Carers Australia

UNIVERSITY OF CANBERRA

Caring for others & yourself:

Carer Wellbeing Survey

2025 Report

Acknowledgements

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Prepared by the WellRes Unit, Health Research Institute, University of Canberra for Carers Australia.

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Contents

Key findings

Carer wellbeing declined in

2025

compared to 2024.

In 2024, 57% of carers reported low wellbeing compared to 61% in 2025.

31%

of carers experienced high psychological distress.

This is an increase from 28% in 2024.

More than double the proportion of carers reported higher

distress

compared to the general population.

Carers are more than

3x

more likely to be often or always lonely.

42% compared to 11% of adult Australians.

The proportion of carers reporting their household is

poor

or very poor increased significantly.

16% of carers reported low financial prosperity.

1 in 3

former carers reported that they would have been able to continue their caring role if more formal support was available to them.

More than half (53%) of

young

carers did not feel supported by the government.

Moreover, 49% of young carers were not able to navigate government systems to access support.

51%

of young carers enrolled in study hadn't informed their education institution about their caring role.

Many young carers reported negative experiences with their institution.

More than half of carers (57%) reported it is difficult to find

respite

services in their local area.

62%

of carers reported that they have learned new skills due to being a carer.

Nearly half (49%) of carers of

veterans

felt that available services do not always understand how best to support veterans.

While many carers experience some benefits from their caring role, only

32%

said they would have no hesitation in encouraging others to become carers.

Executive summary

Unpaid carers—family members and friends who provide assistance to people living with disability, illness, chronic conditions, or age-related frailty—are an essential part of Australia's care system. As of 2022, an estimated three million unpaid carers were providing care across the country (ABS 2024), with the value of their services estimated at $77.9 billion in 2020 (Deloitte 2020). These carers support family members and friends, and their work is essential to the sustainability of Australia's health and social care systems.

The survey data show that the general health of carers has been steadily declining since 2021; carers reporting very good or excellent health in 2025 was less than half of adult Australians reporting the same.

Carers are nearly half as likely to have healthy levels of wellbeing compared to the Australian population and are twice as likely to experience higher psychological distress.

The context for caring drives specific issues; young carers have a mixed experience across inclusion in care decisions and in feeling supported by government but often have negative experiences with communicating their care role to their educational institution. Nearly half of carers of veterans felt that available services do not always understand how best to support veterans and 81% of carers in Defence Force families experienced long wait times to access services when often moving to new locations.

For past carers, almost one in three reported that they would have been able to continue their caring role if more formal support was available to them.

Carers cited genuine benefits from receiving support services including respite but access to those services continue to be a challenge.

Methods

The Carer Wellbeing Survey (CWS) was launched in 2021 by the WellRes Unit at the University of Canberra, in collaboration with Carers Australia and the Department of Social Services. The CWS is a national, annual survey open to carers aged 14 and over, and aims to track wellbeing over time, identify risk and protective factors, and evaluate support services. The 2025 CWS asked additional questions of young carers, Defence Force carers, and past carers—groups whose unique experiences highlight the need for tailored support and services.

The 2025 CWS collected data between 19 February and 30 April 2025.

Participants could complete the survey online or on a paper form, and the survey was available in five languages. Recruitment used multiple channels, including previous participants, care organisations, social media, and prize incentives.

In 2025, there were 10,918 valid survey responses. Of these, 9,555 were active carers, while 1,363 were past carers.

Health and wellbeing

Good health and wellbeing is achieved when a person has overall high quality of life—which means not only good physical health, but also a decent standard of living, opportunities for leisure and recreation, and a sense of belonging within a well-functioning community.

- Carers are nearly half as likely to have healthy levels of **wellbeing** (38.9%) compared to the Australian population (66.4%). Carer wellbeing declined between 2024 and 2025, a trend also amongst Australians more generally during the same period.
- In 2025, 31.2% of carers experienced high **psychological distress**—up from 28.2% in 2024. More than double the proportion of carers reported higher distress compared to the general population.
- The **general health** of carers has been steadily declining since 2021, with only 15.3% of carers in 2025 reporting very good or excellent health, less than half of the 43.8% of adult Australians who reported being in very good or excellent health.
- In 2025, 42.7% of carers were often or always **lonely**—over three times the rate of adult Australians (11.9%). Carer loneliness has risen steadily since 2021 (35.1%), a trend not seen in the general population.
- 16.7% of carers report their household is poor or very poor, higher than the general population.

Carers with higher caring commitments consistently report lower health and wellbeing outcomes. This includes those who are a primary and/or sole carer, have 40 hours or more per week caring commitments, care for two or more people, care for someone with high or very high caring needs, have been caring for five or more years, and care for someone who lives with them.

This highlights a particular need to invest in supporting those carers with more complex, time consuming and intensive caring responsibilities.

Young carers

As of 2022, there were an estimated 391,300 young carers (defined as carers under the age of 25) in Australia. While caring can be a positive and rewarding experience for many young carers—particularly when adequate support is available—it also presents unique challenges that can affect their wellbeing and future opportunities. These often include social isolation, stigma and reluctance to disclose their caring role, educational challenges, financial insecurity, and lack of recognition.

Young carers who participated in the 2025 CWS were asked additional questions focused on the experience of being a carer at a young age.

- Just over half of young carers have engaged with the **Young Carer Network**, with 25.8% currently involved and 29.6% having participated in the past.
- In the past 12 months, 44.8% of young carers accessed the **Young Carer Bursary**, and 86.9% found it useful. Of those who hadn’t received it, 56.0% didn't know about it.
- Just over half (51.9%) of young carers enrolled in study **hadn’t informed their institution about their caring role**. There was high variability in experiences amongst young carers, with as many reporting experiences as negative.
- In 2025, 66.9% of young carers **felt included in care decisions**. However, less than half felt respected (44.8%) or heard (42.8%).
- More than half of young carers (53.0%) **did not feel supported by the government**, and half (49.7%) were not able to navigate government systems to access support.
- Just over half of young carers (54.1%) felt they had **missed out on some of their childhood** due to their caring role. However, the majority (56.3%) felt that they could easily make friends with other young people who are not carers.

Carers and the Defence Force

In 2025 the CWS asked carers of veterans, and carers living in Defence Force families, about their unique carer experiences. Many Defence Force carers experienced unique challenges.

- Nearly half of carers of veterans (49.5%) felt that **available services do not always understand how best to support veterans**.
- Over half (51.0%) reported **difficulty navigating the Department of Veterans' Affairs (DVA) system** to access needed support.
- The majority of Defence Force carers (81.1%) experienced **long wait times** to access services for themselves and/or the person they care for after moving to a new location.
- 73.1% of Defence Force carers found it **difficult to build new friendships** when posted to new locations.
- 64.6% of Defence Force carers reported living in **homes that that do not suit the needs** of the person they care for.
- 40.1% felt that their needs as a carer, and the needs of the person they care for, are not considered as part of the personnel posting process.

Respite care

In 2025, carers who had either wanted to access or had used respite care services in the past 12 months were asked about their experiences. The findings highlight that many carers experience significant barriers and challenges to accessing suitable respite care, but those who had accessed respite care in the past 12 months generally had positive experiences.

- Over half of carers reported it is **difficult to find high quality respite services** (58.8%), or **available respite services** in their local areas (57.9%).
- 52.2% of carers did not receive funding for respite care, and 55.9% found it **difficult to afford the cost** of accessing respite care.
- Over half (53.8%) indicated there were **long wait times** to access respite care.
- In addition to barriers related to availability, quality and cost of respite, many carers—54.3%—reported that **the person they care for does not want to be cared for by other people**.
- A majority of carers (65.7%) reported that **respite care was consistently good**, and 62.8% found the respite care flexible, with **tailoring of the services** provided to meet the needs of the person they care for.
- 61.6% usually **felt refreshed** after accessing respite care, and 60.9% felt free to do what they needed to do while the person they care for was in respite care.

Benefits of being a carer

While caring can present significant challenges, being a carer also often brings a range of personal and relational benefits, including strengthened relationships with the person being cared for, a sense of purpose and contribution in life, personal growth and the development of new skills, and opportunities to build resilience and demonstrate capability in challenging situations. Carers are asked in the CWS about the positive aspects of their role. This includes whether they find caring to be a satisfying experience, whether it brings meaning and purpose to their life, and whether they view it as a positive experience overall.

- A majority of carers in 2025 (62.4%) reported that they have **learned new skills** due to being a carer.
- 56.0% found that being a carer **strengthened their relationship** with the person they care for.
- Around half found it **satisfying being a carer** (49.9%), and reported that being a carer contributed positively to their **sense of meaning and purpose in life** (49.9%).
- There has been a small, but statistically significant **decline in the benefits of being a carer since 2021.**
- While many carers experience some benefits from their caring role, **only 32.2% said they would have no hesitation** in encouraging other people to become carers.

Supporting carers

A wide range of actions can help support carers. These include the provision of formal and informal supports and services that enable carers to provide high quality care for the people they care for, while also being able to care for themselves. Other pathways by which carers can be supported to enhance wellbeing outcomes, based on findings of the CWS, include recognition and respect for carers, early referrals and/or information about support services, engagement in the workforce, social connection, peer support and supports specific to young carers.

- Many carers experience a delay in accessing support, often because they do not immediately identify themselves as carers. Nearly one-third (30.2%) **took more than one year to identify themselves as a carer**. Early identification is essential.
- Carers in paid work who reported having **understanding employers** were significantly more likely to have healthy levels of wellbeing (48.2%) compared to those who felt their employers were not understanding (25.9%)
- Supporting carers to **enter and remain in the workforce** is a critical strategy for improving wellbeing outcomes. Employed carers were more likely to report healthy levels of wellbeing (41.3%) compared to unemployed carers looking for work (34.3%).
- The majority of carers found **engaging with a peer support group helpful** (71.0%), valued the **social connection** (68.6%), felt more **positive** due to talking to others (68.1%), and **gained new ideas** and knowledge through the support group (64.9%)
- Education facilities and medical professionals play a critical role as first points of contact in identifying young carers, and to help connect them with available supports such as the **Young Carer Network and Young Carer Bursary**.

Past carers

The CWS is open to carers whose caring role has stopped, with past carers asked about their wellbeing and their experiences since they stopped being a carer. While past carers report better wellbeing outcomes compared to current carers, wellbeing is poorer than for the average adult Australian. For many, stopping being a carer presents different challenges and support requirements.

- Almost one in three—31.7%—reported that they **would have been able to continue their caring role if more formal support was available** to them.
- While 52.8% of past carers reported that their **quality of life improved** since they stopped being a carer, 53.8% found it **difficult to adjust back to 'normal life'**, and 51.0% found it **difficult to build their social life** once they stopped being a carer.
- For those seeking or in paid work, 42.9% indicated there was **limited government support to get back into the workforce** and 40.1% found it difficult to get back into the workforce.
- A total of 34.5% of past carers said they **need/needed formal support in transitioning** from being a carer to stopping being a carer.
- Useful support for past carers would include **psychological counselling** (47.5%), continued access to relevant **Carer Gateway supports** and services for a period of time (40.8%), access to organised **peer support groups** for past carers (33.9%) and support to build new **social connections** (27.7%).

Conclusion

The findings of the 2025 Carer Wellbeing Survey (CWS) suggest a continued decline in the health and wellbeing of Australia's unpaid carers since 2021, with worsening outcomes across physical and mental health, financial security, and social connection. Loneliness remains a key concern, with over 40% of carers reporting frequent feelings of isolation—an issue that has grown steadily over the years. Carers in high-intensity roles, those without workforce engagement, and those lacking employer support are particularly vulnerable to poor wellbeing and financial stress.

Young carers face unique challenges that impact their education, employment, and social lives. While programs like the Young Carer Network and Bursary are valued, many young carers remain unaware of available support, highlighting the need for better outreach and flexible pathways. Past carers also report mixed experiences—some improve after their caring role ends, but many struggle with grief, social reintegration, and workforce re-entry, especially when the role ends abruptly.

These findings highlight the need for sustained, inclusive, and flexible support systems that reflect the diverse experiences of carers—both during and after their caring journey. Supporting carers is not only vital for their wellbeing but also for the resilience and sustainability of Australia's broader care system.

Introduction

Unpaid carers—family members and friends who provide assistance to people living with disability, illness, chronic conditions, or age-related frailty—are an essential part of Australia's care system. As of 2022, an estimated three million unpaid carers were providing care across the country (ABS 2024), with the value of their services estimated at $80 billion in 2020 (Deloitte 2020). These carers support family members, friends, and neighbours, and their work is essential to the sustainability of Australia's health and social care systems.

Being a carer can be both rewarding and challenging. While many carers report that their carer experiences lead to personal growth, strengthened relationships, and a sense of purpose, the demands of being a carer can also lead to burnout, financial hardship, and emotional distress. Ideally, the benefits of being a carer should outweigh the challenges, for both the carer and the care recipient. Unfortunately, in reality this is often not the case: unpaid carers often experience poorer wellbeing compared to the general population, across multiple aspects of wellbeing. These include lower physical and mental health, reduced financial security, and increased social isolation (Barry et al., 2023; Brimblecombe et al., 2018). The risks are particularly pronounced for carers with high-intensity caring responsibilities, such as those who are sole or primary carers, those who care for multiple people, or provide care for individuals with complex needs (Mylek & Schirmer, 2024).

Understanding the diverse experiences of carers is critical to improving their quality of life and ensuring they can continue to provide care sustainably. To address this need, the Carer Wellbeing Survey (CWS) was established in 2021 by the WellRes Unit at the University of Canberra, in partnership with Carers Australia and the Department of Social Services. The CWS is a national, annual survey designed to track changes in carers' wellbeing over time, identify risks and protective factors, and evaluate the effectiveness of support services. It is open to carers aged 14 and over and includes both current and past carers.

The aims of the CWS are to:

- Measure different dimensions of wellbeing and quality of life among Australian carers
- Track changes in wellbeing over time
- Identify how wellbeing varies depending on the type and intensity of caring roles
- Determine which types of support are most effective in improving carer wellbeing.

This report presents findings from the fifth CWS, with data collected between February and April 2025. As well as tracking carers' health and wellbeing, there is a special focus on young carers, Defence Force carers and past carers. Each of these groups of carers have unique caring experiences that highlight the importance of tailored supports and services that consider the specific needs of different carers.

Key findings of the 2025 CWS are presented in the following sections:

- Overall health and wellbeing, including social connection and financial wellbeing
- Young carers
- Carers and the Defence Force
- Experiences with accessing respite care
- Benefits associated with being a carer
- How we can support carers
- Life after being a carer: experiences of past carers.

Detailed data tables are available on request (see Appendix 1).

Methods

A detailed description of the CWS methods is provided in the Carer Wellbeing Survey User Guide (Mylek and Schirmer 2025). This section summarises the methods used.

Definitions

In the CWS, 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.

Questionnaire

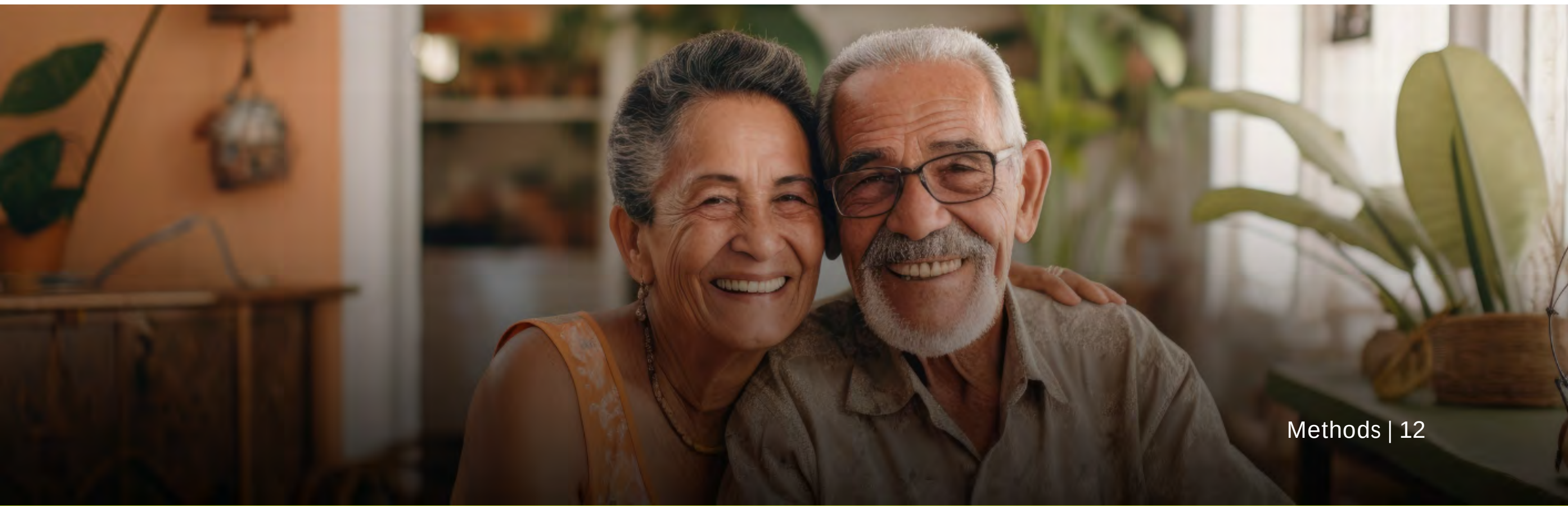
The 2025 CWS asked carers about:

- 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)
- recognition of their role as a carer
- experiences with respite care
- what life is like as a young carer
- experiences with being a carer in a Defence Force family
- experiences and support needed when a caring role ends (for past carers).

