



Caring for others & yourself:
**Carer Wellbeing Survey
2024 Report**



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Key findings



Carers are more than

3x

more likely to report high levels of loneliness.

40.3% compared to 13.8% of other Australians.

57.6%

of carers reported that respite care was consistently good.

Carers are almost

3x

more likely to report being poor or very poor.

16.3% compared to the average Australian at 5.7%.

Becoming a carer resulted in a reduction of earned income for

64%

of carers.

1 in 2

carers find being a carer satisfying overall.

Carers who are employed are

54%

more likely to have healthy levels of wellbeing.

45.6% compared to those who were unemployed, 29.7%.

Carers with supportive workplaces are

33%

more likely to have healthy levels of wellbeing.

52.4% compared to carers that feel their employers are not understanding, 39.2%.

1 in 3

carers cancelled, delayed, or reduced appointments with a GP or specialists for the person they care for due to cost of living pressures.

Carers are

2.6x

less likely to have good or excellent health.

17.2% compared to 45.9% for other Australians.

16.6%

of carers report poor access to high speed, quality internet.

Carers with good support from friends and family are

55%

more likely to have healthy levels of wellbeing.

49.2% compared to those who did not access that support, 31.7%.

1 in 2

carers are doing less paid work than desired.

Executive summary

In 2022, there were 3.0 million unpaid carers across Australia providing unpaid assistance to people living with disability, illness, chronic conditions or old-age related frailty. This represents 12% of the Australian population. It is estimated that if not provided by unpaid carers, the equivalent paid services would cost an estimated \$77.9 billion annually.

Australia's carers consistently report much poorer wellbeing and quality of life outcomes than the average Australian. The risk of poor wellbeing is higher amongst carers who have more complex, time consuming or otherwise challenging caring commitments. It is important to understand the unique circumstances experienced by carers to understand why being a carer often results in threats to wellbeing, as well as to identify what changes can be made to enable higher wellbeing and more positive experiences for carers. Understanding this can better support the quality of life of carers, as well as enabling them to continue to provide high quality care over the long term.

In partnership with Carers Australia and Department of Social Services, The WellRes Unit at the University of Canberra has been measuring the wellbeing of carers since 2021 through the Australia-wide annual Carer Wellbeing Survey (CWS). The survey was established to better understand the changing needs of carers, their wellbeing and how quality of life is changing over time, so carers can be better supported into the future.

This report presents finding of the fourth CWS, conducted between February and April 2024 (the 2024 CWS).

Data collection overview

The 2024 CWS was conducted between February and April 2024, with a total of 9,166 Australian carers aged 14 and over participating in the survey. A total of 7,730 were carers at the time of the survey (current carers), and 1,436 had been carers in the past, but were not active carers at the time of the survey (past carers). Participants could complete the survey online or on a paper form. Participants were recruited using multiple methods including invitations sent by carer service provider organisations across Australia and carer representative organisations; social media advertising targeted to carers; and invitations sent to past participants asking them to take part again. All findings presented were statistically weighted to adjust for differences between demographic characteristics of the sample and the overall population of carers.



Wellbeing, illbeing and health

Wellbeing declined for carers in 2023 and remained low in 2024. Carers were more than twice as likely to have low levels of wellbeing compared to the average Australian adult¹, and almost half as likely to have healthy levels of wellbeing: 57.7% of carers had low wellbeing compared to 23.8% of adult Australians. Only 42.3% of carers had healthy levels of wellbeing in 2024, compared to 76.2% of Australian adults.



Carers were almost half as likely (42.3%) to report healthy levels of wellbeing compared to adults living across Australia (76.2%)

Consistent with previous years, carers continued to have higher than average rates of psychological distress compared to the general population. While 16.9% of adult Australians had high levels of psychological distress in 2024, 32.5% of carers were experiencing these levels of distress in 2024.



Carers were less than half as likely to have good/excellent health (17.2%) compared to other Australians (45.9%)

The general health of carers has been steadily declining since 2021, and there was continuation of this decline in the proportion of carers reporting very good or excellent health between 2023 and 2024. In 2024, only 17.2% carers reported having very good or excellent health, less than half of the 45.9% of adult Australians who reported very good or excellent health. A total of 52.5% of carers reported being in fair or poor health,

compared to only 21.2% of adult Australians. This in part reflects that carers are on average older than the general population, and health generally declines with age.



Loneliness and social connection



Carers were more than three times more likely to report high levels of loneliness (40.3%) compared to Australian adults (13.8%)

Carers were significantly more likely to experience loneliness compared to the average Australian: 40.3% of carers were often or always lonely compared to only 13.8% of adult Australians.

Carers who were often or always lonely in 2024 were more than four times more likely to have low levels of wellbeing compared to carers who were rarely lonely: 85.6% of carers who were often or always lonely had low wellbeing, compared to 20.2% of carers who never or rarely felt lonely.



Carers who were often or always lonely in 2024 were more than four times more likely to have low levels of wellbeing compared to carers who were rarely lonely

¹ Source: 2023 Regional Wellbeing Survey, November 2023-March 2024

Financial wellbeing

In all years of the CWS, carers have reported lower household financial prosperity compared to the adult Australian population. This finding continued in 2024, with 16.3% of carers reporting their household was poor or very poor, similar to the 15.9% in 2023, and much higher than the average of 5.7% for all Australians. The proportion of carers reporting being poor or very poor remains significantly higher than in 2021 (13.2%) and 2022 (12.5%), consistent with the rising cost of living between 2022 and 2024. In 2024, almost two thirds of carers (61.7%) 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. Carers experienced higher rates of financial stress events compared to the broader population, with 48.5% of adult Australians experiencing one or more financial stress events in the last 12 months.



Carers were almost three times more likely to report being poor or very poor (16.3%) compared to the average Australian (5.7%)

Poorer health, wellbeing, social and financial outcomes were more common among specific groups of carers, including those with higher caring commitments; carers of people with autism spectrum disorder (ASD), other development disorders (ODD), mental illness/psychosocial disability, intellectual disability and/or drug/alcohol dependency; carers aged 35 to 54; carers who identified as LGBTIQ+; carers of children or grandchildren; and/or carers living in Queensland.

Carers were more likely to have positive wellbeing, social and financial outcomes if they were male, older, had lower caring commitments, cared for people with old-age frailty and/or dementia, cared for parents/grandparents or lived in Tasmania.



Housing, telecommunications and transport

In 2024, 68.9% of carers reported their home met their needs well, similar to the 67.3% who reported this in 2023. In 2024, carers were significantly less likely to report that their home meets their needs well compared if they had higher caring commitments; were younger or aged 45-54; identified as Aboriginal or Torres Strait Islander; cared for people with high assistance needs; cared for children or grandchildren; or cared for people with ASD, ODD, mental illness/psychosocial disability and/or an intellectual disability.



15.0% of carers are still reporting poor mobile reception and 16.6% reporting poor access to high speed, quality internet

Most carers in 2024 had good mobile phone reception (77.7%), and good access to high speed, reliable internet (72.8%), with findings similar to 2023. However, some still reported poor mobile reception (15.0%) and poor access to high-speed internet (16.6%). This was particularly the case for carers living in regional and remote areas, who identify as Aboriginal or Torres Strait Islander and who live in the Northern Territory or Queensland. A total of 78.2% of carers had good access to a personal computer/laptop/tablet, and 67.0% had a private space to use these devices for telehealth or online services. Carers aged 25-44, carers with higher caring commitments and unemployed carers were significantly less likely to report having good access to both devices and to a private space to use those devices.

There were no significant changes in ease of transport for care recipients, with 38.4% reporting the person they care for could easily travel to different places they needed to go, 38.8% reporting they sometimes had difficulty getting the care recipient to places they need to go, and 22.8% indicating that they often have difficulty or can't get to places they need to go.



Time use

People who have a good balance of time use ('time use balance') will typically have higher wellbeing. Time use balance is broader than just work-life balance: It includes 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. Many carers lack sufficient time to engage in the different types of time use known to support high wellbeing.



74.7% 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

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

- In 2024, 65.1% of carers spent more time than desired on caring duties, a significant increase from the 61.7% reporting this in 2023. This is also significantly more than the 37.7% of adult Australians² who spend more time caring than desired.
- Amongst carers who had paid work in 2024, 51.5% were doing less paid work than they want to, a significant increase from the 47.1% in 2023, and almost double the incidence of under-employment reported by adult Australians (27.5%).

² Source: 2022-23 RWS (data collected in April-July 2023).

- When asked about housework and chores (other than gardening), 51.1% of carers indicated they did more housework than they wanted to in 2024, a significant increase compared to 2023 (44.9%). Carers were significantly more likely to be doing more housework than desired than the typical adult Australian (39.1%).
- Carers were more likely (55.0%) than adult Australians (36.8%) to report doing less volunteering than they wanted to in 2024, a significant increase since 2023, when 50.3% of carers indicated spending less time volunteering than they desired.
- In 2024, 81.3% of carers were exercising less than they wanted to, and 77.8% getting less sleep than desired, more than the average Australian adult (63.2% and 53.9% respectively).
- During 2024, 72.4% of carers spent less time than desired with friends and family, and 82.9% spent less time engaged in recreation activities than desired.



Employment and study

Being employed not only supports a person's financial wellbeing, but can also provide structure to a day, facilitate social connections and bring with it a sense of purpose for many. All of these are known to be associated with higher wellbeing and lower mental health problems. However, being an unpaid carer can negatively impact employment prospects.



Carers who were employed were more likely to have healthy levels of wellbeing (45.6%) compared to those who were unemployed (29.7%)

Almost two thirds of all carers (69.8%) were not satisfied with their ability to participate in paid work, a significant increase since 2023 (63.9%). Just over half (53.4%) of carers reported that their ability to participate in paid work was getting worse. Those with more intensive and demanding carer roles, and those aged 65-74, were more likely to report their ability to engage in paid employment was getting worse, while those with less demanding caring roles were more likely to report their ability to engage in paid work was improving.



Carers with supportive workplaces are significantly more likely to have healthy levels of wellbeing (52.4% compared to 39.2%)

In 2024, 45.1% of employed carers were able to discuss their carer role with their employer whenever they needed to, and 36.0% said they had discussed their caring role with their employer, but only once or twice. Only 18.8% had not discussed their caring role with their employer. Carers with employers who were highly supportive of their caregiving role were significantly more likely to have healthy levels of wellbeing (52.4%) than those who felt their employers are not understanding (39.2%). Those with understanding employers were also significantly less likely to be experiencing high psychological distress (22.7% compared to 42.4%).

Experiences with accessing respite care

Carers were asked whether any of a number of factors presented barriers or challenges to accessing respite care for the person/people they cared for. The biggest challenges identified were:

- the person being cared for not wanting to be cared for by other people (48.3%)
- difficulty finding high quality respite services (44.8%)
- difficulty affording respite services (43.9%), and
- not receiving funding to access respite services (41.7%).

Additionally, around one-third of carers were unsure about availability of respite services in their local area (31.3%), whether they could access regular and consistent respite care (31.1%), waiting times to access respite services (34.7%) and suitability of the respite services available (31.1%). Only 20.5% of all carers felt it was difficult to find culturally appropriate respite services, however this was significantly higher for carers who speak a language other than English at home (34.6%).



Experiences with respite care were positive overall – 57.6% of carers reported that respite care was consistently good

Carers who had accessed respite care services in the past 12 months were asked about their experiences when using respite care. Experiences were mostly positive: The majority of carers who had used respite care services indicated that the respite care was consistently good (57.6%), that they were free to do what they wanted to while the person they cared for was in respite care

(57.5%), and that they felt refreshed after using respite care services (54.0%). Less than half of carers accessing respite care in the past 12 months (but still more than two in five) felt that it was difficult to find carers who connected with the person they cared for (45.5%), needed to use multiple facilities to access respite care (41.7%) or experienced a lack of consistency in respite staff (40.3%). Only 19.2% regularly needed to change respite care services or facilities.



Impact of the rising costs of living

The price of essential items such as housing, electricity, water, fuel and groceries increased significantly during 2022 and 2023, as did interest rates, raising concerns about the cost of living for many Australians.



One in three carers cancelled, delayed, or reduced appointments with a GP/specialists for the person they care for due to cost of living pressures

In 2024, 54.7% of carers reported that their household expenses increased more rapidly than their household income, compared to 38.1% of Australians³. This was similar to the 52.5% of carers reporting expenses rose more rapidly than income in 2023. This was particularly the case for carers aged 35-54, those caring for 40 or more hours per week, carers who identify as LGBTIQ+, sole carers, carers of three or more people, those who have been caring for more than five years, carers of children/grandchildren, and those caring for someone with high to very high assistance needs.



This increase in household expenses led to multiple challenges for many carers:

- 30.3% of carers frequently had difficulty affording groceries compared to 14.3% of Australians
- 14.0% of carers frequently had difficulty affording medications compared to 4.7% of Australians
- 22.5% of carers had difficulty getting around due to the rising cost of public transport/fuel.

To save money and adjust to the rising cost of living, many carers made significant changes to their life. This included not going to social events (67.7%), reducing other household spending to

afford costs of appointments and care-related costs (57.0%), not heating or cooling their home (54.6%), and cancelling, delaying or reducing the number of appointments with specialists (49.5%). Of particular concern is that 33.1% of carers cancelled, delayed, or reduced appointments with a GP or specialists for the person they care for. Except for heating and cooling, the proportion of carers reporting making these changes to save money increased significantly since 2023.

Benefits associated with being a carer

Being a carer can have a range of positive benefits. In 2024, 50.7% of carers found being a carer satisfying overall, 51.9% reported that being a carer contributes to their meaning and purpose in life, and 46.3% found caring to be a positive experience. Furthermore, 58.2% of carers reported that being a carer has strengthened their relationship with the person they care for, and 65.4% that they have learned new skills due to being a carer. However, despite many carers reporting they achieved some positive benefits from their carer role, only 37.5% of carers would have no hesitation encouraging others to become a carer.



Around half of carers find being a carer satisfying overall

Those least likely to find being a carer satisfying were female carers, carers aged 45-54, carers reporting moderate caring hours, carers who identified as LGBTIQ+, carers of people with ASD, mental illness and psychosocial disability, and employed carers.

³ Source: 2023 Regional Wellbeing Survey, November 2023-March 2024

Challenges and impacts of being a carer

The types of challenges reported by carers have remained relatively consistent over time. In 2024, the most common challenges carers had were:

- fear for the future of the person being cared for (67.5%)
- fear of not having enough money to be able to care for the care recipient/s (58.0%)
- feeling too much responsibility fell on them as a caregiver (55.8%)
- fear of not being able to continue care for the person (51.8%), and
- feeling unable to access enough support from health and other services for the person/people they care for (48.6%).

Despite many experiencing one or more of these challenges, only 19.9% of carers wished to leave the care of the person they care for to someone else.



These challenges can have a range of negative impacts on carers, with 46.6% of carers experiencing a negative impact on their health, 42.6% feeling a sense of strain when thinking about their caring role, and 35.2% experiencing a negative impact on their privacy. Relatively few felt anger (15.6%) or embarrassment (8.8%) when thinking about the person they care for.

COVID-19 presented a range of challenges for carers. In 2024, 6.7% of carers reported they

continued to experience severe ongoing impacts from COVID-19 during the previous 12 months, while 20.2% experienced moderate ongoing impacts. The remaining 65.1% either reported no ongoing impacts from COVID-19, or that they never experienced significant impacts from COVID-19.

Confidence in carer role

The CWS asks carers how confident they feel in their ability to navigate different activities that commonly form a part of a carer's role. In all four years of the CWS, around two-thirds of carers felt confident they could take care of the physical needs of the people they cared for (65.3% in 2024), while around half were confident that they could manage unexpected events/emergencies (49.9% in 2024) and that they could find out about and access services (50.7%).



Only 31.2% of carers were confident that they could cope with the stress of caring activities

When carers were asked to self-assess how different aspects of being a carer had changed for them in the previous 12 months, more than half (54.0%) 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 (52.5%). However, carers were less likely to report that other aspects of their carer role were improving, with half or almost half reporting the following aspects were getting worse: ability to maintain their own quality of life (51.1%), ability to maintain their own health (49.1%), navigating systems (47.8%), access to financial resources needed to fulfil their caring duties (47.7%), and their ability to cope with the stress of their caring role (45.8%).

Access to formal and informal support in role as a carer

Having access to a range of supports and services 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. These supports and services include both informal help from friends and family and formal services such as carer support groups, carer skills training, psychological counselling, respite care and home support services.



Carers who had good access to support from friends and family were significantly more likely to report healthy levels of wellbeing (49.2%) compared to those who did not access support from friends or family (31.7%)

The majority of carers (61.4%) accessed support from friends and family in the past 12 months. However, not all carers find this easy to do. A total of 50.9% of carers reported that while they had access to support from some friends and family, it was difficult to organise, while 19.9% could easily organise a friend or family member to help. Nearly one third of carers (29.1%) had no access to help from friends or family.

There has been little change in the proportion of carers accessing different types of formal support since 2023. A total of 31.2% connected with other carers to share advice and experiences, 27.9% accessed financial support, 27.2% accessed psychological support, 25.7% accessed respite care services, and 18.0% accessed carer training and skills courses.

In 2024, carers of people living with dementia were asked more specific questions about support services available specifically for those caring for a person with dementia. Only 38.7% of carers were aware that these types of services and supports were available. As well as this general low awareness, awareness of three specific services was often low:

- The free 24/7 Dementia Behaviour Management Advisory Service (DBMAS), which provides assistance with the management of challenging behaviours and psychological symptoms of the person being cared for: 17.3% of dementia carers were aware of this service, and 10.1% had accessed it.
- Dementia Australia's 24/7 helpline for carers of people with dementia: 29.2% had heard of this and 22.9% had accessed it at some point.
- Dementia Australia's education programs designed for carers and families of people with dementia: 29.0% were aware of these, and 22.5% had accessed them at some point.



Satisfaction with these services was high for the majority of carers who had utilised them: 71.8% who had accessed Dementia Australia's education programs were highly satisfied with that service, as were 60.6% of those who had accessed the free DBMAS, and 55.8% of those who had accessed Dementia Australia's 24/7 helpline.

Barriers to accessing support

A large proportion of carers reported that the person or people they cared for had poor access to several types of support in 2024, particularly respite care, mental health support services, and veterans support. Similar to 2023, the most common barriers experienced were:

- long waiting times to access services (45.0%)
- difficulty finding high quality services (45.0%)
- lack of funding for the service via NDIS/My Aged Care or other support packages (44.5%)
- complicated application processes (43.5%)
- lack of local service availability (41.9%).

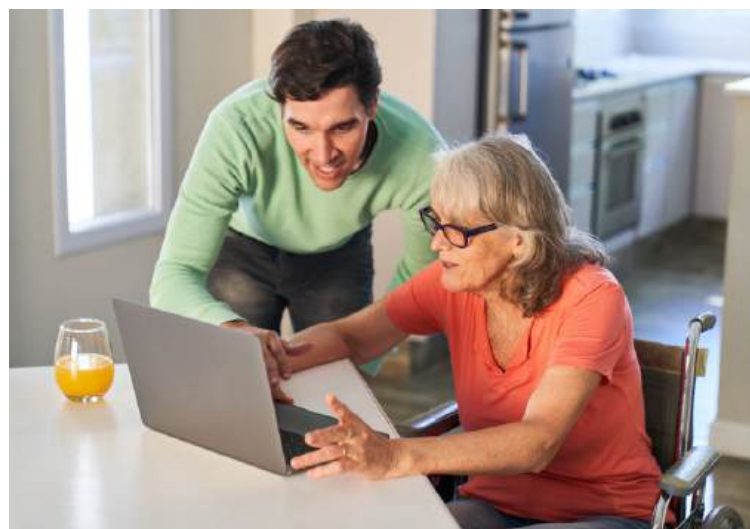
Most carers experienced several of the barriers asked about, highlighting the complexity many experience when seeking to help the person they care for access support services.

Navigating government support systems

In 2024, 43.7% of carers spent at least an hour a week – and often more – navigating support systems on behalf of the person or people they care for. While 37.2% of carers spent less than an hour navigating support systems in a typical week, 32.0% spent between one and four hours per week, and 11.7% of carers often spend more than five hours per week navigating support systems on behalf of the people they care for.

Similar to 2023, 24.7% received assistance to help them navigate support systems and said that it was helpful, while 15.4% received help but reported that it was not helpful. When asked who provided them with assistance, half (50.0%) received assistance from the system's own helpline

or support, 42.0% received assistance from Carer Gateway (a significant increase since 2023), 30.2% received assistance from a health professional, 24.9% received assistance from a family member or friend and 13.0% received assistance from a community organisation.



Carer experiences with My Health Record

Carers were asked about their use of My Health Record, both for themselves and the people they care for. In 2024, only 16.9% of carers reported that their doctor had discussed My Health Record with them, whether for themselves or the person/people they care for. Despite this:

- 38.3% of carers accessed My Health Record for themselves
- 35.9% were a Nominated Representative for the person they care for (enabling them to access their My Health Record if they wish to)
- 25.3% accessed it on behalf of the person/people they care for.
- 25.4% of carers reported that the person they care for has an Advance Care Plan, but only 6.2% indicated that it was on My Health Record.

The only significant difference in use of My Health Record between 2023 and 2024 was a small decline in the proportion of carers who reported accessing My Health Record for the person they care for, from 28.0% in 2023 to 25.3% in 2024.

The most common reason for not accessing My Health Record was not knowing how to use My Health Record (29.3%), followed by being unaware that they could apply to access the My Health Record of their care recipient (27.9%). A further 22.9% of carers reported that the person they care for doesn't need them to access their My Health Record, and 20.9% reported that their care recipient/s had opted out of using My Health Record.

Experiences of past carers

Carers whose caring role has stopped are encouraged to participate in the CWS by answering questions about their wellbeing and their experiences after they stop being a carer. While 49.5% of past carers reported that their quality of life improved since they stopped being a carer, many faced challenges:

- 53.3% found it difficult to adjust back to 'normal life' after being a carer
- 44.1% found it difficult to build their social life since they stopped being a carer
- 34.9% found it difficult to get back into the workforce
- only 39.4% felt that they would not hesitate to take on a carer role again in the future.

These findings are similar to previous years and suggest that while being a carer has many positive aspects, the majority of carers would hesitate to take on another caring role, and that work and social challenges often continue when a person stops being a carer.

Conclusions

Carers continue to have significantly poorer than average wellbeing, loneliness and financial outcomes compared to adult Australians. Carers are more than twice as likely to have low levels of wellbeing compared to the average Australian adult, twice as likely to have high psychological distress levels, less than half as likely to be in good health, almost three times more likely to experience loneliness, and three times more likely to struggle financially.



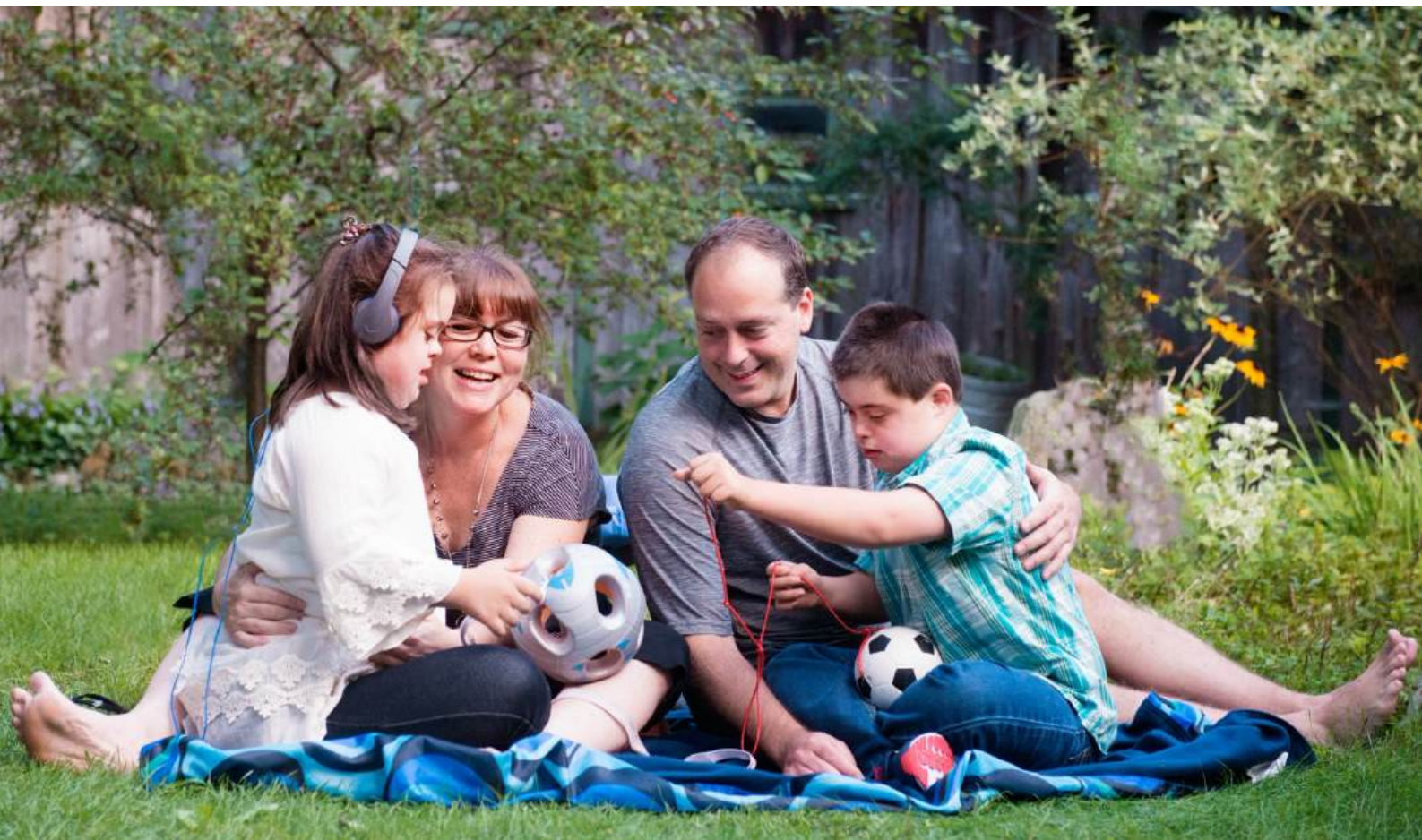
Some carers were more likely to have poorer outcomes, especially if they had higher caring commitments. Carers of people with specific needs were also more likely to report poorer outcomes, specifically carers of people with ASD, ODD, mental illness/psychosocial disability, intellectual disability and/or drug/alcohol dependency. Carers were also more likely have poor outcomes if they were aged 35 to 54, identified as LGBTIQ+, cared for children or grandchildren, and/or lived in Queensland.

The rising cost of living has increased financial pressure for many carers, who are already at much higher risk of experiencing financial stress than other Australians, particularly due to the negative impacts of being a carer on their ability to engage in paid work. Being in paid work not only improves financial wellbeing but is also associated with significantly higher wellbeing and lower distress for carers.

Furthermore, carers with a supportive workplace report significantly higher wellbeing compared to carers with workplaces that do not support their caregiving role. However almost one quarter of carers in 2024 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.

Having access to a range of supports and services 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. Similar to 2023, the most common barriers experienced in the 12 months leading up to the 2024 CWS were long waiting times to access services, difficulty finding high quality services, lack of funding for services via NDIS/My Aged Care or other support packages, complicated application processes and lack of local service availability.

Carers were significantly more likely to have healthy wellbeing if they had good access to support from friends and family, connected with other carers to share experiences and advice, and accessed carer training and skills courses. This highlights that addressing barriers to accessing support and connection can make a real difference to the wellbeing of Australia's carers.



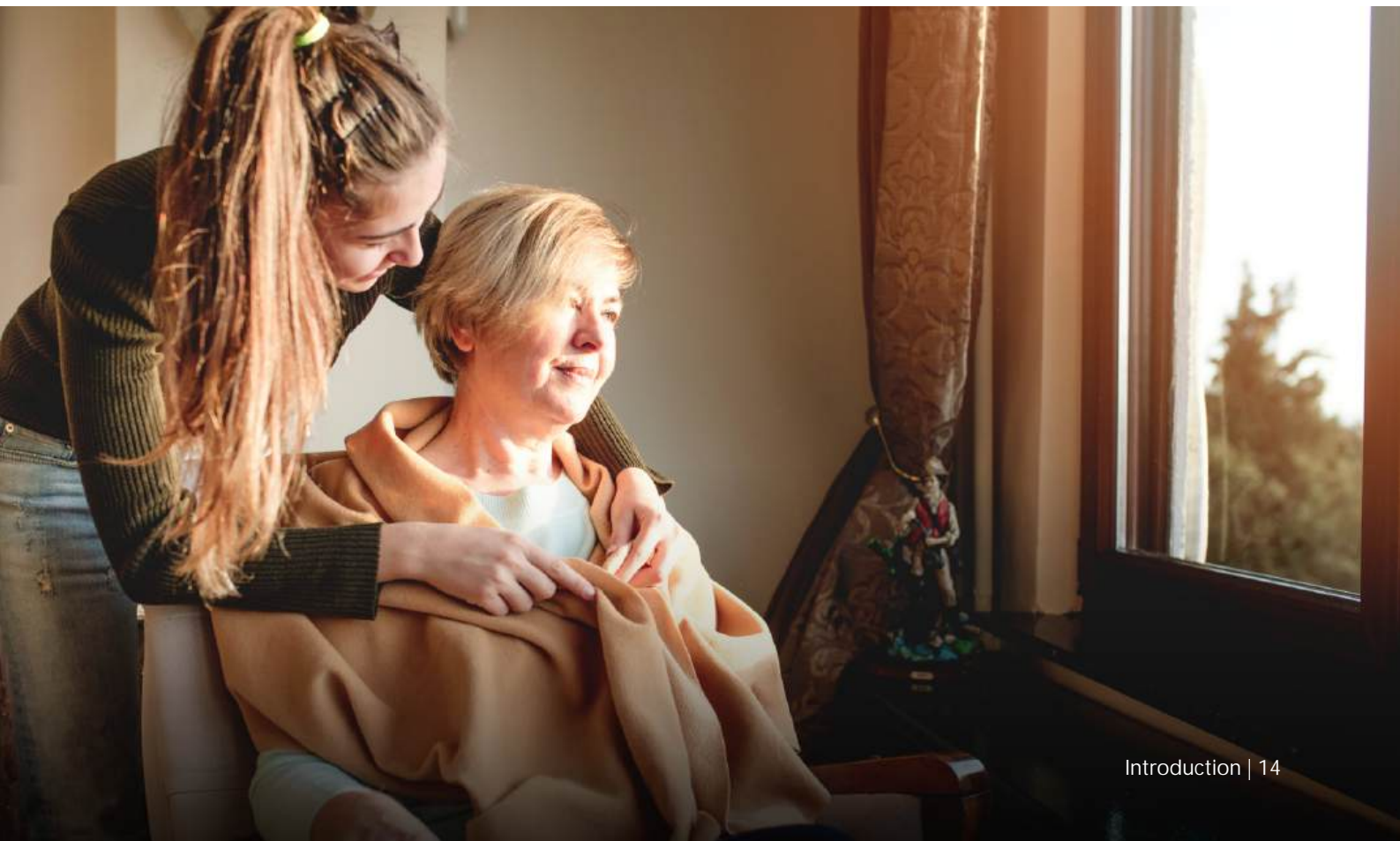
Introduction

According to the most recent Survey of Disability, Ageing and Carers (2024) there were 3.0 million unpaid carers across Australia in 2022, representing 12% of the Australian population. In 2020 it was estimated that carers provided services valued at \$77.9 billion (Deloitte 2020). A carer is defined as someone who provides unpaid assistance to people living with disability, illness, chronic conditions or old-age related frailty.

Australia's carers consistently report some of the poorest wellbeing and quality of life outcomes compared to the average Australian, with the risk of poor wellbeing often higher amongst carers who have more complex, time consuming or otherwise challenging caring commitments (Mylek and Schirmer 2023). The challenges experienced by carers often include challenges to key factors known to significantly influence wellbeing – often called 'wellbeing determinants'. For example, carers are more likely than non-carers to experience significant health problems, loneliness and financial hardship, all of which are important influences on a person's wellbeing (Cummins et al. 2007; Mylek and Schirmer 2023). These findings are not isolated to Australia, with unpaid carers globally experiencing poorer financial, social, wellbeing and health outcomes (Barry et al. 2023, Brimblecombe et al. 2018, Carers UK 2023).

Being a carer comes with a range of opportunities and challenges. It is important to understand the unique circumstances experienced by carers to understand why being a carer often results in threats to wellbeing, as well as to identify the things that can enable higher wellbeing and more positive experiences for carers. Understanding this can help better the quality of life of carers, as well as enabling them to continue to provide high quality care over the long term.

