Australian Government
Australian Institute of Family Studies

AIFS

Monitoring and Evaluation Framework

National Carer Strategy 2024-2034

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Acknowledgements

The Department of Health, Disability and Ageing (formerly with the Department of Social Services) commissioned the Australian Institute of Family Studies to develop this Monitoring and Evaluation Framework. The Australian Institute of Family Studies would like to acknowledge the valuable input from the Department of Health, Disability and Ageing in preparing this Monitoring and Evaluation 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.

Contents

Overview

This document presents a monitoring and evaluation framework for the National Carer Strategy 2024-2034 (the Strategy). The proposed framework describes — at a high level — how the implementation and effectiveness of the Strategy should be tracked and assessed over time.

Key messages

- The proposed monitoring and evaluation framework outlines how the implementation and effectiveness of the Strategy should be tracked and assessed over its 10-year lifespan. The framework articulates key parameters and principles to guide those who commission, plan and undertake monitoring and evaluation activities. It also describes the key questions that monitoring and evaluation activities should seek to answer.
- It is proposed that the monitoring regime should include a series of annual report cards (commencing March 2026) that provide:
    - an assessment of progress against each of the *actions* in the prevailing action plan
    - information about progress toward the *objectives* of the Strategy; and
    - contextual, *summary statistics* about unpaid carers and unpaid care in Australia.

  These monitoring outputs should inform the development of future action plans and serve as a key input to evaluation activities.
- The Strategy includes a commitment to two evaluation reports – a mid-way evaluation report, and a final evaluation report — which is appropriate for a 10-year Strategy.
    - The mid-way evaluation should consider performance over the first 5 years of the Strategy (December 2024 to December 2029) and be completed by the end of 2030. It should focus on analysis of early outcomes, lessons from implementation of the first action plan, and assess the ongoing appropriateness of the Strategy elements, including the monitoring and evaluation framework.
    - The final evaluation should consider performance over the full 10 years of the Strategy (December 2024 to December 2034) and be completed by early 2036. It should provide an assessment of the overall effectiveness and impact of the Strategy, identify lessons, and highlight future directions for carer policy (or any successor carer strategy).
- Some of the data needed for monitoring and evaluation under the proposed framework is already collected and available in national data collections. However, there are inherent limitations with this data, and other key data will require investment in data development.
    - Unpaid carers are undercounted in key national data collections, and under-counting is especially pronounced for some groups.
    - Definitions of ‘unpaid carer’ and ‘unpaid caring’ vary materially across data collections.
    - There is limited longitudinal data on carers.
    - Data on carers’ awareness of, access to, and satisfaction with the resources, services and supports available to assist them in their caring role is patchy.

Glossary

Actions

Actions are the activities or interventions that the Australian Government has committed to in order to achieve the objectives and vision of the Strategy, and that are identified in Action Plans.

Administrative data

Information collected primarily for administrative (not research) purposes, such as service usage, payments, or registration records.

Care-recipient

The person receiving care and support from a carer.

Carer (unpaid carer, informal carer)

The Strategy adopts the definition of carer used in the *Carer Recognition Act 2010* — 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.

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.

Carer allowance

A supplementary payment for carers who provide daily care at home, available alongside other income support payments.

Carer Gateway

An Australian Government program providing free services and supports for carers.

Carer landscape

The overall environment and context in which carers operate, including policies, services, and support systems available to them.

Carer payment

A means-tested income support payment for people providing constant care to someone with significant needs.

Cross-sectional data

Data collected at a single point in time, providing a snapshot of a population or issue.

Data mapping

The process of identifying, documenting and exploring the existing data available to support monitoring and evaluation activities, and to identify data gaps.

Evaluation

A systematic assessment of the design, implementation, and outcomes of a strategy or program to determine its effectiveness and impact.

Indicators

Quantitative or qualitative metrics used to assess performance or change, linked to specific outcomes.

Linked data

Data from multiple sources that are connected using common identifiers to provide a more comprehensive view of individuals or systems.

Longitudinal data

Data collected over time from the same subjects, allowing for analysis of changes and trends.

Measures

Measures provide a standard metric to measure change.

Monitoring

The routine collection and analysis of information to track progress against planned activities, outputs, and outcomes.

National Carer Strategy

A framework aimed at recognizing, valuing and supporting unpaid carers in Australia.

Outcomes framework

A framework that establishes a shared understanding of the objectives of the Strategy and describes how progress against the objectives of the National Carer Strategy can be measured.

Primary carer

The person who provides the most assistance with core activities to someone with care needs.

Respite care

A type of short-term care provided to individuals who need assistance due to age, disability, illness, or other conditions. Respite care can be provided in the home, in a community setting or in a residential facility.

Secondary carer

A person who provides supplementary or occasional care, supporting the primary carer.

Theory of Change

A conceptual model outlining how and why a desired change is expected to happen, mapping inputs, activities, outputs, outcomes, and impacts.

Acronyms

ABS

Australian Bureau of Statistics

AIFS

Australian Institute of Family Studies

CALD

Culturally and Linguistically Diverse

DEX

Data Exchange

DHDA

Department of Health, Disability and Ageing

DSS

Department of Social Services

GP

General Practitioner

HILDA

Household, Income and Labour Dynamics in Australia

LSAC

Growing Up in Australia: The Longitudinal Study of Australian Children

OECD

Organisation for Economic Co-operation and Development

PLIDA

Person Level Integrated Data Asset

SDAC

Survey of Disability, Ageing and Carers

1. Introduction

The Australian Government (the 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 carers, and includes a 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 Australian Institute of Family Studies (AIFS) has been working with the Department of Health, Disability and Ageing (the department)[1] to develop a monitoring and evaluation framework that will support the government to:

- track the progress of the actions taken under the Strategy, and
- monitor and evaluate progress against the objectives and vision of the Strategy.

This paper sets out the proposed framework.

1.1. The National Carer Strategy

On 10 December 2024, the then Minister for Social Services, the Hon Amanda Rishworth MP, released the Strategy. It sets the direction and course for the government's efforts to support carers and their wellbeing. The government consulted widely to develop the Strategy, including consultations with carers, former carers and the wider support sector.

What are the objectives of the National Carer Strategy?

The changes the government is striving to achieve through its activities and interventions under the Strategy are characterised as objectives.

Three objectives are identified.

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' (Department of Social Services 2024, p. 26). Each objective describes what success for the Strategy looks like.

Carers are identified, recognised, respected and valued (objective 1)

Identification of carers has several dimensions. Some carers are formally[2] identified, and others are not ('hidden carers'). In addition, identification can refer to how carers see themselves and their care-giving role (self-identification); indeed, some people who perform caring roles do not see themselves as a carer and may even be offended by this characterisation of their role. 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.