Participants could complete the survey online or on a paper form, and was available in English, Mandarin, Cantonese, Arabic and Hindi. The four non-English languages were selected as some of the highest prevalence languages other than English spoken by carers, based on data from the 2021 ABS *Census of Population and Housing*. In previous years of the CWS, Italian and Vietnamese versions of the survey were also offered, however limited numbers of carers chose to complete the survey in these languages, and so in 2025 Cantonese and Hindi were provided instead.

Timing

The 2025 CWS collected data between 19 February and 30 April 2025.



Participant recruitment

Each year, survey participants are recruited using multiple methods, with an aim of reaching as wide a range of carers as possible. Using multiple recruitment methods helps to minimise bias resulting from any one method of recruitment. In 2025, the following methods were used:

- Previous participants: 10,715 carers who had participated in one or more previous years of the CWS and had given permission to be contacted about future surveys were invited to take part in the 2025 CWS.
- Care provider organisations: Organisations who provide professional services to carers across Australia via the Carer Gateway 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: Advertisements on Facebook and Instagram invited carers to participate.
- Gift incentives: A prize draw incentive 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 approx. 100 options available via gift card provider GiftPay, enabling the winner to choose their preferred gift card. A total of $5,000 of prizes were offered, to the following values: first prize $1500; second prize: $1000; third prize: $500; 10 runner-up prizes of $200.

Sample

In 2025, there were 10,918 valid survey responses. Of these, 9,555 were active carers at the time they completed the survey (current carers), while 1,363 had been a carer in the past but were not an active carer at the time of completing the survey (past carers). Table 1 shows the CWS sample size between 2021 and 2025 for Australia as a whole, and by state and territory.

	Current carers					Past carers				
	2021	**2022**	**2023**	**2024**	**2025**	**2021**	**2022**	**2023**	**2024**	**2025**
Australia	5078	5014	5299	7730	9555	718	432	543	1436	1,363
NSW	880	919	1025	1074	1192	69	48	65	80	106
VIC	784	1100	1241	1817	2105	78	46	67	106	133
QLD	782	950	687	1196	1158	69	48	45	74	70
SA	518	656	910	788	1289	36	25	32	54	76
WA	706	612	644	935	932	51	9	40	50	67
TAS	459	382	304	420	444	44	23	14	38	27
NT	84	95	83	129	103	5	0	5	4	5
ACT	165	163	224	204	205	5	11	7	13	8

Table 1 Carer Wellbeing Survey sample size, Australia and state/territory, 2021-2025

Statistical weighting to produce data representative of carer population

Throughout this report, unless otherwise stated, findings for current carers have been statistically weighted to adjust for differences between demographic characteristics of the sample compared to Australian carers. The characteristics of Australian carers (population benchmarks) were sourced from (i) the 2021 Australian Bureau of Statistics (ABS) 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, as no benchmark population characteristics are available for past carers. The weighting process is detailed in Mylek and Schirmer (2025).

Confidence intervals and statistical significance

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 described as '*significant*', it is referring to a difference that is *statistically significant* at the p=0.05 level, meaning there was less than a 5% probability that the finding reported occurred due to sampling error.

Time series data and comparisons to the general population

As data are updated periodically, there may be small differences between data published in previous reports (Mylek and Schirmer 2024, Mylek and Schirmer 2023, Schirmer et al. 2022, Schirmer and Riyanti 2021), and CWS time series data published in this report.

In the report, some comparisons are made between carers and the Australian adult population. General population data is sourced from the Regional Wellbeing Survey, an annual national survey examining the wellbeing of adult Australians (for more information, see regionalwellbeing.org.au). As the RWS and CWS are not typically undertaken at the same time of year, comparisons are made with the wave of RWS that was open closest to the time the CWS was open. Table 2 outlines the comparison periods used when comparing carer wellbeing and wellbeing of the general population.

Reporting years	Carer Wellbeing Survey	Regional Wellbeing Survey
2021	Mar – May 2021 (2021 CWS)	Aug 2020 – Dec 2020 (2020 RWS)
2022	Jan – Apr 2022 (2022 CWS)	Oct 2021 – Feb 2022 (2021 RWS)
2023	Feb – Apr 2023 (2023 CWS)	Feb 2023 – June 2023 (2022/23 RWS)
2024	Feb – April 2025 (2024 CWS)	Nov 2023 – Feb 2024 (2023 RWS)
2025	Feb – April 2025 (2025 CWS)	Nov 2024 – Feb 2025 (2024 RWS)

Table 2 Comparison years across CWS and RWS

Health and wellbeing

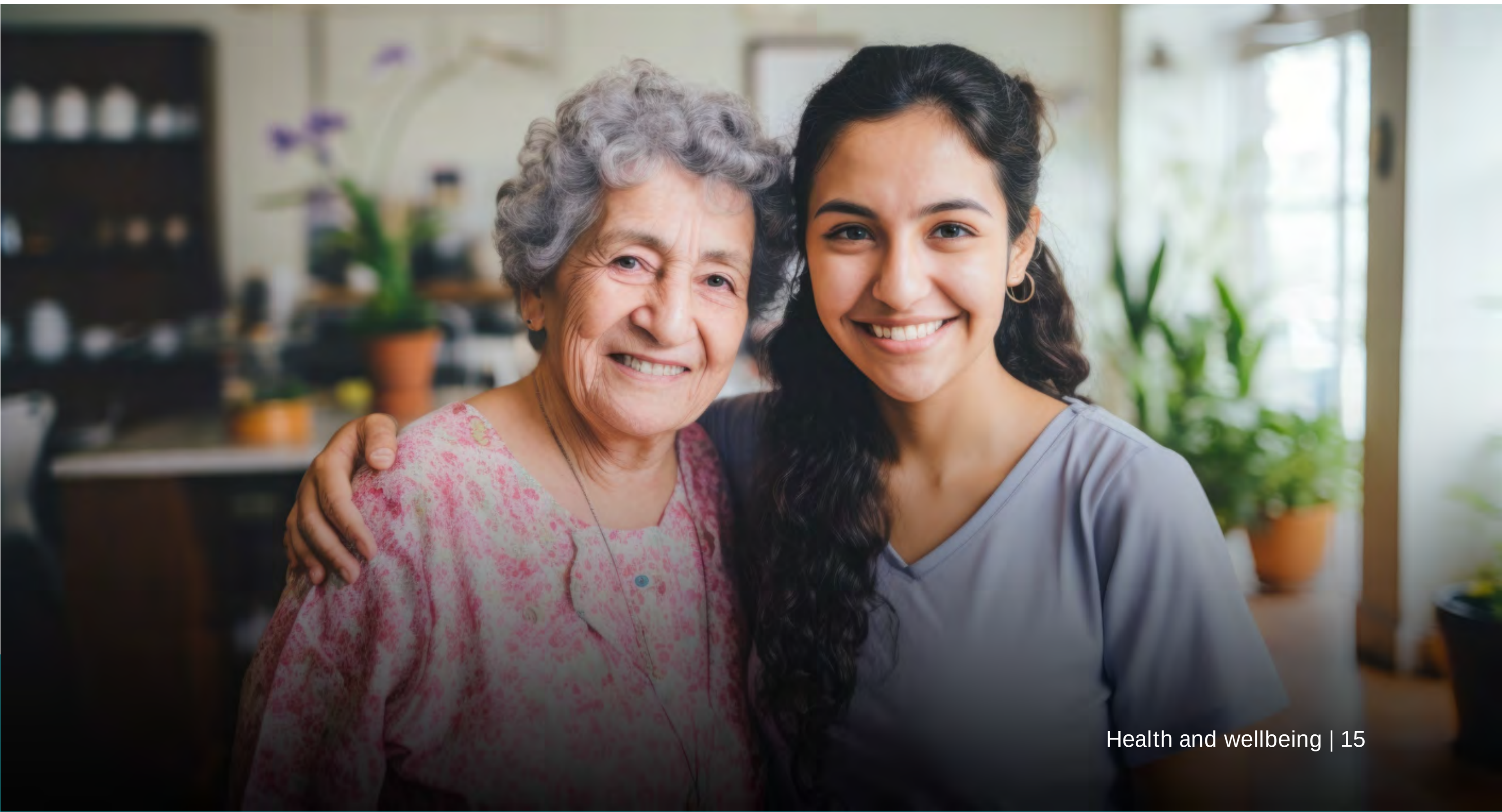
It is well recognised that providing care to others can place stress on a person's health and wellbeing (e.g. Sabo and Chin 2021). Supporting carers to have the time and resources they need to care for their own health and wellbeing is recognised as being of critical importance for supporting their ongoing health and wellbeing. In turn, supporting the health and wellbeing of carers contributes to supporting those they care for, as it improves the capacity of carers to continue providing care over the long term.

Good health and wellbeing is achieved when a person has overall high quality of life—which means not only good physical health, but also a decent standard of living, opportunities for leisure and recreation, and a sense of belonging within a well-functioning community (WHO 2024). Having a sense of meaning and purpose contributes positively to wellbeing, as does experiencing pleasure and happiness.

This section examines three measures of the overall health and wellbeing of carers (personal wellbeing, psychological distress, and general health), and two key factors that are known to contribute to wellbeing (household finances and social connection). This is followed by examining whether some carers were more and less likely to have healthy levels of wellbeing in 2025.

Personal wellbeing

Personal wellbeing means a person's overall level of wellbeing as an individual and is commonly measured based on questions that ask a person to rate how different aspects of their life are going at a given point in time. In the CWS, personal wellbeing is measured using the Personal Wellbeing Index (PWI), which asks carers to rate their level of satisfaction with seven aspects of their life known to be important to overall life outcomes—their standard of living, relationships, community, future security, what they are achieving, health and safety (Diener 2000, Cummins et al. 2007, International Wellbeing Group 2024, Jeyagurunathan et al. 2025). Answers are grouped and transformed into a score from 0 to 100, in which a score above 60 is considered to indicate healthy wellbeing (although those with lower levels of healthy wellbeing may still experience important wellbeing challenges).



The wellbeing of carers declined between 2024 and 2025 (Figure 1). However, this trend was not limited to carers: wellbeing also declined amongst Australians more generally during the same period (WHR 2025), and the decline amongst carers was smaller than that for the broader Australian population. Consistent with previous years, carers in 2025 were almost half as likely to have healthy levels of wellbeing compared to the average Australian adult[1], however the gap between carers' wellbeing and the average Australian adult was smaller in 2025 compared to 2024: 38.9% of carers had healthy levels of wellbeing in 2025, compared to 66.4% of Australian adults.

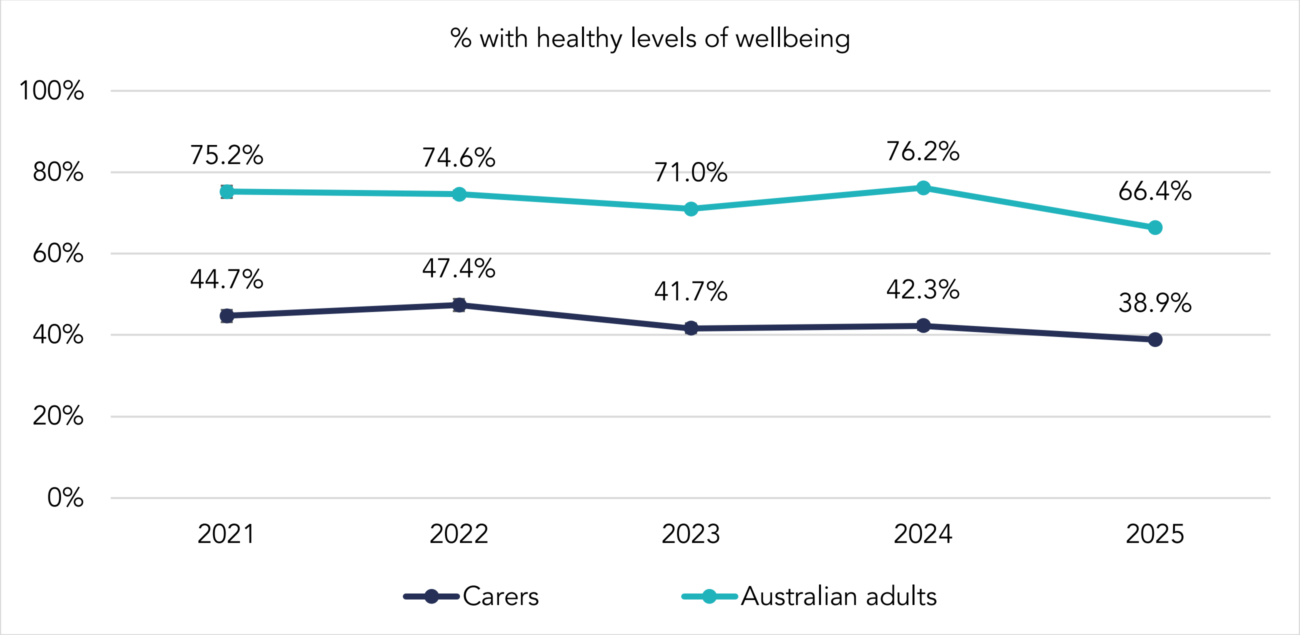


Figure 1 Personal wellbeing, 2021 to 2025

Illbeing – psychological distress

Understanding personal wellbeing provides useful insight into carers' quality of life. It is also important to examine illbeing—the presence of symptoms associated with poor mental health. Illbeing is often associated with low wellbeing and can impact a carer's ability to cope and thrive. In the CWS, illbeing is examined by measuring psychological distress using the Kessler Psychological Distress Scale (K10), a validated tool that assesses non-specific psychological distress based on symptoms of anxiety and depression (Andrews & Slade, 2001).

Figure shows the proportion of carers with moderate and high levels of psychological distress from 2021 to 2025. From 2022 to 2024 the proportion of carers with high psychological distress (ranging from 26.1% to 28.2%) and with moderate psychological distress (ranging from 18.1% to 19.1%) remained relatively stable. However, the proportion of carers with high psychological distress increased significantly to 31.2% in 2025, and the proportion with moderate levels of psychological distress reduced to 17.6%. This suggests that some carers who previously experienced moderate levels of psychological distress have experienced an increase in distress levels.

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[1] Source: 2024 Regional Wellbeing Survey, November 2024-February 2025

When comparing psychological distress levels of carers and those of adult Australians, the Kessler 6[2] (K6) measure is used instead of the Kessler 10 (the Regional Wellbeing Survey uses K6). Carers continued to have higher than average rates of psychological distress compared to the general population, consistent with previous years. While 16.3% of adult Australians had high levels of psychological distress in 2025, 35.9% of carers were experiencing these levels of distress in 2025.

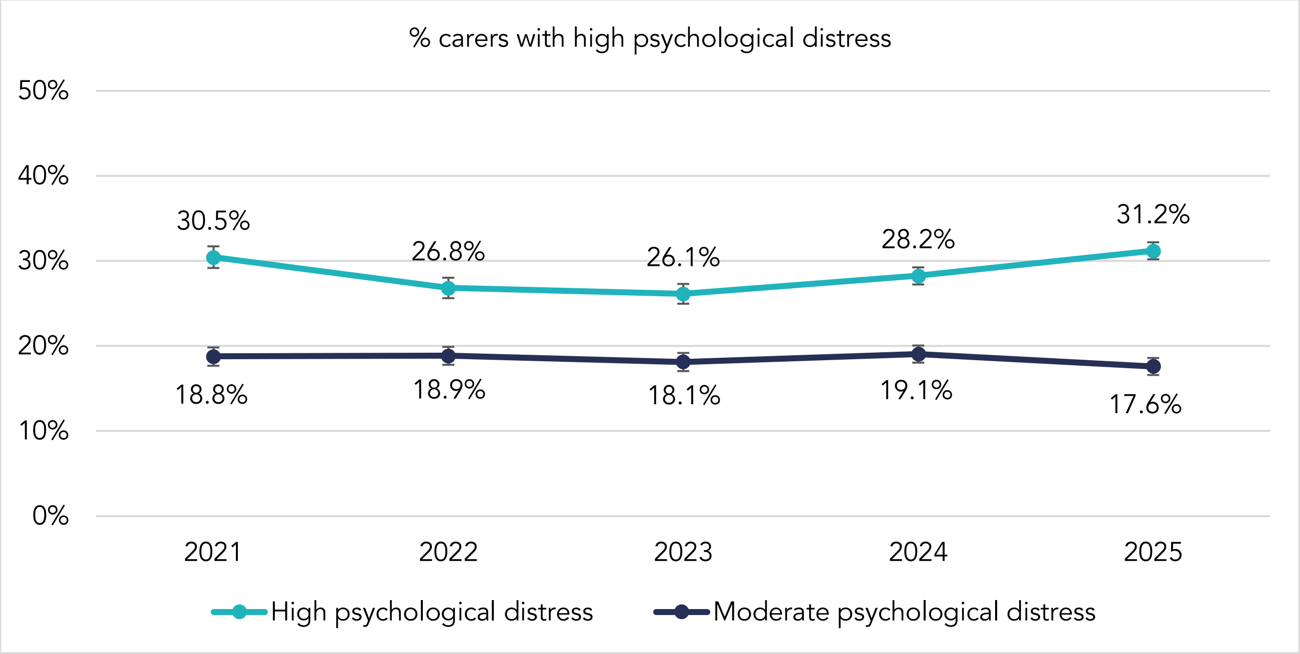

Figure 2 Illbeing, 2021 to 2025

Health of carers

Physical health and wellbeing are strongly interlinked. Poor physical health can negatively affect a person's wellbeing, while higher levels of wellbeing have been shown to support better health outcomes and resilience (Ngamaba et al., 2017; Steptoe et al., 2015, Kansky and Diener 2017). For carers, this relationship is especially important, as the demands of a caring role can impact both physical health and mental wellbeing, creating a cycle that can either support or undermine overall quality of life.

