



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON EDUCATION AND COMMUNITY INCLUSION
Mr Michael Pettersson MLA (Chair), Miss Laura Nuttall MLA (Deputy Chair),
Ms Nicole Lawder MLA (Member)

Submission Cover Sheet

Inquiry into Loneliness and Social Isolation in the ACT

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CarersACT



**Carers ACT Submission to the
Inquiry into Loneliness and Social
Isolation in the ACT**

Executive Summary

As the peak body for Carers in the ACT, we exist to raise the voices of carers to instigate change. We work to create a community that values and respects the caring role. We carry the voices of carers across the spaces they feel unheard.

We co-design carer policy and initiatives for the ACT, working alongside Government and key stakeholders, including carers. In our role as an advocate, we work to ensure that carers benefit from improved outcomes in health, wellbeing, resilience and financial security.

As the voice of Carers in the ACT, we are in a prime position to respond to the ACT Legislative Assembly's Standing Committee on Education and Community Inclusion's Inquiry into Loneliness and Social Isolation in the ACT to **collectively bring change to the high prevalence of loneliness and isolation experienced by Canberra's community of carers.**

In the ACT, more than 50,000 people provide care for another person, whilst being significantly more likely than other Canberrans to experience a high prevalence of loneliness and isolation.

In addressing isolation and loneliness amongst carers, the ACT Government must recognise that any initiatives aimed at resolving these issues will be ineffective until fundamental concerns regarding carer identification, recognition, and access to respite are addressed. Without clear identification and positive recognition of their role, a carer may withdraw from their community and be left without social connection. Likewise, without the respite that may be essential to leaving the house, a carer simply cannot engage with social activities. Government policies impact a carer's ability to socially connect, whether directly or indirectly and this must be considered when seeking to address carer isolation and loneliness in the ACT.

Empowering carers with the tools of recognition, time, respite and consideration, will enable them to connect with their communities. Providing carers with these tools will also positively influence domains related to health, access and connectivity, identity and belonging, and of course, social connection within the ACT Wellbeing Framework, the *Carers Recognition Act (2021)* and the ACT Carer Strategy.

We look forward to continuing our conversations with the ACT Government and raising the serious issues experienced by carers suffering from loneliness and social isolation in the ACT and we welcome any further opportunity to consult on this matter.

For further information contact:

Kamla Brisbane
Policy and Advocacy Lead, Carers ACT
Unit 2, 80 Beaurepaire Crescent HOLT ACT 2615
Telephone: 02 6296 9900
Email: carer.advocacy@carersact.org.au
Website: www.carersact.org.au

Yours sincerely



Lisa Kelly
CEO
7 March 2024

Recommendations

The recommendations made in this submission to address carer isolation and loneliness are solutions that will also positively influence many of the wellbeing domains in the ACT Government’s Wellbeing Frameworkⁱ, of which carers are a priority group. Recommendations also align with the Carers Recognition Act (2021) and the ACT Carer Strategy.