In partnership with Carers Australia and Department of Social Services, The WellRes Unit at the University of Canberra has been measuring the wellbeing of carers since 2021 through the Australia-wide annual Carer Wellbeing Survey (CWS). The survey was established to better understand the changing needs of carers, their wellbeing and how quality of life is changing over time, so carers can be better supported into the future.



The specific 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 the findings of the fourth CWS, conducted between February and April 2024 (the 2024 CWS). This report presents overall findings for all carers in 2024 compared to previous years. 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 these are included using data collected between November 2023 and March 2024 in the Regional Wellbeing Survey, a national survey of adult Australians.

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
- Loneliness and social connection
- Financial wellbeing
- Housing, telecommunications and transport
- Time use
- Employment and study
- Experiences with respite care
- Impacts of the rising cost of living
- Benefits associated with being a carer
- Challenges and impacts associated with being a carer
- Confidence in carer role
- Access to formal and informal support in role as a carer including awareness, use and satisfaction with dementia supports and services
- Barriers to accessing support
- Navigating government support systems
- Carer experiences of My Health Record
- Life after being a carer: experiences of past carers.

Methods

The CWS is a survey of Australian carers aged 14 and older. A carer is 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 2024 CWS was conducted between mid-February and mid-April 2024, 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 the rising living costs on carers
- experiences with respite care
- awareness of and satisfaction with dementia services

Participants could complete the survey online or on a paper form. The survey was available in English, simplified Chinese, Arabic, Italian and Vietnamese. The four non-English languages were 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, 2022 and/or 2023 CWS and who had given permission to be contacted about future surveys were invited to take part in the 2024 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 2024, there were a total of 9,166 valid responses to the survey, with 7,730 being defined as those who were current carers at the time of the survey (current carers), and 1,436 who were defined as being carers in the past, but who were not currently active carers at the time of the survey (past carers). Table 1 shows responses to the CWS since 2021 by state or territory.

Table 1 Summary of CWS responses by state/territory, 2021-2024

	Current carers				Past carers			
	2021	2022	2023	2024	2021	2022	2023	2024
Australia	5078	5014	5299	7730	718	432	543	1436
NSW	880	919	1025	1074	69	48	65	80
VIC	784	1100	1241	1817	78	46	67	106
QLD	782	950	687	1196	69	48	45	74
SA	518	656	910	788	36	25	32	54
WA	706	612	644	935	51	9	40	50
TAS	459	382	304	420	44	23	14	38
NT	84	95	83	129	5	0	5	4
ACT	165	163	224	204	5	11	7	13

Throughout this report, unless otherwise stated, findings have been statistically weighted to adjust for differences between demographic characteristics of the sample and the overall population of carers. Population benchmarks were identified using data from two sources: (i) the 2021 Census of Population and Housing and (ii) the Survey of Disability, Ageing and Carers, 2022. 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. The weighting process is detailed in Mylek and Schirmer (2024).

Confidence intervals are used throughout the report to identify where there is a high level of confidence that differences between different groups are 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. 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. These give findings equivalent to the commonly used '0.05' level of statistical significance.

Throughout this report, if a difference in reported results is discussed as 'significant', it is referring to a difference that is statistically significant. In other words, the confidence intervals do not overlap, meaning we can be confident that there is a statistically significant difference between groups or years being reported at the 95% level (or that there is less than a 5% chance that the findings occurred due to random chance rather than an actual difference).

The methods used to collect and analyse data in the 2024 CWS are described in more detail in the CWS User Guide (Mylek and Schirmer 2024), including further information about methods used for data weighting and sampling.

As data are updated periodically, there may be small differences between data published in previous reports (Mylek and Schirmer 2023, Schirmer et al. 2022, Schirmer and Riyanti 2021), and data published in this report for previous years of the CWS.

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 November 2023 and March 2024 (referred to as the '2023 RWS'). In some cases, comparison cannot be made to the 2023 RWS because the question wasn't asked in that wave of the survey. Where we are unable to compare to 2023 RWS results, we use the most recent RWS data collected between April to July 2023. This is referred to as the 2022-23 RWS.



Wellbeing

Wellbeing “encompasses quality of life and the ability of people and societies to contribute to the world with a sense of meaning and purpose” (WHO, 2024). It means having a good quality of life, with good health, a good standard of living, opportunity for leisure/recreation, and a community that functions well.

Wellbeing is measured in the CWS using subjective personal wellbeing measures. These are self-reported evaluations of how carers view their lives, and how satisfied they are with the different aspects of their life and activities in their lives (Diener 2000, Kashdan 2004). The primary measure of personal wellbeing examined is the Personal Wellbeing Index (PWI) (International Wellbeing Group 2024). This section presents findings on personal wellbeing of carers, identifying the proportion with low wellbeing (PWI scores of 60 or less) and healthy wellbeing (PWI scores of >60), and how this compares to the general population.

Wellbeing declined for carers in 2023 and remained low in 2024. Carers were more than twice as likely to have low levels of wellbeing compared to the average Australian adult⁴, and almost half as likely to have healthy levels of wellbeing: 57.7% of carers had low wellbeing compared to 23.8% of adult Australians, and only 42.3% of carers had healthy levels of wellbeing in 2024, compared to 76.2% of Australian adults (Figure 1).

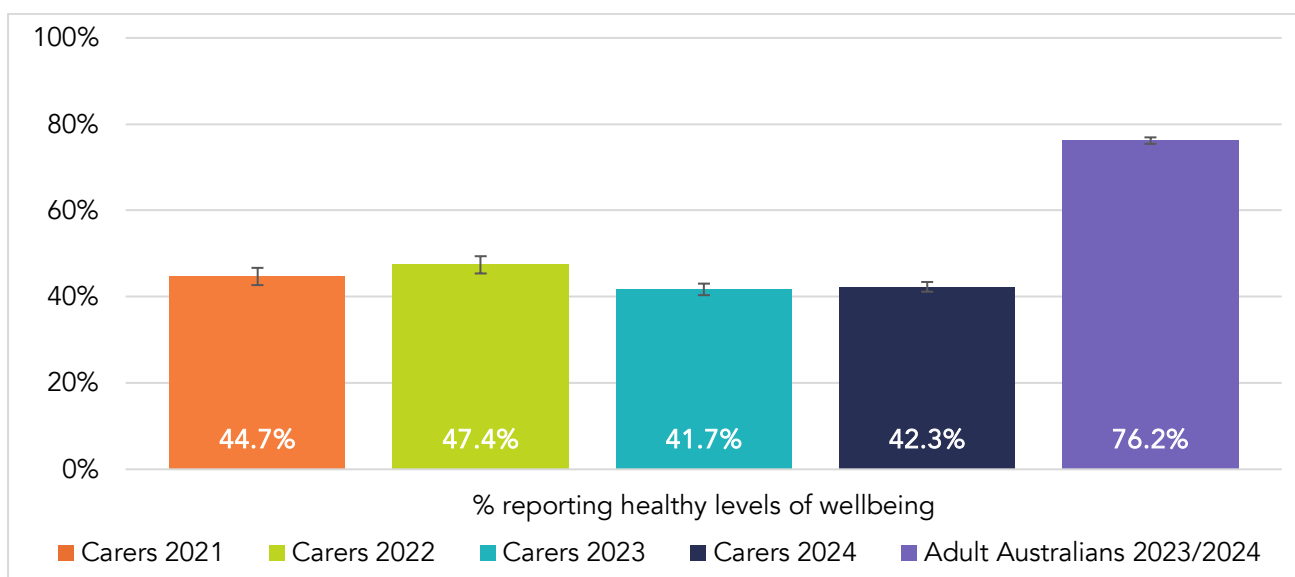


Figure 1 Wellbeing of Australian carers, 2021 to 2024

⁴ Source: 2023 Regional Wellbeing Survey, November 2023-March 2024

In 2024, 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 2⁵. While some groups of carers had higher wellbeing compared to the average carer, wellbeing levels for these groups were still significantly lower wellbeing than the typical Australian.

Table 2 Summary of statistically significant differences in wellbeing between different groups of carers, 2024

Groups with <i>higher than average</i> wellbeing compared to the average carer	Groups with <i>lower than average</i> wellbeing compared to the average carer
<ul style="list-style-type: none"> • Male carers • Carers aged under 25 • Carers aged 65+ • Carers reporting low caring hours (<20 hours per week) • Carers living in Tasmania and ACT • Carers living in remote and very remote areas • Carers who are not primary carers, and/or are assisted in their caring role • Carers with an episodic caring role • Carers of only one person • Carers of people who live elsewhere • Those who have been carers for five years or less • Carers of people with old-age frailty and/or dementia • Carers of partner and/or siblings • Carers of people with low to moderate assistance needs • Past carers 	<ul style="list-style-type: none"> • Carers aged between 25 and 54 • Carers reporting high caring hours (40+ hours per week) • Carers identifying as LGBTIQA+ • Carers living in Queensland • Primary carers and sole carers • Carers with a permanent caring role • Those looking after 2 or more people • Carers of people who live with them • Those who have been carers for five or more years • Carers of people with autism spectrum disorder (ASD), other development disorders (ODD), mental illness/psychosocial disability, intellectual disability and/or drug/alcohol dependency • Carers of children or grandchildren • Carers of people with high to very high assistance needs • Carers who were unemployed

Bold indicates results are consistent with previous years



⁵ Detailed data tables are available as a Microsoft Excel file. To request the data tables, please email carerwellbeing@canberra.edu.au.

Illbeing

It is not only useful to understand whether a person is experiencing positive quality of life in the form of wellbeing, it is also important to understand whether a person is experiencing illbeing. Illbeing is broadly defined as having symptoms of poor mental health and is often correlated with wellbeing. Psychological distress (the Kessler 10, or K10, psychological distress scale) is used in the CWS to measure illbeing (Andrews and Slade 2001).

In 2024, 28.2% of carers reported high levels of psychological distress, a small but significant increase from the 26.1% in 2023 and 26.8% in 2022. However, the proportion of carers with high psychological distress in 2024 is still lower than the 30.5% in 2021 (Figure 2).

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 6⁶ measure. While 16.9% of adult Australians had high levels of psychological distress in 2024, 32.5% of carers were experiencing these levels of distress in 2024.

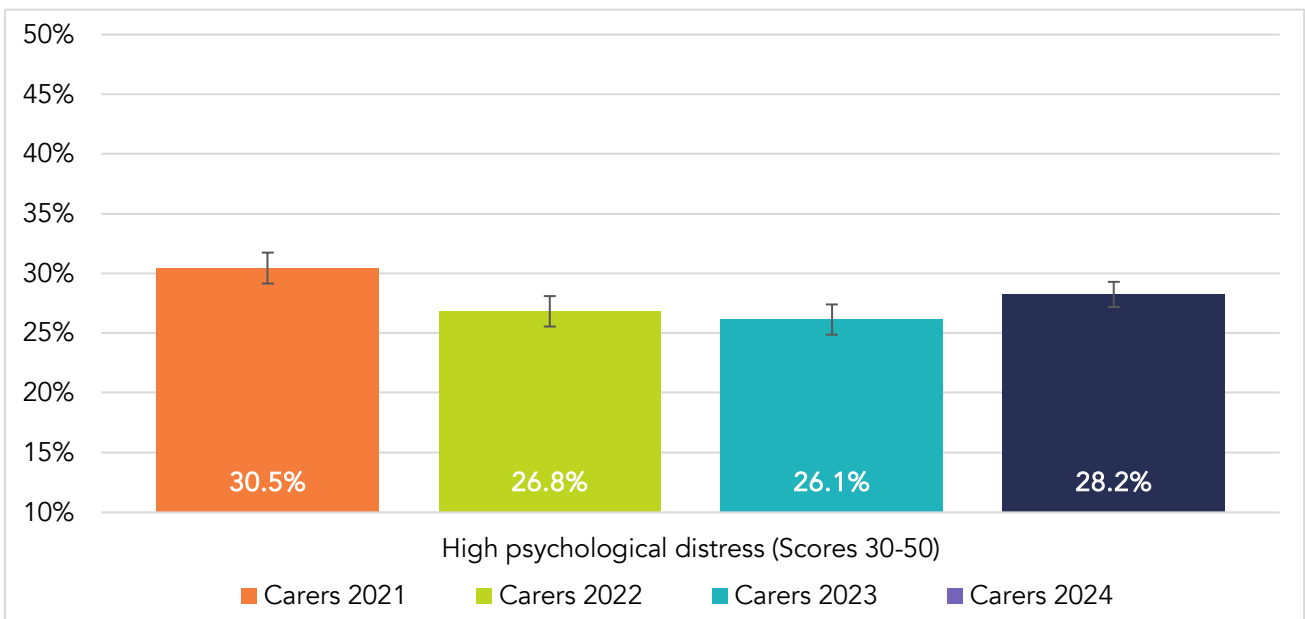


Figure 2 Carer illbeing, 2021 to 2024

⁶ K6 examines a subset of the K10 measures, and is used in the comparison data set from the Regional Wellbeing Survey

Table 3 summarises the groups of carers who had significantly higher and lower illbeing in the form of psychological distress compared to the average for all carers. Bold indicates consistency with results from 2023. As expected, many of the groups with lower illbeing were also more likely to have healthy wellbeing, while those with higher risk of illbeing were also typically at higher risk of low wellbeing.

Table 3 Summary of statistically significant differences in illbeing between different groups of carers, 2024

Groups with <i>lower than average</i> psychological distress compared to the average carer	Groups with <i>higher than average</i> psychological distress compared to the average carer
<ul style="list-style-type: none"> • Male carers • Carers aged 65+ • Carers reporting low caring hours (<20 hours per week) • Carers living in Tasmania and WA • Carers living in outer regional, remote and very remote areas • Carers who are not primary carers • Carers with an episodic caring role • Carers of only one person • Carers of people who live elsewhere • Those who have been carers for five years or less • Carers of people with old-age frailty and/or dementia • Carers of partner and/or siblings • Carers of people with low to moderate assistance needs • Past carers 	<ul style="list-style-type: none"> • Female carers • Carers aged 25 to 54 • Carers reporting high caring hours (40+ hours per week) • First Nations carers • Carers identifying as LGBTQIA+ • Primary carers and sole carers • Carers with a permanent caring role • Those looking after 2 or more people • Carers of people who live with them • Those who have been carers for five or more years • Carers of people with ASD, ODD, mental illness/psychosocial disability, intellectual disability or drug/alcohol dependency • Carers of children or grandchildren • Carers of people with high to very high assistance needs • Carers who were unemployed

Bold indicates results are consistent with previous years



Health of carers

A person’s physical health is an important determinant of wellbeing outcomes (Ngamaba et al. 2017), with some studies also suggesting that wellbeing has a protective role in health maintenance (Steptoe et al. 2015). It is therefore important to understand not only wellbeing and illbeing of carers, but general health as well.

In 2024, only 17.2% carers reported being in very good or excellent health, less than half of the 45.9% of adult Australians⁷ who reported being in very good or excellent health (Figure 3). A total of 52.5% of carers reported being in fair or poor health, compared to only 21.2% of adult Australians. The general health of carers has been steadily declining since 2021, with another significant decrease in the proportion of carers reporting very good or excellent health since 2023 (18.7%), and a significant increase from the 50.2% reporting fair or poor health in 2023.

Carers are on average older than the general population, and health generally declines with age (WHO 2022). While the median age of the Australian public was 38 years old in 2021 (ABS 2021), most carers were older than this, with the average age of carers being 50 years old in the latest Survey of Disability and Ageing (SDAC 2022). The difference in general health for carers across different ages can be seen in Table 4.

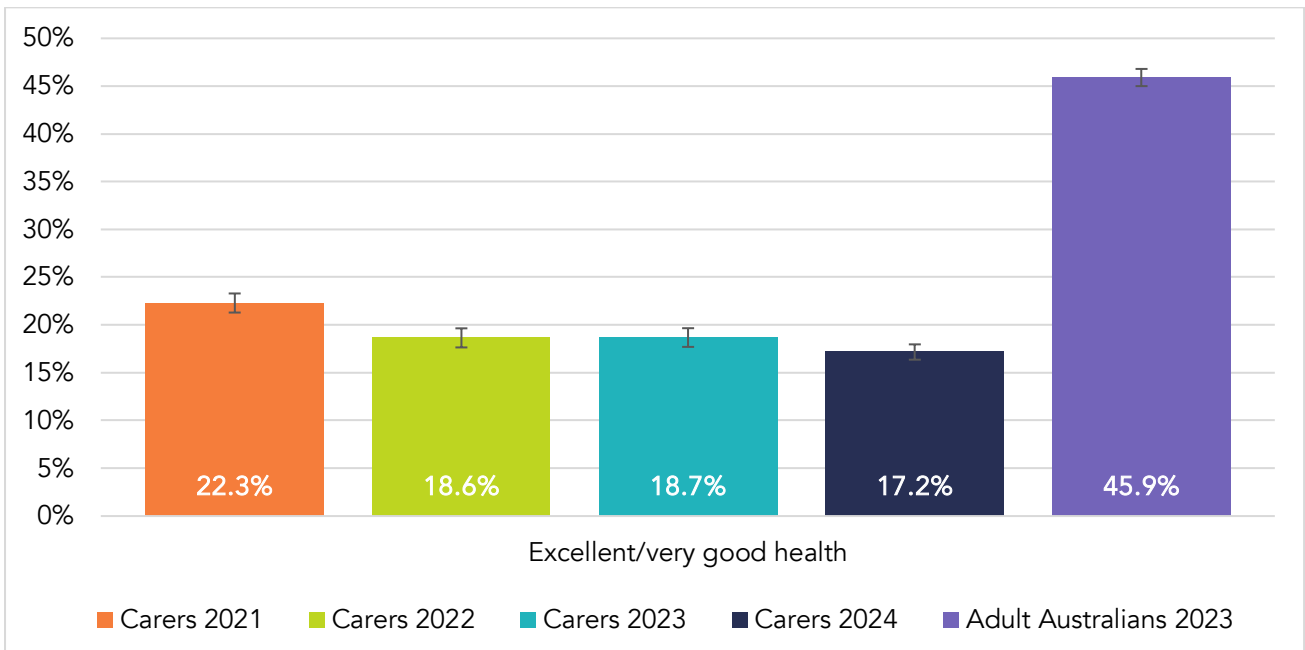


Figure 3 General health of carers 2021 to 2023

⁷ Source: 2023 Regional Wellbeing Survey, November 2023-March 2024

Table 4 General health of carers across different age groups, 2024

Carer age 2024	Excellent/very good %	Good %	Fair/poor %
Aged 13-14	48.1%	27.4%	24.5%
Aged 15-24	40.3%	34.2%	25.4%
Aged 25-34	13.7%	30.7%	55.6%
Aged 35-44	12.7%	24.9%	62.4%
Aged 45-54	10.7%	29.2%	60.0%
Aged 55-64	15.3%	30.3%	54.5%
Aged 65-74	19.0%	34.3%	46.7%
Aged 75+	21.9%	33.2%	45.0%

In 2024, some groups had significantly higher or lower general health compared to the average for all carers (Table 5)⁸. While the general health of all carers declined in 2024 compared to 2023, for some groups the decline was greater than for others:

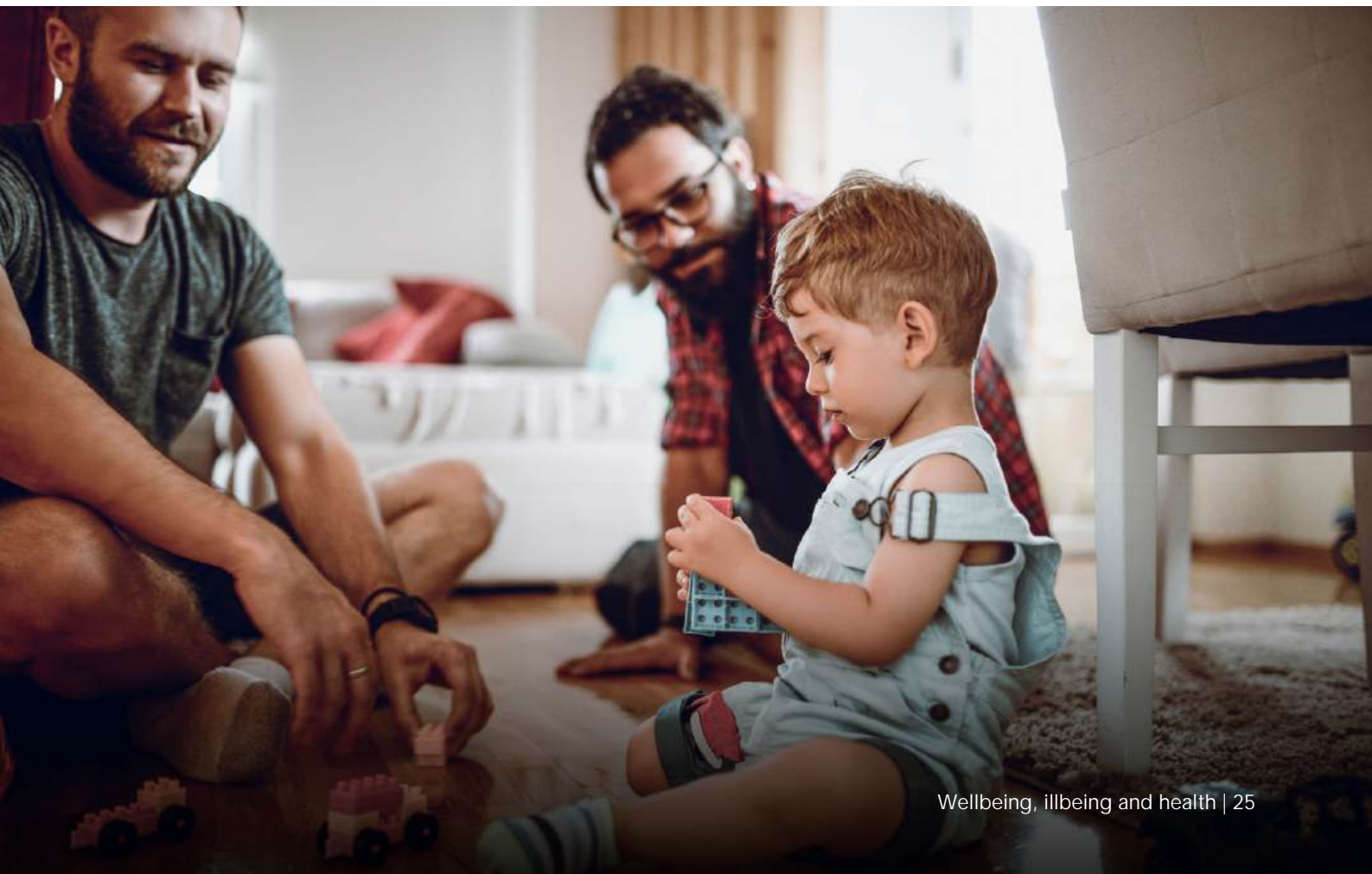
- Carers aged 25-34 were significantly more likely to report fair or poor health in 2024 (55.6%) compared to 2023 (34.1%). While the decline may not in reality be this large, with a large error range due to lower sample size, there is still confidence there was a decline in general health for carers in this age group.
- Carers aged 75+ were significantly more likely to report fair or poor health in 2024 (45.0%) compared to 2023 (37.1%)
- Carers reporting high caring hours (40+ hours per week) more likely to report fair or poor health in 2024 (62.7%) compared to 2023 (58.8%)
- For carers who care for people who do not live in their home, general health worsened from 34.8% reporting fair or poor health in 2023, to 43.6% in 2024
- Those caring for someone with low assistance needs were more likely to report fair or poor health in 2024 (39.8%) compared to 2023 (30.5%).

⁸ Detailed data tables are available as a Microsoft Excel file. To request the data tables, please email carerwellbeing@canberra.edu.au.



Table 5 Summary of statistically significant differences in general health between different groups of carers, 2024

Groups with <i>higher than average</i> general health compared to the average carer	Groups with <i>lower than average</i> general health compared to the average carer
<ul style="list-style-type: none"> • Male carers • Carers aged under 25 • Carers aged 75+ • Carers living in remote and very remote areas • Carers who are not primary carers • Carers with an episodic caring role • Carers of only one person • Carers of people who live elsewhere • Those who have been carers for five years or less • Carers of parent, grandparent and/or siblings • Carers of people with low to moderate assistance needs • A carer who is studying • Past carers 	<ul style="list-style-type: none"> • Carers aged 35 to 54 • Carers reporting high caring hours (40+ hours per week) • Carers identifying as LGBTIQA+ • Carers living in Queensland or South Australia • Carers with a permanent caring role • Primary carers and sole carers • Those looking after 2 or more people • Those who have been carers for five or more years • Carers of people with ASD, ODD, mental illness/psychosocial disability, and/or intellectual disability • Carers of people with high to very high assistance needs • Carers who were not in the labour force
<p>Bold indicates results are consistent with previous years</p>	



Loneliness and social connection

There is growing recognition that experiencing frequent loneliness has significant negative impacts on health and wellbeing (Abbott et al. 2018, Cacioppo and Cacioppo 2018), and it is well documented that unpaid carers often experience higher rates of loneliness than others (Vasileiou et al. 2017, Sharafizad et al. 2023).

Consistent with previous years of the CWS, in 2024 carers were significantly more likely to experience loneliness compared to the average Australian⁹. In 2024, 40.3% of carers were often or always lonely (Figure 4), similar to the 38.6% in 2023. Only 25.2% of carers never or rarely felt lonely compared to over half of all adult Australians (57.5%).

Carers who were often or always lonely in 2024 were more than four times more likely to have low levels of wellbeing compared to carers who were rarely lonely: 85.6% of carers who were often or always lonely had low wellbeing, compared to 20.2% of carers who never or rarely felt lonely.

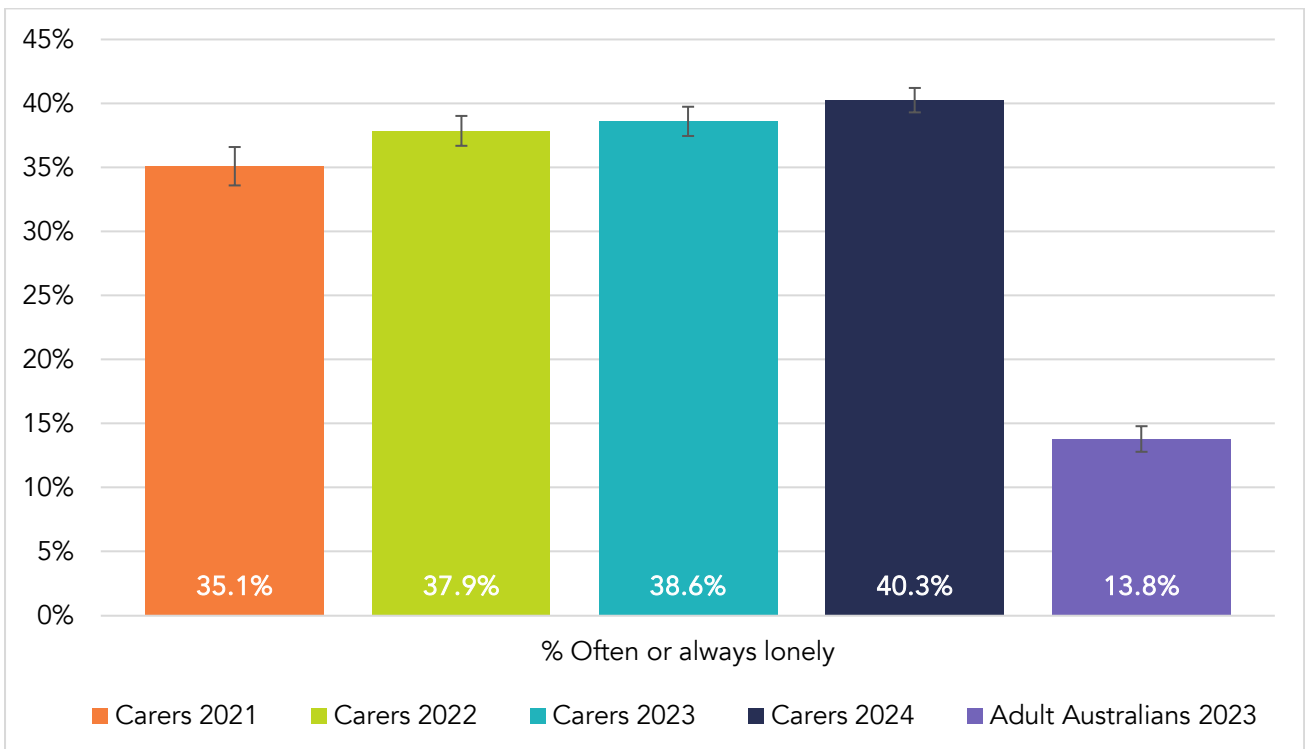


Figure 4 Loneliness in carers, 2021 to 2024

The groups of carers in 2024 who were significantly more or less likely to report feeling lonely often or always compared to the 40.3% of all carers is shown in Table 6. These groups were largely the same groups who had higher rates of loneliness in previous years.

⁹ Source: 2023 Regional Wellbeing Survey, November 2023-March 2024

Table 6 Summary of statistically significant differences in loneliness for different groups of carers, 2024

Groups with <i>lower than average</i> loneliness compared to the average carer	Groups with <i>higher than average</i> loneliness compared to the average carer
<ul style="list-style-type: none"> • Male carers • Carers aged under 25 • Carers aged 65+ • Carers reporting low caring hours (<20 hours per week) • Carers living in Victoria and Tasmania • Carers who are not primary carers and assisted in caring role • Carers with an episodic caring role • Carers of only one person • Carers of people who live elsewhere • Those who have been carers for five years or less • Carers of people with old-age frailty • Carers of a partner • Carers of people with low to moderate assistance needs 	<ul style="list-style-type: none"> • Carers aged 25 to 54 • Carers reporting high caring hours (40+ hours per week) • Carers identifying as LGBTIQ+ • Carer living in Queensland • Carers with a permanent caring role • Primary carers and sole carers • Those looking after 2 or more people • Carers of people who live with them • Those who have been carers for five or more years • Carers of people with ASD, ODD, mental illness/psychosocial disability, and/or intellectual disability • Carers of a child/grandchild • Carers of people with high to very high assistance needs • Carers who were unemployed
<p>Bold indicates results are consistent with previous years</p>	

For many carers, frequent experience of loneliness is likely a direct result of the impacts of their caring role on their ability to spend time with friends and family, and their ability to engage in employment or education. In 2024, similar to previous years, 53.1% of carers reported that their caring duties regularly or always had a negative impact on their social life, and 44.3% reported their caring duties negatively impacted on their relationships with friends and family (Figure 5). However, most carers in 2024 (63.4%) did not feel uncomfortable about having friends over when they are with the person they care for.

While this is similar to the 61.9% reporting this in 2023, stigma associated with having friends over has reduced since 2021, where 58.4% did not feel uncomfortable about having friends over. This small decline in stigma about having friends over has not been associated with a decline in loneliness for carers, suggesting that the impacts of caring on social interaction are more likely a result of factors such as time availability, than with issues such as stigma about friends and family visiting a household in which caring activities are occurring. The ability of carers to engage in employment and study is discussed in detail in that section.