[1] During the course of this project, the Carers and Early Childhood branch moved from the Department of Social Services to the Department of Health Disability and Ageing as part of machinery of government changes.

[2] 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).

Carers are *identified* when:

- Governments (and relevant data collection agencies) collect — and governments, researchers, advocates and others use — data that is truly comprehensive and representative of the 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').

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

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.

Carers are empowered to have fulfilling lives while engaging in their caring role (objective 2)

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 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.

Carers' physical and mental health, safety, wellbeing and financial security are supported (objective 3)

Unpaid carers typically report lower levels of wellbeing than their non-caring peers, and some carers experience very poor levels of physical and mental health. Providing 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 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 (recognising their very diverse needs).

Government can also 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.

The Strategy also identifies several 'priority outcome areas' (box 1) – the areas 'where the government will direct efforts to achieve the objectives and Strategy's vision' (Department of Social Services 2024, p. 31). The Strategy notes that 'as outcomes of other reforms relevant to carers become realised, new priority areas for carers and practical actions may emerge' (Department of Social Services 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.

What is the government doing to achieve these objectives?

The Strategy will be delivered through a suite of actions. The first action plan — the National Carer Strategy Action Plan 2024-2027 — was published alongside the Strategy. It outlines a series of commitments and initial actions that the government will deliver between 2024 and 2027 to support carers.

These actions are aligned with the Strategy's six priority outcome areas and include:

- improving the Carer Gateway service offer, including by:
  - increasing the number of phone counselling sessions
  - extending the hours for the Carer Gateway support service
  - expanding access to peer support services and training
- a formal review of the *Carer Recognition Act 2010*, with a view to better reflecting modern understandings of caring roles and responsibilities.
- extending the Young Carer Bursary Program and Young Carer Network
- supporting carers to re-enter the workforce through tailored employment and training initiatives
- exploring opportunities for enhanced data and evidence collection.

Subsequent action plans will be developed to cover the lifetime of the Strategy.

Accountability arrangements

Monitoring, evidence and evaluation is integral to the development, implementation and impact of the Strategy.

In delivering the Strategy, the government referred to three core components of its monitoring, evidence and evaluation approach — a theory of change, an outcomes framework, and a monitoring and evaluation framework.

- A **theory of change** was developed in 2024 to inform the Strategy. The theory of change articulates why particular activities or actions are expected to lead to particular outcomes (i.e. what is the supporting evidence?), the changes that are expected once the activities are completed, and the risks and/or conditions for success.
- An **outcomes framework** was developed in 2025 to establish a shared understanding of each objective and outline how progress against these three objectives can be measured. The outcomes framework provides a foundation for the monitoring arrangements set out in this monitoring and evaluation framework (discussed below).
- The Strategy notes that 'a **monitoring and evaluation framework** will support the outcomes framework by tracking the progress and success of the actions taken and monitor progress against the objectives and vision'.

1.2. Monitoring and evaluation of the National Carer Strategy

What is monitoring and evaluation?

Monitoring and evaluation have complementary roles and purposes.

In broad terms, monitoring is the regular and systematic collection of data and information throughout the life of a program or Strategy. It helps track progress against planned activities, outputs, and outcomes. Monitoring can provide useful insights into the progress, effectiveness and efficiency of activities and programs.

Regular monitoring can support an assessment of whether and to what extent:

1. Implementation is on track — that is, are the *actions* identified in the Action Plan being progressed? In what ways and how quickly (relative to what was planned or expected)? and
2. Progress is being made against the *objectives* identified in the Strategy.

In short, monitoring should report on what the government has done to progress the Strategy, and what has changed for carers.

Evaluation is a periodic, in-depth assessment of a program's effectiveness, efficiency, relevance, and/or impact. It often occurs at key milestones or after a program or Strategy has been implemented for some time.

Evaluation is undertaken to understand whether the actions being undertaken under the Strategy are working, why (or why not), when and for whom. It can help governments to understand the effectiveness of their interventions, learn lessons, and refine or improve their activities.

Evaluation will often use data gathered in monitoring as one source of evidence. And information obtained through monitoring can help inform evaluation priorities.

What are the benefits of monitoring and evaluation

Monitoring and evaluation activities offer a range of potential benefits — they can:

- provide transparency about progress, and in turn promote community trust and confidence in the Strategy

- hold the government to account for its commitments under the Strategy, and for effective use of taxpayers' funds
- promote learning and continuous improvement by enabling adjustments to be made to the actions pursued under the Strategy, if needed
- support evidence-based policy-making.

That said, understanding the broader context within which the Strategy sits is critical to understanding other factors that may be impacting on the implementation of actions, their effectiveness, and progress against the objectives of the Strategy. Indeed, evaluation activities should seek to recognise and disentangle the influence of 'outside forces' (such as reforms to government support systems, or a change in economic conditions) from the influence of the Strategy activities and interventions being evaluated.

A monitoring and evaluation framework

The monitoring and evaluation framework outlines the government's broad approach to monitoring and evaluation over the life of the Strategy. It describes — at a high level — how the implementation and effectiveness of the Strategy will be tracked and assessed over time. The monitoring and evaluation framework is intended to sit alongside the Strategy, action plans, and outcomes framework.

The framework articulates key parameters and principles to guide those who commission, plan and undertake monitoring and evaluation activities. It also describes the key questions that monitoring and evaluation activities should seek to answer.

The framework is designed to be a strategic document — it provides a broad outline (or 'roadmap') of key activities, timeframes, sequencing considerations, relationships between activities and outputs, areas of focus, and guiding principles. It is not an operational plan — it does not prescribe exactly how each of the monitoring and evaluation activities should be conducted, or their scope. This approach ensures strong accountability for monitoring and measuring progress while also providing a degree of flexibility to tailor future monitoring and evaluation activities to changing circumstances over the 10-year life of the Strategy.

The framework will be in place for the lifetime of the Strategy. That said, consideration should be given to the appropriateness and effectiveness of the framework as part of the first evaluation (discussed below). This will be an opportunity to reflect on the performance of this framework and consider whether any elements of the framework need to be adapted to better guide monitoring and evaluation activities over the remaining life of the Strategy.

How has the framework been developed?