Scope of Reference	Recommendations
a) The prevalence of loneliness and isolation in the ACT community.	1. Establish a working group with representation from Peaks, Government and service delivery NGOs to address holistically, the high prevalence rates of isolation and loneliness across the ACT.
b) Experiences of loneliness and social isolation among residents of the ACT	2. The ACT Government through its communication channels in each Directorate and through its direct service delivery do more to promote carers and encourage self-identification. For example, bus advertising, social media campaigns through popular channels, promotions at events (such as carer express lanes).
c) The personal and social costs, including the impact of loneliness and social isolation on mental and physical health.	3. ACT Government in partnership with the community sector implement innovative and flexible models of respite in the ACT for recipients with complex needs or behaviours.
d) Opportunities for the ACT Government to support organisations and individuals to address loneliness and social isolation and improve social connectedness in the ACT community	4. ACT Government to promote carer friendly public places and events by: <ul style="list-style-type: none"> ○ Actioning the key focus area of “continue to expand the number of fenced playgrounds so that these are more available across district and central play spaces” outlined the Better Places to Play: ACT Play Spaces Strategy (Action Item 4). ○ Implementing a set of carer explicit criteria for government owned recreational facilities to ensure they are inclusive of carers. ○ Supporting hospitality businesses that implement initiatives that support inclusion and encourage use by carers and people with disabilities or who are frail and aged. ○ Developing a carer inclusive checklist for all ACT public events, including the requirement for a sensory de-escalation space alongside first aid services and appropriate care parking spaces for carers of people with non-visible disabilities.
e) Opportunities for the ACT Government to integrate improving social connectedness into other areas of policy making.	5. Enhance ACT Government’s policy makers and frontline staff’s awareness of carers and recognise their higher vulnerability to social isolation and loneliness through: <ul style="list-style-type: none"> ○ The development of carer awareness training modules designed to educate ACT Public Service employees about carers and how to support their fellow employees who maybe carers. ○ Strengthening Public Service employment policies and agreements to incorporate carer recognition and employment opportunities for carers to better align with the Carers Recognition Act (2021) and the ACT Carer Strategy. ○ Enhancing public education enrolment and student engagement policies and practices for young carers to enable them to be connected with social supports within schools or referred to external young carer groups and programs. ○ Requiring any new or amended public service policy or service provision to consider the impact on carers through the development of a carer impact statement, particularly in the areas of disability, education and health policies.

2024 Inquiry into Loneliness and Social Isolation in the ACT

Prevalence

Loneliness is a critical issue of our time and has been recognised as a public health priority across the world. While the detrimental health, economic and social impacts of loneliness are well established, community awareness and government action remain low.

Loneliness among Australians was already a concerning issue prior to the COVID-19 pandemic, described both as an 'epidemic' and as one of the most pressing public health concerns in Australiaⁱⁱ.

This is further exacerbated for carers, who are significantly more likely than other Canberrans to experience a high prevalence of loneliness and isolation, with **12.5% of Canberra's carers reporting that they often feel lonely**ⁱⁱⁱ. This is a stark contrast to the 8.1% of the general population of Canberra who report often feeling lonely.

Rates of isolation and loneliness amongst carers increases with the extent of their caring responsibilities, with those caring for more than 40 hours per week, experiencing even higher rates of loneliness and isolation^{iv}.

Carers are more likely to experience compounding barriers to social connection, leaving them at higher risk of isolation and loneliness. Carers in Australia are more than twice as likely (37.4%) to have a disability than the general population (15.3%)^v, leaving them more vulnerable to isolation than other Canberrans^{vi}.

Carers are also less likely to enjoy the social benefits of employment, with primary carers being substantially less likely to be in the labour force (58.8%) than non-carers (81.5%)^{vii}. Naturally, a reduced capacity for employment also leaves carers in financial stress^{viii}, adding another barrier to social connectedness.

This submission through the following sections addresses issues compounding the high prevalence of loneliness and isolation rates for Canberra carers and practical opportunities for change.

To effectively resolve the high rates of loneliness and isolation in the ACT we need to come together to plan, develop and implement effective and flexible solutions. A taskforce or similar with representation from NGOs, peaks, academia and government should be established.

Recommendation:

1. Establish a working group with representation from Peaks, Government and Service delivery NGOs to address holistically, the high prevalence rates of isolation and loneliness across the ACT.

Carer Experiences

Caring can be rewarding, and it can also be demanding; emotionally, physically, mentally, and financially. It can impact on a carer's ability to participate in everyday activities and maintain relationships, resulting in social isolation and loneliness.

Higher rates of loneliness amongst carers are likely to be a direct result from the way their caring role impacts their identity and their ability to spend time with others^{ix}. Carers regularly sacrifice their own need for social inclusion to ensure the needs of the cared for person, are met.

