



National Carer Network Response to Department of Social Services draft National Carer Strategy

November 2024

About the National Carer Network

The National Carer Network represents the diversity of the three million¹ Australians who provide unpaid care and support to family members and friends living with a disability, chronic or life limiting condition, mental ill health, addiction issue, or who are frail aged.

The peak carer organisations in each state and territory, together with the National Peak body, Carers Australia, collectively form the National Carer Network, an established infrastructure that represents the views of carers at the national level:

- Carers ACT
- Carers Australia
- Carers NSW
- Carers NT
- Carers QLD
- Carers SA
- Carers Tas
- Carers VIC
- Carers WA

Our vision is an Australia that values and supports all carers, where all carers have the same rights, choices, and opportunities as other Australians to enjoy optimum health, social and economic wellbeing and participate in family, social and community life, employment, and education.

Australia's carers are diverse and include those who:

- have their own care needs
- live with disability
- are in multiple care relationships
- have employment and/or education commitments
- are 24 years and younger (young carers)
- are 65 years and over
- identify as Aboriginal and/or Torres Strait Islander
- are from culturally and linguistically diverse backgrounds (CALD)
- identify as Lesbian, Gay, Bisexual, Trans and gender diverse, Intersex, Queer, Questioning and Asexual (LGBTIQA+)
- live in regional, rural and remote Australia, and
- are former carers (no longer in a caring role)

¹ Australian Bureau of Statistics, Survey of Disability, Ageing and Carers (SDAC) 2022

In alignment with this, the Network endorses the United Nations Universal Declaration of Human Rights (UDHR)² and its relevance to carers, including the right to rest and leisure and to participate in the cultural life of the community (Articles 24 and 27 UDHR). We also recognise the United Nations Convention on the Rights of Persons with Disabilities³ (UNCRPD), acknowledging that carers play an important role in supporting the rights of people living with a disability in line with the CRPD, where they have been nominated to do so.

Acknowledgment of country

Carers Australia acknowledges Aboriginal and/or Torres Strait Islander peoples and communities as the traditional custodians of the land we work on and pay our respects to Elders past, present and emerging.



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² United Nations Universal Declaration of Human Rights

³ United Nations Convention on the Rights of Persons with Disabilities

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Introduction

The National Carers Network (Network) is strongly supportive of a National Carer Strategy (Strategy) that will speak to carers and give them confidence that their voices have been heard, that their needs and challenges are understood, their contribution is recognised and that the Australian Government is willing to walk alongside them to create a better system of engagement, recognition and support for the future.

The Network welcomes the opportunity for the Australian Government to more effectively implement and raise awareness of the Carer Recognition Act, 2010 (Cth) and statement for Australia's carers, which set forward a range of specific obligations for public sector agencies, and key, good-practice principles, for the sector and the community. In essence, the Strategy should give effect to the principles and obligations in the Carer Recognition Act, 2010 (Cth).

Unfortunately, the draft Strategy that has been released – and the short timeframe in which carers have been afforded the opportunity to comment – does not reflect what we understand the Government's genuine desire to respect, include and improve the lives of Australians in caring roles.

Indeed, there is significant potential for both the content and the process to disenfranchise carers rather than setting aspirations and tangible actions to give carers hope for the future. The Network sees this as a very real risk for government.

We do, however, believe there is still time to turn things around and make it a document that can place carers at the centre of the Strategy and signal a different future for carers while being alive to the practical constraints within which Government operates.

To that end, this submission sets out some practical solutions for how this can be remedied through:

- adjusting the language used throughout the document to ensure the Strategy is positive, aspirational and reflects the value that the government places on carers. There is a real need to replace some of the language that almost seems to blame carers or assume it is entirely up to them to make the system work
 - Please note **Attachment A** (letter) and **Attachment B** (edits within the draft Strategy) from Carers Australia that provide initial feedback on language within the Strategy document
- directly mapping proposed elements of the strategy to the 22 recommendations of the Federal Inquiry into the Recognition of Unpaid Carers in Australia: *Recognising, valuing and supporting unpaid carers* report released by the House of Representatives Standing Committee on Social Policy and Legal Affairs, adopting those recommendations directly related to the Strategy and Carer Gateway reform. So many carers made submissions to this process and want to see that the time they spent, and the stories they shared were not in vain
- strengthening and rewording the priorities and sub-statements to be more powerful, action-focussed and accountable rather than the current deficit-focussed language which we recently heard one carer describe as 'carer last'