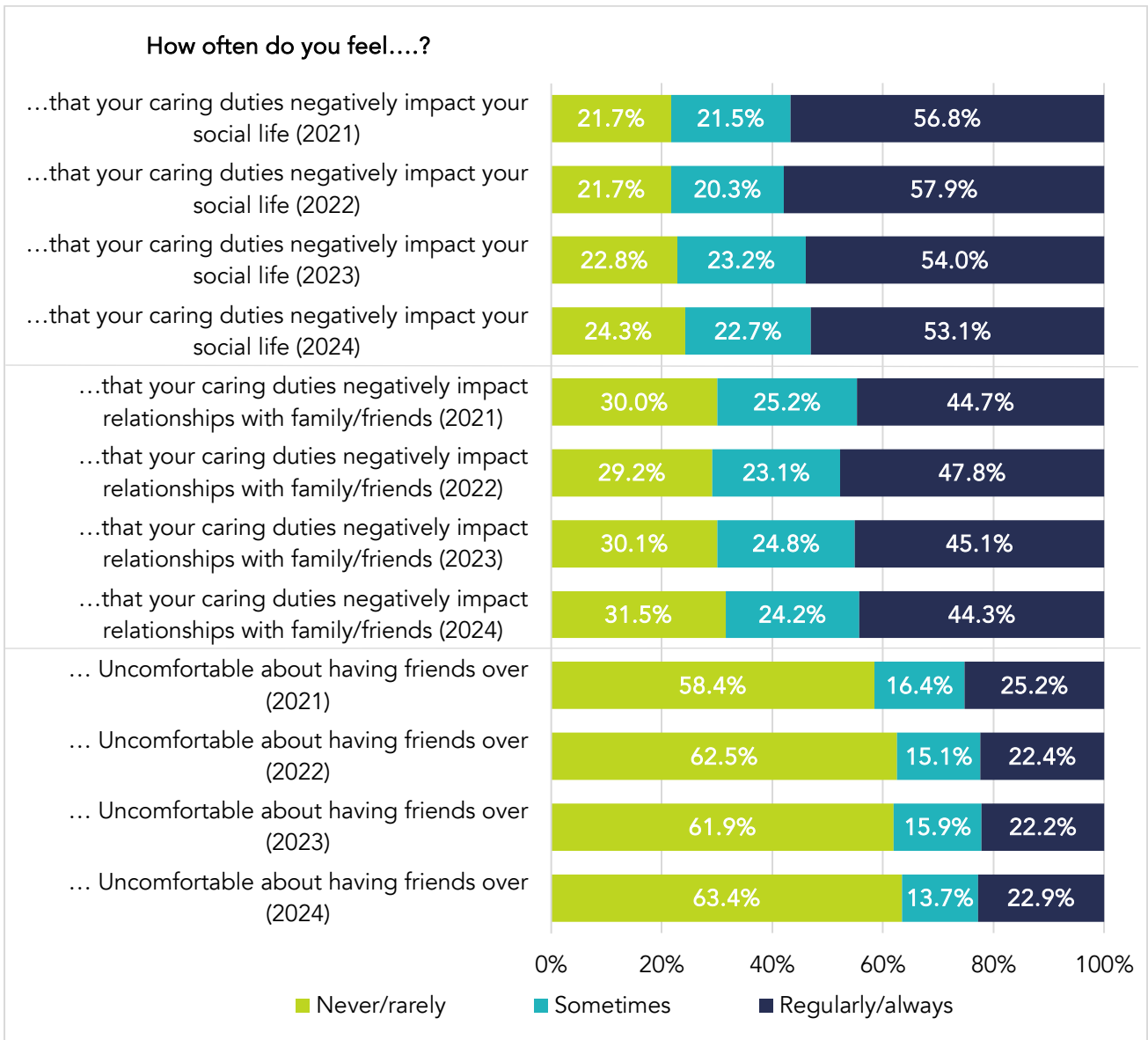


Figure 5 Impact of caring on social relationships, 2021 to 2024



Financial wellbeing

Carers in all years of the CWS have reported lower financial prosperity compared to the adult Australian population. This finding continued with 16.3% of carers reporting their household is poor or very poor, similar to the 15.9% in 2023, and much higher than the average of 5.7% for all Australians¹⁰ (Figure 6). The proportion of carers reporting being poor or very poor remains significantly higher than in 2021 (13.2%) and 2022 (12.5%), consistent with the rising cost of living over the past two years.

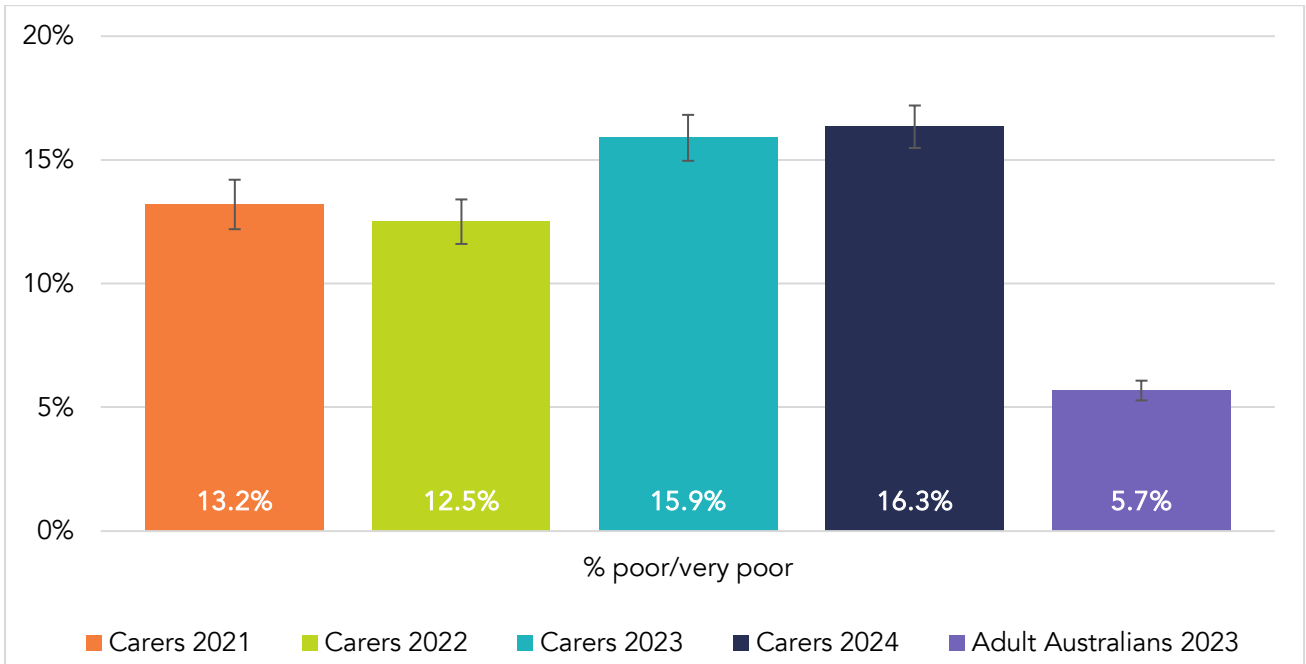


Figure 6 Carer financial prosperity, 2021 to 2024

In 2024, almost two thirds of carers (61.7%) 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 (Figure 7). This was significantly higher than the 57.3% who reported this in 2021, and the 53.5% in 2022. While Australia wide a relatively large proportion of adults experienced at least one financial stress event in the last 12 months (48.5%), carers continue to experience higher rates of financial stress events compared to the broader population. This is consistent with the findings from previous CWS reports (Mylek and Schirmer 2023, Mylek and Schirmer et al. 2022).

¹⁰ Source: 2023 Regional Wellbeing Survey, November 2023-March 2024

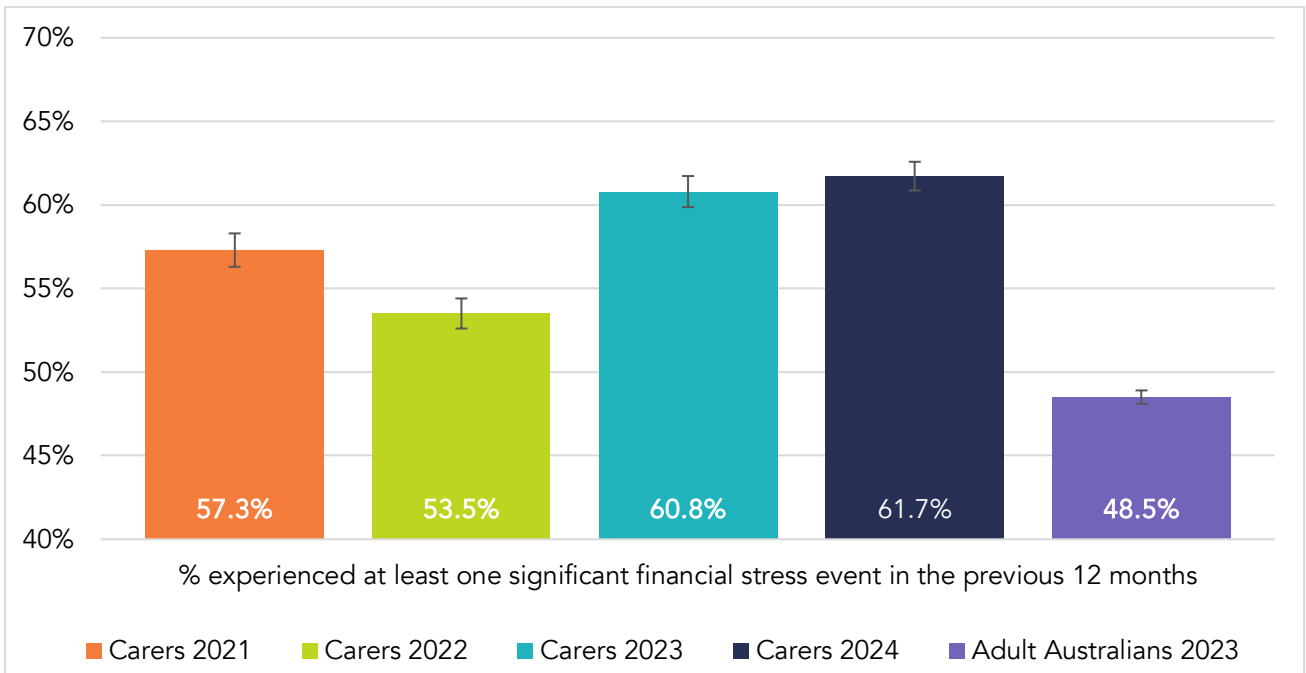
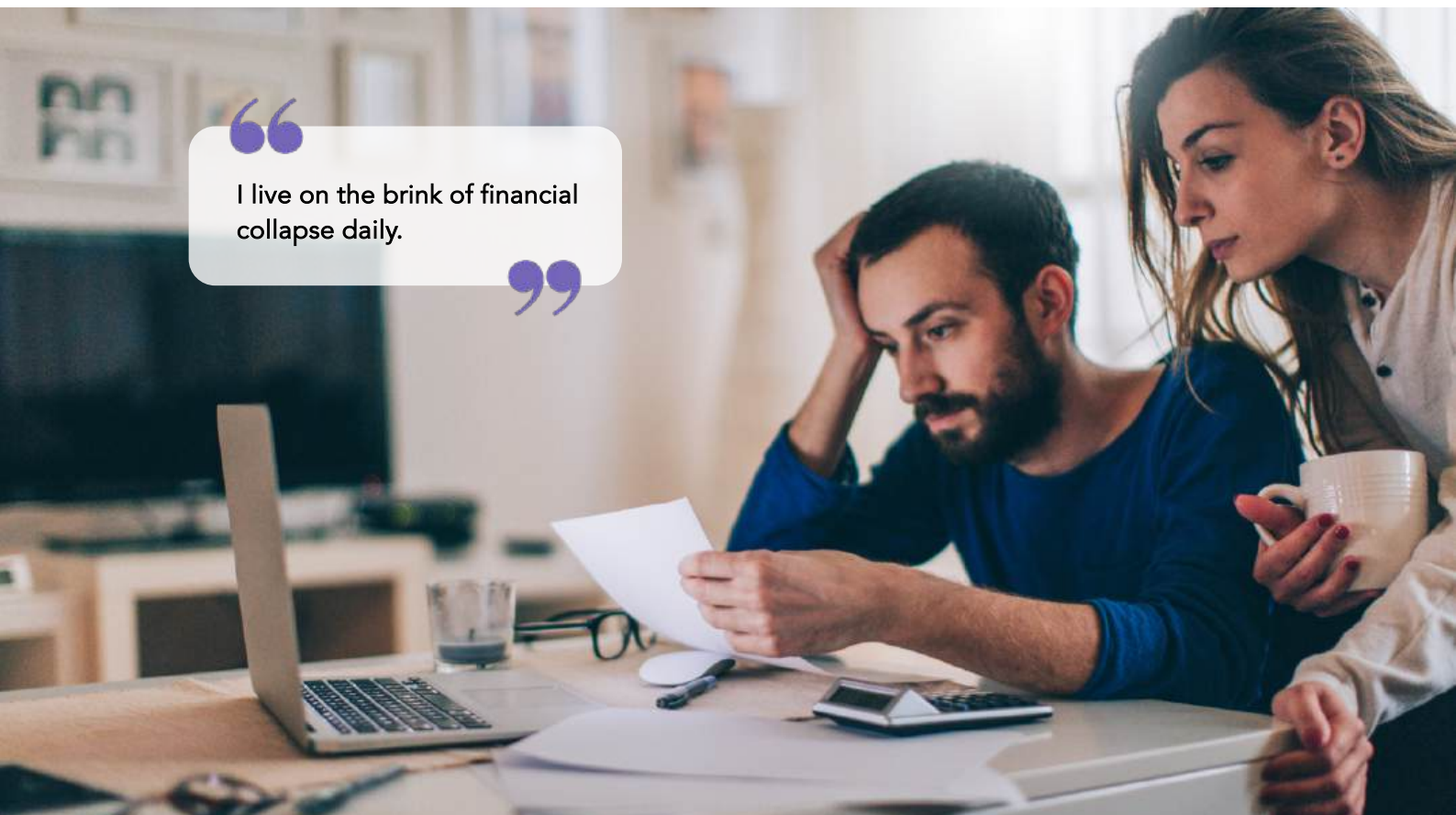


Figure 7 Carer financial stress events in previous 12 months, 2021 to 2024

Some groups of carers had significantly lower financial wellbeing compared to the already low average amongst carers as a whole, while others had significantly better financial wellbeing than was typical for carers (Table 7).



“
I live on the brink of financial collapse daily.
”

Table 7 Summary of statistically significant differences in financial wellbeing between different groups of carers, 2024

Groups with <i>higher than average</i> financial wellbeing compared to the average carer	Groups with <i>lower than average</i> financial wellbeing compared to the average carer
<ul style="list-style-type: none"> • Male carers • Carers aged 55+ • Carers reporting low caring hours (<20 hours per week) • Carers living in Tasmania • Carers who are assisted in caring role • Carers with an episodic caring role • Carers of only one person • Carers of people who live elsewhere • Those who have been carers for five years or less • Carers of people with old age frailty and/or dementia • Carers of a partner • Carers of people with low to moderate assistance needs 	<ul style="list-style-type: none"> • Female carers • Carers aged under 55 • Carers reporting high caring hours (40+ hours per week) • First Nations carers • Language other than English (LOTE) carers • Carers identifying as LGBTIQA+ • Carers living in Queensland • Primary carers and sole carers • Those looking after 2 or more people • Those who have been carers for five or more years • Carers of people with ASD, ODD, mental illness/psychosocial disability, intellectual disability or drug/alcohol dependency • Carers of a child/grandchild and/or sibling • Carers of people with high to very high assistance needs • Carers who were studying
<p>Bold indicates results are consistent with previous years</p>	

In 2023 and 2024, carers were also asked about financial impacts they experienced as a result of being a carer (Figure 8). The proportion of carers reporting financial impacts because of their caring responsibilities remained similar between 2023 and 2024, with the majority of carers in 2024 reporting that:

- becoming a carer resulted in a reduction in the amount of income they earned (64.0%)
- their household's financial situation has worsened since becoming a carer (59.1%)
- they had accumulated less superannuation than they would have because of their role as a carer (58.6%), and
- they have been unable to accept employment opportunities due to being a carer (55.9%).

Only 21.0% of carers reported that their income earning ability was the same as it would be if they were not a carer.

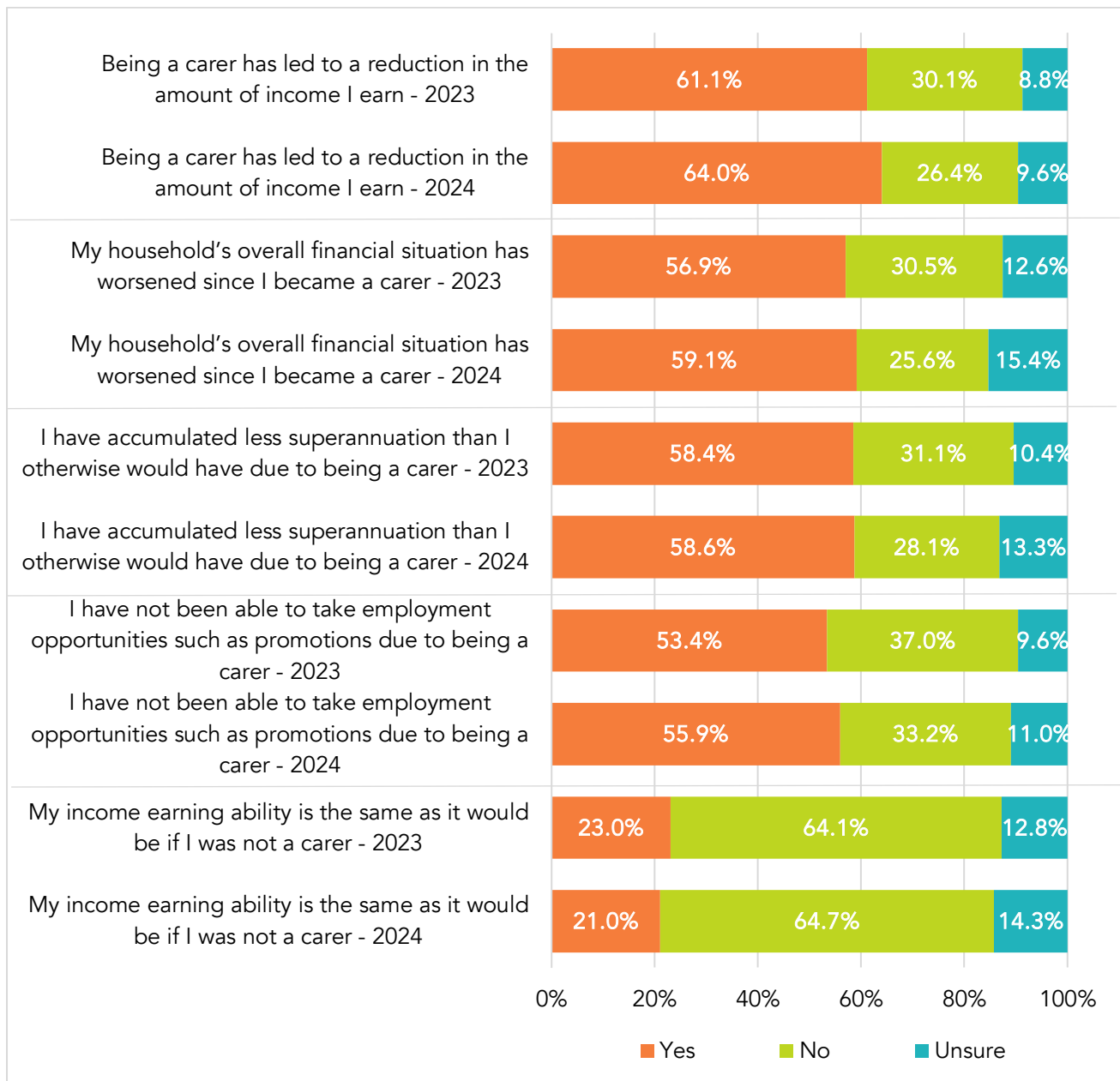


Figure 8 Carer financial burden, 2023 and 2024

Housing

Everyone has a right to adequate housing that provides a good standard of living (OHCHR 2014). Housing provides a family with stability and security, and it is well recognised that having a home or place that is suitable to a person’s needs is an important predictor of physical and mental health (ACT Government 2024, OHCHR 2024).

In 2024, 68.9% of carers reported their home met their needs well, similar to the 67.3% who reported this in 2023, but a significant decline compared to 2022 (73.5%) and 2021 (74.1%) (Figure 9). In 2024, 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 25-34, and carers aged 45-54
- Carers with 40+ hours of caring commitments per week
- First Nations carers
- Carers living in the Northern Territory
- Carers of two or more people
- Those who have been caring for more than five years
- Carers of children or grandchildren
- Carers of people with high assistance needs
- Carers of people with ASD, ODD, mental illness/psychosocial disability and/or an intellectual disability.

There was no change in perceptions about overcrowding since 2022 (this question was not asked in 2021), with just over one in five carers reporting that their home is overcrowded in 2022, 2023 and 2024 (Figure 9).

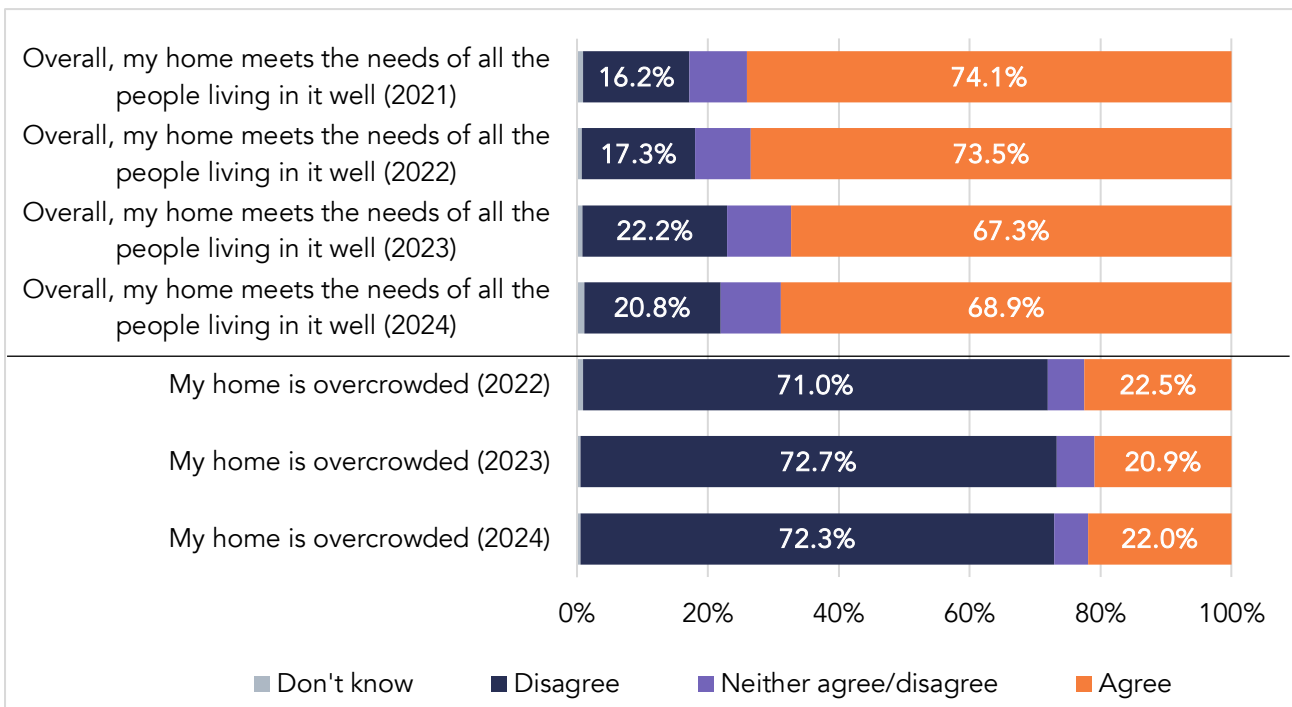


Figure 9 Housing suitability for carers, 2021 to 2024

Telecommunications

Support systems used by carers are increasingly based online, as are a growing proportion of health-related appointments. This means that having good access to telecommunications is increasingly important for carers. Most carers in 2024 had good mobile phone reception (77.7%), and good access to high speed, reliable internet (72.8%), with findings similar to 2023 (Figure 10). Some groups of carers are more likely to report having poor access to mobile phone reception and/or reliable internet than others, particularly:

- carers living in regional and remote areas
- carers aged 15 to 24 and carers aged 45-54
- carers with 20+ hours caring commitments per week
- carers living in Queensland and Northern Territory
- First Nations carers
- carers of three or more people
- those who have been carers for more than five years
- carers of people with high assistance needs.

In 2024, 78.2% of carers had good access to a personal computer/laptop/tablet, and 67.0% had a private space to use these devices for telehealth or online services. Carers aged 25-44, carers with higher caring commitments and unemployed carers were significantly less likely to report having good access to both devices, or to a private space to use those devices, while female carers and carers who identified as LGBTIQ+ were significantly more likely to have poor access to a private space but had similar levels of access to telecommunications and devices as other carers.

To ensure carers and care recipients have access to telecommunications, devices and space to successfully use the growing number of services delivered online, there is a continuing need to improve capacity for use of phone and online services. There were still 15.0% of carers who reported poor mobile reception and 16.6% who reported poor access to high speed, quality internet. Furthermore, 15.1% didn't have access to a computer, laptop or tablet, and over 23.6% didn't have a private space for telehealth or other online services.



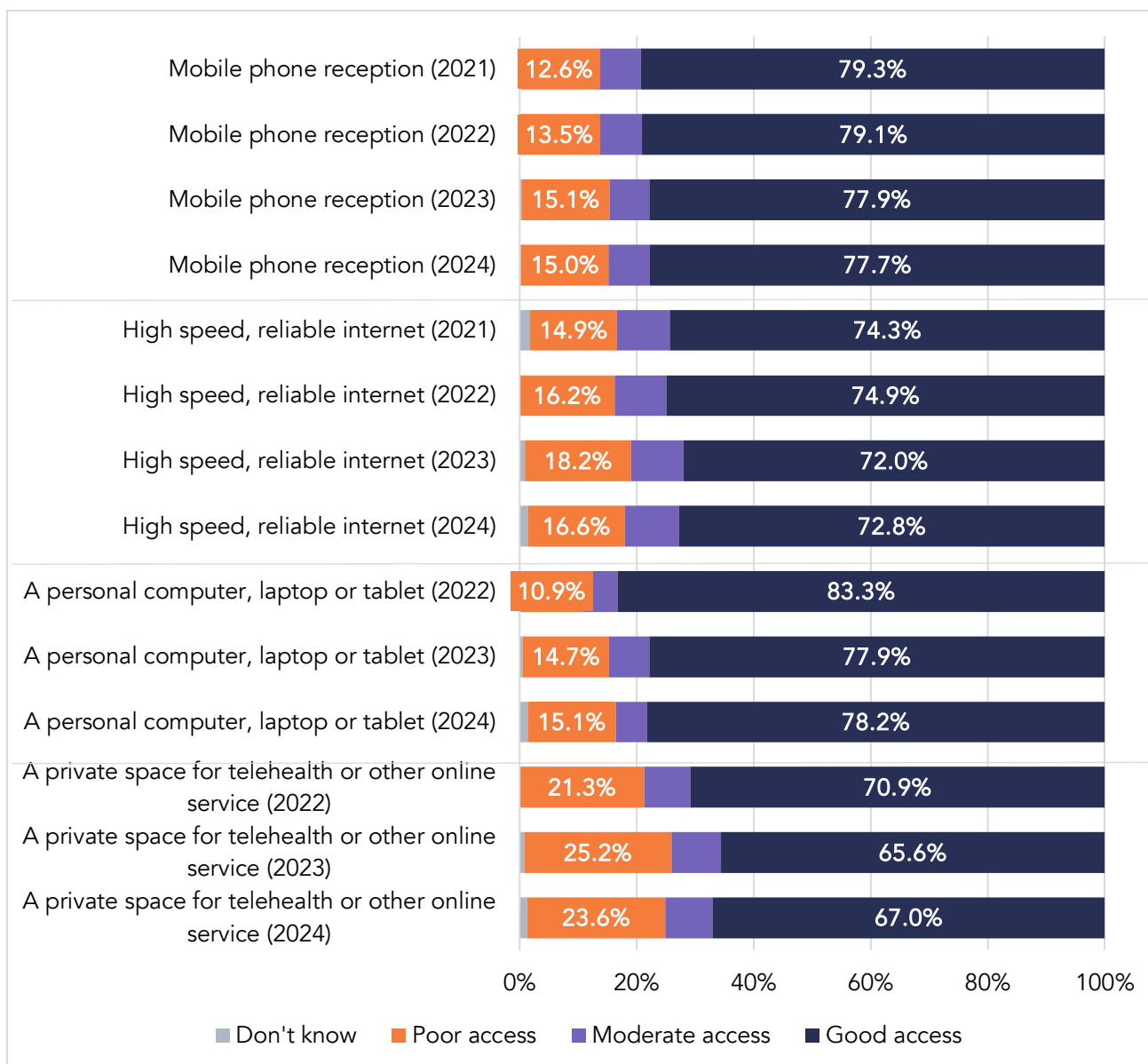


Figure 10 Access to telecommunications, 2021 to 2023



Transport

The ability to get to places a person needs or wants to go is important for independence, health, quality of life, and social integration (Spinney et al. 2009), and is particularly important for people who care for someone that needs to get to appointments. Since 2022, carers have been asked how easily the people they care for can get to the places they need to go to. While there were no significant changes in ease of transport for care recipients between 2023 and 2024, the proportion of carers reporting difficulty getting their care recipient to the places they need to go increased significantly since 2022 (22.8% in 2024 compared to 21.1% in 2022) (Figure 11). These findings are not sufficient to suggest the presence of a trend, but if they continue over time would indicate increasing difficulty accessing suitable transport for care recipients.

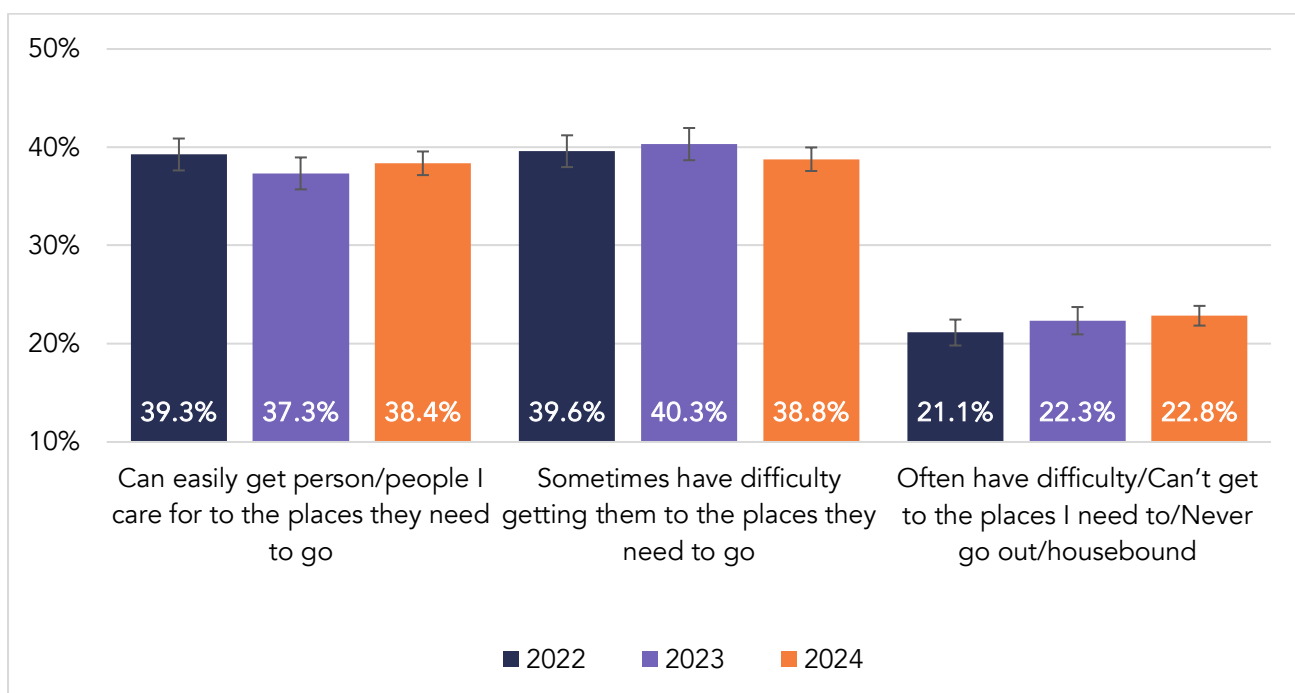


Figure 11 Ease of transport amongst care recipients, 2022 and 2024¹¹



¹¹ The lines at the top of each bar indicate the 95% confidence interval - the range within which there is a 95% confidence the result would fall if the survey was repeated multiple times with a similar sample. See the Methods section for further detail.

Time use

People who have a good balance of time use ('time use balance') will typically have higher wellbeing (Krueger et al. 2012; Stone et al. 2018; Freedman et al. 2019; Tomczyk et al. 2021). Time use balance is broader than just work-life balance: it includes 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. However, carers often lack sufficient time to engage with these competing time demands.

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, volunteering, work and chores, exercise, sleep, social connection, time outdoors and recreation.

Time spent caring

In 2024, 65.1% of carers spent more time than desired on caring duties, a significant increase from the 61.7% reporting this in 2023 (Figure 12). This is also significantly more than the 37.7% of adult Australians¹² who spend more time caring than desired.

