Australian Government
Australian Institute of
Family Studies

AIFS

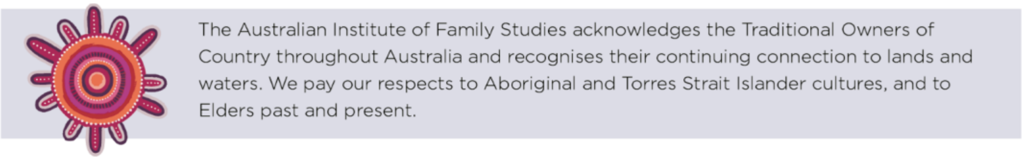
Building the evidence base for the National Carer Strategy

National Carer Strategy: Outcomes Framework

FINAL REPORT May 2025

Acknowledgements

The Department of Social Services commissioned the Australian Institute of Family Studies to develop this Outcomes Framework. The Australian Institute of Family Studies would like to acknowledge the valuable input from the Department of Social Services and the National Carer Strategy Advisory Committee in preparing this Outcomes Framework.



The Australian Institute of Family Studies acknowledges the Traditional Owners of Country throughout Australia and recognises their continuing connection to lands and waters. We pay our respects to Aboriginal and Torres Strait Islander cultures, and to Elders past and present.

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Overview

This document presents an outcomes framework for the National Carer Strategy 2024-2034 (the Strategy). The Strategy sets out the Australian Government's vision for carers — *An Australian community in which all carers are recognised, valued and empowered with the support they need to participate fully in society and fulfil their caring role*.

The purpose of the outcomes framework is to guide how the Australian Government measures progress over the life of the Strategy.

The Strategy identifies three key objectives.

- Carers are identified, recognised, respected and valued.
- Carers are empowered to have fulfilling lives while engaging in their caring role.
- Carers' physical and mental health, safety, wellbeing and financial security are supported.

The outcomes framework describes how progress against these three objectives will be measured. Specifically, the framework establishes a shared understanding of each objective and identifies a set of measures to track progress against the objectives over time. For each measure, the framework states whether there is already relevant data available.

A monitoring and evaluation framework (to be developed in 2025) will support the outcomes framework. The Australian Government has committed to a mid-way review and final evaluation of the Strategy (DSS 2024).

Introduction

The Australian Government published the National Carer Strategy 2024-2034 (the Strategy) in December 2024. The Strategy sets out a national agenda to support and improve the lives of Australia's unpaid carers. The Strategy's vision for carers is (DSS, 2024):

> An Australian community in which all carers are recognised, valued and empowered with the support they need to participate fully in society and fulfil their caring role.

The Strategy adopts the definition used in the *Carer Recognition Act 2010* (the Act) — namely, that a 'carer' or 'unpaid carer' is 'a person who provides personal care, support and assistance to another person who needs it because that other person has a disability, a medical condition (including a terminal or chronic illness), a mental illness, or is frail and aged'. Carers receiving financial support such as the Carer payment or Carer allowance are included under this definition.

The Strategy will be delivered through a suite of actions and measured against an outcomes framework. The National Carer Strategy Action Plan 2024-2027 (Action Plan) was published alongside the Strategy.

The Australian Institute of Family Studies (AIFS) was engaged by DSS to develop an outcomes framework to measure progress under the Strategy.

Objectives under the National Carer Strategy

Three objectives are identified under the Strategy.

1. Carers are identified, recognised, respected and valued.
2. Carers are empowered to have fulfilling lives while engaging in their caring role.
3. Carers' physical and mental health, safety, wellbeing and financial security are supported.

The Strategy notes that the objectives are 'the results we want to achieve for carers' (DSS 2024, p. 26). Each objective describes what success for the Strategy looks like.

The Strategy also identifies several 'priority outcome areas' (box 1) – the areas 'where the Australian Government will direct efforts to achieve the objectives and Strategy's vision' (DSS 2024, p. 31). The actions taken in one priority outcome area may support one, two or all three of the Strategy's objectives. For example, priority outcome area 5 is primarily intended to support the third objective of the Strategy, while priority outcome area 2 supports all three Strategy objectives. The Strategy notes that 'as outcomes of other reforms relevant to carers become realised, new priority areas for carers and practical actions may emerge' (DSS 2024, p. 39).

Box 1: Priority outcome areas

- **Priority outcome area 1**: Government, community and services see and value carers, recognise their expertise and contribution, and create an environment that enables carers to identify at the earliest opportunity.
- **Priority outcome area 2**: Carers can access supports, services and programs at the right time, right place and in the right way.

- **Priority outcome area 3**: Ensure carers are able to develop knowledge and skills when needed to fulfill their caring role.
- **Priority outcome area 4**: Carers can access, and participate in employment and education or training, including to improve their financial well-being
- **Priority outcome area 5**: Carers have access to supports that safeguard their psychological, physical and social wellbeing.
- **Priority outcome area 6**: Build the evidence base about carers to better understand who carers are, including their diversity, what their experiences are, what works for them and why.