To develop this monitoring and evaluation framework, AIFS has:

- drawn on 'best practice' guidance and principles related to performance monitoring and evaluation, including the resources of the Australian Government Evaluation Toolkit (The Treasury), the Commonwealth Performance Framework (Department of Finance), and the Australian Evaluation Society
- reviewed and considered the relevance of other monitoring and evaluation frameworks developed and/or used by the Australian Government, including:
  - the Monitoring and Evaluation Framework for the National Strategy to Prevent and Respond to Child Sexual Abuse 2021-2030 (Attorney-General's Department, 2024)

  - the Department of Social Services' Evaluation Strategy 2025-2027 (Department of Social Services, 2024)
  - the Monitoring, Evaluation, Reporting and Improvement framework used by Department of Climate Change, Energy, the Environment and Water; and
  - the Department of Health and Aged Care Evaluation Strategy 2023–2026
- considered international approaches to monitoring and evaluation (IOM, 2021; OECD, 2022; OECD, 2025; World Bank, 2024)
- drawn on the work undertaken by AIFS to build the evidence base on carers (to support the development of the Strategy), including a rapid scoping review (Sibly and Andersson, 2024), a theory of change, an outcomes framework and data mapping work; and
- taken explicit account of the scope and nature of the Strategy and the first action plan (for example, specific regard has been had to the need for flexibility given the 10-year life space, the qualitative nature of many of the actions in the first action plan, and the significantly diverse needs and circumstances of carers).

2. Key elements of the framework

Monitoring activity under the framework is focused on providing timely access to data and information about the performance of the Strategy ecosystem, including implementation progress. Evaluation is about obtaining richer insights into the progress, successes and challenges of the Strategy. Together, these activities serve as key accountability mechanisms.

2.1. Monitoring

Monitoring should include three components:

- progress against actions
- progress against objectives
- key changes in the carer population and carer landscape.

These outputs should inform the development of action plans and serve as a key input to evaluation activities.

Tracking progress against actions

A key component of monitoring is regular collection and reporting of information and data about the progress of *actions* identified in each action plan.

The first action plan includes six high-level commitments. Under each commitment, a series of specific actions are identified (see box 2 for an example).

Box 2: Action plan commitments — an example

Under commitment 2 of the first action plan (Improve identification and recognition of carers), the government has committed to

- Develop and implement a comprehensive communication plan, building on existing efforts, to promote awareness of carers and caring roles, reduce the stigma of caring, and increase awareness of the service offer of Carer Gateway.

- Work across the Commonwealth and with states and territories to support carers to be identified and provided with information relevant to their caring role and available supports through those working in medical/health systems and education systems such as GPs (General Practitioners), pharmacists, hospital liaison officers, educators and school counsellors.
- Explore ways to improve professional training and resources for health sector professionals to better identify unpaid carers, recognise their expertise, and refer them to appropriate supports.
- Explore ways to strengthen recognition of carers within government funded service systems.
- Undertake a review of international best practice for the identification and recognition of unpaid carers and the nature of their caring role within communities and across service systems.
- Identify how this could be implemented in an Australian Context to ensure carers' expertise and experience is acknowledged and the burden on carers to repeatedly explain their circumstances reduced.

Box Source: Department of Social Services (2024).

Action plan monitoring and reporting should provide:

- data or other information about the nature and scale of implementation progress made against each action; and
- an assessment of the level of progress made, using a simple 3-point scale — for example:
  - action not commenced
  - action partially implemented / in progress
  - action fully implemented / complete.

This reporting should occur annually and be made public, providing a routine and consistent summary of action plan implementation progress. Both quantitative and qualitative information will be needed to support monitoring, depending on the nature of the action.

Annual public reporting will ensure there are regular accountability check-points during the lifespan of action plans, providing carers and the community with transparency about the government's performance against its commitments.

The first report should consider progress made over the period 10 December 2024 (Strategy commencement) to 31 December 2025 and be publicly released in March 2026. Reporting should then continue on an annual basis, with the final report covering the period 1 January 2034 to 31 December 2034 and released in March 2035.

At the end of each action plan period, the monitoring report should include an overall assessment of whether and to what extent the action plan has been implemented, and evidence to justify and contextualise this assessment. The aim of this 'wrap up' assessment is to answer — has the government done what it said it would? It also provides an opportunity to consider whether there are specific actions that should be continued, removed or built on for future action plans.

Measuring progress against objectives

Regular monitoring is also needed to understand whether progress is being made towards the objectives set for the Strategy. This type of monitoring helps to describe what is being achieved and is an important compliment to monitoring the implementation of actions. Indeed, 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 National Carer Strategy vision' (Department of Social Services 2024, p. 30).

An outcomes framework was developed by AIFS to articulate how progress against each Strategy objective can be measured; specifically, it identifies a set of (mostly quantitative) measures for each objective and the corresponding data sources. Several rules or principles were used to identify these measures (box 3). The outcomes framework provides a sound basis (or starting point) for monitoring of progress against objectives.

Box 3: Principles for selecting measures

In selecting measures as part of the outcomes framework, several rules or principles were used, 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).

Box Source: National Carer Strategy: Outcomes Framework (prepared by AIFS and provided to DSS in 2025).

That said, not *all* the measures identified in the outcomes framework can be (or indeed, necessarily need to be), reported on annually.

- Some measures rely on data that is not collected every year (for example, data drawn from the ABS' (Australian Bureau of Statistics) Survey of Disability, Ageing and Carers which has been collected every 3-4 years).
- For other measures, there is currently no relevant available data. However, this may change over the life of the Strategy — indeed, collecting new data to fill identified gaps would build the evidence base about unpaid carers in Australia and is consistent with priority outcome area 6 of the Strategy and commitment 6 of the first action plan. Data is discussed further as part of framework implementation.
- Multiple measures have been identified for each objective. In part, this reflects the broad nature of the objectives (ie, multiple measures are needed to get good coverage of the objective). It also reflects the above limitations (ie, having multiple measures available for monitoring purposes guards against the risk some measures cannot be reported against in any particular year).

Arrangements for monitoring progress against objectives need to balance and account for all these factors. This can be achieved by undertaking:

1. Annual reporting against a relatively small number of 'headline measures' (ie, a subset of the measures identified in the outcomes framework). Headline measures should meet several criteria, including that each measure:
    a. provides good coverage of the relevant Strategy objective (that is, it is one of the more material measures identified in the outcomes framework)
    b. has a baseline year (2024 or closest to this) data point available
    c. can be reported against annually from 2026 (or, at a minimum, biennially)
    d. is expected to remain a relevant and feasible measure for the lifetime of the Strategy, supporting consistency in the reporting approach.

    The proposed headline measures are identified in box 4. There may be a case for including new headline measures — and/or withdrawing existing headline measures — over time (for example, as new data becomes available). This should be considered as part of evaluation activities.
2. A more comprehensive report on progress against objectives at two key points — mid-way through the Strategy (2029), and toward the end of the Strategy (2034). This reporting should:
    a. aim to include progress against *all* measures identified in the outcomes framework
    b. be completed in time to inform and guide the mid-way evaluation, and the end of Strategy evaluation, respectively (discussed below).
    c. (for the first comprehensive report) draw on data from the 11th iteration of the ABS's Survey of Disability, Ageing and Carers (SDAC), noting that the 10th survey was conducted in 2022, with first data release in 2024.
    d. (for the second and final comprehensive report) draw on data from the 12th or 13th iteration of SDAC, whichever is most recent.