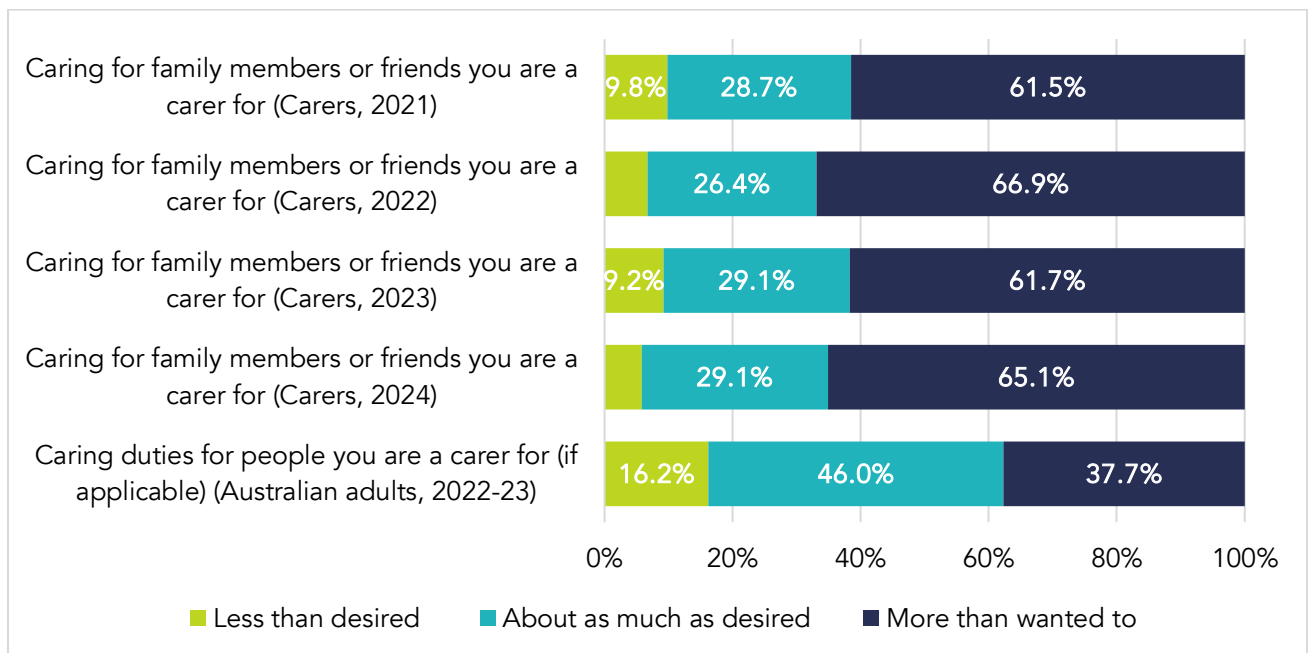


Figure 12 Time use: Caring for family and friends, 2021 to 2024

¹² Throughout this section, carer time use is compared to results from the 2022-23 RWS (data collected in April-July 2023), as these questions were not asked in the most recent 2023 RWS

Volunteering

Many carers have limited time to participate in activities such as volunteering, with the time pressures of caring duties negatively impacting the amount of time a person can contribute to their community in other ways. Reflecting this, carers were significantly more likely (55.0%) than adult Australians (36.8%) to report doing less volunteering than they wanted to in 2024 (Figure 13). This is a significant increase since 2023, when 50.3% of carers indicated spending less time volunteering than they desired.

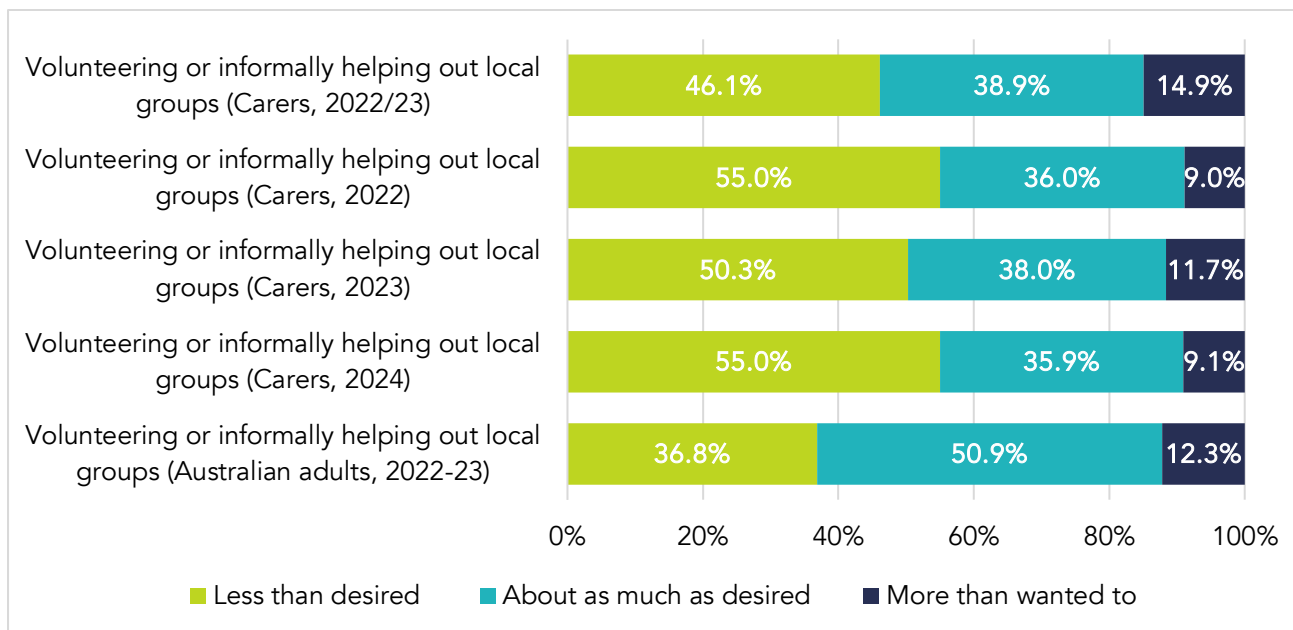


Figure 13 Time use: Volunteering, 2021 to 2024

Paid work

Being an unpaid carer can present significant challenges to being able to engage in paid work. Caring responsibilities can influence how many hours a carer is able to work, the age at which they decide to retire, and/or whether they are able to work at all for a period of time (Jacobs et al. 2014; Bainsbridge and Broady 2017). In turn, not being able to do as many hours of paid work as desired increases the risk of poor financial and wellbeing outcomes. Amongst carers who had paid work in 2024, 51.5% were doing less paid work than they want to, a significant increase from the 47.1% in 2023, and had almost double the incidence of under-employment reported by adult Australians (27.5%) (Figure 14). This is an increase of almost 10% since 2021, suggesting either that 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, 74.7% reported that their caring duties were a key contributor to 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 63.8% were doing less paid work than desired)
- those caring for someone with high (58.7%) or very high (57.2%) assistance needs
- carers of people with ASD and/or ODD
- those currently studying (59.8%)

Additional findings regarding carers and engagement in paid employment are discussed in the Employment and study section on page 43.

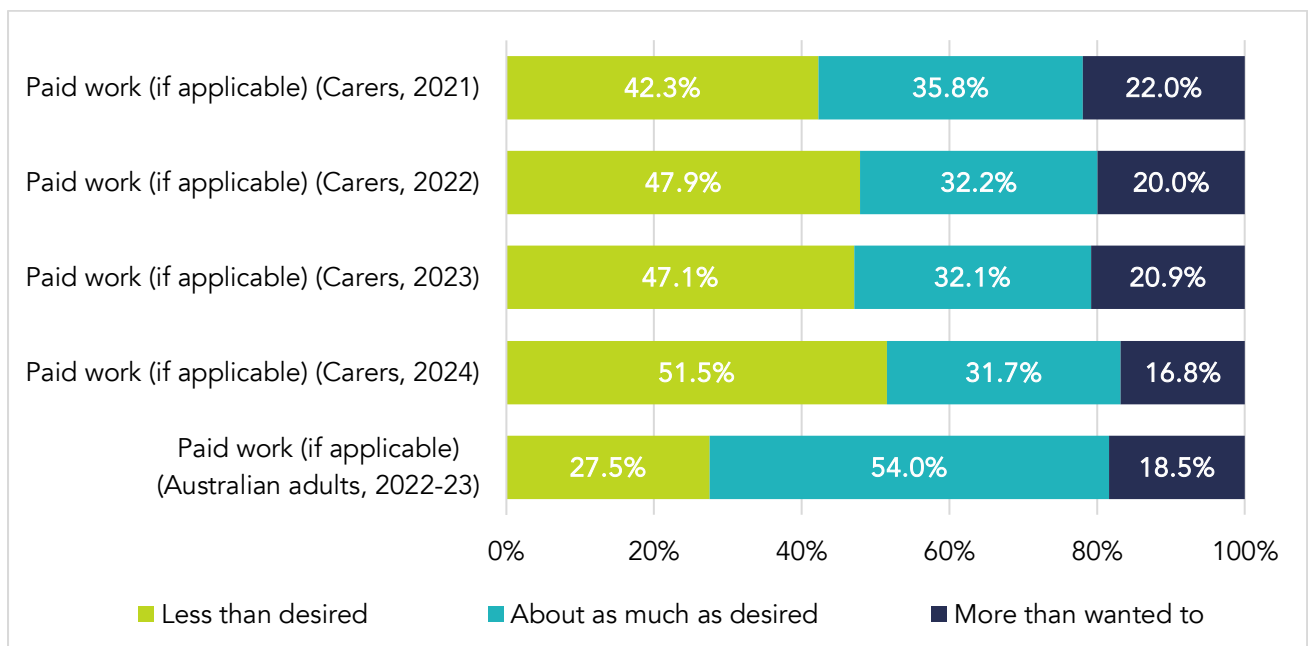


Figure 14 Time use: paid work, 2021 to 2024



Chores

When asked about housework and chores (other than gardening), 51.1% of carers indicated they did more housework than they wanted to in 2024, a significant increase compared to 2023 (44.9%) (Figure 15). Carers were significantly more likely to be doing more housework than desired than the typical adult Australian (39.1%).

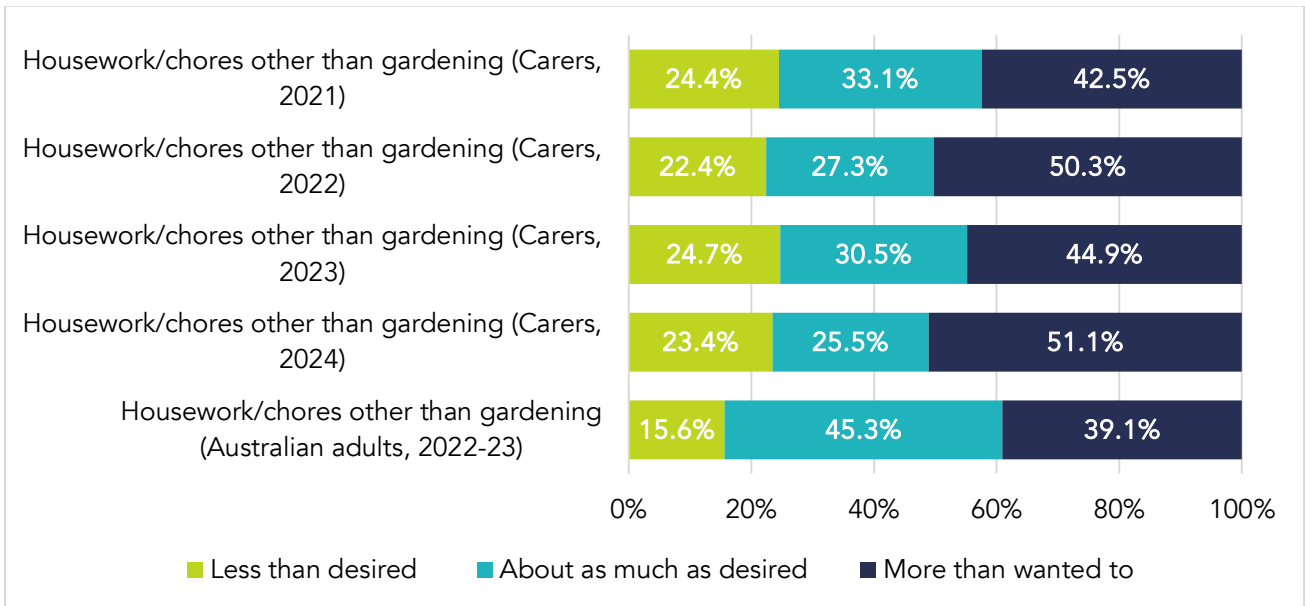


Figure 15 Time use: chores, 2021 to 2024

Exercise and sleep

Being able to look after one’s physical health, including having the ability to exercise and being able to achieve sufficient sleep hours, is a critical contributor to a person’s wellbeing. Both exercise and sleep, however, can be challenging to achieve for carers. In 2024, 81.3% of carers were exercising less than they wanted to, and 77.8% getting less sleep than desired, both significant increases since 2023. In comparison, only 63.2% of Australian adults were doing less exercise than desired, and only 53.9% getting less sleep than desired in 2024 (Figure 16).

Higher risk of poor exercise and sleep was highly correlated, with both issues co-occurring for many carers. The carers most likely to report having less exercise and sleep than desired included female carers, carers aged 35-54, carers with more than 40 hours caring commitments per week, carers who identify as LGBTIQ+, those who care for two or more people, those caring for people with ASD and/or ODD, carers of children/grandchildren and those caring for someone with very high assistance needs. This is consistent with the groups reporting less than desired exercise and sleep in 2023.

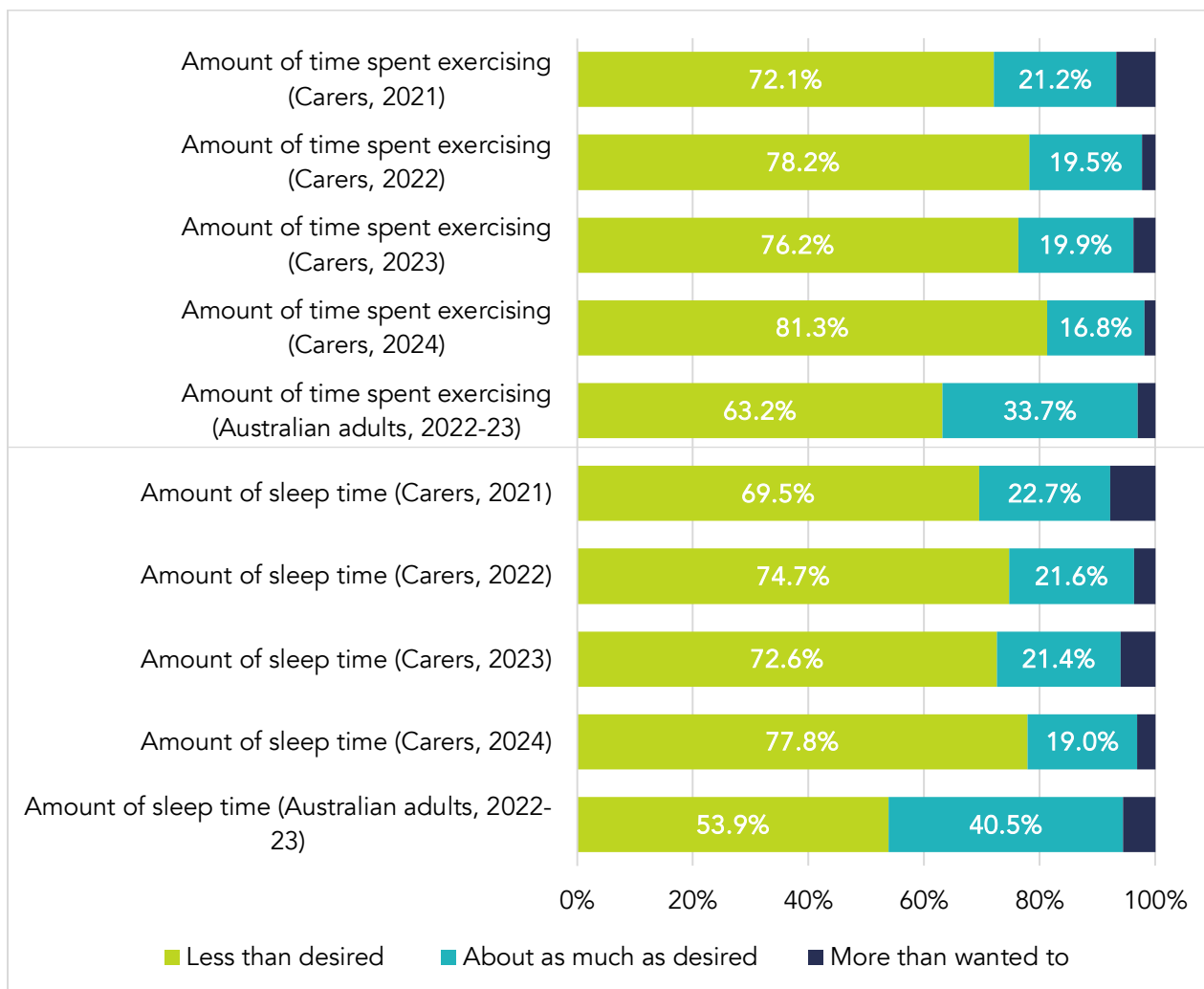


Figure 16 Time use: sleep and exercise, 2021 to 2024

Social connection, time outdoors and recreation

Social connection, the ability to spend time outdoors and spending time in recreational activities are known to lessen loneliness, build resilience and contribute to better quality of life (ACT Government 2024, White et al. 2019). In 2024, carers spent less time than desired with friends and family compared to Australians overall, with 50.3% of Australians reporting spending less time than they wanted to with friends and family, compared to 72.4% of carers (Figure 17). Since 2021, an increasing proportion of carers have reported not spending sufficient time outdoors or recreating, with another significant increase between 2024 (67.8%) and 2023 (64.1%).

When asked about the amount of time spent doing other recreation, 82.9% of carers in 2024 reported spending less time than desired on recreational activities. In 2023, carers were asked for the first time 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, increasing to 81.9% in 2024.

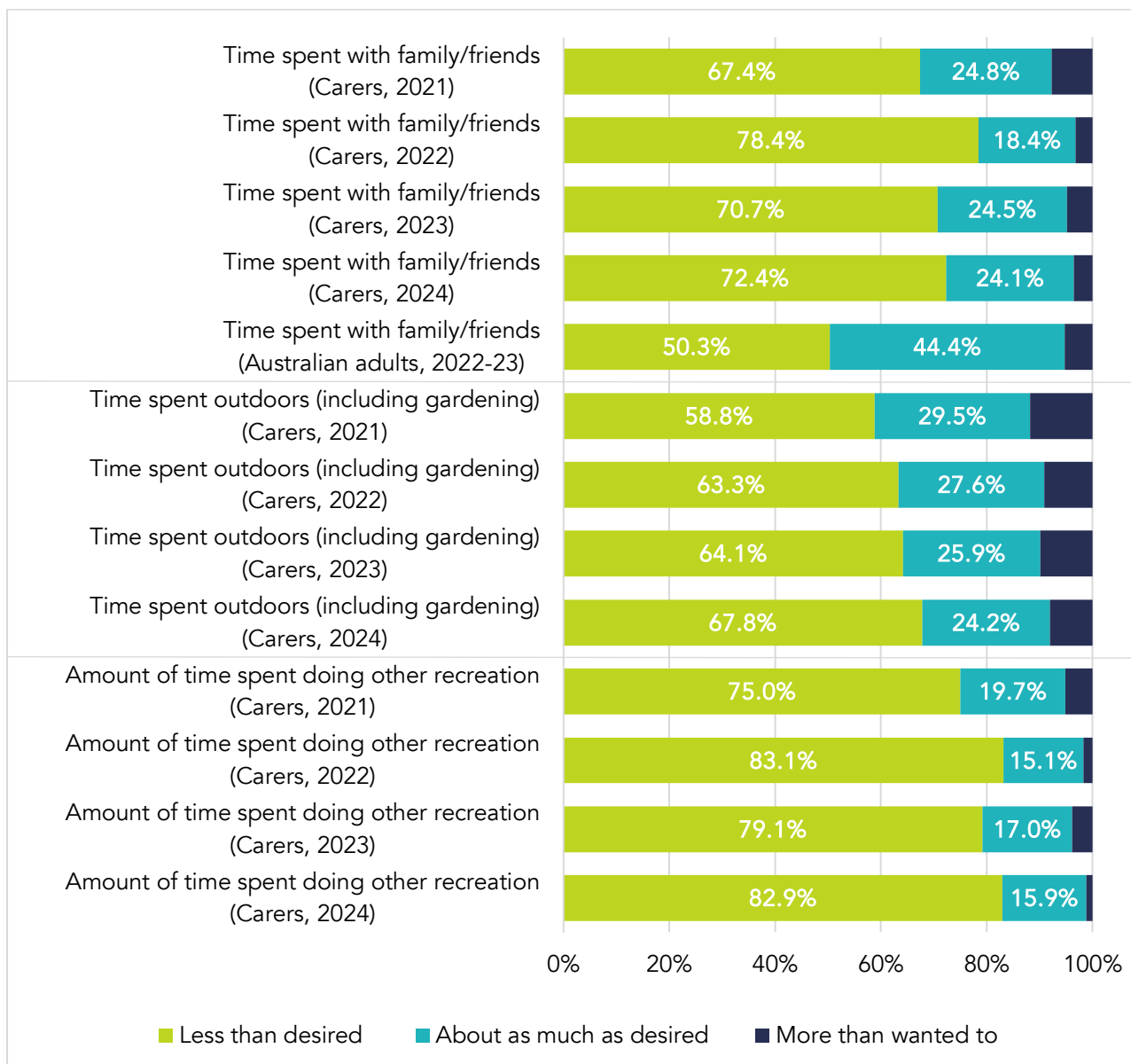


Figure 17 Time use: Social connection, time outdoors and recreation, 2021 to 2024



Employment and study

It is well documented that being an unpaid carer can negatively impact employment prospects (Aldridge & Hughes 2016; Glendinning 2016; Joseph et al. 2019). Being employed not only improves a person’s financial wellbeing, but can also provide structure to a day, facilitate social connections and can bring with it a sense of purpose for many, all known to be associated with higher wellbeing and lower mental health problems (Gedikli et al. 2023). Lacking access to paid work can also impact a person’s ability to successfully navigate being an unpaid carer.

Participation in paid work is lower amongst carers compared to the average Australian. As of 2021, Census data shows that 69% of unpaid carers aged 15-64 (of typical working age) were in paid employment, compared to 74% of those who were not carers (2021 *Census of Population and Housing*).

The CWS focuses on carers for whom being a carer is a significant part of day-to-day life, while the Census includes all carers, irrespective of whether their carer role comprises a relatively small or large part of their day-to-day activity. In 2024, the CWS results suggested 56.3% of current carers aged 15-64 were employed, while 2.6% were unemployed and seeking work, and 41.1% were not in the labour force. This suggests a decrease in the number of carers in employment since 2023, when 62.4% of carers were employed, 6.2% unemployed and 31.3% were not in the labour force. Additionally, as reported in the previous section, carers are much more likely than non-carers to report they are working fewer hours in their paid employment than desired.

Of all carers that were employed in 2024, 39.7% worked less than 20 hours per week, 26.7% worked 30-34 hours per week, 28.1% worked 35-44 hours per week, and only 5.4% worked 45 or more hours.

Carers who were employed were significantly more likely to have healthy levels of wellbeing (45.6%) compared to those who were unemployed (29.7%), and those not in the workforce (41.5%) (Figure 18). These figures do 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 (discussed in the previous section). Of the 51.5% of carers who did less paid work than desired in the previous month, 67.8% had low wellbeing, significantly more than the 46.1% of carers who reported working about as much as they wanted to.

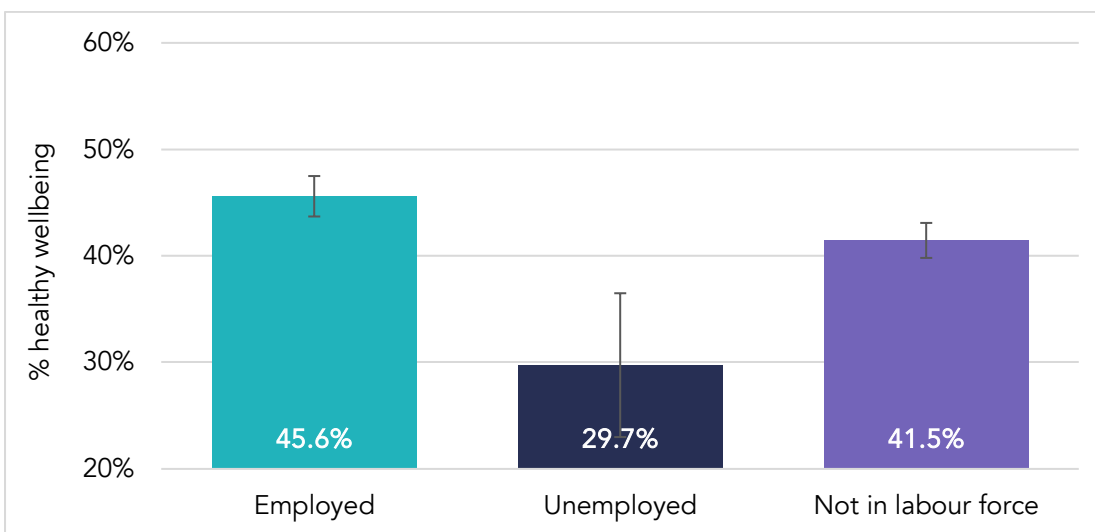



Figure 18 Proportion of carers with low wellbeing, by participation in labour force, 2024



Carers were asked to rate how satisfied they were 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 (69.8%) reported low satisfaction with their ability to participate in paid work, a significant increase since 2023 (63.9%). A total of 63.7% reported low satisfaction with their ability to engage in further education or training if they want to, an improvement on the 68.3% in 2023.

The following groups of carers were significantly more likely to be dissatisfied with their ability to participate in paid work and/or their ability to do further education or training if they wanted to:

- carers aged 35-54
- carers with caring commitments of 20 hours or more per week
- primary carers, sole carers, and/or carers with a continuous caring role
- those who care for three or more people
- carers of people who live with them
- those who have been caring for more than five years
- carers living in Queensland
- carers of people with ASD, ODD and/or mental illness/psychosocial disorders
- carers of children/grandchildren and/or partners
- carers of people with high/very high assistance needs

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 2024, 53.4% of carers indicated that their ability to participate in paid work was getting worse, while 26.9% indicated it was getting better (Figure 19).

Some groups of carers were significantly more likely to report that their ability to engage in paid work was getting worse. These groups were similar to those in 2023, and included carers aged 65 to 74, those caring more than 40 hours per week, carers living in Queensland, continuous carers, primary carers, sole carers, those caring for a child/grandchild and carers of people with high to very high assistance needs.



Finding an employer who is prepared to roster flexibility for carers is near impossible.



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 under 25, those with less than 20 hours caring commitments per week, carers living in Western Australia, carers living in remote or very remote areas, those with episodic caring roles, those who are not primary carers or sole carers, those who have been a carer for less than one year, carers of parents and/or siblings and those who care for a person with lower assistance needs.

Overall, those with more intensive and demanding carer roles, and those aged 65-74, were more 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.

Similar to previous years, in 2024 more than half of carers (59.4%) reported that their ability to progress their studies/education was getting worse, while only 22.2% reported that it was getting better. Carers aged 35-74, continuous carers, primary carers, sole carers and 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.

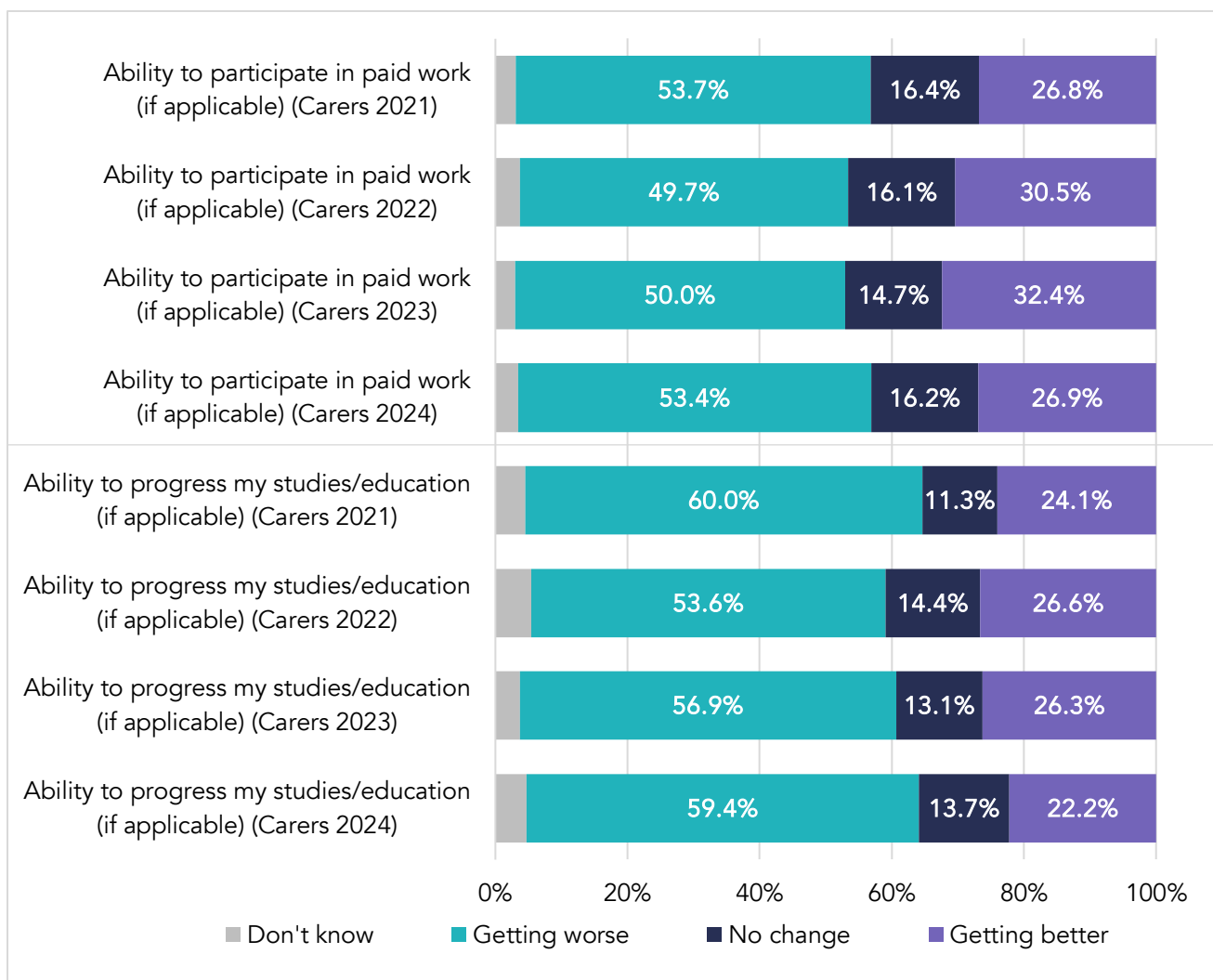


Figure 19 Change in ability to participate in paid work and progress studies, 2021 to 2024

Workplace support and flexibility

Having flexible work arrangements and predictable work times are known to be associated with higher worker wellbeing (Ray and Pana-Cryan 2021). Having flexible work arrangements and an employer who understands the challenges that many carers navigate on a daily basis can enable carers to better manage their work and caring roles.

In 2024, of the carers in paid employment who had a supervisor/employer (excluding self-employed carers), 45.1% were able to discuss their carer role with their employer whenever they needed to, while 36.0% said they had discussed their caring role with their employer, but only once or twice. Only 18.8% 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 under the age of 25, carers who identify as LGBTIQ+, those who are not primary carers, and carers of siblings. Those most likely to discuss their carer role with their employer were carers aged 55 or more, those caring for 40+ hours per week, carers of people with dementia, carers of children/grandchildren and/or carers of partners.

The majority of employed carers (excluding self-employed carers) had an employer that was at least somewhat understanding about their caring role: 36.8% felt their employer was somewhat understanding and were able to discuss how to balance caring and work, and 41.5% had a workplace that was highly supportive of their caregiving role and supported them in making sure they could fulfil their caring duties. However, almost one quarter of all carers (21.8%) felt their employer was not understanding of their role as a carer, and that it was expected their caring duties do not interfere with any aspect of their work (Figure 20). Carers aged under 25 were the most likely to fall into this last category.

Carers with employers who are supportive of their caregiving role have been found to be more likely to have healthy levels of wellbeing and be able to better balance work-care life compared to those who feel their employers are not understanding (Bimblecombe et al. 2018, Mylek and Schirmer 2023, Nogues and Tremblay 2022). In 2024, carers with employers who were 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: 52.4% of carers who had a very supportive workplace had healthy levels of wellbeing, compared to 39.2% of those who felt their employer was not understanding. Those with understanding employers were also significantly less likely to have high psychological distress (22.7% compared to 42.4%).

When interpreting these findings, it is unknown whether an understanding workplace leads to higher wellbeing, or whether a person experiencing high distress and/or low wellbeing is more likely to feel their employer is unsupportive. However, the findings are consistent with previous research and do suggest a positive reinforcing relationship between positive workplace experiences and carer wellbeing.



