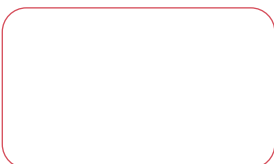




2024 National Carer Survey



State and Territory Carer Organisations head offices around Australia

Carers ACT

Ngunnawal Country
2/80 Beaurepaire Crescent
Holt ACT 2615
(02) 6296 9900
carers@carersact.org.au

Carers QLD

Turrbal Country
Level 1
Lutwyche City Shopping Centre
120 Chalk Street
Lutwyche QLD 4030
1300 747 636
info@carersqld.com.au

Carers VIC

Wurundjeri Woi-wurrung and
Bunurong/Boon Wurrung
Country
1/485 La Trobe Street
Melbourne VIC 3000
(03) 9396 9500
reception@carersvictoria.org.au

Carers NSW

Gorualgal Country
Level 10, 213 Miller Street
North Sydney NSW 2060
(02) 9280 4744
contact@carersnsw.org.au

Carers SA

Kaurna Country
338-340 Tapleys Hill Road
Seaton SA 5023
(08) 8291 5600
info@carerssa.com.au

Carers WA

Wadjuk Noongar
182 Lord Street
Perth WA 6000
1300 227 377
info@carerswa.asn.au

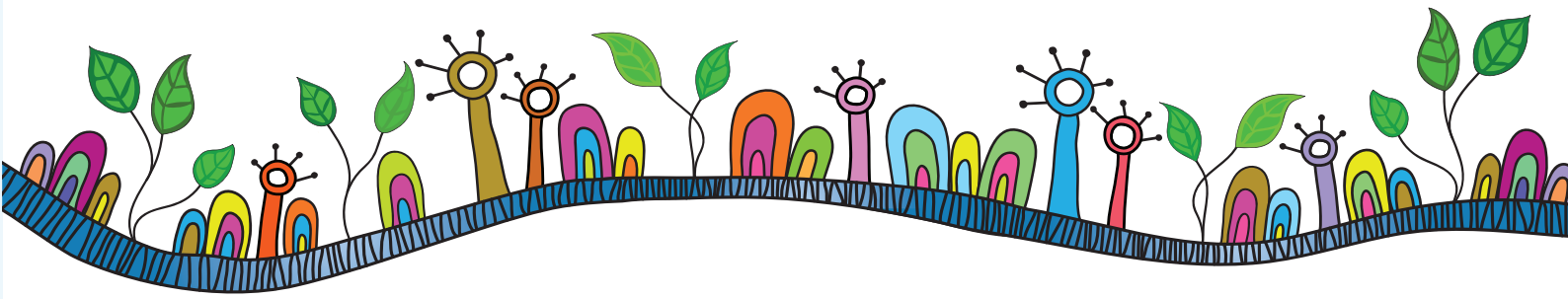
Carers NT

Larrakia Country
1 Willeroo Street
Tiwi NT 0810
1800 422 737
carersnt@carersnt.asn.au

Carers TAS

Palawa Country
95 Albert Road
Moonah TAS 7009
(03) 6144 3700
peak@carerstasmania.org





Thank you for participating in the 2024 National Carer Survey!

The experiences you share in this survey will help the Australian State and Territory Carer Organisations to better advocate for carers.

Every caring role is different. Not all questions in this survey will be relevant to you. To make it easier to complete, the survey has several parts. Please skip the questions and parts that are not relevant to you. You don't have to answer any question you don't want to. If you feel like you don't want to answer a question, please leave it blank.

Please complete only the parts that are relevant to you:

- | | |
|--------------------------------------|---|
| 1. About you | 6. About your caring role |
| 2. For First Nations carers | 7. Services and support |
| 3. For young carers (25 and under) | 8. Paid work |
| 4. About the people you care for | 9. Health and wellbeing |
| 5. About people you used to care for | 10. Finances, housing and other experiences |

At the end of the survey, you will be asked whether you would like to be contacted for the next wave of the survey in 2026. You don't have to say yes.

Three carers from each state and territory will win a \$200 gift voucher. If you would like a chance to win, please enter your contact details on page 30. This information will not be linked to your responses, which will remain anonymous.

By completing and returning this survey you indicate that you have read the enclosed Participant Information and Consent Form, that you voluntarily agree to participate, and that you are at least 16 years of age.

If you completed the 2022 National Carer Survey and agreed to participate in this year's follow up study, a unique code should appear on the bottom left of the front page. If you would prefer to complete this survey online rather than on paper, you can enter the code in the online version of the survey at:

<https://www.research.net/r/2024NationalCarerSurvey>

If you have any questions about this survey, please contact the Carers NSW Research Team on (02) 9280 4744 or email research@carersnsw.org.au

Selection questions

A1. In which state or territory do you live?

- Australian Capital Territory
- New South Wales
- Northern Territory
- Queensland
- South Australia
- Tasmania
- Victoria
- Western Australia
- I do not live in Australia **(Unfortunately you do not fit our respondent profile. Thank you for your interest.)**

A2. Do you look after someone (or help look after someone) who lives with a disability, mental illness, alcohol or other drug dependency, chronic condition, dementia, terminal or serious illness, or who needs care due to ageing?

- Yes
- Not currently, but I have in the past
- No **(Unfortunately you do not fit our respondent profile. Thank you for your interest.)**

A3. Is/was this person your family member, friend or neighbour?

- Yes
- No, I care for the person as paid work (i.e. nurse, support worker) **(Unfortunately you do not fit our respondent profile. Thank you for your interest.)**
- No, I care for the person as a formal volunteer **(Unfortunately you do not fit our respondent profile. Thank you for your interest.)**

About you

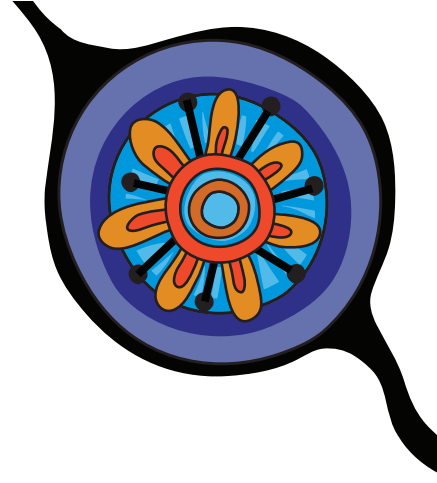
Please tell us a bit about yourself first:

A4. What is the postcode where you live? _____

A5. What is your gender?