These comprehensive reports would be in place of (rather than as well as), the annual reports on headline measures.

Box 4: Nine headline measures to assess progress against objectives annually

Headline measures to assess progress towards objective 1: *Carers are identified, recognised, respected and valued*

- 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 to be made, drawing on publicly available information and input from the Department of Health, Disability and Ageing.
- Proportion of unpaid carers that feel their contribution is recognised/valued by: the government; others in the community; health professionals. Quantitative assessment using data from the Carer Wellbeing Survey (Mylek & Schirmer).

Headline measures to assess progress towards objective 2: *Carers are empowered to have fulfilling lives while engaging in their caring role*

- Proportion of carers that experience barriers to accessing respite care for the person/people they care for because of a lack of available respite services in the local area and/or an inability to access regular, consistent respite care through the respite services in the local area. Quantitative assessment using data from the Carer Wellbeing Survey (Mylek & Schirmer). Reverse measure.
- Proportion of carers who reported being satisfied or highly satisfied with their ability to engage in further education or training if they wanted to. Quantitative assessment using data from the Carer Wellbeing Survey (Mylek & Schirmer).
- Proportion of unpaid carers who felt that their caring role negatively impacted their employment by leading them to reduce their working hours, turn down a job or promotion opportunity, or miss out on an important career or work opportunity. Quantitative assessment using data from the National Carer Survey (Carers NSW). Reverse measure
- 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. Quantitative assessment using data from the Carer Wellbeing Survey (Mylek & Schirmer).

Headline measures to assess progress towards objective 3: *Carers' physical and mental health, safety, wellbeing and financial security are supported*

- Proportion of unpaid carers who are satisfied (at least 6/10) with how safe they feel. Quantitative assessment using data from the National Carer Survey (Carers NSW).
- Proportion of carers that reported experiencing high psychological distress. Quantitative assessment using data from the Carer Wellbeing Survey (Mylek & Schirmer).
- Proportion of carers who reported that — in the last 12 months — their access to the financial resources needed to fulfil their caring duties has gotten worse. Quantitative assessment using data from the Carer Wellbeing Survey (Mylek & Schirmer). Reverse measure.

Box Source: National Carer Strategy: Outcomes Framework (prepared by AIFS and provided to DSS in 2025).

In simple terms, the aim of regular reporting on progress against objectives is to answer — how is life changing for carers? Are we getting closer to achieving the vision set for the Strategy?

This reporting should be published annually and follow the same schedule as reporting on implementation of actions (discussed above). Indeed, a March release will ensure the monitoring can draw on the most current data from the annual Carer Wellbeing Survey and the biennial National Carer Survey (both typically released in October).

Importantly, to be meaningful, this monitoring needs to be relatively granular. The unpaid carer cohort is diverse, including with respect to age, economic circumstance, disability status, geographic location, cultural background and caring responsibilities. Wherever possible, the measures reported against in monitoring reports should be disaggregated to report on changes for specific groups. For example, many of the proposed headline measures (box 4) draw on data from the Carer Wellbeing Survey and the National Carer Survey — both of these surveys allow data to be disaggregated based on gender, age, cultural background, geographic location, and the nature of the caring role.

Taking account of changes in the carer landscape

Having a thorough understanding of the carer population and the carer landscape — including carers' demographic characteristics, the services and supports they need and access, and how these things are changing over time — is central to the effectiveness of the Strategy and associated action plans, and carer policy more generally. Up-to-date information about carers is also important context when assessing the government's performance against the objectives and commitments of the Strategy.

For example, it may be relevant to consider how the proportion of carers born overseas changes over time, as this can have implications for the volume and types of services and supports carers use (ie, due to eligibility issues, a lack of awareness, cultural reasons, or low English proficiency leading to difficulties navigating service systems).

Accompanying the monitoring reports with summary information about key characteristics of — — and changes in — the carer cohort is one way to ensure monitoring information is considered in its proper context. This summary information could cover:

- the number of carers in Australia
  - the SDAC provides the most reliable count of carers in Australia[3]
- the intensity and duration of unpaid caregiving roles (including information on 'new entrants and exits')
  - the Carer Wellbeing Survey and National Carer Survey provide significant data on the nature and intensity of caring roles
  - longitudinal datasets (such as HILDA, the Longitudinal Survey of Australian Women, and LSAC) and administrative data (for example, on Carer payments) can provide insights into the duration of the caring role, and the number of people commencing and ceasing a carer role each year
- the demographic characteristics of unpaid carers (such as age, income, disability status, geographic location and English language proficiency)
  - the SDAC, Carer Wellbeing Survey and National Carer Survey provide extensive information on the demographic characteristics of carers
- the services and supports that carers are using (box 5).

Box 5: Data on carers' use of services and supports is an important aspect of the monitoring arrangements

Data about carers' use of dedicated services and supports is an important part of the evidence base and should inform assessments of the effectiveness of the Strategy. Indeed, many of the actions included in the first action plan relate to scaling up existing services or investing in new services — however, the expected benefits of these supports will only be realised if carers access and use these services.

The type of service use data that might be relevant to include as part of the annual report card include:

- the number of Carer Gateway services delivered

[3] While the SDAC currently provides the most comprehensive estimate of informal carers in Australia, it also has inherent limitations, as discussed in section 3.2.

- the number of carers accessing pre-employment support, counselling, coaching and peer support groups via Carer Gateway
- the number of carers accessing skills training (related to their caring role) via Carer Gateway
- the number of carers accessing planned respite care and emergency respite care
- the number of carers receiving a carer payment and/or carer allowance
- the number of young carers engaging with the Young Carer Network, and/or accessing the Young Carer Bursary.

In practice, the scope and value of this reporting will be substantially constrained without investment in new data development (noting the first action plan includes a commitment to 'improved regular consistent data capture' – commitment 6). There are significant issues with existing data on unpaid carers and unpaid care.

- Unpaid carers are undercounted in key national data collections, and under-counting is especially pronounced for some groups.
  - Data on unpaid carers must be comprehensive and representative if it is to effectively inform carer policy, services and supports.
- Definitions of 'unpaid carer' and 'unpaid caring' vary materially across key data collections.
  - Inconsistent definitions limit analytical opportunities, contribute to some carers feeling unrecognised and under-valued, and cause confusion amongst carers about the services and supports they are eligible for.
  - Simply aligning survey definitions to the *Carer Recognition Act 2010* may not be sufficient given groups of carers are currently not covered by the Act (including those caring for people with alcohol or other drugs of dependence) and broader concerns about use of the term 'carer'. This underscores the importance of commitment 3 of the first action plan — ensuring the Act is 'contemporary and reflects the diversity of Australia's carers'.
- There is limited longitudinal data on carers.
  - Carers' circumstances and needs can vary significantly over the life course and through key transitions, and the impacts of caring can be lagged and enduring, but coverage of unpaid caring in key longitudinal datasets is poor.
- Data on carers' awareness of, access to, and satisfaction with the resources, services and supports available to assist carers is patchy.
  - Better data on these matters would improve understanding of the effectiveness of existing carer supports, provide insights into the nature and location of unmet demand for services, and help explain why some carers are not accessing (or benefiting from) available supports.

