be unwilling to do this.

They also proposed a range of potential solutions to these problems which are documented below. They include, but are not limited to:

- Ways to improve the public and private social recognition of carers
- The need for individual navigators and/or advocates who they could engage to help them identify and access support across different systems
- Adjustments to aged care access and services, with particular emphasis on more accurately capturing care needs of the care recipient with input from carers, lifting the cap on Home Care Packages, and addressing inappropriate use of respite beds in residential aged care facilities
- Better carer identification for people seeking income support through Centrelink and more assistance in identifying the range of supports they may qualify for
- Easier access to Carer Gateway services and expanding the range of services available through the Gateway.

# CARERS

What are their challenges and needs?

## CONCERNS

### DEVALUATION

"We as carers need to be seen in our own right. I am still me. Somewhere along the way I've gotten lost."

### DELAYS

"I was injured. The nursing homes had no vacancies. So I rang the Carers Gateway. And I (still) haven't heard back."

### FINANCIAL STRAIN

"(I'm) struggling from fortnight to fortnight just to pay bills, get the food (we) need, constantly looking for the cheapest way possible, and constantly worrying about getting a big bill."

### AWARENESS

"It's not recognised or appreciated that carers are saving the government and taxpayers a gazillion dollars by providing care at home."



## SOLUTIONS

### RECOGNITION

"Encourage Australians to better understand the circumstances and value of carers."

### CLOSE THE INFORMATION GAP

"I just blindly Googled, Googled, Googled for days. But finally got sunshine."

### IMPROVE ACCESS

"How do we know what questions to ask across different government systems?"

### RESPITE

"In the meantime, you're filling the gaps both personally and financially."

# INSIGHTS AT A GLANCE: CHALLENGES FACED BY CARERS

## INSIGHT 1

Devaluation of the caring role

## INSIGHT 2

High levels of mental and emotional distress

## INSIGHT 3

Financial and employment challenges

## INSIGHT 4

Finding out about services

## INSIGHT 5A

Engaging with support systems and services

## INSIGHT 5B

Engaging with support systems and services

## INSIGHT 6

Constraints on accessing respite

# INSIGHTS AT A GLANCE: OPPORTUNITIES TO LEVERAGE

## INSIGHT 7

Improve carer recognition and understanding

## INSIGHT 8

Improve access to financial support

## INSIGHT 9

Address information and navigation difficulties across services

## INSIGHT 10


More carer-inclusive aged care and more accessible aged care packages

## INSIGHT 11

Improved access to carer services and respite opportunities

SECTION TWO

# WHAT DOESN'T WORK



**“Get somebody out here for my husband because I don’t know if I’m going to be here tomorrow.”**

# INSIGHT 1:

## Devaluation of the caring role

The discussion around carer recognition tended to be focused on social loss of value, due in part to:

- The invisibility of caring
- Withdrawal from social and economic life
- The stigma which can be attached to the person being cared for, which transfers to the carer (for example, the stigma attached to dementia).

A number of carers described how this sense of lost value is internalised. They themselves feel they have lost value.

Other discussions focused on the way carers are defined. A number of carers felt the term “unpaid carer” diminishes them. They preferred to be identified as “primary carers” or “primary carers who are unpaid” because they provide the bedrock of support to the person being cared for.

**“I have no value in society. I don't have a job anymore. I'm not paying taxes anymore. It's not recognised or appreciated that carers are saving the government and taxpayers a gazillion dollars by providing care at home.”**

There were complaints about poor carer recognition and acknowledgement of their expertise in relation to the needs of the person they were caring for when they interacted with health, aged care and disability systems and services.

There was also a call for Centrelink to proactively identify whether a person was a carer when they engaged with the social security system. If they were over 67 it was often just assumed that they would be seeking the Age Pension, whereas the Carer Payment was likely to be of more value to them. Some carers were unaware that they were eligible for the Carer Allowance if they were Age Pensioners.

# INSIGHT 2:

## High levels of mental and emotional distress

It is only to be expected that, on average, carers over the age of 65, especially when they move into their late 70s and 80s, will be inclined to have poorer physical health and deal with more disabling conditions than younger cohorts of carers.

The role of caring can also have impacts on their physical wellbeing. For example, injuries sustained by lifting the person being cared for.