Notes: The priority outcome areas are not numbered in order of importance. They are numbered for ease of reference.
Source: DSS (2024).

Although an objective or outcome typically represents the desired end state, it can also influence, or be influenced by, another outcome or objective. For example, 'carers are identified' is a Strategy objective, but it is also a key enabler for the objective that carers' wellbeing is supported.

Outcomes and objectives are distinct from the actions or activities that the Australian Government will take under the Strategy. For example, the activity of providing carers with access to appropriate respite care can lead to the outcome of a carer being able to participate more in paid work, study or social activity.

The outcomes framework

What is the outcomes framework?

The outcomes framework sets out how progress towards the three *objectives* of the Strategy will be measured. It provides a structured approach to determine how carers are faring under each of the three objectives. This includes identifying the key indicators that will be used to measure and monitor progress.

Key definitions

Some of the terms commonly associated with measurement and evaluation — and included in outcomes frameworks — are often used loosely and interchangeably. This section defines how key terms are used in the outcomes framework for the Strategy.

Outcomes (or in this case, 'objectives')

Outcomes are the longer-term changes the Australian Government is striving to achieve through its activities or interventions. In the case of the Strategy, the desired longer-term changes have been characterised as objectives.

While the Strategy also identifies *priority outcome areas*, it is more practical and appropriate to measure progress under the Strategy using the objectives rather than the priority outcome areas. The three objectives are higher-level and more distinct than the six outcome areas — focusing the outcomes framework on the latter would require a larger number of measures, and more overlap and repetition amongst them. Moreover, as noted above, the objectives are the results we want to achieve for carers, while the priority outcome areas identify where the Australian Government will direct effort to achieve these objectives and the Strategy's vision. Indeed, as the Strategy notes:

> Co-developed by carers, these objectives provide the overarching goals carers, and the Australian Government, want to see realised. Through monitoring improvements in these objectives, we will measure our progress toward achieving the Strategy vision' (DSS 2024, p. 30).

Indicators and measures

Indicators are used to indicate the desired outcome or objective. Measures provide a standard metric to measure the change. For example, employment is an indicator, while the proportion of people who are working a specific period of time in a given time period is the measure.

A single objective may comprise several concepts and therefore require distinct indicators and measures for each concept. Further, due to the interconnected nature of the objectives in the Strategy, an indicator/s for one objective may be relevant to another objective. That is, multiple indicators and measures may be required to assess progress against one objective, and one measure may assess progress that is relevant to multiple objectives.

Actions

Actions are the activities or interventions that are undertaken to facilitate achieving the objectives. Actions lead to services or products delivered (outputs). As noted above, the priority outcome areas identify where the Government intends to direct its efforts, and a series of 'action plans' will identify the actions the Australian Government will take to achieve the objectives of the Strategy.

Outputs

The outputs are the interim changes that are expected because of the actions being implemented. These changes provide tangible evidence of actions intended to achieve progress.

Inputs

Inputs are the resources (labour, capital and technology) used to carry out the actions.

Monitoring

Monitoring is a continuing process to systematically collect, analyse and use information to observe progress against the objectives of the Strategy.

Regular monitoring will support an assessment of whether the Strategy objectives are being progressed, in what areas and how quickly. This will enable adjustments to be made to the action plans if needed. That said, understanding the broader context within which the objectives sit is critical to understanding other factors that may be impacting progress to achieving the objectives.

Why do we need an Outcomes Framework?

Measuring progress towards objectives helps governments and other organisations to learn whether what they are doing is working (effectiveness), and to adapt and iterate to improve service design and delivery.

An outcomes framework for the Strategy will allow the Australian Government to assess (and publicly report on) progress against the Strategy objectives in a systematic way and will facilitate evaluation of the Strategy's impact and efficacy. In this way, the outcomes framework supports transparency and accountability.

Monitoring and reporting on progress against the *action plans* will also be needed — this reporting will indicate whether (and/or to what extent) the Australian Government has taken the actions it committed to in the action plans.

Developing the Outcomes Framework

The outcomes framework has been designed to measure progress against the three objectives of the Strategy (not the six priority outcome areas — though they are related, as discussed above).

Developing a shared understanding of the Strategy objectives is the first step in developing an outcomes framework. Without a common understanding of the concepts underpinning the objectives there is a risk that the changes that end up being measured are not those envisaged by carers, governments, and others with an interest in the Strategy.

To do this, AIFS has drawn insights from:

- the National Carer Strategy
- the rapid scoping review undertaken to support development of the Strategy (AIFS 2024)
- discussions with DSS throughout the development of the Strategy
- the National Carer Strategy Advisory Committee (TBC)
- other relevant evidence sources (ie, literature on ‘empowerment’ and ‘wellbeing’ in the context of carers and care-giving).

Having established a shared understanding of each of the objectives, a set of measures has been identified, using the principles below.