- Female
- Male
- Non-binary / Gender diverse
- Prefer not to say
- My gender identity isn't listed. I identify as: _____

A6. How old are you? _____ years



A7. Are you of Aboriginal or Torres Strait Islander origin?

- No
- Yes, Aboriginal
- Yes, Torres Strait Islander
- Yes, both
- Prefer not to say

A8. Are you currently enrolled in any formal education?

- No
- Yes – high school
- Yes – TAFE / apprenticeship / traineeship
- Yes – university
- Other (please specify): _____

A9. What is your cultural background? (e.g. Australian, Italian, Chinese)

A10. Do you mainly speak a language other than English at home? (e.g. Vietnamese, Auslan)

- No, English only
- Yes, at home I mainly speak: _____
- Prefer not to say

A11. In general, do you have what you need in the following areas?

	Never / Not at all	Sometimes	Most of the time	Always
Enough food to not go hungry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A safe place to live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable health services (GP, Hospital)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliable internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliable transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For First Nations carers

The questions in this part are for anyone who identifies as First Nations / Aboriginal or Torres Strait Islander. If this is not you, please skip this part and go to page 8.

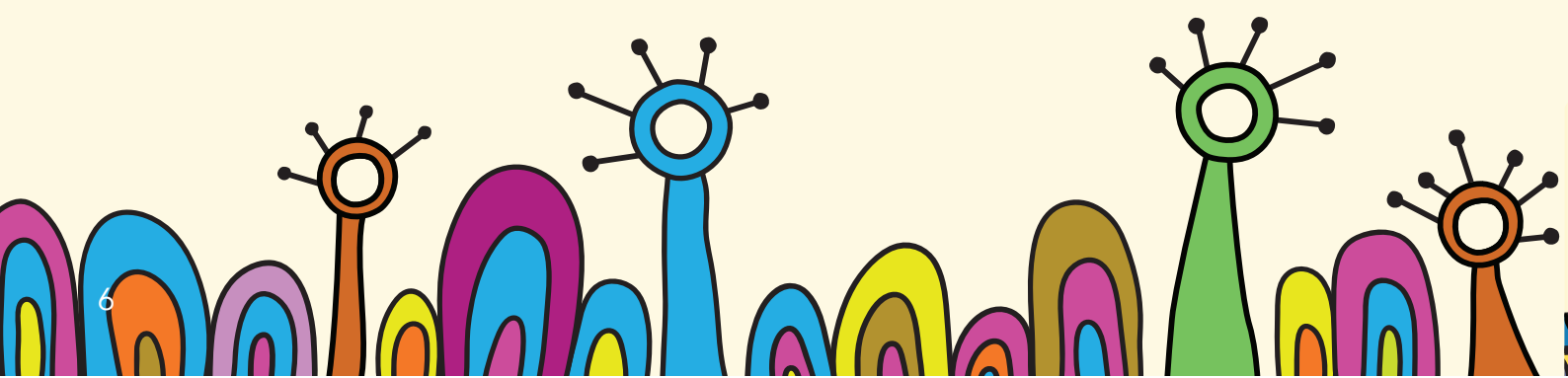
B1. What Nation or Country do you belong to? You can mention more than one.

B2. Do you live on Country?

- Yes
- No
- I don't know or prefer not to say

How is a connection to Country important for the care you provide?

B3. What type of cultural activities are part of your caring role? For example, healing activities, cultural events, traditional practices. How could these activities be better supported?



B4. As a First Nations carer, what are the most important issues for you? What would help?

B5. When you or the person you care for use mainstream health, aged care or disability services, do you feel that they are culturally safe for First Nations people?

- Yes, always
- Mostly
- Sometimes
- Never
- Don't know/Prefer not to say

B6. What makes a service safe and welcoming for you?



For young carers

The questions on this page are for people aged 25 years and under. If you are older than 25 years, please skip this page and go to the next part (About the people you care for) on page 9.



C1. Do you (or did you) care for someone while you are (or were) attending school or an apprenticeship?

- Yes
- No
- Don't know

If you answered 'No' here, please skip to Question C5.

C2. Do (or did) the teachers or other staff at your school know that you are (or were) caring for someone?

- Yes
- No
- Don't know

C3. Do (or did) you get extra support at school because you are (or were) caring for someone?

For example: to meet assignment deadlines, to pay for things like school trips and sports activities, to keep on top of school work?

- Yes
- No
- Don't know

C4. Please describe any extra support you need (or needed) at school, and whether you receive (or received) the support you needed.

C5. How much has caring for someone affected any of the following areas of your life?

	Not at all	A little bit	Moderately	Quite a lot	A lot
Your education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your relationships with people your own age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How you see yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your plans for the future, including plans for work, education, and/or personal relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

About the people you care for

The following questions are about the person/people you care for because of their needs arising from a disability, chronic condition, mental ill health or advanced age. If you care for more than one person, please complete both columns, thinking about the two people you provide the most care for. If you do not currently provide care for someone, please go to the next part (About people you used to care for) on page 11.

D1. How many people do you care for? _____

PERSON 1

D2. What is this person's gender?

- Female
- Male
- Non-binary / Gender diverse
- Their gender isn't listed.

This person's gender is: _____

- Prefer not to say

D3. How old is this person? _____ (in years)

D4. What is this person's relationship to you?

This person is my:

- Parent or parent in law
- Partner or spouse
- Former partner or spouse
- Child (incl. adult son or daughter)
- Foster or kinship child
- Sibling, brother or sister
- Grandparent
- Friend
- Neighbour
- Other, please specify: _____

D5. Is this person Aboriginal or Torres Strait Islander?