The general health of carers has been steadily declining since 2021, with only 15.3% of carers in 2025 reporting very good or excellent health, less than half of the 43.8% of adult Australians[3] who reported being in very good or excellent health (Figure 4). Identifying the overall long-term trend in health is somewhat challenging, as the first year of the CWS was conducted in 2021, when the COVID-19 pandemic had been occurring for close to a year, and conditions experienced during the lockdown phase of the pandemic may mean the health of carers changed compared to conditions prior to the pandemic. However, the results do suggest the gap in general health between the general population and carers in Australia is getting larger.

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

[3] Source: 2024 Regional Wellbeing Survey, November 2024-February 2025

It is important to recognise that the large gap in health status between carers and non-carers is unlikely to be wholly due to a person's role as a carer. Carers are in general significantly older than the general population, and physical health generally declines with age (WHO 2022). The median age of the Australian public was 38 years in 2021 (ABS 2021), while the average age of carers was 50 years in the most recent Survey of Disability and Ageing (SDAC 2022). However, while this accounts for part of the difference seen, it does not account for all of it, with all age groups of carers being less likely to have good health compared to the same age cohort in the general population:

- 16.4% of carers aged under 45 years reported having very good or excellent health, compared to 41.3% of adult Australians
- 13.5% of carers aged 45-64 reported having very good or excellent health, compared to 46.9% of adult Australians
- 16.8% of carers aged 45-64 reported having very good or excellent health, compared to 49.1% of adult Australians

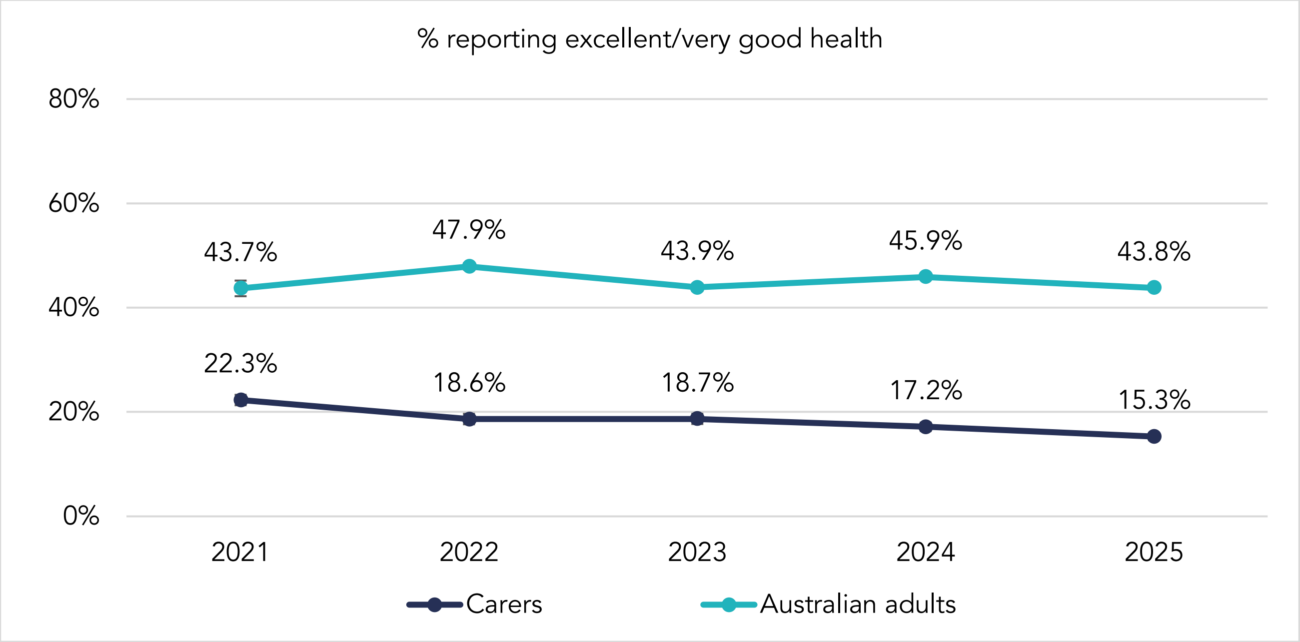

Figure 3 General health, 2021 to 2025

Loneliness and social connection

Multiple studies have linked frequent experiences of loneliness to negative impacts on both physical health and overall wellbeing and quality of life (Abbott et al. 2018, Cacioppo and Cacioppo 2018, Park et al. 2020, Rokach and Patel 2024). Recent Australian research by Majmudar et al. (2024) found that lonely carers reported lower health-related quality of life, higher healthcare use, and greater psychological distress than non-lonely carers.

Unpaid carers are particularly vulnerable to loneliness, with research showing that carers experience more loneliness than the general population, due to the often-isolating nature of their caring role and reduced time for social interaction (Vasileiou et al. 2017). Consistent with these findings, carers in the 2025 CWS were significantly more likely to report higher loneliness compared to the average Australian[4], with 42.7% of carers reporting feeling often or always lonely compared to only 11.9% of adult Australians (Figure 5). Loneliness has been increasing for carers each year since 2021, when 35.1% of carers reported feeling lonely often or always. The same pattern is not seen over the same time period for the general public, suggesting that factors related to the experience of being a carer are contributing to the rise in loneliness amongst carers.

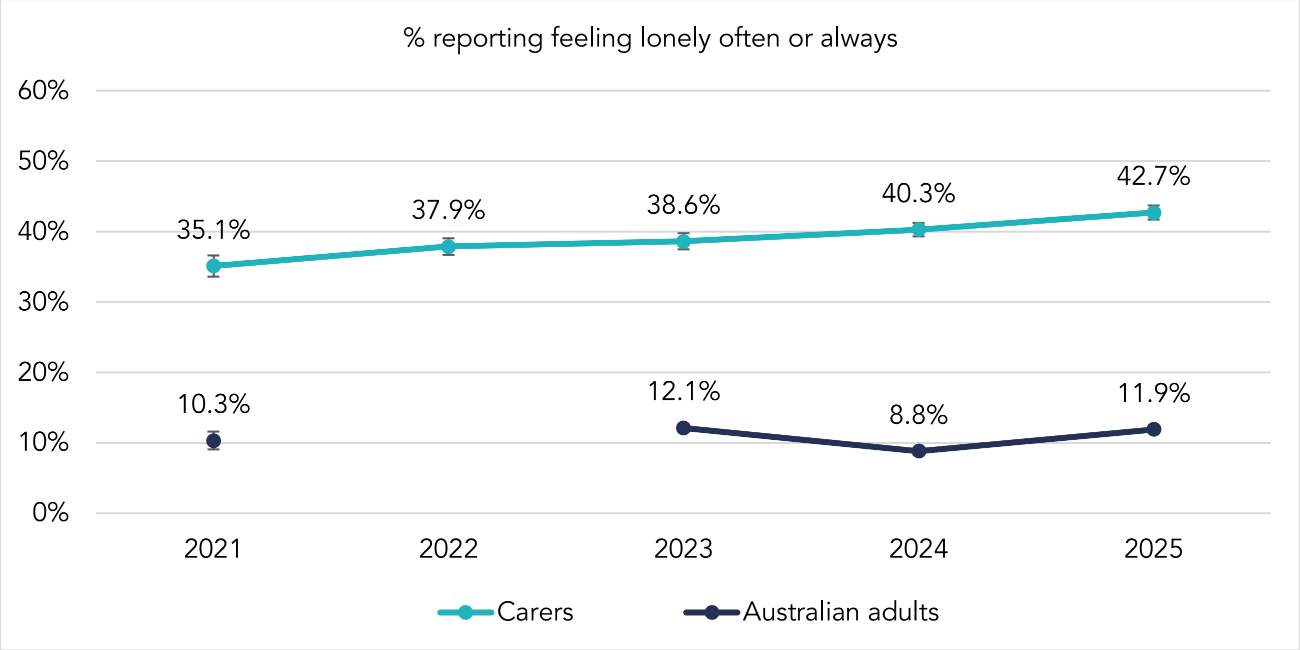

Figure 4 Loneliness, 2021 to 2025

Carers who were often or always lonely in 2025 were significantly more likely to have low personal wellbeing, high psychological distress and low general health:

- Carers reporting high loneliness were five times more likely to have low levels of personal wellbeing (86.7%) compared to carers who were rarely lonely (17.3%)
- A total of 88.7% of carers reporting high loneliness had high levels of psychological distress compared to carers reporting low loneliness (16.4%).
- Carers were more likely to report fair or poor general health if they were lonely often or always (72.1%) compared to carers who were rarely lonely (30.7%)

In 2025, 57.9% of carers reported that their caring duties regularly or always had a negative impact on their social life, an increase from the 53.1% who reported this in 2024. Similar to previous years, 46.0% reported their caring duties negatively impacted on their relationships with friends and family. However, the majority of carers (58.9%) did not feel uncomfortable about having friends over when they are with the person they care for (Figure 6).

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[4] Source: 2024 Regional Wellbeing Survey, November 2024-February 2025

While the majority of carers do not feel a sense of stigma about interacting with friends while with the person/people they care for, many experience high levels of loneliness. This suggests that barriers to social interaction for carers may be less about stigma and more related to practical constraints, like limited time associated with the demands of their caring role. These findings highlight the importance of addressing structural and time-related barriers to social connection, rather than focusing solely on attitudes or perceptions.

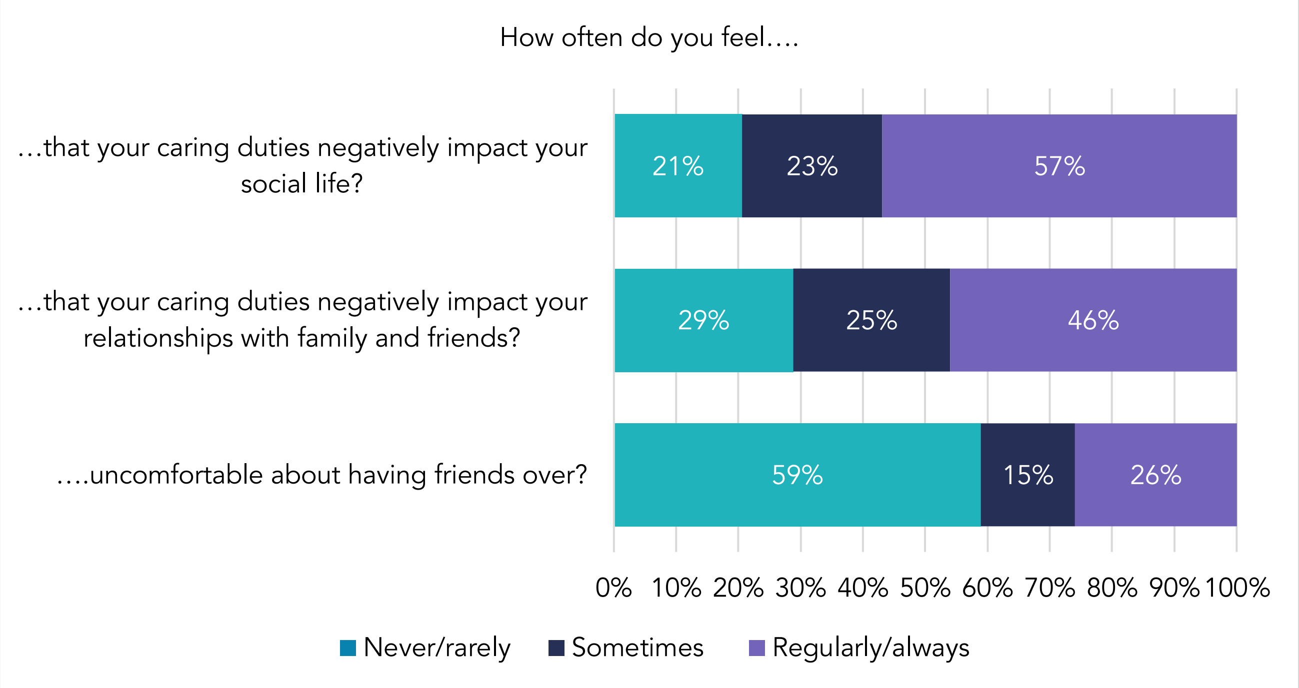

Figure 5 Impact of caring on social relationships, 2025

Financial wellbeing

Financial security is a key determinant of wellbeing, influencing not only material living standards but also mental and emotional health (Hassan et al. 2021, Livingston et al. 2022). When individuals have stable and sufficient income, they are better able to meet basic needs, access healthcare, participate in social and community life, and plan for the future. For many carers, obtaining or keeping financial security can be difficult, particularly as many carers reduce their working hours or leave employment altogether to provide care, leading to income loss and long-term impacts on superannuation and retirement savings. This is particularly acute for carers who begin caring earlier in life (Evaluate 2022).

The proportion of carers reporting their household is poor or very poor rose significantly between 2022 and 2023, and has remained relatively consistent since 2023, with 16.7% reporting low financial prosperity in 2025. The rise after 2022 is consistent with cost-of-living trends in Australia. The 2022 CWS was conducted early in the year; from March 2022, living cost indexes in Australia rose sharply, with high growth in cost of living during the second half of 2022 and through 2023. While cost of living grew somewhat less slowly during 2024, cost of living growth remaining above the levels seen in 2021 (ABS 2025). This suggests many carers have experience significant impacts from rising cost of living, leading to a significant reduction in household financial prosperity.

Carers continue to report lower financial prosperity compared to the adult Australian population, with 9.2% of adult Australians[5] reporting their household is poor or very poor, compared to 16.7% of carers (Figure).

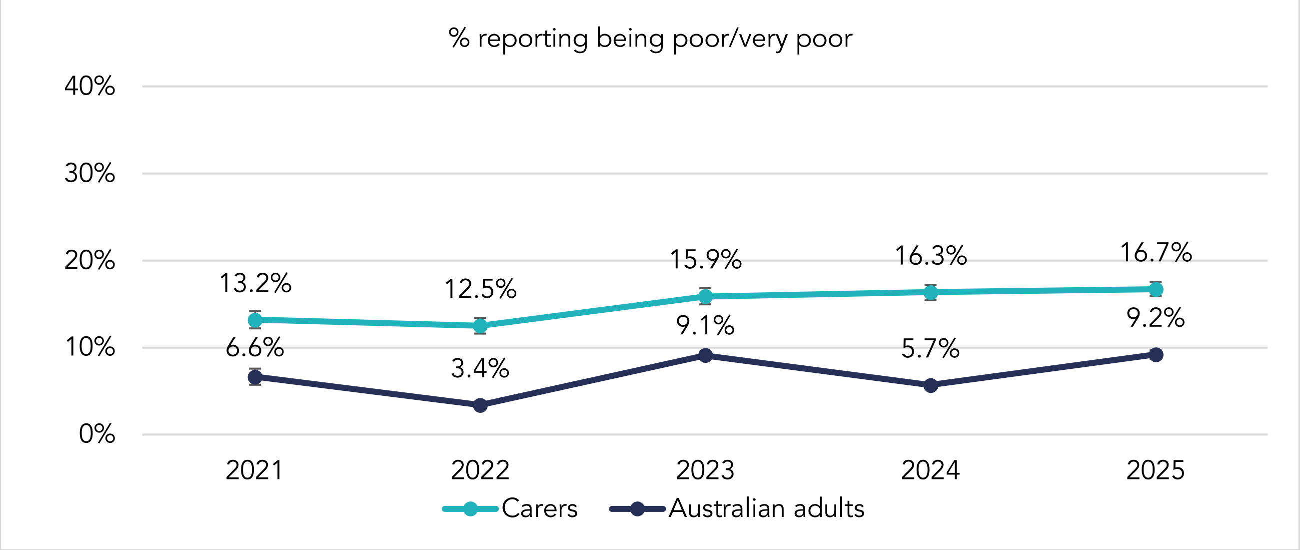

Figure 6 Financial prosperity, 2021 to 2025

Carers are also asked about experiences of financial stress events in the CWS. In 2025, 62.5% of carers 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). This is similar to the 61.7% who reported this in 2024. Australia-wide, a relatively large proportion of adults experienced at least one financial stress event in the last 12 months (40.9%). However, consistent with previous CWS report, carers continue to experience higher rates of financial stress events compared to the broader population, and the gap is not lessening over time.

