

# Review of the NSW Carers Strategy 2014-2019

FINAL REPORT

Prepared for: Department of Communities and Justice

Cathy Thomson, Timothy Broady, Myra Hamilton, Paula Jops, Ilan Katz

February 2020

## **Acknowledgements**

We would like to especially thank the members of the Carers Strategy Review Reference Group, the participants in the interviews and online survey and Justin Noel for their important contributions to this research.

## **Research Team**

Dr Myra Hamilton (SPRC), Dr. Cathy Thomson (SPRC) Dr Timothy Broady (CSRH), Prof Ilan Katz (SPRC), Dr. Paula Jops (SPRC)

For further information: Dr Myra Hamilton  
+61 2 9385 5504

## **Social Policy Research Centre Centre for Social Research in Health**

UNSW Sydney NSW 2052 Australia

T +61 2 9385 7800

F +61 2 9385 6455

E [sprc@unsw.edu.au](mailto:sprc@unsw.edu.au)

W [www.sprc.unsw.edu.au](http://www.sprc.unsw.edu.au)

© UNSW Australia 2019

The Social Policy Research Centre and the Centre for Social Research in Health are based in the Faculty of Arts & Social Sciences at UNSW Sydney

# Contents

Tables .....	3
Figures .....	4
Executive Summary .....	5
Key findings.....	6
Summary of key insights for the 2020-2030 Strategy.....	8
1 Introduction .....	12
1.1 Background: The NSW Carers Strategy.....	12
1.2 The NSW Carer Strategy 2014-2019 in context .....	14
1.3 The NSW Carers Strategy Review .....	16
2 Method .....	18
2.1 Phase one: Project set up .....	18
2.2 Phase two: Review of Strategy documentation and aggregate project data.....	18
2.3 Phase three: Stakeholder consultations .....	19
2.4 Phase four: Synthesis of findings .....	21
3 Findings: Strategy implementation .....	23
3.1 Governance and relationships generated by strategy .....	23
3.2 Barriers and facilitators to building relationships .....	25
3.3 Factors contributing to project success or limitations .....	27
3.4 Successes and challenges encountered in implementing the Strategy .....	31
3.5 Summary.....	33
4 Findings: Project outputs and outcomes .....	34
4.1 Focus Area 3: Information and Community Awareness .....	44
4.2 Focus Area 4: Carer Engagement.....	48
4.3 Focus Area 5: Evidence Base .....	52
5 Strategy and carer outcomes .....	57
5.1 Strategy outcomes .....	57
5.2 Carer outcomes in NSW 2014-2019.....	62
5.3 Data adequacy and future data requirements .....	65
6 Conclusions and Insights .....	67
6.1 Factors related to project and/or Strategy success .....	67
References .....	72
Appendix A: Summary of Document Analysis by Project .....	74
Appendix B: Interview schedule .....	91
Appendix C: Online survey .....	92

# Tables

Table 1.1: Strategy focus areas, planned reforms, projects, and expected outcomes.....	13
Table 1.2: Review critical questions .....	16
Table 4.1 Focus Area 1 - Planned reforms, projects, and expected outcomes .....	35
Table 4.2: Focus Area 2 - Planned reforms, projects, and expected outcomes .....	42
Table 4.3: Focus Area 3 - Planned reforms, projects, and expected outcomes .....	45
Table 4.4: Focus Area 4 - Planned reforms, projects, and expected outcomes .....	48
Table 4.5: Focus Area 5 - Planned reforms, projects, and expected outcomes .....	52
Table 4.6: Projects funded under the Carer Investment Program .....	54
Table 5.1: Strategy outcomes mapped to planned reforms and expected outcomes.....	59

# Figures

Figure 2.1: Participants' involvement in and awareness of individual projects .....	21
Figure 4.1. Recognition of carers' skills and expertise.....	38
Figure 4.2 Support for young carers at school.....	41
Figure 4.3: Carers' involvement as partners in care .....	49
Figure 4.4: Carers' involvement in decisions about services .....	50
Figure 4.5: Use of data and research .....	56
Figure 5.1: Percentage of carers in NSW who were employed in Survey of Disability, Ageing and Carers and Carers NSW Carer Surveys .....	63
Figure 5.2. NSW carers' self-reported health status as recorded by Survey of Disability, Ageing and Carers .....	64
Figure 5.3. NSW carers' psychological distress as recorded by Survey of Disability, Ageing and Carers .....	64
Figure 5.4. Carers' perceptions of recognition and being valued by the community .....	65

# Executive Summary

The NSW Carers Strategy 2014-19 (the Strategy) is a five-year plan to improve the position of carers in NSW. The Department of Communities and Justice (DCJ; formerly known as the Department of Family and Community Services [FACS]), led the development of the Strategy with support from the NSW Department of Health, and Carers NSW, through a co-design process with carers and other stakeholders. DCJ is the agency leading the Strategy, which has now been implemented by the NSW Government and a range of other government and non-government agencies.

The Strategy vision is that:

- Carers and caring are respected and valued;
- Carers have the time and energy to care for themselves; and
- Carers have the same rights, choices and opportunities as other members of the community.

DCJ commissioned the Social Policy Research Centre (SPRC) to undertake a Review of the Strategy. The Strategy was funded from within existing budgets (as opposed to requiring its own additional funding). It was therefore designed to be cost neutral and require limited resources. The Review conducted by SPRC set out to review the outputs and outcomes of the 16 projects supported by the Strategy, the implementation process and overall outcomes of the Strategy, and to identify insights to inform the development of the next Carers Strategy.

The Review drew on a mixed-methods approach comprising four phases:

- *Phase One:* project set up, gaining ethics approval and liaising with DCJ to finalise the workplan;
- *Phase Two:* review of Strategy documentation and data from the 16 projects supported under the Strategy;
- *Phase Three:* stakeholder consultations, consisting of telephone interviews and an online survey;
- *Phase Four:* synthesis of findings from the document review and stakeholder consultations into the final report.

The Strategy was developed and implemented in a rapidly changing policy and service environment. During the implementation period of the Strategy, there have been widespread changes at the Commonwealth and state levels, e.g., the introduction of the National Disability Insurance Scheme (NDIS), the Commonwealth Home Support Program (CHSP), and the Carer Gateway (though most services that are to be made available through the Carer Gateway are not yet operational). Services were, and continue to be, reconfigured under these reforms, which has changed

service provision for carers in NSW and the people for whom they care. These changes are likely to have had very considerable impacts on the lives of many carers in NSW, including across the five areas on which the Carers Strategy is focused. As the service landscape continues to change (e.g., full operationalisation of the Carer Gateway), further effects for carers are expected to be seen. However, the exact nature of the impact of these programs on outcomes for carers is unclear.

Any outcomes of the NSW Carers Strategy need to be considered within the broader context of Commonwealth-level reform, and outcomes achieved for carers in NSW throughout 2014-2019 are likely to be a consequence of multiple interacting factors. This continually changing political environment created a degree of uncertainty and difficulty in implementing elements of the Strategy.

### **Key findings**

Overall, the Strategy delivered activities that were aligned with its vision, principles and planned reforms. There was widespread agreement throughout stakeholder consultations that DCJ was committed to supporting carers by working collaboratively across sectors. This commitment enabled the development of relationships across a range of government departments and other organisations. The relationships facilitated by the Strategy enabled ideas and knowledge to be shared in mutually beneficial ways. The co-design process used to develop the Strategy was seen to be central in generating meaningful relationships between various agencies, service providers, and carers.

The Strategy itself was viewed as an important framework that enabled committed stakeholders to collaborate on common goals and develop practical solutions. Stakeholders overwhelmingly acknowledged the importance of the Strategy in raising awareness and understanding of carers across various sectors, but particularly within government agencies. Several factors were seen to be associated with the success of the Strategy and/or individual projects:

- Engagement, collaboration, and/or co-design with carers.
- Addressing identified needs in the community.
- Clear and coherent plans and stakeholder engagement strategies at project design stages.
- Clear communication of project aims and activities to agencies, partners, carers and communities.
- Projects with a systemic, ongoing focus.
- Committed and consistent project leads and staff.

- Shared investment and interest of partners in Strategy and project activities and outcomes.

Implementation also encountered some challenges. In particular, staff turnover in some participating organisations and within some projects resulted in the need to recruit new staff, retrain existing staff or organise responsibility for Strategy activities differently. Some projects faced difficulties engaging stakeholders such as employers and schools and some experienced difficulties engaging carers, especially those in hard-to-reach groups. Several projects employed new technologies, which were not barriers in and of themselves, however technical challenges were encountered with many of these technologies in the implementation phase. These challenges posed strong barriers to successful implementation or outcomes.

Data made available for the Review focused almost exclusively on implementation and outputs. The Review identified large amounts of output related data, which suggested that projects were mostly implemented as intended and achieved their planned objectives across the five focus areas. For example, in Focus Area 1 Education and Employment, the National Accreditation program Carers+Employers, SkillsLink2Work website and young carer awareness-raising activities have achieved their short term objectives and SkillsLink2Work in particular has extended beyond the original intent. Similarly, in Focus Area 3 Information and Community Awareness, activities are perceived to have increased awareness of carers and the issues they face. Also the outputs from Project 3.4: *Information for carers in Aboriginal communities*, have had an impact on the development of culturally appropriate planning practices, community education and emergency care and contacts. Additionally, the Aboriginal Working party was effective beyond its original focus on carers and provided advice and guidance to culturally appropriate policy and program development more broadly.

Overall, the intended outputs from the Strategy have been achieved and contributed to engaging and supporting diverse carers. However, limited data was collected that could provide evidence of the achievement of the project and focus area outcomes as outlined in the NSW Carers Strategy 2014-2019 Monitoring and Evaluation Program Logic (FACS, 2016). This related to limitations in identifying specific indicators to capture relevant changes over the short, medium, and long term, and in collecting appropriate data on outcomes and impacts. It must also be noted that collecting data to demonstrate project outcomes in state-wide projects is difficult, costly and resource intensive, and could therefore not be completed within this cost neutral and resource-limited strategy. Consequently, it was not possible to review in any detailed way the impact and outcomes of the Strategy for carers in NSW. In addition, it is difficult to attribute causal factors when evaluating something as broad as an all-of-government strategy.



## Summary of key insights for the 2020-2030 Strategy

This Review makes the following recommendations for the next NSW Carers Strategy:

### Strategy design and governance

- Overall, stakeholders were satisfied with the governance arrangements for the Strategy. Governance of the Strategy should include government and non-government sectors, policy makers and practitioners and carers. It is also important that there is senior commitment and buy in from all relevant government departments.
- Governance arrangements could be built on in the next Strategy by the inclusion of other stakeholders – as indicated below – and by regular reporting by projects against the overall program logic. This would allow the strategy to better adapt to contextual changes and other contingencies as they arise over the course of implementation. Further, projects should be encouraged to share successes and challenges in a regular, systematic manner so that learnings can be shared across the strategy as a whole. This could be done in regular face to face or virtual meetings of project leads.
- Co-design is an extremely effective method of engaging stakeholders at an early stage, and the goodwill and interest generated at the co-design phase can play a central role in the successful implementation of the Strategy, particularly in the level of commitment and engagement of stakeholders. The integration of a co-design phase into the next Strategy is strongly supported.
- If engagement in the co-design phase is a determining factor in commitment to and engagement with the Strategy, consider bringing ‘hard-to-engage’ stakeholders – such as employers or employer bodies – into the co-design process.
- The vision, aims and priorities of the Strategy were clear and transparent, as was the role of DCJ, and this clarity was important to the success of the Strategy. The way in which activities were funded under the Strategy (except for Focus Area 5) and the rationale for engaging partners in projects were less transparent and may have contributed to challenges in implementation. The rationale for apportioning roles of agency leads and partners could become more transparent in the next Strategy.
- Various aspects of implementing the Strategy were affected by rapidly changing political environments and service system landscapes (e.g., related to NDIS, My Aged Care). These reforms should now be considered carefully in designing the next Strategy, and more stakeholders at the Commonwealth level (i.e. the NDIS and CHSP) engaged in the development and governance

of the Strategy. In particular, given the recommendation from stakeholders that carer inclusion needs to improve at policy levels and in professional guidelines, and the NDIS is likely to play an increasingly important role in this space, the NDIA should be more involved in developing and implementing the next Carer Strategy. Similarly, given the upcoming commencement of the Carer Gateway (in April 2020), the Department of Social Services (DSS) should also be involved.

- The development of better methods of communicating about the Strategy and individual projects to non-state actors who do not generally work in the carer space would enhance broader engagement. This could include strategies like: engaging non-state actors of this kind in the Strategy governance; identifying ‘ambassadors’ of these groups who can provide mentorship or support for project leads in engaging these actors; and requiring project leads to provide more developed engagement strategies for engaging these more ‘difficult-to-engage’ groups.
- Clearly identify how the Carer Strategy and Carer Investment Program are intended to complement each other. Since the CIP will continue beyond the commencement of the next Strategy, the expected outcomes of CIP projects could be used to inform expected outcomes and Focus Areas of the next Strategy.

### **Project design and tendering/procurement**

- Establish project funding models that provide as much certainty and stability to organisations and their staff as possible. This is particularly important in relation to staff retention, as the Review highlighted the challenges associated with recruiting and retaining helpful staff. New funding provided through the Strategy would support projects and project leads to achieve this.
- Ensure that the relevance of individual projects to the overall Strategy is clear. Develop comprehensive logic documents to ensure all partnering organisations understand the links and work within those parameters.
- Focus on supporting long-term, sustainable projects. Avoid focusing on one-off meetings or workshops. This may enable more resources to be channelled into fewer projects that have more sustainable outcomes. New funding made available through the Strategy would also support projects to achieve more wide-ranging and sustainable outcomes.
- Carer engagement can prove difficult as they are a time-poor population. Future projects should increase their focus on carer engagement in project development phases, e.g., have a clearly articulated strategy to promote carer engagement, with multiple contingency plans. Engaging carers in project design and governance was a successful strategy in this respect.

- Ensure service delivery projects focus on the types of services widely used by carers. Considering the difficulties in engaging time-poor carers, and the limitations of available financial resources, projects should reflect the types of services carers use, and the contexts in which they use them.
- Ensure project leads have sufficiently identified and accounted for potential challenges in engaging stakeholders who are neither government agencies nor accustomed to working with carers, such as employers and principals.

### **Monitoring and evaluation**

- Implementation processes should be reviewed intermittently throughout project delivery, as well as when the project is finalised. This will enable any implementation issues to be addressed in a timely manner and will allow for timely and accurate data collection regarding program delivery, outputs, and relevant outcomes.
- In order to measure project outcomes and highlight the impact of the Strategy, relevant and easily collectable indicators and data collection processes should be embedded within project design and implementation as standard practice (across all projects and the Strategy as a whole). New funding through the Strategy for projects within its remit would support projects both to achieve outcomes and to measure and report on them.
- Develop an evaluation framework as a requirement for all projects, as noted in the CIP project logic which suggests that evaluation frameworks are a requirement of all projects. Selected indicators to measure outcomes should reflect stated project aims and be aligned with the broader Strategy goals. It may take significant time before changes are noted in the collected data.
- While projects were assigned to fit within Focus Areas, a clearer link between Focus Areas, project goals, and anticipated outcomes would facilitate the identification of relevant outcome measures to capture impact. For example, at project and Strategy levels the following questions should be considered in the design of project outcomes: What does a project expect to do/achieve? How does that align with Strategy Focus Areas? What difference is that expected to make (and how far is that expected to reach – local, regional, statewide)? How will any change be measured (i.e., what is an appropriate indicator?) Where will that data be sourced (program participants, SDAC, Carer Survey, etc.)?
- Use indicators that are relevant and can also be benchmarked against population data. Relevant indicators should be identified for each Focus Area and for project outcomes, and appropriate means of collecting indicator data should be carefully considered. For example: K10 (psychological distress) – measured in SDAC and Carer Survey (2014-2018), and also widely used in

research and clinical populations; Personal Wellbeing Index – measured in Carer Survey (2014-2018), and can be benchmarked against Cummins et al (2007), as well as annual reports of national normative data; Self-rated health – measured in Carer Survey (2014 & 2016, but not 2018), also in SDAC.

- Ensure that any data collected in relation to Strategy outcomes maintains continuity over time. For example, carer recognition can be assessed based on a single question included in the Carers NSW Carer Survey (2016 and 2018), which was adapted from three separate questions in 2014. Response options to this question have slightly changed over time, limiting capacity to directly compare over time. Similarly, measures of service use and inclusion have been included in Carer Survey between 2014-2018 but have been adapted over time to better reflect the changing service sector. While this means more appropriate data at each time point, there's a lack of comparison over time. It is therefore important to identify the most appropriate and available data source to utilise in measuring indicators.
- Clearly consider additional, related variables to indicator data. For example, there are many factors associated with employment status (retirement, desire to work, broader economic environment). Capturing choice about workforce participation is more difficult than measuring workforce participation itself. Careful consideration must be given to ensure that intended Strategy outcomes align with planned data collection procedures.

# 1 Introduction

## 1.1 Background: The NSW Carers Strategy

The NSW Carers Strategy 2014-19 (the Strategy) is a five-year plan to improve the position of carers in NSW. In NSW, while some services exist to support carers (such as respite and counselling services), the disability, aged care and health service systems largely target services to the people for whom carers care (people with disability, older people, people with mental illness and/or chronic illness, people with drug and/or alcohol dependence). The NSW Carers Strategy aims to make a difference to carers by encouraging existing services and the community to better recognise and support them.

The Department of Communities and Justice (DCJ), which until 1 July 2019 was known as the Department of Family and Community Services (FACS), led the development of the Strategy with support from the NSW Department of Health, and Carers NSW, through a co-design process with carers and other stakeholders. DCJ is the agency leading the Strategy, which has now been implemented by the NSW Government and non-government agencies.

The Strategy vision is that:

- Carers and caring are respected and valued;
- Carers have the time and energy to care for themselves; and
- Carers have the same rights, choices and opportunities as other members of the community.

The principles underpinning the Strategy are:

- The Strategy will be implemented in collaboration with carers, the private sector, non-government organisations and governments to achieve better and enduring outcomes for carers.
- Projects will support the diversity of carers including those from culturally and linguistically diverse backgrounds, Aboriginal carers and young carers
- The Strategy is a living document that will provide a platform for further work.

The Strategy focused on five areas, with planned reforms and expected outcomes set out in Table 1.1. Sixteen projects were funded across the five areas.

**Table 1.1: Strategy focus areas, planned reforms, projects, and expected outcomes**

<b>Focus Area</b>	<b>Planned Reforms</b>	<b>Projects</b>	<b>Expected Outcomes</b>
1. Employment and Education	<ul style="list-style-type: none"> <li>• Increase the use of existing workplace flexibility by carers and their employers</li> <li>• Enable carers to recognise the skills and expertise they bring to employment and training</li> <li>• More young carers receive support at school to transition to further education</li> </ul>	1.1 Network of employers to champion carer friendly workplaces 1.2 Recognising carers' skills 1.3 Carers working in the NSW Government sector 1.4 Support for carers at schools 1.5 Young Carer Mentoring	Carers have choices and opportunities to participate in paid work Young carers complete school and transition to further education and employment
2. Carer Health and Wellbeing	<ul style="list-style-type: none"> <li>• Improve the design and delivery of services and programs in ways that make it easier for carers to look after their health and wellbeing</li> </ul>	2.1 Easier access to health care 2.2 Individualising respite and support services 2.3 Carer peer support	Carers experience good health and wellbeing
3. Information and Community Awareness	<ul style="list-style-type: none"> <li>• Embed and improve information for carers in the trusted systems they frequently use</li> <li>• Create positive media campaigns that portray carers as real people</li> <li>• Increase the number of people with an understanding of carers lives</li> </ul>	3.1 Media campaigns to raise the profile of carers 3.2 Embed and improve information useful for carers 3.3 Young carer mobile application 3.4 Information for carers in Aboriginal communities	Carers are able to easily access information when they need it Carers feel the broader community understands their experience
4. Carer Engagement	<ul style="list-style-type: none"> <li>• Continue to improve the ways we involve carers as partners in the care delivered to their loved ones</li> <li>• Greater involvement of carers in local decisions about the design and delivery of services</li> </ul>	4.1 Partners in care (health care) 4.2 Partners in care (community service delivery) 4.3 Engage carers in local decision making	Carers are involved in decisions that affect them and the people they care for
5. Evidence Base	<ul style="list-style-type: none"> <li>• Better use is made of the available data and research to create evidence that will shape policy and programs</li> </ul>	5.1 Improving the evidence about carers This project included a series of subprojects, whereby DCJ funded research projects, research activities, and evidence-based interventions. This included the Carers Investment Program, (which replaced the Carer Grant program formally funded by NSW Health), under which 14 projects were funded by	Carers policy and practice is informed by quality evidence

		DCJ to build the evidence base.	
--	--	---------------------------------	--

Source: Adapted from NSW Carers Strategy and Carer Strategy Progress Reports

The next Carers Strategy (Carers Strategy 2020-2030) is currently in development. The NSW Government is again engaging with carers and other stakeholders to co-design the future strategy through:

- Online NSW Carers Strategy – Carers Survey;
- Conducting co-design workshops;
- Meeting with individual agencies; and
- Using a Conversation Tool Kit to facilitate conversations about the needs and experiences of carers.