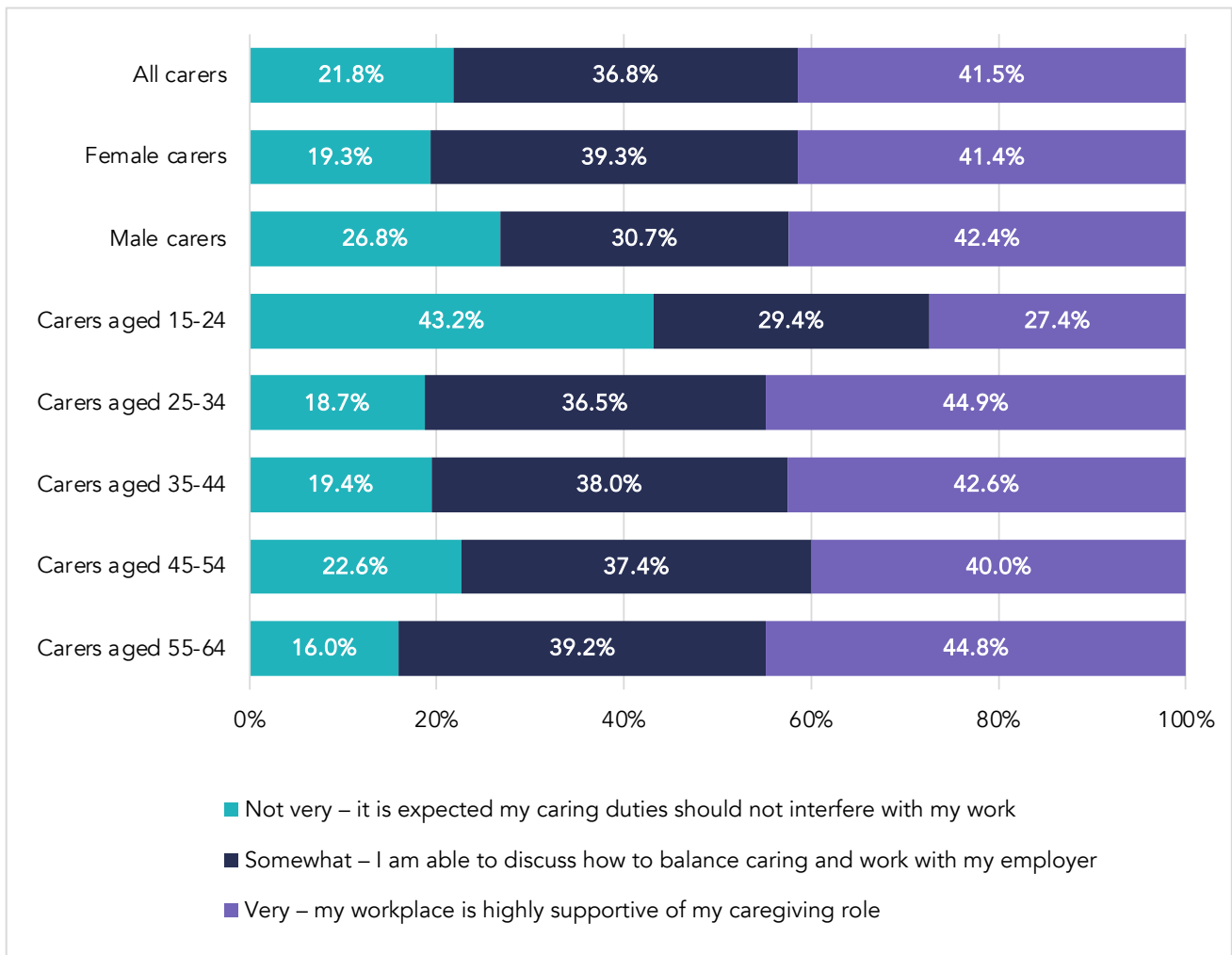


Figure 20 Workplace support for caring role, 2024

Carers were asked about key aspects of the workplace that can improve inclusivity, such as access to flexibility in work hours. Most carers (57.9%) had some level of flexibility in the timing of their work hours, with 35.1% reporting that they have set hours that they can change if they need to, and 22.8% reporting that they can change their hours easily as needed. Overall, 32.8% of carers indicated that they could work from home any time if they want to (a significant increase since 2023), and 21.5% could work from home sometimes but not always.

Experiences with accessing respite care

In 2024, carers who had needed or wanted to access respite care services in the past 12 months were asked in more detail about their experiences with accessing respite care.

Carers were asked whether any of a number of factors presented barriers or challenges to accessing respite care for the person/people they cared for. The biggest challenges identified were (Figure 21):

- the person being cared for not wanting to be cared for by other people (48.3%)
- difficulty finding high quality respite services (44.8%)
- difficulty affording respite services (43.9%), and
- not receiving funding to access respite services (41.7%)

Additionally, around one-third of carers were unsure about availability of respite services in their local area (31.3%), whether they could access regular and consistent respite care (31.1%), waiting times to access respite services (34.7%) and suitability of the respite services available (31.1%). Only 20.5% of all carers felt it was difficult to find culturally appropriate respite services, however this was significantly higher for carers who speak a language other than English at home (34.6%).

Some groups of carers were more likely than others to report barriers to accessing respite care. In particular, the following groups were consistently more likely to experience multiple barriers to accessing respite care:

- Carers aged 45-54
- Those with higher caring responsibilities, specifically caring for someone for 20 or more hours per week, sole carers and carers of three or more people
- Those whose care recipient does not live in the same home as them
- Carers of people with ASD, ODD, mental illness/psychosocial disability and/or chronic non-terminal illness or injury
- Carers of children/grandchildren
- Carers of partners/ex-partners
- Carers of people with high or very high assistance needs



“

I am proud to be a carer for my sons and sister. I see the huge difference I have made in their lives and the smile on their faces.

”

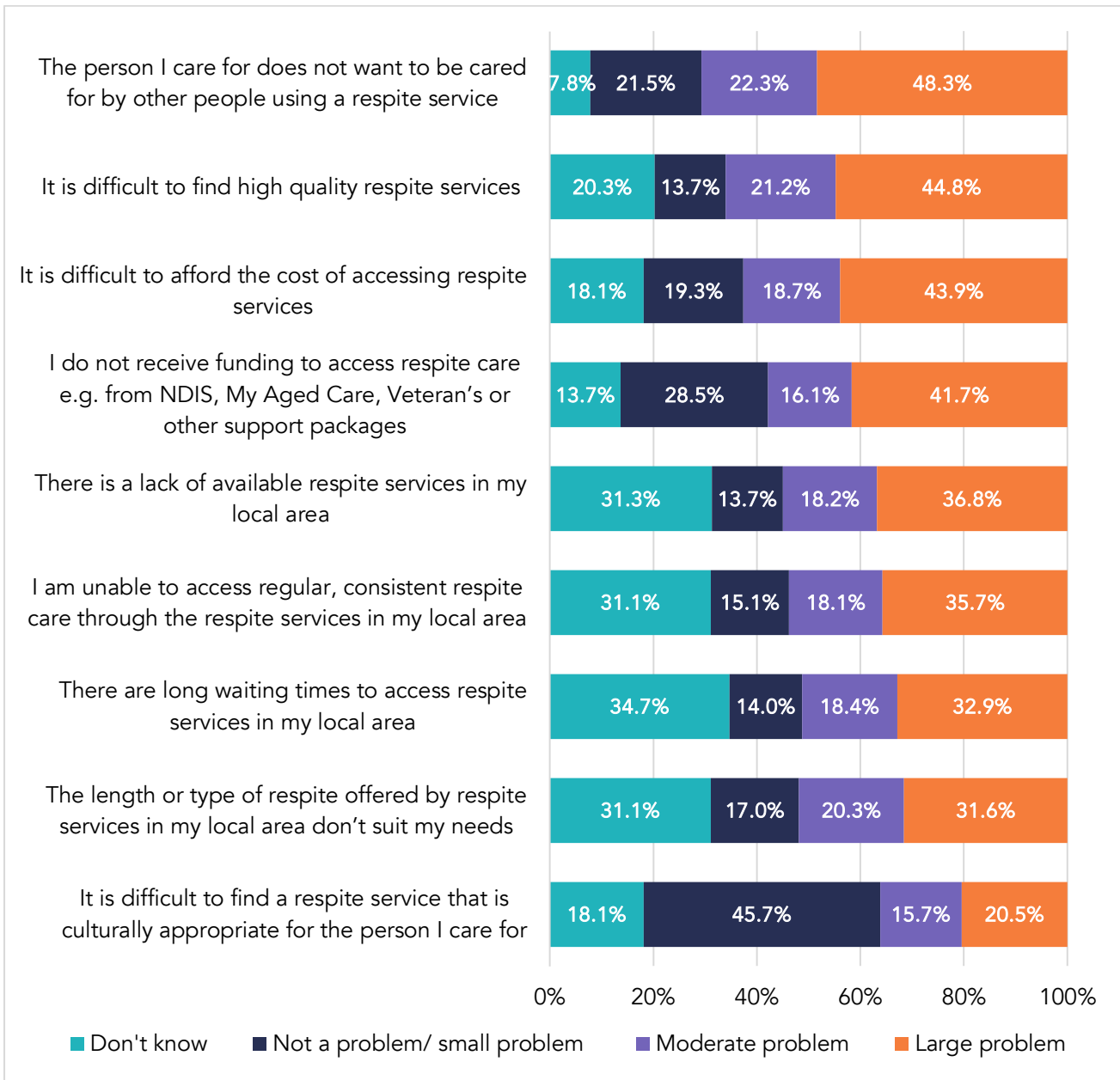


Figure 21 Barriers to accessing respite care services

Carers who had accessed respite care services in the past 12 months were asked about their experiences when using respite care. The most common experiences of respite care were positive (Figure 22). Most carers who had used respite care services indicated that the respite care was consistently good (57.6%), that they were free to do what they wanted to while the person they cared for was in respite care (57.5%), and that they felt fresh after using respite care services (54.0%). Less than half of carers accessing respite care in the past 12 months felt that it was difficult to find carers who connected with the person they cared for (45.5%), that they needed to use multiple facilities to access respite care (41.7%) and that there was a lack of consistency in respite staff (40.3%). Only 19.2% regularly needed to change respite care services or facilities.

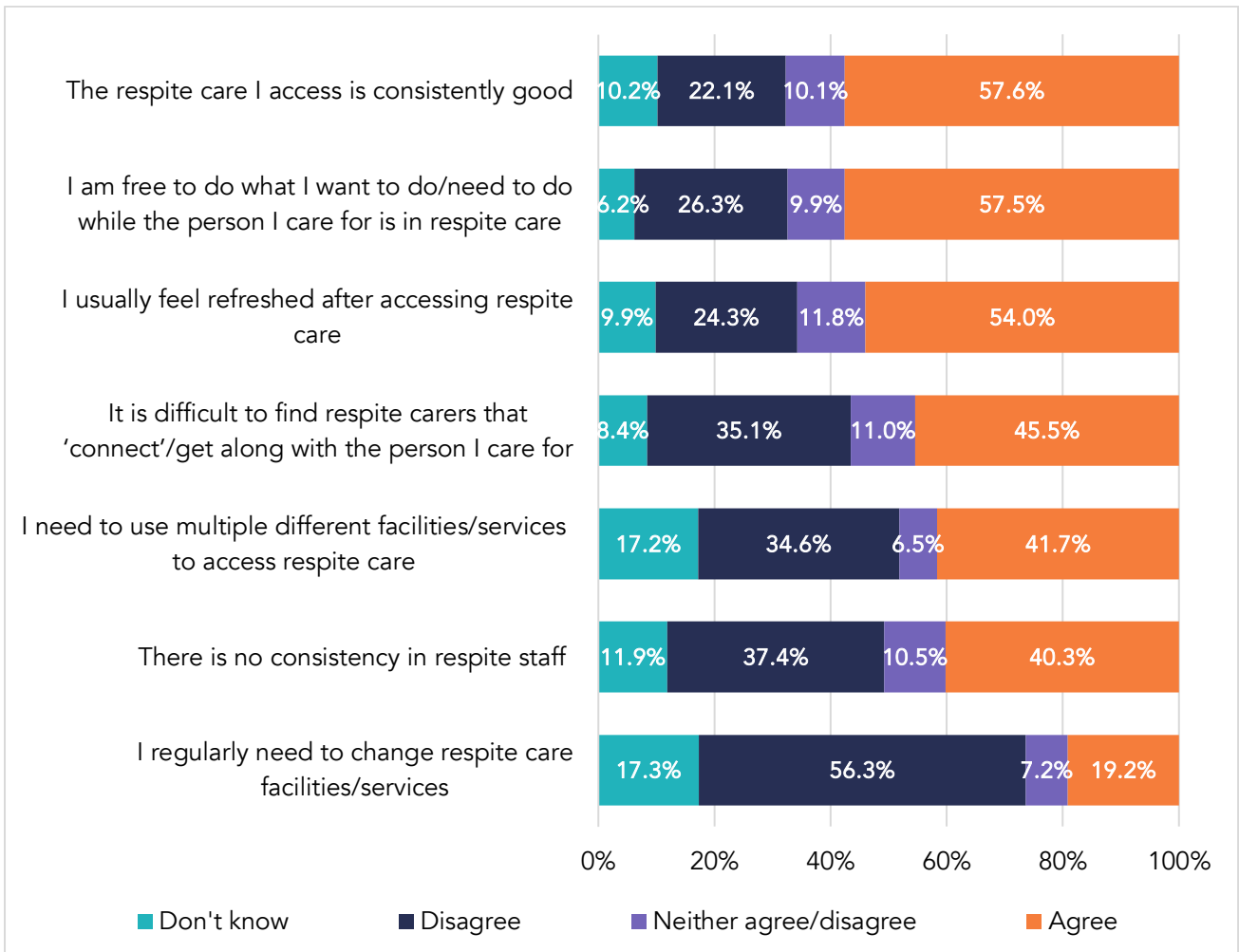
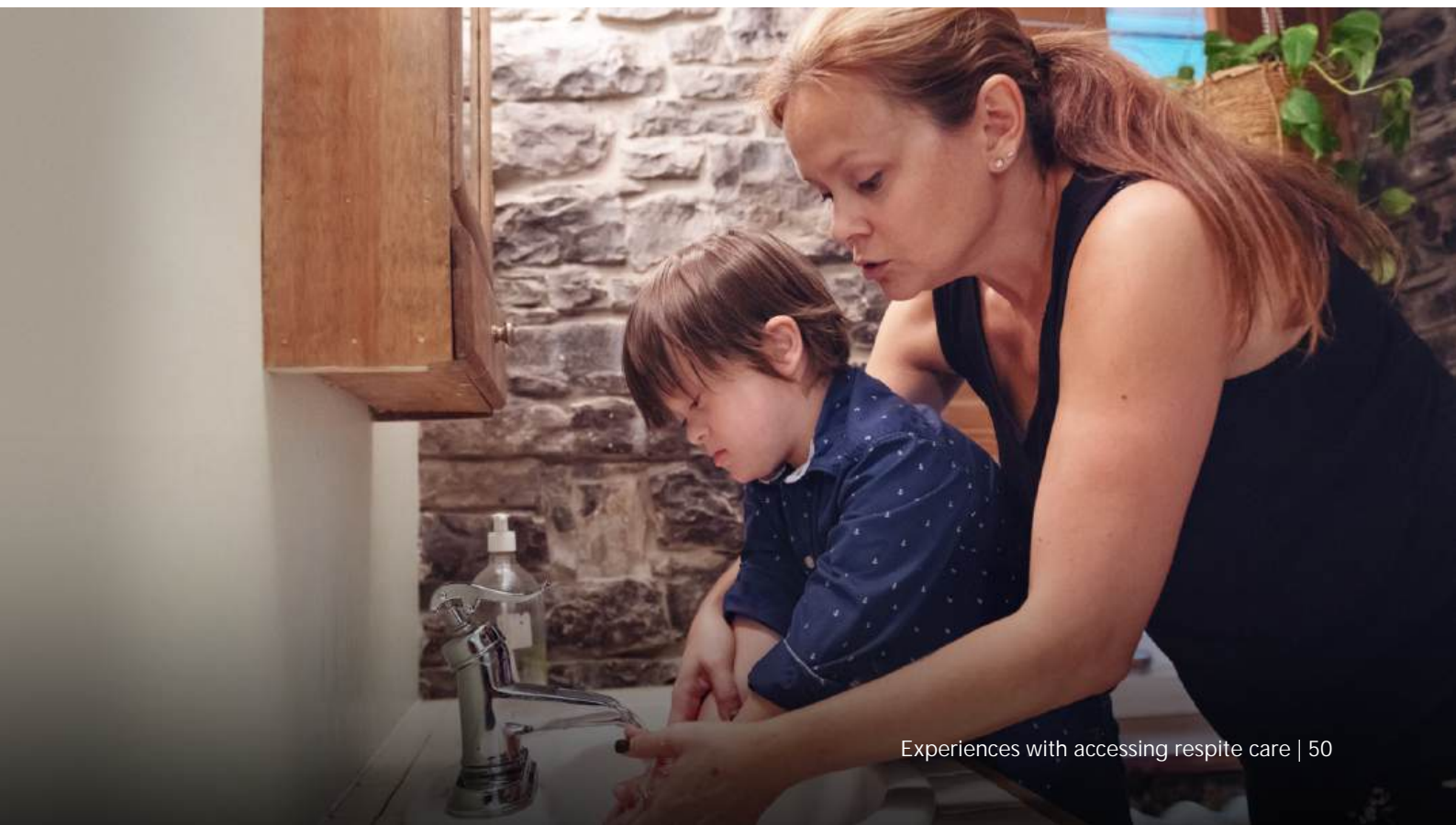


Figure 22 Experiences with accessing respite care services



Impact of the rising cost of living

The price of essential items such as housing, electricity, water, fuel and groceries increased significantly during 2022 and 2023, as did interest rates, raising concerns about the cost of living for many Australians. Carers report significantly lower financial wellbeing compared to non-carers (see section on Financial wellbeing, page 29), making the rising cost of living an added stressor in many carers' lives. The 2023 and 2024 CWS asked carers whether they were affected by rising living costs, and if so, whether the impacts of rising living costs had led to changes in how they live.

The rising cost of living had significantly higher impacts on carers compared to adult Australians¹³ (Figure 23). In 2024, 54.7% of carers reported that household expenses increased more rapidly than household income, compared to 38.1% of Australians. This was similar to the 52.5% of carers reporting expenses rose more rapidly than income in 2023. This was particularly the case for carers aged 35-54, those caring for 40 or more hours per week, carers who identify as LGBTIQ+, sole carers, carers of three or more people, those who have been caring for more than five years, carers of children/grandchildren, and those caring for someone with high to very high assistance needs.



In 2024, this increase in household expenses led to multiple challenges for many carers:

- 30.3% of carers frequently had difficulty affording groceries compared to 14.3% of Australians. The proportion of carers reporting this increased significantly since 2023, from 26.0%.
- 14.0% of carers frequently had difficulty affording medications compared to 4.7% of Australians; similar to the 12.5% of carers reporting this in 2023.
- 22.5% of carers had difficulty getting around due to the rising cost of public transport/fuel, a significant increase from the 20.3% reporting this in 2023. This was not asked in the 2023 Regional Wellbeing Survey.

To save money and adjust to the rising cost of living, many carers made significant changes to their life (Figure 24). This included not going to social events (67.7%), reducing household spending to afford care-related appointments and other care-related costs (57.0%), not heating or cooling their home (54.6%), and cancelling, delaying or reducing the number of appointments with specialists (49.5%). Apart from heating and cooling, the proportion of carers making these changes to save money increased significantly since 2023.

¹³ Source: 2023 Regional Wellbeing Survey, November 2023-March 2024

A smaller proportion of carers stopped or reduced insurance coverage due to difficulty affording it (38.3%), took on extra debt to be able to cover normal expenses (30.0%), cancelled or reduced carer support services they previously used (22.3%), sought assistance from a charity (23.0%), applied to access their superannuation in order to cover household expenses (14.1% - a significant increase from the 11.2% in 2023) or asked the bank for support to cope (12.3%). Of particular concern is that 33.1% of carers cancelled, delayed, or reduced appointments with a GP/specialists for the person they care for. This reduction in services has significant potential to negatively impact the wellbeing of both carers and the people they care for and has potential in the longer run to impact their quality of care.

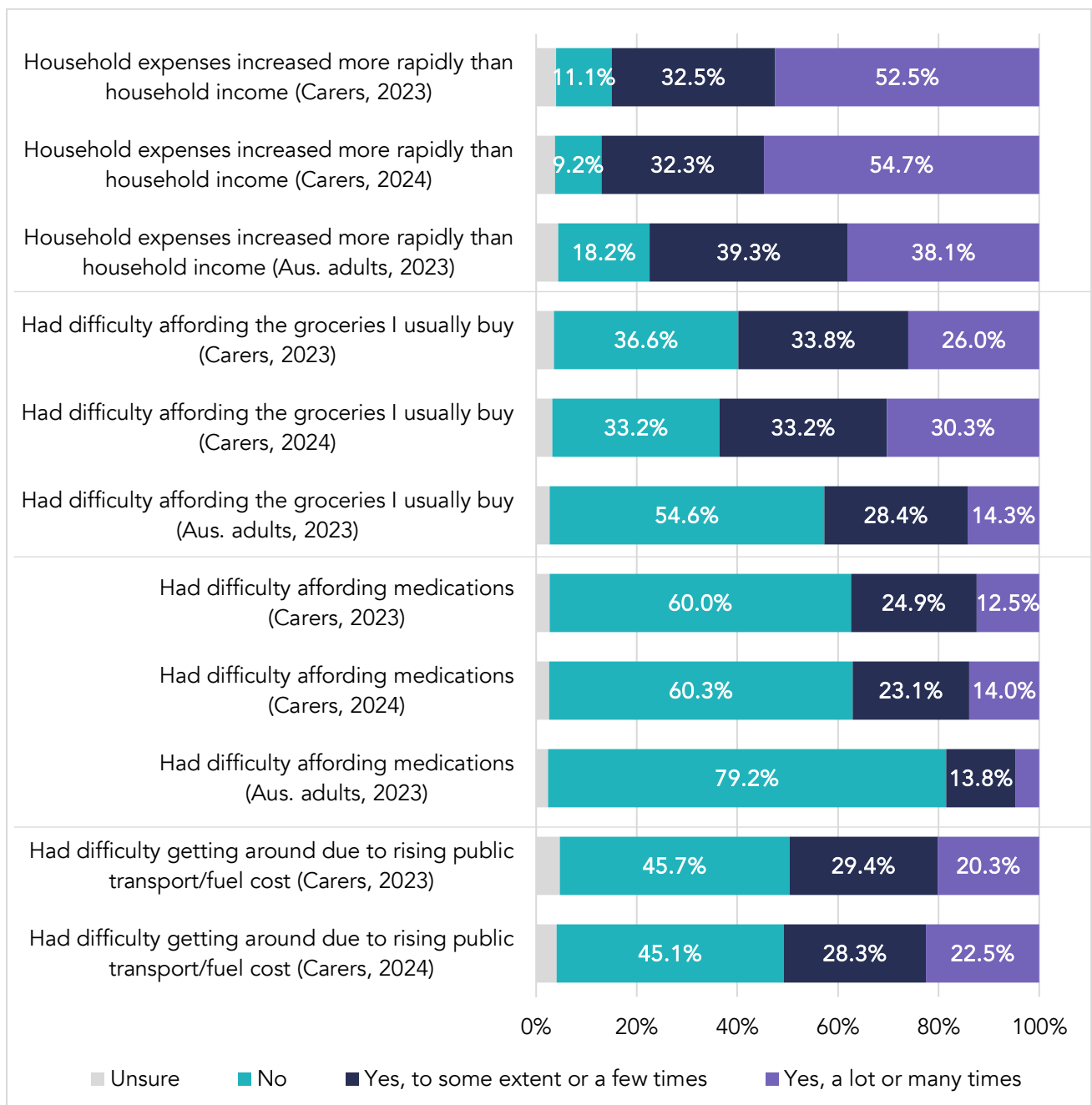


Figure 23 Impacts of rising cost of living, 2023 to 2024

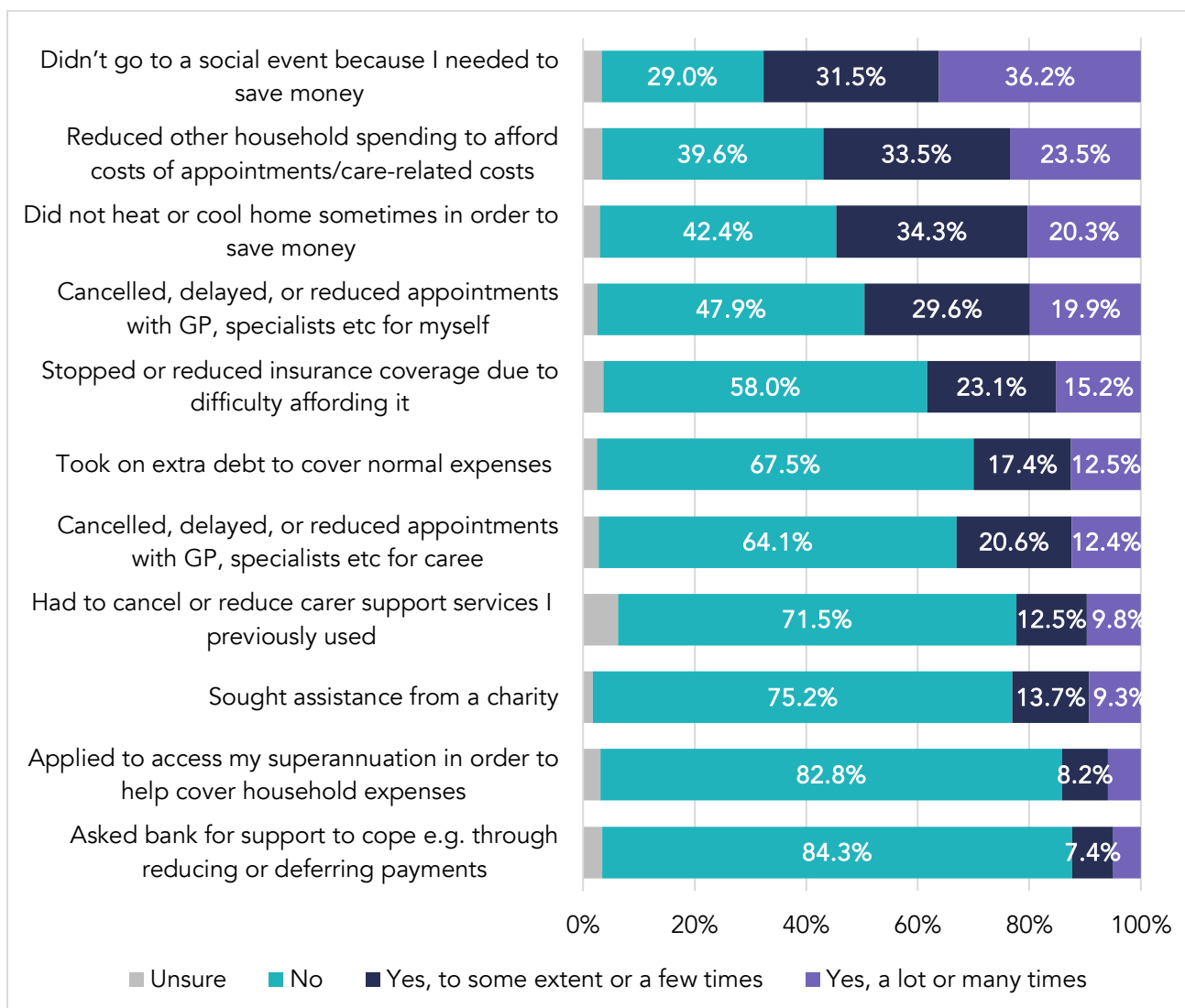
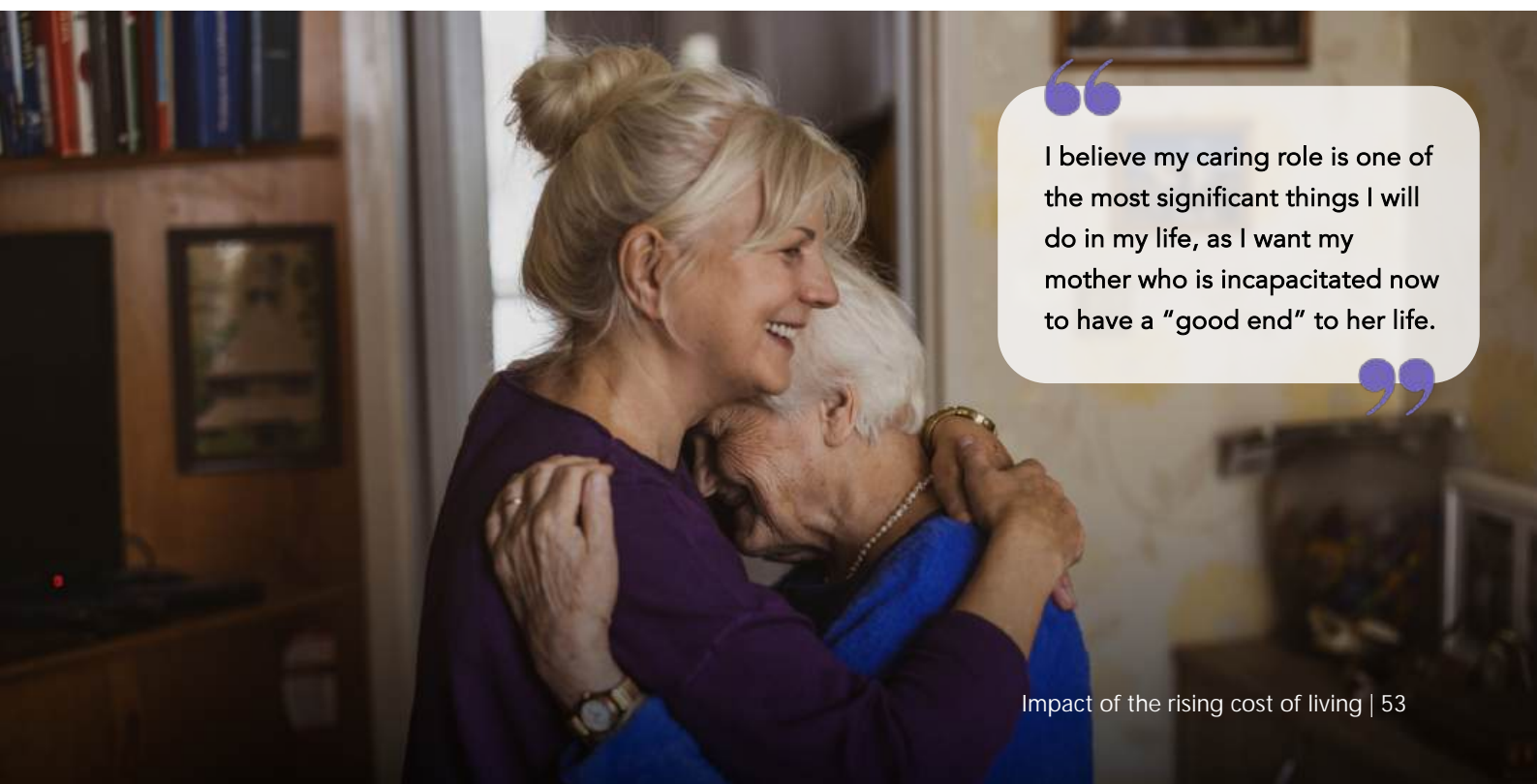


Figure 24 Changes made to save money, carers 2024



“ I believe my caring role is one of the most significant things I will do in my life, as I want my mother who is incapacitated now to have a “good end” to her life. ”

Benefits associated with being a carer

Being a carer can have a range of positive benefits; carers have been asked if they experience a range of benefits in all years of the CWS, 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 25). Since 2022, carers have also been asked whether they would encourage other people to be carers.

In 2024, 50.7% of carers found being a carer satisfying overall, similar to the 52.2% who reported this in 2023. While there was no change in satisfaction between 2023 and 2024, satisfaction has declined significantly since 2021 when the CWS first asked this question. Similarly, while there was no significant change between 2023 and 2024 in the proportion of carers reporting that being a carer contributes to their meaning and purpose in life (51.9% in 2024 compared to 51.1% in 2023), there has been longer-term decline in both since 2021 (55.3% and 50.1% respectively). A total of 58.2% of carers reported that being a carer has strengthened their relationship with the person they care for, and 65.4% that they have learned new skills due to being a carer.

Despite many carers reporting they achieved some positive benefits from their carer role, only 37.5% of carers would have no hesitation encouraging others to become a carer (Figure 26). This is similar to the 37.1% in 2023, but a 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.