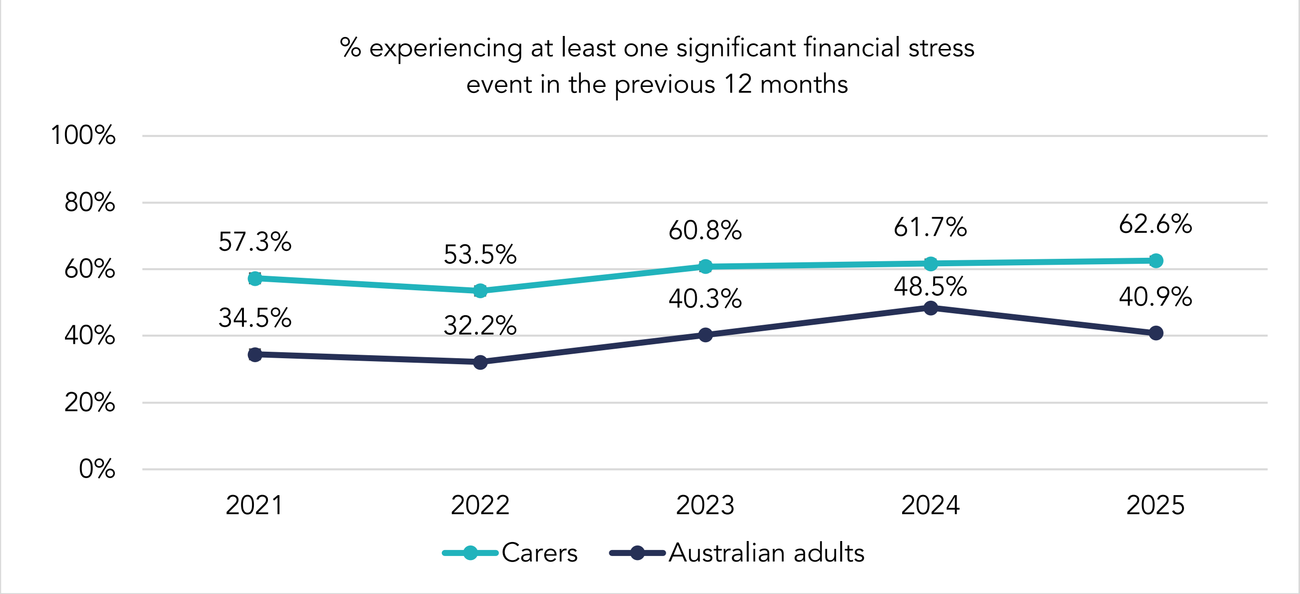

Figure 7 Financial stress events in previous 12 months, 2021 to 2025

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[5] Source: 2024 Regional Wellbeing Survey, November 2024-February 2025

The proportion of carers reporting financial impacts because of their caring responsibilities (Figure) increased between 2024 and 2025. In 2025:

- 72.5% reported becoming a carer resulted in a reduction in the amount of income they earned, compared to 64.0% in 2024
- 64.3% reported that their household's financial situation has worsened since becoming a carer, compared to 59.1% in 2024
- 70.5% reported that due to being a carer they had accumulated less superannuation than they would have otherwise, compared to 58.6% in 2024
- 71.0% reported they have been unable to accept employment opportunities due to being a carer, compared to 55.9% in 2024.

Only 21.3% of carers in 2025 reported that their income earning ability was the same as it would be if they were not a carer, compared to 21.0% in 2024.

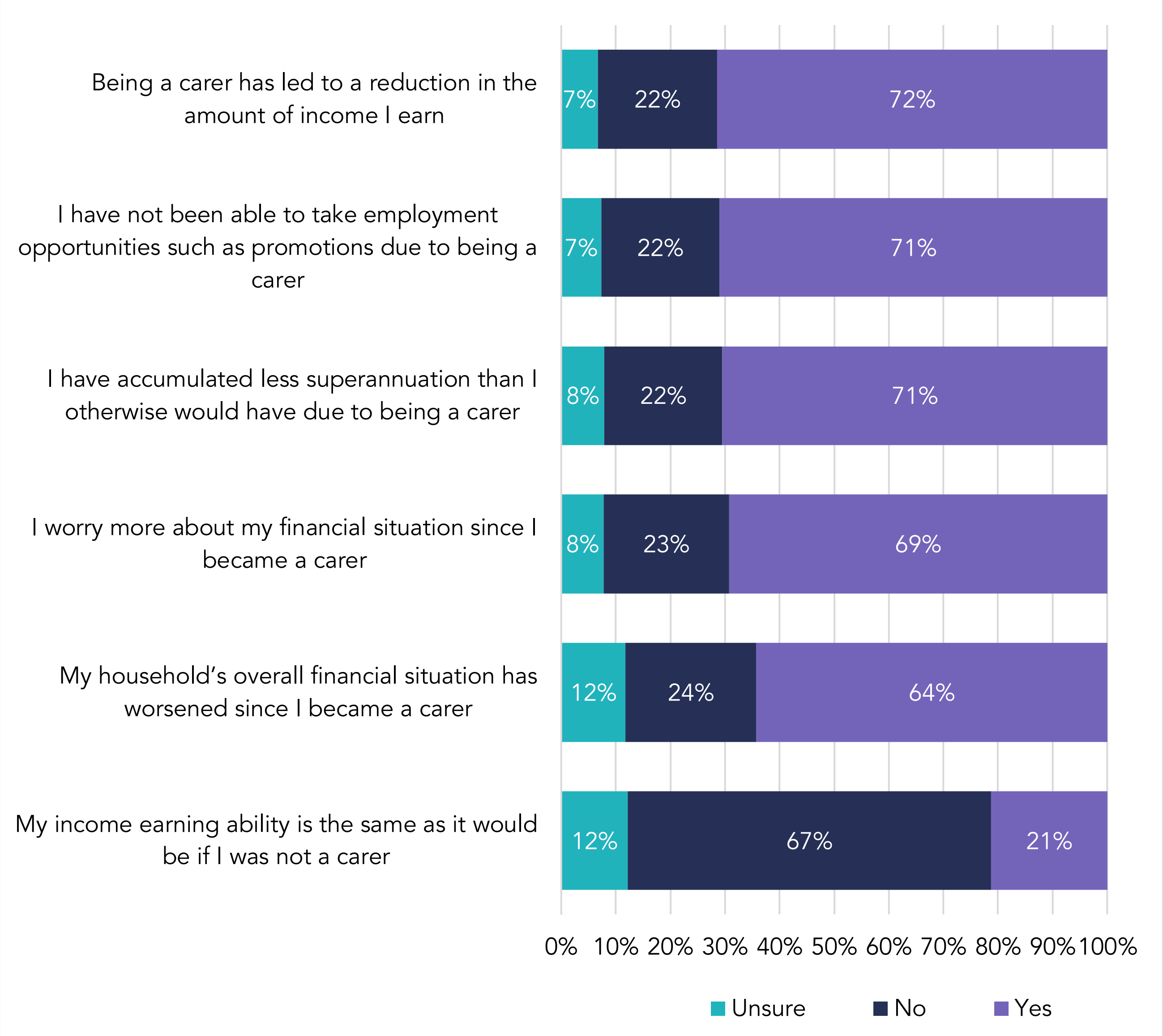


Figure 8 Carer financial burden, 2025

Differences in health and wellbeing amongst carers

Some carers are more likely to have healthy levels of wellbeing than others. Understanding which carers are more and less likely to experience stress on their health and wellbeing both helps identify which carers are most in need of additional support, and the types of conditions that enable a person to be a carer while maintaining healthy levels of wellbeing. Table summarises the statistically significant differences in wellbeing between different groups of carers, and whether these differences have been observed over time in the CWS. In Table 3, different carers are compared to the average for all current carers. It is important to recognise that even those carers identified as having higher than typical wellbeing in Table 3 may still be experiencing significantly lower wellbeing than the typical Australian.

The findings highlight that carers with higher caring commitments consistently report lower health and wellbeing outcomes. This includes those who are a primary and/or sole carer, have 40 hours or more per week caring commitments, care for two or more people, care for someone with high or very high caring needs, have been caring for five or more years, and care for someone who lives with them. Poorer outcomes are also more likely to be reported by carers aged 35 to 54, and carers who identify as LGBTIQA+.

Carers are consistently more likely to have healthy levels of wellbeing, social and financial outcomes if they have lower caring commitments. Lower caring commitments can include 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. Older carers are also less likely to experience low levels of wellbeing compared to younger carers.

Table 3 does not show the high intersectionality between some groups of carers. For example, those who identify as LGBTIQA+ are more likely to be in younger age groups; those who did not receive carer payment/allowance are more likely to have lower caring commitments and be in paid employment. This means that care is needed in interpreting the results, as the ultimate cause of lower wellbeing amongst some groups is likely due to an intersection of characteristics, and should not be attributed solely to them having the attribute shown in the table, such as their age or gender.

This highlights a particular need to invest in supporting those carers with more complex, time consuming and intensive caring responsibilities, and those who become a carer at a younger age.

Table 3 Variation in wellbeing of different groups of carers

▲ sig. better than the average for all carers ▼ sig. poorer than the average for all carers — no sig. difference to the average for all carers ★ consistent with multiple previous years		Wellbeing	Illbeing	General health	Loneliness index	Financial stress
Gender	Female	▼	▼	▼	▼	▼
	Male	▲★	▲	▲	▲	▲
Age	Aged 15-24	▲	▼	▲	▲★	▼★
	Aged 25-34	▼★	▼★	▼	▼	▼★
	Aged 35-44	▼★	▼★	▼★	▼★	▼★
	Aged 45-54	▼★	▼★	▼★	▼★	▼★
	Aged 55-64	▼	▲	▼	—	▲★
	Aged 65-74	▲	▲	▲	▲	▲★
	Aged 75+	▲	▲	▲	▲	▲★
Typical caring hours per week	<20 hours/week	▲★	—	▲	▲	▲
	20-39 hours/week	—	▼	▼	—	▼
	40+ hours/week	▼★	▼★	▼★	▼★	▼★
	Varied/hard to say	—	▼	▼	—	—
Cultural and language diversity	Not Aboriginal/Torres Strait Islander	▲	▲	—	—	—
	Aboriginal/Torres Strait Islander	▼	▼	▲	▼	▼
	Usually speak English at home	—	▲	▲	—	▲
	Usually speak language other than English at home	—	—	—	▲	▼
LGBTIQA+	Identify as LGBTIQA+	▼★	▼★	▼	▼★	▼★
State/Territory of residence	NSW	—	▼	▲	▼	▲
	VIC	▲	▲	▲	▲	—
	QLD	▼	—	▼	▼	▼
	SA	▲	▲	—	▲	▼
	WA	▼	—	—	—	—
	TAS	▲	▲	▲	▲	—
	NT	▲	▼	▲	▲	▲
	ACT	▲	▲	▼	▲	▲
Urban/rural	Major cities	—	—	▲	—	—
	Inner regional	▲	▲	▼	—	▼
	Outer regional	—	▲	—	▼	▼
	Remote and very remote	▼	▲	▼	▼	▼
Primary carer	Not a primary carer	▲	▲★	▲	▲★	▲
	Primary carer	▼★	▼	▼	▼★	▼★
Sole/assisted carer	Assisted in caring role	▲	▲	▲	▲	—
	Sole carer	▼★	▼	▼★	▼★	▼★
Continuous or episodic carer	Caring role continuous	▼	▼	▼	▼	—
	Caring role episodic	▲	▲	▲	▲	▲

▲ sig. better than the average for all carers ▼ sig. poorer than the average for all carers — no sig. difference to the average for all carers ★ consistent with multiple previous years		Wellbeing	Illbeing	General health	Loneliness index	Financial stress
Number of people currently caring for	Currently care for 1 person	▲★	▲	▲★	▲	▲★
	Currently care for 2 people	▼★	▼★	▼★	▼★	▼★
	Currently care for 3 or more people	▼★	▼★	▼★	▼★	▼★
Care recipient residence	Care recipients live elsewhere	▲	▲★	▲★	▲★	▲★
	One or more care recipients live with carer	▼★	▼	▼	▼★	▼
Length of time being a carer	Carer for >5 years	▼★	▼	▼	▼★	▼
	Carer for 2-5 years	▲★	▲	▲	▲	▲★
	Carer for 1-2 years	▲★	▲	▲	▲	▲★
	Carer for <1 year	▲★	▲	▲	▲	▲★
Relationships of carer to care recipient	Care for child/grandchild	—	—	▼	▼	▼
	Care for partner/ex-partner	▲	▲	▼	▲	▲
	Care for parent/grandparent	—	▼	—	—	▼
	Care for sibling	▲	▼	▲	▲	▼
	Care for friend or other type of relative	▲	▲	▲	▲	▼
Level of assistance needed by care recipient	Low assistance needs	▲	▲	▲★	▲★	▲
	Low-moderate assistance needs	▲	▲	▲★	▲★	▲
	Moderate assistance needs	▲	—	▼	▲	▼
	High assistance needs	▼★	▼	▼★	▼★	▼
	Very high assistance needs	▼★	▼	▼★	▼★	▼
Carer labour force status	Employed	▲	—	▲	—	▼
	Unemployed	▼★	▼	▲	▼	▼
	Not in labour force	▼	▲	▼★	—	▲
Training/study status	Not currently studying at educational institution	—	▲	—	—	▲
	Currently studying at educational institution	▲	▼	▲	—	—
Payments or allowances	Did not receive carer payment or allowance	▲	▲	▲	▲	▲
	Received carer payment and/or allowance in the last 12 months	▼	▼	▼	▼	▼

Young carers

In Australia, a carer is considered a 'young carer' if they are under 25 years old and provide unpaid care and support to family members (including parents, partners, siblings, children, other relatives), friends and/or neighbours. As of 2022, there were an estimated 391,300 young carers in Australia (ABS 2024).

While caring can be a positive and rewarding experience for many young carers—particularly when adequate support is available—it also presents unique challenges that can affect their wellbeing, education and future opportunities. These often include (Rose and Cohen 2010, Efstratopoulou 2020, Saragosa et al. 2022, Spencer et al. 2024, Walker et al. 2024):

- Social isolation, due to limited time for peer interaction and extracurricular activities
- Stigma and reluctance to disclose their caring role, which can lead to feelings of invisibility or shame
- Educational challenges, including difficulty keeping up with schoolwork and attending regularly
- Financial insecurity, both in the short term (due to reduced household income or limited access to part-time work) and long term (through disrupted career pathways and reduced superannuation accumulation)
- Lack of recognition, with many young carers feeling that their contributions are undervalued or overlooked by schools, employers, and service providers.

Young carers who participated in the 2025 CWS were asked additional questions focused on the experience of being a carer at a young age. These enabled a more detailed understanding of engagement in study/training, use of young carer supports, and how young carers experience being a carer.

Use and experience of government supports

In addition to supports available to carers more generally, the Australian Government supports young carers through the Young Carer Bursary and the Young Carers Network. The Young Carer Bursary, funded by the Australian Government Department of Health, Disability and Ageing, provides financial assistance to help young carers stay engaged in education and reduce the need to undertake paid work alongside their caring duties. The Young Carers Network is a nationally coordinated initiative designed to raise awareness of young carers, provide accessible information, and connect young carers with support pathways. It serves as a central resource to help young carers navigate the challenges of caregiving while balancing education, employment, and personal wellbeing.

Just over half of young carers had engaged at some point with the Young Carer Network, either currently (25.8%) or in the past (29.6%). A total of 26.4% reported hearing about the Young Carer Network but had not registered, while almost one in five (18.2%) had not heard about the Young Carer Network before. When asked to describe what they found useful or positive about engaging with the Young Carer Network, the most common benefits identified were building social connection and a sense of community, learning about different resources and supports available to young carers, feeling like 'you're not alone' and feeling cared about.

When asked if they had ever accessed the Young Carer Bursary, 44.8% had accessed this payment in the past 12 months, and a further 12.3% received it in the past, but not in the last 12 months. Of the remainder, only 13.9% indicated they didn't need the Carer Bursary, while 8.6% reported having tried to access the payment unsuccessfully, and 20.4% wanted to access the Young Carer Bursary.

Those who had accessed the Young Carer Bursary (currently or in the past) were asked how useful they found it. The large majority (86.9%) found it useful, and a further 11.5% found it somewhat useful. Only 2.5% did not find the Young Carer Bursary useful. The young carers who had never accessed the Young Carer Bursary were asked why not. The majority, 56.0%, indicated that they did not know about it.

Participation in and experiences of education as a young carer

The majority of young carers were enrolled in some type of study or training at the time they completed the 2025 CWS, with 21.5% being in earlier secondary schooling (year 7 to 10), 27.4% in senior secondary schooling (year 11 or 12), 23.9% in university, and 16.4% in vocational education/training. Only 13.2% of young carers were not enrolled in any study or training.

Of those who were enrolled in study or training, just over half (51.9%) had not informed the institution they were enrolled in about their caring role.

Young carers who were engaged in secondary or tertiary education were asked about their experiences of studying while also caring (Figure 9). There was high variability in responses amongst young carers, with as many reporting positive experiences as negative. Half of young carers felt that their education facility provided them with what they needed to successfully participate in their studies (49.3%), and 39.8% indicating their education facility was understanding of their caring role. However, there was still a proportion of young carers who felt unsupported, with 35.2% indicating their education facility did not provide them with what they needed to successfully participate in their studies, 40.8% did not feel their education facility was understanding of their caring role, and 41.1% did not feel their teacher/s understood their caring situation. While 35.5% have been able to negotiate flexible arrangements so they can participate as best they can, 40.8% have not been able to. These results may in part reflect the 51.9% who had not informed their education facility about their caring role, with some of the 'don't know' responses possibly also reflected in these responses; however, it would not account for all the feelings of being unsupported.