## 1.2 The NSW Carer Strategy 2014-2019 in context

The Strategy was developed and implemented in a rapidly changing policy and service environment in the area of carers, ageing, disability, and policies for health and wellbeing more broadly. During the implementation period of the Strategy, there have been widespread changes at the Commonwealth and state levels. In particular, the introduction of the National Disability Insurance Scheme (NDIS), the Commonwealth Home Support Program (CHSP), and the Carer Gateway, and the reconfiguration of services that accompanied these reforms, have changed the way in which services meet the needs of carers in NSW and the people for whom they care.

In 2013, the rollout of the NDIS commenced. The NDIS has continued to roll out through the implementation phase of the NSW Carers Strategy and has now been fully implemented Australia-wide. The NDIS provides consumer-directed support packages to people with permanent and significant disability. The funding is allocated to the individual person with a disability, so this has involved a shift from block to individual funding. It has also involved the transfer of responsibility for disability services from the state to the Commonwealth, and as a consequence, most state funding for disability services has now been rolled into the NDIS through a series of funding agreements between states (including NSW) and the Commonwealth Government. The NSW Government negotiated that all disability services should be provided by the Commonwealth, and the NSW Department of Ageing, Disability, Home Care was disbanded. The NDIS only provides packages for around 1/10 of people with disability (Hamilton et al, 2016) with the remainder receiving ‘mainstream’ services and advice. To date, there is limited evidence on the impact of the introduction of the NDIS and its associated reconfiguration of services on carers of people who are not covered by an NDIS package.

In the NDIS, the focus is on the person with disability, and where specific provision is made for the carer, the emphasis is on the extent to which it supports/sustains the care arrangement of the person with disability, so carers cannot access support for

themselves through the NDIS packages (Hamilton et al, 2016). However, the introduction of the NDIS has resulted in a major change in the way in which disability services are provided in NSW, and has had a large impact on the role of the NSW Government in meeting the needs of people with disabilities and their carers. These changes are likely to have had a considerable impact on the experiences – and outcomes – of carers of people with disabilities in NSW during the period in which the NSW Carer Strategy has been implemented.

In 2015, the introduction of the Commonwealth Home Support Program (CHSP) saw the reorganisation of aged care services in NSW and Australia more broadly. The CHSP consolidated a range of existing programs including the Commonwealth Home and Community Care (HACC) Program, the National Respite for Carers Program (NRCP), the Day Therapy Centres' Program, and several other programs. The HACC program that was previously jointly funded by the Commonwealth and State governments to provide a large proportion of aged care services in the community was subsumed into the CHSP and funded at the Commonwealth level. This had significant implications for the way in which services for carers were provided in NSW. Whereas previously, some support for carers of older people was jointly funded by the states and Commonwealth Government through HACC, these services were now all funded at the Commonwealth level through the CHSP. While there is scope in the Program to provide services to carers directly (not just the older person), in order for carers of older people to access the services, they must be caring for an older person receiving services through the CHSP or Commonwealth-funded Home Care Packages; they are unable to receive supports in their own right. At the same time, as the NRCP has been rolled into the CHSP, carers of a person with a disability under the age of 65 can no longer access the NRCP, and have lost this source of respite support (Hamilton et al, 2016). This is also likely to have had a considerable impact on the experiences – and outcomes – of carers of older people and people with disabilities in NSW during the period in which the NSW Carer Strategy has been implemented, and has had a large impact on the role of the NSW Government in meeting the needs of older people and their carers.

Over the last few years, the Commonwealth Government has been undertaking a consultation process to design a Commonwealth-funded suite of services for carers, now known as the Carer Gateway. Some services, such as counselling, became available in 2018, however many of the services that will be funded under the Carer Gateway have not yet been implemented. It is possible, however, that the services that have already become available through the Carer Gateway have made an impact for carers in NSW.

This large reconfiguration of services for carers, people with disabilities and older people provide the backdrop against which the review of the Carers Strategy 2014-2019 takes place. The changes are likely to have had very considerable impacts on the lives of many carers in NSW, including across the five areas on which the Carers Strategy is focused. However, the exact nature of the impact of these programs on carers and how they affect the implementation of the Strategy as a whole or elements



of the Strategy and related outcomes is unclear. Some of the changes are likely to have provided better services for care recipients, therefore resulting in improved outcomes for carers. For other carers, the changes may have resulted in poorer outcomes. For example, the available evidence on the impacts of the NDIS suggests that some carers have experienced a small increase in wellbeing since receiving an NDIS package, but others have described new stressors associated with managing a package or with no longer having their needs met (Mavromaras et al, 2018). Some research has suggested that the NDIS has had no impact on carers' capacity to participate in education or paid work (Mavromaras et al, 2018). However, what is clear is that the any outcomes of the NSW Carers Strategy need to be considered within this broader context of Commonwealth-level reform, and that the outcomes achieved for carers in NSW during the period in which the Strategy was implemented are likely to be a consequence of a mix of interacting factors in this complex policy environment. The implementation of the NSW Carers Strategy was also taking place within the context of these widespread changes and this provides important context for reviewing the Strategy.

### 1.3 The NSW Carers Strategy Review

The NSW Carers Strategy Review (the Review) supports DCJs commissioning principles of evidence and integration. DCJ has employed the Social Policy Research Centre (SPRC) to undertake the Review.

The Review's objectives are:

- To review outcomes from the 16 individual projects funded under the Strategy;
- To review the Strategy's implementation processes and overall outcomes; and
- To identify insights to inform the development of the next Carers Strategy for 2020 to 2030.

The Review conducted by SPRC set out to review the outputs and outcomes of the 16 projects across the five focus areas in Table 1, the implementation process and overall outcomes of the Strategy, and identify insights to inform the development of the next Carers Strategy for 2020 to 2030. In doing so, the Review set out to address several critical questions and drew on a mixed-method approach. Table 1.2 below lists the key questions to be answered by the Review.

**Table 1.2: Review critical questions**

Strategy Stage	Question Domain	Critical Questions
Implementation	Governance and relationships	<ul style="list-style-type: none"> <li>• What was the level of commitment by project leads and partners to delivering projects?</li> <li>• What types of relationships were built by the Strategy?</li> </ul>

		<ul style="list-style-type: none"> <li>• What were the barriers and facilitators to building relationships?</li> <li>• What successes and challenges were encountered in implementing the Strategy?</li> <li>• What factors contributed to project success or limitations?</li> </ul>
Outcomes	Strategy outcomes	<ul style="list-style-type: none"> <li>• What data were collected to assess the Strategy outcomes for carers and their communities, NGOs, Government agencies?</li> </ul>
	Project outcomes	<ul style="list-style-type: none"> <li>• What data were collected to assess project outcomes?</li> <li>• What were the identified project outcomes?</li> <li>• Did the identified project outcomes align with the project objectives?</li> </ul>
	Carer outcomes	<ul style="list-style-type: none"> <li>• What baseline and monitoring data were collected to assess project outcomes for carers?</li> <li>• How did project leads and partners analyse these data to identify project outcomes for carers?</li> </ul>
	Data adequacy and future data requirements	<ul style="list-style-type: none"> <li>• Were existing Strategy, project, and carer outcomes in the program logic appropriate?</li> <li>• Were existing measures for outcomes appropriate and able to be collected?</li> <li>• What Strategy, project, and carer outcomes data gaps can be identified and what are the data requirements for the next Strategy?</li> </ul>

The following section details the mixed methods used in the Review. Then, the findings of the Review relating to governance and the implementation of the Strategy and outputs and outcomes from the 16 project and the Strategy are examined. Last, conclusions and insights from the Review to inform the implementation of the next Carers Strategy for 2020 to 2030 are considered.

## 2 Method

The Review used a mixed methods approach, comprising four phases:

- **Phase One:** Project set up
- **Phase Two:** Review of Strategy documentation and aggregate project data
- **Phase Three:** Stakeholder consultations
- **Phase Four:** Synthesis of findings

Details pertaining to the methods used in each phase are set out in the following four sections.

### 2.1 Phase one: Project set up

This phase involved an initial meeting between the SPRC review team and DCJ to discuss and finalise the critical questions of the Review. The parameters of the document review, data sources and potential stakeholders to be invited to participate in the stakeholder consultations were also discussed. After the initial meeting with DCJ the draft project plan was refined and finalised and sent to DCJ for approval. Ethics approval was applied for and obtained from the UNSW Human Research Ethics Committee (HC190642) prior to commencing the stakeholder consultations.

### 2.2 Phase two: Review of Strategy documentation and aggregate project data

Phase two of the review had two components:

- 1) identify documents held by DCJ and project leads relevant to addressing the critical questions for implementation of the Strategy such as level of commitment and relationships built by project leads and partners; and
- 2) identify documents and aggregate project data (e.g. any reports against project KPIs, evaluations or reviews) that informed the critical questions for Strategy, project and carer outcomes.

For the document analysis, the research team sourced existing evidence on how the projects and the Strategy as a whole progressed. The team liaised with DCJ about documents and outputs and outcomes data they had available to answer the research questions outlined in Table 1.2 in the previous section.

In the document review approximately 75 documents were reviewed and analysed which included:

- Carers Strategy Progress Reports from 2016, 2017 and 2018;
- The Carers Strategy Logic Models for each of the 16 projects;
- Carers Strategy Implementation Committee (CSIC) documents including CSIC meeting agendas and minutes, and updates from each of the 16 projects; and
- Additional documents provided by DCJ and the project leads relevant to outputs achieved for each of the 16 projects.

The document review and analysis identified implementation milestones and outputs for the 16 projects. Appendix A displays detailed information about the five focus areas and the related projects in the Strategy compiled as part of the document review including implementation issues, outputs achieved, anticipated outcomes and next steps.

### **2.3 Phase three: Stakeholder consultations**

This phase of the Review comprised two components: telephone interviews and an online survey with key stakeholders.

#### **Interviews**

Consultations with key stakeholders were conducted to elicit data on the implementation of the Strategy and the 16 projects, to generate deeper knowledge about the outputs and outcomes of the projects, and to review the outputs and outcomes of the projects against the stated objectives and outcomes outlined in the NSW Carers Strategy 2014-2019 Monitoring & Evaluation Program Logic. Key stakeholders were first contacted by email by DCJ. The recruitment email sent by DCJ, developed by the research team, informed potential participants of the nature of the study and what their participation involved (i.e. a 45- minute interview regarding the implementation of the Strategy and projects). The Department then asked permission to pass on names and contact details to the research team, who subsequently contacted participants directly to answer any questions and arrange a time for the interview.

Key stakeholders invited to participate in a telephone interview included: members of various reference and working groups or committees involved in the implementation of the Strategy, and representatives of agencies/organisations which led or contributed to the delivery of Strategy projects. Sixteen semi-structured in-depth telephone interviews were conducted with eighteen key stakeholders and project leads from the projects funded under the Strategy. Some project leads worked across two or more projects and thus represented more than one project. The interview schedule (see Appendix B) was designed to capture experiences, knowledge and perspectives on the development, implementation and outputs and outcomes of the

projects and the overall Strategy. The interviews were conducted by two members of the SPRC research team.

Interviews were audio recorded with interviewees' consent and transcribed verbatim by an external transcription company which has entered a confidentiality agreement with UNSW. Content was analysed thematically using NVivo data management software, with a view to understanding the facilitators and barriers to implementation of the Strategy, and outputs and outcomes of the projects and Strategy.

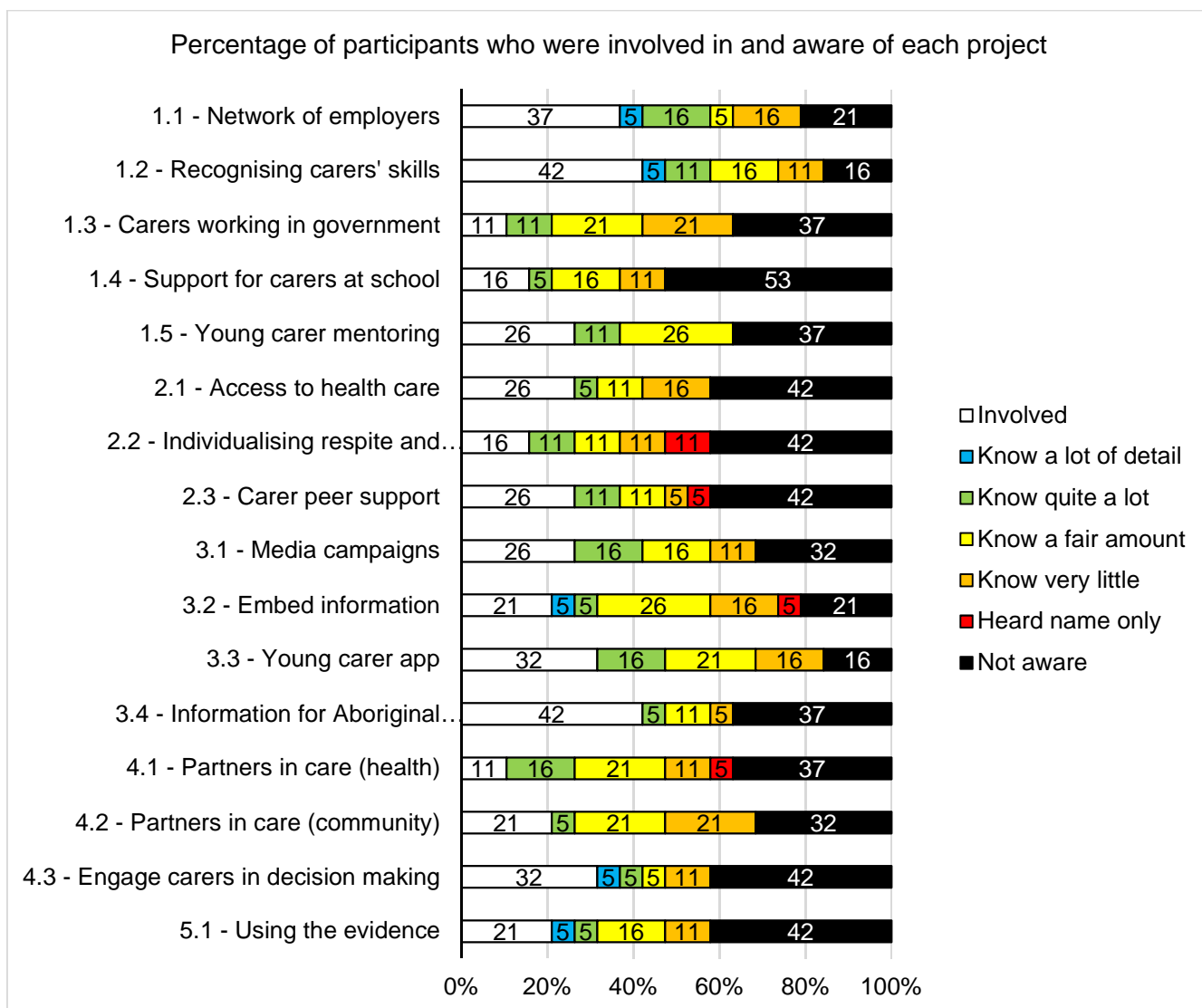
### **Online survey**

An online survey (see Appendix C) with closed and open-ended questions was sent to a broader list of key stakeholders identified through discussions with DCJ. These stakeholders included (as above, though a broader list of stakeholders) members of various reference and working groups or committees involved in the implementation of the Strategy and representatives of agencies/organisations that led or contributed to the delivery of Strategy projects.

The research team developed an email for DCJ to circulate to potential participants. This email introduced the study and provided a link to the secure online survey. Email recipients were also asked to forward the invitation to any of their contacts who had been involved in the Strategy and/or projects. The Participant Information Statement was available for download on the front page of the online survey. A reminder email was sent out after one week, and the survey was initially open for two weeks. Due to slow response rates, the survey was extended for an extra week. The survey asked questions about the Carers Strategy in general, as well as any individual projects that participants were involved in. Skip logic was used to ensure that only those questions relevant to each participant was displayed. Participants who were involved in multiple projects were therefore required to answer more questions. Depending on how many projects participants were involved in, it was estimated that the survey would take between 20 and 30 minutes to complete. However, some participants were involved in almost all of the 16 projects, which resulted in the survey taking significantly longer than the estimated time for them to complete (see Figure 1). Nineteen completed surveys were received. Seven participants had been a carer themselves, three identified as Aboriginal, and one was from a culturally or linguistically diverse background. Sixteen participants were female. No participants were under 25 or over 65 years of age, with most being between 55 and 64 years old.

Survey responses were analysed thematically to explore insights into the implementation and outcomes of the Strategy. Basic descriptive statistics (e.g. frequencies) of responses to closed questions were reported to supplement the thematic analysis of open-ended questions and interview data.

The projects that participants were involved in or aware of are demonstrated in Figure 2.1 below.



**Figure 2.1: Participants' involvement in and awareness of individual projects**

Source: Strategy Review online survey

## 2.4 Phase four: Synthesis of findings

A final synthesis of the different components of the Review was undertaken to answer the critical questions (see Table 2). First the documents examined and collated as a part of the document review, the thematic analysis of the interview data and responses from the online survey were analysed and written up individually. The next stage in the synthesis of the findings involved bringing together the data sources to examine commonalities and contrasts and to identify the main themes to emerge. The data was then synthesised and examples from the different sources were given to provide evidence of the findings. The analysis then formed the basis of insights and recommendations outlined in the final section of the report, to inform the development

of the next Carers Strategy for 2020 to 2030. These findings will be presented to the Carers Strategy Project Management Group. This final report incorporated feedback from the Review Reference Group.

### 3 Findings: Strategy implementation

The findings from the Review of the implementation of the Strategy are based on a synthesis of the document review, telephone interviews and the online survey. First, the issues relating to governance and relationships developed through the Strategy and barriers and facilitators to building these relationships are explored, followed by the factors contributing to the success or limitations of the projects in the five focus areas funded under the Strategy, and the successes and challenges encountered while implementing the Strategy are reviewed. The questions answered in this section are:

- What was the level of commitment by project leads and partners to delivering projects?
- What types of relationships were built by the Strategy?
- What were the barriers and facilitators to building relationships?
- What successes and challenges were encountered in implementing the Strategy?
- What factors contributed to project success or limitations?

#### 3.1 Governance and relationships generated by strategy

The Strategy is a five-year plan that outlined a whole-of-government and whole-of-community response aimed at improving the position of carers in NSW. In order to build a whole-of-government and whole-of-community response, the cultivation, consolidation, and maintenance of relationships across agencies, NGOS, carers and other stakeholders in the community is central to the success of the implementation of the Strategy.

DCJ convened the Carers Strategy Implementation Committee (CSIC) to oversee the implementation of the Strategy and the projects funded under the Strategy. The CSIC was chaired by DCJ and reported to the Social Policy Senior Officers Group. In addition, the NSW Carers Advisory Council's role was to independently monitor the implementation of the Strategy. Members of the CSIC were selected so that projects across the strategy were represented, as were key partners, cultural groups and the Carers Advisory Council. The CSIC met as required - around three times a year.

One member of the CSIC noted:

*As far as I remember, I only went three meetings, and the third meeting was sort of a long time between it. What they were doing at the meetings, they were looking at the – they had to produce annual reports against the Strategy. That was sort of the flavour of the first two, and then the third one was looking at what else needed to be done.*

Participants in the Review reported that having involvement in the CSIC 'across the initiatives from not just government agencies but community, non-government private



sector, I think that was really helpful'. However, the challenge of ensuring there was a mix of operational, on-the-ground people and systems thinkers was noted by participants. This mix was seen to be important in ensuring that the future direction of the strategy is based on clear evidence and a strong rationale, and that planned actions are both achievable and deliverable.

*Then I think there are some opportunities around governance and more strategic discussions at that governance level about what's the direction, what's the focus, where do you go with this work?*

Another issue in relation to governance was the importance of broader buy-in at a senior level across government departments and organisations. Their involvement in the planning, implementation and oversight of the Strategy was essential to spread the load from the small but committed core governance group.

There was widespread agreement across interview participants that the lead agency, DCJ, was committed to supporting carers by working collaboratively across sectors, and that this facilitated the development of relationships across a range of government departments and organisations through open and transparent communication and administrative processes. Interview participants and survey respondents indicated that the Strategy itself played a role in developing these relationships, either by improving existing collaborations or establishing new partnerships. In particular, project leads described the ways in which individuals in agencies with pre-existing relationships developed new collaborations with a shared focus on supporting carers. The Strategy cultivated these relationships, including those between state and federal government departments and community sector organisations, through the provision of a shared framework for providing structured opportunities to engage in discussion about supporting carers. These new collaborations underpinned the development of the cross-sectoral approach in the Strategy, contributed to the successful implementation of Strategy projects and, in some cases, led to new projects. For example, project leads reported that working closely with DCJ and having ongoing communication with them about their projects, alongside participation in working groups, strengthened relationships between government departments, peak bodies and NGOs. The collaborative working relationships fostered through the Strategy served to strengthen buy-in from project leads. Participation from Carers Advisory Council (who provided ongoing input and advice to the development and implementation of the Strategy) and other working groups led to a better understanding of carer issues and provided stakeholders with a platform on which to advocate for carers at a broader level within their organisations. Some relationships have been formed through the Strategy that culminated in working collaboratively on projects outside of the Strategy, such as developing a new program to support rural carers.