- No
- Yes, Aboriginal
- Yes, Torres Strait Islander
- Yes, both
- Prefer not to say

If yes, what is this person's nation or country (if you know)? _____

D6. What is their cultural background? (e.g. Australian, Italian, Chinese)

PERSON 2

D2. What is this person's gender?

- Female
- Male
- Non-binary / Gender diverse
- Their gender isn't listed.

This person's gender is: _____

- Prefer not to say

D3. How old is this person? _____ (in years)

D4. What is this person's relationship to you?

This person is my:

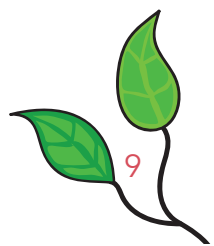
- Parent or parent in law
- Partner or spouse
- Former partner or spouse
- Child (incl. adult son or daughter)
- Foster or kinship child
- Sibling, brother or sister
- Grandparent
- Friend
- Neighbour
- Other, please specify: _____

D5. Is this person Aboriginal or Torres Strait Islander?

- No
- Yes, Aboriginal
- Yes, Torres Strait Islander
- Yes, both
- Prefer not to say

If yes, what is this person's nation or country (if you know)? _____

D6. What is their cultural background? (e.g. Australian, Italian, Chinese)



PERSON 1 (continued)

D7. For what conditions, disabilities or illnesses does this person need your care?

Please tick all that apply.

- Physical disability
- Sensory impairment (e.g. loss of hearing or loss of vision)
- Frailty due to ageing
- Intellectual disability
- Autism Spectrum Disorder
- Mental health challenges
- Alcohol or other drug dependency
- Dementia
- Chronic health condition
- Acquired brain injury or stroke
- Neurological condition (e.g. epilepsy, Parkinson's disease, multiple sclerosis)
- ADD/ADHD
- Terminal or serious illness
- Cancer
- Receiving palliative care
- Other health condition or disability, please specify: _____

D8. Do you and the person you care for live in the same household?

- Yes
- No, they live by themselves
- No, they live with another family member (e.g. their partner, other parent or children) or friend
- No, they live in a care facility (e.g. nursing home)
- No, they live in supported accommodation / a group home
- Other, please specify: _____

If you answered No, how many minutes on average does it take you to travel to where they live (including there and back)? _____

D9. Do any other family members or friends help care for this person?

- No - I am the only one who provides care
- Yes - I share the care equally with someone (e.g. a partner)
- Yes - I provide the most care, but others help with care sometimes
- Yes - Someone else provides the most care, but I help with care sometimes

PERSON 2 (continued)

D7. For what conditions, disabilities or illnesses does this person need your care?

Please tick all that apply.

- Physical disability
- Sensory impairment (e.g. loss of hearing or loss of vision)
- Frailty due to ageing
- Intellectual disability
- Autism Spectrum Disorder
- Mental health challenges
- Alcohol or other drug dependency
- Dementia
- Chronic health condition
- Acquired brain injury or stroke
- Neurological condition (e.g. epilepsy, Parkinson's disease, multiple sclerosis)
- ADD/ADHD
- Terminal or serious illness
- Cancer
- Receiving palliative care
- Other health condition or disability, please specify: _____

D8. Do you and the person you care for live in the same household?

- Yes
- No, they live by themselves
- No, they live with another family member (e.g. their partner, other parent or children) or friend
- No, they live in a care facility (e.g. nursing home)
- No, they live in supported accommodation / a group home
- Other, please specify: _____

If you answered No, how many minutes on average does it take you to travel to where they live (including there and back)? _____

D9. Do any other family members or friends help care for this person?

- No - I am the only one who provides care
- Yes - I share the care equally with someone (e.g. a partner)
- Yes - I provide the most care, but others help with care sometimes
- Yes - Someone else provides the most care, but I help with care sometimes

PERSON 1 (continued)

D10. How long can this person be left alone?

- Not at all
- Less than an hour
- A few hours
- One day
- A few days
- More than a few days

D11. How long have you been caring for this person?

____years ____months

D12. How has/have your caring role(s) changed over time?

PERSON 2 (continued)

D10. How long can this person be left alone?

- Not at all
- Less than an hour
- A few hours
- One day
- A few days
- More than a few days

D11. How long have you been caring for this person?

____years ____months

About people you used to care for

E1. Have you previously cared for anyone who you are no longer caring for?

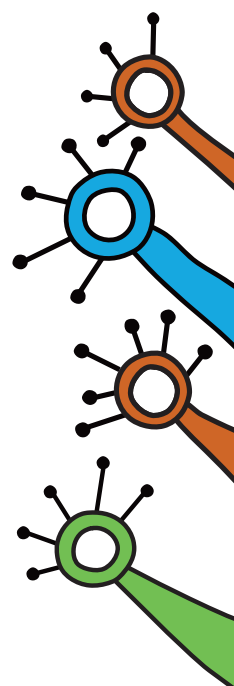
- Yes
- No **(Please continue with the next part (About your caring role) on page 13)**

If you cared for more than one person in the past, please think of the person you cared for most recently when responding to the next four questions.

E2. What is/was this person's relationship to you? This person is/was my:

- Parent or parent in law
- (At the time) partner or spouse
- (At the time) former partner or spouse
- Child (incl. adult son or daughter)
- Sibling, brother or sister
- Grandparent
- Friend
- Neighbour
- Foster or kinship child
- Other, please specify: _____

E3. For how long did you care for that person? ____years ____months



E4. How long ago did this caring role end? ____ years ____ months

E5. Why did this caring role end? Please tick all that apply.

- The person I cared for no longer required care
- The person I cared for passed away
- I couldn't continue to provide care because my circumstances changed
- Their care needs increased beyond what I could manage
- The relationship with this person broke down or ended
- Another family member or friend took over the caring role
- The person moved into residential care (e.g. nursing home, group home, supported accommodation)
- Other, please specify: _____

E6. What kinds of support have you needed and accessed since this caring role ended?