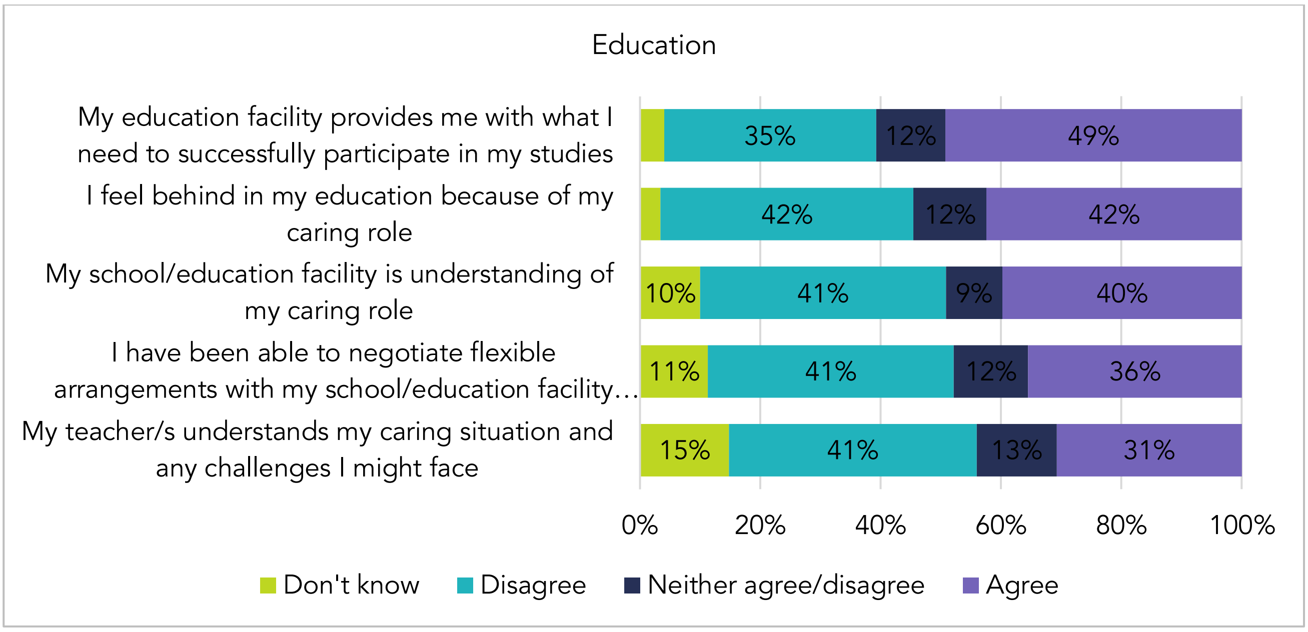


Figure 9 Participating in education as a young carer, 2025

Navigating support systems as a young carer

One challenge faced by many young carers is the feeling of being unrecognised, or 'invisible' (Rose and Cohen 2010, Efstratopoulou 2020). Lack of recognition of young carers by the systems they are navigating as part of their carer role can create challenges, such as difficulty being recognised and involved in decision making related to the people they care for. However, in 2025 the majority of young carers (66.9%) felt included in the decision making and planning for the care and support of the person they care for (Figure 10). Just under half felt that they are treated with respect as a young carer (44.8%), and that their opinions and concerns are heard and acknowledged when discussing the needs of the person they care for (42.8%) – although one in three did not feel treated with respect, or that their opinions and concerns were heard and responded to (33.9% and 33.1% respectively). Importantly, more than half of young carers (53.0%) did not feel supported by the government, and half (49.7%) reported that they were not able to navigate government systems to access the support they need as a young carer.

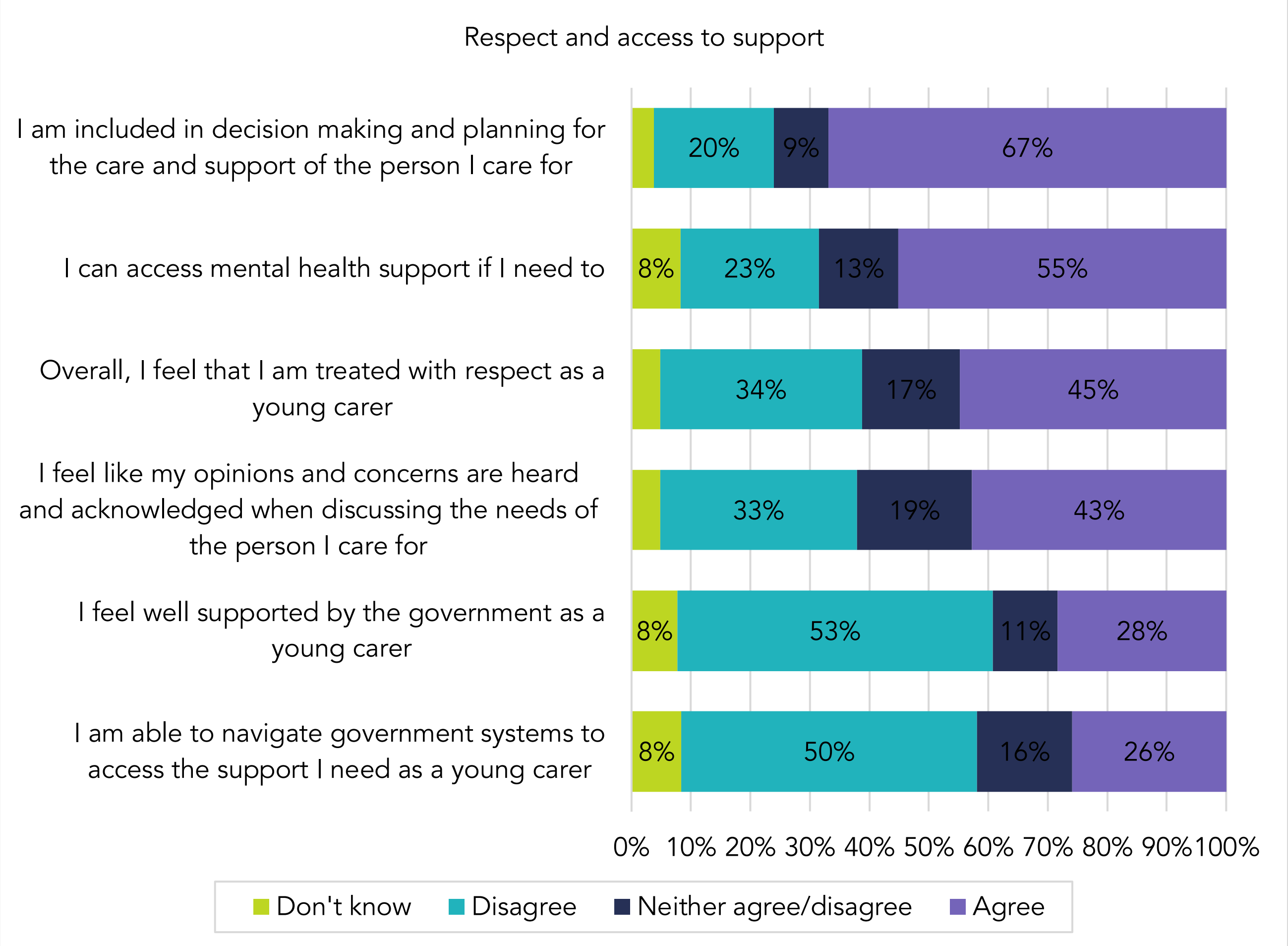


Figure 10 Respect and access to support for young carers, 2025

Employment experiences of young carers

Being a young carer can result in difficulties in entering the workforce, working as much as desired, or in the job or career that they would like to be in. In addition to the factors that affect employment amongst carers in general (such as difficulty finding flexible work), experiencing interrupted schooling or employment history due to caring responsibilities can make it particularly challenging for younger carers to find and keep employment (Hill et al. 2011).

Many young carers felt that they were able to enter the workforce (45.7%) and were able to work in the job or career that they would like to (47.2%). However, 40.7% of young carers also reported they were unable to work as much as they would like to because of their caring role, 38.1% reported being unable to enter the workforce because of their caring role, and 32.1% were unable to work in the job or career they would like to because of their caring role (Figure 11). A total of 12.1% did not know whether they could work in the job or career they'd like to, possibly reflecting the uncertainty of young people in general of what career they'd like to pursue at a young age.

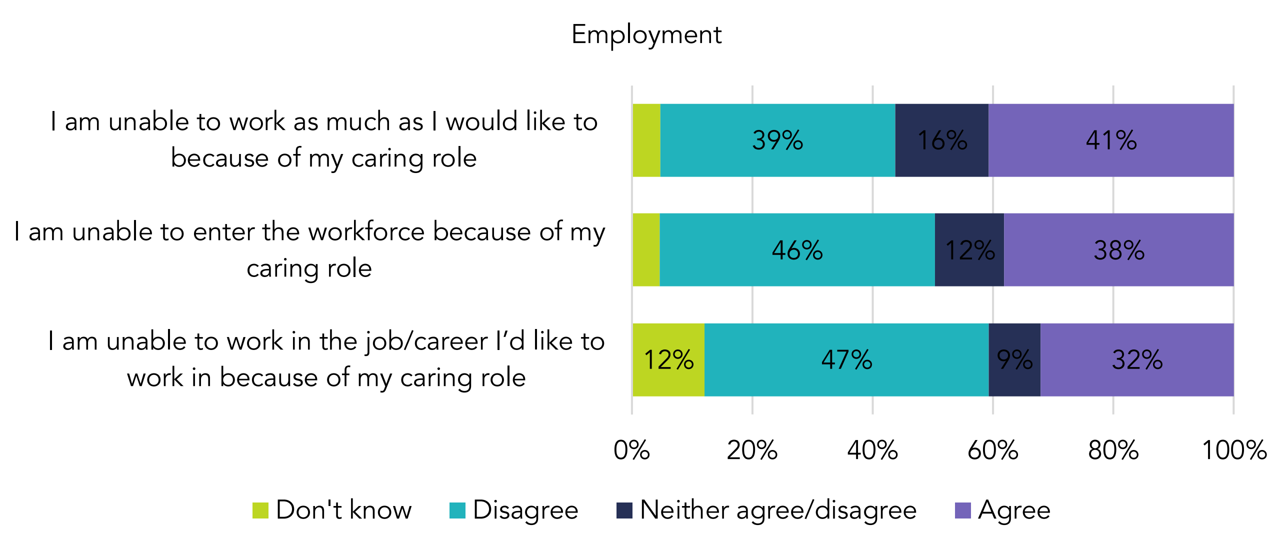


Figure 11 Young carers and employment, 2025

Experiences of childhood and social connection as a young carer

There is often concern about the potential toll being a young carer may have on a person's childhood and social connections. Past research has found that being a carer often reduces a young person's ability to socialise and recreate and increases social isolation and exclusion for many young carers (Rose and Cohen 2010).

Young carers reported a diversity of experiences in terms of their childhood and their ability to access social connection. Just over half (54.1%) felt they had missed out on some of their childhood due to their caring role. However, the majority (56.3%) felt that they could easily make friends with other young people who are not carers, while 28.7% did not. Most—71.5%—had someone that they can trust to confide in about their caring role. However, only 29.6% felt confident they could connect to other young carers through young carer groups or peer support groups, while more felt they either could not do this (36.4%) or were unsure if they could do this (22.5%).

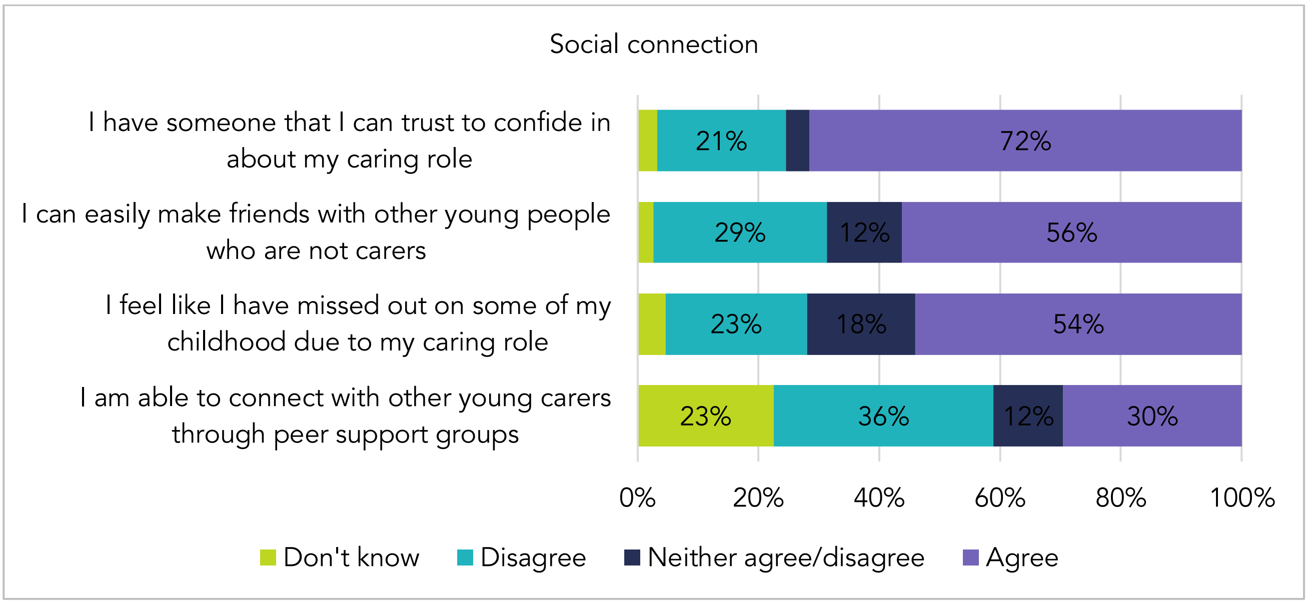


Figure 12 Social connection experiences of young carers, 2025

Carers and the Defence Force

In 2024, carer of veterans and carers living in Defence Force families were consulted about challenges specific to their experience, to help inform development of the National Carer Strategy.

In 2025 the CWS asked carers of veterans, and carers living in Defence Force families, about their unique carer experiences. Amongst those caring for veterans, a number of common challenges were identified (Figure 13):

- Nearly half (49.5%) felt that available services do not always understand how best to support veterans
- Over half (51.0%) reported difficulty navigating the Department of Veterans' Affairs (DVA) system to access needed support
- A similar proportion (51.1%) did not feel recognised or valued as carers by the DVA
- Most (69.9%) do not connect with other carers of veterans, indicating a lack of peer support.

These findings suggest a clear need to improve system navigation, enhance recognition of carers, and foster peer connection among those caring for current and former ADF members. Strengthening these areas could significantly improve both carer wellbeing and the effectiveness of support provided to veterans.

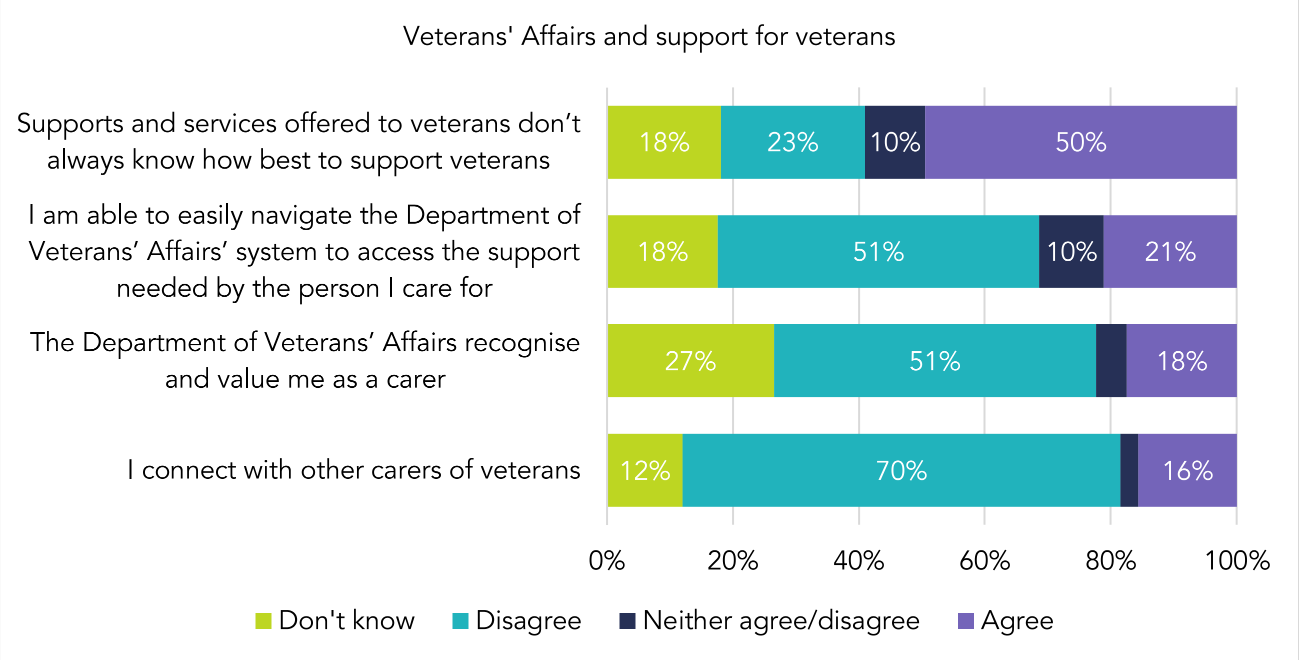


Figure 13 Support for Defence Force Veterans, 2025 (carers of veterans)

Carers who were members of a Defence Force family were also asked about their unique carer experiences, with a focus on understanding the impact of regular moves to new locations for carers. Only a relatively small number of survey respondents (40) were living in households with an active member of the Defence Force, and not all of these answered every question asked about their experiences as a carer living in a Defence household. These low response rates mean the findings should be interpreted with caution, as they may not be representative of the broader Defence family carer population. For detailed statistics and confidence intervals, refer to the detailed data tables (Appendix 1).

Carers who live in a Defence family experience additional challenges on top of those experienced by the typical carer, related to the need to navigate postings to new locations on a regular basis (Figure 14):

- The majority of Defence Force carers (81.1%) reported experiencing long wait times to access services for themselves and/or the person they care for after moving to a new location
- 73.1% of Defence Force carers found it difficult to build new friendships when posted to new locations
- 64.6% of Defence Force carers reported living in homes that that do not suit the needs of the person they care for
- 40.1% felt that their needs as a carer, and the needs of the person they care for, are not considered as part of the personnel posting process.