*We're currently working with ACI [the Agency for Clinical Innovation] on some work about better supporting rural carers in the health system. There's*

*definitely been a lot of collaboration and relationships developed through the work [in the Strategy] focusing on carer support.*

The Employers and Carer Network was identified by participants as a specific resource that has helped to develop relationships between large employers and carer organisations. Forming positive and productive relationships between organisations and individuals was highly valued in the context of a resource-limited sector.

### **3.2 Barriers and facilitators to building relationships**

For both interviewees and survey participants, the experiences of building relationships varied. Some interviewees encountered no barriers in building relationships, as noted in the comment below:

*I haven't experienced any barriers myself. I found when I've been involved it was a very open and engaging forum and that people collaborated well, so in terms of my own experience, I haven't really experienced any barriers.*

Similarly, some survey participants reported no barriers and stated that organisations involved in the Strategy were 'keen to make a difference' and approached projects with a cooperative mindset. Leadership and commitment demonstrated by key organisations (e.g. Carers NSW, DCJ) was seen as a strong foundation to engage other government departments, community organisations, and carers themselves. Continuity of staff also helped to maintain working relationships.

Of particular note was the co-design process used to develop the Strategy, framework and implementation plans. Interview participants identified this process as key to generating meaningful and lasting relationships between government agencies, non-government service providers and carers. It brought together a wide variety of stakeholders to engage in the consultation and design process, including carers themselves. DCJ facilitated carer engagement by providing a \$100 voucher and subsidised respite if requested.

By developing a draft Strategy for further consultation and revision prior to finalising the overall Strategy, stakeholders were provided with opportunity for genuine input into the final Strategy document. Participants reported that this built a strong foundation for shared engagement and collaborative work. The co-design process developed a common vision for carers and a commitment to work collaboratively to achieve better outcomes for carers. It also enabled individuals and organisations to feel a sense of ownership and collaboration on which successful partnerships could be built. One interviewee commented:

*The Department [DCJ] was really concrete about it [development of the Strategy]. They were really about achieving goals and things that would make a difference in the life of carers. It was really about that. It wasn't about looking good. I was very impressed.*

According to many stakeholders, it was in this co-design phase that existing collaborations were consolidated and the foundations for new relationships were

established. Stakeholders identified open communication, sharing of information and the committed involvement of project leads as key to developing relationships and collaboration. In addition, having 'the right people' who were willing to commit to working together was also essential. As noted:

*Oh probably personalities a little bit...you've got the right people in the room who are willing to commit to each other and to keep talking to each other - that's probably a lot to do with it.*

*Well, people like [leading member of DCJ team], who've been leading a lot of the projects that I've been involved in, has been available and has provided resources and contacts when we've needed them. So they're the point of contact - I think that's the most important.*

For other participants, however, complex and bureaucratic decision-making processes hindered the development of relationships in the implementation of some projects and initiatives as originally envisaged in the design process. For example, those involved in the implementation of the carer identification system in the Patient Administration System (PAS), a systemic initiative within the Department of Health, noted that it has been administratively difficult to achieve. It involved working with 15 local health districts (LHDs) with different devolved administrative systems of responsibility for entering patient data. Data systems in the Department for Health also operate differently and challenges were encountered in attempting to negotiate between them. Overcoming these challenges to implement this important carer initiative This is a significant and important carer initiative by NSW Health.

Some survey participants suggested that not all partners were fully engaged in projects, or carried out the minimum requirements without involving themselves in collaborative processes such as working groups or shared conversations. Some participants suggested that relationships were hindered by a lack of recognition regarding responsibilities and by a sense of competition between organisations regarding available funding. Organisational cultures within some agencies that did not regard carer issues as a high priority were also identified as a potential barrier, with the need for senior leadership to 'buy in' to the Strategy highlighted.

Overall, the Strategy was successful in creating a new shared focus on carers among agencies with pre-existing collaborative relationships, and successfully generated some new relationships that can be drawn upon in the development and implementation of the next Strategy. However, several barriers were experienced to building sustainable collaborative relationships. These arose due to attempting to align complex bureaucratic decision-making processes across sectors in which the Strategy was implemented. The next Strategy will be implemented in an even more complex policy context, with the NDIS and other programs of work underway. Thus a specific focus on identifying and overcoming these barriers early in the next Strategy will be useful in building the successful partnerships required to facilitate the successful implementation of the projects.

### 3.3 Factors contributing to project success or limitations

The document review, interviews and survey responses identified several factors that contributed to the success or limitations of projects funded under the five focus areas. These are outlined below.

#### Project design

The consultations with stakeholders identified several project design features that were associated with project success. These included projects that:

- involved close engagement, collaboration or co-design with carers
- addressed identified needs in the community
- had clearly articulated visions and plans for implementation that were communicated early to project staff and other stakeholders
- Had a more systemic, on-going focus, compared with one-off project activities.

For example, the *SkillsLink2Work* project (Project 1.2) and the Partners in care (Health care) (Project 4.1) both developed clear project logic models, as well as well-defined and achievable project outputs. These were all communicated clearly to project teams and other stakeholders.

A number of challenges experienced in project implementation concerned issues with project design and inadequate resourcing. Stakeholders on several projects said that the project was either inadequately funded at the outset and that this shortfall was only identified as the implementation was rolled out, or that resources committed by partner organisations at commencement was reduced during implementation, and this had an impact on their capacity to deliver on their objectives. For example, a lack of resources invested by those involved in delivering the project initially hindered the timely implementation of Project 4.3 (*Engaging carers in local decision making*). In another example, Project 1.5 (*Young Carer Mentoring*) was only allocated a small amount of funding to run a one-off workshop. When the workshop was successfully run and the project team identified the potential benefits of ongoing engagement, they were unable to do so within the small budget. This did not affect the capacity of the project to deliver on what it had set out to do, however, it did limit the project from building further activities that would have better contributed to meeting the intended outcomes of the Strategy. This is linked to a second issue around project design, whereby several stakeholders identified limited benefits of the projects providing one-off activities for achieving the broader goals of the Strategy. Project 3.3 (*Young Carer Mobile App*) also faced challenges with resourcing, as the app was expensive to maintain. When engagement with the app was low, the decision was made to take it offline.

The design and implementation of a project such as Project 3.3 (*Young Carer Mobile App*) raises a related issue for projects drawing on technologies - the potential difficulties in working with specialist IT companies. Technology played a central role in a number of the projects funded under the Strategy. Some worked successfully with

technology consultants in using communication technologies to achieve their intended outcomes. For example, in Project 4.1 (*Partners in Care (Health Care)*), the IT consultants worked well with an expert group of stakeholders to create interactive modules and learning tools for the health system. An e-module was created for New South Wales Health staff to better promote partnering with carers in the health system. The module was developed with the support of an expert working group, which had carer representation. NGO representatives were also consulted. Stakeholders were described as dedicated experts who worked well together, met project deadlines, and gave constructive feedback on how to improve the module. However, challenges with technology (such as difficulties in ensuring that websites and apps are functional, accessible and contain relevant content) were identified across a number of projects funded under the Strategy, and had a considerable impact on the capacity of those projects to deliver on their outcomes. Project 3.3 (*Young Carer Mobile App*) was developed and informed by young carers and had an official launch, but experienced issues with functionality and content. As a consequence, it was not widely used by young carers. Limited app development experience and understanding among partners constrained the capacity of the project team to effectively work with IT consultants to identify potential issues with the app and to troubleshoot issues when they arose.

In contrast, in Project 1.2 (*SkillsLink2Work*), project leads worked well with IT consultants with whom they had worked previously. This resulted in a website that was functional and accessible, and the content was appropriate for carers.

Project 4.1 (*Partners in Care (Health Care)*) experienced a different type of technological challenge. Updating the patient administration system to include two questions about carers, which on paper looked straightforward, was difficult in practice. Some staff at the LHDs had different views on whether administrative staff had the capacity to administer the two questions with accuracy. Additionally, there was no consistency between LHDs as to which data system was used, and this created challenges for the implementation of the carer identification questions. These systematic problems have now, for the most part, been resolved. Since July 2019, it has been mandatory to record in the PAS if a patient has a carer or is a carer. The changes are being rolled out incrementally across the state.

### **Changes in project leads and staffing**

Stakeholders reported that having motivated project leads played a very strong role in ensuring the successful implementation and completion of the projects. Generally, the project leads set out to ensure that the initiatives in the Strategy provided practical and useful support for carers and that they could be delivered within the timeframe and budget. According to the stakeholders, however, the level of commitment by the project leads and partners delivering the projects varied. Across the 16 projects, 68 per cent of survey responses indicated that the commitment demonstrated was adequate to deliver the project, with another 11 per cent suggesting project leads and partners went above and beyond. However, one in five survey responses indicated

that the level of commitment demonstrated was insufficient to deliver the projects. Change in project leads created barriers to the timely and successful implementation of the projects. However, strong leadership meant that some projects were able to successfully overcome barriers to implementation. For example, Project 1.1 (*Employers for Carers*) was initially delayed due to administrative issues related to the lead changing. The new leads were highly committed, and were able to acquire additional funding, and as a consequence the project achieved notable outputs. In Project 4.1 (*Partners in Care (Health Care)*), strong project leadership provided a clear vision, engaged with evidence, and communicated clearly to those involved. This inspired engagement and dedication in staff and partners and enabled the project to overcome a series of setbacks, including difficulties with technology and differing views among some of the partners about the best approach to implementation.

The commitment and consistency of project staff was also an important contributor to project success. As a sector-wide concern, recruiting staff for these projects could be problematic. The uncertainty of the service sector over recent years (e.g. with reforms such as NDIS and My Aged Care) has contributed to this issue. Staff turnover during the implementation of a project was common and played a role in holding up the implementation of a number of projects. Having to retrain or engage with new staff was time consuming and could be costly as important corporate knowledge was lost. Staff turnover was a contributing factor in what was described as the loss of momentum on several of the projects, whereby the projects started with intensive activity of developing working groups and other activities but follow up trailed off over time. For example, on project 3.2 (*Embed and Improve Information for Carers*), while project personnel were committed to the aims of the project in the initial stages of implementation and outputs were achieved, staffing changes at partner organisations led to challenges in delivering one of the key outputs of the project - the Healthdirect website. While changes and additions were made to the website through the project, interviewee data suggested that updates ceased after staff changes.

### **Engagement and communication**

The extent to which project leads and staff were able to engage a range of stakeholders in the implementation of projects played a major role in their capacity to achieve their desired objectives. Stakeholders who reported successfully achieving their objectives identified stakeholder engagement as central to this. In particular, the projects that engaged carers and other stakeholders in a systematic and participatory manner reported that this was central to their success. For example, in Project 1.2 (*SkillsLink2Work*), the use of roundtables with partners and other stakeholders, and focus groups with carers, helped to progress the project by involving stakeholders in a co-design process, generating a sense of engagement, and ensuring that the program was informed by the views of those it aimed to support. Project implementation that incorporated carer input or representation was highly valued. Project 3.4 (*Information for carers in Aboriginal communities*) is another example of how other agencies such as the NSW Trustee & Guardian engaged with the working

group to develop the *Taking Care of Business Resource*, which also included consultation with carers facilitated by members of the working party.

Many projects in the Strategy encountered difficulties engaging different groups of stakeholders in the project implementation and delivery. These challenges concerned engaging with non-government entities that were peripheral to the design and delivery of the Strategy more broadly but who were central to the delivery of one or more of the Strategy's projects. For example, on Project 1.1 (*Network of Employers and Carers*), stakeholders reported that, while some employers have been proactive, overall engagement with the workforce has been limited as it takes time to establish relationships with workplaces that have other competing commitments, and this slowed the progress of the project.

Some of the most successful projects were those that engaged closely with carers in the design stage. All projects that directly engaged carers noted that this was of strong benefit as it facilitated the engagement of carers in the project. However, several projects encountered difficulties engaging carers. For example, Project 2.1 (*Easier Access to Healthcare*) achieved extensive outputs and undertook widespread awareness training activities, yet faced difficulties when trying to engage carers in programs such as *Get Healthy Information* and *Stepping On* (a falls prevention program). The project team investigated this challenge and concluded that carers do not have the time to attend or the ability to get respite to take part in a lengthy program. In a second example, Project 4.2 (*Partners in Care (community service delivery)*) successfully engaged professional stakeholders in a series of 12 information sessions about hidden carers in social housing, yet found that targeting hidden carers from specific sub-groups (e.g. non-English backgrounds) was challenging. A report was written on the challenges with these groups, but the project team was unable to fully reach the targeted population. The challenges of involving carers as a time-poor group have been widely documented in the research and policy literature on carers.

With a wide variety of projects implemented under the Strategy and the Carers Investment Program (CIP), this challenge remains ongoing, and may have been underestimated by some organisations who had comparatively less experience in providing services to carers. While these projects may provide the kind of supports carers want, there is still a continual challenge for them to engage with that support. The challenges associated with engaging the target group of carers has obvious implications for the capacity of the program to have an impact for carers.

Many of the challenges faced in engaging stakeholders such as schools and employers – who are not directly involved in delivering the Strategy or with issues pertaining to carers in projects – represent broader difficulties experienced in engaging stakeholders outside of government and the carer support sector in issues concerning carers. In future, project leads should have experience of engaging directly with carers, or should receive support and mentorship at the project design and implementation stage on strategies for engaging carers, particularly hidden carers.

Closely linked to leadership and engagement is communication, which played a strong role in the successes or challenges faced by projects in the Strategy. Open communication, sharing of information, an accessible point of contact, and commitment to long-term planning and working through barriers were viewed as essential. As one participant noted:

*I think just having those regular conversations together around how initiatives were developing and progressing, I just think helped everybody not to only think about their own initiatives but what else you could stretch yourself to do*

Communication was important within the project team itself and with external stakeholders. Strong project leads were identified as those who clearly communicated the purpose and activities of the projects both internally and externally at different stages of the projects. For example, communication of a clear vision and activities within the project team, agency and the partners involved were identified as integral to the successful functioning of the project. Clear communication to communities and carers – in projects for which this was a component of the activities – was also identified as essential for achieving the desired outcomes. Projects in which communication was not regular or clear between the partners involved in project delivery experienced challenges in keeping all partners engaged. This was most problematic for those projects that relied heavily on the active involvement of all partner agencies.

Inadequate communication about the project to carers and the community resulted in lower engagement of carers and others in the projects, with implications for the projects' capacity to deliver the outcomes they intended. According to the stakeholders consulted, sometimes this involved inadequate publicity around or after the launch of a project. For others, the issue lay with tailoring their communication to the specific communities they were trying to service.

### **3.4 Successes and challenges encountered in implementing the Strategy**

#### **A common framework for addressing carer's needs**

Stakeholders in the interviews identified a number of common elements that led to the successful overall implementation of the Strategy. First and most important was having a framework (the Strategy) that enabled stakeholders to commit to a shared vision, and work towards common concrete goals and design-focused, practical and achievable solutions to address problems that carers face. As one stakeholder commented:

*I think we really set out to address... some real problems for people. Talking particularly to the initiatives that I worked on, we really went out and heard from the people that it was going to impact ...rather than just sitting isolated from the people who it was going to be delivered to and thinking of how it would solve that. So, I think that was really good. I think having lots of*



*involvement across the initiatives from not just government agencies but community, non-government private sector, I think that was really helpful.*

### **Successful partnerships**

The characteristics of partnerships were also identified as key to the successful implementation of the Strategy. Stakeholders commented that all partners and organisations needed to be equally invested in what they were doing as well as recognising the value in other people's ideas in order for projects to be implemented effectively.

A common barrier was change in representatives from different agencies and restructures within agencies which disrupted established partnerships and the progress achieved in the implementation of some projects.

### **Broader policy context**

Another issue noted in the interviews was the difficulty associated with implementing the Strategy within the shifting political environment, as noted in Section 1.2.

*I think a challenge is always working within a political environment... a bureaucrat may actually see things that they want to implement, but it may not be possible given the current political climate. So it may mean that they look at other - for example, low-hanging fruit strategies that can be maybe more palatable politically to get through. So I think one of the constraints for any sort of strategy that is a government strategy that has to fit with the political wheel of the party at the time*

Coordinating the implementation of the Strategy with the roll out of other policies (such as the NDIS and the Carer Gateway as discussed in Section 1.2) created some challenges that impacted on media coverage of carer issues. As one participant noted:

*I think carers, who used to be quite well catered for, are no longer being well catered for. I think that was a decision that government's made to transfer a lot of the services that they were providing in the past. It's nothing to do with the strategy in a sense, they're really government policies that change the lives of carers because there's no longer – carers are no longer considered centre and front when people with disability or older people are being assessed. That's a real problem for carers, because their needs are not being taken into account, and I think the new strategy needs to recognise that in some ways, that the actual political policy framework has changed and it's made life for carers worse'*

### **Engagement of carers**

Ensuring that the needs of all carer groups (including hard-to-reach and hidden carers) are addressed was raised as a challenge. One interviewee noted that often

the carers consulted such as in the co-design phase, were drawn from a small pool and may not represent all carers, such as young, rural, CALD or LGBTIQ carers.

*The voice that they have is usually the same group of people that are kind of coming together to talk about the Strategy. I don't really see it ever going - I mean they've had all these workshops and they try and get people to come and - but not that many people come and if they do they're usually leaders of their community, not everyday carers*

It was difficult for some carers, particularly those not in paid positions, to have enough time and energy to devote to additional unpaid advocacy work in relation to the Strategy given their other work and family commitments. Although all carers participating in the co-design phase of the Strategy received a \$100 gift voucher and subsidised respite if requested, earmarking funding to support ongoing carer involvement in implementation phase would be a useful approach in the development of the next Strategy.

The term 'carer' itself was identified by one stakeholder as a potential barrier to implementing aspects of the Strategy. They argued that paid care workers or foster carers could be referred to as 'carers' within certain sectors, and that had the potential to create confusion and ambiguity when implementing the Carers Strategy and its projects.

### **3.5 Summary**

In sum, DCJ successfully supported project leads to implement their projects in line with the Strategy objectives, through providing a framework that formed the foundation of successful project delivery. This framework included a clearly articulated vision and a 'collaborative spirit' fostered by concrete opportunities for input into Strategy development and consolidated through ongoing openness to communication. These created the conditions in which projects were able to succeed, and most successfully delivered on their anticipated objectives. However, some projects were less successful in delivering against the aims of the Strategy than others. This resulted from factors that were, for the most part, at the project level. Many issues arising in project implementation were issues of project design. These included unanticipated project risks such as challenges with technology and challenges with engaging stakeholders. These risks may have been unanticipated but are the kinds of risks that could have been identified at the project design stage and better prepared for or mitigated against. Where project leads and staff were stable and committed and communication from project leads to broader teams and stakeholders were clear, many of the project design level challenges were able to be overcome.

## 4 Findings: Project outputs and outcomes

This section presents a summary of findings from the document review, interviews and the online survey with regards to the available outputs and outcomes data from the 16 projects funded under the Strategy in the five focus areas. The section responds to the following review questions:

- What data were collected to assess the Strategy outcomes for carers and their communities, NGOs, Government agencies?
- What data were collected to assess project outcomes?
- What were the identified project outputs and outcomes?
- Did the identified project outcomes align with the project objectives?
- What baseline and monitoring data were collected to assess project outcomes for carers?
- How did project leads and partners analyse these data to identify project outcomes for carers?
- Were existing Strategy, project, and carer outcomes in the program logic appropriate?
- Were existing measures for outcomes appropriate and able to be collected?
- What Strategy, project, and carer outcomes data gaps can be identified and what are the data requirements for the next Strategy?

As noted in Section 2, Appendix A contains detailed information on each project in the five focus areas, and specifically looks at current project status, outputs achieved, outcomes data collected and next steps.

### Focus Area 1: Employment and Education

Focus Area 1 aimed to invest in reforms that: increase the use of workplace flexibility by carers, enable carers to recognise the skills they bring to employment and training, and to ensure that more young carers receive support to transition to further education and employment (Carer Strategy 2014-2019). The expected outcomes are that:

- Carers have choices and opportunities to participate in paid work
- Young carers complete school and transition to further education and employment

The implicit program logic is that increasing the use of flexible work and supporting carers to recognise the skills and expertise they bring to employment and training will increase carers' choices and opportunities to participate in work, and that providing more support for young carers to transition to further education will result in more young carers completing school and transitioning into both further education and paid work. Five projects were implemented as part of Focus Area 1, set out in Table 4.1 below.