Principles for selecting measures

Several rules or principles are relevant to selecting measures, including that the measure:

- is clearly relevant to the objective
- is measurable (that is, it lends itself to being quantified)
- is material (that is, it is expected to make a significant difference to whether the objective is achieved – a materiality threshold is important to ensure the number of measures selected to get comprehensive coverage of the objective is minimised)
- is practical (that is, the indicator is unambiguous, reliable, widely understood and ideally, is already used/reported against in other processes).

For each measure, the outcomes framework states whether there is already relevant data available. Wherever possible, ongoing national data collections are identified.

For some of the measures identified in the outcomes framework, there is currently no relevant available data. However, the selection of measures has not been limited by the current availability of data; rather, measures have been selected based on their suitability to the objectives in the Strategy, using the principles above.

Collecting new data to fill the identified gaps would build the evidence base about unpaid carers in Australia, consistent with priority outcome area 6 of the Strategy (box 1).

Finally, there is significant heterogeneity across the unpaid carer cohort, including with respect to age, economic circumstance, disability status, geographic location, cultural background and caring responsibilities. Wherever possible, the measures identified below will be disaggregated to report on changes for specific groups.

Objective 1: Carers are identified, recognised, respected and valued

What does this Objective look like?

Objective 1 is that unpaid carers in Australia are identified, recognised, respected and valued.

Carers are identified

Identification of carers has a number of dimensions. Some unpaid carers are formally identified, and others are not (‘hidden carers’). In addition, identification can also refer to how carers see themselves and their care-giving role (self-identification).

A person is formally identified as an unpaid carer if governments and relevant data collection agencies know that they provide unpaid care. Formal identification of carers can occur via key surveys that ask people about their caring responsibilities and also occurs when people access certain carer supports (such as the Carer Payment).

Improving formal identification of carers would mean that governments have a better understanding of how many unpaid carers there are at a population level, their demographic characteristics, and the nature and intensity of their care-giving responsibilities. This can help ensure governments match resourcing to the needs of carers.

Importantly, formal identification doesn’t necessarily mean that an individual regards themselves as an unpaid carer or identifies with the term carer — for example, in the ABS’s Survey of Disability, Ageing and Carers (SDAC) (box 2), household members are asked whether they provide ‘any unpaid assistance (help or supervision) to people with disability or older people (aged 65 years and over)’; they are not explicitly asked if they are a ‘carer’[1].

Some people performing a caring role regard themselves as a carer and identify in this way to others; but other people who perform caring roles do not see themselves as a carer and may even be offended by this characterisation of their role.

Improving identification of carers is important for several reasons.

- More complete and accurate data on carers can help governments to make more informed and effective policy, program and resourcing decisions.
- Achieving a more comprehensive and inclusive demographic picture of the full carer landscape can also improve community awareness of the prevalence, diversity and significance of caregiving.
- When carers are ‘hidden’, they are less likely to seek out (or be offered) relevant information, services and supports. Missing out on supports can pose significant wellbeing risks for carers.

However, there are barriers to carer identification.

The scope of – and definitions used in – key surveys mean that some unpaid carers (as defined in the Act) are not counted in these data collections, or key demographic characteristics are missed. For example, carers of those with an alcohol or other drug dependence are not typically

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[1] There are questions (asked of the initial spokesperson) about whether anyone in the household (including the spokesperson) provides informal assistance or help. If the answer is yes, this person is interviewed later on to confirm whether they provide help or supervision / assistance (see pg. 123, SDAC22 Household Questionnaire). If they confirm this, then they are asked further carer-related questions (module B25 onwards), which are also framed in terms of provision of help or supervision.

counted as carers, and the SDAC has been criticised for using a definition of carers that is more restrictive than the definition in the Act (box 2), and for focusing on the experiences of primary carers. Moreover, the 2024 *Inquiry into the recognition of unpaid carers* found that ‘further work is needed to ensure that First Nations, CALD and LGBTIQA+ carers are accurately represented in national surveys and other data’ (Standing Committee on Social Policy and Legal Affairs 2024, p. 79).

Box 2: Definitions of carers

Under the Act, carers are people who provide personal care, support and assistance to another individual in need of support due to disability, medical condition, including terminal or chronic illness, mental illness or is frail and aged.

A person is not a carer under the Act if they only provide care, support or assistance either for payment, such as a care or support worker, or as a volunteer for an organisation, or as part of the requirements of a course of education or training. A person is also not a carer simply because they: are the spouse, de facto partner, parent, other relative or guardian of an individual who requires care; or live with an individual who requires care.

In SDAC administered by the ABS, a carer is a person who provides any unpaid assistance (help or supervision) to people with disability or older people (aged 65 years and over). The assistance must be ongoing, or likely to be ongoing, for at least six months. People who care for young children are only considered carers if their assistance is needed because of disability, not because of the child's age. If a person cares for someone with a long-term health condition only (who does not have a disability and is under 65) they are not considered to be a carer.