Recognition Fosters Belonging

A major contributing factor to a carer's experience of loneliness and isolation stems from a lack of understanding and awareness of their caring role. Whether it's due to carers not recognising themselves as such, or society overlooking their essential role in the community. This lack of understanding often extends to the term 'carer' itself, which is increasingly misused to refer to paid support workers in the ACT, further diminishing the critical role carers hold in the Canberra community.

The lack of understanding amongst the community makes it less likely that a person in a caring role will realise that the support they are providing is above and beyond that of a family member or friend, and by definition makes them a carer. This is particularly true for young carers who are significantly less likely to self-identify and are at an increased risk of disengaging from education^x and support networks, leaving them with lower social connectedness than their adult peers^{xi}.

Barriers to self-identification are also particularly dominant among Aboriginal and Torres Strait Islander (ATSI) peoples and Culturally and Linguistically Diverse (CALD) carers, who have highlighted unique cultural challenges that prevent them from discussing their role or accessing social supports. Despite being a connected community, ATSI carers often tell us that the deeply ingrained cultural expectations to care for others in their community can lead to a reluctance in disclosing challenges that may arise from the caring role, contributing to a greater sense of isolation for some.

Carers have highlighted the need to 'step up' high visibility educational campaigns across the ACT, which focus on the positive contribution that carers make, and provide people who have yet to realise they are carers with the tools and information to self-identify. Reducing stigma and addressing barriers to self-identification will not only support carers to generate a sense of belonging to a community, but also better enable them to access social supports that they otherwise may not know were available.

During a focus group with Canberra's carers in 2023 about what would help increase carer recognition, carers suggested a carer recognition identification (ID) card that is non-means tested and government issued for validity. This idea has gathered positive traction amongst Canberra carers who feel a carer recognition card would act as an important symbol of recognition from their government, be useful in educating people and professionals about their role, and ultimately generate a sense of pride and belonging amongst the Canberra carer community.

This innovative approach would reduce stigma and increase community awareness of the value and contribution that carers make to the Canberra community. This program will contribute to delivering on one of the ACT Government's priority outcomes of the ACT Carer Strategy around increasing awareness of the value and contribution of carers^{xii}. A Carer ID card would also significantly reduce the **87% of carers who believe further work is needed to have their role understood and valued by the wider ACT community**.

When a carer feels unseen or undervalued, it can result in reduced social interactions and rendering them unlikely to seek help which compounds their sense of isolation and loneliness^{xiii} and inevitably impacts on their health and wellbeing.

Recommendation:

2. The ACT Government through its communication channels in each Directorate and through its direct service delivery do more to promote carers and encourage self-identification. For example, bus advertising, social media campaigns through popular channels, promotions at events (such as carer express lanes).

Kinship Carers

Isolation amongst kinship carers is a unique area of concern. The ACT community is largely unfamiliar with the concept of kinship care, and as this group of carers are not recognised in national carer campaigns, they rely solely on ACT education and awareness efforts. When discussing recognition and awareness, one carer recently told us *“When I tell people I am a Kinship carer, they have no idea. But everyone seems to understand what a foster carer is”*. The complex situations that result in a child requiring care can cause family and relationship tensions, leaving some carers without the social support from their family or friends^{xiv}.

Kinship carers are often older individuals who find themselves adjusting to the lifestyle shift of raising young children again, leaving them disconnected from their retired peers but unable to connect with younger parents^{xv}. Informal kinship carers are likely to experience even more isolation, as their situation is just as complex, however the informal nature of their arrangement leaves these carers unable to access formal support systems from government or financial assistance. Many informal kinship carers do not formalise their arrangements for fear of damaging family relationships further or inciting statutory interventions^{xvi}.

There are no separate recommendations on the issues raised for kinship carers in this submission as Carers ACT in partnership with the Community Services Directorate is proud to be embarking on the design of a Kinship and Foster Carer Portal which will include a community awareness campaign. However, any efforts that the ACT Government may be able to make to further support this initiative would be welcomed.