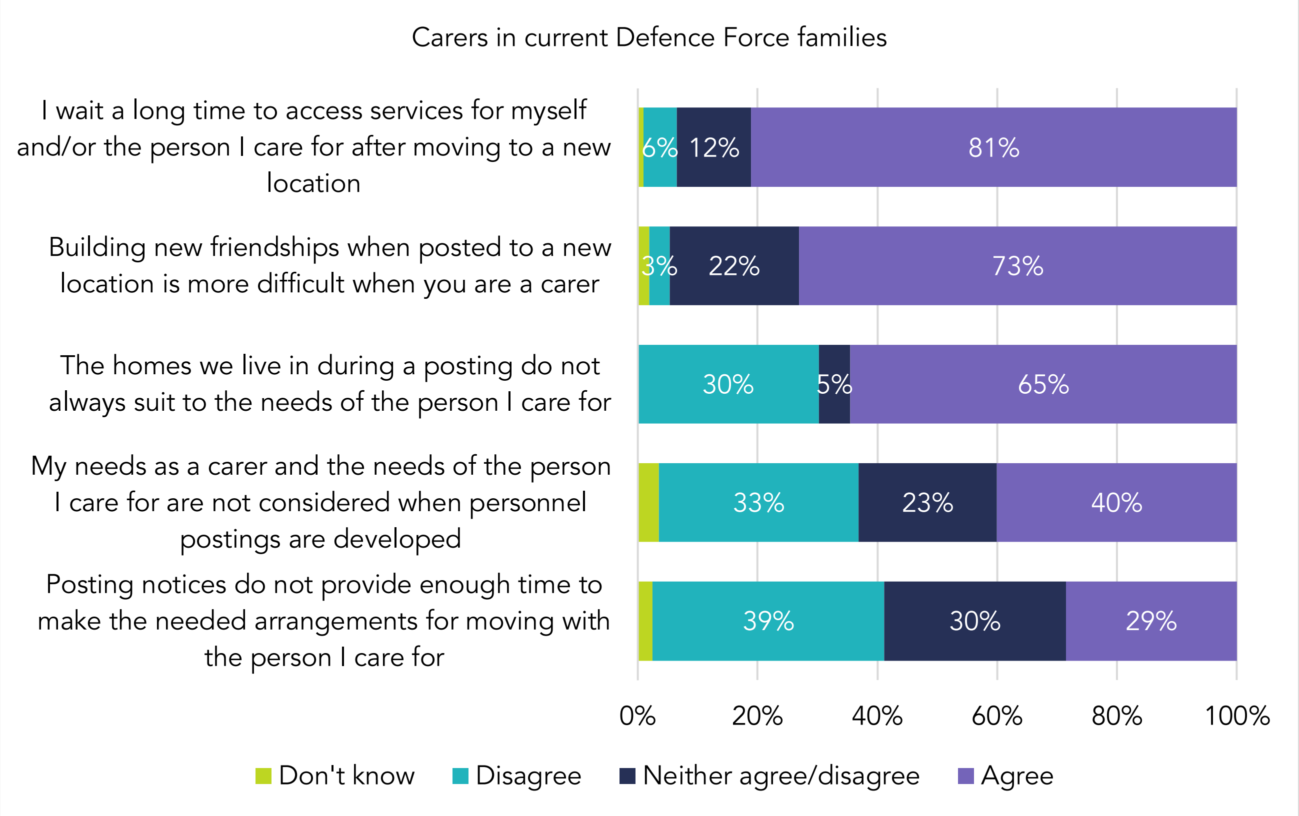


Figure 14 Challenges associated with caring in a current Defence Force family, 2025

Experiences with accessing respite care

In 2025, carers who had either wanted to access or had used respite care services in the past 12 months were asked about their experiences. The findings highlight that many carers experience significant barriers and challenges to accessing suitable respite care key obstacles that carers face when trying to access respite (Figure 15), particularly:

- Difficulty finding high quality respite services (58.8%)
- Lack of available respite services in their local areas (57.9%)
- Difficulty affording the cost of accessing respite services (55.9%)
- Not receiving funding to access respite services (55.2%),
- Lack of availability of consistent care (54.4%)
- Long waiting times for care (53.8%).

In addition to barriers related to availability, quality and cost of respite, many carers—54.3%—reported that the person they care for does not want to be cared for by other people. This concern is not just held by those who are the recipients of care, with 46.4% of carers finding it difficult to consider letting a person they don't know provide caring duties for the person/people they care for. Many carers reported experiencing several of the challenges asked about; it was common for carers to report four or five barriers existing to accessing respite care, whereas having only one challenge was less common.

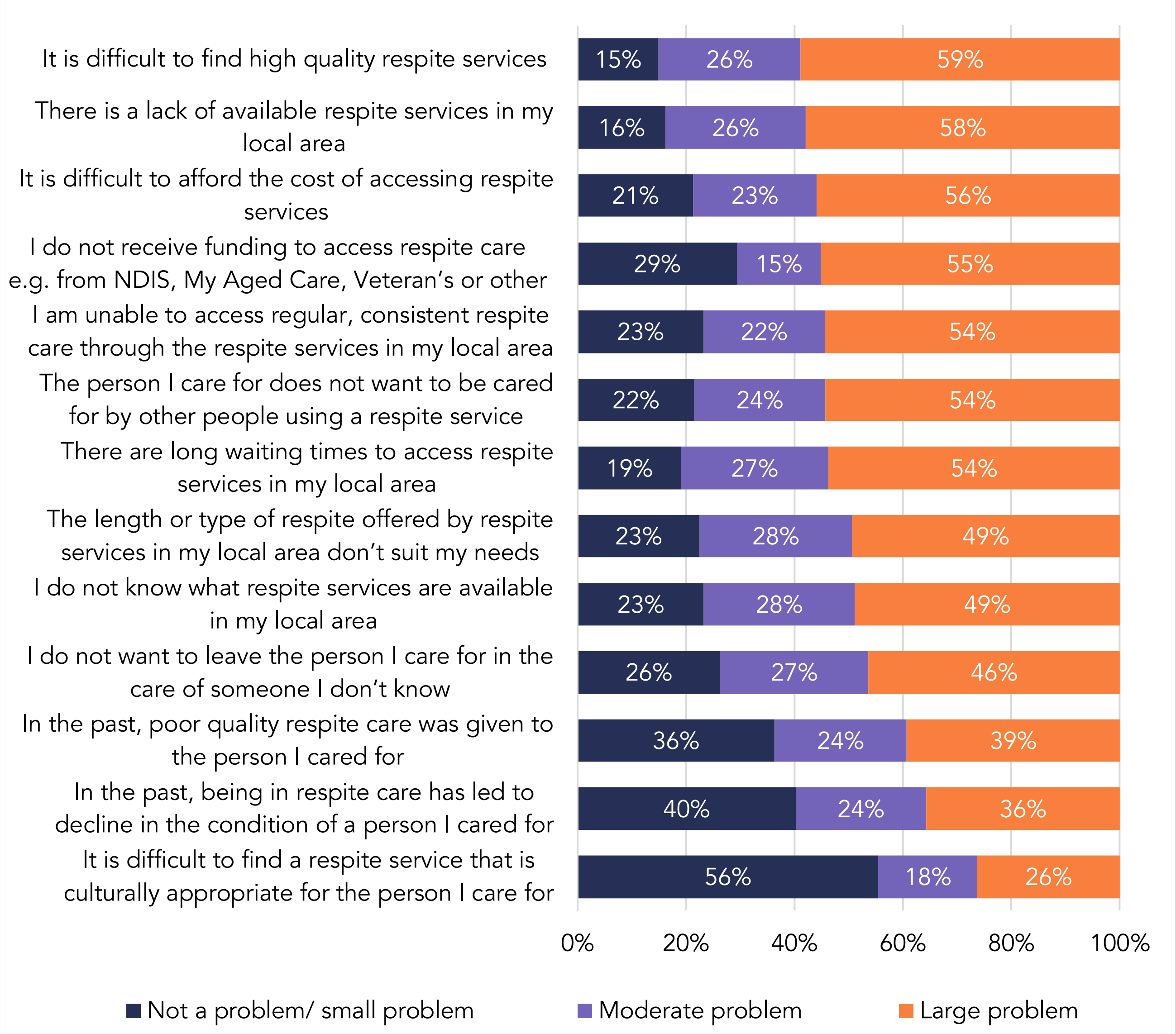


Figure 15 Barriers to accessing respite care services, 2025

While many carers experience barriers to accessing respite care, a majority of those who had accessed respite care in the past 12 months had positive experiences of respite care (Figure 16):

- 65.7% reported that the respite care was consistently good
- 62.8% found the respite care flexible, with tailoring of the services provided to meet the needs of the person they care for
- 61.6% usually felt refreshed after accessing respite care
- 60.9% felt free to do what they needed to do while the person they care for was in respite care.

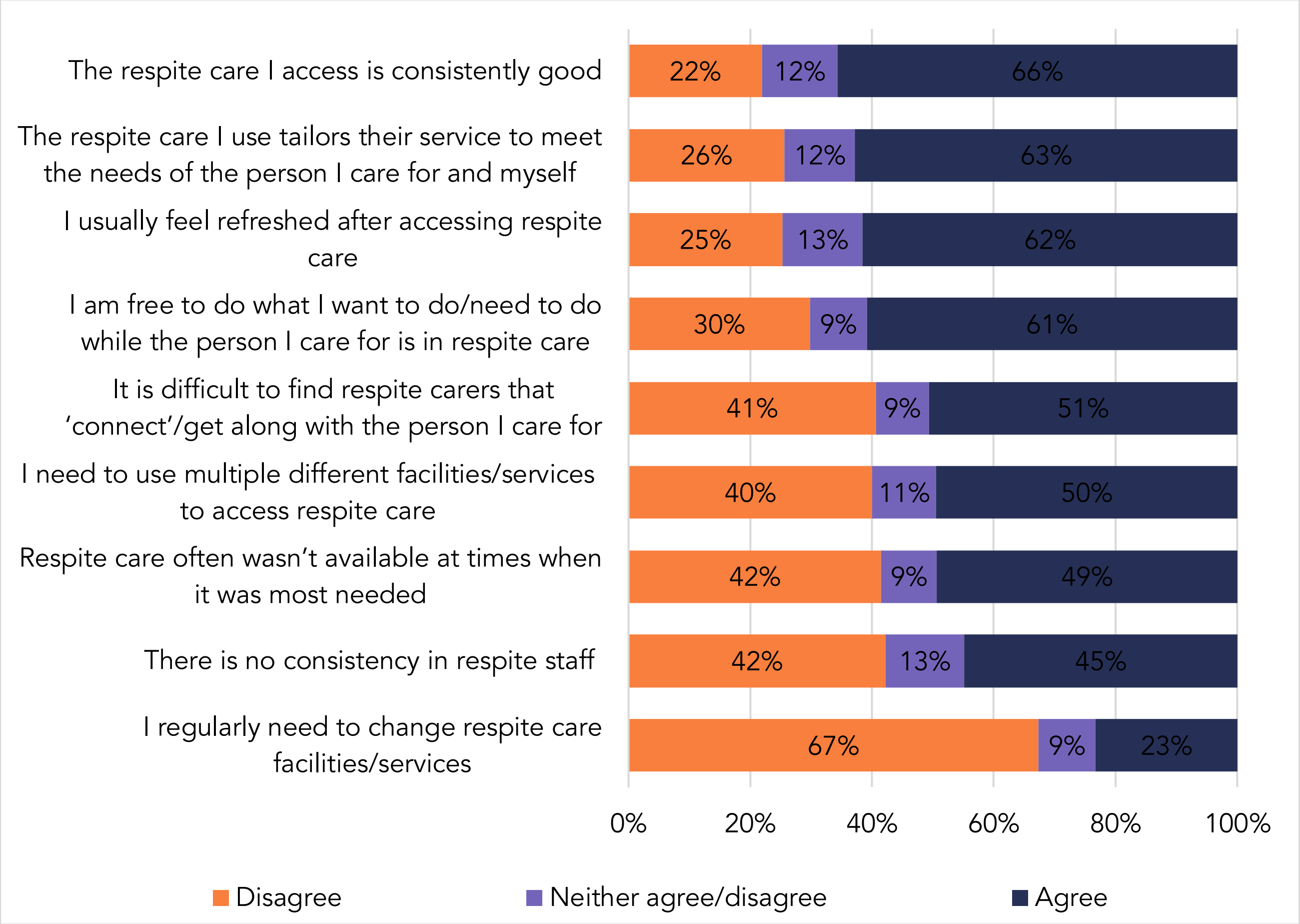


Figure 16 Experiences with accessing respite care services, 2025

Benefits of being a carer

While caring can present significant challenges, being a carer also often brings a range of personal and relational benefits, including strengthened relationships with the person being cared for, a sense of purpose and contribution in life, personal growth and the development of new skills, and opportunities to build resilience and demonstrate capability in challenging situations (Bacon et al. 2009, Wepf et al. 2021).

Across all years of the CWS, carers have been asked about the positive aspects of their role. This includes whether they find caring to be a satisfying experience, whether it brings meaning and purpose to their life, and whether they view it as a positive experience overall (Figure 17).

A majority of carers in 2025 (62.4%) reported that they have learned new skills due to being a carer, and 56.0% found that being a carer strengthened their relationship with the person they care for. Around half found it satisfying being a carer (49.9%), and reported that being a carer contributed positively to their sense of meaning and purpose in life (49.9%). There has been a small, but statistically significant decline in the benefits of being a carer since 2021.

While many carers experience some benefits from their caring role, only 32.2% said they would have no hesitation in encouraging other people to become carers.

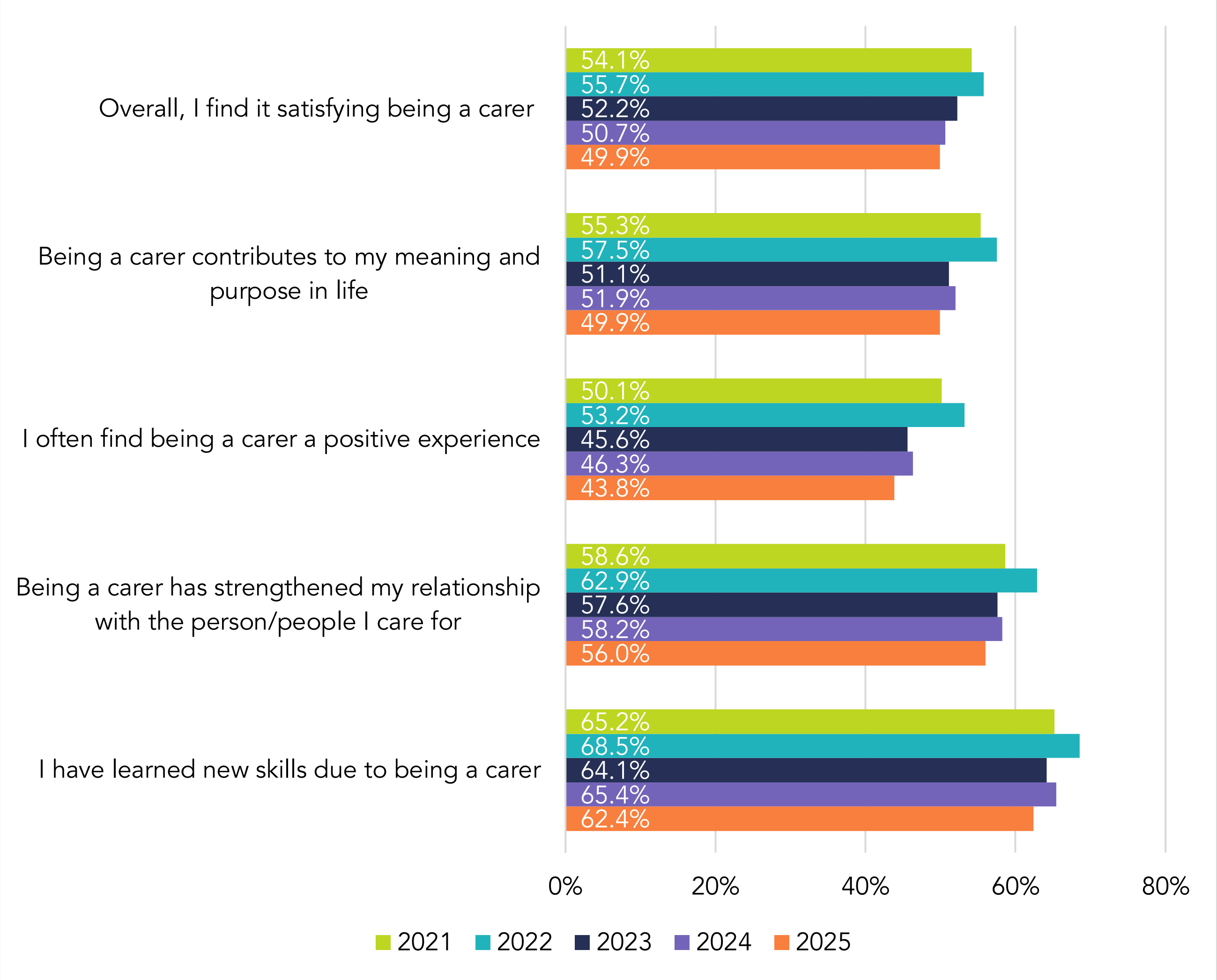


Figure 17 Positive experiences associated with being a carer, 2021 - 2025

Supporting carers

A wide range of actions can help support carers. These include the provision of formal and informal supports and services that enable carers to provide high quality care for the people they care for, while also being able to care for themselves. Many carers are accessing some of these supports, and the data tables that can be accessed with this report (Appendix 1) provide detailed information about the types of supports and services carers are accessing. However, not all carers have supports easily available to them, and many are carers for a long period of time before they are able to find out about and access formal support, and before they are able to build a network of informal supports that help them maintain their health and wellbeing and that of the person they are caring for.

This section explores key pathways by which carers can be supported to enhance wellbeing outcomes, based on findings of the CWS. These include recognition and respect for carers, early referrals and/or information about support services, engagement in the workforce, social connection, peer support and supports specific to young carers.