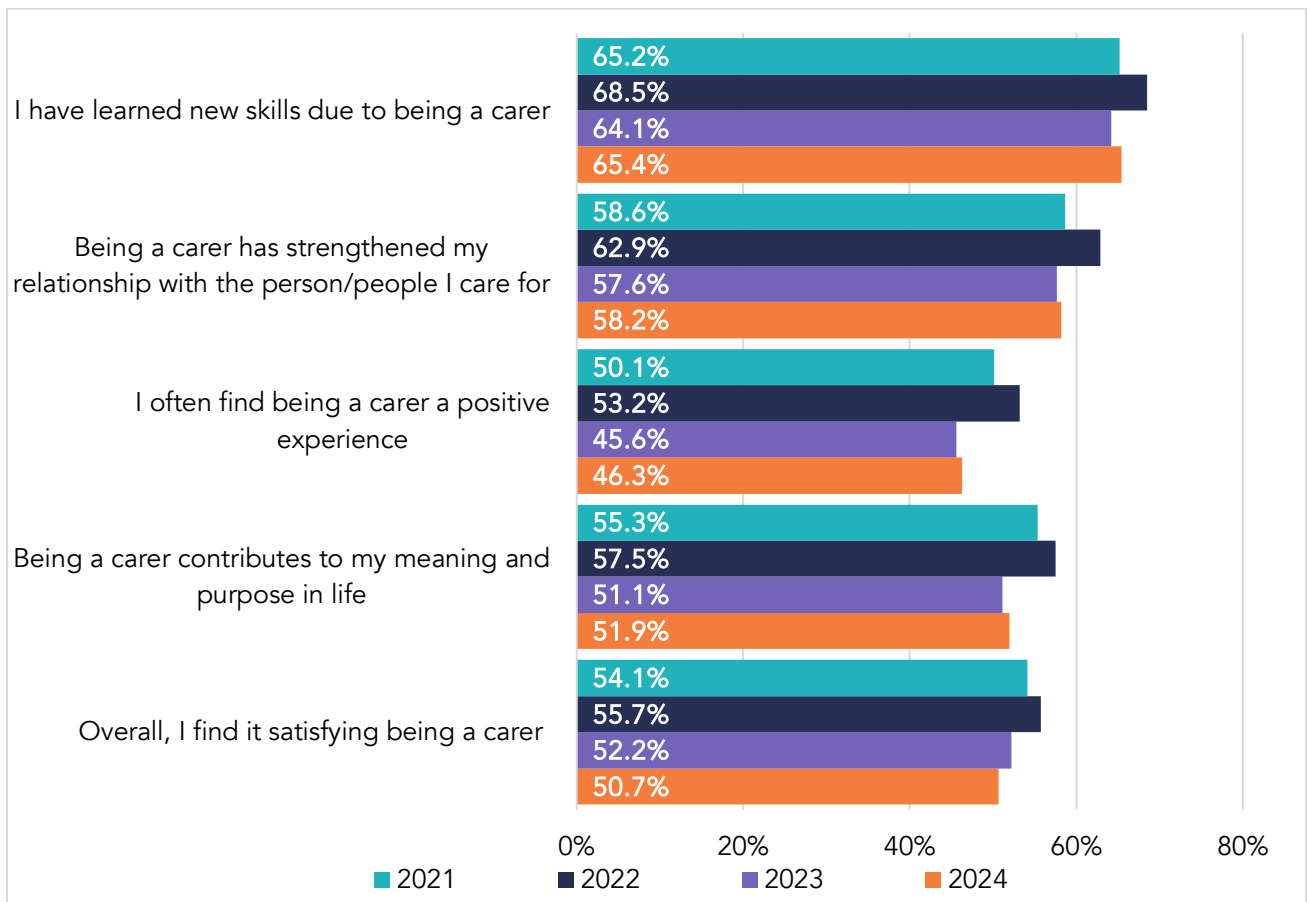


Figure 25 Positive experiences associated with being a carer, 2021 to 2024

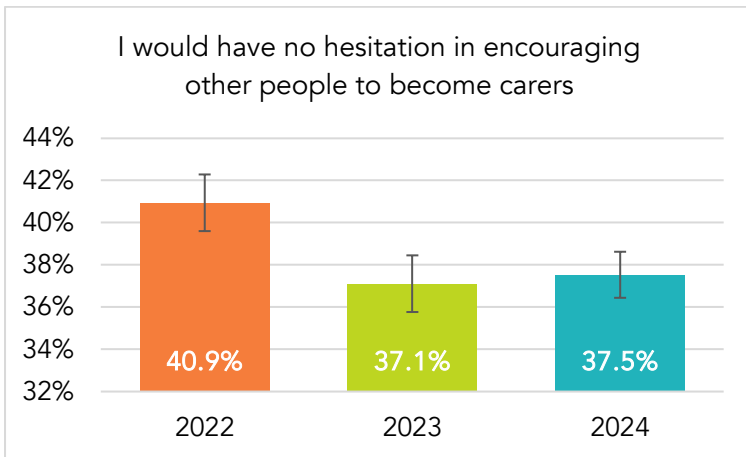


Figure 26 Would encourage others to become carers, 2022 to 2024

Carers were more likely to find being a carer satisfying in 2024 if they were male, aged under 25 or aged 75 and older, spoke a language other than English at home, cared for friends or relatives not living with them, cared for people with low assistance needs, and were not in the workforce (Table 8). Those least likely to find being a carer satisfying were female carers, carers aged 45-54, carers reporting moderate caring hours, carers who identified as LGBTIQ+, carers of people with ASD, mental illness and psychosocial disability, and employed carers.

Table 8 Summary of statistically significant differences in overall satisfaction with caring role, 2024

Groups more likely to be satisfied with being a carer, compared to the average carer	Groups less likely to be satisfied with being a carer, compared to the average carer
<ul style="list-style-type: none"> • Male carers • Carers aged under 25, and over 75 • LOTE carers • Carers of friends or other relatives • Carers of people with low assistance needs • Carers not in the labour force 	<ul style="list-style-type: none"> • Female carers • Carers aged 45 to 54 • Carers reporting moderate caring hours (20-39 hours per week) • Carers identifying as LGBTIQ+ • Carers of people with autism spectrum disorder, mental illness/psychosocial disability, drug/alcohol dependency • Carers who were employed
<p>Bold indicates results are consistent with previous years</p>	

Challenges and impacts of being a carer

Carers often experience many challenges related to their caring role, and all years of the CWS have asked about experience of a range of challenges. The types of challenges reported by carers have remained relatively consistent over time. In 2024, consistent with previous years, the most common challenges carers had were (Figure 27):

- fear for the future of the person being cared for (67.5%)
- fear of not having enough money to be able to care for the care recipient/s (58.0%)
- feeling too much responsibility fell on them as a caregiver (55.8%)
- fear of not being able to continue care for the person (51.8%), and
- feeling unable to access enough support from health and other services for the person/people they care for (48.6%).
- Despite many experiencing one or more of these challenges, only 19.9% of carers wished to leave the care of the person they care for to someone else.

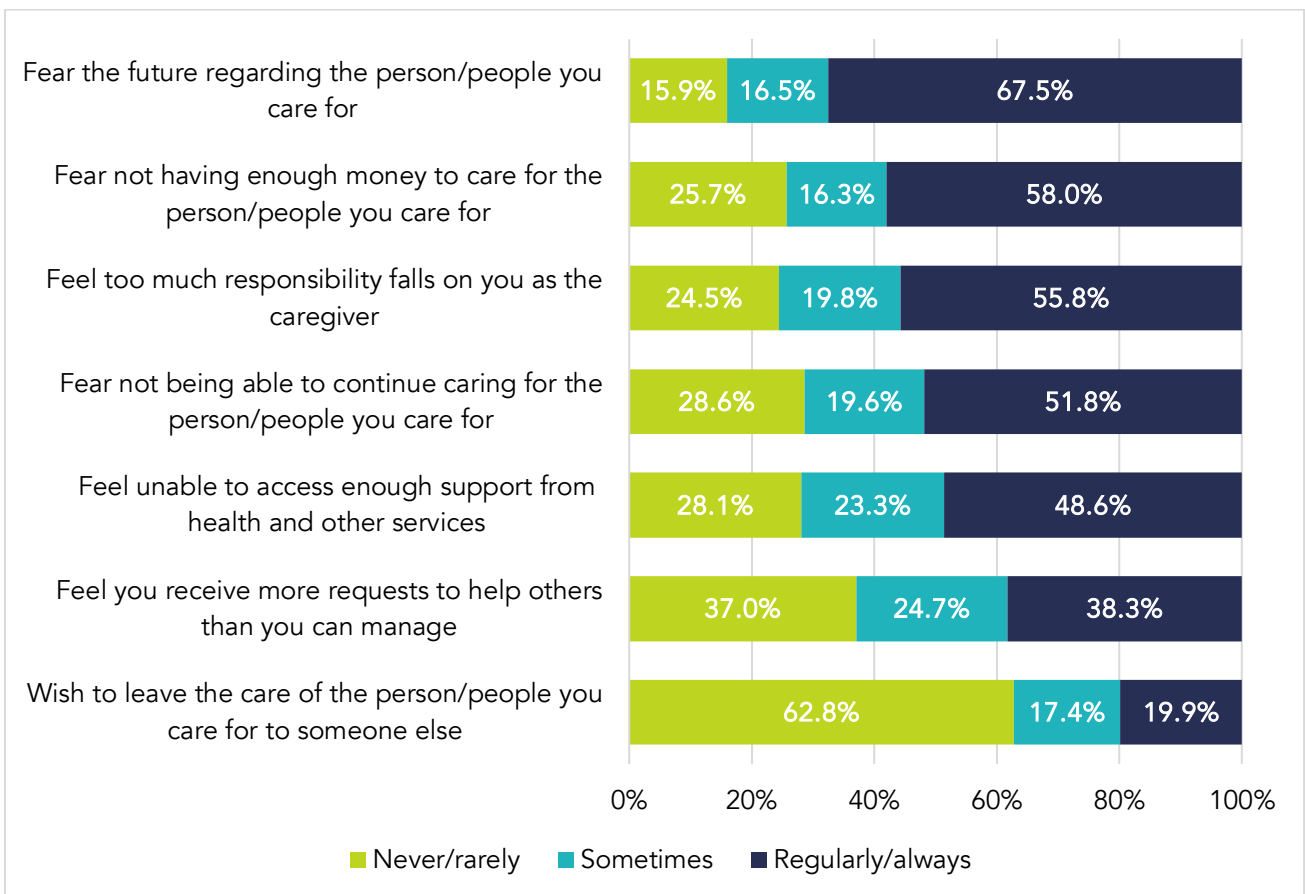


Figure 27 Challenging aspects of being a carer, 2024

These challenges can have a range of negative impacts on carers. In 2024, the negative impacts reported by carers did not significantly change from 2023, with 46.6% of carers experiencing a negative impact on their health, 42.6% feeling a sense of strain when thinking about their caring role, and 35.2% experiencing a negative impact on their privacy (Figure 28). Relatively few felt anger (15.6%) or embarrassment (8.8%) when thinking about the person they care for.

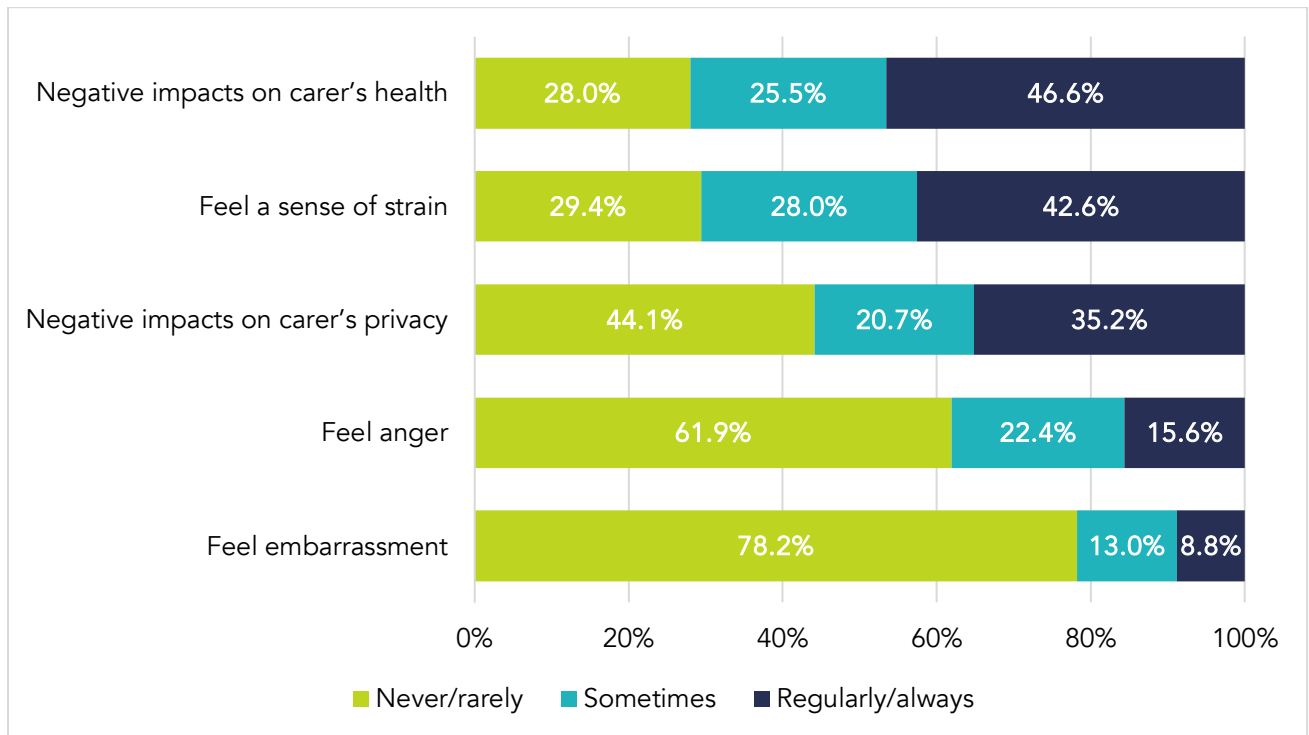


Figure 28 Negative impacts experienced in association with being a carer, 2024



“

We are tired. Some of us are broken. Some of us have gone way past carer burnout and are existing in a Jumanji-type Groundhog Day.

”

While the above challenges and negative impacts experienced by carers stayed similar between 2023 and 2024, there were significant changes in the proportion of carers who experienced negative feelings about their caring role between 2023 and 2024 (Figure 29):

- The proportion of carers who felt they had more responsibilities than they could cope with increased from 49.2% in 2023 to 52.6% in 2024
- There was a decline in the proportion of carers reporting that they felt like they could do a better job of caring, from 45.4% in 2023 to 41.8% in 2024
- In 2024, 34.9% of carers felt uncertain about what to do for the person they care for, a decrease from the 37.9% in 2023

This suggests that while carers are finding it more challenging to cope with the amount of responsibilities they have, confidence in their caring role is improving.

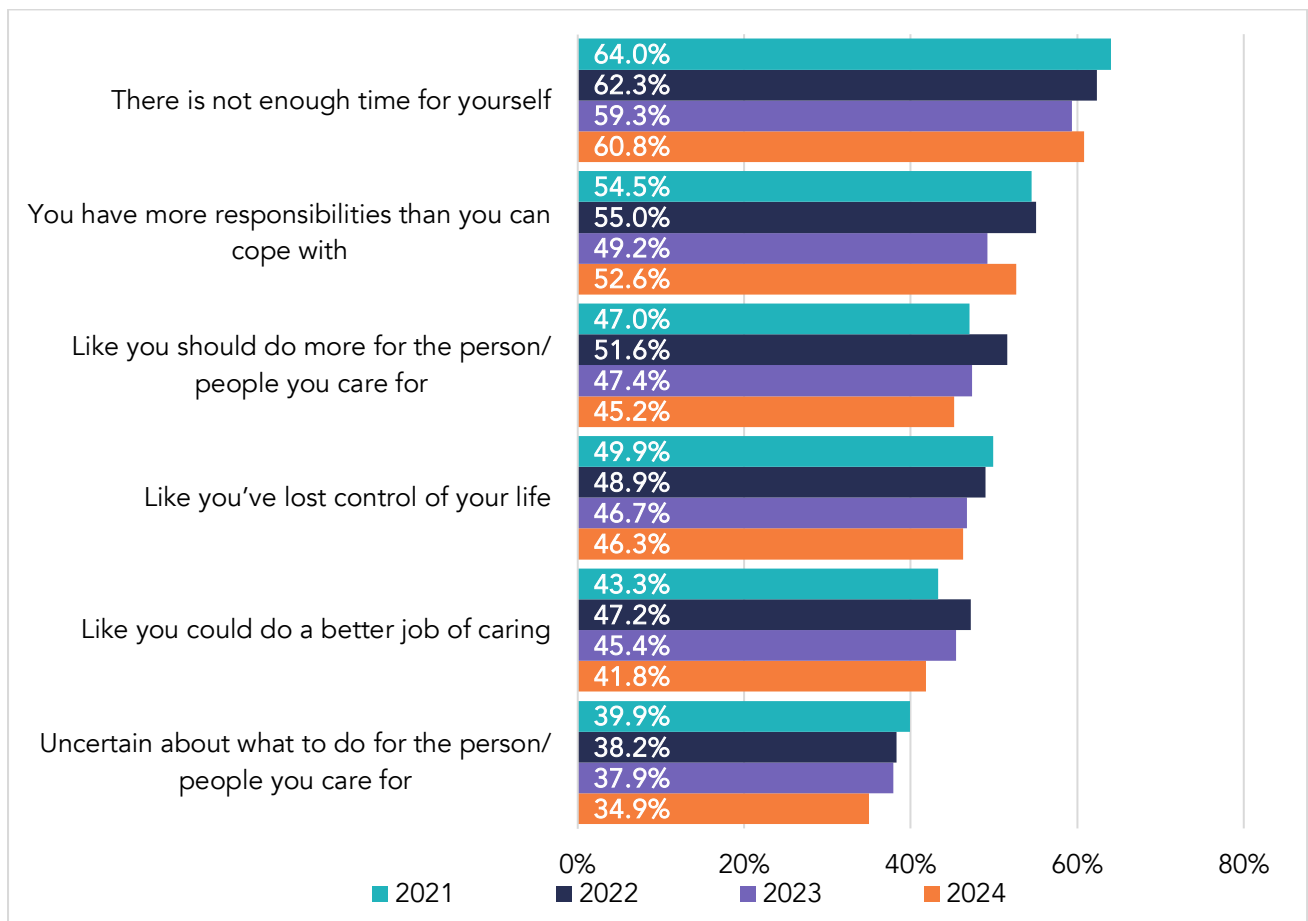


Figure 29 Negative feelings about caring role, 2021 to 2024

Ongoing COVID-19 challenges

COVID-19 presented a range of challenges for carers. In particular, carers reported increased challenges accessing services and supports for the person they cared for during periods of lock-down and social distancing restrictions. The subsequent easing of social restrictions also led to increased challenges for some carers, who had to further limit social interactions or time spent in public places due to high risk of COVID-19 transmission as case numbers rose (Mylek and Schirmer 2023, Schirmer et al. 2022).

In 2024, carers were asked one question about whether they have been experiencing any ongoing challenges in their caring role due to the effects of COVID-19. In total, 6.7% of carers reported severe ongoing impacts from the impacts of COVID-19 in previous 12 months and 20.2% experienced moderate ongoing impacts. The remaining 65.1% either reported no ongoing impacts from COVID-19, or that they never experienced any impacts from COVID-19.

Carers were more likely to be experiencing ongoing COVID-19 impacts if they were aged 35-44, if they cared for someone with very high assistance needs, if they were assisted in their caring role, if they cared for three or more people, if they cared for a parent/grandparent, and/or if they cared for someone with a terminal illness, with a chronic non-terminal illness, mental illness/psychosocial disability, intellectual disability or ODD.



Confidence in carer role

The CWS asks carers how confident they feel in their ability to successfully navigate different activities that commonly form a part of a carer’s role. In all four years of the CWS, around two-thirds of carers felt confident they could take care of the physical needs of the people they cared for (65.3% in 2024), while around half were confident they could manage unexpected events/emergencies (49.9% in 2024) and that they could find out about and access services (50.7%) (Figure 30). Confidence was lowest in the ability to cope with the stress of caregiving, with only 31.2% in 2024 feeling confident that they could cope with the stress of caring activities. This is consistent with the findings in the previous section, where 52.6% of carers reported often feeling they have more responsibilities they can cope with, an increase since 2023.

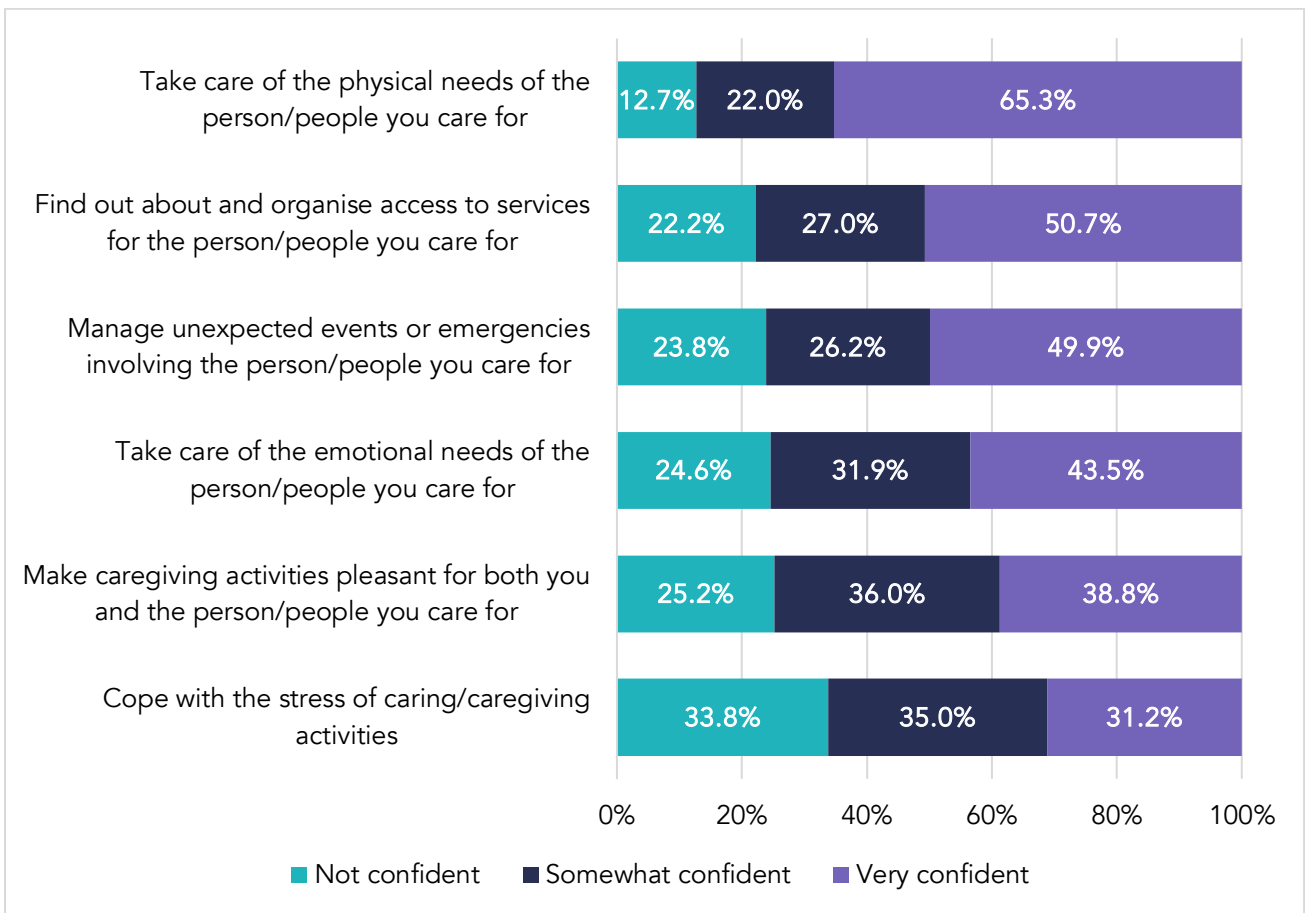


Figure 30 Proportion of carers who felt confident they could achieve different outcomes as part of their carer role, 2024

While the proportion of carers whose confidence in various aspects of their caring and personal life overall changed very little between 2021 and 2024, when asked to self-assess how their ability to fulfil their carer role had changed in the past 12 months, a slightly different picture emerged (Figure 31).

More than half of carers (54.0%) 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 (52.5%). However, carers were less likely to report that other aspects of their carer role were improving, with half or almost half reporting the following aspects were getting worse: ability to maintain their own quality of life (51.1%), ability to maintain their own health (49.1%), navigating systems (47.8%), access to financial resources needed to fulfil their caring duties (47.7%), and their ability to cope with the stress of their caring role (45.8%).

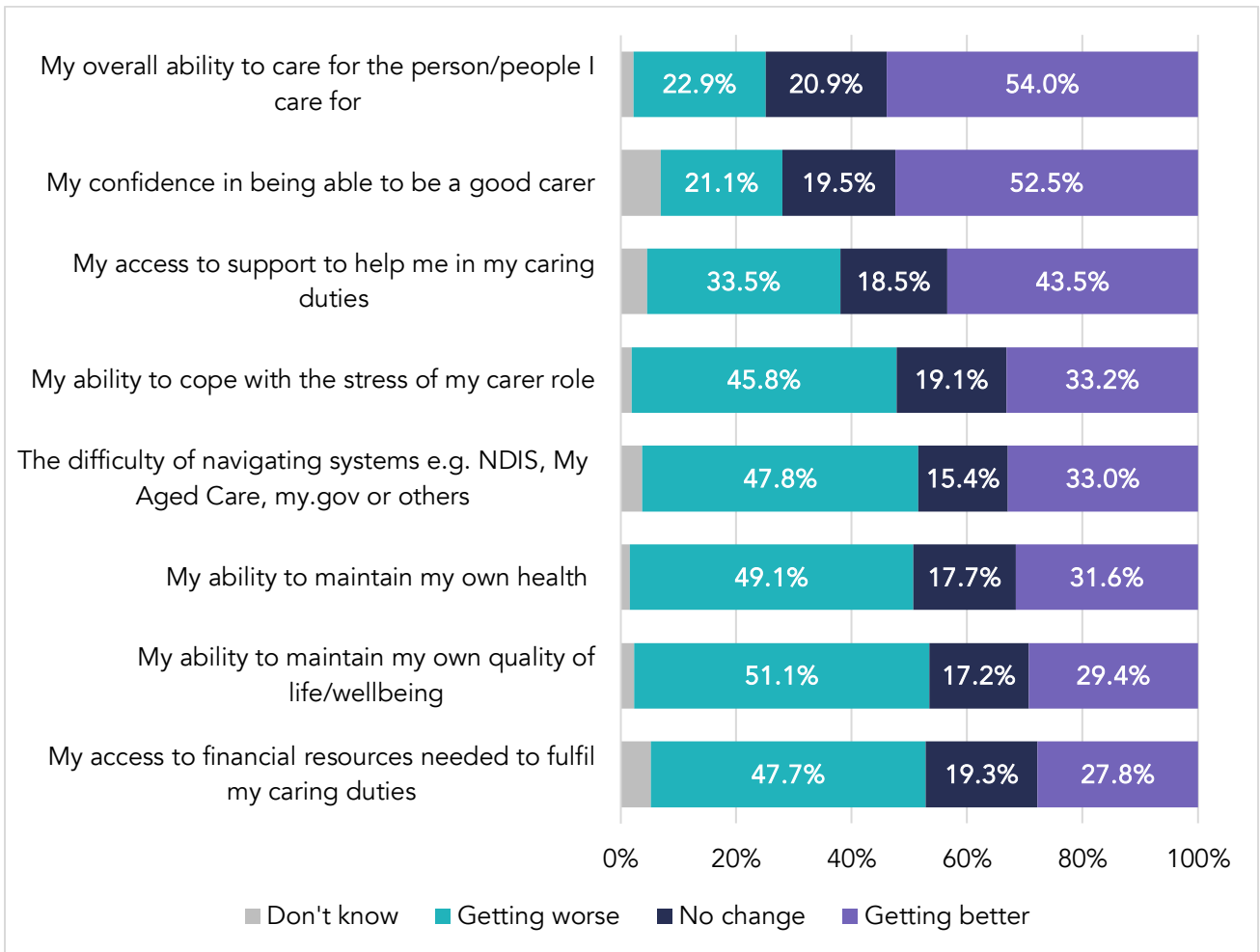
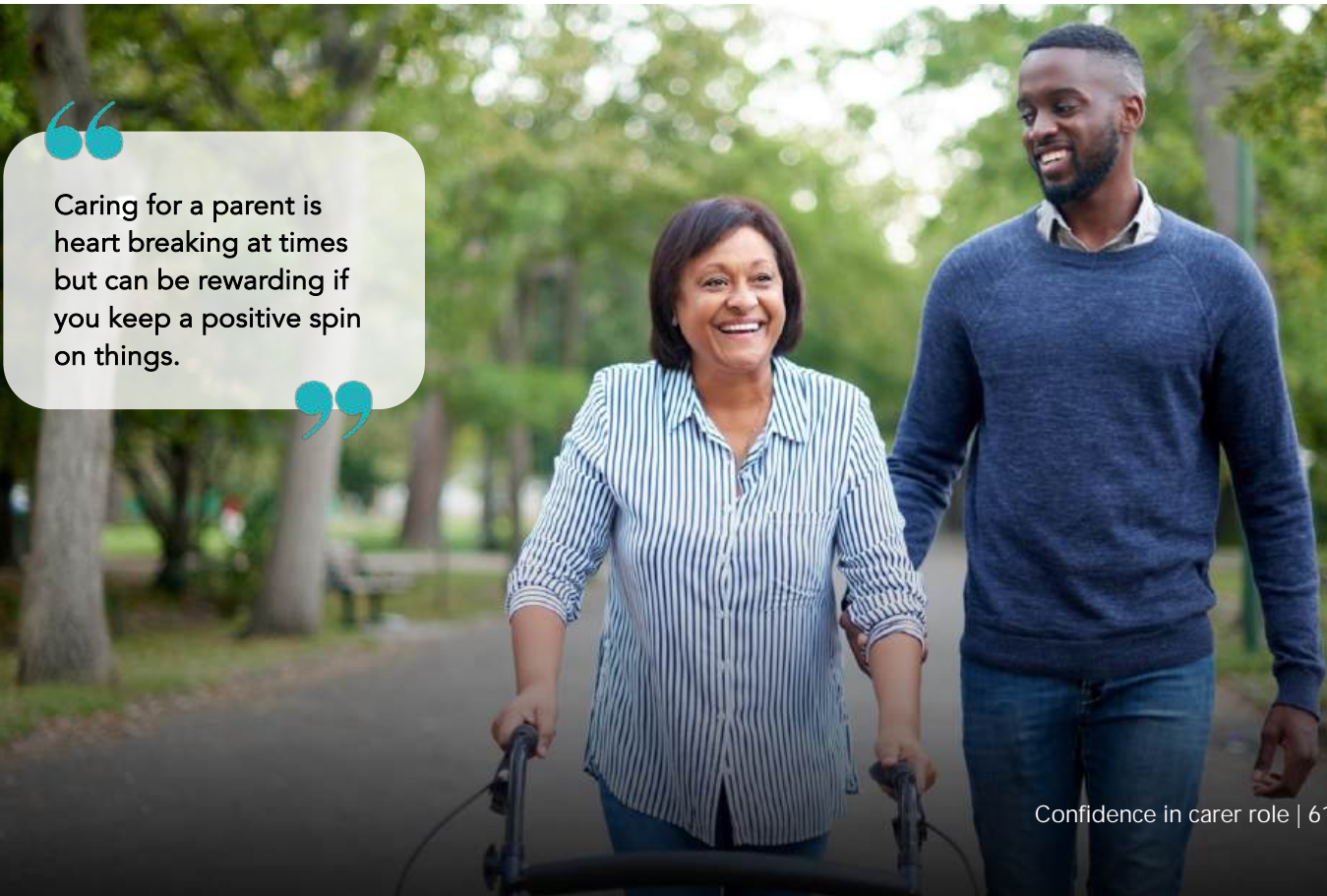


Figure 31 Self-assessed change in carer capabilities and conditions over the last 12 months



“Caring for a parent is heart breaking at times but can be rewarding if you keep a positive spin on things.”

Access to formal and informal support

Having access to a range of supports and services 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. These supports and services include both informal help from friends and family and having access to formal services such as carer support groups, carer skills training, psychological counselling, respite care and home support services.

In 2024, 50.9% of carers reported that while they had access to support from some friends and family, it was difficult to organise, while 19.9% could easily organise a friend or family member to help. Nearly one third of carers (29.1%) had no access to help from friends or family. The proportion of carers with access to support from friends and family has remained stable since 2021, with no significant changes in access to this type of support. The majority of carers (61.4%) accessed support from friends and family in the past 12 months, while 31.2% connected with other carers to informally share experiences and advice.

Similarly, there has been little change in the proportion of carers accessing different formal support since 2023 (Figure 32), with the exception of a reduction in access to carer training and skills courses (18.0% in 2024, down from 20.8% in 2023).