- reflecting carers’ desire to see immediate action that signals Government’s commitment to making a practical difference – while the Network notes the current intent to deliver these separately, it notes that inclusion of some immediate actions would be a powerful show of good intent towards our nation’s carers
- continued consultation and collaboration in design, implementation and monitoring of the Strategy and all associated actions, taking a carer-centred approach
- ensuring that carer representative bodies such as the National Carer Network organisation, Carer Gateway providers and carers themselves are actively engaged in co-designing the proposed outcomes framework and actions, so that those collective and extensive insights on what works can inform successful outcomes for carers
- recognising in the strategy, and our suggested priority actions, the very real financial pressure that many carers are under as a result of their care responsibilities, and making a commitment to act on this, particularly for those carers in receipt of government subsidies directly related to their caring role
- setting a clear commitment to periodic review and measurement of progress, which the Network suggests potentially occur at three, five and seven years into the proposed 10-year timeframe
- ensuring that there is whole-of-government commitment to delivering the Strategy, its objectives and actions, with clear responsibilities, timelines and budgets, and
- reaffirming that carers have the same rights as others under the United Nations Universal Declaration of Human Rights in the Strategy, and ensure associated action plans uphold and promote these rights for carers.

We recommend that the Carer Recognition Act 2010 (Cth) (‘the Act’) be more fully integrated as a foundational component throughout the document. The Act aims to increase recognition and awareness of carers, acknowledging the valuable contribution they make to society. By highlighting the Act in the Strategy’s introduction, motivations, and sections such as Priority Outcome 1, we can ensure that Australia’s carer recognition legislation and policy frameworks work congruently.

The balance of this submission, starting with the Priority Outcome Areas, both expands on the above and aims to assist Government in refining the current draft and prioritising actions for short to medium term action.

These ideas and advice reflect the genuine commitment of our Network to work with Government to ensure our shared aspirations for the future can be realised. We look forward to continuing the conversation.

Priority Outcome Areas

The Network believe that if the Priority Outcome Areas are recrafted with affirmative language and defined actions then this will flow back into opportunities to strengthen the higher order Objectives and Principles (including updating the National Carer Strategy on a page).

Currently the *What we will do* sections appear more as motherhood statements with passive language and no indication or examples of clear and tangible actions. We recommend this be revised to ensure carers to not disengage from the Strategy.

Priority Outcome One

The community, government and those who provide paid care and support recognise and value carers' contributions and expertise and carers are supported to self-identify

Proposed rewording for the outcome

Government, community and those working in the support sector see and value carers, recognising their expertise and contribution, and creating an environment that encourages people to identify as a carer.

Additional inclusions/considerations for 'What we know'

- The value and contribution of carers needs to be actively promoted in the community throughout the year.
- Government, service providers, employers and the community be actively encouraged to recognise and support carers wherever they are in our community.
- Carers must be considered as a central part, including co-design, of decision making in service systems including NDIS, aged care, mental health, health and education and will be recognised as having expertise in the people they care for.
- Service providers must hold carers and the people they care for at the centre of what they do and will actively co-design services, programs, access pathways, policies and procedures with carers and the people they care for.
- Carers need be identified by professionals in the service systems that they interact with and provided with information on the services and supports that are available to them.
- Government must undertake a carer impact assessment of all new policies to avoid unintended negative consequences for carers.
- Carer input must be sought in decision making about the provision of services that affect their lives, including the provision of service to the people they care for.
- Young carers must be supported to manage their caring role, education and wellbeing in the education system.
- Carers must be seen and identified in all services and systems, not just the ones that support the people they care for.

Some proposed actions for inclusion in ‘What we will do’ (noting this is not exclusive or exhaustive)

- The Carer Gateway advertising campaign be continually run throughout the year and expanded to include additional material helping to explain the role of carers and localised content in each State and Territory.
- Internal training in all Government Departments on the role and contribution of carers, and ways to support carers in family, community and the workplace
- Inclusion of people with living or lived experience in carer roles on departmental committees where policy development may impact carers or the people they care for.
- Establishment of an interdepartmental departmental committee (IDC) to ensure that policy development supports and does not inadvertently impact carers.
- Inclusion of a young carer identifier on all school enrolment forms, followed by referrals to support, with a review of this status annually.
- Review of all NDIS and My Aged Care assessment processes to better identify carers and ensure carers are included in decision making and link them to relevant information and support.
- Carer recognition at point of diagnosis to facilitate support for carers
- Revise the definition of a carers to ensure all carers are recognised, including a review the Carer Recognition Act (2010), as recommended by the *Parliamentary Inquiry into the Recognition of Unpaid Carers*.
- Ensure that the definition of carers is replicated consistently across all Commonwealth legislation, government policy and programs.
- Consider implementing a carer card or similar tool for easily and quickly recognising carers.