Second, some people do not want to be seen as a carer (by service providers, their family or the broader community), or feel that they do not have ‘permission’ to identify as a carer and/or access carer services. This could reflect a preference (by the carer and/or care-recipient) to characterise the relationship as a familial one, rather than a care-giving relationship. It could also be due to cultural considerations. For example, research suggests that some Aboriginal and/or Torres Strait Islander people view the caring role as an accepted part of their normal kinship roles (Woods & McCormick, 2018). Familial responsibility for caregiving is an important concept (and indeed may be relevant to provision of high-quality care) but it cannot be assumed, and in any case, the burden of care should not be unreasonable.

In some cases, people are reluctant to identify as a carer because of concerns about stigma, stereotyping and discrimination — whether that be from government service providers, employers, colleagues or peers. For example, the Productivity Commission’s inquiry into mental health found that young carers may not identify as carers, or conceal their caring role, for several reasons, including because they fear stigma and bullying, are not taken seriously by service providers because of their age, and are concerned about intervention from child protection services (PC 2020, p. 876).

Third, some people don’t realise they are in a caring role, or that what they do is different to what occurs in other families and relationships.

Where people do not see themselves as carers — for whatever reason — they may not access (or even be aware of) the services and support that are available to support them.

Success for the identification aspect of objective 1 requires that:

- governments collect — and governments, researchers, advocates and others use — data that is truly comprehensive and representative of the unpaid carer cohort, and
- all people providing unpaid care are aware of — and can access, where they wish to — the dedicated information and supports available to help them in their caring role (irrespective of whether they identify as a ‘carer’, formally or informally). And the earlier that this occurs in the caring journey, the larger the potential benefits to the carer and care-recipient.

Developing more inclusive and relatable terms to describe carers and the care-giving relationship is likely to be a key enabler to identification, and to encouraging carers to connect with relevant services and supports. Indeed, the Standing Committee on Social Policy and Legal Affairs Committee recommended that the meaning of carer under the Act ‘be modernised and contextualised as a ‘care relationship’ to be more inclusive of the diversity of caring roles and to make it easier for carers to self-identify’ (2024, p. xv).

Ultimately, the terms and descriptions used by governments and others in the caring context need to focus on the *act* of caring, and the tasks that people are undertaking, rather than ascribing titles or labels to the people undertaking them. In doing so, it is important to recognise that caregiving is not limited to physical activities (such as lifting, bathing, and administration of medications), but can also include the provision of emotional and psychosocial support, as well as various administrative and clerical tasks.

Carers are recognised

Recognising unpaid carers means that government support services – and the general community – acknowledge and understand the roles and contributions of carers.

This will require changes to the ways that government services engage with and respond to unpaid carers. At present, carers are sometimes overlooked by service providers and health professionals. Recognising unpaid carers also relies on significantly improving the public’s — and service providers’ — understanding of what unpaid carers do, who they are, their skills and capabilities, and their significant economic and social contribution (including by critically augmenting any available funded care). Importantly, it also means debunking various negative myths and misconceptions about unpaid carers (for example, that people with caring responsibilities will be less reliable or less productive employees than people without caring responsibilities).

Success for the recognition aspect of objective 1 would mean unpaid carers are seen and supported by government services, celebrated and supported by the community, and that carers’ skills, knowledge and contributions are acknowledged by health professionals, paid carers and employers. As it stands, carers are under-recognised in the community for a variety of reasons, including due to a general lack of community awareness (Standing Committee 2024).

Carers are valued and respected

Finally, objective 1 requires that unpaid carers are valued and respected. Valuing and respecting unpaid carers means that people associate worth with the work that carers do, and respect the skills, knowledge and expertise that carers have. Indeed, carers possess valuable history, context and knowledge regarding the person/s they support, which can inform and shape how that person responds to interventions and support services.

Valuing and respecting carers is relevant at the community level (in terms of attitudes towards – and views of – carers), for health professionals and paid carers (to the extent they consult with unpaid carers regarding the person/s for whom they are caring, to enable improved information sharing and better outcomes), and for employers and education providers (in terms of valuing the experiences and skills people acquire through their caring role).

How will Objective 1 be measured?

Table 1 sets out the measures that are relevant to assessing progress towards objective 1, and the data source and its availability for each specified measure.

Table 1: Measures to assess progress towards objective 1

Objective	Measure	Data source	Baseline available?
Carers are identified	Actions that have been taken to develop a more comprehensive and representative national data collection(s) on unpaid carers. ▪ And specifically, actions that have been taken to improve data collection for specific cohorts of unpaid carers.	Qualitative assessment could be made	Yes
	Proportion of unpaid carers who are aware of the services and supports available to assist them in their caring role	No data currently available to capture this measure	No
	Of this group, the proportion who were aware of dedicated carer services and supports within their first year of caregiving	No data currently available to capture this measure	No
	Proportion of unpaid carers of people living with dementia who were aware of supports and services available specifically for those caring for a person with dementia	Source: Carer Wellbeing Survey (Mylek & Schirmer) Quality: Annual, national coverage	Yes. Most recent year: 2024
Carers are recognised, valued and respected	Proportion of unpaid carers that feel their caring role is recognised and valued by: ▪ their community ▪ their family ▪ their friends ▪ the person(s) they care for ▪ service providers ▪ their employer ▪ the government	Source: National Carer Survey (Carers NSW) Quality: Biennial, national coverage	Yes. Most recent: year: 2024
	Proportion of unpaid carers who strongly agreed or agreed that their views had a real influence on the care provided to the person they cared for, in relation to: ▪ aged care services ▪ NDIS supports ▪ mental health services ▪ visiting a GP ▪ visiting the hospital or community health service	Source: National Carer Survey (Carers NSW) Quality: Biennial, national coverage	Yes. Most recent year: 2024

Objective 2: Carers are empowered to have fulfilling lives while engaging in their caring role

What does this Objective look like?