Personal and Social Costs

It is well established that loneliness and isolation are harmful to both mental wellbeing, physical health, and resilience^{xvii}. Data from the 2023 Carer Wellbeing Report clearly demonstrated that **carers who reported being lonely were more than three times more likely to report low wellbeing (84.5%)** compared to carers who were rarely lonely (25.2%)^{xviii}.

It is important to acknowledge that caring has life-long consequences on the elements that support a person to be socially connected, not just while they are caring, but long after their caring role has ceased. The lifetime earnings of carers are reduced by approximately \$39,600 for every year that they are a primary carer, reducing superannuation by \$17,700 annually^{xix}; and leaving carers unable to undertake the same activities as their peers throughout the various stages of their life.

Carers ACT also frequently hears from Canberra’s carers who say that they were “rejected” from being a carer because they were ineligible for Services Australia carer payments, incorrectly assuming this means they are not a carer and cannot access any carer supports or groups, further increasing isolation and hindering self-identification. Concerningly, carers who do receive carer payments tell us they encounter stigma associated with the idea that carers are a drain on public resources, again reducing the likelihood that a carer will outwardly identify and limiting opportunities for a sense of belonging. Through the Carers Australia Network, we are tackling this issue federally. However, local efforts by the ACT Government to address stigma and encourage carer identification through previously mentioned education and awareness initiatives are needed to support this.

Respite to address social isolation

Where a carer has lost the ability to engage in social activities or enjoy the freedom of simply leaving the house without a person they care for, a carer can quickly lose their sense of self and identity outside of the caring role, putting them at increased risk of social withdrawal. A Canberra carer summed up this experience, by saying *“I miss out on so much, and often feel I don't have a role in society that is beyond my role as a carer”*.

When speaking with mature aged carers recently, they told us they felt “*robbed of their retirement*” seeing their peers going on cruises and enjoying social club outings and lunches. One carer told us in a recent survey “*I am an older carer. I don’t have the opportunity to enjoy retirement, hobbies, voluntary work, visiting family and friends as if I was not a carer, hence I do not have the same opportunities as other Australians*”.

When asking Canberra’s carers about barriers to social inclusion, **access to appropriate respite care to provide the time away from their caring role is always raised as the main barrier**. Likewise, access to respite is also often the answer to what carers tell us they need most to improve their wellbeing, engagement in employment, improving health outcomes and maintaining their capacity to continue providing unpaid care.

Research conducted nationally and internationally shows that carers consider access to respite care as essential to addressing their social isolation^{xx}. Accessing respite care has a direct link with increased wellbeing, with 2023 research clearly showing that **carers who accessed respite care had significantly higher wellbeing** than those who had not^{xxi}.

Despite repeatedly raising access to respite as an issue, **Canberra’s carers are the least likely in the country to access respite care^{xxii}**, demonstrating a clear issue with the way respite care in the ACT is operating.

While we acknowledge systems responsible for respite care allocation are overseen federally, (through systems such as the NDIS, Carer Gateway and My Aged Care) there are local issues that the ACT Government can address for over 50,000 carers.

Carers in the ACT face considerable challenges when seeking respite services for individuals with complex behaviours, mental health concerns or significant care needs. Carers have advised that there is currently only one provider in the ACT willing to offer respite care to a person requiring any degree of specialist treatment, and that there are still strict parameters, leaving carers with the most consuming roles, without access to time away from their caring role. For carers of people with mental ill health or psychosocial disability, there are almost no options in the ACT.

Canberra Carer Gateway staff recently shared the heartbreaking story of a socially isolated carer approved for respite and accepted to attend a carer social event, which would provide her with the first opportunity in over 12 years for a night off from caring. Although she was formally approved for respite, the absence of a provider in the ACT equipped to handle the needs of her care recipient tragically prevented her from being able to attend the event. Despite Gateway staff’s best efforts, she remains socially isolated at home with no options for time away from her caring role to connect with others or to take a break.