Data development is discussed in more detail in section 3.2.

The precise scope of summary information reported each year may also reflect specific issues of interest regarding the carer landscape. For example, under action 5.1 of the first action plan, the government has committed to extend the Young Bursary Program and Young Carer Network to 30 June 2027. It may therefore be valuable contextual information to report on how many young carers are accessing or applying to access these programs (and how this compares to target levels, and/or program capacity) before this June 2027 deadline.

Table 1: Summary of proposed monitoring outputs

	Annual monitoring report card Published in March from 2026	Other monitoring
Actions	▪ Information and data about the progress made implementing each action in prevailing action plan. ▪ Assessment of implementation progress for each action using a 3-point scale.	▪ 'Wrap-up' assessment at end of each action plan
Objectives	▪ Data on 'headline measures' to indicate progress against objectives	▪ A more comprehensive report on progress against objectives in 2029 and 2034
Carer population and landscape	▪ Summary information and data about key characteristics of the carer population and carer landscape.	

2.2. Evaluation

Evaluative activities should provide policymakers and the community with a deep understanding of how the Strategy is working, and identify ways in which the effectiveness of the Strategy could be improved. While monitoring arrangements help track changes in key inputs, outputs and outcomes, evaluations are about gaining a broader perspective — what is (and isn't) happening, and why?

Key focus areas and questions

Evaluation focus areas (sometimes referred to as domains, storylines or themes) are the broad areas that evaluation activities need to address. Evaluation questions are more specific lines of inquiry that help to guide the design of the evaluation and identify data needs.

Evaluation for the Strategy should focus on several areas, including:

- Appropriateness: This area of focus is about exploring whether the inputs, actions and processes being pursued under the Strategy are suitable for achieving the three objectives.
- Effectiveness: This aspect of evaluation seeks to understand whether the desired outcomes and objectives are being achieved, how they are being achieved, and any unintended (positive or negative) outcomes.
- Efficiency: Evaluation activity should also consider whether the resources invested in the Strategy are being used efficiently to deliver the best possible outcomes for carers.
- Impact: This area of focus is about assessing the nature and extent of any broader, lasting changes resulting from the Strategy (e.g, shifts in community awareness of and attitudes towards unpaid carers).
- Implementation: Evaluation activity should consider whether the Strategy has been implemented as intended (ie, consistent with the principles, objectives and priority outcome areas identified in the Strategy, and the actions identified in the actions plans).

That said, not all these areas necessarily need to be a focus of each evaluation exercise. The recommended focus areas for evaluations of the Strategy are discussed further in the next section of this paper.

Evaluation questions are the high-level questions that should guide an evaluation, including the choice of evaluation approach and the evaluation plan or design. They outline what it is you

hope to learn through the evaluation. Evaluation questions are deliberately broad — they will be further developed and refined by those undertaking the evaluation.

Key evaluation questions that the evaluation activities should seek to answer include:

- How appropriate are the various elements of the Strategy (ie, the commitments and actions in the action plans, the principles, and priority outcome areas) as a means of supporting the Strategy's vision and objectives?
  - As new information emerges about 'what works' to support carers, do the various elements of the Strategy remain appropriate and/or how might they continue to evolve?
- To what extent are the actions in the action plans on track? If not, why not?
  - What lessons are being learned about effective implementation?
- Are actions being implemented consistent with Strategy principles? For example, how well are carers being represented and responded to?
- Are the objectives, outcomes and expected outputs being achieved? Does this vary across different groups of carers, and if so, how?
  - What factors are responsible for outcomes (factors both internal and external to the program)?
  - What lessons are being learned about 'what works' to support carers? Are there any unanticipated outcomes (both positive and negative) arising?
  - Are the actions (as implemented) proving sufficient to produce the intended outcomes?
- Are commitments and actions under the Strategy being delivered efficiently, taking account of both the quality and cost of these commitments and actions?

Evaluations are also an opportunity to consider developments in the broader social policy landscape (at the federal and state and territory levels). Indeed, the needs of carers intersect with multiple adjacent policy areas and government support systems (including aged care and disability). Reforms and other changes in the wider policy environment can influence the implementation, success and ongoing appropriateness of actions pursued under the Strategy, and therefore form an important part of the evaluation context.

Evaluation outputs

Evaluation activity under the monitoring and evaluation framework is focused on providing periodic insights into the progress, successes, challenges and lessons arising from implementation of the Strategy.

Evaluation reports should be produced at key junctures to support improvements, course corrections, and a sharing of insights and learnings.

As specified in the Strategy itself, two evaluation reports will be prepared over the life of the Strategy – a mid-way evaluation report, and a final evaluation report.

The mid-way evaluation should cover the first 5-year period (2024-2029) and be completed by the end of 2030. It should focus on analysis of ***early outcomes***, lessons from ***implementation*** of the first action plan, and assess the ongoing ***appropriateness*** of the Strategy elements, including this monitoring and evaluation framework (and the headline measures specifically, discussed above). Importantly, the mid-way evaluation is an opportunity to consider whether carers are using and deriving benefits from the services and support that are being invested in as part of the first action plan.

The final evaluation report should cover the full 10-year lifespan of the Strategy and be completed by early 2036. It should provide an assessment of the overall ***effectiveness*** and ***impact*** of the Strategy, identify lessons, and highlight future directions for carer policy (or any successor carer strategy). It should aim to answer — What progress has been made under the Strategy (and each action plan) toward the vision for carers? What important context needs to be considered when interpreting these outcomes? It is also an opportunity to consider whether the resources invested in the Strategy have been used ***efficiently*** to deliver the best possible outcomes for carers.

Meaningful engagement with carers, carer organisations, services providers, and government departments should be undertaken to inform each evaluation.