**Table 4.1 Focus Area 1 - Planned reforms, projects, and expected outcomes**

Focus area	Planned reforms	Projects	Expected outcomes
1. Employment and Education	<ul style="list-style-type: none"> <li>• Increase the use of existing workplace flexibility by carers and their employers</li> <li>• Enable carers to recognise the skills and expertise they bring to employment and training</li> <li>• More young carers receive support at school to transition to further education</li> </ul>	1.1 Network of employers to champion carer friendly workplaces 1.2 Recognising carers' skills 1.3 Carers working in the NSW Government sector 1.4 Support for carers at schools 1.5 Young Carer Mentoring	Carers have choices and opportunities to participate in paid work Young carers complete school and transition to further education and employment

The projects were led by DCJ/FACS, Carers NSW, NSW Community Services & Health Industry Training Advisory Body with DCJ, the NSW Department of Education, the Department of Premier and Cabinet, and the NSW Treasury. Three projects are listed as completed (1.1; 1.2; 1.5); and two still in progress (1.3; 1.4). As outlined in detail below, notable outputs were achieved across all but one of the projects. The projects were designed to target a wide demographic of carers, including young carers. The projects sought to provide carers with easy-access, practical tools that linked them to carer-friendly employers. Other projects sought to raise the profile of carers, and their specific needs, among those in the education and employment sectors. Overall, the projects are likely to have achieved these objectives, though outcomes data is limited. Projects also gave carers access to networks they could tap into for mentoring and advocacy support in education and employment-seeking.

**Project 1.1: Network of employers to champion carer-friendly workplaces**

This project, jointly funded by the State and Commonwealth Governments and led by Carers NSW, sought to build a network of employers across diverse industries to develop and champion carer-friendly workplaces. The anticipated outcomes were that in the short term, a network would be developed that connected employers and carers, and that increased the availability of flexible workplace practices among those employers. In the longer term, it was anticipated that more carers would use flexible workplace arrangements, leading carers to experience carer-friendly workplaces and greater choice and opportunity in the labour market – one of the expected outcomes of the Focus Area 1. There is evidence in the scholarly literature that improving access to flexible workplace practices is an effective method of providing carers with choice and opportunities in the labour market (Arksey and Glendinning, 2008).

In the short term, the project leads – with the support of a project reference group – developed the infrastructure, tools and branding required to run the network and to support its members to become leaders in care-friendly workplace practices through

a national accreditation program for employers, which aims to provide best practice standards for employers who support or want to provide better support to carers. Due to some implementation challenges (discussed in Section 3.3), the project was slow to start but these challenges were overcome by the new project leads. The national accreditation program, Carers+Employers, was launched in 2018. Since then, the process of engaging employers has been slow, however as the profile of the program is increasing in visibility, the project has begun to achieve its anticipated short term outcomes. It has begun to develop a network of employers committed to carer-friendly workplaces and to support them to become leaders in best practice care-friendly workplace arrangements. To date, three employers have become Accredited Carer Employers (DCJ (as FACS), the first employer to gain accreditation under the Program, University of Technology Sydney, and Uniting – Local Area Coordination). A number of employers have been engaged in the program and are being supported through the accreditation process. The project has therefore generated a highly developed output capable of meeting its objectives, and has begun achieving its desired short term outcomes.

Data on whether the program has achieved its longer term anticipated outcomes of improving the use of workplace flexibility by carers and employers is currently not available, but could be incorporated into future monitoring and data collection systems. It would be possible to collect and analyse the uptake of flexible workplace arrangements in Accredited Carer Employers before and after the accreditation process if data collection processes were put in place. These outcomes are likely to take time to materialise, as research suggests that the availability of flexible workplace arrangements may not alone increase take up, but rather require concurrent transformations in workplace cultures which take time (Lewis and Humbert, 2010). Evidence that the program has achieved its longer term goal of leading carers to experience carer-friendly workplaces and greater choice and opportunity in the labour market will take time to emerge.

### **Project 1.2: Recognising carers' skills**

This project set out to support carers to understand how the skills, knowledge and experience they have acquired in their roles as carers can be used in training and employment. The anticipated outcomes were that in the short term, carers and other stakeholders are using and promoting *SkillsLink2Work*, and that in the longer term, this would result in more carers recognising the skills and expertise they bring to employment and training, thereby providing choices and opportunities for carers to participate in paid work – both closely aligned with the planned reforms set out in the Table above and one of the two expected outcomes of Focus Area 1.

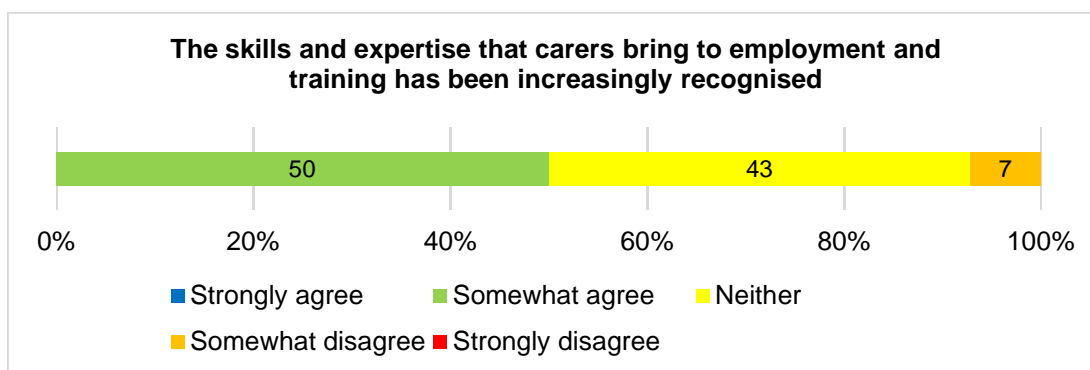
The project was developed by the NSW Community Services & Health Industry Training Advisory Body with DCJ, and implemented using a co-design approach between the project team and carers, the Department of Social Services, Carers NSW and Disability & Aged Information Service Inc (DAISI) Ballina NSW. To assist carers to understand how their care-based skills, knowledge and experience can be utilised

in employment, the project generated a *SkillsLink2Work* website. The website hosts a tool that supports carers to identify very specific employability skills and reports on those skills that they can use in job-seeking processes. This is accompanied by some (fairly limited) resources to support their job-seeking efforts. The tool is an output that meets the objectives of what the project set out to produce, and can continue to be used by carers into the future. Its application is relevant in a range of broader contexts to support carers to identify and showcase their skills.

The project has begun to achieve its anticipated short term outcomes. Carers and other stakeholders are indeed both using and promoting the *SkillsLink2Work* website. According to the 2018 Carers Strategy Progress Report, in the 12 months from October 2017, the website had 925 users, and 912 sessions were completed. There is also evidence that other stakeholders are also using the tool. The *SkillsLink2Work* tools have been used by TAFE NSW in a new Carers Investment Program project funded by DCJ, which aims to provide Recognition of Prior Learning to carers as a part of bespoke courses for people with care responsibilities. There are currently 250 carers registered for this program. In addition, the *SkillsLink2Work* tools have been used as the basis for a program with the Northern Territory Government. In this example, the *SkillsLink2Work* program was used as the basis for training programs with three groups of carers, and Recognition of Prior Learning to facilitate carers' gaining employment working in the disability or aged care sectors. This program won the Northern Territory Training Award. The use of the tool by others is evidence that it is useful and that use of the tool has expanded to support a much wider group of carers – in NSW and beyond – to identify and articulate the skills and experience built in their caring role.

To date, there are four testimonials on the *SkillsLink2Work* website (see for example <https://skillslink2work.com.au/meet-dolly/>) from carers who have used the tools, reporting that the tools have helped them recognise the skills and experience they bring to employment and training. However, beyond this small amount of data, to date there is no evidence that the project has achieved its longer term goals of supporting carers to recognise the skills and experience they bring to employment and training and, consequently, providing carers with choices and opportunities in employment. Evidence of successfully achieving these longer term goals would need to be collected in the form of consultations with carers using the tools, and tracking carers' employment outcomes over time. Over 100 carers who have used *SkillsLink2Work* have indicated that they could be contacted to provide feedback on the website.

Although it is difficult to attribute broader outcomes relating to the recognition of carers' skills and expertise to the projects in the Strategy, half of respondents surveyed (see Figure 4.1) for the Review agreed with the statement that, over the past five years, the skills and expertise that carers bring to employment have been increasingly recognised.



**Figure 4.1. Recognition of carers' skills and expertise**

Source: Strategy Review online survey

Those who agreed with this statement suggested that *SkillsLink2Work* has proven to be a valuable resource, which is still being used (though potentially underutilised). Those who disagreed indicated that many barriers still exist in this space, and that ongoing promotion and awareness-raising of carers in the workplace, as well as available tools, were identified as ways to improve this situation.

### **Project 1.3: Carers working in the NSW Government sector**

The goal of this project, led by DCJ, was to explore opportunities to incorporate a carer focus into existing public sector guidelines, policies and surveys and ongoing implementation of the NSW Carers (Recognition) Act 2010. The aim was to influence employment practices across NSW Government agencies to assist them to satisfy their obligations under the Act. The anticipated outcomes were that in the short term, the project would create greater focus on carers in the NSW Government workforce, collect more information on carers in the NSW workforce, and generate greater understanding of the effectiveness of workplace flexibility provisions in DCJ. In the longer term, the anticipated outcomes were that the project would: increase understanding and awareness of carers and their entitlements in the NSW Government workforce; increase uptake of flexible workplace provisions by carers employed by DCJ; increase strategies in the NSW Government for retaining carers in their workforce; and provide choices and opportunities for carers to participate in paid work – the final outcome being aligned with one of the two expected outcomes in Focus Area 1.

This project is still in progress. To date, the project has produced a number of outputs in pursuit of its objectives, including several reports on compliance with the Carer Recognition Act, and a series of resources, distributed at NSW Human Service Agencies, designed to build understanding of and engagement with the Act and the Carers Charter. Regular reporting against the Act, and the new resources distributed throughout NSW Government agencies, have the potential to lead to the shorter and longer term outcomes of creating a greater focus on carers in the NSW Government workforce and increase understanding and awareness in the NSW Government workforce of carers and their entitlements.

Another output of this project was the addition of a carer question to the NSW People Matter Employee Survey (PMES). This has resulted in the collection of data that has the potential to provide more information on carers in the NSW workforce and generate greater understanding of the effectiveness of workplace flexibility provisions – two anticipated outcomes of the project – though it is not clear from the publicly available analysis of the data whether the analysis has been done that would enable agencies to have a greater understanding of the effectiveness of workplace flexibility provisions, particularly for carers. The most recent online NSW People Matter Employee Survey was open to all employees across the NSW public sector for a one month period in 2019.

The survey includes questions related to caring responsibilities outside work and differentiated between a principal carer for someone who needs support due to disability, chronic illness, mental illness, dementia or frail age and other principal carers. In 2018 on the question of whether employees have the support to do their best work, more carers agree or strongly agree than in 2017, indicating an increase in positive responses of 1 to 2 percentage points. However, carers remained less likely than other groups to respond that they had the support they needed to do their best with only 21 per cent of carers, 27 per cent of employees with disability and 30 per cent of respondents with a mental health condition indicating that they felt they received the support they need to do their best work (Public Service Commission, 2018).

The survey also provides evidence of satisfaction with flexible working arrangements in the NSW Public Sector, with 63 per cent agreeing that they are satisfied with their ability to access and use flexible working arrangements and 59 per cent agreeing that their manager supports flexible working in their team (these figures are identical to the figures in the 2018 survey) (see page 20). The survey also captures different forms of flexibility that are accessible to/used by employees thus providing an evidence base on the nature of flexibility, and has the potential to track change over time in the diversity of flexible working arrangements in the NSW Public Sector. However, the publicly available analysis does not specifically examine carers' satisfaction with flexible working arrangements, and future analysis could be conducted of this, including disaggregation of this data by agency so that DCJ can see the effectiveness of flexible arrangements for carers within its own agency. Notably, the survey also found that one of the biggest barriers to occupational mobility is personal/family considerations (29 per cent of people identified this as a barrier to shifting roles).

To date, there is no data to provide evidence that the project has achieved the longer term outcomes such as increase in uptake of flexible workplace provisions by carers employed by DCJ; increase in strategies in the NSW Government for retaining carers in their workforce; and providing choices and opportunities for carers to participate in paid work. Relevant indicators to measure changes in outcomes over time could be included in the Carers NSW Carer Survey and, if feasible, large scale representative data sets, which could provide evidence regarding long-term outcomes.



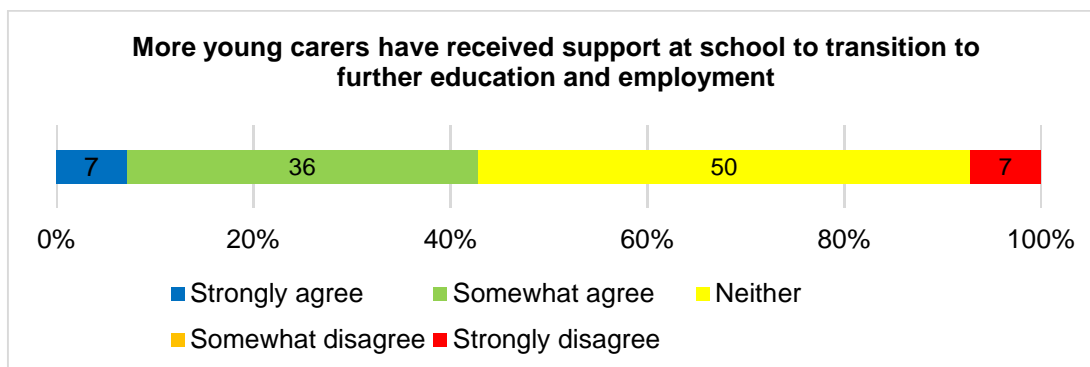
#### **Project 1.4: Support for carers at schools**

This project, run by the NSW Department of Education, aimed to build the capacity of schools to identify and respond to the wellbeing of young carers through 'promoting the value of caring in the school community'; providing information, resources and professional learning for staff about young carers; and recognising young carers' changing needs on their education pathway' (FACS, 2015:11). The anticipated outcomes were that in the short term, more schools, DEC welfare units and mentoring providers would have the knowledge and skills to identify and support young carers, and that in the longer term, this would contribute to more young carers to transition to further education and training and, in turn contribute to more young carers completing school and transitioning to further education and employment – one of the two expected outcomes of Focus Area 1 (see FACS, 2016: 35).

In order to build the knowledge and skills of schools, the project has contributed to important awareness-building activities. Information about young carers and links to resources and organisations concerning young carers were added to the NSW Department of Education's website, and the resource *Being a Carer, Being a Student, Being a Kid* has been updated to be distributed in 2020. Alongside this work, DCJ also funded the Watch this Space Initiative through the Youth Opportunities Program (independent from the Carers Strategy). This provided training to a large group of school counsellors, teachers, students and other stakeholders. The *Watch this Space* youth initiative involved 19 young carers assisting in the planning, development and presentation of awareness-raising topics to over 500 teachers and community service staff, as well as over 2,500 high school students across 16 schools and 10 community service locations.

While the awareness-raising activities were attended by a large number of participants in schools, there is no evidence on whether the project achieved its objective of building the knowledge and skills of schools and other stakeholders in identifying and supporting young carers. No published evaluative data is available to assess whether the Carers Strategy Project 1.4 achieved its objective of building the knowledge and skills of schools and other stakeholders in identifying and supporting young carers. Short surveys with participants conducting post-awareness-raising activities could be useful in the future to gauge whether participants felt it had an impact on their knowledge on this subject matter, though more sophisticated tools that measure knowledge as well as subjective assessments of knowledge would provide even better data on the outcomes of this intervention. Currently it is difficult to assess whether young carers receiving support at school, transition to further education and training and, if young carers completing school transition to further education and employment given available data. Designing a simple outcomes framework to measure the impact of the project over the longer term and embedding it in current data collection processes within the Department and schools will assist in the in the future the impact of the project.

Respondents to the online survey were asked about the support received by young carers in transitioning to further education and employment. Noting the difficulties associated with attributing changes in outcomes for young carers to the projects in the Strategy, slightly less than half of survey respondents believed that over the last five years, more young carers had received support to transition to further education and employment.



**Figure 4.2 Support for young carers at school**

Source: Strategy Review online survey

Some survey participants suggested that the supports available to young carers (through state and federal government initiatives) have increased over the past five years, and that understanding of their vulnerability has also increased (see Figure 4.2). Other participants suggested that they had seen no evidence of this support. Difficulties gaining access to individual schools for programs such as young carer awareness sessions highlighted the importance of engaging with and having representation from schools in the next Strategy, and the need for greater support from government departments (e.g. Department of Education) in implementing initiatives.

### **Project 1.5: Young Carer Mentoring**

The aim of this project was to work with a roundtable of government and community partners to increase young carers' access to mentoring programs. The purpose of the project was to contribute to the same outcomes set out in Project 1.4: in the short term, more schools, DEC welfare units & mentoring providers have the knowledge and skills to identify and support young carers, and in the longer term, this would contribute to more young carers receiving support at school to transition to further education and training and, in turn, young carers completing school and transitioning to further education and employment. The project was facilitated by DCJ with Carers NSW and has now been completed. A roundtable, facilitated by an external consultant, was conducted in November 2014 with 10 young carers and 20 representatives from government and non-government agencies involved in youth mentoring. A final report that included recommendations from the roundtable was developed to inform future mentoring initiatives for young carers.

### **Focus Area 2: Carer Health and Wellbeing**

Focus Area 2 encompassed three projects, and project facilitators and partners included NSW Health, Carers NSW, FACS, and Healthdirect Australia. Two projects were listed as complete (2.1; 2.2), with one remaining in progress (2.3). Significant outputs were achieved in Project 2.1 which encompassed enhancing accessibility to hospitals and healthcare services for carers. Advocacy efforts were undertaken with health districts to build awareness of carers' specific needs.

**Table 4.2: Focus Area 2 - Planned reforms, projects, and expected outcomes**

Focus area	Planned reforms	Projects	Expected outcomes
2. Carer Health and Wellbeing	<ul style="list-style-type: none"> <li>Improve the design and delivery of services and programs in ways that make it easier for carers to look after their health and wellbeing</li> </ul>	2.1 Easier access to health care 2.2 Individualising respite and support services 2.3 Carer peer support	Carers experience good health and wellbeing

### **Project 2.1: Easier access to health care**

This project focused on strategies that facilitated easier access to healthcare (services and programs) for carers by:

- 'promoting and targeting existing flexible health screening and intervention programs to carers including NSW Health Get Healthy Information and Coaching Service®, and community or workplace-based health check programs (such as pharmacy health checks);
- finding ways for carers to access services when they are accompanying the people they care for;
- raising awareness of carer health issues amongst service providers so they can better support carers to look after their health and wellbeing;
- developing training and support to encourage carers to discuss their own needs with health professionals; and
- building linkages with the NSW Health Family and Carer Mental Health Program to raise awareness of support opportunities' (FACS, 2015:15).

The anticipated outcomes were that in the short term, the project would increase awareness by carers of health services and programs and in the longer term, it would improve the design and delivery of services and programs to make it easier for carers to look after their own health and wellbeing – both of these outcomes are aligned with the broader expected outcome set out in the Strategy that 'carers experience good health and wellbeing'.

The project achieved some notable outputs. In order to improve awareness among carers of health services and programs and to improve the design and delivery of services for carers, the project:

- developed in-hospital support for carers strategies implemented in a number of facilities in NSW;
- held awareness raising activities for carers of people from culturally and linguistically diverse (CALD) backgrounds around Sydney;
- distributed carer booklets and health promotion resources (by NSW Health);
- had the NSW Health Education and Training Institute online education module 'Partnering with Carers' completed by 800 staff across NSW;
- distributed more than 10,000 health promotion resources for the Get Healthy Information and Coaching Service (by NSW Health staff);
- delivered more than 4,400 packages of the Last-Days-of-Life Home Support Service throughout NSW since 2013;
- implemented an extensive network of carer support staff across Local Health Districts (approximately 20 Full Time Equivalent);
- adapted and promoted the *Stepping On* program ;
- adapted the NSW Family and Carer Mental Health Program to be made carer friendly, which now responds to the needs of specific carer groups (e.g. CALD);
- adapted *After-Hours Palliative Care Helpline* to provide support to carers of people who have a life-limiting illness.

While project 2.1 has been listed as 'complete', support for carers of people receiving palliative care is to be enhanced with a new three-year program to increase assistance for carers (announced in 2017).

The above resources and activities – particularly the activities that aimed to raise awareness among and service appropriateness for CALD carers – have the potential to have increased awareness among carers of the services available to them. However to date, no data is available to assess whether this objective was achieved. While improvements to service design were developed during the project in the aim of making services and programs easier to access for carers, there is not yet any data on the impact of these changes for carers. In the case of one reported intervention, for example, while the project aimed to boost uptake of an important program for carers through increased promotion, engagement of carers remained low. It was concluded that carers may not have the time to get to or the ability to get respite to take part in a lengthy program, though this would benefit from more exploration through engagement with carers about reasons for lack of uptake.

## **Project 2.2: Individualising respite and support services**

The project goal for this project lead by DCJ was to develop a watching brief (i.e. not an actual written document- more of a package of services, such as training) for carers on the key reforms that affect their lives. DCJ is still providing a watching brief for carers related to the NDIS, ICSS and ILC programs, and facilitating input by carers, for example through the NSW Carers Advisory Council. Other activities conducted in the project included a series of training sessions on the NDIS for carers and the involvement of carers in the planning of programs that influence their lives.

During the document analysis, it was found that Project 2.2 did not have a Program Logic Model, so anticipated outcomes were not identified, which makes it difficult to assess achievement of outcomes. While the project is listed as completed, the primary output (a watching brief) that was developed will continue to evolve into the next Strategy, with consideration of the NDIS and how this will impact carer health and wellbeing. This project closely aligns with the planned reforms listed in Focus Area 2.