Some types of carers were more likely to access particular types of supports and services (Table 9). Those who had been carers for a relatively short amount of time (two years or less) were more likely to report accessing both informal support from friends and family, and formal supports in the form of psychological counselling, respite care and financial support, in the last 12 months. Compared to other types of carers, sole carers were less likely to access informal support from family and friends, less likely to connect with other carers, and less likely to access respite care services or carer training and skills courses.



It's exhausting, it's eternal,
and it's rewarding.
Every day is different.





Other differences identified included that the following types of carers were **more likely** to access specific types of support:

- Young carers were more likely than others to access support from friends and family (71.9% compared to 61.4%) and financial support (42.4% compared to 27.9%)
- Carers of children/grandchildren were more likely than others to connect with other carers (36.4% compared to 31.2%)
- Carers of people with dementia were more likely than other carers to access respite care (39.9% compared to 25.7%)
- Carers of people with a drug/alcohol dependency were more likely than others to access psychological services (39.0% compared to 27.2%)
- First Nations carers were more likely than others to access carer training and skills courses (26.8% compared to 18.0%).

Similarly, some carers were **less likely** to access the different types of supports and services, compared to the average for all carers, particularly:

- Sole carers were least likely of any carers to have access to support from friends and family (53.2% compared to 61.4%)
- Those caring for someone with a terminal illness were least likely to connect with other carers (23.8% compared to 31.2%)
- Older carers were least likely to access psychological support (22.1% compared to 27.2%)
- Carers aged 25-34 were least likely to access respite care (17.8% compared to 25.7%)
- Carers of people who live elsewhere were least likely to access financial support (14.1% compared to 27.9%)
- Carers of someone with a neurological disorder were least likely to access carers training or skills courses (12.8% compared to 18.0%)



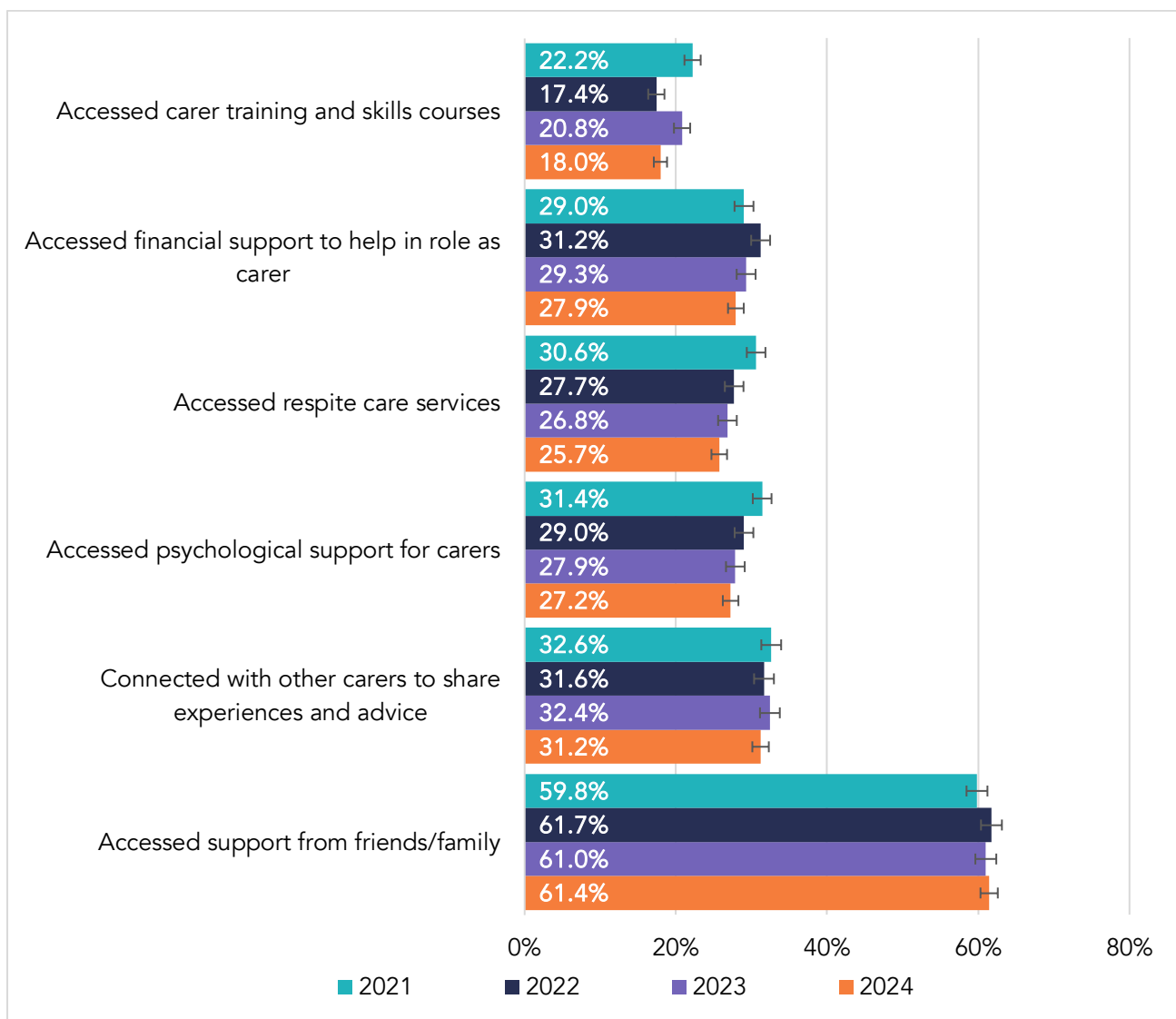


Figure 32 Types of informal and formal support accessed in last 12 months, 2021-2024





Table 9 Types of carers most and least likely to report accessing different types of informal and formal support in the previous 12 months, 2024

% current carers who accessed this in last 12 months, 2024		Top 5 groups				
Accessed support from friends/ family	Most likely	Carer aged 15-24 (71.9%)	Care for <1 year (74.7%)	Carer is not a primary carer (73.3%)	Carer for 1-2 years (70.6%)	Carer lives in Tasmania (68.3%)
	Least likely	Sole carer (53.2%)	Caring 40+ hours/week (56.3%)	Recipient has intellectual disability (57.1%)	Carer for >5 years (57.3%)	Care for child/grandchild (57.6%)
Connected with other carers to share experiences and advice	Most likely	Cares for child/grandchild (36.4%)	Provides care recipient with work/study support (36.1%)	Recipient has dementia (35.6%)	Recipient has ASD (34.8%)	Carers who are assisted in their role (34.0%)
	Least likely	Recipient has terminal illness (23.8%)	Cares for parent/grandparent (26.1%)	Carer is male (26.3%)	Recipient has old-age related frailty (26.5%)	Sole carer (27.0%)
Accessed psychological support for carers	Most likely	Recipient has drug/alcohol dependency (39.0%)	Carer lives in NT (36.1%)	Recipient has short-term illness (35.9%)	Carer for 1-2 years (33.2%)	Recipient has mental illness/psychosocial disorder (33.0%)
	Least likely	Carer aged 75+ (22.1%)	Carer is male (22.6%)	Carer lives in inner regional area (23.3%)	Carer identifies as LGBTIQ+ (23.3%)	Recipient has physical disability (24.0%)
Accessed respite care services	Most likely	Recipient has dementia (39.9%)	Recipient has very high assistance needs (36.9%)	Carer lives in NT (35.2%)	Carer for <1 year (34.8%)	Carer volunteers as a first responder (33.9%)
	Least likely	Carer aged 25-34 (17.8%)	Recipient has low assistance needs (18.7%)	Recipient has moderate assistance needs (19.2%)	Recipient has low-moderate assistance needs (19.5%)	Sole carer (19.4%)
Accessed financial support to help in role as carer	Most likely	Carer aged 15-24 (42.4%)	Carer studying (38.8%)	Carer for <1 year (36.7%)	Recipient has ODD (31.8%)	Recipient has ASD (31.4%)
	Least likely	Care recipients live elsewhere (14.1%)	Carer recipient has low assistance needs (19.1%)	Caring role is episodic (21.5%)	Carer lives in Tasmania (22.1%)	Carer aged 65-74 (22.3%)
Accessed carer training and skills courses	Most likely	First Nations carer (26.8%)	Cares for friend/other relative (26.3%)	Recipient has drug/alcohol dependency (25.0%)	Recipient has short-term illness (24.7%)	Carer studying (24.6%)
	Least likely	Recipient has neurological disorder (12.8%)	Sole carer (14.2%)	Carer aged 75+ (14.5%)	Care partner/ex-partner (14.8%)	Recipient has physical disability (15.6%)

The association between carer wellbeing and use of different supports and services is complex, particularly as some services are most likely to be used by carers who are experiencing poor wellbeing. In 2024, accessing support from friends and family, connecting with other carers to share experiences and advice, and accessing carer training and skills courses, were all associated with a higher likelihood of the carer having healthy levels of wellbeing (Figure 33). Wellbeing was not significantly higher for those who accessed psychological support services, respite care or financial support; this may reflect that carers are more likely to access these types of supports when stress is particularly high and wellbeing is lower, and that they may cease using these supports when wellbeing is higher and stress lower.

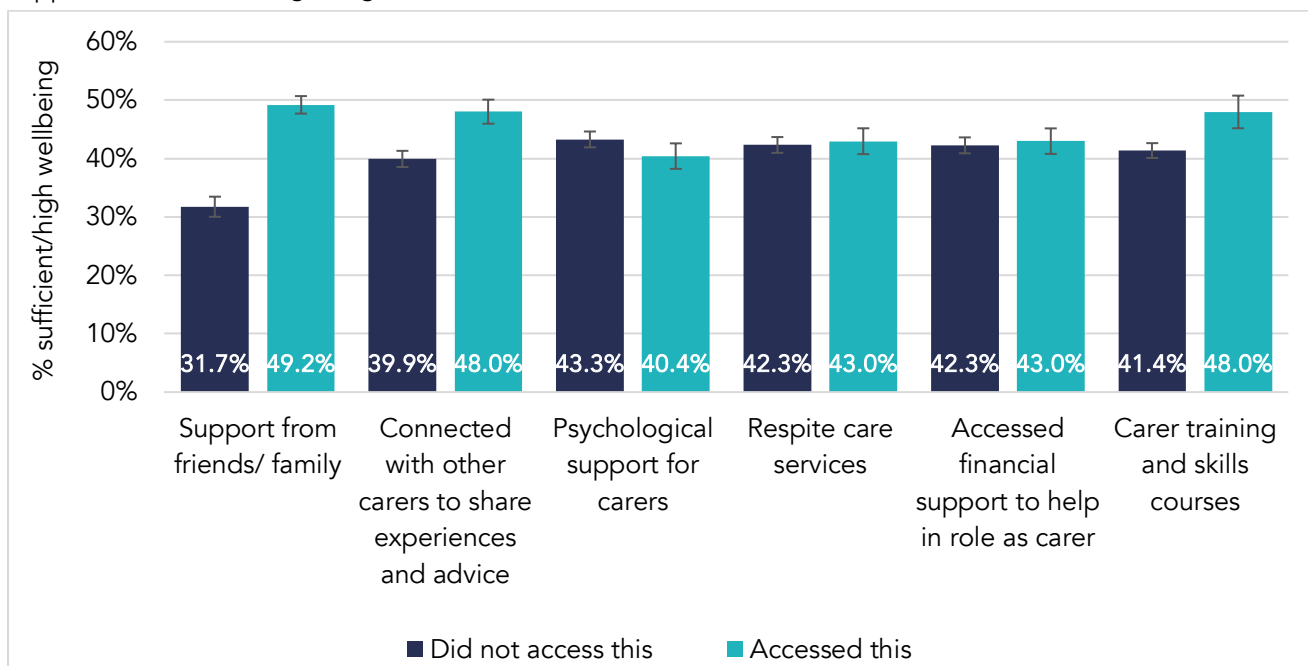


Figure 33 Proportion of carers with sufficient/high wellbeing amongst carers did and did not access different supports in the past 12 months

Dementia supports and services

In 2024, carers of people living with dementia were asked more specific questions about support services available specifically for those caring for a person with dementia. Dementia carers were first asked whether they were aware of the availability of specific services and supports targeted to carers of people with dementia. Only 38.7% of carers were aware of these services and supports. Dementia carers were then asked whether they were aware of the following three specific services (Figure 34):

- The free 24/7 Dementia Behaviour Management Advisory Service (DBMAS), which provides assistance with the management of challenging behaviours and psychological symptoms of the person being cared for: only 17.3% were aware of this service, and 10.1% had accessed it.
- Dementia Australia’s 24/7 helpline for carers of people with dementia: 29.2% had heard of this and 22.9% had accessed it at some point.
- Dementia Australia’s education programs designed for carers and families of people with dementia: 29.0% were aware of these, and 22.5% had accessed them at some point.

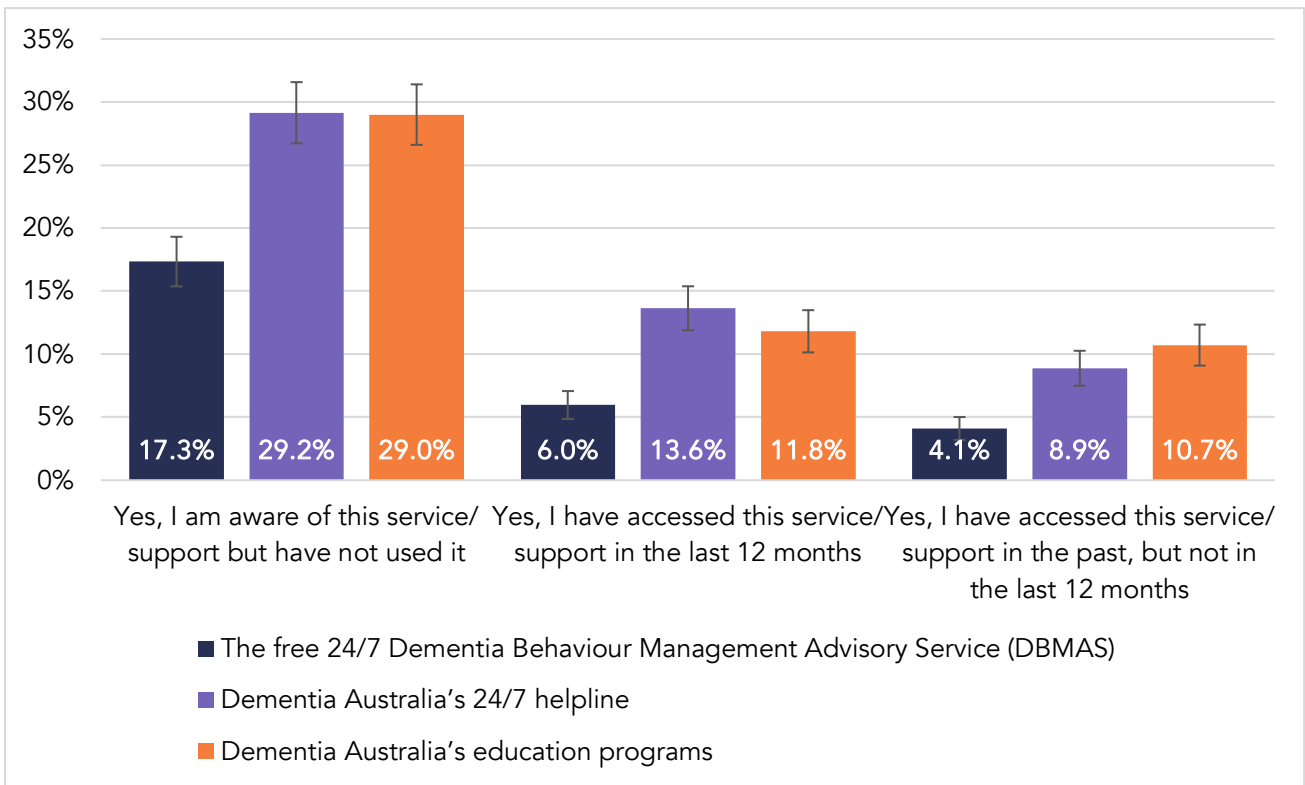


Figure 34 Awareness of, and access to dementia related supports, 2024

Carers of people with dementia who had accessed each of the three services were asked how satisfied they were with the service (on a scale from 0 'completely dissatisfied' to 10 'completely satisfied'). Satisfaction was high for the majority of carers: 71.8% who had accessed Dementia Australia's education programs were highly satisfied (score of 8-10) with that service, as were 60.6% of those who had accessed the free DBMAS, and 55.8% of those who had accessed Dementia Australia's 24/7 helpline (Figure 35).

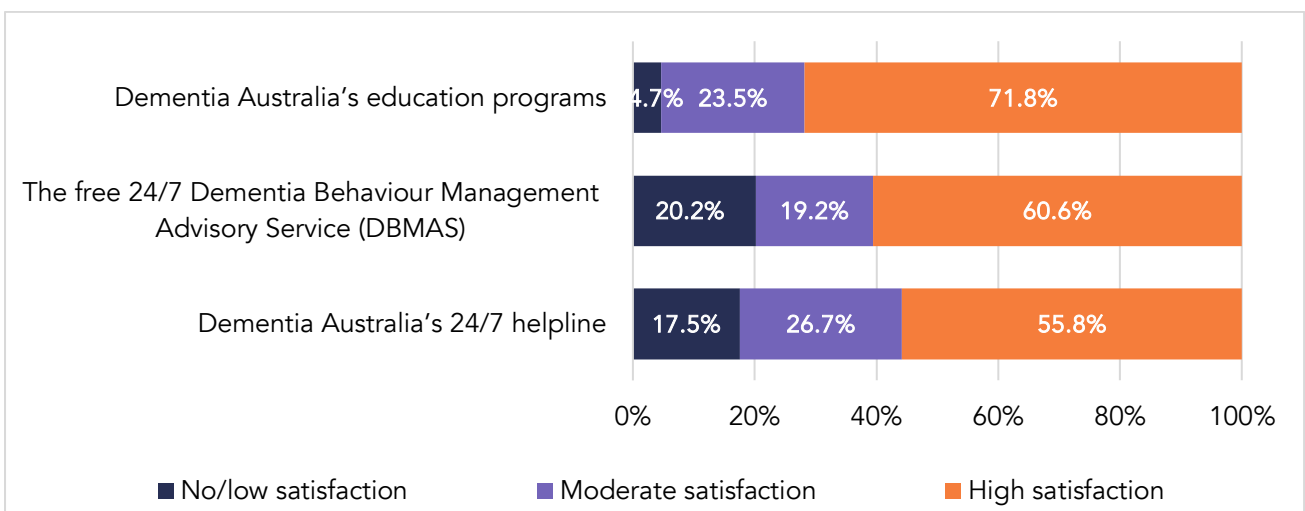


Figure 35 Satisfaction with dementia related support services, 2024



Carers who had accessed dementia supports were asked how likely they would be to recommend these supports to other carers of people with dementia, on a scale from 0 'not at all likely' to 10 'extremely likely'. Three quarters of all carers with dementia who had accessed the supports (75.3%) were highly likely to recommend Dementia Australia's education programs (a score of 8-10), 71.7% were highly likely to recommend Dementia Australia's 24/7 helpline, and 66.9% were highly likely to recommend the free DBMAS (Figure 36).

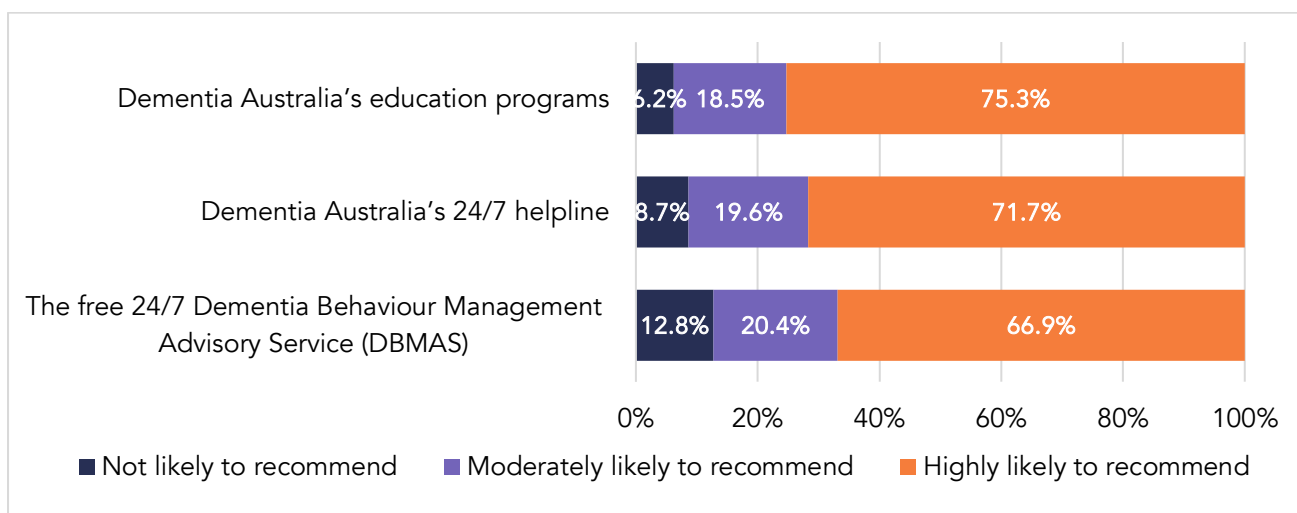


Figure 36 Likelihood carer would recommend dementia related support services, 2024



Barriers to accessing support for care recipients

Having good access to support services for care recipients, such as the NDIS and My Aged Care, can support not only the wellbeing of the person being cared for, but also their carer/carers. However, carers often experience challenges when seeking to help care recipients to access these supports.

Carers were asked whether the person or people they cared for had good or poor access to a range of types of support. It is important to note that the rating given by carers may differ to the views of the care recipient.

A large proportion of carers reported that the person or people they cared for had poor access to several types of support in 2024, particularly respite care, mental health support services, and veterans support (Table 10). Some carers were more likely than others to report that the people they cared for had poor access to different services:

- 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, physical and/or allied health support services, in-home care support and My Aged Care.
- Carers of three or more people were more likely to report poor access to all types of respite care, mental health support services, transport services, in-home care support, physical and/or allied health support services, NDIS and My Aged Care.
- Carers living in the Northern Territory were more likely to report the people they cared for had poor access to emergency respite care, day respite care out of home, veterans support, transport services and physical and/or allied health support services
- Sole carers were more likely to report the people they cared for had poor access to all types of respite care, in-home care support, transport services, physical and/or allied health support services, NDIS and My Aged Care.

Overall, carers reported poor access to key supports and services for care recipients. There was little change in this between 2023 and 2024, with one exception: a decline in level of reported access to respite care services:

- The proportion of carers reporting good access to in-home respite care for care recipients fell from 20.3% in 2023, to 14.8% in 2024
- In 2024, 25.5% of carers reported good access to day respite care out of home, down from 30.2% in 2023
- Carers reporting good access to overnight respite care out of home dropped to 19.7% in 2024, from 26.0% in 2023
- Only 17.6% of carers in 2024 reported good access to emergency respite care, compared to 22.8% in 2023.



The tyranny of distance in regional areas makes it difficult and expensive to access the few services that are available.





Table 10 Access to different types of support during the last 12 months – by carer groups, 2024

2024	% reporting poor access	Top 5 groups most likely to report care recipient has poor access				
In-home overnight respite care	77.4%	Carer lives remove/v. remote (94.9%)	Carer aged 35-44 (86.2%)	Cares for 3+ people (85.8%)	Recipient has chronic non-terminal illness/injury (85.1%)	Sole carer (83.8%)
Emergency respite care	72.3%	Carer lives in NT (91.0%)	Cares for 3+ people (84.6%)	Recipient has other development disorder (83.8%)	Recipient has ASD (83.7%)	Cares for child/grandchild (83.1%)
Overnight respite care out of home	72.7%	Carer lives in ACT (86.6%)	Carer aged 35-44 (83.4%)	Carer lives outer regional (80.1%)	Recipient has chronic non-terminal illness/injury (79.9%)	Cares for 3+ people (79.8%)
Day respite care out of home	65.6%	Carer lives in NT (81.0%)	Carer aged 35-44 (76.1%)	Cares for 3+ people (76.5%)	Recipient has chronic non-terminal illness/injury (76.4%)	Sole carer (75.4%)
Veteran's support	63.9%	Carer lives in WA (82.7%)	Carer aged 45-54 (62.3%)	*Carer lives in NT (84.3%)	*Recipient has neurological disorder (78.2%)	*Recipient has low assistance needs (76.8%)
In-home day respite care	62.2%	Carer lives remove/v. remote (88.0%)	Carer aged 25-34 (77.5%)	Carer aged 35-44 (75.0%)	Sole carer (74.9%)	Carer LGBTIQ+ (72.5%)
Mental health support services	58.1%	Carer lives in ACT (70.8%)	Recipient has very high assistance needs (66.5%)	Cares for 3+ people (66.1%)	Caring 40+ hours per week (63.2%)	Recipient has a physical disability (62.6%)
Transport services	54.3%	Carer lives in NT (67.7%)	Carer aged 35-44 (67.6%)	Cares for 3+ people (66.0%)	Cares for child/grandchild (64.9%)	Recipient has other development disorder (64.8%)
Other types of support from a formal service	54.5%	Carer aged 25-34 (74.8%)	Cares for 3+ people (71.2%)	Recipient has chronic non-terminal illness/injury (70.8%)	*Carer lives in ACT (70.8%)	*Carer aged 35-44 (67.5%)
NDIS	47.0%	Carer for <1 year (65.8%)	Carer lives remove/v. remote (63.9%)	Sole carer (60.6%)	Carer lives in ACT (58.3%)	Carer for 1-2 years (58.3%)
In-home care support e.g. showering, dressing	45.5%	Carer aged 25-34 (66.0%)	Carer aged 35-44 (63.2%)	Carer identifies as LGBTIQ+ (62.8%)	Sole carer (61.5%)	Recipient has ASD (60.7%)
My Aged Care	41.4%	Carer aged 35-44 (60.3%)	Recipient has ASD (59.8%)	Recipient has other development disorder (59.8%)	Cares for sibling (57.4%)	Cares for 3+ people (57.0%)
Physical and/or allied health support services	39.8%	Carer lives in NT (61.1%)	Recipient has short-term non-terminal illness (51.9%)	Recipient has drug/alcohol dependency (50.5%)	Recipient has mental illness/psychosocial disability (47.4%)	Sole carer (47.4%)

Cells highlighted in red indicate a statistically significant increase in proportion of carers reporting poor access since 2023. There were no significant decreases in the proportion of carers reporting poor access.

*Not a statistically significant difference compared to the average for all carers

Carers were asked to what extent different factors had acted as barriers to accessing support services for the person they cared for during the previous 12 months (Figure 37). Similar to 2023, the most common barriers experienced were long waiting times to access services (45.0% reporting this as a large barrier), difficulty finding high quality services (45.0%), lack of funding for the service via NDIS/My Aged Care or other support packages (44.5%), complicated application processes (43.5%), and lack of local service availability (41.9%). Most carers experienced several of the barriers asked about, highlighting the complexity many experience when seeking to help the person they care for access support services.

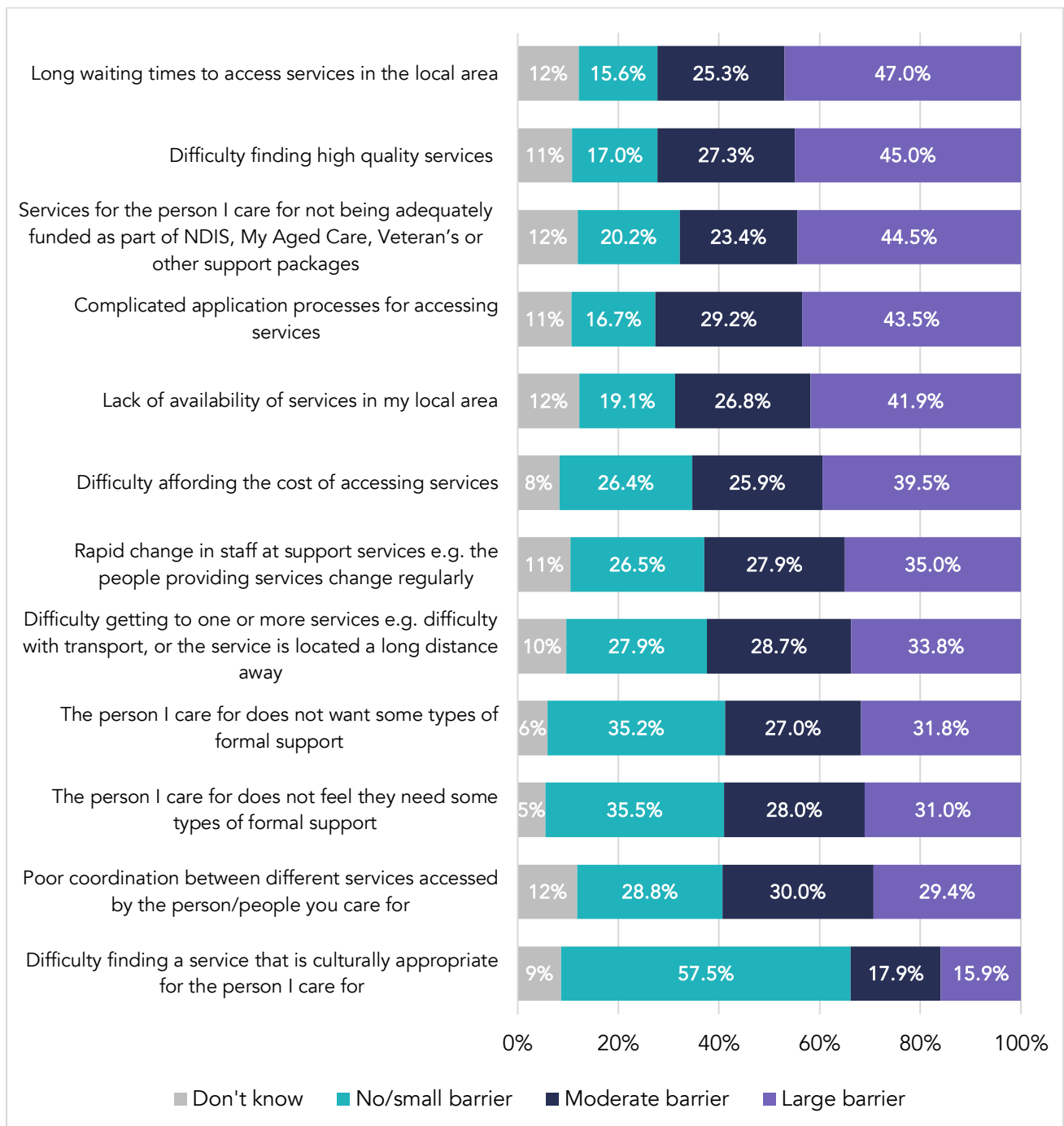


Figure 37 Barriers/problems experienced by carers when seeking to access services for care recipient, 2024

Navigating government support systems

Carers can spend significant time navigating government systems such as Centrelink, NDIS, My Aged Care or Veteran's support on behalf of the person/people they care for. The CWS has included questions about time spent navigating these systems since 2023.

In 2024, 43.7% of carers spent at least an hour a week – and often more – navigating these systems. While 37.2% of carers spent less than an hour navigating support systems in a typical week, 32.0% spent between one and four hours per week, while 11.7% of carers often spend more than five hours per week navigating support systems on behalf of the people they care for (Figure 38). These figures did not change significantly between 2023 and 2023, suggesting little improvement in time spent navigating government support systems.