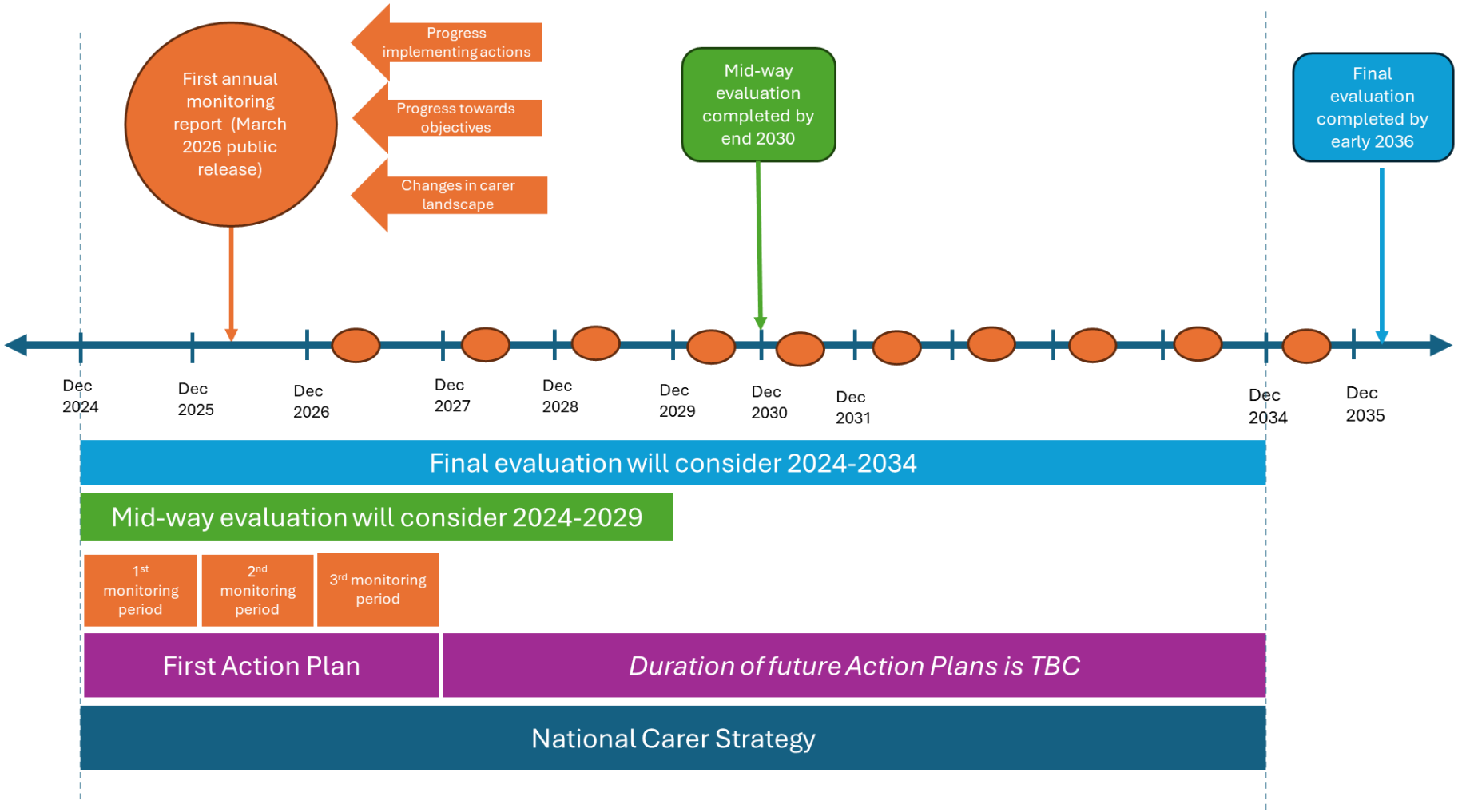
Both evaluation reports should be accompanied by short, plain-English summaries of the key findings and messages from the evaluation.

Table 2: Summary of proposed evaluation outputs

	Mid-way evaluation	Final evaluation
Evaluation period	▪ 2024-2029	▪ 2024-2034
Focus areas	▪ Implementation ▪ Appropriateness ▪ Effectiveness	▪ Effectiveness ▪ Impact ▪ Efficiency
Publication date	▪ By end 2030	▪ By early 2036

An illustrative depiction of monitoring and evaluation activities over the period 2024 to 2036 is at figure 1.

Figure 1. A high-level timeline of proposed monitoring and evaluation activities under the framework



3. Implementing the framework

3.1. Principles to guide monitoring and evaluation

There are several principles that should inform and guide those who commission, plan and undertake activities under the monitoring and evaluation framework.

First, the Strategy sets out five co-designed principles (box 6) that 'will guide the coordination and delivery of carer-related and carer-impacting policies, programs and initiatives across Australian Government agencies.' Several of these principles are directly relevant to monitoring and evaluation activity under the Strategy, including that these activities should be carer-centred, transparent and accountable.

Box 6: Strategy principles

- Carer-centred: The lived experience of carers will be included in the co-design and co-production of policies, supports and services for carers. Carers' lived experience will be included in evaluation processes.
- Evidence-informed: Carer policies, supports and services will be informed by evidence, and innovation will be used to address challenges experienced by carers.
- Accessible, equitable and inclusive: Carer policies, supports and services will be inclusive and tailored to respond to the needs of carers, at all stages of caring, recognising the diversity of carers, and the importance of cultural and psychological safety.
- Supports personal agency: The design of policies, supports and services for carers will enable choices that suit them.
- Transparent and accountable: Federal government departments will be accountable in delivering the Strategy and transparent in their processes to better recognise and value carers.

Source: Department of Social Services, 2024.

There are also general 'best practice' principles to guide those involved in commissioning, planning and delivering monitoring and evaluation activities (The Treasury; Department of Finance; Australian Evaluation Society).

These best practice principles include that monitoring and evaluation activity should be:

- useful: monitoring and evaluation activities should be designed for the purposes of continuous improvement and accountability against objectives. The results or insights should be accessible and meaningful. A strong understanding of policy intent is required.
- ethical and culturally appropriate: ethical and culturally appropriate approaches should be considered in all monitoring and evaluation activities, including for the collection, assessment and use of information
- proportionate and fit-for-purpose: activities should match the scale, complexity, and risk of the investment. This ensures resources are used efficiently and monitoring and evaluation activities are not unnecessarily burdensome. Activities should be tailored to

the context, purpose, and intended use of findings. This includes being flexible and responsive to stakeholder needs while maintaining rigour.

- transparent: monitoring and evaluation processes should be clearly documented and the findings should be shared and communicated in an open and timely way.
- credible (methodologically rigorous, evidence-informed, independent of vested interests): activities should be conducted by people who are technically capable, and the collection and analysis of evidence should be undertaken in an impartial and systematic way, having regard to the perspectives of all relevant stakeholders. Monitoring and evaluation activities should adhere to appropriate standards of integrity and independence.

3.2. Data and evidence sources

The activities undertaken under the framework will draw on and bring together diverse sources of data and evidence (including lived experience) about how well the Strategy is being implemented and the outcomes that are being achieved.

Monitoring and evaluation activities will also add to the evidence base on carers, by generating new data and information about carers and carer supports (for example, information about the impact or effectiveness of actions).

Some of the data needed for monitoring and evaluation under the framework is already collected and available in national data collections. However, other key data will require investment in data development.