Objective 2 is where unpaid carers are empowered to have fulfilling lives, including by engaging in — where they wish to — paid work, study, and social activities (including exercise, hobbies, volunteering and spending time with family and friends), alongside their caring role(s).

It also means that carers are empowered in their caregiving — that is, they have access to the resources and skills training they need to provide safe and effective care and can access the services and supports they need.

Carers are empowered to have fulfilling lives

Carers are empowered to have fulfilling lives if they can engage in paid work, study, and social activities as they wish to, without encountering barriers that stem from the caring role. This requires giving carers the supports they need to make the decisions they wish to make and removing obstacles that serve to disempower carers.

Carers can access time out from caring (respite care)

For many carers, care-giving can be time-consuming, and in some instances, a 24/7 role.

Access to certain forms of respite care can give unpaid carers relief (or a break) from some of their caregiving responsibilities to socialise and pursue other interests, and to rest and attend to their own health, which is vital to support the carer to continue with caregiving.

However, access to respite care — which is typically based on the needs of the care-recipient, not the carer — doesn’t necessarily mean that unpaid carers get meaningful relief from their caring duties.

In practice, ‘respite care’ can describe a wide range of services and supports. It can be given by family or friends, or by a respite service. It can take place at home, in the community, at a centre or in a residential care facility. Respite care can be:

- for a short time (for example, for a few hours each week)
- for a longer time, including overnight (for example, a weekend).

Respite care can also include activities for the care-recipient, such as social events or therapy sessions, or provision of in-home supports (including household appliances, such as a dishwasher) that ‘buy back time’ to help the carer and care-recipient manage household tasks. Emergency respite care can offer support to carers who are experiencing urgent, unplanned and imminent issues (such an injury or ill-health) that temporarily restrict their ability to continue caring.

Not all these services provide unpaid carers with relief or time away from their caring role (for example, if the carer needs to accompany the care-recipient on an outing). And even where respite services do temporarily take over the physical demands of the caring role, carers do not necessarily experience any relief from the emotional and psychological aspects of caring — this can be especially true for parents of children living with disability, who feel that they can never really switch off.

Moreover, respite services that are appropriate for the specific circumstances of individual carers and those they care for is not always available and accessible when and where people need it (Carers NSW, 2023). The Productivity Commission's inquiry into an extended unpaid carer leave entitlement noted that respite care is sometimes not available in communities outside of metropolitan areas (PC 2023). Where respite care is not available — or care-recipients do not qualify for access to respite care — there may be no breaks or relief for these carers.

Carers can engage in paid work in a way that works for them

Paid work provides people with a range of economic and social benefits. However, providing care to another person can mean carers need to leave paid work, and for some this can be for a long period of time. In other cases, carers may need to work fewer hours than they would otherwise choose to (due to a lack of available funded care, to provide for the care-recipient while the carer works), or face barriers to finding paid employment (for example, due to negative stereotypes about carer employees) or retaining employment (due to inflexible working arrangements).

Success for this aspect of objective 2 would mean that employers understand the needs and challenges faced by carers, welcome and celebrate carers in their workplace, recognise and value the skills and experiences that carers attain through their caring roles, and provide carers with the support they need to balance caregiving responsibilities with paid work. In some cases, improving the capacity for carers to engage in paid work (and study – discussed below) is dependent on carers having access to time out from caregiving (discussed above).

Carers can balance caring and study

Participation in education and study can be disrupted — or even made impossible — by caring responsibilities. Moreover, educators are often unaware that some of their students are carers, and don't always know how best to support them.

This can have significant and enduring implications for carers, especially young carers. Being able to engage in study alongside caregiving can be crucially important for people wishing to improve their employment prospects (and in turn, their financial situation).

Carers can be better supported to balance caring and study if education institutions understand the caring role, explicitly recognise carers and the skills they have acquired through caring, and provide these students with access to flexible and adaptable learning options that suit their needs.

Carers are empowered to engage in their caring role

Carers are empowered to engage in their caring role when they are informed and confident in their caregiving and feel that they can make decisions about their caring role and responsibilities.

In practice, a caring role can be established very quickly, without warning, and many carers report feeling unprepared — and unqualified — for the caring role. And while some carers actively choose to take on a caring role, many fall into caring through circumstance and feel they have no little or choice about their role.