Priority Outcome Two

Carers can access supports, services and programs at the right time, right place and in the right way across the caring continuum.

Proposed rewording for the outcome

Supports, services and programs are readily available to carers when they need them across the caring experience.

Additional inclusions/considerations for ‘What we know’

We note the current text in this section includes deficit language and propose this language be amended accordingly.

- Services available to carers are not promoted to them.
- Due to system design, carers face challenges with system navigation.

- The demands on carers and the impact on their wellbeing is already significant; system navigation challenges further adds to carer stress.
- Carers have consistently identified the need for local services that are tailored and sensitive to their needs, and are culturally appropriate.
- Complex systems, lack of early identification of carers, lack of information, and carers not self-identifying all result in support being sought for the first time at a point of crisis.
- Whilst Carer Gateway has led to improved access for many carers, carers have a range of support needs not comprehensively addressed by this service model and most carers want to see system improvements.
- Carers want navigation assistance (carer concierge), particularly when seeking emergency supports and respite.
- Respite means different things for different carers, yet commonly all carers report obstacles accessing respite. This includes access to emergency, flexible and fit for purpose respite, particularly in regional and remote geographic locations.

Some proposed actions for inclusion in ‘What we will do’ (noting this is not exclusive or exhaustive)

- Point of Diagnosis recognition - early identification of carers by health and allied health professionals, including provision of information and referral to supports, and the inclusion of check ins with carers.
- Access to programs over the long term that equip carers with the knowledge and skills they need to take up their role in communicating the needs and preferences of the people in their care relationship to secure the support needed training for medical, health professionals and service providers on how to recognise and assist carers. This includes adaptations required for each state and territory and for diverse cohorts.
- Make support available to people transitioning out of long term care roles to assist former carers with their financial, physical and mental health and housing security.
- Improved system functionality, usability and interoperability - recognising that not all carers have same language, knowledge, connectivity or education.
- Provide system navigation support to assist carers to navigate the many, complex, government service systems the engage with.
- Ensure systems and services are providing age appropriate, and culturally safe and inclusive options.
- Ensure respite options and access address provider deserts, including workforce and market shortages, are fit for purpose (including emergency respite), culturally appropriate and flexible for each carer’s unique needs. This means increased access to respite options, including increasing funding for in-home respite and Residential Aged Care Facilities respite beds.

- Recognise that former carers need access to appropriate support post the end of their caring experience for physical and mental wellbeing, financial and housing security.

Priority Outcome Three

Carers can develop the knowledge and skills they need to fulfill their caring role.

Proposed rewording for the outcome

Carers are supported to prioritise their own physical and mental wellbeing.

Additional inclusions/considerations for ‘What we know’

- Carers often take on complex caring roles with no training in providing health care; legal, financial, mobility and behavioural support; or navigating systems, and with different degrees of prior knowledge or education .
- There is a critical need for carers to have practical skills to improve their own lives and the outcomes for those they care for, including training about the conditions, illnesses, medications, or disabilities experienced and legal considerations in providing care.
- It is essential to minimise risks to carers themselves, both in terms of physical health (for example, due to manual lifting) and mental health (for example, due to social isolation – including for former carers).
- Carers want training that is informed by lived experience, is bespoke, that covers the caring experience, and that is flexible in delivery.

Some proposed actions for inclusion in ‘What we will do’ (noting this is not exclusive or exhaustive)

- Increase funding to deliver training and practical skills.
 - Including access to programs about how to provide physical, psychological and behavioural care, maintaining carer mental and physical wellbeing, and legal planning for life and end of life.
 - Consideration of a National Carer Skills Hub, that could provide access to online and in person resources, information and training to provide essential skills for caring.
 - Lived experience will be incorporated in the co-design and implementation of national training programs.
- Review existing training and skills development programs to improve access for carers, for example, modify or adapt existing training for service providers.

Priority Outcome Four

Carers can access, pursue and maintain employment and education, including to improve financial well-being for themselves and those they care for.