### **Project 2.3: Carer peer support**

This project, run by DCJ and Carers NSW with NSW Health, aimed to expand the variety and reach of peer support programs in NSW. The planned activities were to: build a comprehensive database of carer peer support groups that can be used by telephone helplines, referral services, online service directories and app developers; exchange best practice facilitation for carer peer support; and seek other opportunities to improve peer support by working together, particularly for small communities (FACS, 2015: 16).

The anticipated outcomes were that in the short term, the project would support carers to become more aware of available local and state-wide networks and, in the longer term, improve the design and delivery of services and programs to make it easier for carers to look after their health and wellbeing – promoting better carer health and wellbeing, which aligns with the expected outcome of Focus Area 2 in the Strategy.

A project steering committee was convened by DCJ, with members drawn from carers within the community and their advocates. This project held its first project steering committee meeting in June 2018. According to the 2018 Carers Strategy Progress Report, the project is still in progress and the steering committee decided that the project should be revised to reflect the changing policy and service delivery landscape (for example, the implementation of the NDIS) in the area of peer support service delivery. The project will be carried forward in the next Carers Strategy as peer support continues to be identified as an important area of focus for carers. Two carer peer support programs have been funded by DCJ through the Carers Investment Program.

## **4.1 Focus Area 3: Information and Community Awareness**

According to the 2016 NSW Carers Strategy Progress Report (p. 17), carers have indicated that this is one of 'their highest priorities and that access to good information underpins their ability to provide care.' This Focus Area had three main aims: 1) to

improve quality information available to carers; 2) to create positive media portrayals of carers; and 3) to increase the number of people with an understanding of carers' lives. Improving the quality and availability of information for carers was expected to result in carers being able to easily access information they need it. Through increased community awareness, it was expected that carers would feel that their experiences were better understood by the community.

Certain avenues of information provision were created through projects under this Focus Area; however limitations to the usefulness of the information in some projects were also evident (see below sections on Projects 3.2 and 3.3 for further detail).

Media campaigns were aligned with the Focus Area goals of increasing awareness of carers and portraying them in a positive light. Assessing the effectiveness of any public or media campaign has significant challenges, not least of which relate to collecting adequate data. Various activities under this Focus Area attempted to raise the profile of carers however there is no means by which the effectiveness of this aspect of the Focus Area can be directly investigated.

**Table 4.3: Focus Area 3 - Planned reforms, projects, and expected outcomes**

<b>Focus Area</b>	<b>Planned Reforms</b>	<b>Projects</b>	<b>Expected Outcomes</b>
3. Information and Community Awareness	<ul style="list-style-type: none"> <li>• Embed and improve information for carers in the trusted systems they frequently use</li> <li>• Create positive media campaigns that portray carers as real people</li> <li>• Increase the number of people with an understanding of carers' lives</li> </ul>	3.1 Media campaigns to raise the profile of carers 3.2 Embed and improve information useful for carers 3.3 Young carer mobile application 3.4 Information for carers in Aboriginal communities	Carers are able to easily access information when they need it  Carers feel the broader community understands their experience

**Project 3.1: Media campaigns to raise the profile of carers**

The goal of the project was to increase public awareness and understanding of carers and their lives, which was intended to lead to carers feeling that the broader community understands their experience. The specific activities involved in the project are now completed, although carer awareness activities by DCJ are ongoing. The outputs from this project include: a carer 'campaign' that consisted of a new video and print materials; an updated website (<https://www.careforacarers.nsw.gov.au/>); carer brochures and videos distributed to GP clinics and medical centres; easy read Carers

Charter, postcards, and Aboriginal designed Carers Charter; a 2019 social media campaign; NSW Carers Awards and the funding of annual National Carers Week events across NSW every year. Participants in the interviews and the survey suggested that more positive images regarding caring have been broadcast, and that social media channels have assisted with raising awareness. These outputs accurately reflect the goals of the project, and more broadly, align with the intended goals of the Focus Area. An evaluation of 2019 Carers Week activities found high engagement with social media content (e.g. approximately 3,000 people viewing at least one social media video in its entirety), as well as wider media engagement (e.g. a carer participating in a 10-minute radio interview on 702 ABC Sydney with a listening audience of approximately 400,000) (NSW Government, 2019).

A range of media campaign and awareness-raising activities were implemented in this project, but the reach and effectiveness of these cannot be accurately determined given the available data. Measuring awareness and understanding of carers at a community level is difficult and most likely would not be feasible within the parameters and timeframe of a project such as this. It is also likely that the broader activities of the Strategy – across all five focus areas – contributed to increasing awareness of carers. Large scale data collection would need to be conducted in order to adequately assess any outcomes related to this project, though in the shorter term, clicks on the website, ‘likes’ and ‘shares’ on social media, and downloads of information brochures are useful source of data.

### **Project 3.2: Embed and improve information useful for carers**

The aim of this project was to enable carers to easily access information when they need it. Under this project, the Carer Gateway was launched in 2015, and Healthdirect Australia’s website page ‘Caring for Others’ was revised to be easily accessible to carers. Monitoring data suggest that website traffic on the Healthdirect website has increased since the changes.

The relevant planned reform listed under Focus Area 3 states that information for carers would be embedded and improved in trusted systems they frequently use. This project sought to address the issue of information provision to carers, however, this was not necessarily embedded within frequently used systems. Rather, new avenues of information provision were developed. There was therefore a degree of misalignment between project and Focus Area goals. It was not evident from the Review whether any exploration took place to identify existing systems commonly used by carers to access information, including engagement with existing literature that suggests that many carers prefer to find information through interpersonal information services such as their local general practitioner, professionally and volunteer led carer support groups, and family and friends (Phillipson et al, 2019).

Due to staffing and funding changes, information available on the Healthdirect website has not been maintained or updated. At the time of the Review, the website content was outdated. Stakeholders noted the need for significant ongoing resourcing to ensure that website information is continually reviewed and kept up to date. Therefore,

while outputs were completed for this project, due to implementation challenges the goal of providing easy access to improved information proved difficult to meet. Nonetheless, it is likely that other projects in the Strategy – across all five focus areas – improved the information that was available when they needed it, though to date there is limited data that measures this potential outcome.

### **Project 3.3: Young carer mobile application**

This project aimed to firstly develop a mobile app for young carers, then to increase awareness and usage of the app among young people to improve the quality and availability of delivered information. The app was co-designed by young carers and software developers and was released in 2015. After two years, app content was embedded in the Carers NSW Young Carer and FACS websites in an attempt to reach a wider audience.

Stakeholders reported that the app was launched in a timely manner and invoked a great deal of enthusiasm from those involved in its development. However, they also reported that it never gained much traction due to limited functionality. The app did not significantly add value beyond the available Young Carer website. User engagement remained low and the app was expensive to maintain for its level of usage, so was ultimately shut down.

Stakeholders suggested that the app was initially a good idea, but did not adequately address the needs of its target population. A lack of IT understanding among partners also inhibited its development. Given the low levels of usage and closure of the app, no outcomes data was available for the Review. Despite an expressed need and a clearly defined output (i.e. the app itself), the lack of data regarding project outcomes created difficulties in assessing any impact the app may have had and also limits how this experience could inform future projects based around technology. Incorporating a feedback mechanism into an evaluation framework could address this limitation.

### **Project 3.4: Information for carers in Aboriginal communities**

This project involved two main components: 1) the update, redesign and distribution of an existing and out of date 'Taking Care of Business' resource, and 2) the development of a template for Aboriginal carers that includes information about the people they care for. In the short term, the anticipated outcome was that the updating of the 'Taking Care of Business' tool would make it more user-friendly. Through these components, this project aimed to enable Aboriginal carers to access and use culturally appropriate information, and to provide Aboriginal people (including carers) with access to culturally appropriate resources to help them plan ahead and care.

Under this project, a working party was established with the purpose of developing a publication that explained in a culturally appropriate way why Aboriginal communities needed planning ahead documents and how they could get started. The 'Taking Care of Business' resource was developed following wide consultation with Aboriginal carers and key stakeholders in a range of metropolitan and non-metropolitan areas, including the Aboriginal working party, and widely distributed to community elders and



service providers, including in community education sessions. The working party also developed emergency care and contacts template, which were subsequently piloted with Aboriginal carers.

These outputs aligned with Focus Area goals of improving the information available to carers, and also in raising awareness of carers (specifically within Aboriginal communities). While the resources that were developed were widely distributed, there is a lack of data regarding the outcomes of this project. Information has been made available to Aboriginal carers, and anecdotal evidence suggests that the resources are being used, but the data available for the Review could not determine how widely this information or the developed resources were used. Such an outcome is difficult to measure and to do so accurately is likely beyond the original scope and resourcing of the project, though in future, data on the website traffic and downloads would be a useful starting point.

It is worth of noting that the Aboriginal Working Party provided cultural advice on a number of other Strategy projects (for example, Project 3.1 (Media Campaigns to Raise the Profile of Carers) and Project 3.2 (Embed and Improve Information for Carers)). They also provided introductions and access to Aboriginal carers for consultations and media events. Stakeholders commented that the Aboriginal Carers Working Group worked well to implement support for carers beyond the scope of the Strategy and this specific project, thereby providing an example of potential project outcomes that extend beyond those originally anticipated.

## 4.2 Focus Area 4: Carer Engagement

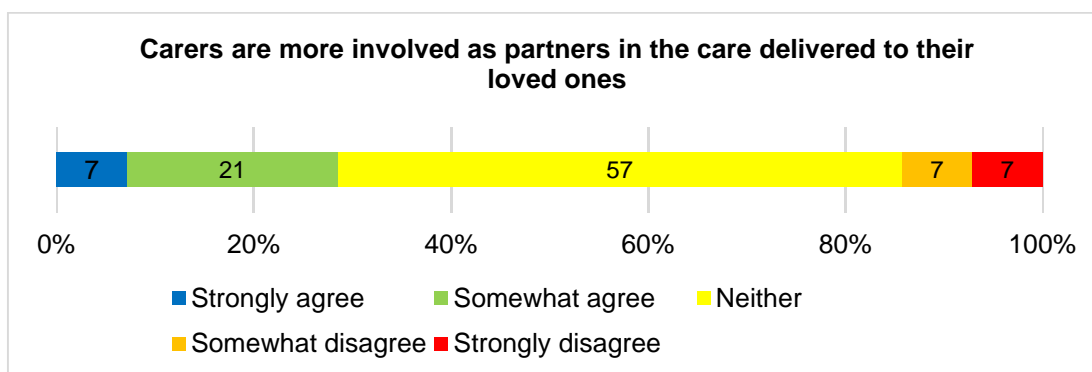
This Focus Area aimed to ensure carers are involved in decisions that affect them and those they care for, at both program and policy levels.

**Table 4.4: Focus Area 4 - Planned reforms, projects, and expected outcomes**

Focus Area	Planned Reforms	Projects	Expected Outcomes
4. Carer Engagement	<ul style="list-style-type: none"> <li>Continue to improve the ways we involve carers as partners in the care delivered to their loved ones</li> <li>Greater involvement of carers in local decisions about the design and delivery of services</li> </ul>	<p>4.1 Partners in care (health care)</p> <p>4.2 Partners in care (community service delivery)</p> <p>4.3 Engage carers in local decision making</p>	Carers are involved in decisions that affect them and the people they care for

The projects within this Focus Area delivered outputs such as enhancing identification of carers in the NSW Health system and providing training for the relevant service providers regarding carer issues. These deliverables have the potential to positively affect carers' experiences, however, the direct alignment between project achievements and Focus Area objectives are difficult to measure and not clear within the available data.

Somewhat reflective of this, only 28 per cent of Review survey respondents agreed that carers have become more involved as partners in the care delivered to their loved ones over the last five years, while over half neither agreed nor disagreed (see Figure 4.3).

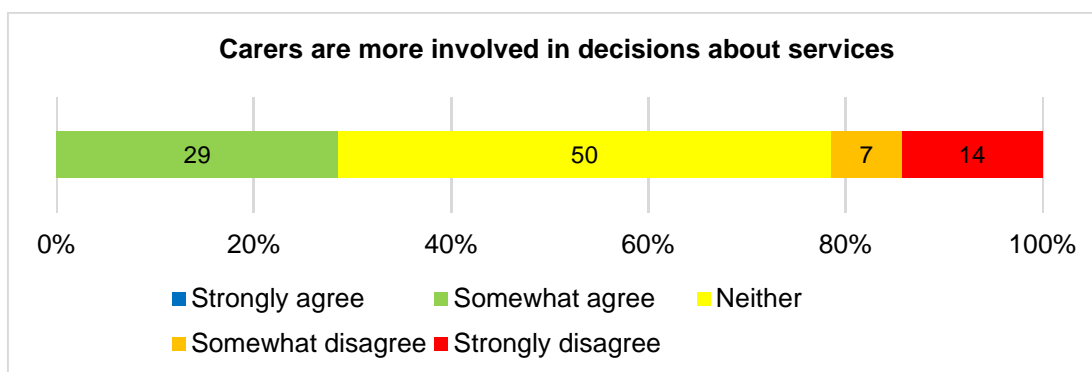


**Figure 4.3: Carers' involvement as partners in care**

Source: Strategy Review online survey

Survey respondents commented that positive steps have been taken and that some effective tools have been developed (e.g. Partnering with Carers in NSW Health). Alongside general improvements, individual examples of carers being excluded and isolated continue to occur. According to the literature, within some settings, many carers continue to struggle with their involvement in care and treatment of those they care for (e.g. Hamilton et al, 2018; Dawson et al, 2017). Survey respondents suggested that carer inclusion needs to improve at a policy level, and professional guidelines need improvement to ensure practitioners improve their practice in relation to carers. In particular, the greater awareness of and engagement with carers by NDIS planners is likely to make a considerable difference here.

Similarly, 29 per cent agreed that carers have become more involved in decisions about services, while 50 per cent neither agreed nor disagreed (see Figure 4.4).



**Figure 4.4: Carers' involvement in decisions about services**

Source: Strategy Review online survey

Due to ongoing efforts in raising awareness of carers and advocating on their behalf, some examples of positive carer inclusion were identified. There was some concern that the introduction of the NDIS has shifted the focus of services to being controlled by consumers, to the point of excluding carers. The focus of services on contract outcomes was also identified as a barrier to genuine co-design. Participants suggested that improved choice of providers and increased education for the public would help to improve carer involvement.

#### **Project 4.1: Partners in care (health care)**

This project had multiple aims. First, it aimed to increase understanding of existing carer engagement resources. It also aimed to increase opportunities for carers to engage with service providers and to increase providers' awareness of carer needs. Long term, this project aimed to positively influence stakeholders' behaviour towards carers and to implement policy-level change regarding the involvement and awareness of carers (e.g. in NDIS plans and budgets).

Project staff engaged with current evidence and created action plans related to key issues identified. The action plans meant that staff had a clear idea of what they wanted to achieve from the projects. However, technological and administrative issues were encountered working across LHD areas, and with the NSW Health patient administration system (PAS). In spite of these challenges, the NSW Health patient administration system has been enhanced, including the implementation of new processes to record if patients are carers or have a carer. As noted in section 3.3 it is now mandatory to record in the PAS whether a patient is a carer or is a carer themselves. An e-module for NSW Health staff to better promote partnering with carers in the health system was also developed. Various other outputs have been delivered under this project, including: the development of the Carer Identification Project; the development of the Paediatric Integrated Care Service in the Murrumbidgee Local Health District; the creation of the Mental Health Consumer and Carer Action Group; and an upgrade of the Ministry of Health patient administration systems.

These outputs have the potential to improve the experiences of carers in navigating the health system, either for themselves or for those they care for. Having better systems in place to identify carers is an important step, however, further work is required to align these outputs with the goals of the Focus Area in terms of involving carers as partners and in making decisions. There is potential for both short and long term benefits to result from better identifying carers (e.g. effective referral to support services if needed), however, the available data cannot yet assess outcomes beyond enhancing systems to better identify carers.

Developing training modules for NSW Health staff also has the potential for both short and long term benefits for carers. Stakeholders described project staff as dedicated experts who worked well together, who met project deadlines, and gave constructive feedback on how to improve the module. Currently data is not available in relation to any behavioural change among staff. Additional information in relation to staff uptake and engagement with the module would assist in the assessment and the longer term monitoring of carers' experiences in relation to being included by health service staff.

#### **Project 4.2: Partners in care (community service delivery)**

This project focused on two components: 1) providing quality information about carers in training to Ability Linkers and Housing NSW staff; and 2) providing training to carers about the National Disability Insurance Scheme (NDIS). Through this, the project aimed to link more hidden carers and carers living in social housing to supports and services, and ultimately for carers to have more involvement in decisions that affect them at policy and service levels. It was also intended that this project would positively affect behaviour towards carers from stakeholders.

Initial project goals were achieved in that hidden carer events were held in social housing areas, information and referral services were provided, an e-learning module was developed and made available to social housing staff, and a workshop regarding the NDIS was developed and delivered across NSW. This module is now publicly available on the NGO Learning Centre website (hosted by DCJ at <http://ngolearning.com.au/>). Stakeholders commented that training would need to be ongoing to capture newly recruited staff and would benefit if the training was embedded as a standard part of staff induction.

While these project objectives were met, the links between these events and training options and the stated Focus Area goals of improving awareness among community services staff of carer engagement, and involving carers in decision making, are not clear from the available data. Data regarding the impact or outcomes of this training is not available at the time of the Review. Objectives were met in providing training to intended staff. The collection of data in the form of surveys capturing before and after measures about knowledge of carer issues as a result of participating in the training would be beneficial to assess staff members' overall awareness of carers or how their professional practice may have been altered as a result of training. Before and after surveys of this nature were collected and made available to a different section of DCJ but are not publicly available and were not made available to the Review Team.

Longer term client feedback would also be useful to capture the impact of training from carers' point of view.

### **Project 4.3: Engage carers in local decision making**

The intention of this project was to support government agencies and other public sector agencies in NSW to engage carers in decision-making about policies and programs that affect them by:

- 'developing a framework and resource on carer engagement
- developing a database of trained carer representatives able to participate in decisions
- ongoing training and support for carers to represent the views of carers
- refining and promoting training modules about carers for government and other public sector agencies' (FACS, 2015: 25).

The anticipated short term outcomes were that carers and stakeholders have more understanding of existing carer engagement patterns and resources and resources and increased service provider awareness of the value of involving and consulting with carers. The longer term anticipated outcomes were that stakeholders would build capacity to engage more with carers, and to increase trained and supported carer involvement in policy and decision-making.

Limited progress was made in this project. It involved the organisation of a roundtable of partner organisations. Beyond this, no outputs were evident in the data provided. However, an existing program (the Carers NSW Carer Representative Program) provides training to carers to publicly represent carers' views and experiences, and to participate in decision making in various contexts, which shared some aims with Project 4.3. This program was not part of Project 4.3 and is therefore beyond the scope of the Review. There is a clear alignment between the aims of this project and overarching Focus Area objectives regarding involving carers in decision-making processes, however, the limited progress beyond a roundtable consultation has resulted in these goals not being achieved at this stage.

### **4.3 Focus Area 5: Evidence Base**

This focus area set out to ensure that better use is made of the available data and research to create evidence that will shape policy and programs. The area consisted of one project that had multiple parts.

**Table 4.5: Focus Area 5 - Planned reforms, projects, and expected outcomes**

<b>Focus Area</b>	<b>Planned Reforms</b>	<b>Projects</b>	<b>Expected Outcomes</b>
5. Evidence Base	<ul style="list-style-type: none"> <li>• Better use is made of the available data and research to create evidence that</li> </ul>	5.1 Using the evidence about carers	Carers policy and practice is informed by quality evidence

	will shape policy and programs		
--	--------------------------------	--	--

### **Project 5.1: Using the evidence about carers**

The purpose of this project was to consolidate evidence on Strategy focus areas and identify ways it can inform policy and practice. The project was developed by DCJ with Carers NSW and NSW Health. The project consisted of several components including: a research project on the social and emotional well-being of carers; the Carers NSW Biennial 2018 Carer Survey; the Carers NSW Conference; the online NSW People Matter Employee Survey; and the Carer Investment Program. Outputs achieved to date include:

#### **Social and emotional wellbeing of carers report**

A report was produced by UNSW SPRC which involved a rapid literature review focusing on evaluations of interventions or programs to support the social and emotional wellbeing of carers (<https://apo.org.au/node/219596>).

#### **Carers NSW Biennial Carer Survey**

Carers NSW has always surveyed its members, however, from 2014, the survey changed format and began to be administered under the guidance of a Steering Committee, with representatives from key government agencies involved in the development and implementation the Strategy and academic researchers. The Survey collects information about the experiences and needs of carers in NSW ‘to provide an evidence base that informs the organisation’s direction, support, and systemic advocacy for all carers across NSW’ (Carers NSW website). Each survey, conducted in 2014, 2016, and 2018, receives approximately 2000 responses from carers in NSW. The most recent survey (the 2018 Carer Survey) was conducted between May and July 2018. A total of 1,830 current and former carers responded. Specific questions were included in the survey to serve as indicators for high level carer outcomes data for the Strategy, although caution must be taken with attributing causation for changes in key outcomes (education and employment, carer health and wellbeing, access to information and community awareness, and carer engagements) to the Strategy. The Carer Survey provides detailed data on outcomes for carers in NSW, and to date has provided evidence on carer outcomes that has fed directly into advocacy activities concerning the needs of carers in NSW, including through submissions to government inquiries, the development of policy position papers, and broader advocacy activities.