	Needed	Accessed
Financial support	<input type="checkbox"/>	<input type="checkbox"/>
Emotional support (e.g. counselling)	<input type="checkbox"/>	<input type="checkbox"/>
Support with relationships	<input type="checkbox"/>	<input type="checkbox"/>
Support with household tasks	<input type="checkbox"/>	<input type="checkbox"/>
Support with using technology	<input type="checkbox"/>	<input type="checkbox"/>
Support with transport	<input type="checkbox"/>	<input type="checkbox"/>
Support with housing	<input type="checkbox"/>	<input type="checkbox"/>
Support related to paid work (trainings, employment support)	<input type="checkbox"/>	<input type="checkbox"/>
Support navigating services/government supports	<input type="checkbox"/>	<input type="checkbox"/>
None of the above	<input type="checkbox"/>	<input type="checkbox"/>

E7. How has life changed for you since this caring role ended?



About your caring role

If you are not currently providing care for someone, please answer the following questions as they were applicable for your most recent caring role.

F1. On average, how many hours per week do/did you provide care

- ___ hours OR
- 24 hours a day due to care or monitoring requirements

F2. Please tick all the types of support that you provide to the person(s) you care for, at any time in the past six months:

- Transport
- Administration, coordinating support services
- Managing finances
- Advocacy
- Cognitive support, incl making decisions
- Behavioural support
- Personal care
- Health care
- Domestic assistance
- Monitoring/supervision/checking whether they are ok
- Other _____

F3. Which, if any, of the following do you have in place for the person/s you care for?

- Power of Attorney
- Enduring Power of Attorney
- Guardianship order
- Enduring Guardianship
- Advance Care Plan
- Supportive Guardian, Supportive Administrator
- Other (please specify) _____
- None of the above

F4. Do you have a plan for how to respond to bushfires, floods, or other natural disasters?

- Yes
- No
- Don't know/not applicable



F5. Thinking about your caring role, how much do you agree with the following statements:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
I learn new skills through my caring responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I use my existing skills or expertise in providing care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know everything I am expected to do as a carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what I am required to do in every aspect of my caring role	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My caring role is emotionally demanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that I am able to continue to meet the demands of my caring role	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Services and support

If you did not provide care to someone in the last two years, please continue with the next part (Paid Work) on page 21.

Aged care services

Aged care services are services designed for people over the age of 65 years (or over the age of 50 years for Aboriginal and Torres Strait Islander Australians). They may be government funded or purchased privately.

G1. Did someone you care/cared for use aged care services in the past two years? Please tick all that apply.

- No**, nobody I care/cared for needs aged care services (**Please go to the next section – Disability services on page 16**)
- Yes**, someone I care/cared for used low-level, aged care services subsidised by the Commonwealth Home Support Program (CHSP), such as cleaning, community transport, or basic in-home support
- Yes**, someone I care/cared for received a Home Care Package (Level 1, 2, 3 or 4), a government funded package of support that enables them to purchase aged care services, such as personal care, or respite
- Yes**, someone I care/cared for paid for aged care services privately, such as cleaning, or in-home support
- Yes**, someone I care/cared for lives/lived in residential aged care, for example a nursing home or care facility
- Yes**, someone I care/cared for is/was receiving aged care services, but I don't know which services they are using
- I don't know (**Please go to the next section – Disability services on page 16**)

G2. Please indicate how much you agree with the following statements:

When aged care services were being planned for the person I care for...

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
... I was asked about my needs as a carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... I was involved in planning and decisions about services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... My views had a real influence on the care provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... I was provided with all the information I need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The aged care services accessed by the person I care for gave me enough time away from my caring responsibilities to:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
...focus on paid work, looking for paid work, study or volunteering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...attend to other responsibilities outside of my caring role, e.g. parenting responsibilities, my own appointments, household chores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...properly rest and recharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G3. Have you or the person(s) you care for experienced any of the following challenges with aged care services? Please tick all that apply.

- The person I care for was not eligible for the required services
- The service received was at a lower level than required
- There was a long waiting period to get assessed
- There was a long waiting period to access services
- The services they needed were not available locally
- There were no services available that met their cultural needs
- There were no services available that were inclusive of their gender or sexuality
- The out of pocket cost of services (including co-payments) was too high
- It was difficult to find information about available services and to organise them
- It was difficult to make complaints or raise concerns
- Other, please describe: _____
- None of the above

G4. Please leave any comments you might have on your experience with aged care services:

Disability services/NDIS

H1. Did someone you care/cared for receive support through the National Disability Insurance Scheme (NDIS) in the past two years? Please tick all that apply.

- No, nobody I care/cared for needs disability services (**Please go to the next section - Mental health services on page 17**)
- No, someone I care for needs disability services but is ineligible for the NDIS (**Please go to question H3**)
- Yes, someone I care/cared for has/had a National Disability Insurance Scheme (NDIS) plan
- I don't know (**Please go to the next section - Mental health services on page 17**)

H2. Please indicate how much you agree with the following statements:

When NDIS supports were being planned for the person I care for...

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
... I was asked about my needs as a carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... I was involved in planning and decisions about services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... My views had a real influence on the care provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... I was provided with all the information I need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The supports included in the NDIS plan gave me enough time away from my caring responsibilities in order to:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
...focus on paid work, looking for paid work, study or volunteering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...attend to other responsibilities outside of my caring role, e.g. parenting responsibilities, my own appointments, household chores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...properly rest and recharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H3. Have you or the person(s) you care for experienced any of the following challenges with the NDIS or other disability services? Please tick all that apply.