Proposed rewording for the outcome

Carers have improved short and long term financial wellbeing, and are supported to access, pursue and maintain their chosen employment and education pathways.

Additional inclusions/considerations for ‘What we know’

- Many carers experience significant levels of financial distress due to reduced income and the additional costs associated with caring, as well as longer term disadvantage through reduced superannuation.
- Carers need support for their short and long-term financial wellbeing. Carers want:
 - review of income support payment levels, eligibility and carer concessions and establishment of superannuation for carers
 - removal of barriers to carer participation in the workforce and/or education system.
 - dedicated job readiness programs
 - transitional support for carers to access or change employment and education, and
 - transitional support when moving to other government support payments (when carer payment ends).
- Carers want improved supports in workplaces and education systems, including increased inclusiveness, recognition and flexibility.
- Carers want increased awareness and recognition in workplaces and education systems.
- Carers want to be valued for their lived experience skills and knowledge, in workplaces and education settings.

Some proposed actions for inclusion in ‘What we will do’ (noting this is not exclusive or exhaustive)

- Prioritise actions to improve short and long-term financial.
 - Review of income support payment levels, eligibility and carer concessions, and introduction of superannuation on the Carer Payment.
Delivering job readiness programs for carers .
 - Transitional support for carers, and former carers to access employment and education.
 - Supporting former carers when transitioning off the Carer Payment.
- Strengthen carer supports.
 - Including within workplace and education system contexts.
 - Continue and expand young carer specific supports such as the Young Carer Bursary Program.

- Simplify and streamline access to carer supports.
- Educational and workplace carer inclusive training and accreditation.
 - Incentivise workplaces and education systems to carer inclusive workplace programs and accreditation and ensure human resource policy reflects carer inclusive practices.
 - In collaboration with carers and carer associations, conduct ongoing carer awareness campaigns to workplaces and education systems.
- Government Department Carer inclusive training and accreditation
 - All government departments and agencies will participate in and report their progress on implementing carer inclusive workplace programs, and undergo accreditation to ensure human resource policies reflect carer inclusive practices, in line with their obligations under the Carer Recognition Act, 2010 (Cth).
 - In collaboration with carers and carer associations, conduct ongoing carer awareness campaigns for all federal and jurisdictional government departments.

Priority Outcome Five

Carers have access to supports that safeguard their psychological, physical and social wellbeing.

Proposed rewording for the outcome

Nil

Additional inclusions/considerations for ‘What we know’

- Psychological distress experienced by carer is compounded by what a carer may have to give up due to their caring role, including social activities and education/work, which negatively impacts wellbeing. Significant financial distress is a further compounding factor.
- Former carers need support when they are no longer in their caring role to assist them with the recovery of the mental and physical health and to ensure they have opportunities to secure their financial future either re-entering the workforce or receiving a different government support.

Some proposed actions for inclusion in ‘What we will do’ (noting this is not exclusive or exhaustive)

- Increase psychological support including:
 - Expanded access to carer counselling through Carer Gateway

- more flexible delivery of mental health/psychological services – for example, consider delivery where a carer can continue with an established psychologist, rather than being required to transfer to a new provider via Carer Gateway, and
- expansion of the number of mental health consults available to carers in the Mental Health Plan
- Utilising Carer Impact Assessments and IDC’s to reduce red tape - streamline services and interoperability between them, for example a one-off registration that you are a carer or that a person lives with a disability, rather than this needing to be confirmed multiple times for each service.
- Improve respite availability, appropriateness and flexibility across all respite options – emergency, regular, short and long term
- Develop and implement a family violence strategy (including specialised supports) for carers noting the unique circumstances of carers experiencing violence. For example, contexts may be caring for a child with challenging behaviours, a partner with dementia or a friend with mental ill health who may have episodic violent outbursts.
- Ensure housing security for carers, including carers experiencing rent and mortgage stress, or potential loss of housing if their accommodation is tied to the people they care for.
- Ensure carers maintain their physical health by implementing systems to ensure carers have time, access and funds to maintain this, including respite to attend medical appointments.

Priority Outcome Six

Build the evidence base on carers to better understand who carers are, what are their experiences, what works for them and why.

Proposed rewording for the outcome

Strengthen and gain leverage from the evidence base about carers, to improve the reach and impact of carer policy and service provision, recognising that carers’ needs and preferences may change over time.