However, the emphasis at the Roundtable was on the mental and emotional impacts of caring. And such challenges weren't always attributed to the stress arising from their concerns for the person being cared for or guilt over not providing enough or appropriate care, but also included the mental stress associated with carers' attempts to engage with support and services systems.

“We carers need to be seen as people in our own right. I'm not just my husband's carer – we've been married 50 years – but I am still ME. Somewhere along the way I've gotten lost.”

Another very significant stressor identified in Insight 1 was the loss of their own sense of valued personhood.

Most of all, there was a pervasive sense of anxiety around what would happen to the person they were caring for if they were not available to care anymore. This did not only come down to meeting care needs but also to financial support.

On the other side of the equation, carers feared that if they could no longer provide care or if the person they cared for died, they themselves would lose any sense of a purpose for living.

# INSIGHT 3:

## Financial and employment challenges

A number of carers identified that they had to work way past retirement age due to financial strain. Indeed, older carers faced dual challenges – having to continue to work beyond retirement age and finding it hard to sustain employment because of their age.

Carers who had to give up employment well before retirement age and were caring for an adult child were especially disadvantaged. Single carers in this situation can face severe, very prolonged financial stress.

Many caring for a partner over the age of 67 were not aware that some modest extra assistance with costs is available to them through the Carer Allowance and Carer Supplement, even if they are on the Age Pension.

The cost of medical services for both themselves and the person being cared for were often prohibitive, especially if they live in regional areas where bulk billing is scarce. Dental services were identified as a particular area of unaffordability.

“I am a single mum carer for my 45-year-old son who still lives with me. I have to pay for a lot of his medications and chemist bills, and some of his medical bills as well because he's on a disability pension and can't manage to pay (for) it all. **It's just too costly.** I'm on a carers' pension and it's a fixed income. **I don't have extra money.** I didn't get much super from my part-time job over the years.”

“Financial impacts are huge because you find that you are struggling from fortnight to fortnight to just pay your bills, get the food that you need, try to make your life as nice as it could be. **Constantly looking for the cheapest way possible, and constantly worrying about getting a big bill.** For example, **what if something goes wrong with my car** and I haven't got the money for that? And I also find myself, which I thought I'd never do, putting things onto my bank card and not paying it off completely each month, as I used to do. That adds to my financial stress.”

# INSIGHT 4:

## Finding out about services

Some carers had no idea about My Aged Care or aged care services generally when they first became a carer. One carer was informed about aged care packages through a local hospital. Sometimes they might be directed to services by a GP, but this was far from routine. Some found out through acquaintances.

Others who used the internet more actively only found out through frantic Googling or through Facebook.

Most carers were caring for someone with dementia, and their source of information on services available was through Dementia Australia – because Dementia Australia dominates the Google organic search list.

There was less discussion about how they found out about carer-specific support services, although most were aware of their state and territory Carer Associations and their regional Gateway provider (noting that the carers who applied to participate in the Roundtable were often accessed through these organisations).

“I **blindly just Googled**. Googled, Googled for days. But finally got sunshine with Dementia Australia.”

“**Facebook groups** (for users) who are caring for someone with particular conditions can be a very good source of information and advice.”

It seems common for carers who have reached out for support to learn about a range of services for the people they care for through peer support groups or other interactions with carer support organisations.

# INSIGHT 5A:

## Engaging with support systems and services

Difficulties with navigating government service systems was a dominant theme – especially with respect to My Aged Care.

Carers at this Roundtable found the My Aged Care website difficult to navigate and understand. Phone contacts also presented challenges, with call centre staff using terms carers didn't relate to and asking questions which were difficult for the carer to unpack.

Long wait times were a constant theme.

- Very long wait times in relation to phone contacts were a particular source of irritation. Such wait times are annoying for everyone but can be particularly difficult for carers who may have to attend quickly to the needs of the person being cared for, especially if they have dementia.

**“With ACAT assessments I don't believe they're at the house long enough. They sit at the table for 15 or 20 minutes, follow up with a heap of questions that (you can't always) answer properly, and then (they) walk out the door.”**

Long wait times for ACAT assessments, and even longer wait times when the condition of the person being cared for deteriorated and required a new ACAT were also distressing. Many carers also expressed their dissatisfaction with ACAT assessments on the grounds that:

- The assessment was too quick and narrowly focused.
- Assessments were overtly non-carer inclusive; all questions being directed to the person they cared for, who often underplayed their need for assistance or simply denied their care needs in relation to certain activities. Interventions by carers to clarify the person's actual care requirements in relation to activities of daily living are often actively discouraged.