- The person I care for was not eligible for the NDIS
- The plan was reduced/cut
- There was a long waiting period to get assessed
- There was a long waiting period to access services
- The services needed were not available locally
- There were no services available that met their cultural needs
- There were no services available that were inclusive of their gender or sexuality
- The packages did not cover all the costs for required
- It was difficult to find information about what services were available and to organise them
- It was difficult to adapt supports or access more funding when circumstances changed
- It was difficult to make complaints or raise concerns
- Other, please describe: _____
- None of the above

H4. Please leave any comments you might have on your experience with disability services:

Mental health services

Mental health services include community services, hospital services and Medicare subsidised clinical support (e.g. psychology appointments) that assist people experiencing mental ill health, or who are living with a mental illness, or require mental health supports due to other conditions such as Alzheimer's or dementia.

I1. Did someone you care/cared for use mental health services in the past two years? Please tick all that apply.

- No**, nobody who I care/cared for needs mental health services **(Please go to the next section - Health services on page 19)**
- No**, the person I care for needs mental health services, but has not been able to access these services to date **(Please go to the next section - Health services on page 19)**
- Yes**, someone I care/cared for used hospital based mental health services as an admitted patient or in out-of-hospital care
- Yes**, someone I care/cared for saw a psychologist
- Yes**, someone I care/cared for saw a psychiatrist
- Yes**, someone I care/cared for used community mental health services, such as Drop-In Clinics, or Rehabilitation programs
- Yes**, someone I care/cared for used a counselling service
- Yes**, someone I care/cared for received mental health treatment and support through their GP
- Other, please specify: _____
- I don't know **(Please go to the next section - Health services on page 19)**



12. Please indicate how much you agree with the following statements:

When mental health services were being planned for the person I care for...

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
... I was asked about my needs as a carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... I was involved in planning and decisions about services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... My views had a real influence on the care provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... I was provided with all the information I need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The mental health services accessed by the person I care for gave me enough time away from my caring responsibilities in order to:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
...focus on paid work, looking for paid work, study or volunteering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...attend to other responsibilities outside of my caring role, e.g. parenting responsibilities, my own appointments, household chores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...properly rest and recharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Have you or the person(s) you care for experienced any of the following challenges with mental health services? Please tick all that apply.

- The person I care for was not eligible for the required services
- The service received was at a lower level than required
- There was a long waiting period to access services
- The services required were not available locally
- There were no services available that met their cultural needs
- There were no services available that were inclusive of their gender or sexuality
- The out of pocket cost of services (including co-payments) was too high
- It was difficult to find information about what services were available and how to access them
- It took too much time and energy to organise the services
- The service could not address the complexity of needs
- The service addressed acute mental distress but did not provide ongoing support
- The service kept me at a distance and did not keep me updated about the person's diagnosis, status, or supports
- The services could not be accessed as frequently or as long as needed
- Other, please describe:
- None of the above

I4. Please leave any comments you might have on your experience with mental health services:

Health services

The following questions are about when the person you care for or cared for accesses health services, including a general practitioner (GP) or family doctor, community health services, and services within a hospital.

J1. Please indicate how much you agree with the following statements:

When I accompanied the person I care for or cared for to visit a GP...

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
... I was asked about my needs as a carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... I was involved in planning and decisions about services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... My views had a real influence on the care provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... I was provided with all the information I need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When I accompanied the person I care or cared for on a visit to the hospital or community health service...

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
... I was asked about my needs as a carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... I was involved in planning and decisions about services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... My views had a real influence on the care provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... I was provided with all the information I need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...I was provided with sufficient support options and facilities for carers (e.g. seating, overnight rooms, transport support)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

J2. Please leave any comments you might have on your experience with health services:

Carer support services

K1. Did you use any of the following carer support services in the past 2 years? Would you need to use any of these supports more than you were able to?

	I have used this support in the past 2 years	I have not been able to use this service as much as I would like/need
Carer Gateway (website, phone number or local provider)	<input type="checkbox"/>	<input type="checkbox"/>
Carer support groups	<input type="checkbox"/>	<input type="checkbox"/>
Carer peer support online	<input type="checkbox"/>	<input type="checkbox"/>
Carer counselling (counselling designed specifically to address challenges relating to the caring role)	<input type="checkbox"/>	<input type="checkbox"/>
Carer coaching or mentoring (working on personal goals and resilience relating to the caring role, one-to-one)	<input type="checkbox"/>	<input type="checkbox"/>
Emergency respite (care in a facility or in the home provided when you are suddenly unable to provide care for a period of time)	<input type="checkbox"/>	<input type="checkbox"/>
Planned respite (care in a facility or in the home booked in advance so that you are able to participate in other activities or take a longer break from caring)	<input type="checkbox"/>	<input type="checkbox"/>
Carer-specific skills training	<input type="checkbox"/>	<input type="checkbox"/>
Young carer service/program	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>
None of the above	<input type="checkbox"/>	<input type="checkbox"/>

K2. What types of support (for you or the person you care for) would be most useful for you as a carer?



Paid work

L1. How has your caring role impacted your employment? Please tick any of the following that apply.

- It changed my outlook on what is important in life
- It reduced my knowledge and confidence to apply for jobs
- It contributed to my skills and qualifications becoming less relevant to employers
- It made me feel less prepared to meet my job demands
- It meant that I worked in a job that is lower than my skill set
- It led to me reducing my working hours
- It led me to choose roles or industries that built on my caring experiences
- It led to me taking on a different job (but one in which I did similar types of work).
- It led to me working in a different industry or occupation
- It meant that I turned down a job or promotion opportunity
- It meant that I stopped doing paid work (or looking for paid work) either temporarily or permanently
- It led to me missing out on important career or work opportunities
- Other, please specify: _____
- None of the above

L2. What is your primary occupation (or was your primary occupation if you are not currently in paid work)?

L3. Do you currently have a paid job?

- Yes
- No, but I am looking for work **(Please go the question L11 on page 23)**
- No, and I am not looking for work **(Please go to the next part - Health and Wellbeing on page 24)**
- I am retired/no longer working **(Please go to the next part - Health and Wellbeing on page 24)**

L4. Which of the following apply to you? Please select all that apply:

- I am a permanent employee (either part time or full time)
- I have a fixed-term contract (either part time or full time)
- I have one or more casual jobs
- I am self-employed
- I am an independent contractor (including gig work)
- Other, please specify: _____

L5. How many paid jobs do you have currently? _____

L6. How many hours per week do you usually spend doing paid work?