Data on carers is fragmented and complex – some key considerations

Many entities across government (Commonwealth, state and territory), academia and the unpaid care sector collect data on Australia's unpaid carers and unpaid caregiving (box 6).

Box 6: Key data on carers

- The ABS's Survey of Disability, Ageing and Carers is the most comprehensive population representative survey of unpaid carers in Australia. The SDAC was most recently conducted from June 2022 to February 2023 (with the first data release in 2024) — the 10th time the survey has been conducted (ABS 2022a).
- Various other surveys also managed by the ABS contain data on unpaid carers or unpaid caring (directly or inferred) including the Census, the National Study of Mental Health and Wellbeing, the National Aboriginal and Torres Strait Islander Health Survey, the Time Use Survey, and Barriers and Incentives to Labour Force Participation.
- Cross-sectional surveys of unpaid carers are conducted by two of the major peak carer bodies and provide vast data on carers' experiences and wellbeing — the Carer Wellbeing Survey (administered annually by the University of Canberra on behalf of Carers Australia and funded by the Australian Government), and the National Carer Survey (administered every 2 years by Carers NSW).
- Several longitudinal studies (such as the Household Income and Labour Dynamics in Australia (HILDA) survey, Growing Up in Australia: The Longitudinal Study of Australian

Children), and the Australian Longitudinal Study on Women's Health collect some data on unpaid carers.

- Administrative data provide insights about the services and payments that carers access. For example, administrative data collected by Carer Gateway service providers (reported to Department of Social Services and held in DEX), and administrative data held by state and territory governments about carer concession programs. Administrative data can also be linked or integrated, creating richer data assets (such as the Personal Level Integrated Data Asset (PLIDA) and National Disability Data Asset).

This data will be critical to implementing the framework. However, there are also complexities and limitations with available data on carers that need to be considered when undertaking monitoring and evaluation activities.

First, definitions of 'unpaid carer' and 'unpaid caring' vary across datasets and are often inconsistent with the *Carer Recognition Act 2010*. This means unpaid carers are undercounted, certain groups of carers are underrepresented, and datasets are not readily comparable. Further, some surveys rely on people 'self-identifying' as carers, yet many people do not realise they are in a caring role or do not ascribe to this label. This has implications for how the data should be interpreted when it is used for monitoring and evaluation purposes.

Second, the surveys conducted by the carer organisations collect significant data on carers experiences and circumstances. However, there may be issues with representativeness of findings given participants are those already connected to carer services and organisations and may not reach carers who are not connected with services and organisation. Further, it is important that surveys of this type make use of available and suitable 'validated measures' — that is, questions or instruments that have been tested and proven to accurately and reliably measure what they are intended to measure for the construct of interest.

Third, longitudinal data can help track how carers are faring over time, including (potentially) before, during and after undertaking the caring role, or before, during and after accessing carer services and supports. However, this data needs to be interpreted with caution. For example, a decline in carers' wellbeing over time isn't necessarily a sign that the Strategy has been ineffective — this decline may be explained by a deterioration in the care-recipients' (and/or the carers' own) health and functionality, and may occur even where services and supports have 'worked' and been delivered effectively. Put another way, the impact of the Strategy needs to consider the 'counterfactual' – how would the carers' wellbeing have changed had the Strategy not been implemented?

Finally, like for most populations, the composition of the carer cohort is ever-changing. Taking account of these changes is important when reporting and interpreting aggregate or average data on carer wellbeing. For example, long-term carers typically report poorer wellbeing than temporary or short-term carers. If short-term carers represent a growing portion of total carers over time, it would be expected that average carer wellbeing would increase (all else equal). This underscores the importance of accompanying monitoring reports with information about changes in the carer landscape.

Priorities for data development

A more consistent and comprehensive approach to identifying unpaid carers and unpaid caring in key data collections

As it stands, there is no standard or consistent definition for unpaid carers in Australia (noted above).

Under the *Carer Recognition Act 2010*, 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.

However, the SDAC adopts a narrower scope than the Act — in this survey, 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 definition used in the Census sits somewhere between these two approaches; people are asked whether — in the 2 weeks prior to Census night — they spent time providing unpaid care, help or assistance to family members or others because of a disability, a long-term health condition, or problems related to old age.

The Census captures people that provide short-term, temporary or occasional informal care (so long as it occurred in the 2-week window), whereas the SDAC focuses on 'ongoing' informal care. That said, the Census likely misses some carers because of the short reference period.

Definitions of 'carer' also vary across Australian jurisdictions. For example, in Tasmania (*Carer Recognition Act 2023*), carers include those caring for people with alcohol or other drugs of dependence. Carers Australia and other groups have long advocated for the term carer to include those caring for people experiencing alcohol or drug dependence. Indeed, in the Carer Wellbeing Survey and National Carer Survey, a carer is a person who looks after someone who has a disability, mental illness, drug or alcohol dependency, chronic condition, dementia, terminal or serious illness; or who is frail or needs care due to ageing.

The HILDA survey takes a different approach again — it asks people about how much time they spend 'caring for a disabled spouse or a disabled adult relative, or caring for elderly parents or parents-in-law'. This definition is more limited than in the Carer Recognition Act or in the SDAC (for example, it does not cover people who care for disabled children, people who care for those with a long-term health condition, or people who care for a disabled or elderly person outside of their family).

Greater consistency or standardisation of the definition or an unpaid carer in carer-related datasets (and legislation) could:

- promote a more comprehensive and consistent understanding of unpaid carers and unpaid caring (across government, the care sector and community)
  - more accurate data on the scale, nature and location of unpaid caregiving could help governments to better respond to the needs of carers.
- help with carer identification, noting that some carers may not identify as a carer because they are confused or unsure about the meaning of the term
- help to raise carers' awareness of their rights (such as requesting flexible working arrangements)
- help government services identify carers, and refer them to information and services they are eligible for.

That said, aligning all relevant survey definitions to the *Carer Recognition Act 2010* may not be the best approach given groups of carers are currently not covered by the Act (including those caring for people with alcohol or other drugs of dependence).

Moreover, use of the term 'carer' in the surveys and questionnaires used to collect data can be a significant barrier to getting accurate data on the caring population. Some people do not regard themselves as carers, don't want to be seen as a carer (by service providers, their family or the broader community), and/or don't feel they have 'permission' to identify as a carer and/or access carer services. This can 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 can also be due to cultural considerations.

In other 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. Moreover, given the term 'carer' is often conflated or used interchangeably with other population groups (such as paid care workers, or parents with traditional caring responsibilities), it may not be a term that unpaid carers easily relate to.

As such, datasets that rely on people identifying (or describing themselves) as a 'carer' are likely to undercount unpaid carers and unpaid caregiving, and underrepresent certain groups, including Aboriginal and/or Torres Strait Islander, CALD and young carers. By contrast, in SDAC, the caring role is framed in terms of the activities undertaken — 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'. That said, there are other limitations with the scope of the SDAC (discussed above).