# INSIGHT 5B:

## Engaging with support systems and services

Many carers struggle with a range of online interactions required to get the services needed, including unique passwords, pins and codes for particular services.

When they did get those services there were complaints about the reliability of staff, their degree of training, and their detachment from their role.

They also complained of the high administrative charges of services providers vis-à-vis the limited range of services being delivered, which eat significantly into the package of those they were caring for.

As for carer support services, wait times on the phone or waiting for call backs were also identified as sometimes problematic. There were some complaints about the adequacy of the Carer Star as a suitable instrument to engage with carers and to create a Care Plan. Other complaints were that the services needed were not available through the Gateway. Assistance with transport was a case in point. Variations in what was on offer by different carer service providers in different but often reasonably close localities was also mentioned and was a source of resentment.

“When you do find out about My Aged Care or other support available through different organisations and make contact you don’t know what to ask. How do we know what questions to ask across different government systems?”

Similar complaints were made about Centrelink with respect to:

- Long wait times on the phone
- Inconsistent information provided on different calls by different staff
- Many older carers seek face-to-face interaction at Centrelink offices (if there is one suitably close by) but are often directed to office computers to deal with their enquiries
- Not being made aware that they could make appointments with a social worker and get financial advice to help them make the right choices to fit their circumstances
- Difficult application processes
- Long wait times (months) for approval of applications.

# INSIGHT 6:

## Constraints on accessing respite

Some carers had good experiences in accessing respite, but others didn't.

Common problems were:


- Waiting for a very long time to access respite after they'd registered their intent to use it. This can be particularly hard with respect to residential aged care, especially in regional areas.
- Several carers identified that it is very, very hard to access emergency respite and it's often not available at all.
- The consumer contributions for accessing community respite through CHSP providers, for example in dedicated respite facilities or in the home, is often just too high for carers to afford.
- Other carers were reluctant to send the people they cared for to a community respite facility or into residential respite, especially if they had heard stories of bad experiences with residential respite.

"In February I had a breakdown. I was sitting in the hall, sobbing my heart out, and rang my carers' organisation for help. Any respite! But (I) didn't get any. I ended up ringing my husband's aged care provider and saying, '**Get somebody out here for my husband because I don't know if I'm going to be here tomorrow**'."

"I needed 24-hour respite support for some days in the home. I rang a home respite provider which is really good. However, **it just couldn't be afforded. It cut too far into the package.**"

SECTION THREE

# WHAT WORKS

A man with short, graying hair, wearing a light blue polo shirt, is shown in profile from the chest up. He is looking upwards and to the right with a thoughtful expression. The background is a dark, solid color.

**“When you’re new to being  
a carer you don’t know  
what services there are for  
the person being cared for,  
let alone yourself.”**

# INSIGHT 7:

## Improve carer recognition and understanding

The Government needs to fund an intensive media campaign across radio, television, social media and print media to:

- Encourage Australians to better understand the circumstances and value of carers. It should not just be a “one size fits all” campaign. It should be segmented to highlight carers in all their diversity, including different demographics and the different nature of caring for people with different conditions.
- The campaign should also help hidden carers to identify as carers and the supports available to them.

A separate but related campaign should make Australians aware of aged care support, disability support, mental health support, dementia support, palliative care support and other relevant conditions.

“The minute you give up your own life in order to care, you are treated as if you have no value. You also see yourself as having no value. You have given up your employment, **you have no time to commit to your own interests**, you can’t commit to anything really except caring.”

Information should also be made available in places where carers are likely to spend time, such as hospitals and doctor surgeries, whether in hard copy or the information streaming in waiting rooms.

One suggestion was that, given their value to the economy, family and friend carers should be paid for caring (noting that the Carer Payment is a pension and not a wage).

# INSIGHT 8:

## Individual help with advice, navigation of systems and advocacy

A strongly held and persistent view throughout the day was the need for one-to-one support people to be able to help carers to find out what support was available to them and the people they care for (including in their locality) and tailored to their individual circumstances; then to provide support to navigate these systems; and then to advocate for them when things are not working out.