_____ hours

Would you like to work more hours than you currently do?

- Yes
- No
- Don't know



L7. Which of the following patterns of work are usual for you? Please select all that apply:

- Business hours (e.g. 9:00am to 5:00pm or similar, Monday to Friday)
- Rostered shiftwork outside business hours (e.g. night shifts, weekend work)
- Varying hours that I determine as an independent contractor or gig worker
- Other (please specify): _____

L8. Where do you mainly work?

- On-site / in the office
- Mobile / in the community (e.g. visiting clients, delivery driving)
- From home / remote
- I have hybrid work arrangements (e.g. can sometimes work from home / remote)
- Other (please specify): _____

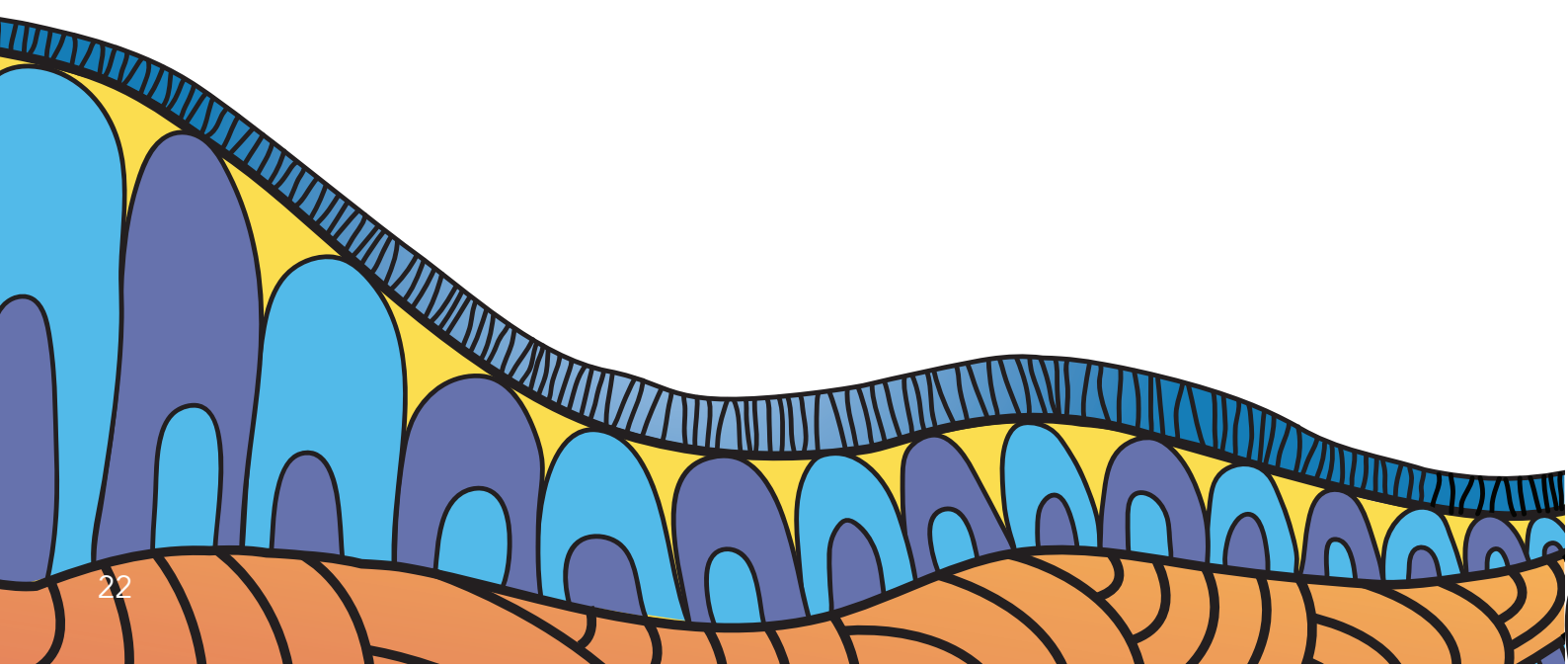
L9. How much do you agree with the following statement:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
The services that support the person I care for align well with my work patterns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

L10. Is there anything you would like to change about the following to help you balance your paid work with your caring responsibilities?

- Yes, my current job type or work structure
- Yes, the services available to support the person you care for
- No/not applicable

If yes, please describe the changes you would make and why:



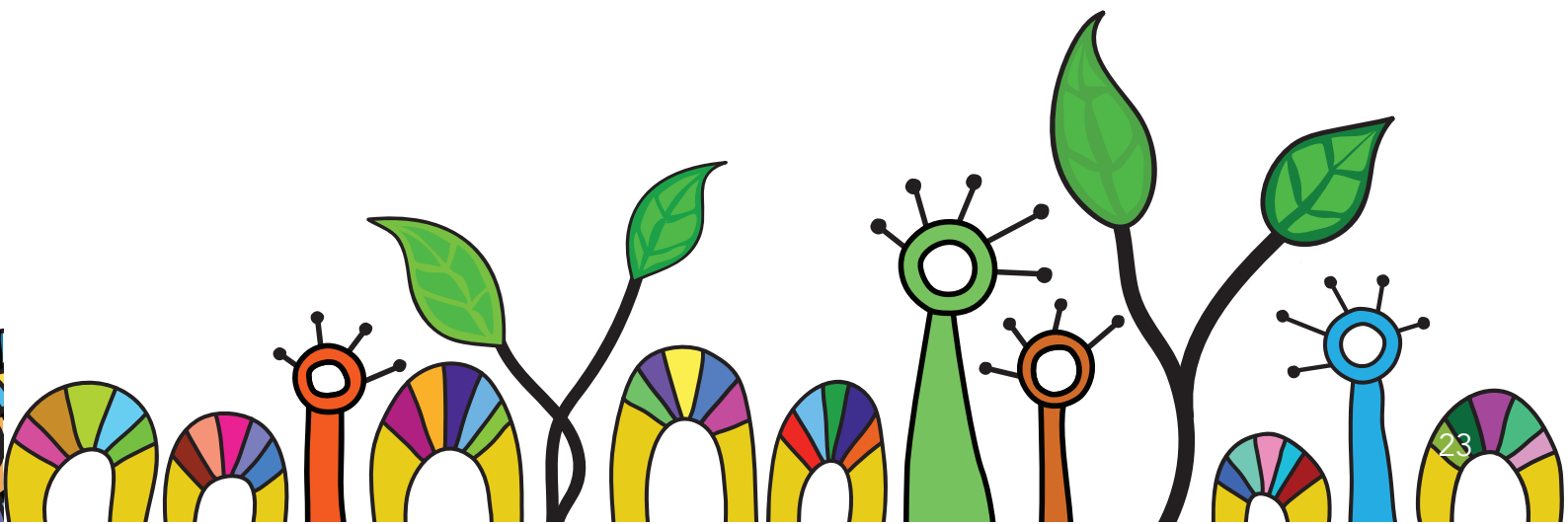
L11. What changes to formal care services (e.g. aged care, disability, mental health or carer support services such as respite) would better support you to combine your paid work or job search with your caring responsibilities?