#### **Carers NSW conference**

FACS has continued to fund a Biennial Carers NSW conference (annual from 2019). The Conference provides an important forum for the sharing and promotion of academic research and best practice in service delivery related to carers. In 2019, the conference showcased innovation and initiatives in policy, programs and practice in

meeting the needs of carers in NSW and provided an arena to disseminate information about the Strategy. More generally, the conference provides an opportunity for knowledge exchange and the cultivation of a network working in the field of carers and Carers NSW conducts participant evaluations of their conferences, however, the results of these evaluations are not publicly available.

### Online NSW People Matter Employee Survey

This has been discussed under Project 1.3 (Carers working in the NSW Government sector).

### Carers Investment Program

In addition to the 16 projects originally funded under the Strategy, the Carers Investment Program (CIP) evolved from the Carer Grants program to provide funding for an additional 14 projects (commencing July 2018). These projects intended to improve support for carers, with a focus on alignment with the Strategy, the NSW Carers (Recognition) Act 2010, other sector reforms, and evidence-based outcomes. The selection process involved balancing individual projects' alignment with the Strategy, as well as the cohorts targeted, the geographical reach proposed, and innovation in service delivery.

**Table 4.6: Projects funded under the Carer Investment Program**

Project	Provider	Strategy focus area/s	Reach
Carer2Work	Carers NSW	Employment and Education	Statewide
YC Drive	Carers NSW	Employment and Education	Statewide
Carer Peer Connect	Carers NSW	Carer Health and Wellbeing	Statewide
Families and Sibling Support Program – Deadly SIBS	Catholic Care Wollongong	Health	Regional (Illawarra)
Hospital In The Home	Central Coast Local Health District	Information and Community Awareness Carer Engagement	Regional (Central Coast)
Green Gym	Conservation Volunteers Australia	Carer Health and Wellbeing	Regional (Northern NSW)
Virtual Reality Experience For Carers	Dementia Australia	Carer Health and Wellbeing	Statewide
Impact and Rollout of NDIS	Mid Coast Communities Incorporated	Carer Engagement Evidence Base	Regional (Mid North Coast)
Peer Support for CALD Carers	Multicultural Care	Carer Health and Wellbeing	Sydney
MedicineWise App	NPS MedicineWise	Information and Community Awareness Carer Engagement	Statewide
Up Skilling Carers	TAFE NSW	Employment and Education	Statewide

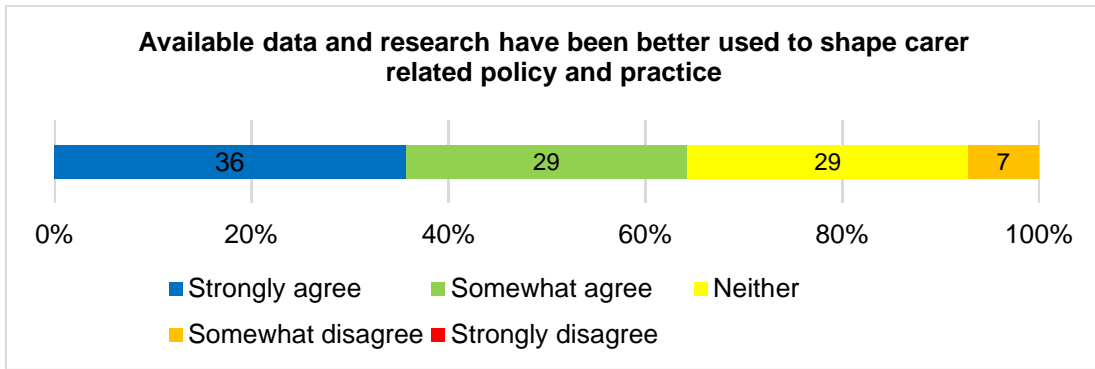
Carers in the Balance – Research on work and education options for carers	University of South Australia	Employment and Education	Statewide
Centre for Carers Research	University of Technology Sydney	Evidence Base	Statewide
Implementation of the NSW Carers Strategy	Yarkuwa	Information and Community Awareness Carer Engagement	Regional (Deniliquin)

Due to the timing of the CIP, there are no project outputs or outcomes to report on to date. These outputs and outcomes data will be finalised at the end of each of the projects – some of which are due to finish by June 2020, others by June 2021. Each of the projects funded under the CIP was required to develop an evaluation strategy or framework as part of the project, which has ensured that baseline data has been collected throughout the first year of funding. This will enable change to be measured in subsequent years of the projects.

A program logic has been developed for the overall CIP, which details how the CIP fits with the Strategy overall. This program logic specifies that individual projects have annual performance reports as well as evaluation plans and project logic diagrams, which will inform individual project evaluations and an evaluation of the CIP overall. Findings from these evaluations are expected to contribute to the broader evidence base and identify innovation in service delivery. Most of the projects funded under the CIP will continue beyond the introduction of the next Carers Strategy. By the time their funding is up for renewal, the new Strategy will be in place, which is expected to enable a process whereby individual projects are better aligned with overarching Strategy goals.

In sum, the sub-projects funded under Project 5.1 have contributed, or will contribute (depending on their stage of progress) to improving the quality evidence base on the needs of carers in NSW. However, the evidence on the ways in which, and extent to which, this data is or will be used to shape policy and programs is fairly limited at this stage. The data emerging from the Carers NSW Carer Survey is clearly being drawn upon in extensive policy and advocacy activities, but to date, there is limited evidence on the uses of the remaining sub-project data. Some limited data emerged from the Review online survey. Overall, nearly two-thirds of survey respondents (65 per cent) believed that available data and research have been better used to shape carer-related policy and practice over the last five years.





**Figure 4.5: Use of data and research**

Source: Strategy Review online survey

Those who agreed with this statement reported that collaborative partnerships and information sharing between academics and NGO researchers had increased, with data being shared to inform major inquiries, reviews, and service development. An increased emphasis on evidence and data in relation to decision making, program delivery, and program design was noted, as was the increased availability of research (via online sources). While the increase in research over recent years was widely identified, not all participants could see how this was having an impact on policy or practice. Access to research and data was raised as a concern, suggesting that relevant information was not always readily available to those who might use it to inform policy and/or practice. The value of ‘grey’ literature was also emphasised, as it was seen to be under-valued.

## 5 Strategy and carer outcomes

### 5.1 Strategy outcomes

The Strategy is a five-year plan that outlined a whole-of-government and whole-of-community response aimed at improving the position of carers in NSW. The overarching vision of the Strategy encompasses:

- Carers and caring are respected and valued
- Carers have time and energy to care for themselves
- Carers have the same rights, choices and opportunities as other members of the community.

Changes in outcomes for carers embedded in the Strategy's vision above (such as perceptions of being respected and valued, improvement in health and well-being and increases in social, economic and political participation) require systematic reforms and innovations in support for carers. The first phase of the implementation of the Strategy has laid the foundations for improving the position of carers in NSW, though the limited outcomes data collected to date makes it difficult to assess whether changes in outcomes have occurred and to assess the contribution of the Strategy to any changes in the circumstances of carers in NSW. There is some evidence, particularly for Focus Area 1, that projects have achieved their short term anticipated outcomes. However, for all projects, changes in the full range of anticipated outcomes are likely to require a longer period than five years. The development of a Strategy-wide program logic model, evaluation plan and outcomes framework incorporated into the next phase of the Strategy, that can be adapted for individual projects and is imbedded into contractual reporting requirements of projects, would assist DCJ to effectively map, monitor and measure these kinds of more substantial changes in outcomes over time. It would also facilitate the attribution of any changes to the Strategy. The program logic and outcomes should align with the NSW human services outcomes framework <https://www.facs.nsw.gov.au/resources/human-services-outcomes-framework>.

Despite limited outcomes data, the review has found that the overall co-design processes, the development of the Strategy document itself and the implementation of the projects under the five focus areas have made substantial progress towards achieving the objective of improving the position of carers in NSW. At a broad level the Strategy has been implemented in line with the principles outlined in the Strategy document (FACS, 2015). The Strategy and the planned reforms under the five focus areas have been implemented in collaboration with carers, the private sector, non-government organisations and governments with the aim of achieving 'better and enduring outcomes for carers' (FACS, 2015: 7) (see for example *Project 1.1. Network of employers to champion carer friendly workplaces*, and *Project 1.2 Recognising*

carers' skills). The projects in the five focus areas have aimed to support the diversity of carers including those from culturally and linguistically diverse backgrounds, Aboriginal carers and young carers (see for example *Project 3.4: Information for carers in Aboriginal communities*). The Strategy was designed to be a living document that would provide a platform for future work, and the Strategy has indeed generated outputs beyond those set out in the original projects (see for example *Project 4.1 Partners in care (health care)* and *Project 1.2: Recognising carers' skills*), and relationships and infrastructure that will facilitate the pursuit of better support for carers beyond the end of the Strategy (i.e. the Aboriginal Carers Working Party).

**Error! Reference source not found.** documents the projects funded across the Strategy's five focus areas. It is evident that significant outputs have been produced in line with each of the planned reforms. For example, in Focus Area 1 (Education and Employment), the National Accreditation program *Carers+Employers*, *SkillsLink2Work* website and young carer awareness-raising activities have achieved their short term objectives and *SkillsLink2Work* in particular has extended beyond the original intent. Similarly, in Focus Area 3 (Information and Community Awareness), activities are perceived to have increased awareness of carers and the issues they face, although measuring outcomes at the community level is difficult and there is no systematic data to support this outcome. Also the outputs from Project 3.4 (Information for carers in Aboriginal communities) have had an impact on the development of culturally appropriate planning practices, community education and emergency care and contacts template which is being piloted.

Overall, the intended outputs from the Strategy have been achieved and contributed to engaging and supporting diverse carers. However, it is difficult to assess the impact of the Strategy thus far due to the limited outcomes data collected or analysed. Although the outcomes data has not been adequately captured in this phase of the strategy, the development of a streamlined outcomes framework using indicators such as those outlined in Table 5.1 **Error! Reference source not found.** could overcome this limitation.

**Table 5.1: Strategy outcomes mapped to planned reforms and expected outcomes**

Focus Area	Projects	Planned Reforms	Project outputs related to planned reforms <i>(For detailed outputs for all projects see Appendix A)</i>	Expected Outcomes	Examples of possible indicators to measure future Strategy outcomes
2. Employment and Education	5.2 Network of employers to champion carer friendly workplaces 5.3 Recognising carers' skills 5.4 Carers working in the NSW Government sector 5.5 Support for carers at schools 5.6 Young Carer Mentoring	<ul style="list-style-type: none"> <li>• Increase the use of existing workplace flexibility by carers and their employers</li> <li>• Enable carers to recognise the skills and expertise they bring to employment and training</li> <li>• More young carers receive support at school to transition to further education</li> </ul>	<ul style="list-style-type: none"> <li>• National accreditation program, Carers+Employers</li> <li>• Development of the <i>SkillsLink2Work</i> website</li> <li>• Young carer awareness raising training school counsellors and the Watch this Space initiative funded by DCJ through the Youth Opportunities Program; Information about young carers and links to resources and organisations concerning young carers were added to the NSW Department of Education's website, and resources updated</li> </ul>	<ul style="list-style-type: none"> <li>• Carers have choices and opportunities to participate in paid work</li> <li>• Young carers complete school and transition to further education and employment</li> </ul>	<p>Carers employment rates, use of flexible workplace support from SDAC and Census, HILDA</p> <p>Administration of pre and post intervention and satisfaction surveys (eg. <i>SkillsLink2Work</i>)</p> <p>A longitudinal research study of young carers in schools and their transitions to further education</p>
6. Carer Health and Wellbeing	6.1 Easier access to health care	<ul style="list-style-type: none"> <li>• Improve the design and delivery of services and programs in ways that make it easier for carers to look after their health and wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>• Development of in-hospital support for carers strategies implemented in a number of facilities in NSW; awareness raising activities for carers of people from culturally and linguistically diverse (CALD) backgrounds were held around Sydney; Carer booklets and health promotion</li> </ul>	<ul style="list-style-type: none"> <li>• Carers experience good health and wellbeing</li> </ul>	<p>Identifying health and wellbeing indicators that are relevant and that can be benchmarked against population data for example : K10 (psychological distress) – measured in SDAC and Carer Survey (2014-2018); Personal Wellbeing Index – measured in Carer Survey (2014-2018), can be benchmarked against Cummins et al (2007), as well as annual PWI reports of national normative data; Self-rated health – measured in Carer Survey (2014 &amp; 2016, but not 2018), also in SDAC.</p>

	6.2 Individualising respite and support services 6.3 Carer peer support		resources were distributed by NSW Health; The NSW Health Education and Training Institute online education module 'Partnering with Carers' was completed by 800 staff across NSW		
7. Information and Community Awareness	7.1 Media campaigns to raise the profile of carers  7.2 Embed and improve information useful for carers  7.3 Young carer mobile application • Information for carers in Aboriginal communities	<ul style="list-style-type: none"> <li>• Embed and improve information for carers in the trusted systems they frequently use</li> <li>• Create positive media campaigns that portray carers as real people</li> <li>• Increase the number of people with an understanding of carers lives</li> </ul>	<ul style="list-style-type: none"> <li>• A range of media campaigns and raising awareness activities undertaken</li> <li>• the Carer Gateway was launched in 2015, and Healthdirect Australia's website page 'Caring for Others'</li> <li>• Young Carer App launched</li> <li>• a working party established to develop publication that explained in strategies for culturally appropriate planning; 'Taking Care of Business' resource developed and widely distributed to community elders and service providers, including in community education sessions and an emergency care and contacts template,</li> </ul>	<ul style="list-style-type: none"> <li>• Carers are able to easily access information when they need it</li> <li>• Carers feel the broader community understands their experience</li> </ul>	<ul style="list-style-type: none"> <li>• Provide feedback mechanisms on websites so that carers can be followed-up and also provide feedback on the usefulness of information</li> <li>• Lobby for the inclusion of questions about community understanding of carers in more representative surveys e.g. SDAC, HILDA.</li> </ul>

			which were subsequently piloted with Aboriginal carers		
8. Carer Engagement	8.1 Partners in care (health care)  8.2 Partners in care (community service delivery)  8.3 Engage carers in local decision making	<ul style="list-style-type: none"> <li>Continue to improve the ways we involve carers as partners in the care delivered to their loved ones</li> <li>Greater involvement of carers in local decisions about the design and delivery of services</li> </ul>	<p>E-module for NSW Health staff to promote partnering with carers and the identification of a carer in the PAS.</p> <p>An e-learning module was developed and made available to social housing staff, and a workshop regarding the NDIS was developed and delivered across NSW</p>	<ul style="list-style-type: none"> <li>Carers are involved in decisions that affect them and the people they care for</li> </ul>	<ul style="list-style-type: none"> <li>NSW Carers Survey contains questions relating to carers involvement in decision making</li> </ul>
9. Evidence Base	5.1 Using the evidence about carers	<ul style="list-style-type: none"> <li>Better use is made of the available data and research to create evidence that will shape policy and programs</li> </ul>	Outputs included Biannual Carers NSW Conference, online NSW People matter Employee Survey, 14 projects funded under CIP	<ul style="list-style-type: none"> <li>Carers policy and practice is informed by quality evidence</li> </ul>	<ul style="list-style-type: none"> <li>Monitor which research outputs from the Strategy provide evidence to inform policy</li> </ul>

Participants in the Review overwhelmingly acknowledged the important role of the Strategy in 'educating people in society [and within workplaces and schools] about who is a carer and who isn't' and working collaboratively across agencies to better support carers at the 'coal-front' to develop coordinated, practical solutions to meet their current and future needs. The most commonly identified outcome of the Strategy noted by participants in the Review related to raising awareness and recognition of carers. This was identified across a range of settings, particularly within government agencies. More specifically, though there is limited data to support changes in levels of awareness, it is possible that the focus on various groups of carers (e.g. young carers, working carers, Aboriginal carers) resulted greater recognition of the diversity of carers and their needs, and the accessibility of carer resources to these groups.

Participants also identified positive outcomes in relation to focused collaboration between government agencies and other organisations, which aligns with one of fundamental the principles underpinning the Strategy and the vision that carers and caring are respected and valued. The development of productive relationships between government departments and other agencies took place across the five focus areas. These new relationships and existing relationships were strengthened by the co-design process as well as the executive support provided by DCJ. Participants identified that the Strategy provided opportunities for ideas and knowledge to be shared between and across organisations and sectors leading to positive unintended outcomes. For example, as noted by one participant the Aboriginal Working party was effective beyond its original focus on carers and provided advice and guidance to culturally appropriate policy and program development more broadly.

Generally, though specific outcomes data was lacking, stakeholders consulted agreed that the objective of increasing awareness of carers, who they were and recognition of the issues they face, had been achieved, to some extent. Participants also identified positive outcomes in relation to focused collaboration between government agencies and other organisations in line with the Strategy's principles.

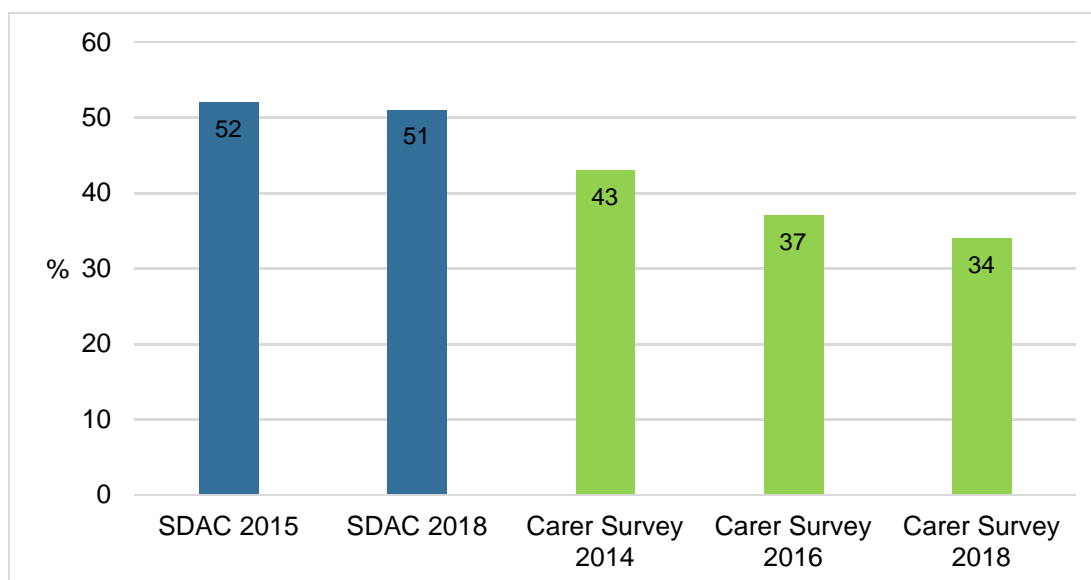
## 5.2 Carer outcomes in NSW 2014-2019

As indicated above, data regarding the impact of the Carer Strategy for carers is highly limited, and outcomes of the Strategy are difficult to disentangle from broader outcomes for carers across NSW and Australia (for example, as a result of large scale reforms such as the NDIS or CHSP). However, NSW-level data does exist regarding outcomes for carers that reflect the five Strategy domains and the anticipated outcomes listed in the Strategy documentation (see **Error! Reference source not found.**) and how these have tracked between 2014 and 2019. The findings presented in this section cannot be directly attributed to the Strategy, due to other substantive issues in service landscapes as well as external factors such as the labour market and economy that could have had an impact. In addition, any global impacts that the Strategy has had may not yet be reflected in population level data collection.

Nonetheless, the following data provides some insight into outcomes for carers in NSW in the period 2014-2019.

### Education and employment

An expected outcome of this focus area is that carers have choices and opportunities to participate in paid work. **Error! Reference source not found.** shows the percentage of carers in NSW who were employed as reported in the 2015 and 2018 Survey of Disability, Ageing and Carers (SDAC: ABS, 2015; 2018), as well as Carers NSW Carer Surveys between 2014 and 2018 (Carers NSW, 2014; 2016; 2018). It should be noted that these survey populations are not directly comparable. Carer Survey samples tend to have an overrepresentation of primary carers who are engaged with various services and supports, and are also older, more likely to be female, and have completed higher levels of formal education than the broader NSW carer population.