Recognition and referral to supports

Many people become carers without making a conscious decision, and it can take time before they recognise themselves as carers. During this period, they may miss out on accessing support and services that could help them. Delays in recognising oneself as a carer can mean missing out on vital information, respite, and social connection. Early identification can facilitate earlier access to the types of support that help carers manage challenges, reduce stress, and maintain their own health and wellbeing. Raising awareness in the community and among professionals is one way to ensure carers can be identified earlier and connected more rapidly to relevant services when they need them (National Carers Strategy, Australian Government 2025).

In 2025 carers were asked whether they made the decision to become a carer, how they came to realise they were a carer, and how long it took before they identified as being a carer. Most carers (72.1%) reported that they had no choice about whether to be a carer or not. The majority identified that they were a carer on their own (70.7%), with only 27.9% being supported in identifying as a carer through another person explaining that they were considered a carer, such as a GP, nurse, teacher, friend, care recipient support service, or Centrelink). While this may not appear problematic, many carers did not identify as a carer for some time after taking on carer responsibilities. Only half of carers (51.7%) identified as a carer straight away and 18.1% within one year of becoming a carer. Nearly one-third (30.2%) took more than one year to identify themselves as a carer. Those who do not identify as a carer are much less likely to seek out supports and services available to carers, and the findings suggest that earlier identification as a carer may be an important pathway to supporting carer health and wellbeing.

Even after identifying that they are a carer, 46.3% of carers were not given advice about where they could access support either for themselves and/or the person they care for. Only 21.1% were given advice soon after becoming a carer about supports and services available to them, while 32.6% were given advice some time after becoming a carer. The most common ways carers found out about supports and services (Figure 18) were through Carer Gateway (43.4%), a General Practitioner (30.8%) and family and friends (26.8%).

These findings highlight that many carers experience a delay in accessing support, often because they do not immediately identify themselves as carers. Carer Gateway is the most common way carers find out about supports available to them but accessing it typically involves individuals first recognising their role as a carer. Medical practitioners play a crucial role in this early stage. As one of the first points of contact, they are well-positioned to help individuals understand their caring role and connect them with available services. Increasing awareness among health professionals and the broader community is essential to ensure carers are identified early and supported appropriately.

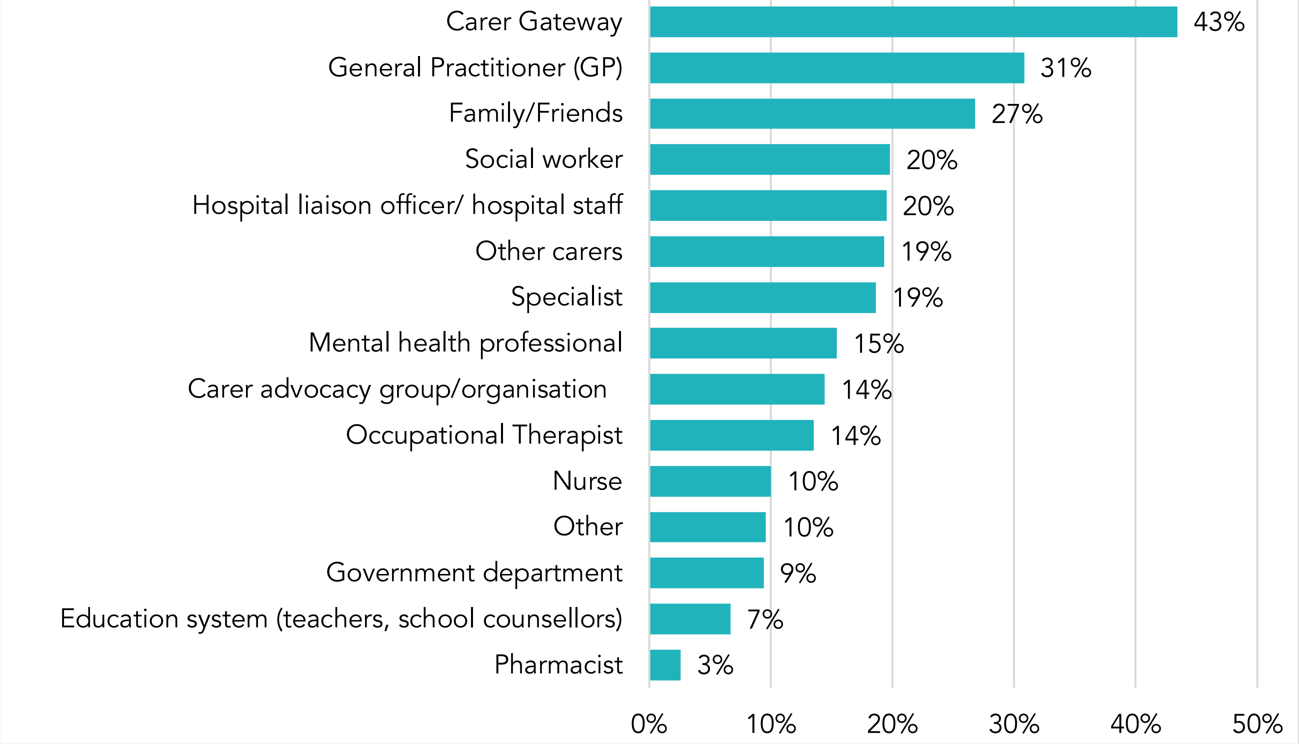
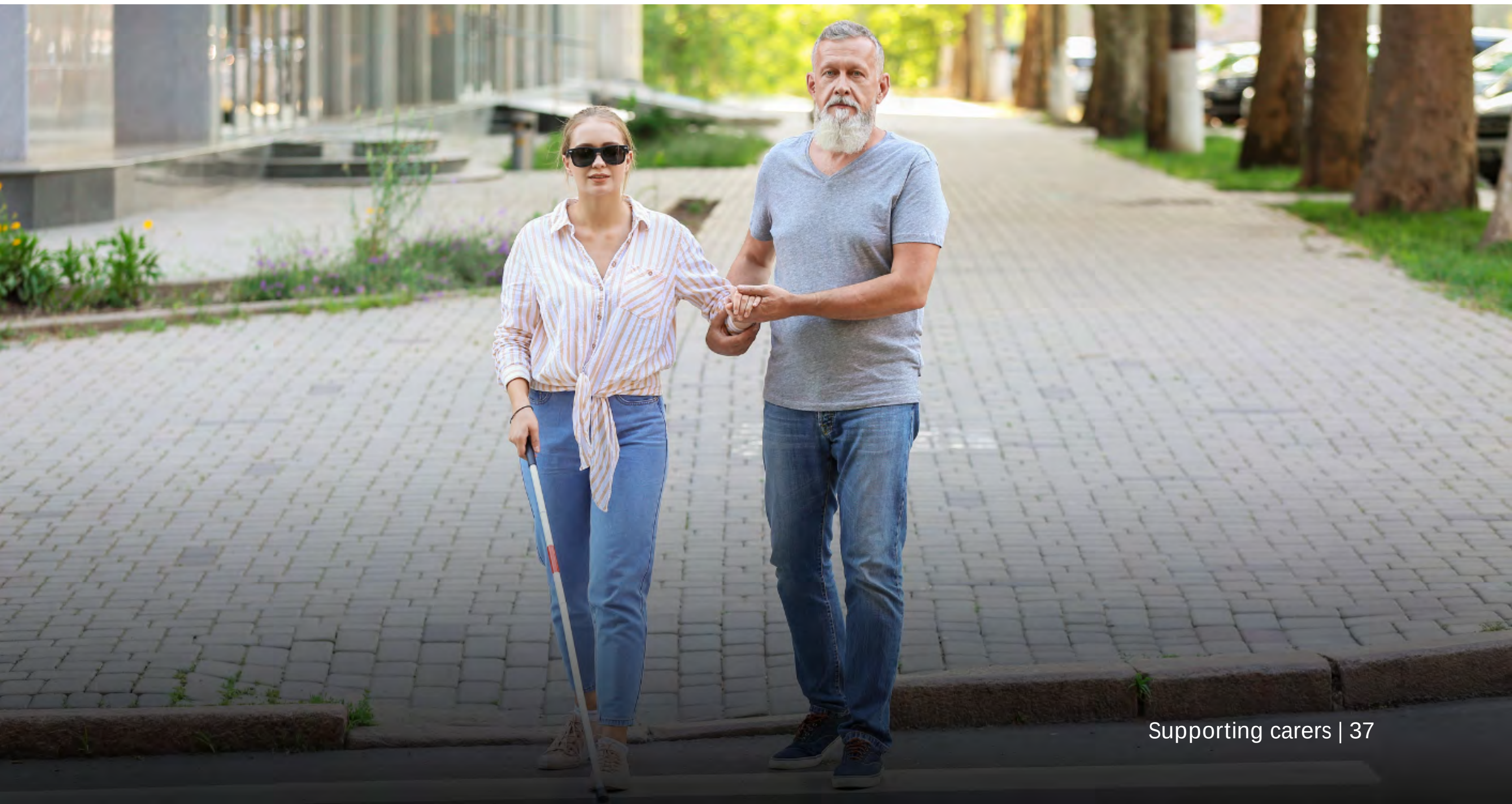


Figure 18 Who provided advice about carer supports and services, 2025



In addition to identifying carers, recognising and valuing what they do is important. To be able to achieve the best outcomes for the person they care for, the knowledge and expertise of carers needs to be recognised and valued. In addition, knowing they are recognised and valued supports the wellbeing of the carer (Hamilton et al. 2024).

In 2025, carers were asked whether they felt their contributions were recognised by the government and by the community, and whether their experience and knowledge as a carer was recognised by health professionals (Figure 19). The majority did not feel that their contribution as a carer is recognised or valued by the government (70.7%), or by others in the community (57.8%). Almost half also felt that their experience and knowledge as a carer is not recognised by health professionals (47.8%), or in the health or education system (if applicable) (43.8%).

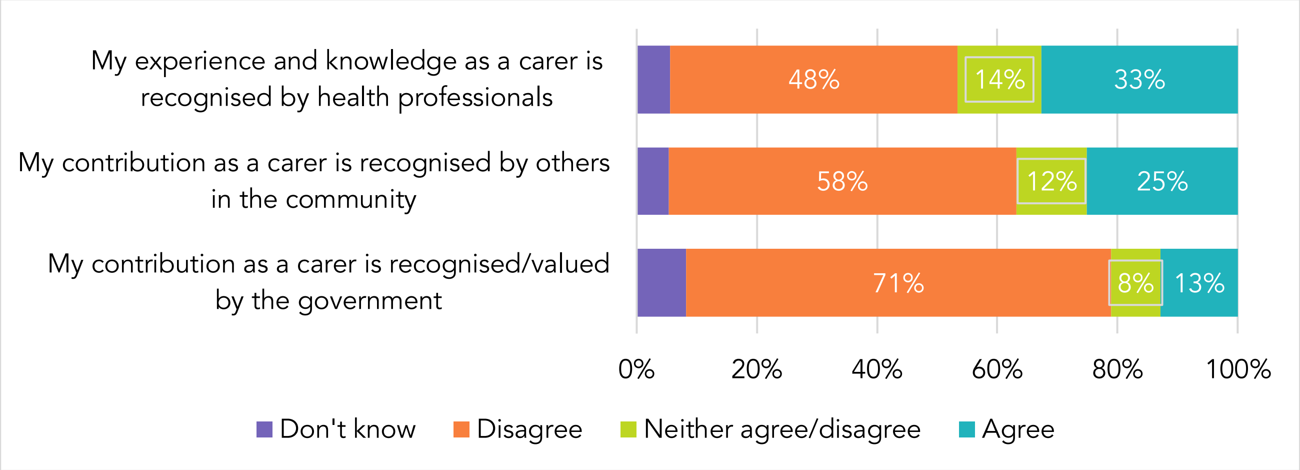


Figure 19 Carer recognition, 2025

Carers who felt recognised reported significantly higher wellbeing compared to those who were not:

- 60.7% of carers who felt recognised by others in the community reported healthy levels of wellbeing, compared to 27.2% who did not feel recognised
- 62.5% of carers who felt recognised by the government reported healthy levels of wellbeing, compared to 30.2% who did not
- 53.4% of carers who felt their experience and knowledge as a carer is recognised by health professionals reported healthy levels of wellbeing, compared to 26.8% who did not.

Some care is needed in interpreting these findings, as experiencing low wellbeing can contribute to more negative views of how a person is recognised by others, as well as lack of recognition contributing to low wellbeing. However, these findings nonetheless highlight a significant gap in both formal and informal recognition of carers. There is a significant need for greater awareness and acknowledgement of carers across public systems and broader society.

Engagement in employment

For those of working age, being able to participate in paid employment has a range of benefits. The most obvious of these is increased income, however the benefits of engaging in the workforce extend beyond financial gain. Work offers daily structure, fosters social connections, and can instil a sense of purpose—all of which are associated with higher wellbeing and reduced mental health issues (Gedikli et al., 2023). For carers, achieving a good balance between care, work, and personal life is especially important. Those with a healthy care-work-life balance tend to experience better emotional, social, and financial wellbeing (Brown & Brown, 2014; Stone et al., 2018; Freedman et al., 2019).

Carers who want to be in paid employment but are unable to work have significantly lower wellbeing compared to those who are in paid work, and compared to carers who are retired or not seeking to participate in the labour force (Table 1). Those engaged in paid employment generally had more positive outcomes for a number of aspects of wellbeing compared to the average carer. For example, as shown in Table 4:

- Carers in paid employment reported better household finances compared to the average carer. This contributes to higher overall wellbeing, with carers who reports being financially very comfortable or prosperous more likely to report healthy levels of wellbeing (81.3%) than those who reported being poor or very poor (10.2% of whom had healthy levels of wellbeing).
- Carers in paid employment were significantly less likely to be lonely compared to other carers (Table 4). This contributes to higher overall wellbeing, with carers who reported rarely or never being lonely being more than three times as likely to have healthy levels of wellbeing (82.7%) compared to carers who were often or always lonely (13.3%).

However, not every employed carer experiences wellbeing benefits associated with their employment. A key factor that can help increase the likelihood of wellbeing benefits is having a supportive employer. Multiple studies have found that having a supportive employer not only makes engaging in paid work more likely overall, but increases the benefits associated with that employment for carers, particularly through increasing the likelihood that a person can achieve a reasonable balance between work and care responsibilities (Bimblecombe et al. 2018, Mylek and Schirmer 2024, Nogues and Tremblay 2022).

In 2025, carers in paid work who reported having understanding employers were significantly more likely to have healthy levels of wellbeing (48.2%) compared to those who felt their employers were not understanding (25.9%) (Table 1). These findings are consistent with previous research and suggest a positive relationship between supportive workplaces and carer wellbeing. However, some caution is needed in interpretation, as it is likely that just as having a supportive employer increases carer wellbeing, having low wellbeing for reasons other than employment conditions may contribute to negative perceptions of employment conditions including how understanding a person's employer is.

Table 1 Employment status and employer understanding and carer outcomes

		Health wellbeing (PWI >60)	Often/ always lonely	Poor/ very poor
Employment status (all carers, all ages)	Employed	41.3% ±1.8%	41.0% ±1.8%	12.1% ±1.3%
	Unemployed	34.3% ±4.9%	55.4% ±5.8%	29.5% ±5.5%
	Not in the workforce (includes many aged 65+, as well as younger carers not actively seeking paid employment)	39.2% ±1.5%	43.8% ±1.5%	20.4% ±1.1%
Employer understanding (employed carers only)	Not very – it is expected my caring duties should not interfere with my work	25.9% ±4.3%	57.2% ±5.1%	19.3% ±3.8%
	Somewhat – I am able to discuss how to balance caring and work with my employer	40.6% ±3.3%	40.8% ±3.4%	11.2% ±2.2%
	Very – my workplace is highly supportive of my caregiving role and supports me in making sure I can fulfil my caring duties	48.2% ±3.2%	37.5% ±3.1%	7.2% ±1.6%

Supporting carers to enter and remain in the workforce is a critical strategy for improving wellbeing outcomes. There is already considerable activity in this space, including the Australian Government's Carer Inclusive Workplace Initiative. Monitoring the effectiveness of such initiatives in enhancing carers' quality of life will be essential to strengthening and sustaining these supports.

Peer support

Peer support plays an important role in fostering connection, reducing isolation, and providing emotional validation for carers (Brimblecombe et al. 2018, Joo et al. 2022, Lancaster et al. 2023). This important type of support is provided by multiple carer organisations, and in both formal and informal settings. However, only 15.8% of carers reported accessing peer support in the previous 12 months, and 10.7% accessed this more than 12 months ago.

In 2025, carers who had accessed peer support were asked about their experiences with using this type of support. Of those accessing peer support, 56.9% attended a group run by a professional facilitator who helped the group discuss their experiences as carers, while 46.9% attended a group run by a person who had lived experience as a carer (a small number attended more than one type of group). Just over half attended a group that had face to face meetings (53.6%), 24.9% attended an online support group, and 17.9% reported attending a group that used both in-person and online meetings (irrespective of the type of facilitator).

The majority of carers found engaging with a peer support group helpful (71.0%), valued the social connection (68.6%), felt more positive due to talking to others (68.1%), and gained new ideas and knowledge through the support group (64.9%) (Figure 20). Only 27.1% reported that the discussions made them feel depressed or down, and 22.5% that talking with others in the support group made them feel more frustrated or angry about their carer role.

Given the overall positive feedback about peer support groups, this is an area that could be focussed on in providing support. While 38.0% indicated not needing this type of carer support, 30.2% indicated that they'd never tried to access peer support but would like to. This is a relatively large proportion of carers who may benefit from accessing peer support groups.