It was also proposed that such navigator assistance would encompass assistance with IT challenges faced by many older carers who struggle to engage with various support systems because of these challenges.

The Government needs to cater to the preferences of many older people for paper documents which explain services available and how to access them, not just rely on online documents. All documents, whether in paper form or online, should be in plain English, avoiding jargonistic communications, and in different languages. Carers should also have the option of applying for support using paper documents (and through the post) rather than exclusively online.

**“When you’re new to being a carer, you don’t know what services there are for the person you care for, let alone yourself.”**

24/7 helplines were also considered important for carers facing emergencies and/or reaching the end of their tether, to download and provide advice. Carers of people with dementia were generally familiar with the 24/7 line operated by Dementia Australia, but such services were not identified for carers of people with other conditions. Such a service was also proposed for the Carer Gateway services. Some carers had accessed Beyond Blue or Lifeline and appreciated the experience, were looking for more carer specialist helplines.

# INSIGHT 9:

## Aged Care Improvements

Expand the ACAT workforce to reduce delays in accessing aged care services, both for initial assessments and subsequent assessments when there has been a deterioration in the health and abilities of the care recipient.

ACAT assessors should be required to be more carer-inclusive in their assessments and allow carers to identify just what assistance they provide in order to get a more realistic view of the needs of the care recipient.

The Government needs to remove the cap on the number of available Home Carer Packages to address unacceptable delays in service provision. Supply should reflect demand.

“Long waiting times for assessment, then waiting for results, then waiting to find a provider or providers. In the meantime, you are filling the gaps both personally and financially.”

Laptops and iPhones should be made available through aged care since they will continue to be a necessary requirement to engage with the system and get services – noting that this technology can fairly quickly become outdated or worn out, and people can't just rely on very old equipment.

# INSIGHT 10:

## Improvements needed for carer support services

There was support for extended hours to access the Carer Gateway providers and other carer support organisations. Carers can find it difficult to take out the time for such engagement during normal working hours; either because of the nature of their caring responsibilities or because they are employed.

Carers sought funding for the establishment of peer support groups which were better tailored to their own demographic; including age and culturally and linguistically related, as well as the condition/s of the person they provided care to.

Carers expressed their need for referral to coaching and training services to assist them to better inform their caring role. It was noted that this need was catered for through Dementia Australia and Dementia Services Australia, but not every carer over the age of 65 is caring for someone with dementia.

“There are a lot of **people from cultural backgrounds** who don’t like outsiders in their house or (feel comfortable in a respite facility which is mainstream.”

# INSIGHT 11:

## Improved access to respite

While a number of carers reported poor experiences with getting access to respite, few solutions were identified. However, two examples of where better access could be achieved were identified as:

- The Government must address the use of residential respite places for a “try before you buy”, shopping-around experience before choosing a permanent residential care provider or to secure a bed while contracts and other administrative details are being worked out for people wanting immediate access to permanent care. The use of available respite beds for these purposes blocks access for legitimate respite – but is far more attractive to providers. Respite should be used for the purpose it was intended for: to give the carer a break before resuming their caring role in the home.
- There needs to be a pool of services catering to specific ethnic cultures which can be drawn on to offer culturally appropriate, multilingual respite options – either in the home or dedicated respite facilities.

“There are a lot of cultural background people who don't like outsiders to come to their house or don't like to take them to a respite facility which is mainstream.”

APPENDIX I

# KNOWN ISSUES CARERS ACROSS AUSTRALIA MOST REGULARLY RAISE

ISSUE	KEY CHALLENGES
FINANCIAL IMPACTS	Carers experience significant financial stress/distress – both in meeting the immediate costs of caring, and longer-term financial impacts.
MENTAL HEALTH AND WELLBEING	Data from the national Carer Wellbeing Survey shows that carers are reporting falling levels of mental health and wellbeing.
CARER EDUCATION AND CARER EMPLOYMENT	Carers report challenges in completing study and/or participating in paid employment.
RECOGNITION AND INCLUSION	Carers often feel like they are overlooked, and their experience is not understood or valued.
FINDING OUT WHAT SUPPORTS ARE AVAILABLE TO THEM	Many carers tell us that they were or are unaware that support is available to them. Finding what is out there can be haphazard and sometimes is only discovered after years of delay.
NAVIGATING COMPLEX SYSTEMS	Carers tell us it's increasingly complex to figure out how to access support, both for themselves and for the people they care for.
FINDING THE SUPPORT THEY NEED	Carers tell us that, even when support services are broadly available, they are not available in their location, or they do not offer the kind of support they need.
INCLUSION IN HEALTH, AGED CARE, NDIS AND OTHER SYSTEMS	Carers struggle to be regularly included in key planning meetings for those they care for. They also struggle to be included in opportunities to engage with broader system design and review activities, even though they have deep and direct knowledge.
ACCESS TO RESPITE	Carers need a break – but often struggle to find respite that suits them and others in their care relationship.