**Figure 5.1: Percentage of carers in NSW who were employed in Survey of Disability, Ageing and Carers and Carers NSW Carer Surveys**

Source: SDAC (ABS, 2015; 2018) and Carers NSW Carer Survey (Carers NSW, 2014; 2016; 2018)

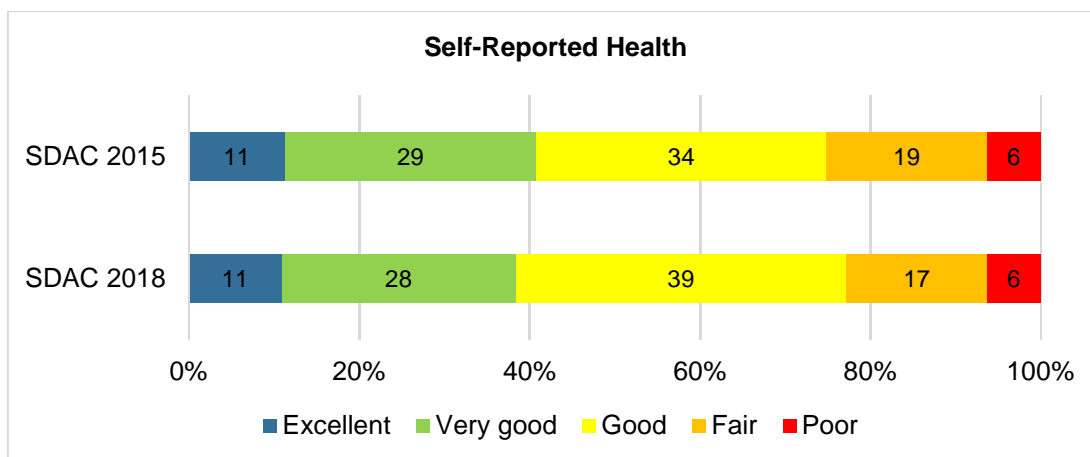
The proportions of carers who were employed in the 2015 and 2018 SDAC were similar, while the Carer Surveys reported lower levels of employment within their samples (possibly due to older average ages and subsequent rates of retirement).

This focus area also sought to increase the use of workplace flexibility by carers and their employers. According to SDAC, approximately half of working carers at each time point had **not** used flexible arrangements to support them balancing work and care (52 per cent in 2015; 51 per cent in 2018).

### Carer Health and Wellbeing



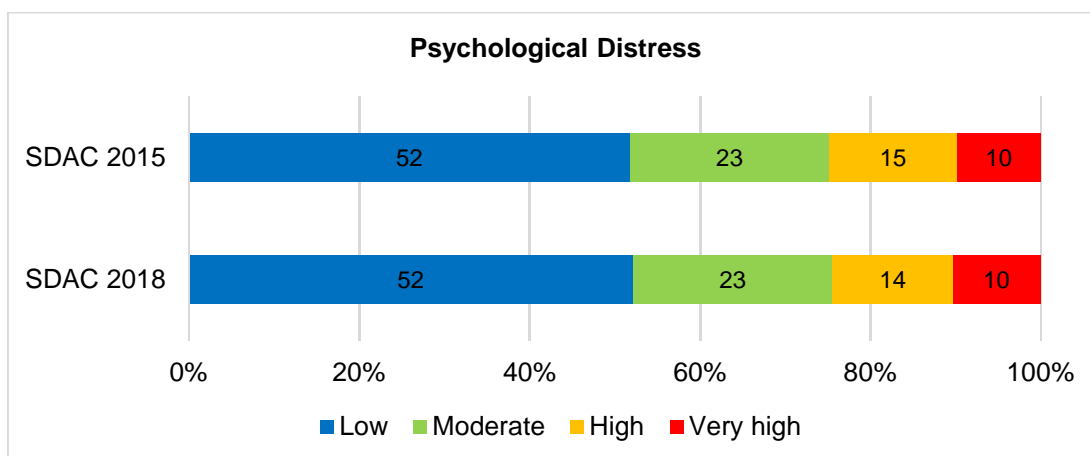
The expected outcome of this focus area was that carers experience good health and wellbeing. Carers' self-reported health status (as recorded by SDAC) is shown in Figure 5.2. Between 2015 and 2018, there was no discernible difference in carers' health status, with approximately three-quarters (75 per cent in 2015; 78 per cent in 2018) reporting that their health was 'good' or better.



**Figure 5.2. NSW carers' self-reported health status as recorded by Survey of Disability, Ageing and Carers**

Source: SDAC (ABS, 2015; 2018)

Similarly, carers' psychological distress (measured using the K10 scale: Kessler, et al., 2003) was the same according in both 2015 and 2018 SDAC data (Figure 5.3 **Error! Reference source not found.**), with just over half (52 per cent) reported low levels of distress and 10 per cent reported very high distress.



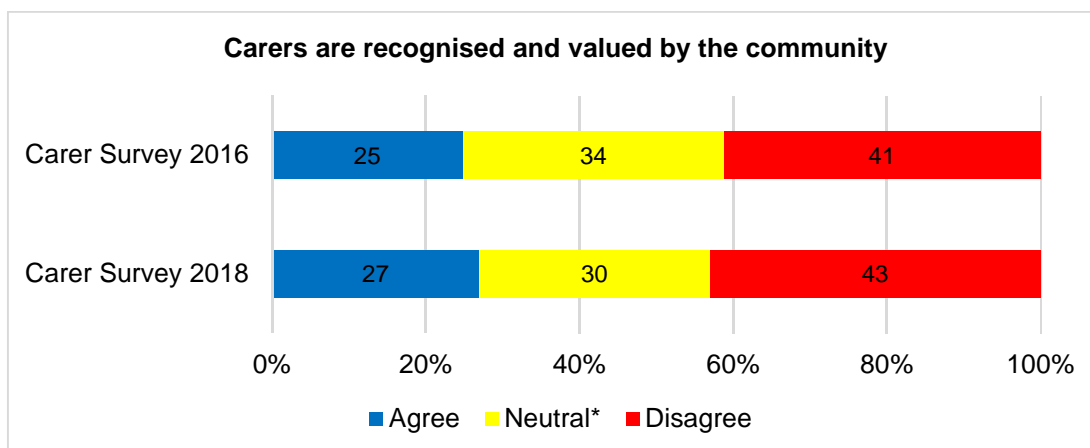
**Figure 5.3. NSW carers' psychological distress as recorded by Survey of Disability, Ageing and Carers**

Source: SDAC (ABS, 2015; 2018)

The Carers NSW Carer Survey has collected data regarding carers' wellbeing using the Personal Wellbeing Index (PWI: International Wellbeing Group, 2013) since 2014. The mean wellbeing score has remained significantly lower than Australian normative data over that time (Carers NSW, 2018).

## Information and community awareness

An expected outcome of this focus area was that carers feel the broader community understands their experience. In 2016 and 2018, the Carers NSW Carer Survey asked carers if they felt recognised and valued by the community. Findings were similar at both time points, with one in four carers reporting that they did feel recognised and valued, while two in five did not.



**Figure 5.4. Carers' perceptions of recognition and being valued by the community**

\*Includes "Not applicable"

Source: Carers NSW Carer Survey (Carers NSW, 2016; 2018)

## Carer engagement

The expected outcome of this focus area is that carers are involved in decisions that affect them and the people they care for. In the 2018 Carers NSW Carer Survey, most carers reported that they had been included by services provided to those they cared for: 80 per cent agreed that aged care services had included them in decision making; 72 per cent agreed that they had been included in NDIS planning; 85 per cent agreed that they were included in decision making by GPs; and 78 per cent agreed that they had been included in decision making by hospitals.

In sum, according to data from SDAC and Carers NSW Surveys on outcomes for carers in NSW between 2014 and 2019, the data shows that outcomes for carers in the three domains for which there is data over time have remained reasonably stable, and more detailed data is required.

## 5.3 Data adequacy and future data requirements

Through the synthesis of findings from the document review, interviews, and online survey, the research team reached the conclusion that the data that was collected was almost exclusively focused on implementation and outputs. Given the timing, much of the implementation data collected in the course of this Review was collected a significant time after project implementation occurred. Findings related to implementation were therefore mixed, and there was some clear uncertainty

regarding details of project set-ups and implementation from stakeholders consulted in the Review. *In future strategies (and reviews/evaluations), it will be important to ensure that data related to the development and/or implementation of projects or overarching strategies is collected throughout these processes, that is, at the time of the project occurring, rather than several years later.*

The Review identified a significant quantity of output-related data. The reviewed documents demonstrated that, overall, projects achieved their intended objectives and this was adequately documented. However, currently available data is insufficient to determine the impact of the Strategy on carers and their lives. Stakeholders consulted noted that this was an issue to be prioritised in the development of the next Strategy. Projects funded under the CIP have been required to develop evaluation frameworks, suggesting that some form of outcome data will be collected across these projects by the time they conclude. To date, this has not been collected as the projects are not yet completed. Since CIP projects are currently in progress, their individual evaluation frameworks and processes have not been reported on. However, the overall CIP project logic suggests that collecting and reporting on outcomes data is a priority for these projects as they progress.

Outcomes data could take many forms. Depending on the specific details on an individual project, satisfaction surveys at project completion, simple pre-post surveys, or exit interviews could be appropriate means of collecting basic outcome data at the project level. Beyond this, large scale data collection approaches (e.g. Carers NSW Carer Surveys), relevant linked data (e.g. Centrelink databases), or population level statistics (e.g. SDAC, Census of Population and Housing) could be utilised to track outcomes related to overarching Strategy objectives, provided these sources of data align with stated objectives. In all cases, it is important that program logics and evaluation frameworks are developed concurrently with Strategy and project objectives in order for meaningful outcome data to be collected at appropriate times and for this process to be embedded within project implementation procedures.

## 6 Conclusions and Insights

The Review of the NSW Carers Strategy 2014-2019 aimed to review the Strategy's implementation processes and overall outcomes, examine outcomes from projects funded under the Strategy, and identify insights to inform the development of the next Carers Strategy. Stakeholders identified the Strategy itself as an important framework that enabled a shared vision among stakeholders and an ability to work towards common goals. This is despite difficulties encountered as a consequence of shifting political and service system landscapes during the five-year timeframe of the Strategy (e.g., NDIS and the Carer Gateway).

Consultations with key stakeholders found that the main identified outcome of the Strategy was the raising of awareness and recognition of carers. Positive outcomes were also noted regarding collaborations between a range of organisations, with the goal of supporting carers. Reported experiences regarding organisational relationships were varied, with some facing no barriers to establishing relationships between committed and motivated organisations, while others faced barriers via a lack of engagement or resourcing issues. The co-design process that was instrumental in developing the Strategy meaningfully facilitated organisational relationships and the implementation of the Strategy.

Overall, the projects funded under the Strategy were implemented as they were intended and produced outputs that were generally in keeping with the overarching Strategy. The impact of the Strategy thus far cannot be accurately assessed, however, due to a lack of outcomes data. Furthermore, factors such as changing service landscapes and the existence of other services for carers outside those directly funded by the Strategy are likely to have had an impact on the implementation of the Strategy and its projects, as well as any outcomes. These contextual factors are difficult to measure, but must be recognised when considering the success of the Strategy and in planning for future strategies.

### 6.1 Factors related to project and/or Strategy success

This Review makes the following recommendations for the next NSW Carers Strategy:

#### Strategy design and governance

- Overall, stakeholders were satisfied with the governance arrangements for the Strategy. Governance of the Strategy should include government and non-government sectors, policy makers and practitioners and carers. It is also important that there is senior commitment and buy in from all relevant government departments.

- Governance arrangements could be built on in the next Strategy by the inclusion of other stakeholders – as indicated below – and by regular reporting by projects against the overall program logic. This would allow the strategy to better adapt to contextual changes and other contingencies as they arise over the course of implementation. Further, projects should be encouraged to share successes and challenges in a regular, systematic manner so that learnings can be shared across the strategy as a whole. This could be done in regular face to face or virtual meetings of project leads.
- Co-design is an extremely effective method of engaging stakeholders at an early stage, and the goodwill and interest generated at the co-design phase can play a central role in the successful implementation of the Strategy, particularly in the level of commitment and engagement of stakeholders. The integration of a co-design phase into the next Strategy is strongly supported.
- If engagement in the co-design phase is a determining factor in commitment to and engagement with the Strategy, consider bringing ‘hard-to-engage’ stakeholders – such as employers or employer bodies – into the co-design process.
- The vision, aims and priorities of the Strategy were clear and transparent, as was the role of DCJ, and this clarity was important to the success of the Strategy. The way in which activities were funded under the Strategy (except for Focus Area 5) and the rationale for engaging partners in projects were less transparent and may have contributed to challenges in implementation. The rationale for apportioning roles of agency leads and partners could become more transparent in the next Strategy.
- Various aspects of implementing the Strategy were affected by rapidly changing political environments and service system landscapes (e.g., related to NDIS, My Aged Care). These reforms should now be considered carefully in designing the next Strategy, and more stakeholders at the Commonwealth level (i.e. the NDIS and CHSP) engaged in the development and governance of the Strategy. In particular, given the recommendation from stakeholders that carer inclusion needs to improve at policy levels and in professional guidelines, and the NDIS is likely to play an increasingly important role in this space, the NDIA should be more involved in developing and implementing the next Carer Strategy. Similarly, given the upcoming commencement of the Carer Gateway (in April 2020), the Department of Social Services (DSS) should also be involved.
- The development of better methods of communicating about the Strategy and individual projects to non-state actors who do not generally work in the carer space would enhance broader engagement. This could include strategies like: engaging non-state actors of this kind in the Strategy governance; identifying ‘ambassadors’ of these groups who can provide mentorship or support for

project leads in engaging these actors; and requiring project leads to provide more developed engagement strategies for engaging these more 'difficult-to-engage' groups.

- Clearly identify how the Carer Strategy and Carer Investment Program are intended to complement each other. Since the CIP will continue beyond the commencement of the next Strategy, the expected outcomes of CIP projects could be used to inform expected outcomes and Focus Areas of the next Strategy.

### **Project design and tendering/procurement**

- Establish project funding models that provide as much certainty and stability to organisations and their staff as possible. This is particularly important in relation to staff retention, as the Review highlighted the challenges associated with recruiting and retaining helpful staff. New funding provided through the Strategy would support projects and project leads to achieve this.
- Ensure that the relevance of individual projects to the overall Strategy is clear. Develop comprehensive logic documents to ensure all partnering organisations understand the links and work within those parameters.
- Focus on supporting long-term, sustainable projects. Avoid focusing on one-off meetings or workshops. This may enable more resources to be channelled into fewer projects that have more sustainable outcomes. New funding made available through the Strategy would also support projects to achieve more wide-ranging and sustainable outcomes.
- Carer engagement can prove difficult as they are a time-poor population. Future projects should increase their focus on carer engagement in project development phases, e.g., have a clearly articulated strategy to promote carer engagement, with multiple contingency plans. Engaging carers in project design and governance was a successful strategy in this respect.
- Ensure service delivery projects focus on the types of services widely used by carers. Considering the difficulties in engaging time-poor carers, and the limitations of available financial resources, projects should reflect the types of services carers use, and the contexts in which they use them.
- Ensure project leads have sufficiently identified and accounted for potential challenges in engaging stakeholders who are neither government agencies nor accustomed to working with carers, such as employers and principals.

### **Monitoring and evaluation**

- Implementation processes should be reviewed intermittently throughout project delivery, as well as when the project is finalised. This will enable any

implementation issues to be addressed in a timely manner and will allow for timely and accurate data collection regarding program delivery, outputs, and relevant outcomes.

- In order to measure project outcomes and highlight the impact of the Strategy, relevant and easily collectable indicators and data collection processes should be embedded within project design and implementation as standard practice (across all projects and the Strategy as a whole). New funding through the Strategy for projects within its remit would support projects both to achieve outcomes and to measure and report on them.
- Develop an evaluation framework as a requirement for all projects, as noted in the CIP project logic which suggests that evaluation frameworks are a requirement of all projects. Selected indicators to measure outcomes should reflect stated project aims and be aligned with the broader Strategy goals. It may take significant time before changes are noted in the collected data.
- While projects were assigned to fit within Focus Areas, a clearer link between Focus Areas, project goals, and anticipated outcomes would facilitate the identification of relevant outcome measures to capture impact. For example, at project and Strategy levels the following questions should be considered in the design of project outcomes: What does a project expect to do/achieve? How does that align with Strategy Focus Areas? What difference is that expected to make (and how far is that expected to reach – local, regional, statewide)? How will any change be measured (i.e., what is an appropriate indicator?) Where will that data be sourced (program participants, SDAC, Carer Survey, etc.)?
- Use indicators that are relevant and can also be benchmarked against population data. Relevant indicators should be identified for each Focus Area and for project outcomes, and appropriate means of collecting indicator data should be carefully considered. For example: K10 (psychological distress) – measured in SDAC and Carer Survey (2014-2018), and also widely used in research and clinical populations; Personal Wellbeing Index – measured in Carer Survey (2014-2018), and can be benchmarked against Cummins et al (2007), as well as annual reports of national normative data; Self-rated health – measured in Carer Survey (2014 & 2016, but not 2018), also in SDAC.
- Ensure that any data collected in relation to Strategy outcomes maintains continuity over time. For example, carer recognition can be assessed based on a single question included in the Carers NSW Carer Survey (2016 and 2018), which was adapted from three separate questions in 2014. Response options to this question have slightly changed over time, limiting capacity to directly compare over time. Similarly, measures of service use and inclusion have been included in Carer Survey between 2014-2018 but have been adapted over time to better reflect the changing service sector. While this

means more appropriate data at each time point, there's a lack of comparison over time. It is therefore important to identify the most appropriate and available data source to utilise in measuring indicators.

- Clearly consider additional, related variables to indicator data. For example, there are many factors associated with employment status (retirement, desire to work, broader economic environment). Capturing choice about workforce participation is more difficult than measuring workforce participation itself. Careful consideration must be given to ensure that intended Strategy outcomes align with planned data collection procedures.



## References

- Arksey, H and Glendinning, C (2008) 'Combining Work and Care: Carers' Decision-making in the Context of Competing Policy Pressures', *Social Policy and Administration*, 42(1), 1-18
- Australian Bureau of Statistics (2015). *Survey of Disability, Ageing and Carers* (2015), TableBuilder. Findings based on use of ABS TableBuilder data.
- Australian Bureau of Statistics (2018). *Survey of Disability, Ageing and Carers* (2018), TableBuilder. *Findings based on use of ABS TableBuilder data.*
- Carers NSW (2014). *Carers NSW 2014 Carer Survey: Main report.* Sydney, Carers NSW.
- Carers NSW (2016). *Carers NSW 2016 Carer Survey: Main report.* Sydney, Carers NSW.
- Carers NSW (2018). *Carers NSW 2018 Carer Survey: Summary report.* Sydney, Carers NSW.
- Dawson, S. Gerace, A., Muir-Cochrane, E., O'Kane, D., Henderson, J., Lawn, S. & Fuller, J (2017) Carers' experiences of accessing and navigating mental health care for older people in a rural area in Australia, *Aging & Mental Health*, 21:2, 216-223
- FACS (2015) *NSW Carers Strategy 2014-2019*, Department of Family and Community Services, Sydney:  
<https://www.facs.nsw.gov.au/download?file=300077> [accessed 21 October 2019].
- FACS (2016), *Carers Strategy-Interim progress report 2015-2016*, Department of Family and Community Services, Sydney:  
<https://www.facs.nsw.gov.au/download?file=656263> [accessed 21 October 2019].
- Hamilton, M; Botfield, J; Newman, C; Persson, A; Bryant, J; valentine, k; Wallace, J (2018) 'Hidden carers? A scoping review of the needs of carers of people with HIV in the contemporary treatment era', *International Journal of Care and Caring*, 2(4), pp. 529-549.
- Hamilton, M, Giuntoli, G., Johnson, K. & Fisher, KR (2016). *Transitioning Australian respite, (SPRC Report #2016)*. Sydney: Social Policy Research Centre, UNSW Australia
- International Wellbeing Group (2013) *Personal Wellbeing Index – Adult. Melbourne, Australian Centre on Quality of Life*, Deakin University
- Kessler, R., Barker, P., Colpe, L., Epstein, J., Gfroerer, J., Hiripi, E., Howes, M., Normand, S., Mandersheid, R., Walters, E., Zaslavky, A. (2003) 'Screening for serious mental illness in the general population", *Archives of General Psychiatry*, 60:2, 184-189
- Lewis, S. and Humbert, A. (2010), "Discourse or reality? "Work-life balance", flexible working policies and the gendered organization", *Equality, Diversity and Inclusion*, Vol. 29 No. 3, pp. 239-254.
- Mavromaras, K., Moskos, M., Mahuteau, S., Isherwood, L., Goode, A., Walton, H., Smith, L., Wei, Z., and Flavel, J. (2018) *Evaluation of the NDIS final report* Canberra: Dept. of Social Services and Flinders University's National Institute of Labour Studies
- NSW Government (2019), Evaluation report: Carers Week, 2019, DCJ, Sydney
- Phillipson, L., Johnson, K., Cridland, E. Hall, D. Neville, C., Fielding, E., Hasan, H. (2019) Knowledge, help-seeking and efficacy to find respite services: an exploratory study in help-seeking carers of people with dementia in the

context of aged care reforms. *BMC Geriatrics* 19, 2, doi:10.1186/s12877-018-1009-7

Public Service Commission (2018) *People Matter Employee Survey Report: Main Findings*: NSW Government, Sydney: Accessed <https://www.psc.nsw.gov.au/ArticleDocuments/3536/People%20Matter%20Employee%20Survey%20Report%20Main%20%20Findings%202018.pdf.aspx?Embed=Y>.