	Not important	Somewhat important	Important	Very important	Not applicable
Longer blocks of time of formal care on each occasion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More hours of formal care per week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More frequent access to formal care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Located closer to home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Located closer to my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More flexible hours, accommodating changes on short notice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More reliable services for the person I care for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More consistency in the staff of formal care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Better qualification of care service staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

L12. Would you ever consider paid work providing care to clients, e.g. aged care worker, disability support worker?

- Yes, I already do or have done this type of work
- Yes, I am seriously considering it
- Yes, I would be open to it
- No, I would never consider it

Please tell us why:



Health and wellbeing

The following questions are about your health and wellbeing. If any question causes you discomfort, you can skip it. If you need help and support, please contact one of the following numbers:

If you need support with your caring role, including respite or counselling, please call

Carer Gateway: 1800 422 737
(8am – 5pm Monday-Friday)

If you are in crisis, anxious or depressed and want to talk with someone, please

Call Lifeline: 13 11 14 (24/7) or

Text Lifeline: 0477 13 11 14 (24/7)

If you are Aboriginal or Torres Strait Islander and you are feeling worried or no good, please call

13YARN: 13 92 76 (24/7)

to talk with an Aboriginal or Torres Strait Islander Crisis Supporter.

M1. How many hours per week do you have for yourself? _____ hours

“Time for yourself” is time where you can pursue activities of your choice - that are not related to caring responsibilities, work, or to household and other chores.

M2. Please indicate how satisfied you are with each of the following (0-10):

	Completely dissatisfied						Completely satisfied					
	0	1	2	3	4	5	6	7	8	9	10	
Your standard of living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Your health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
What you are achieving in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Your personal relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
How safe you feel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Feeling part of your community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Your future security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Your life overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

M3. In the past 4 weeks, about how often did you feel:

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
Nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Without hope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless or jumpy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
That everything was an effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
So sad that nothing could cheer you up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

M4. How often have you experienced the following?

	Almost always	Most of the time	About half the time	Occasionally	Not at all
It has been easy to relate to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had someone to share my feelings with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I found it easy to get in touch with others when I needed to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When with other people, I felt separate from them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt alone and friendless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

M5. How satisfied are you with... (Please only complete those that are relevant to you. If you do not have a relationship of that kind, please tick "Not applicable".)

	Completely dissatisfied					Completely satisfied					Not applicable	
	0	1	2	3	4	5	6	7	8	9		10
...your relationship with your partner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...your relationship with your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...your relationship with your children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...your relationship with your friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...your relationship with the person(s) you care for?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

M6. How much do you agree with the following statement?

My family and friends assist or support me with my caring responsibilities when I need support...

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
...practically (by helping with care activities, helping with the household, shopping, transport, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...financially (paying for expenses, shopping or with loans)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...emotionally (by taking care of my emotional needs, e.g. when I need to vent, or grieve, or need distraction)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

M7. How much do you agree with the following statements? If a category does not apply to you, please tick "not applicable".

I feel that my caring role is recognised and valued by...

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
...my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...my friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...the person(s) I care for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...service providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...my employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...the government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What would make you feel more recognised as a carer?

M8. In general, would you say that your health is:

- Excellent
- Very good
- Good
- Fair
- Poor



M9. During the last 12 months, have you had any long-term illness or disability that has lasted, or is likely to last, at least 6 months?

Yes

No

If yes, please specify: _____

Finances, housing and other experiences

N1. In the last two years, has any of the following happened to you:

You experienced ongoing impacts from COVID-19 (health, financial or otherwise)

You got married or started a common household with a partner

You became a parent

You got divorced or experienced the breakdown of a long-term relationship

You experienced the loss of a partner or close family member

You became seriously ill or injured

You lost work or significant amounts of income

You were impacted by a natural disaster, such as bushfires, floods, e.g. you had property damage, became isolated, had to evacuate

You started a new job

You retired

You moved house

You finished your education

None of the above

N2. What is the highest level of education you have completed?

Less than high school (year 12 or equivalent)

High school (year 12 or equivalent)

Certificate / diploma

Bachelor degree or higher

Other (please specify): _____

N3. Are you:

Lesbian, gay, or homosexual

Straight or heterosexual

Bisexual

Queer

Prefer not to say

Not listed, my sexual orientation is: _____

N4. Including yourself, how many people are living in your household?