APPENDIX II

# **SURVEY RESPONSES**

## **Redacted**

# Appendix II: Survey Responses Redacted



Participant no.	Age	State	Regional or Urban	Age became carer?	Live with the person / people you care for?	Hours of care / Week	Currently Employed? What Type?	Who do you care for, and why do you provide care? E.g. mental health, substance abuse, disability, chronic illness, degenerative illness etc.
1	76	SA	Metro	41	Yes	20-49 hours per week	No	Currently my wife (previously cared for mother in law and daughter). Chronic illness with sporadic "brain fog".
2	74	QLD	Regional	54	Yes	20-49 hours per week	No	My wife, CVA in 2004
3	80	QLD	Metro	65	Yes	20-49 hours per week	Yes, PT	Mother living with dementia now deceased. I cared for disabled persons traveling under NDIS scheme. Currently my adult daughter, who is suffering from chronic auto immune illness
4	69	QLD	Regional	55	Yes	50+ hours per week	No	Husband has Parkinsons Disease
5	60	VIC	Regional	33	Yes	20-49 hours per week	Yes, FT	Disability
6	66	VIC	Regional	61	No	0-19 hours per week	Yes, PT	Mother in law previously (now deceased from long illness with Lewy Body dementia) but now carer for 88 year old father law. I have financial power of attorney and manage his finances but I also support my partner (their daughter) to assist him to manage his affairs overall. He has had physical health problems for some time (inc long periods of hospitalisation and rehab) but the major problem (for me/us) is his management of finances particularly in relation to online scams.
7	75	NSW	Regional	42	Yes	0-19 hours per week	No	Son - mental Health. Grand daughter -mental health. Brought her up from 10 days old. Half brother of grand daughter - brought him up from 5 yrs old, mental health, ADHD and PTSD
8	80	QLD	Metro	65	Yes	0-19 hours per week	No	Husband - Dementia, Mental Health, Cancer
9	69	NSW	Regional	Since childhood	It's complicated	50+ hours per week	Yes, Casual	My oldest daughter, 40yrs lives with me, Autism, ADHD, depression & anxiety and several severe debilitating chronic health conditions. Youngest daughter 38 yrs, learning disabilities, ADHD and chronic physical health conditions, BPD, Bipolar Disorder and psychosocial disabilities. Live nearby, husband 76 yrs, ABI, Stroke, Dementia, Diabetes- he now lives in separate accommodation.
10	71	VIC	Regional	59	Yes	50+ hours per week	No	My son who is 37 years old. He has a mental illness.
11	73	NSW	Metro	70	Yes	20-49 hours per week	No	Wife - Kidney issues
12	73	NSW	Metro	69	Yes	20-49 hours per week	No	My wife. Suffering from chronic kidney issues.