We are also hearing firsthand from carers about the issue of aged care facilities prioritising money-making permanent placements over short term accommodation (STA) places, leaving even fewer options for carers to seek alternate care or access the respite they have had approved.

It is also appropriate to note that while the recent move away from restrictive practices in care settings is a positive one, we are hearing providers are now simply opting against accepting individuals with challenging behaviours for fear of potential legal ramifications associated with restrictive practice use. This further reduces the availability of respite care for carers with the most intensive caring roles.

Carers ACT recently had success with an innovative approach to reaching socially isolated carers who needed a break but did not want to leave their care recipient. Four carers, caring for their partners with dementia stayed at one of our respite cottages for 3 days with their care recipients. The couples were selected based on shared interests in hope that they would connect and form lasting supportive relationships.

During their stay, meals were looked after, activities were planned, there was support for the care recipient, providing a much-needed break from daily care responsibilities while providing opportunity to connect. All

attendees agreed the flexible respite arrangement had exceeded expectations and all individually commented on the new friendships that were formed.

Respite services in the ACT have seen little change, flexibility, or innovation in their delivery. Given the other significant day-to-day pressures on carers, a carer will not take the time and energy to pursue respite that doesn't suit their situation or that they don't think their recipient will enjoy^{xxiii}.

As the ACT Government prepares for the likelihood that they will be required to fund and oversee the foundational supports included in the recommendations of the National Disability Insurance Scheme (NDIS) Review, it is important that they acknowledge carer's need for flexible and responsive respite. The NDIS review has acknowledged a decade's worth of inequitable disability support, including a severe underservicing of support for people with psychosocial disability, and by extension their carers who have been left without access to respite.

Simultaneously, it is important to acknowledge that those pursuing supports through the NDIS or awaiting a package likely have carers who are experiencing heightened stress and will be best equipped to continue caring if there is equitable access to respite while they await approval of a NDIS plan, or in some cases who may not be eligible for a NDIS Plan.

An innovative approach is needed - considering respite as an outcome; a break from the caring role, rather than a break from the care recipient, is an approach that the ACT should consider adopting.

Recommendation:

3. ACT Government in partnership with the community sector implement innovative and flexible models of respite in the ACT for recipients with complex needs or behaviours.

Opportunities for Support

The importance of social programs and events

When a person has a sense of belonging as a carer and has adequate access to respite to leave the house and socialise, support groups and social activities provide an excellent opportunity for connection.

When addressing loneliness and social isolation amongst carers, it is important to ensure that opportunities not only support carers to connect, but also help carers foster their own individual sense of self and pursue social opportunities outside of the caring role.

It is not uncommon for carers to find it difficult to share their experiences with others for fear of rejection, judgement, or simply not being understood^{xxiv}. Groups for carers where they can connect over similar shared experiences and form connections and social networks is not only academically supported^{xxv}, but continually commended by carers attending Carers ACT groups. Positive feedback regarding the connections that our carer groups bring and the opportunities for social activities that carers would otherwise not be able to afford are amongst those most often received by our organisation.

We recently received feedback from a carer who after years of struggling with low wellbeing scores associated with social isolation, health, and finances, experienced a significant shift when they attended their first ever carer retreat. The carer formed new connections with people in similar caring situations, describing the experience *"one of the best things I have ever done... it provided me with a whole different perspective about life and my caring role"*.

This carer has now joined regular carer groups and in noticing the difference it made to their social wellbeing, has now connected their socially isolated care recipient with a social support group, with both sharing similar positive social outcomes as a result.

Changes in the health of the person being cared for and fluctuating caring demands can result in reluctance to commit to planned activities, ultimately leading to social isolation. Carers experience compounding issues that rob them of the opportunity to feel a sense of belonging within the community, which can naturally lead to social isolation and loneliness.