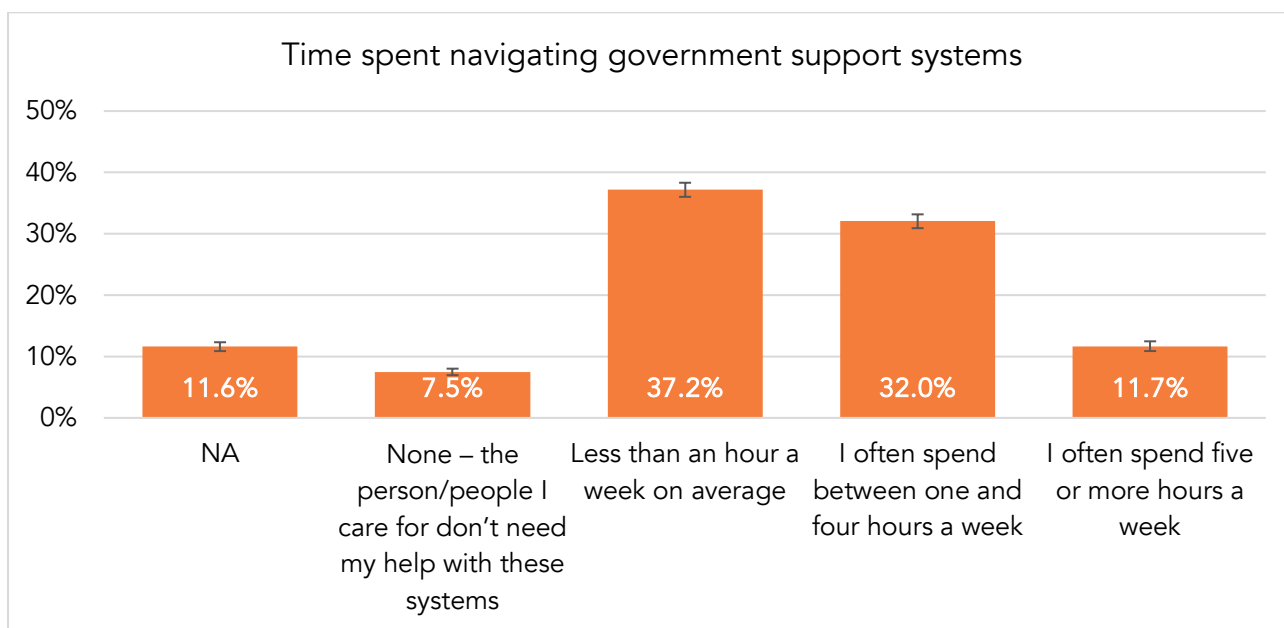
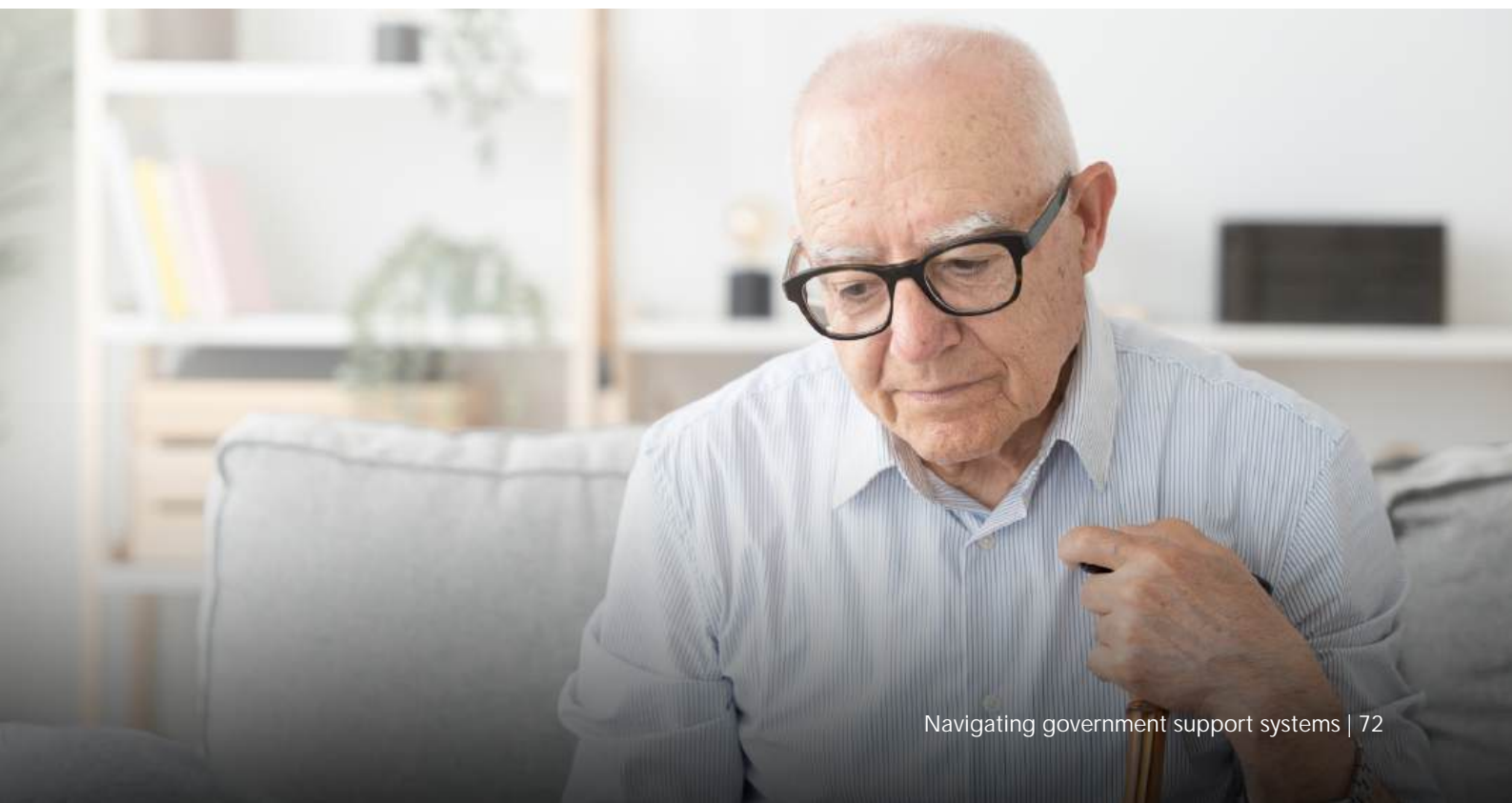


Figure 38 Time spent navigating support systems on behalf of the care recipient, 2024



Carers were also asked if they had received any assistance to help navigate these government systems. Similar to 2023, 24.7% received assistance and said that it was helpful, while 15.4% received help but reported that it was not helpful. When asked who provided them with assistance, half (50.0%) received assistance from the system’s own helpline or support, 42.0% received assistance from Carer Gateway (a significant increase since 2023), 30.2% received assistance from a health professional, 24.9% received assistance from a family member or friend and 13.0% received assistance from a community organisation (Figure 39). It was relatively common for carers to receive assistance from more than one of these sources.

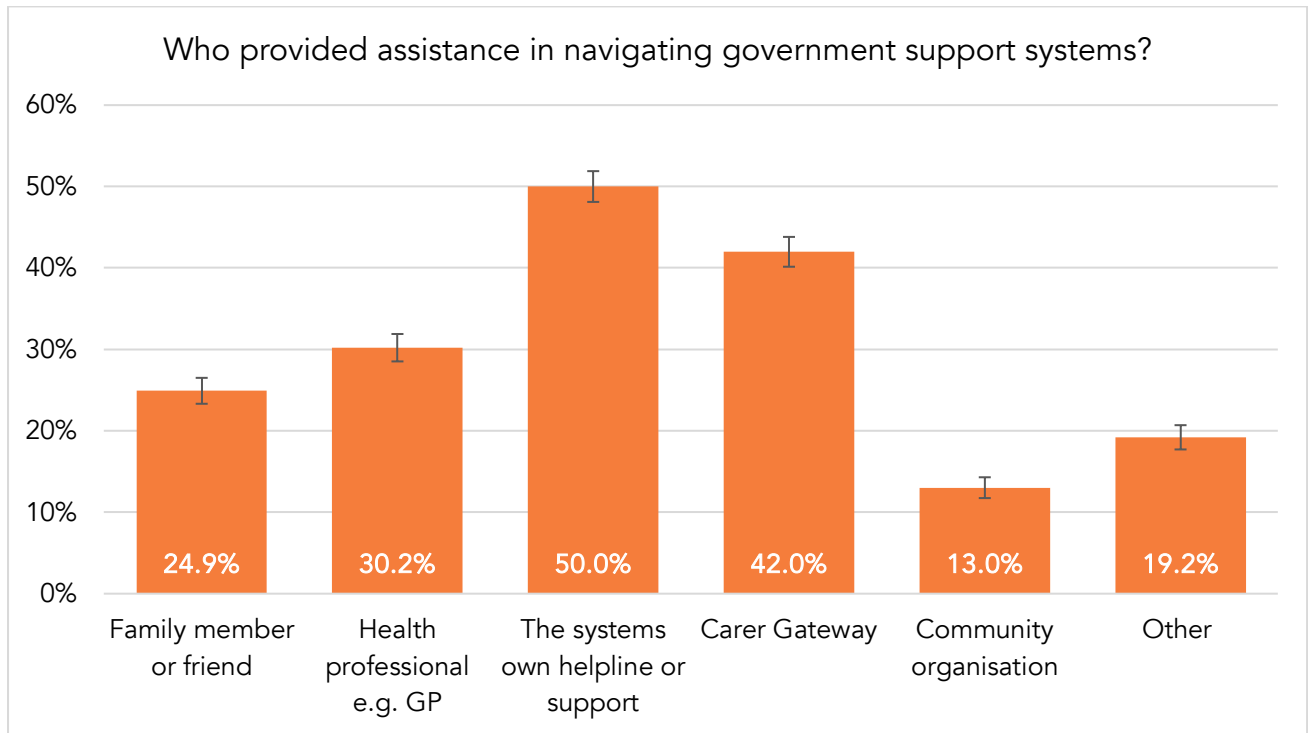


Figure 39 Sources of assistance to help carers navigate government support systems, 2023



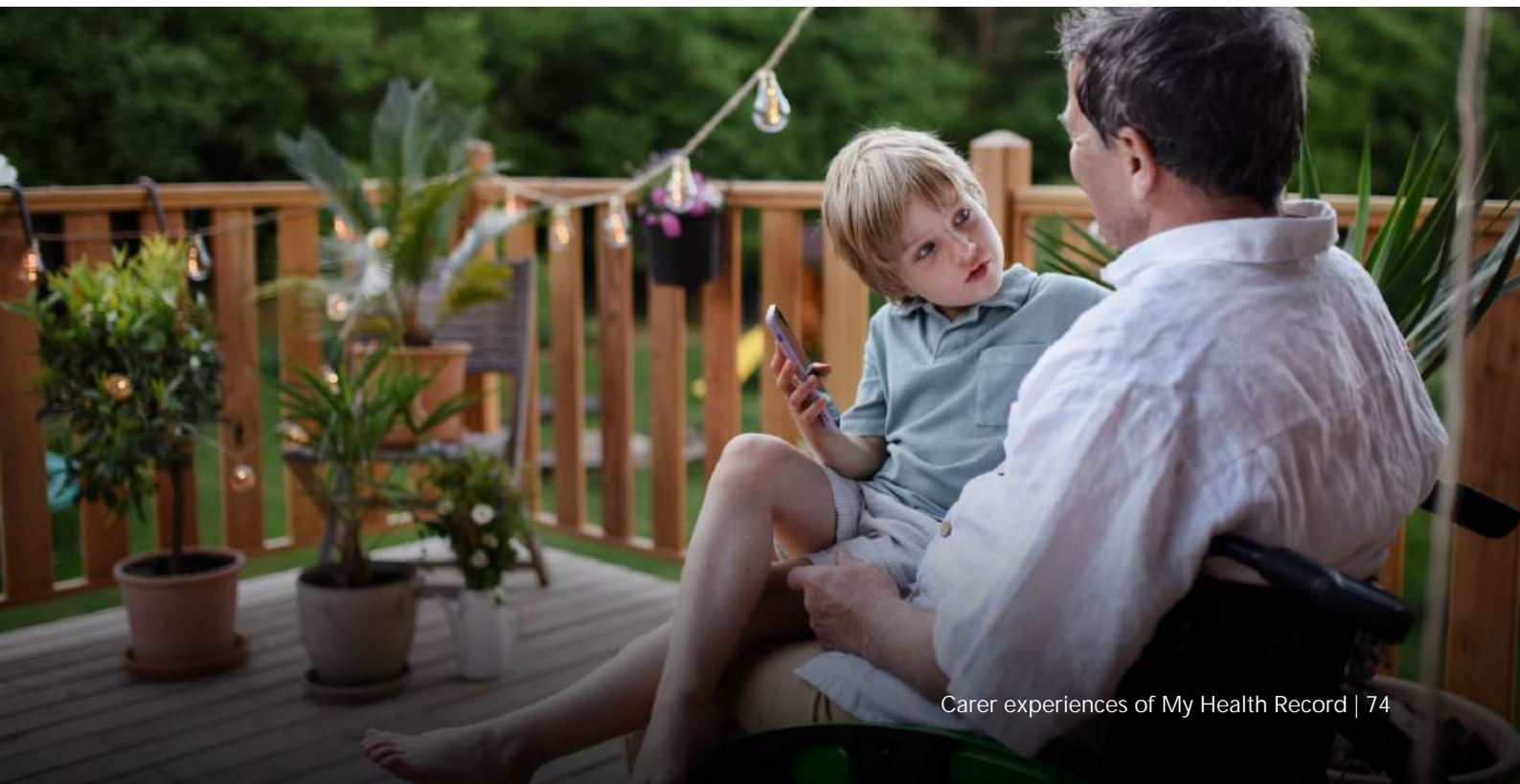
Carer experiences of My Health Record

Australians are increasingly using digital health tools to assist with storing and tracking health records. In Australia, the key tool available is My Health Record, managed by the Australian Digital Health Agency. My Health Record provides secure access to key healthcare information available to individuals and healthcare providers. In some cases, carers may access the My Health Record of their care recipient or act as their nominated representative. Depending on the level of access granted, a carer can view healthcare documents, upload and add information and be responsible for managing the recipient's My Health Record (Australian Digital Health Agency 2023a). Being able to access and/or manage the My Health Record of care recipients is intended to enable carers to access all important health information associated with their caring role in one place.

Carers were asked about their use of My Health Record, both for themselves and the person they care for. In 2024, only 16.9% of carers reported that their doctor had discussed My Health Record with them, whether for themselves or the person they care for. Despite this, 38.3% accessed My Health Record for themselves, 35.9% were a Nominated Representative for the person they care for (enabling them to access their My Health Record if they wish to), and 25.3% accessed it on behalf of the person/people they care for (Figure 40). One in four (25.4%) carers reported that the person they care for has an Advance Care Plan, but only 6.2% indicated that it was on My Health Record.

The only significant difference in use of My Health Record between 2023 and 2024 was a small decline in the proportion of carers who reported accessed My Health Record for the person they care for, from 28.0% in 2023 to 25.3% in 2024.

Carers were more likely to access the My Health Record of the person/people they cared for if they were aged 25-44, had 40+ hours per week caring commitments, lived in Western Australia or ACT, cared for children/grandchildren, or cared for people with very high assistance needs. Carers were less likely to access the My Health Record of the person/people they care for if they were younger than 25, aged 45-64, had less than 20 hours per week caring commitments, lived in Victoria, were not a primary carer, their caring role is episodic, or cared for siblings and/or people with low assistance needs.



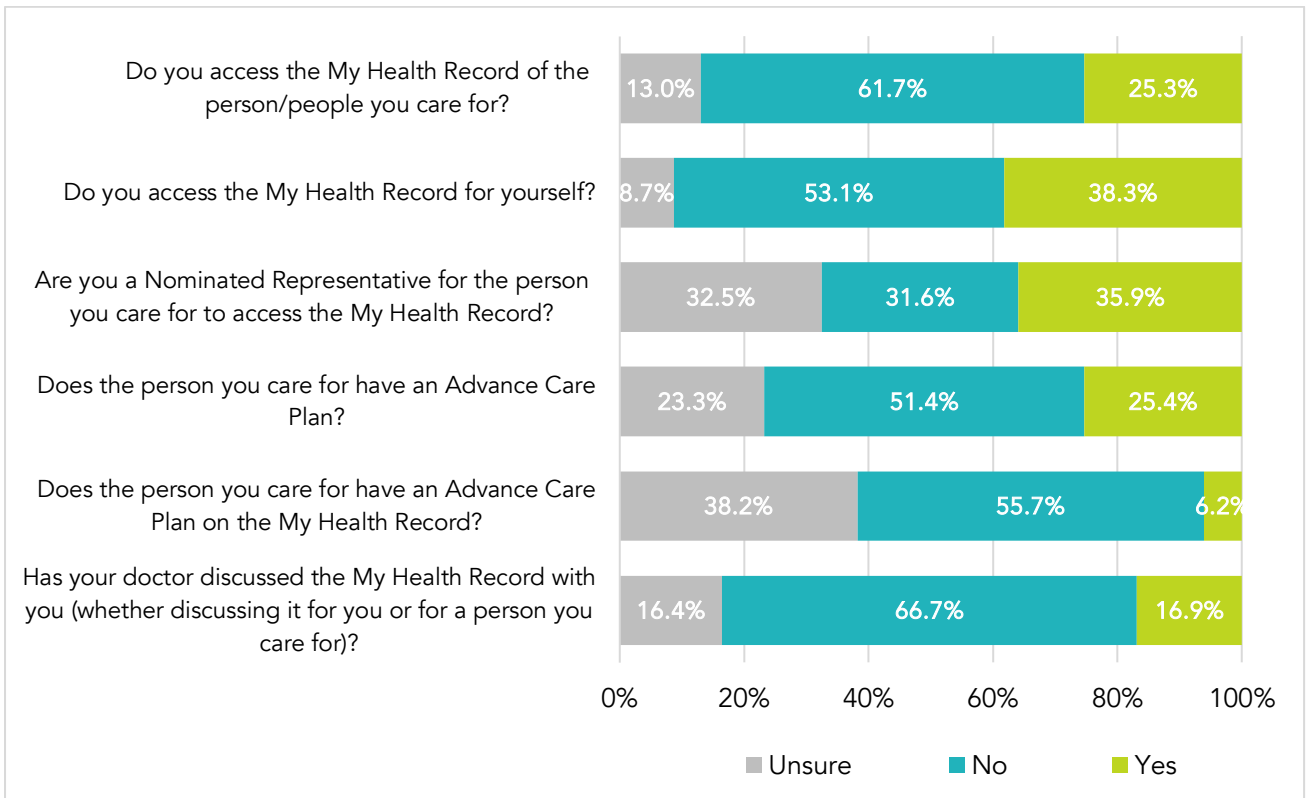
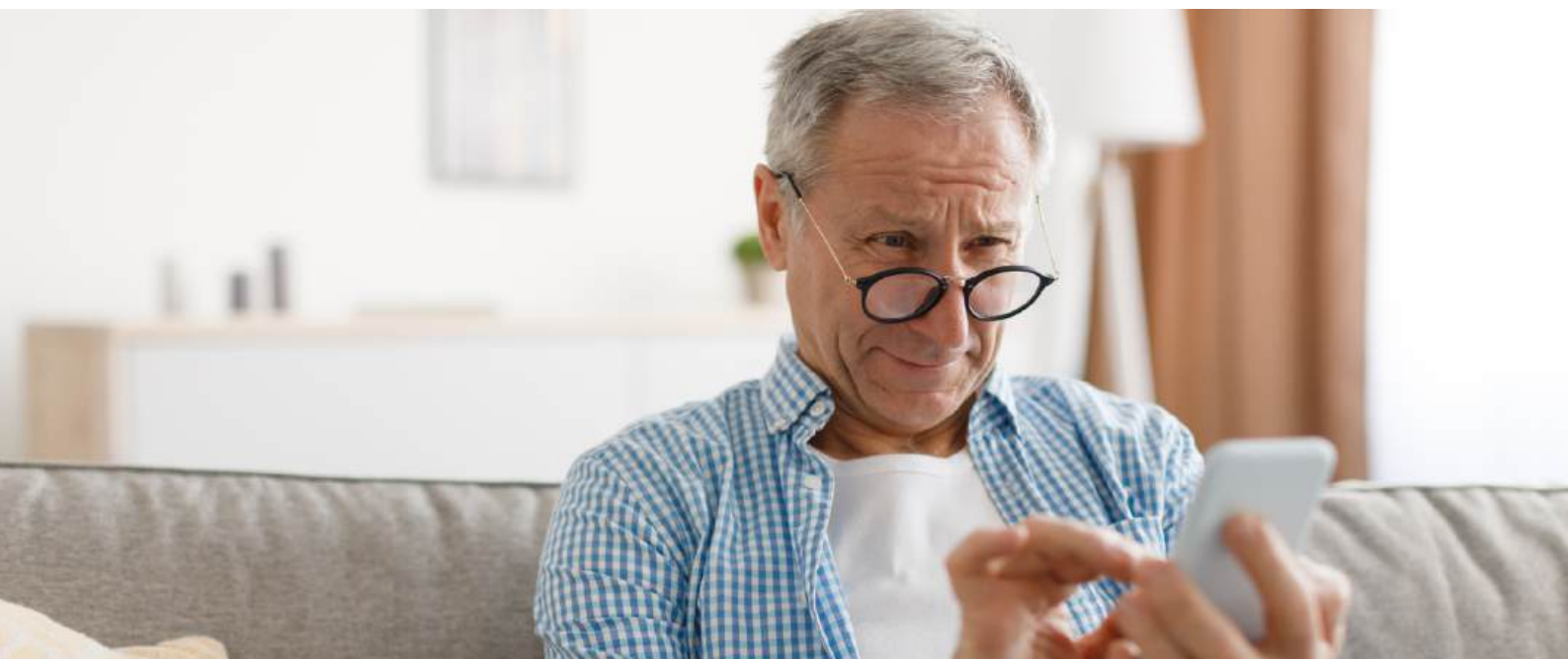


Figure 40 Use of My Health Record amongst carers, 2024

Carers who had not accessed the My Health Record of the person/people they cared for were asked if any of a number of factors were reasons they did not access it (Figure 41). Most commonly, carers indicated not knowing how to use My Health Record (29.3%), followed by being unaware that they could apply to access the My Health Record of their care recipient (27.9%). A further 22.9% of carers reported that the person they care for doesn't need them to access their My Health Record, and 20.9% reported that their care recipient/s had opted out of using My Health Record.



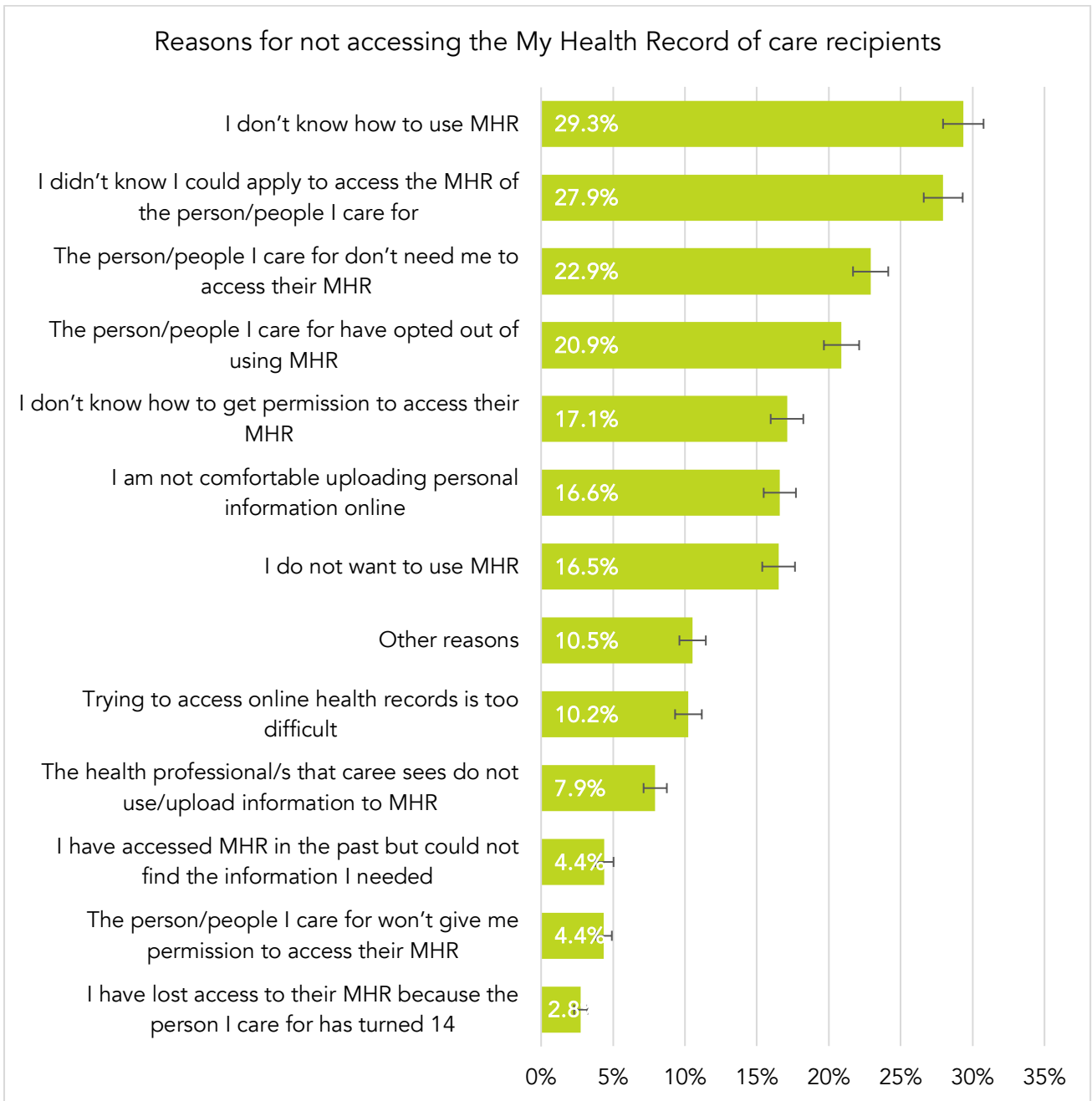


Figure 41 Reasons for not using My Health Record for care recipients, 2024

Experiences of past carers

Carers whose caring role has stopped are encouraged to participate in the CWS by answering questions about their wellbeing and their experiences since they stopped being a carer. While 49.5% of past carers reported that their quality of life improved since they stopped being a carer, the majority (53.3%) found it difficult to adjust back to 'normal life' after being a carer (Figure 42). A total of 44.1% found it difficult to build their social life since they stopped being a carer, 34.9% found it difficult to get back into the workforce, and only 39.4% felt that they would not hesitate to take on a carer role again in the future. These findings are similar to previous years and suggest that while there may be positives to being a carer, the majority of carers would hesitate to take on another caring role, and that work and social challenges are often present when a person stops being a carer.

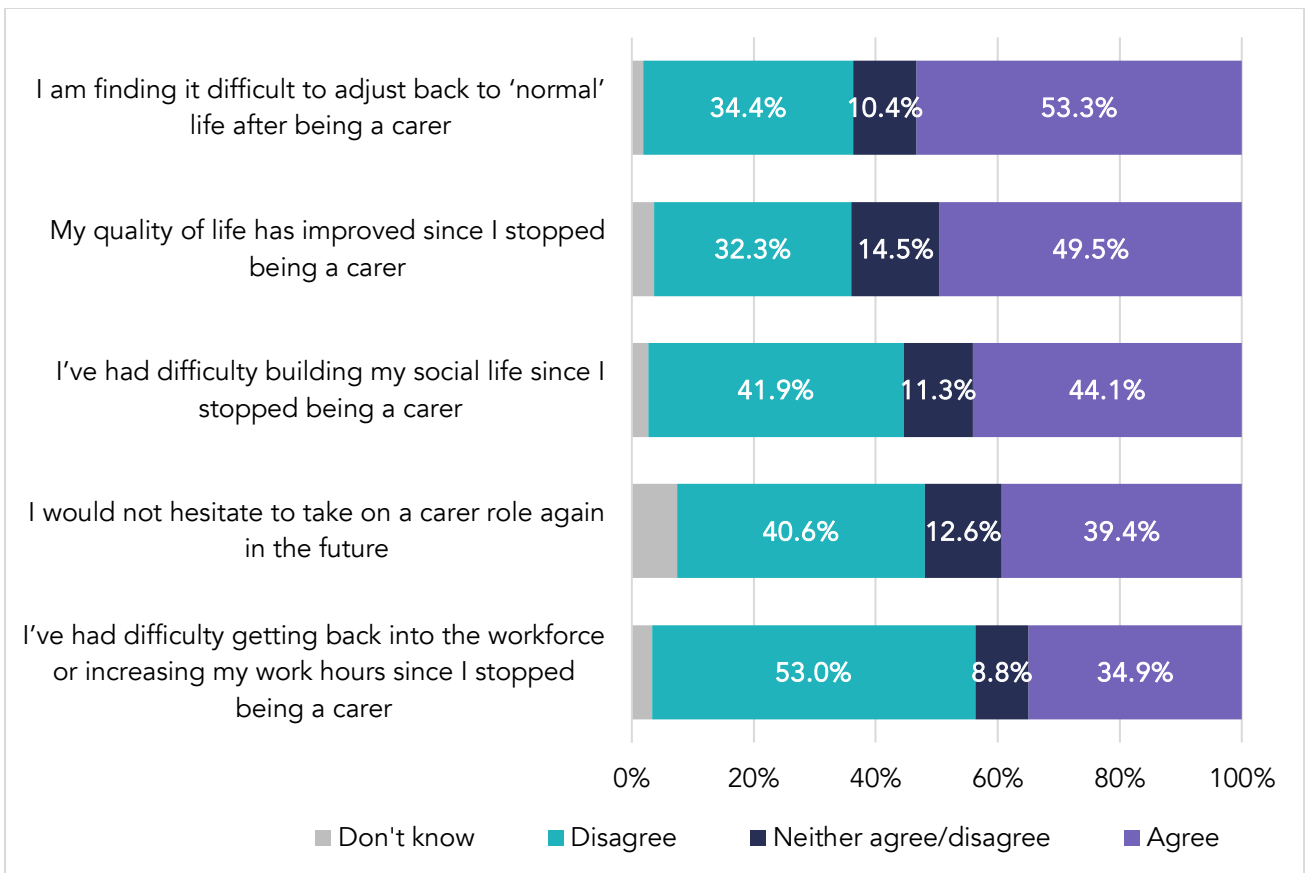


Figure 42 Experiences of past carers, 2024

Carers whose care recipient had passed away or is now looked after by someone else (e.g. is now in formal care) were significantly more likely to report the following compared to carers who stopped being a carer due to an improvement in the care recipient's condition, or because the care recipient was now independent:

- difficulty adjusting to life as a non-carer
- difficulty getting back into the workforce
- difficulty building their social life
- an improvement in their quality of life.

Conclusions

Carers continue to have significantly poorer than average wellbeing, loneliness and financial outcomes compared to adult Australians. Carers are more than twice as likely to have low levels of wellbeing compared to the average Australian adult, twice as likely to have high psychological distress levels, less than half as likely to be in good health, almost three times more likely to experience loneliness, and three times more likely to struggle financially.

Poorer outcomes were more common among specific groups of carers. Carers were more likely to have poorer outcomes if they had higher caring commitments, including being a primary and/or sole carer, had 40 hours or more per week caring commitments, cared for two or more people and cared for someone who lives with them. Carers of people with specific needs were also more likely to report poorer outcomes; specifically, carers of people with autism spectrum disorder, other development disorders, mental illness/psychosocial disability, intellectual disability and/or drug/alcohol dependency. They were also more likely have poorer outcomes if they were aged 35 to 54, identified as LGBTIQ+, cared for children or grandchildren, and/or lived in Queensland.



Carers were more likely to have positive wellbeing, social and financial outcomes if they were male, older, had lower caring commitments (e.g. not living with the care recipient, having less than 20 hours per week carer commitments, or caring for a person with low to moderate assistance needs), cared for people with old-age frailty and/or dementia, cared for parents/grandparents or lived in Tasmania. 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 rising cost of living has increased financial pressure for many carers, who are already at much higher risk of experiencing financial stress than other Australians, particularly due to the negative impacts of being a carer on ability to engage in paid work. Being in paid work not only improves financial wellbeing but is also associated with significantly higher wellbeing and lower distress for carers. Furthermore, carers with a supportive workplace report significantly higher wellbeing compared to carers with workplaces that do not support their caregiving role. However almost one quarter of carers in 2024 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.



The most challenging aspects of being a carer in 2024 were very similar to those identified in 2023 and included fearing for the future of the person being cared for, the 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 feeling too much responsibility fell on them as a caregiver. Despite these challenges, half of all carers still reported that overall being a carer is satisfying, and more than half reported that their overall ability to be a good carer had increased in the last 12 months.

Having access to a range of supports and services 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. Those who had been a carer for a relatively short amount of time (two years or less) were more likely to access several types of supports, including support from friends and family, psychological counselling, respite care and financial support. Other carers were less likely to access different supports and services, in particular sole carers who were less likely to access support from family and friends, respite care services and carer training and skills courses and were also less likely to connect with other carers to share experiences and advice. Like 2023, the most common barriers experienced in the 12 months leading up to the 2024 CWS were long waiting times to access services, difficulty finding high quality services, lack of funding for the service via NDIS/My Aged Care or other support packages, complicated application processes and lack of local service availability.

Carers who have good access to support from friends and family, who connect with other carers, and who access carer training and skills courses are significantly more likely to have healthy levels of wellbeing compared to other carers. This highlights that removing barriers to accessing supports can make a meaningful difference to the wellbeing of carers.



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Caring for others & yourself: Carer Wellbeing Survey

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 communications@carersaustralia.com.au

carersaustralia.com.au