Carers have the knowledge and skills they need

Information and training on caregiving can be crucial to the provision of safe and effective care. Depending on the needs of the care-recipient — and the skills and knowledge carers bring to the role — carers might need training related to manual handling, safe transfers and lifting (to minimise the risk of injury), wound care, medication management and mental health first aid. In other cases, carers might need support to strengthen their financial, legal and digital literacy (to better manage the personal affairs of the care-recipient), or improved skills in time management and self-care (to enable carers to prioritise their own well-being while effectively supporting those in their care).

However, some carers are unaware of the information and training available to help them, or face barriers to accessing these resources (including a lack of time away from caring, or the challenges of navigating a complex digital environment). These issues are exacerbated where those providing care do not see themselves as carers or are hidden from the services that provide information and training.

Even where information and training are available and accessible, they may not meet the needs of carers, which can be extremely diverse and change over time. Indeed, carer training needs may vary as carers and care-recipients age, experience a reduction in health and wellbeing, and/or as other family members require increased support. This underscores the importance of regularly examining gaps and deficiencies in the training offering and drawing on (and responding to) carers' experiences when designing training programs and resource materials aimed at supporting carers.

Carers can access the services and supports they need

For carers to be empowered in their role, they need to be able to access the services and supports they need — whether that be respite care, mental health support (such as counselling services), or information and training on caregiving. However, these services are not always available when, where and in the format people need them. There are also concerns about the cultural appropriateness of some supports. This can significantly curtail carer choice, and in some cases, leave carers without access to any fit-for-purpose supports.

In addition, accessing services (both for themselves and the person they care for) generally requires that carers can confidently navigate relevant government systems (such as Centrelink, My Aged Care and the NDIS). However, navigating these systems can be complex, frustrating and time-consuming. Navigation assistance for carers — including dedicated training on service system navigation or having a trusted third-party navigate services on the carers' behalf — can help overcome some of these challenges, as can simplifying and streamlining government processes.

How will Objective 2 be measured?

Table 2 sets out the measures that are relevant to assessing progress towards objective 2, and the data source and its availability for each specified measure.

Table 2: Measures to assess progress toward objective 2

Objective	Measure	Data source	Baseline available?
Carers are empowered to have fulfilling lives	Proportion of unpaid carers that can access relief and/or time away from their caring responsibilities (where this is desired). ▪ Of this group, the proportion that are satisfied with the quantity and quality of this relief and/or time away from caregiving.	No data currently available to capture this measure	No
	Proportion of carers that access respite care that agree 'I am free to do what I want to do/need to do while the person I care for is in respite care'	Source: Carer Wellbeing Survey (Mylek & Schirmer) Quality: Annual, national coverage	Yes. Most recent year: 2024
	Proportion of carers that experience barriers to accessing respite care for the person/people they care for in relation to: ▪ It is difficult to find high quality respite services ▪ It is difficult to afford the cost of accessing respite services ▪ There is a lack of available respite services in my local area ▪ I am unable to access regular, consistent respite care through the respite services in my local area ▪ There are long waiting times to access respite services in my local area ▪ The length or type of respite offered by respite services in my local area don't suit my needs ▪ It is difficult to find a respite service that is culturally appropriate for the person I care for (reverse measure)	Source: Carer Wellbeing Survey (Mylek & Schirmer) Quality: Annual, national coverage	Yes Most recent year: 2024
	Proportion of unpaid carers who felt that their caring role negatively impacted their employment by: ▪ reducing my knowledge and confidence to apply for jobs ▪ contributing to my skills and qualifications becoming less relevant to employers ▪ making me feel less prepared to meet my job demands ▪ meaning that I worked a job that is lower than my skill set ▪ leading me to reduce my working hours ▪ meaning that I turned down a job or promotion opportunity ▪ leading me to miss out on important career or work opportunities (reverse measure)	Source: National Carer Survey (Carers NSW) Quality: Biennial, national coverage	Yes. Most recent year: 2024
	Proportion of primary carers (living in households) that identify 'no alternative care arrangements' or 'difficulty in arranging work hours' as the main barrier to them re-entering the workforce while caring	Source: Survey of Disability, Ageing and Carers (ABS) Quality: 3 yearly, nationally representative (households)	Yes Most recent year: 2022
	Proportion of carers that feel that their current job type or work structure needs to change to help them balance their paid work with their caring responsibilities	Source: National Carer Survey (Carers NSW) Quality: Biennial, national coverage	Yes. Most recent year: 2024
	Proportion of carers who reported being satisfied or highly satisfied with their ability to engage in further education or training if they wanted to	Source: Carer Wellbeing Survey (Mylek & Schirmer) Quality: Annual, national coverage	Yes. Most recent year: 2024
	Proportion of young carers who receive(d) extra support at school because they are (were) caring for someone	Source: National Carer Survey (Carers NSW) Quality: Biennial, national coverage	Yes. Most recent year: 2024
	Proportion of carers that are asked about their carer status when they enrol in study	No data currently available to capture this measure	No