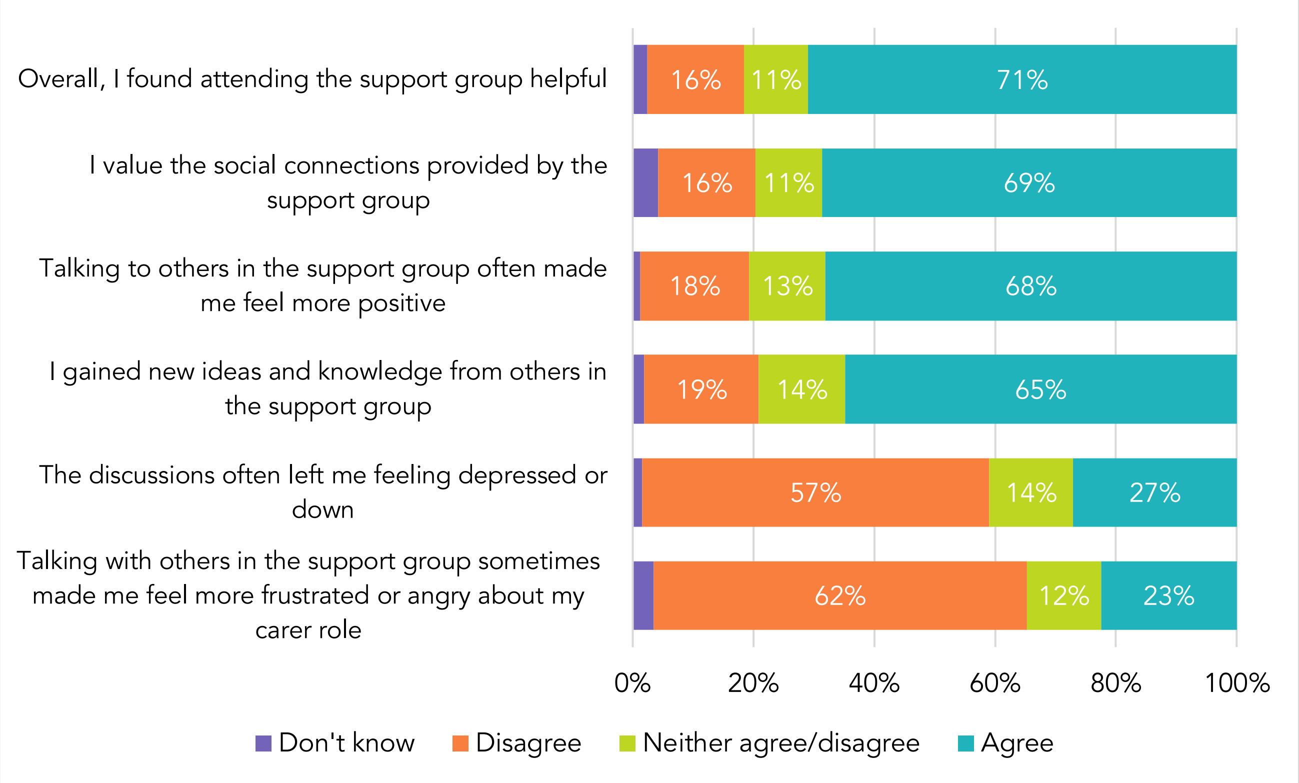


Figure 20 Experiences with peer support, 2025

Young carer support

A high proportion of young carers accessing the Young Carer Bursary found it useful. However, 20.4% of carers reported they had never tried to access the bursary but would like to. Given there are approximately 391,300 young carers in Australia, this represents a significant opportunity to support young carers in successfully engaging with education while managing their caring responsibilities. One way to improve access to support is through greater engagement with the Young Carer Network. Currently, 18% of young carers are unaware of the network and the resources it offers. Education facilities and medical professionals play a critical role as first points of contact in identifying young carers and connecting them with available supports, including the Young Carer Network.

Experiences of past carers

The CWS is open to carers whose caring role has stopped, with past carers asked about their wellbeing and their experiences since they stopped being a carer. Participants of the CWS become past carers for different reasons, including that the person they cared for has passed away (64.1%), the person they cared for is now cared for by someone else or is in a formal care facility (23.4%), the person they cared for no longer needs care because of an improvement in their situation (2.7%), or the care recipient is now independent (1.0%).

For those who were no longer caring for someone because they are now cared for by someone else or in a formal care facility, 73.1% still considered themselves a carer and continue to spend time organising things for the person they cared for (while having a reduced carer role). Almost one in three (31.7%) reported that they would have been able to continue their caring role if more formal support was available to them (Figure 21).

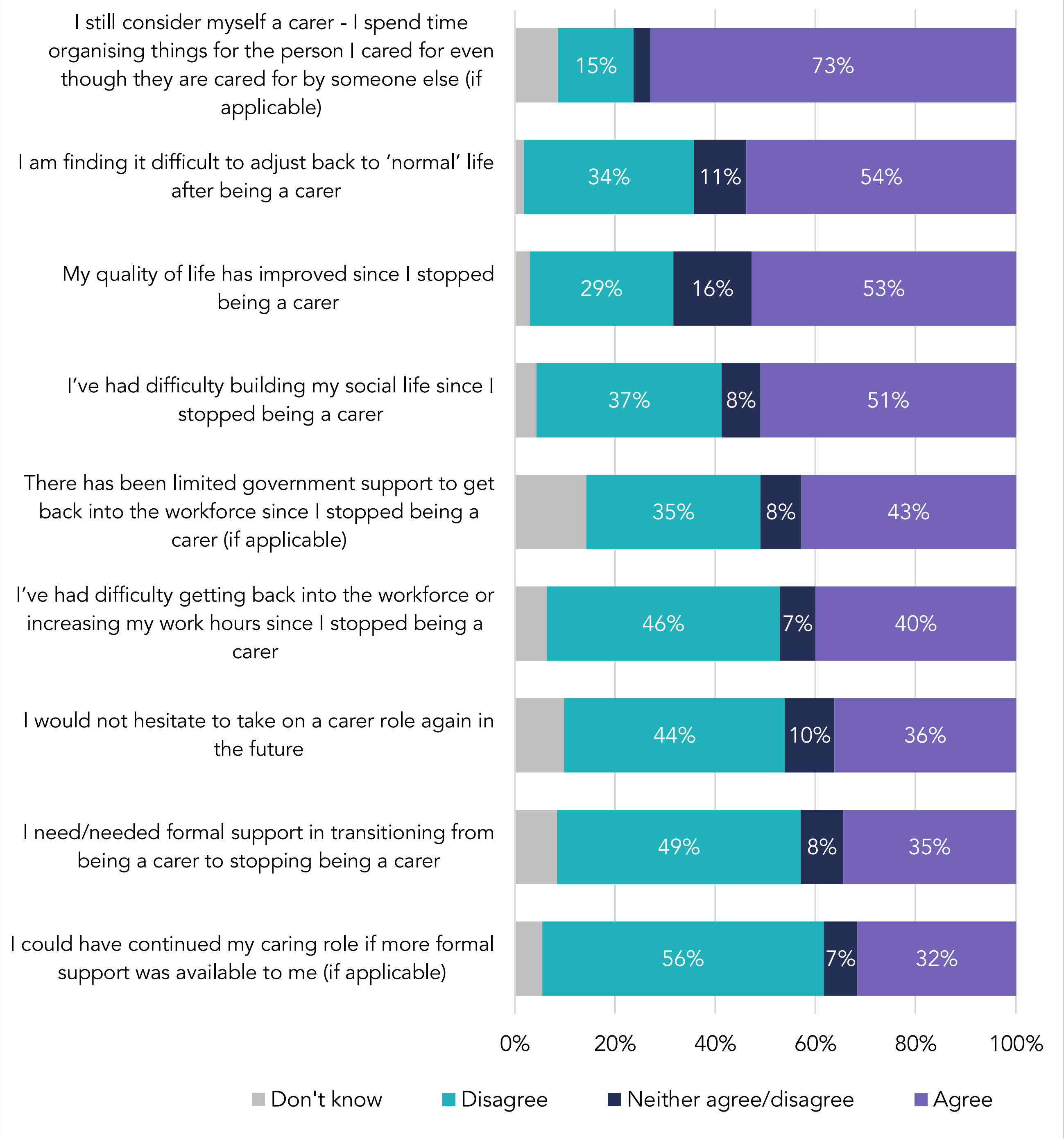


Figure 21 Experiences of past carers, 2025

While 52.8% of past carers reported that their quality of life improved since they stopped being a carer, 53.8% found it difficult to adjust back to 'normal life' after being a carer, and 51.0% found it difficult to build their social life once they stopped being a carer. For those seeking or in paid work, 42.9% indicated there was limited government support to get back into the workforce and 40.1% found it difficult to get back into the workforce. A total of 34.5% of past carers said they need/needed formal support in transitioning from being a carer to stopping being a carer.

Only 39.4% of past carers felt that they would not hesitate to take on a carer role again in the future.

Carers whose role ended due to loss or transition to formal care were more likely to report:

- Difficulty adjusting to life as a non-carer
- Difficulty re-entering the workforce
- Difficulty rebuilding their social life
- Improvement in their quality of life

The difference in experiences of carers whose role ended due to loss/transition to formal care versus due to positive changes (e.g. recovery or independence of the care recipient) suggests that the circumstances of care cessation significantly affect post-care experiences.

Past carers consistently report higher wellbeing compared to current carers. While 38.9% of current carers reported healthy levels of wellbeing in 2025 (See Section 3.1), 59.4% of past carers reported healthy levels of wellbeing. However, when compared to Australian adults in a similar age range, past carers still report poorer wellbeing overall, even for those whose caring role stopped more than one year ago (Table 5). This suggests that recovery of wellbeing post-caring typically takes significant time and does not occur for all.

Table 5 Wellbeing comparison of past carers and adult Australians, 2025

% healthy levels of wellbeing	CWS – all past carers (regardless of when their caring role ended)	CWS – past carers who's caring role ended more than 1 year ago	RWS – adult population
Aged under 45	43.0%	46.9%	60.1%
Aged 45-64	52.8%	54.7%	64.5%
Aged 65+	64.0%	66.2%	78.9%

When asked what would assist the transition to being a past carer, the top things included psychological counselling (47.5%), continued access to relevant Carer Gateway supports and services for a period of time (40.8%), access to organised peer support groups for past carers (33.9%) and support to build new social connections (27.7%) (Figure 22). These suggest a need for ongoing emotional and social support, even after the caring role ends — especially for those whose transition was due to loss or formal care placement.

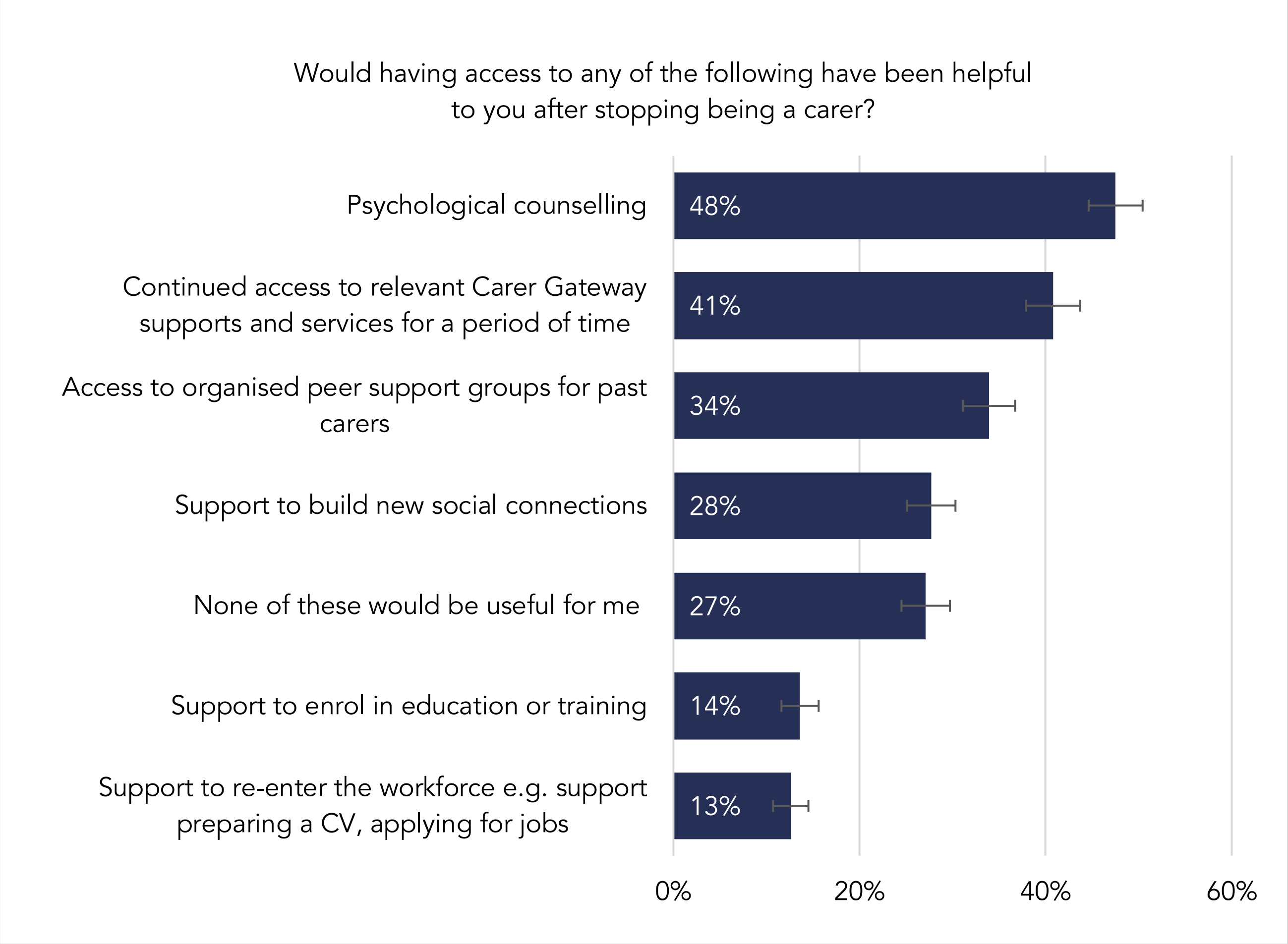


Figure 22 Helpful supports for past carers, 2025

Conclusion

The findings of the 2025 Carer Wellbeing Survey (CWS) suggest that the health and wellbeing of Australia's unpaid carers have continued to decline since 2021. This downward trend is seen across multiple dimensions of wellbeing, including physical and mental health, financial security, and social connection. One of the most consistent findings is the rise in loneliness among carers—a key determinant of wellbeing. In 2025, more than two in five carers reported feeling often or always lonely, a figure that has increased each year since the survey began. This growing sense of isolation not only undermines carers' quality of life but also places them at greater risk of psychological distress and poor health outcomes.

While caring can be a meaningful and rewarding experience, it also comes with significant personal costs. These costs are particularly acute for carers with high-intensity caring roles, those who are sole or primary carers, and those who have been caring for extended periods. The data also show that carers who are not engaged in the workforce, or who lack supportive employers, are more likely to experience poor wellbeing, loneliness, and financial stress.

Young carers are a particularly vulnerable group of carers, with many young carers facing substantial challenges that can affect their education, employment, and social development. The 2025 CWS highlights the importance of targeted support programs such as the Young Carer Network and Young Carer Bursary, which has been widely valued by those who accessed it. However, a significant proportion of young carers remain unaware of the supports available to them. This highlights the need for more efforts to raise awareness, reduce stigma, and create flexible education and employment pathways that accommodate the unique needs of young carers.

The experiences of past carers also reveal important insights. While many report improvements in quality of life after their caring role ends, a substantial number struggle with the transition—particularly those whose role ended due to loss or the transition of the care recipient into formal care. These carers were more likely to report difficulty adjusting to life as a non-carer, rebuilding their social life, and re-entering the workforce. Many expressed a need for continued emotional and social support, including access to counselling, peer support, and Carer Gateway services.

Together, these findings highlight the need for sustained, flexible, and inclusive support systems that recognise the diversity of carers' experiences—both during and after their caring role. Addressing these needs is not only essential for improving the wellbeing of carers but also for ensuring the sustainability of Australia's broader care system.

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Appendix 1: Detailed data tables

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

- Personal Wellbeing Index (PWI)
- Satisfaction with work and education
- Global Life Satisfaction
- Kessler 10-item distress scale
- Self-rated general health
- Loneliness index
- Financial distress
- Self-rated financial prosperity
- Income earning ability as a carer
- My home is overcrowded (there's not enough space for all the people living in the house)
- It's difficult for me to access or use some parts of my home due to disability or health problems
- Overall, my home meets my needs well
- Difficulty securing rentals for carers who are renting
- Access to mobile phone reception, high speed reliable internet, personal computer, laptop or tablet and a private space for using a computer or other device for telehealth or other online service
- How many hours of paid employment do you work in a typical week?
- Flexibility and security of job
- Choice in becoming a carer
- Positives of being a carer
- Feelings of burden being a carer
- Negative effects of being a carer
- Confidence in carrying out caring role
- Changes in aspects of being a carer
- How carers come to recognise themselves as a carer
- When and where carers first receive advice about support
- Support accessed in past 12 months
- Satisfaction with support accessed
- Access to care recipient formal support
- Access to informal support through friends or family
- Barriers or problems with trying to access services
- Barriers to accessing psychological support
- Support sought and received from organised services
- Time spent navigating government support systems, and assistance received for navigating these systems
- Experiences and access to My Health Record
- Experiences of COVID-19
- Impact of rising living costs
- Ease of transport needed
- Time use of carers
- Who carers talk to about being a carer
- Experiences with accessing respite care
- Experiences with accessing peer support
- Young carer experiences
- Experiences of carers in defence families
- Experiences of past carers

Carers Australia

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**

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