Additional inclusions/considerations for ‘What we know’

- There is a wealth of existing data across fora about carers that can be used to build a better evidence base that promotes a more targeted approach, allowing for sophisticated matching of supports to carers’ different needs over time as well as allowing for gaps to be identified and addressed

Many people don’t realise they are carers, and we need to explore new strategies to build awareness and knowledge and understanding of the care role to ensure carers are able to connect into information, support and other assistance, as or where they choose to.

For information, the existing evidence base regarding carers in Australia includes, but is not limited to:

- population-level data collected by the Australian Bureau of Statistics (in particular the Census and Survey of Disability, Ageing and Carers, but also a number of other surveys)
- research and evaluation data collected and funded by a range of stakeholders including the Network, other related peak bodies and representative organisations, and academia
- service-level intake, service provision and outcomes data collected by government agencies and government-contracted service providers about carers and/or the people they care for (e.g. Services Australia, Carer Gateway service providers, Commonwealth Home Support Program providers), and
- expertise from carers and the sector collected through extensive government inquiries and reviews (e.g. the Parliamentary inquiry into the recognition of unpaid carers, the Disability Royal Commission).

A high-level overview of published data sources regarding carers can be found in the Carer Knowledge Exchange publication, *Australian carer data sources: A comparative guide*⁴, compiled by Carers NSW in May 2024.

Some proposed actions for inclusion in What we will do (noting this is not exclusive or exhaustive)

- Conduct a comprehensive stocktake of data sources managed and funded by all levels of government that contain information about carers.
 - the Australian Government to work with state, territory and local governments in each jurisdiction, to develop a better understanding of the carer population and who is accessing funded services and support to assist with planning. Focus areas to include:
 - who is / is not included in the ‘carer’ variable for each data source (including the type of care undertaken, the range of conditions included), and what wording is used in questions posed to participants/respondents
 - what data is collected about those identified by the ‘carer’ variable for each data source, and
 - to what extent data collected about carers is used, reported and shared.

⁴ <https://www.carerknowledgeexchange.com.au/research-library/publication/australian-carer-data-sources>

- Strengthen the Survey of Disability, Ageing and Carers - The Australian Bureau of Statistics (ABS) Survey of Disability, Ageing and Carers (SDAC) together with the Census provide the most reliable population-level estimates about carers in Australia. This will include broadening the definition of ‘carer’ used by the ABS in the SDAC to be consistent with the definition outlined in the *National Carer Recognition Act 2010*. This supports better estimating the prevalence of caring in the community. It could also be expanded further pending a review of the Act.
- Make Carer Gateway data regarding service uptake, unmet demand and effectiveness publicly available, as occurs with NDIS and aged care services.
- Collect carer complaint data to understand and remediate pain points in systems.
- Review the National Carer Act 2010 (Cth), including the definition of ‘carer’ as recommended by the Federal Inquiry into the Recognition of Unpaid Carers in Australia. Since 2010 views on carers and the caring role have evolved. For example, the current Act does not include those caring for someone with alcohol or substance (or other) addiction. A revision of the Act may result in greater inclusion and self-recognition of carers.

Next Steps

Action Plans

As several action plans will be required throughout the life of the Strategy, the Network encourages a commitment be outlined in the Strategy to the ongoing and early design consultation of action plans in co-design with carers including former carers, the Network, and relevant stakeholders.

As several of our recommended actions sit outside the Department of Social Services Portfolio, we also see an opportunity to a whole-of-government commitment to be placed in this section.

Many actions will require collaboration with and commitment from state, territory and local governments, and community stakeholders.

Monitoring, evidence and evaluation

A Strategy is only as successful as the outcomes it delivers. The Network strongly encourages dedicated and robust reviews at three, five, seven and 10 years.

For this to be evidence based, there needs to be clearly articulated actions, timeframes and budgets against which the impact of the actions can be measured and assessed.

The evaluation must include the lived experience of carers and former carers.

Each review should be made publicly available, including any recommendations for improvements to the Strategy and action plans.

Snapshot on Australian carers

The Strategy itself, the associated Discussion Paper and other publications like [Caring for others and yourself: Carer Wellbeing Survey 2024](#) (2024 Survey) has very tangible and sobering facts on the wellbeing of carers. This section would benefit from capturing these in the front of this section. The Network believes this would add weight to the Strategy when engaging with other government departments and jurisdictions, workplaces, educational institutions, service providers and the community (including media).