Table 2 (continued): Measures to assess progress toward objective 2

	Measure	Data source	Baseline available?
	Proportion of carers that felt socially connected with others	Source: National Carer Survey (Carers NSW) Quality: Biennial, national coverage	Yes. Most recent year: 2024
	Proportion of primary carers (living in households) that have not experienced barriers to participating in social or community activities, attending with the main recipient of care, in the past 3 months	Source: Survey of Disability, Ageing and Carers (ABS) Quality: 3 yearly, nationally representative (households)	Yes Most recent year: 2022
Carers are empowered in their caring role	Proportion of primary carers (living in households) that need more support or an improvement in their situation to aid in their role as a carer (reverse measure)	Source: Survey of Disability, Ageing and Carers (ABS) Quality: 3 yearly, nationally representative (households)	Yes Most recent year: 2022
	Proportion of primary carers (living in households) that were satisfied with the range of organized services available to help them in their caring role	Source: Survey of Disability, Ageing and Carers (ABS) Quality: 3 yearly, nationally representative (households)	Yes Most recent year: 2022
	Proportion of primary carers (living in households) that were satisfied with the quality of assistance received from organised services in the past 6 months to assist with the caring role	Source: Survey of Disability, Ageing and Carers (ABS) Quality: 3 yearly, nationally representative (households)	Yes Most recent year: 2022
	Proportion of First Nations carers who feel that they are culturally safe (always, mostly or sometimes) when they or the person they care for use mainstream health, aged care or disability services	Source: National Carer Survey (Carers NSW) Quality: Biennial, national coverage,	Yes, Most recent year: 2024
	Proportion of unpaid carers who strongly agreed or agreed that they felt able to continue to meet the demands of their caring role	Source: National Carer Survey (Carers NSW) Quality: Biennial, national coverage	Yes. Most recent year: 2024
	Proportion of unpaid carers who are satisfied that they have the knowledge and skills they need to undertake their caring responsibilities.	No data currently available to capture this measure	No
	Proportion of unpaid carers who reported that they could access the information and training on caregiving that they needed.	No data currently available to capture this measure	No
	Proportion of unpaid carers who felt very confident or somewhat confident that they could find out about and organise access to services for the person/people they care for.	Source: Carer Wellbeing Survey (Mylek & Schirmer) Quality: Annual, national coverage	Yes. Most recent year: 2024
	Of those unpaid carers who do not feel confident navigating government support systems, the proportion who receive some form of navigation assistance and find this assistance helpful.	Source: Carer Wellbeing Survey* (Mylek & Schirmer) Quality: Annual, national coverage	Yes. Most recent year: 2024

* CWS data may be appropriate so long as it only captures carers who need navigation assistance.

Objective 3: Carers’ physical and mental health, safety, wellbeing and financial security are supported

What does this Objective look like?

Unpaid carers typically report lower levels of wellbeing than then non-caring peers, and some carers experience very poor levels of physical and mental health. Providing unpaid care can also have significant and enduring financial costs for carers, which can further contribute to poor health and wellbeing.

Objective 3 is focused on providing unpaid carers with the assistance they need to support their physical health and safety, psychological and emotional wellbeing, and financial security. This means providing carers with access to effective and appropriate supports, where and when carers need them.

Carers’ mental health and wellbeing is supported

For some people, the psychological and emotional effects of providing unpaid care can be significant.

Many carers are in a caring role for several years — and in some cases, for the rest of their lives — contributing to sustained experiences of distress, uncertainty, social isolation, loneliness, a loss of identity, and anxiety about the future of the person they care for. The behaviours and symptoms of the care-recipient can also be a source of psychological distress for carers. Some carers may even experience suicidal thoughts and attempts at suicide, which can stem from their caregiving situation as well as their own personal history. The mental health impacts of caregiving (including compassion fatigue) can continue even after the caring role finishes.

Government has a crucial role in supporting carers’ mental health through the provision of effective, tailored wellbeing services and supports. These services and supports need to be available at the right time and place, and in a format that works for carers (recognising their very diverse needs). Importantly, these services need to be culturally safe and designed to address the specific mental health needs of different groups of carers, including LGBTQIA+ carers, carers of veterans, carers of people with a mental health condition, First Nations carers, and young carers. Moreover, carers need to have confidence that their access to mental health and wellbeing supports will be enduring — uncertainty about the continuity of these supports can itself be a source of distress for carers.

Carers’ physical health and safety is supported

Carers’ physical health and safety is fundamental to their overall wellbeing and directly affects their ability to continue providing safe and effective care.

Yet many carers report being in relatively poor physical health, experiencing physical exhaustion and burnout, and in some cases, being physically incapable of continuing in their caring role (especially as carers themselves age). The time-consuming nature of caregiving can leave no time for exercise, and many carers prioritise the physical health of the person they care for over their own health.

In addition, some carers face concerns for their safety whilst caring, including because of abuse or violence initiated by the care-recipient.