# Appendix I: Survey Responses Redacted



Participant no.	Age	State	Regional or Urban	Age became carer?	Live with the person / people you care for?	Hours of care / Week	Currently Employed? What Type?	Who do you care for, and why do you provide care? E.g. mental health, substance abuse, disability, chronic illness, degenerative illness etc.
13	83	NSW	Regional	75	Yes	50+ hours per week	No	Husband - disability - chronic degenerative illness
14	69	WA	Metro	48	Yes	50+ hours per week	Yes, Casual	I cared for; Mother - stroke father- dementia Sister in Law - MSA
15	70	VIC	Metro	38	Yes	20-49 hours per week	No	My son (32yrs) has autism, anxiety and ADD
16	66	QLD	Metro	62	Yes	50+ hours per week	No	My adult daughter due to chronic illness and mental health issues
17	76	QLD	Metro	70	Yes	50+ hours per week	No	Husband - with possible dementia
18	72	VIC	Metro	40	Yes	50+ hours per week	No	My adult son, who has chronic mental health challenges
19	86	QLD	Metro	83	Yes	50+ hours per week	No	Partner, Parkinsons
20	75	QLD	Regional	~ 60	It's complicated	50+ hours per week	No	I provided care to my husband with vascular dementia until his death when I was 68. He was in RACF for 2 years before his death but I considered myself his primary carer until his death.
21	75	VIC	Metro	~ 35	No	0-19 hours per week	No	Mental health
22	70	QLD	Metro	49	No	0-19 hours per week	Yes, PT	Daughter - mental illness
23	62	QLD	Regional	54	No	50+ hours per week	No	My Partner/Husband. Steve was on disability pension when we met. He then was transferred over to Age pension. After four years, I then become his full time carer. COPD. Degenerative back issues. Mental Health - In 2018 he was diagnosed with Dementia. Alzheimers = Went into Memory facility Jan 2024
24	74	QLD	Metro	71	Yes	50+ hours per week	No	My husband who has Lewy Body Dementia.
25	68	QLD	Metro	27	Yes	50+ hours per week	No	My adult daughter, Shelley, who has an intellectual disability- Noonan's Syndrome. Also, my husband, John, in an Aged Care Facility, facilitating all the extra things outside of care.
26	72	VIC	Metro	59	It's complicated	50+ hours per week	Yes, PT	99 yo father, frail, lives with cancer, needs all catheter and colostomy care, extensive assistance with all ADLs
27	69	SA	Regional	50	Yes	50+ hours per week	No	Partner. Who has a myriad of illnesses.

# Appendix II: Survey Responses Redacted



Participant no.	Age	State	Regional or Urban	Age became carer?	Live with the person / people you care for?	Hours of care / Week	Currently Employed? What Type?	Who do you care for, and why do you provide care? E.g. mental health, substance abuse, disability, chronic illness, degenerative illness etc.
29	68	QLD	Regional	18	Yes	50+ hours per week	No	Husband - Autistic and post stroke
30	74	QLD	Regional	50	It's complicated	0-19 hours per week	No	Cared for mother ( aged care ) step father (dementia ) and Partner with mental illness.
31	74	QLD	Metro	72	Yes	0-19 hours per week	No	Husband with dementia
32	78	NSW	Metro	Young	It's complicated	0-19 hours per week	No	Currently one who is frail aged and the other with cancer
33	68	NSW	Regional	50	Yes	20-49 hours per week	Yes, PT	I care for my my wife who is diagnosed with five (5) forms of mental illness.
34	70	TAS	Metro	56	Yes	50+ hours per week	No	A friend who is now frail and aged, has a degenerative disorder (FTD), and also several other chronic illnesses.
35	69	QLD	Regional	25	Yes	50+ hours per week	N/A	Son. Autism
36	74	VIC	Metro	55	It's complicated	N/A	No	Parents degenerative illness recently died
37	68	QLD	Metro	38	No	50+ hours per week	No	94 year old mother, multiple comorbidities. 28 year old daughter, terminal illness, disability
38	84	VIC	Regional	39	Yes	0-19 hours per week	No	I care for my husband who is diabetic, has cardiac issues and memory loss
39	66	NSW	Regional	55	Yes	50+ hours per week	Yes, PT	My mother, who was living with dementia. Provided care 24/7 for eight years on my own.
40	68	QLD	Regional	62	Yes	50+ hours per week	No	I care for an adult son who suffered TBI and Stroke.
41	68	QLD	Regional	45	Yes	20-49 hours per week	Yes, FT	Adult son with mental health problems
42	70	QLD	Regional	40	Yes	20-49 hours per week	No	Husband PTSD, anxiety, depression, blood condition, liver issues and diabetes
43	73	WA	Metro	66	Yes	0-19 hours per week	No	Wife - chronic illness/degenerative illness/mental health
44	71	TAS	Metro	50	It's complicated	50+ hours per week	No	Daughter , 49 yrs - severe brain injury acquired in 2013 . Also elderly mum, 91.
45	70	QLD	Metro	56	Yes	50+ hours per week	No	Chronic illness and degenerative illness
46	67	ACT	Metro	35	Yes	50+ hours per week	Yes, PT	My husband, physical disability

## 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](mailto:policy@carersaustralia.com.au)