For example, compared 13% of non-carers, 40% of primary carers and 30% of non-primary carers relied on a government pension or allowance as their main source of income⁵. And the 2024 Survey has identified that compared to the average Australian;

- carers are 2.5 times as likely to report low wellbeing
- are twice as likely to have psychological distress
- half as likely to be in good health, and
- are three times more likely to experience significant financial distress⁶.

Additional background is at **Attachment C**.

Conclusion

The Network looks forward to the launch of a new National Carer Strategy that builds on the extensive feedback from carers about the issues of most importance to them and delivers tangible and concrete actions to improve the wellbeing, inclusion and recognition of Australia's carers and former carers.

Carers and carer representative bodies have genuinely and generously participated in the development of this Strategy. To ensure that carers' lived experience has been heard, and to keep carers and former carers engaged in the implementation of the Strategy, it will be important for the Strategy to provide a firm commitment to embodying lived experience, implement the recommendations in the Inquiry into the recognition of unpaid carers Parliamentary Report, produce considered actions plans and associated budgets and to commit to a public review process.

The Network thanks DSS for the time and effort invested into the Strategy's development and welcomes the opportunity to ongoing participation in its implementation.

⁵ Australian Bureau of Statistics, 2022

⁶ Carers Australia Caring for others and yourself:2024 Carer Wellbeing Survey

Attachments

- Attachment A:** Carers Australia letter – pre-submission National Carer Strategy Draft – 30 Oct 24
- Attachment B:** Carers Australia pre-sub comments National Carer Strategy Draft for Consultation
- Attachment C:** A snapshot of Australia’s carers

A snapshot of Australia's carers

There are three million⁷ carers in Australia, with almost two thirds caring for someone under the age of 65⁵. Women make up 54% of all carers and nearly 67%⁵ of primary carers. Carers can be any age, 13% of carers are under the age of 25⁵, and 25% of carers are 65 years and older⁵. Just over 14% of the Aboriginal and Torres Strait Islander population identify as carers⁸ and more than 27% of carers were born overseas¹. In 2022, approximately 39% of primary carers identified as living with a disability⁵. The LGBTIQ+ community is 3.4%¹ of the caring population and just over 24% of carers live in an area of most socio-economic disadvantage¹.

Being a carer is a constrained choice that impacts many aspects of a carer's life. To better understand and quantify the impact on carers, both Carers Australia, in conjunction with the University of Canberra, and Carers NSW, together with State and Territory Carer Organisations, undertake detailed surveys.

Carer's Australia's conducts an annual [Caring for others and yourself:2024 Carer Wellbeing Survey \(Survey\)](#)⁹. This year's survey had 9,000 respondents. Some key findings identified that compared to the average Australian, carers were 2.5 times as likely to report low wellbeing, are twice as likely to have psychological distress, half as likely to be in good health, and are three times more likely to experience significant financial distress.

More than 10,000 carers responded to Carers NSW 2024 biennial [National Carer Survey](#)¹⁰. Preliminary findings from this survey have identified most carers felt they were not recognised or valued by government, and nearly one in two felt they are not recognised or valued by their community. Most noted they are not asked by service providers about their own needs as a carer and more than six in ten carers feel socially isolated.

While only 13% of Australians rely on a government pension or allowance, 40% of primary carers and 280% of non-primary carers rely on a government pension or allowance as their main source of income⁵. In 2020, a Deloitte Access Economics report on the value of informal care¹¹, identified the economic value provided by carers in 2020 would be \$77.9 billion. The estimated earnings foregone for primary and non-primary carers at \$15.2 billion (\$11.4 billion primary carers, \$3.8 billion secondary carers). In 2022 Australian Bureau of Statistics¹ (ABS) identifies that approximately three in five (60.5%) of the 5.3 million people living with disability in Australia receive assistance with at least one activity of daily living, with 71.6% receiving assistance from informal carers¹², with 42.2% receiving formal assistance daily.

⁷ Australian Bureau of Statistics, Survey of Disability, Ageing and Carers (SDAC) 2022

⁸ Australian Bureau of Statistics, Census 2021

⁹ Carers Australia [Caring for others and yourself:2024 Carer Wellbeing Survey](#)

¹⁰ Carers NSW 2024 [National Carer Survey](#)

¹¹ Deloitte Access Economics (2020), The value of informal care

¹² Australian Bureau of Statistics 2022