Governments can support carers to improve and maintain their physical health and safety in a range of ways, including provision of appropriate respite care for carers (to allow time for self-care), targeted information and training (to help carers fulfil their duties in physically safe way), and through better understanding and responding to the abuse and violence experienced by some carers.

Carers’ financial security is supported

Many carers make significant financial sacrifices to fulfil their caring role, including reducing or ceasing paid employment (forgoing income and superannuation in the process), or using their own funds to meet the expenses of the care-recipient.

Carers continue to experience lower financial prosperity and higher rates of financial stress (including being unable to pay bills on time, going without meals, or having to ask for financial assistance) than the broader Australian population (Mylek & Schirmer, 2024).

Supporting carers’ financial position is about more than helping them with day-to-day cost pressures — it is about supporting carers to achieve and maintain financial security over the longer-term. And where carers are also financially responsible for the person they care for, achieving and maintaining financial security requires taking account of the financial circumstances of the carer *and* the care-recipient (including by making provisions for the care-recipient when the carer is no longer there) .

Government can promote carers’ financial security by supporting employers to accommodate carers and recognise and value their skills and experiences, and by helping carers to successfully attain paid employment in the first place, including by supporting them to engage in education and training.

How will Objective 3 be measured?

Table 3 sets out the measures that are relevant to assessing progress towards objective 3, and the data source and its availability for each specified measure.

Table 3: Measures to assess progress towards objective 3

Objective	Measure	Data source	Baseline available?
Carers' mental health and wellbeing is supported	The proportion of carers that can access the mental health and wellbeing supports that they need	No data currently available to capture this measure	No
	Proportion of unpaid carers who report that they have experienced one or more of the following effects because of their caring role: ▪ I feel weary or lack energy ▪ I frequently feel worried or depressed ▪ I frequently feel angry or resentful ▪ I have been diagnosed as having a stress-related illness	Source: Survey of Disability, Ageing and Carers (ABS) Quality: 3 yearly, nationally representative (households)	Yes Most recent year: 2022
	Proportion of carers who strongly agree or agree that their family and friends support them emotionally (by taking care of emotional needs) with their caring responsibilities when needed	Source: National Carer Survey (Carers NSW) Quality: Biennial, national coverage	Yes. Most recent year: 2024
	Proportion of unpaid carers who reported that there were no mental health services available that met their cultural needs (reverse measure).	Source: National Carer Survey (Carers NSW) Quality: Biennial, national coverage	Yes. Most recent year: 2024
	Proportion of carers that reported experiencing high psychological distress	Source: Carer Wellbeing Survey (Mylek & Schirmer) Quality: Annual, national coverage	Yes. Most recent year: 2024
Carers' physical health and safety is supported	Proportion of carers that feel satisfied with their health	Source: National Carer Survey (Carers NSW) Quality: Biennial, national coverage	Yes. Most recent year: 2024
	Proportion of unpaid carers who are satisfied (at least 6/10) with how safe they feel	Source: National Carer Survey (Carers NSW) Quality: Biennial, national coverage	Yes. Most recent year: 2024
	Proportion of unpaid carers who report experiencing abuse or feeling unsafe in their caring relationship (reverse measure)	No data currently available to capture this measure	No
	Proportion of unpaid carers experiencing abuse in their caring relationships (as above) that are able to access appropriate supports	No data currently available to capture this measure	No
Carers' financial security is supported	Proportion of carers who can access the financial resources needed to fulfil their caring duties	Source: Carer Wellbeing Survey 2024 (Mylek & Schirmer) Quality: annual, national coverage	Yes. Most recent year: 2024
	Proportion of carers who have not been able to take up employment opportunities due to being a carer (reverse measure)	Source: Carer Wellbeing Survey 2024 (Mylek & Schirmer) Quality: annual, national coverage	Yes. Most recent year: 2024
	Of carers who were doing less paid work than desired, the proportion who reported that their caring duties were a key contributor to being unable to work as much as they wanted to (reverse measure)	Source: Carer Wellbeing Survey 2024 (Mylek & Schirmer) Quality: annual, national coverage	Yes. Most recent year: 2024
	Of those unpaid carers who need some form of government assistance to engage in paid work or education/training, the proportion who were able to access assistance and found it helpful[2]	No data currently available to capture this measure	No

Table 3 (continued): Objective 3 – Carers' physical and mental health, safety, wellbeing and financial security are supported

Objective	Measure	Data source	Baseline available?
Carers' financial security is supported (cont'd)	Proportion of unpaid carers who can access the employment readiness[3] supports they need to engage in paid work in a way that works for them	No data currently available to capture this measure	No
	Proportion of carers who felt that their caring role made it difficult for them to meet their everyday living costs (reverse measure)	Source: Survey of Disability, Ageing and Carers (ABS) Quality: 3 yearly, nationally representative (households)	Yes Most recent: year: 2022

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[2] In terms of improving their employment prospects and thus financial security.

[3] This refers to supports that can help carers to enter or re-enter paid work, or increase their level of paid work (eg, support to retrain in a new profession that is accommodating of the caring role, or support with resume writing and refresh)