“The term Hidden Carers refers to those carers who do not self identify as Carers or who are not recognised as Carers by professionals and/or the community”.

In other words, hidden Carers are often family members in a caring role who do not see themselves as a Carer and may not, therefore, access services made available to Carers. Alternatively, and often as a consequence, professionals may not be aware of the existence of these Carers and therefore do not identify their need for help.

Any Carer group may be “hidden” for varying reasons but some groups are more likely to be hidden than others. Services may share the same groups of hidden Carers or there may be hidden Carers who are specific to a particular kind of service. Services should consider if there are particular Carers who may be hidden to their service.

Some Examples of Hidden Carers:

**Culturally and Linguistically Diverse (CALD) Carers**
CALD Carers may have difficulty accessing services simply because of language barriers and may require the use of an interpreter or to receive written information in their first language. Some Carers may struggle even with written information in their own language due to literacy issues and will find information more accessible if it is presented in their own language in other mediums such as CDs and DVDs. Others may be distrustful of government services because of the circumstances of their country of origin or may not know that such services are provided in Australia. For some Carers from CALD backgrounds, stigma may still exist around the condition of the person they care for (such as people with Mental Illness or/and intellectual disability) so that they are reluctant to seek help.

**Gay, Lesbian, Bisexual and Transgendered (GLBT) Carers**
Services providing assistance to GLBT people, including those with HIV/AIDS, may need to be aware that Carers who are GLBT or looking after someone who is GLBT may still be concerned about possible discrimination due to past or current negative attitudes towards diversity in sexual preference or orientation. This may especially be the case if they are caring for an elderly GLBT person and are elderly themselves.

**Rural Carers**
Services providing assistance to rural patients and Carers, especially facilities located in our cities, need to be aware of the extra burden that travel and lack of services in their own communities places on a Carer. They may be eligible for transport and accommodation assistance (IPTAAS) or may be unable to make use of respite services if travelling distances are an issue.
Provision of flexible appointments, teleconferencing, respite or accommodation, and provision of information orienting them to the hospitals (and cities) they are referred to with the person they care for, may serve to ease the burden on rural /isolated Carers.

**Working Carers**

Working Carers can also be hidden from our service providers. While some services are provided on a 24 hour basis, most health and welfare assistance is provided during normal business hours. This can make it difficult for working Carers to access services at a time of need, either by telephone or face to face due to the circumstances of their job. Again, providing information and assistance in other formats such as on line, or providing appointment times out of hours, can resolve issues of access for this group.

**Young Carers**

Young Carers can be particularly vulnerable and are often not recognised as Carers, or don’t identify as Carers, simply because they are children or young people. In many circumstances they may not be the primary Carer but the caring they do provide may nevertheless impact substantially on their lives. For example, it is now well recognized that the educational needs of young Carers can be compromised because of their caring responsibilities and that this can impact on their earning capacity and therefore financial security later in life. Sometimes a young Carer’s safety and well being may be at risk in situations where they are providing care for a parent. Alternatively, a parent’s fear that their child may be regarded as neglected or abused because of their caring role, may result in their caring role not being disclosed to services. Providing support to the family so the Young Carer is not at risk in this situation is essential.

**Aboriginal Carers**

There are many issues that may impact on Aboriginal Carers resulting in them being hidden to Health Services. As with CALD Carers, past personal and cultural experiences may cause them to be distrustful about accessing government or mainstream services. Different family members may have differing caring roles within the family and therefore be hidden to services which are already in contact with them. Aboriginal people from rural communities may also encounter similar problems to other rural Carers. Aboriginal Carers may be more comfortable accessing services staffed by Aboriginal people but the availability of Aboriginal staff may be limited.

**Other Hidden Carers**

Other Carers who may be hidden from services include male Carers, Carers of People with Mental Illness and Carers of people in Residential Care Facilities.

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