___ Children under the age of 15

___ Children aged 15 to 18

___ Adults aged 18 to 64

___ Adults aged 65 and older



N5. What best describes your household's living situation:

- I/we rent the place I live in from a private landlord
- I/we rent the place I live from a community/public provider
- I/we own the place I live in outright
- I/we own the place I live in, but we pay down a mortgage
- I live in the home of the person I care for, but do not co-own or pay rent
- If other, please specify: _____

N6. How much do you agree with the following statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
My home currently meets my needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My home is adequate for the requirements of my caring role	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My housing situation is secure in the long term	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can meet my housing needs independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The security of my housing is dependent on the person I care for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

N7. Do you receive any payments from Centrelink? Please tick all that apply.

- Carer Allowance (currently \$153.50 per fortnight)
- Carer Payment (currently up to \$1,020.60 per fortnight for singles and \$1,538.60 for couples)
- Jobseeker Allowance
- Age Pension
- Disability Support Pension
- Commonwealth Rent Assistance
- I don't know
- Other Centrelink payment(s), please specify: _____
- None of the above



N8. What is the main source of income for your household?

- Income from your paid work
- Income from the paid work of someone else, who also provides care
- Income from the paid work of someone else who does not provide care
- Centrelink payments that you receive
- Centrelink payments that the person you care for receives
- Centrelink payments that someone else in the household receives
- Other (please specify):

N9. In the last 12 months, did any of the following apply to you?

- You would have been unable to raise \$2,000 in a week for something important
- You could not pay rent or mortgage payments on time
- You spent more money than you received in a month
- You could not pay gas, electricity, water, or telephone bill on time
- You could not pay registration or insurance on time
- You pawned or sold something
- You went without meals
- You were unable to heat or cool your home
- You sought assistance from welfare/community organisations
- You sought financial help from friends or family
- You had to pay extra expenses related to providing care (e.g. services for the person you care for, equipment, housing modifications)
- None of the above

N10. Has caring impacted your financial situation, or do you expect it to impact your financial situation in the future? If yes, please describe how.

N11. Are you a member / affiliate member of, or registered with, the Carers Association in your state or territory (e.g. Carers NSW, Carers WA...)?

- Yes
- No

N12. Optional: Is there anything else you would like to tell us about your experiences as a carer?

Thank you for sharing your experiences!

If you feel upset or have any concerns about anything from this survey, we strongly encourage you to call the **Carer Gateway (1800 422 737, Monday to Friday, 8am to 5pm)**, which will offer support and carer specific services in your area.

If you are in crisis, anxious or depressed and want to talk with someone, please call **Lifeline: 13 11 14 (24/7) or text Lifeline: 0477 13 11 14 (24/7)**.

If you are Aboriginal or Torres Strait Islander and you are feeling worried or no good, please call **13YARN: 13 92 76 (24/7)** to talk with an Aboriginal or Torres Strait Islander Crisis Supporter.

If you would like us to get in contact with you about this survey, please don't hesitate to call the Carers NSW Research Team on (02) 9280 4744 or email research@carersnsw.org.au.

OPTIONAL: Please participate in the 2026 National Carer Survey and help us track the impact of caring over time!

If you agree to participate, we will contact you for the next National Carer Survey in 2026. Your answers will be assigned a randomly generated unique identifier, allowing a comparison over time. No information identifying you personally will be stored in the dataset. Please refer to the accompanying Participant Information and Consent Form for details.

Yes, I would like to participate in the follow-up study! Please provide your contact information below.

OPTIONAL: As a thank you for participating in the survey, you can win one of three \$200 gift vouchers per state! The prizes will be drawn on 1 September 2024, the winners will be contacted via email.

Yes, I would like to participate in the prize draw! Please provide your contact information below.

To participate, please provide your contact details. If you don't want to participate, please leave this field empty.

Name:

Street Address:

Suburb:

State/Territory:

Postal Code:

Email Address:



The Artist - De Greer-Yindimincarlie

De Greer-Yindimincarlie is an Australian Aboriginal woman from Wiradjuri country in central western New South Wales. She is a curator, educator and multi award-winning artist. She celebrates her Aboriginal culture everyday through working within her Authentic Aboriginal businesses delivering to public and private collections worldwide, her stunning Aboriginal artworks. De works in many mediums including art, music, graphic and textile design, and film.

De was awarded the 2008 South East Queensland NAIDOC award for 'Distinguished Services in the Visual Arts Industry'; and was nominated for 'Visual Artist of the Year' in the 2011 and 2013 National Deadly Awards. She also won the Professional Deadly Dressed Award at the 2013 Deadly Awards, for the collaboration piece The 'Yindi' dress, which bore De's textile design. In 2022, De also won the SA Woman First Nations Women in Business award.

De's Aboriginal artworks and Authentic products are held by the National Gallery of Australia, and the Toledo Museum of Art in Ohio USA, and numerous other galleries and gift shops. De's artwork can be found on every continent of the world.

De is a respected member of the community, and she is one of Australia's highly sought after female Aboriginal graphic designers, and she has worked and collaborated with several organisations including Department for Agriculture, Water and the Environment, QLD Health, NSW Rural Doctors Network, TAFE NSW, Australia's First People's Education Network, Australian Skills Quality Authority, Commonwealth Grants Commission, MSS Security, QLD Aboriginal and Islander Health Council, All Together Now, the eSafety Commissioner and many more.

De has lectured and/or tutored at Sunshine Coast University OLD, Griffith University OLD, Edith Cowan University WA, Charles Sturt University NSW, and University of Sydney on a diverse range of subjects including Aboriginal Art Practices and Protocols, Aboriginal Culture, Creativity and Innovation in Business, and Business Practices.

De has also been a professional musician, and she has composed for film, and produced albums for many musicians in her own studio. De has recorded six albums to date, and she has played with musician greats such as Dan Sultan, Wolfmother, Neil Murray, Kev Carmody, Archie Roach, and Andrew Farris.

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The artwork - Together we stand

Together we stand represents carers, Aboriginal and Torres Strait Islander, and non-Indigenous standing together. Caring impacts not only the people we care for, but us as people everyday in our own lives. We connect with country, the people we care for, and each other. We are separate, but we come together to stand as one.