One Canberra carer summarised this situation in a recent survey, saying *“I find I am constantly not attending activities for myself because I am worried in case the person I care for becomes unwell, or has a fall etc while I am out. It takes so much time to be a full time carer.”*

It is important to acknowledge that facilitating a group or activity for socially isolated and vulnerable people extends beyond simply arranging the logistics and advertising it. Carers ACT staff must delicately navigate the challenges of encouraging carers who may never have left the side of their care recipient to consider alternative care arrangements and address social anxieties even before the group takes place. For socially isolated carers attending a social activity for the first time, attentive staff are required to take the time to ensure concerns are managed, introductions are positive, and connections are nurtured, knowing that if these elements are not attended to, a carer may not attempt participation again and sink back into isolation.

In addition to acknowledging the breadth of time, skill and resources required to reach socially isolated carers, it is also important to recognise that designing innovative approaches to social supports and service delivery is only possible with funding that is ongoing, flexible and sustainable.

Unfortunately, social activities outside of those that are subsidised by organisations (such as Carers ACT) are simply out of reach for some Canberra’s Carers. Carers are almost twice as likely to live in households that fall within the lowest two categories of income in Australia^{xvii}. Naturally, this leaves little opportunity for the freedom to choose the kind of social group or activity that they would like to attend, particularly in an affluent city like Canberra.

There are many carers isolated because they feel they cannot access social activities with the person they care for. While cost remains a barrier for many, there is also the fear of judgement and stigma associated with some care recipient behaviours in public or crowded places.

Imagine for a moment, a loving couple who have a decades long tradition of going out for a Valentines Day dinner. However, as one’s dementia progresses, the other moves into a caring role and despite a desire to continue their romantic tradition, the carer fears the judgemental stares and stress of navigating a dementia related outburst in public. This poignant example underscores the importance of providing support for carers to enjoy social activities together with their care recipient where desired. In identifying this gap, Carers ACT recently held a Valentines Day dinner event where we offered 60 couples the opportunity to celebrate their relationship in a supported environment. The event booked out in just 20 minutes, highlighting the important need for this type of creative and flexible social support.

Many policies that remove barriers to social inclusion for people with disability or health conditions also extend to carers. For example, we know carers face barriers to connecting with community because many spaces are not accessible or not designed for a person and their carer. An issue that is often raised by carers of children with disability or neurodivergence is that they feel unable to access public parks and playgrounds with other parents because their child requires a fenced play space, and there are so few options available in Canberra. For these carers, they feel the risk of their child absconding far outweighs the social benefit of joining other families at an unfenced playground, leaving both the carer and the child isolated.

We know that there are many carers (along with their care recipients) who would love the ability to join their community in upcoming Canberra Day, Skyfire and Enlighten celebrations, or who missed out on attending the recent drone show and Multicultural Festival. For these carers, the deep desire to join friends and family in large community events is overshadowed by the fear that if the person they care for becomes overwhelmed by the crowd

or has an episode, there is no dedicated quiet space or low sensory area to retreat to, and the car is likely parked a significant distance away. This is particularly true for carers of people with non-visible disability, including psychosocial disability or neurodiversity, who are unlikely to have a disability parking permit but require the ability to leave the event easily should they become overstimulated. A carer's ability to access community events or improve their social connectedness is also hindered by public transport options that do not suit their care recipient, leaving them with no other option than private travel. On the surface, these issues do not explicitly appear to be carer issues, but undoubtedly contribute to the social isolation of carers.

Recommendation:

4. ACT Government to promote carer friendly public places and events by:
 - Actioning the key focus area of “continue to expand the number of fenced playgrounds so that these are more available across district and central play spaces” outlined in Action item 4 of the Better Places to Play: ACT Play Spaces Strategy.
 - Implementing a set of carer explicit criteria for government owned recreational facilities to ensure they are inclusive of carers.
 - Supporting hospitality businesses that implement initiatives which support inclusion and encourage use by carers and people with disabilities or who are frail and aged.
 - Developing a carer inclusive checklist for all ACT public events, including the requirement for a sensory de-escalation space alongside first aid services and appropriate care parking spaces for carers of people with non-visible disabilities.