Developing more inclusive and relatable terms to describe carers and the care-giving relationship is likely to be a key enabler to greater self-identification, more complete and representative data on unpaid caring, and to encouraging carers to connect with relevant services and supports. Ultimately, the terms and descriptions used by governments and other data collection agencies 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.

As part of the first action plan, the government has committed to contemporising the *Carer Recognition Act 2010*. This provides a good opportunity to consider alternative ways to describe and label people that provide unpaid care.

Addressing key gaps to support monitoring and evaluation of the National Carer Strategy

There are several elements of the Strategy that will be difficult to effectively monitor and evaluate without new data.

Carers' awareness of dedicated carer services, information and supports

A key aspect of objective 1 of the Strategy (*Carers are identified*) relates to ensuring 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).

However, there is limited data to assess:

- carer's awareness[4] of the information, services and supports that are available to help them in their caring role
- whether carers are satisfied that they have the knowledge and skills they need to undertake their caring responsibilities
- carer's ability to access the information and training on caregiving that they need.

Each of these measures is central to empowering carers in their caring role (objective 2 of the Strategy).

Moreover, while there is some data on carers use of and satisfaction with specific services (including respite care and Carer Gateway), there is less data on the availability and capacity of carer services and supports by location, and relatedly, the specific barriers carers experience (if any) accessing relevant services and supports. Better data on these matters would provide useful insights into the nature and location of unmet demand for services (important for resourcing decisions), and the reasons why some carers are not accessing available supports (important for program design and implementation).

Carers experiences of abuse and violence within the care-giving relationship

There is very limited data on the extent to which carers experience abuse, violence or feel unsafe within the care giving relationship. Collecting data on this — and the extent to which affected carers are able to access appropriate supports — would support monitoring of progress toward objective 3 of the Strategy (namely, that carers' physical and mental health, safety, wellbeing and financial security are supported).

Carers use of, access to, and satisfaction with the services that are available to support carers to participate in paid work and study

Governments play an important role in helping carers balance paid work and/or study with their caring role, which in turns supports carers' financial security.

However, while there is various data on the financial and employment circumstances of unpaid carers, there is very little information on carers use of, access to, and satisfaction with the government services that are available to support carers in paid work and study. In addition, in the absence of richer longitudinal data (discussed below), it is not possible to analyse the relationship between carers' use of these supports, and their employment and education outcomes.

In the context of the Strategy, this data gap makes it difficult to measure progress toward both objective 2 (carers are empowered to have fulfilling lives), and objective 3 (carers financial security is supported).

Deaths by suicide, suicidal thoughts and behaviours among current and former carers

There is evidence that unpaid carers face elevated risks of suicidal thoughts and behaviours (Suicide Prevention Australia (2023, p.2)).

However, there is no comprehensive national data on deaths by suicide or suicidal thoughts and behaviours among Australia's carers and former carers.

Available suicide death datasets do not report on whether the person was a carer for another person, limiting understanding of suicide death rates among carers in Australia. Such data could be used to help assess progress toward objective 3 of the Strategy, by complementing existing

[4] As of 2025, the Carer Wellbeing Survey provides the most relevant information — it collects data on carers' awareness of three specific services for carers of a person with dementia, and asks carers 'whether they have heard of or accessed Carer Gateway'.

data on other measures of carers mental health and wellbeing (such as data from the Carer Wellbeing Survey on carers' experiences of high psychological distress).

Data on suicidal thoughts and behaviours is available for carers in a specific age cohort in the LSAC. The LSAC includes separate questions on unpaid caring and suicidal thoughts and behaviours for young people currently aged in their early to mid-20's.

The longer-term health, career and financial impacts of the caring role.

Longitudinal studies have the potential to provide critical information about:

- how the caring role affects carers health, mental health, employment and career progression, education, financial security, housing stress and relationships
  - this could include the association between unpaid caring and thoughts or acts of self-injury and/or suicidal thoughts and behaviours
- transitions in and out of caring roles over the life course, including how key (such as when the care recipient moves from their care to formal care, or when the care recipient passes away) impact on carers
- whether and how carer services and supports influence carers' wellbeing (providing vital support about how governments can best support carers).

The LSAC asks young people whether they spent any time helping someone who has a long-term health condition, disability or is elderly. Where young people do provide care, they are asked subsequent questions about the amount and type of assistance provided, and the nature of their relationship with the care-recipient. As the participants in this study progress through adulthood, this study has the potential to provide rich insights about the relationships between carer status and health, education and other life outcomes.

The HILDA survey also has the potential to provide rich longitudinal insights. However, as discussed above, the survey currently only captures a particular subset of carers, which limits the generalisability of research findings from these data.

Ten to Men: The Australian Longitudinal Study on Male Health asks adult male participants if they have become a carer for someone else in the last 12 months. This does allow for analysis of the relationships between the onset of the caring role and various health and economic outcomes. However, it is currently not possible to confidently distinguish between different types of carers and caregiving (ie, parenting versus unpaid care).

3.3. Governance of the framework

This section summarises the expected roles and responsibilities of key parties with respect to monitoring and evaluation under the framework.

Roles and responsibilities

The government has a key leadership and coordination role in the oversight and governance of monitoring and evaluation activity.

In addition, as part of its governance role, the government is responsible for:

- commissioning monitoring and evaluation activity
- ensuring the outputs of these activities are rigorous and reliable (quality assurance)
- making monitoring and evaluation reports public and accessible (including to support the dissemination of learnings and lessons); and

- taking action in response to evaluation findings (where relevant), so that the information generated improves carer policy and programs.

The government also has a role in:

- leading the development and production of new data on carers (including to support monitoring and evaluation), in consultation with relevant stakeholders
- collating and providing information and evidence to commissioned parties to support monitoring and evaluation activities
- providing other practical support to the work of commissioned parties
- supporting the Carer Advisory Committee to meaningfully engage in monitoring and evaluation processes.
  - As part of the first action plan, the government has committed to appointing an ongoing Carer Advisory Committee to advise and oversee the development of action plans and implementation of the Strategy, including overseeing the monitoring, evaluation, and reviews of the Strategy.

The specific roles and responsibilities of the Carer Advisory Committee will be determined by the Minister for Social Services and set out in the terms of reference for this committee. However, to support effective governance of the framework, it is expected that, at a minimum:

- the government and commissioned parties will work cooperatively with the Carer Advisory Committee on aspects such as design, implementation and reporting
- the Carer Advisory Committee will participate in monitoring and evaluation processes, and promote uptake and engagement in their constituent communities, where relevant; and
- key monitoring and evaluation outputs (as detailed in tables 1 and 2 above) will be shared with the Carer Advisory Committee before being finalised and publicly released.

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