Opportunities for integration into other policy areas

Carers often tell us it is rarely the caring responsibility itself that makes a carer disconnect from society; it is the ongoing, compounding lack of carer consideration from the systems surrounding them. Examples include a changed bus timetable after months supporting their care recipient to learn the bus route to their day program, not being able to safely navigate the overgrown or cracked footpath with the person they care for, or waiting on hold for hours to speak to Canberra Health Services when the carer has a half hour lunch break and is being performance managed for requiring “too much” time off to care. On the surface, these policies do not appear to directly relate to carers or their social connectedness. However, policy makers and frontline government staff need to be aware of how public service policy, systems and reforms affect carers and the people they care for.

There are many opportunities to integrate policies that support carer connectedness and address barriers to self-identification of carers within government settings; for example, the enrolment forms of students at ACT public schools now include a tick-box to identify young carer status. Although a good initiative, at present the information is not being used. A policy could be adopted within the Education Directorate where if a student identifies that they are a young carer on enrolment paperwork, school youth workers or wellbeing teams are required to contact the student within a specified timeframe so the student can be connected with social supports within schools or referred to external young carer groups and programs. This information could also be used to prioritise young carers for social opportunities, excursions or to incite the creation of school carer social groups.

Likewise, collecting carer status could be included in ACT Government recruitment processes for similar purposes that relate to public service work placements. There is an opportunity to enhance the ACT Government's alignment with the Carer Recognition Act and the ACT Carer Strategy within the ACT public service's workforce strategies, policies and agreements which should aim to support and foster a carer-inclusive culture and workplace.

Carers ACT are working closely with the Community Services Directorate (CSD) on gap analysis using Carers Recognition Act reporting to better understand how carers are (and are not) being supported in the ACT. We look forward to this work resulting in changes that lead to improved carer legislation oversight and policy implementation.

Any new or amended public service policy or service provision should consider the impact on carers through the development of a carer impact statement, particularly in the areas of disability, education and health policies. Adequately considering the impact of new and existing systems and policies on carers will ultimately contribute to enhancing carer social connectedness where carers feel valued, connected and empowered to participate in community life.

Recommendation:

5. Enhance ACT Government's policy makers and frontline staff's awareness of carers and recognise their higher vulnerability to social isolation and loneliness through:
 - The development of carer awareness training modules designed to educate ACT Public Service employees about carers and how to support their fellow employees who maybe carers.
 - Strengthening Public Service employment policies and agreements to incorporate carer recognition and employment opportunities for carers to better align with the Carers Recognition Act (2021) and the ACT Carer Strategy.
 - Enhancing public education enrolment and student engagement policies and practices for young carers to enable them to be connected with social supports within schools or referred to external young carer groups and programs.
 - Requiring any new or amended public service policy or service provision to consider the impact on carers through the development of a carer impact statement, particularly in the areas of disability, education and health policies.

Definition of Carer

The *Carers Recognition Act 2021* (ACT) recognises the value of carers and the care relationship and defines carers in the following way: “A person is in a care relationship with another person if the first person (the carer) provides care to the other person for 1 or more of the following reasons:

- (a) the other person has a disability;
- (b) the other person has a mental disorder or mental illness;
- (c) the other person has an ongoing medical condition;
- (d) the other person is aged and frail;
- (e) the other person is a child or young person, and the carer is a kinship carer or a foster carer for the child or young person.”

Carers include family members, friends, relatives, siblings or neighbours. A carer’s role can include help with daily living activities such as housework, transport, health care, shopping and meals, reading and writing, emotional and mental support and personal care.

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