## Appendix A: Summary of Document Analysis by Project

Overall the data sourced for the document review highlighted positive aspects of the strategy. This was specifically the case in the review of the Strategy Progress Reports. As noted in Section 4 information on project logic models was detailed and provided outcomes frameworks (short-, medium-, and long-term outcomes) however data to assess indicators of success were unavailable or incomplete. However, the documentation provided the research team with background information on how the projects were devised and to some extent, how they were implemented.

### **Focus Area 1: Employment and Education**

Five projects were implemented as part of Focus Area 1- three are listed as completed and two still in progress. Projects were led by FACS, Carers NSW, NSW Community Services & Health Industry Training Advisory Body with FACS, and the NSW Department of Education. Notable outputs were achieved across all projects, which were designed to target a wide demographic of carers, including young carers. The projects sought to give carers to easy-access, practical tools that linked them to carer-friendly employers. Other projects raised the profile of carers, and their specific needs, among those in the education and employment sectors. Projects also gave carers access to networks they could tap into for mentoring and advocacy initiatives.

Project	Implementation Issues	Documents Sourced	Data as reported in the documents reviewed		
			Outputs Achieved	Anticipated Outcomes	Next Steps
1.1 <b>Network of employers to champion carer friendly workplaces</b> - Develop a network of progressive employers across	No issues identified	NSW Carers Strategy 2014-2019: Progress Report 2016, 2017, and 2018;  Employers and Carers Network Project: Final Report (2016)-Orima Research;	a) FACS commissioned Carers NSW in 2017 to establish the network and a reference group to guide the project. Members of the reference group included FACS, Telstra, Australian Human Rights Commission, Fair Work Ombudsman, UNSW, Workforce	<b>Short-term:</b> More carers & employers are networked & use existing workplace flexibility.  <b>Outcome achieved:</b> No evidence/data within the document analysis.	Completed  Output b: Finalisation of program resources and continued

<p>diverse industries to champion better employment outcomes for carers. <i>FACS and Carers NSW.</i> <i>Jointly funded by the State and Commonwealth Governments</i></p>		<p>Orima Research- National Network of Employers and Carers Workshop invite and briefing paper;</p> <p>Orima Research- Project Plan and Deliverables Timeframe: Employers and Carers Network (Stage 1) Project (2016);</p> <p>Carers and Employers Network Program Logic;</p> <p>NSW Carers Strategy Project Update - 21 November 2016;</p> <p>NSW CARERS STRATEGY 2014-2019 Monitoring &amp; Evaluation Program Logic;</p> <p>Carers Strategy Update-LIVE version</p>	<p>Gender Equity Agency, The Copy Collective, Double Bay and District Business Chamber and carer representation.</p> <p>b) In 2018, the Carers+Employers. program and accreditation program were launched. The program defines best practice standards for supporting staff with caring responsibilities. Here is the website: <a href="https://carersandemployers.org.au/">https://carersandemployers.org.au/</a></p> <p>c) National Network of Employers and Carers Workshop - 28 April 2016</p>	<p><b>Intermediate:</b> Increase the use of existing workplace flexibility by carers &amp; their employers.</p> <p><b>Outcome achieved:</b> No evidence/data within the document analysis.</p> <p><b>Long-term:</b> Carers have choices &amp; opportunities to participate in paid work. Carers experience carer friendly workplaces.</p> <p><b>Outcome achieved:</b> No evidence/data within the document analysis.</p>	<p>engagement of employers</p>
<p><b>1.2 Recognising carers' skills</b> - Tool to assist carers to understand how the skills, knowledge and experience they have developed as carers can be utilised in training and employment. <i>NSW Community Services &amp; Health Industry Training Advisory Body with FACS</i></p>	<p>The NSW Community Services and Health Industry Training Advisory Body worked in a co-design approach with carers, FACS, the Department of Social Services, Carers NSW and Disability &amp; Aged Information Service Inc (DAISI) Ballina NSW. Extensive consultation occurred with carers across NSW. Sixty carers attended five focus groups during May 2015 in Dubbo, Ballina, Kanwal, Sutherland and Wollongong</p>	<p>NSW Carers Strategy 2014-2019: Progress Report 2016, 2017, and 2018;</p> <p>1.2 Draft Program Logic;</p> <p>NSW Carers Strategy Project Update - 21 November 2016;</p> <p>NSW CARERS STRATEGY 2014-2019 Monitoring &amp; Evaluation Program Logic;</p> <p>Carers Strategy Implementation Committee (CSIC) Minutes 21 April 2015;</p> <p>Carers Strategy Update-LIVE version</p>	<p>a) SkillsLink2Work website was launched in April 2016: <a href="https://skillslink2work.com.au/">https://skillslink2work.com.au/</a> Since October 2017, the website has had 925 users, of 911 were new visitors, and completed 912 sessions. The 138 returning visitors completed 338 sessions;</p> <p>b) A number of users have agreed to be contacted about the tool (a question is asked on the website).</p> <p>c) The SkillsLink2Work tool has been used by TAFE NSW in a new Carers Investment Program funded by FACS.</p>	<p><b>Short-term:</b> Carers &amp; other stakeholders are using &amp; promoting SkillsLink2Work</p> <p><b>Outcome achieved:</b> No evidence/data within the document analysis.</p> <p><b>Intermediate:</b> More carers recognise the skills &amp; expertise they bring to employment &amp; training.</p> <p><b>Outcome achieved:</b> No evidence/data within the document analysis.</p> <p><b>Long-term:</b> Carers have choices and opportunities to participate in paid work.</p> <p><b>Outcome achieved:</b> No evidence/data within the document analysis.</p>	<p>Completed</p> <p>Output a: A review of project outcomes is planned by FACS</p>

<p><b>1.3 Carers working in the NSW Government sector</b> - Explore opportunities to incorporate a carer focus into existing public sector guidelines, policies and surveys and ongoing implementation of the Carers (Recognition) Act 2010. <i>Department of Premier and Cabinet, FACS and NSW Treasury</i></p>	<p>Ongoing implementation of the recommendations of the statutory review of the Carers (Recognition) Act 2010.</p>	<p>NSW Carers Strategy 2014-2019: Progress Report 2016, 2017, and 2018;</p> <p>Carers Working in the NSW Government Sector Program Logic;</p> <p>NSW Carers Strategy Project Update - 21 November 2016;</p> <p>NSW CARERS STRATEGY 2014-2019 Monitoring &amp; Evaluation Program Logic;</p> <p>Carers Strategy Implementation Committee (CSIC) Minutes 30 July 2018;</p> <p>Carers Strategy Update-LIVE version</p>	<p>a) An annual report collating information provided by human service agencies about their reporting on compliance with the Act in 2015/16 was published on the FACS website;</p> <p>b) Resources in support of carers and the Carers Act were developed including an easy read version of the Carers Charter, an Aboriginal designed version of the Carers Charter, a Carers Key Facts poster and a video targeted at NSW Human Service Agencies to promote the Carers Charter and their reporting responsibilities;</p> <p>c) A report on collating compliance with the Act in 2016/17 and 2017/18 were finalised in December 2018. To be published soon.</p> <p>d) Carer question include in the NSW People Matter Employee Survey (PMES);</p> <p>e) Facilitating carer access to carer protection information and relevant legislation</p>	<p><b>Short-term:</b> Greater focus on carers in the workforce by key personnel in NSW Public Service Commission, NSW Industrial Relations and FACS; Greater understanding of effectiveness of current FACS workplace flexibility provisions; More information collected about carers in the NSW government workforce a FACS.</p> <p><b>Outcome achieved:</b> No evidence/data within the document analysis.</p> <p><b>Intermediate:</b> Workforce Diversity Framework effectively addresses employees who are carers; Increased awareness of employees who are carers by NSW Government and FACS human resources professionals; Greater awareness of carers and their entitlements by FACS managers; Greater capacity to support carers by Converge (EAPS).</p> <p><b>Outcome achieved: No evidence/data within the document analysis.</b></p> <p><b>Long-term:</b> Carer's have choices and opportunities to participate in paid work; Improved understanding of carers employed in the NSW public sector workforce; Increased uptake of flexible working arrangements by carers employed by FACS; Increased retention of carers in the NSW public sector workforce Increase in strategies by NSW Government <b>employers to retain carers in their workforce.</b></p> <p><b>Outcome achieved:</b> No evidence/data within the document analysis.</p>	<p>In progress</p> <p>Revising and updating supporting policy, guidelines and education resources to improve understanding and implementation of the Act</p>
--	--	---	---	---	--

<p><b>1.4 Support for carers at schools</b> - Build the capacity of schools to identify and respond to the wellbeing of young carers. <i>NSW Department of Education</i></p>	<p>No issues identified</p>	<p>NSW Carers Strategy 2014-2019: Progress Report 2016, 2017, and 2018;</p> <p>Support Young Carers in the NSW Public School System Program Logic;</p> <p>NSW Carers Strategy Project Update - 21 November 2016;</p> <p>NSW CARERS STRATEGY 2014-2019 Monitoring &amp; Evaluation Program Logic;</p> <p>Carers Strategy Implementation Committee (CSIC) Annotated Agenda 21 November 2016; Carers Strategy Update-LIVE version</p>	<p>a) The resource, <i>Being a Carer, Being a Student, Being a Kid</i> has been updated.</p> <p>b) NSW Department of Education's website has been updated to provide information about young carers and links to resources and organisations.</p> <p>c) December 2017 workshop for School Counsellors in Training to raise awareness about young carers and avenues for support.</p> <p>d) Through the <i>Watch this Space initiative</i> funded by DCJ through the Youth Opportunities Program (independent from the Carers Strategy) 19 young carers were assisted in planning, developing and presenting to over 500 teachers and community service staff, as well as over 2500 high school students across 16 schools and 10 community service locations. The website can be accessed here: <a href="https://www.youngcarersnsw.org.au/update-watch-this-space/">https://www.youngcarersnsw.org.au/update-watch-this-space/</a></p>	<p><b>Short-term:</b> More schools, DEC welfare units &amp; mentoring providers have the knowledge and skills to identify and support young carers.</p> <p><b>Outcome achieved:</b> No evidence/data within the document analysis.</p> <p><b>Intermediate:</b> More young carers receive support at school to transition to further education and training.</p> <p><b>Outcome achieved:</b> No evidence/data within the document analysis.</p> <p><b>Long-term:</b> Young carers complete school and transition to further education and employment.</p> <p><b>Outcome achieved:</b> No evidence/data within the document analysis.</p>	<p>In progress</p> <p>Output a: Update of the resource, <i>Being a Carer, Being a Student, Being a Kid</i> in 2019 for distribution in 2020</p>
<p><b>1.5 Young Carer Mentoring</b> - Work with a roundtable of government and community partners to increase young carers access to mentoring programs. <i>FACS with Carers NSW</i></p>	<p>No issues identified</p>	<p>NSW Carers Strategy 2014-2019: Progress Report 2016, 2017, and 2018; <i>Young Carer Mentoring and Support Final Roundtable Report</i> (2015); Young Carer Mentoring Program Logic;</p> <p>NSW Carers Strategy Project Update - 21 November 2016;</p> <p>NSW CARERS STRATEGY 2014-2019 Monitoring &amp; Evaluation Program Logic;</p>	<p>a) A young carer mentoring roundtable was conducted in November 2014 with 10 young carers and 20 representatives from government and non-government agencies involved in youth mentoring and support services.</p>	<p><b>Short-term:</b> More schools, DEC welfare units and mentoring providers have the knowledge and skills to identify and support young carers.</p> <p><b>Outcome achieved:</b> No evidence/data within the document analysis.</p> <p><b>Intermediate:</b> More young carers receive support at school to transition to further education and training.</p> <p><b>Outcome achieved:</b> No evidence/data within the document analysis.</p> <p><b>Long-term:</b> Young carers complete school and transition to further education and employment.</p>	<p>Completed</p> <p><i>The Young Carer Mentoring and Support Final Roundtable Report</i> (2015) will continue to inform future initiatives.</p>

		Carers Strategy Implementation Committee (CSIC) Minutes 21 April 2015; Carers Strategy Update-LIVE version		<b>Outcome achieved:</b> No evidence/data within the document analysis.	
--	--	---	--	---	--

### **Focus Area 2: Carer Health and Wellbeing**

Three projects encompassed Focus Area 3. Project facilitators and partners included NSW Health, Carers NSW, FACS, and Healthdirect Australia. Two projects were listed as complete, with one remaining in progress. Significant outputs were achieved in project 2.1 to enhance accessibility to hospitals and healthcare services for carers. Advocacy efforts were undertaken with health districts to build awareness of carers specific needs.

During the document analysis, it was found that Project 2.2 did not have a Program Logic Model, so anticipated outcomes were not identified. While the project is listed as completed, the primary output, a watching brief, will continue to evolve into the next Strategy, with consideration to the NDIS and how this will impact carer health and wellbeing.

Project 2.3 is still listed as “in progress”. The document analysis revealed that the project in its original form needed to be revised with consideration to the changing policy and service delivery context of peer support service delivery. This area of focus will be carried forward in the next Strategy.

Project	Implementation Issues	Documents Sourced	Data as reported in the documents reviewed		
			Outputs Achieved	Anticipated Outcomes	Next Steps
<b>2.1 Easier access to health care</b> - Develop strategies to make it easier to access health services and programs.	No issues identified	NSW Carers Strategy 2014-2019: Progress Report 2016, 2017, and 2018;  NSW Health Program Logic;	a) In-hospital support for carers strategies were implemented in a range of facilities (incl. Royal North Shore, Ku-ring-gai, Bowral, Liverpool, Blacktown, and Mount Druitt hospitals);  b) Awareness raising activities CALD carers in the South Western Sydney	<b>Short-term:</b> Increased awareness by carers of health services & programs.  <b>Outcome achieved:</b> No evidence/data within the document analysis.  <b>Intermediate:</b> Improve the design and delivery of services and programs to	Completed  Output: Support for carers of people receiving palliative care is to be enhanced with a new three-year program to

<p>NSW Health &amp; Carers NSW, with FACS, Healthdirect Australia</p>		<p>NSW Carers Strategy Project Update - 21 November 2016</p> <p>NSW CARERS STRATEGY 2014-2019</p> <p>Monitoring &amp; Evaluation Program Logic;</p> <p>Carers Strategy Implementation Committee (CSIC) Minutes 21 April 2015;</p> <p>Carers Strategy Implementation Committee (CSIC) Minutes 30 July 2018;</p> <p>Carers Strategy Update-LIVE version</p>	<p>Local Health District and the Northern Sydney Local Health District;</p> <p>c) Education and Information for carers incl: 'Carer's' booklet developed by Illawarra Shoalhaven Local Health District; Awareness raising sessions (of young carers in the school system) for high schools in the Central Coast Local Health District; In 2016-17, there were 423 Stepping On programs delivered in NSW and 4,678 adults over the age of 65 years completed the program. A brochure specifically targeting carers was also developed for the program;</p> <p>d) Extensive network of carer support staff across Local Health Districts (approximately 20 Full Time Equivalent);</p> <p>e) Approximately 800 staff across NSW Health have completed the NSW Health Education and Training Institute online education module Partnering with Carers;</p> <p>f) More than 10,000 health promotion resources for the Get Healthy Information and Coaching Service distributed by NSW Health staff;</p> <p>g) More than 4,400 packages of the Last-Days-of-Life Home Support Service have been delivered throughout NSW since 2013;</p> <p>h) NSW Family and Carer Mental Health Program adapted and made carer-friendly;</p> <p>i) After-Hours Palliative Care Helpline adapted. This also includes: <i>Last-Days-of-Life Home Support Service</i></p>	<p>make it easier for carers to look after their own health and wellbeing.</p> <p><b>Outcome achieved:</b> No evidence/data within the document analysis</p> <p><b>Long-term:</b> Carers experience good health &amp; wellbeing.</p> <p><b>Outcome achieved:</b> No evidence/data within the document analysis.</p>	<p>increase assistance for carers (announced in 2017).</p> <p>Additional:</p> <p>Future work will aim to safeguard the health and wellbeing needs of carers within the primary and acute health care setting.</p>
---	--	---	--	---	---



			developed to provide palliative care support for carers; j) <i>Stepping On</i> program adapted and promoted		
<b>2.2 Individualising respite and support services</b> - Provide a watching brief for carers on the key reforms such as the NDIS. <i>FACS</i>	* According to FACS, a Project Logic Model was not created for Project 2.2; therefore, anticipated outcomes were not identified.	NSW Carers Strategy 2014-2019: Progress Report 2016, 2017, and 2018;  NSW Carers Strategy Project Update - 21 November 2016;  Carers Strategy Update-LIVE version	a) Watching brief developed and distributed.  b) Project steering committee developed.	<b>N/A</b>	Completed  Output a: FACS is still providing a watching brief (i.e. not an actual written document- a series of training on the NDIS, carers are considered in programs roll-ed out, carers are involved in planning. A policy role that they've maintained) for carers on the key reforms such as the NDIS, ICSS and ILC programs, and facilitating input by carers, for example through the NSW Carers Advisory Council.
<b>2.3 Carer peer support</b> - expand the variety and reach of peer support programs in NSW. <i>FACS &amp; Carers NSW with NSW Health</i>	No issues identified	NSW Carers Strategy 2014-2019: Progress Report 2016, 2017, and 2018; NSW Carers Strategy Project Update - 21 November 2016; NSW CARERS STRATEGY 2014-2019 Monitoring & Evaluation Program Logic; Carer Peer Support Program Logic;	a) FACS has convened a project steering committee with members drawn from carers within the community and their advocates. This project held its first project steering committee meeting in June 2018 with some of the key stakeholders: Carers NSW, Mental Health Commission of NSW, Mental Health Carers NSW and FACS.	<b>Short-term:</b> Carers more aware of available local and state-wide networks. <b>Outcome achieved:</b> No evidence/data within the document analysis. <b>Intermediate:</b> Improve the design and delivery of services and programs to make it easier for carers to look after their own health and wellbeing.	In progress  The committee decided that the project as currently outlined in the Strategy should be revised to reflect the changing policy and service delivery landscape in the area of peer

		Carers Strategy Update-LIVE version; Carers Strategy Implementation Committee (CSIC) Minutes 30 July 201		<b>Outcome achieved:</b> No evidence/data within the document analysis. <b>Long-term:</b> Carers experience good health & wellbeing. <b>Outcome achieved:</b> No evidence/data in document analysis	support service delivery. This area of focus will be carried forward in the next Strategy.
--	--	--	--	---	--

### **Focus Area 3: Information and Community Awareness**

According to the 2016 NSW Carer’s Strategy Progress Report (p. 17), carers have indicated that this is one of “their highest priorities and that access to good information underpins their ability to provide care.” This Focus Area not only aimed to improve quality information for carers but had the wider goal of raising community awareness of carers-specific needs and circumstances. Four projects were implemented, with all now listed as completed. Two of the projects were specifically targeted for young carers (project 3.3) and Aboriginal communities (project 3.4). The projects were facilitated by FACS, Healthdirect Australia, Carers NSW, Apps4 NSW, and an Aboriginal Working Party that liaised with FACS.

Project	Implementation Issues	Documents Sourced	Data as reported in the documents reviewed		
			Outputs Achieved	Anticipated Outcomes	Next Steps
<b>3.1 Media campaigns to raise the profile of carers</b> - Develop ongoing media campaigns to improve public awareness and understanding of carers and their lives FACS	No issues identified	NSW Carers Strategy 2014-2019: Progress Report 2016, 2017, and 2018; NSW Carers Strategy Project Update - 21 November 2016; NSW CARERS STRATEGY 2014-2019 Monitoring & Evaluation Program Logic; Media Campaigns to Raise the Profile of Carers Program Logic; Carers Strategy Update-LIVE version;	a) In 2018, new video and print materials were developed (building on the work done in 2014/2015) with a refreshed care for a carer campaign: The FACS ‘Care for a Carer’ website was refreshed and updated: <a href="https://www.careforacarers.nsw.gov.au/">https://www.careforacarers.nsw.gov.au/</a> The website has been accessed more than 14,600 times;  30 second carer videos were developed and screened in medical centres and GP waiting rooms for one month in October 2018;	<b>Short-term:</b> Increased community awareness & understanding towards carers.  <b>Outcome achieved:</b> No evidence/data within the document analysis.  <b>Intermediate:</b> Increase the number of people with an understanding of carers lives.  <b>Outcome achieved:</b> No evidence/data within the document analysis.	Completed, although carer awareness activities by FACS are ongoing  Output a: Ongoing improvements to the ‘Care for a carer’ and FACS website to improve information about

Project	Implementation Issues	Documents Sourced	Data as reported in the documents reviewed		
			Outputs Achieved	Anticipated Outcomes	Next Steps
		<p>Carers Strategy Implementation Committee (CSIC) Minutes 21 April 2015</p> <p>NSW Government (2019), Evaluation report: Carers Week, 2019, DCJ, Sydney</p>	<p>Care for a Carer DL brochures displayed in 1,150 medical waiting rooms across NSW; Easy read Carers Charter, postcards, and Aboriginal designed Carers Charter; 'Care for a Carer' brochures displayed in Medical Centres and GP waiting rooms;</p> <p>A 2019 social media campaign Development of a video for Human Service agencies to promote the Carers Charter and Human Service agencies reporting responsibilities under the charter: <a href="https://youtu.be/IMLgpunPYbw">https://youtu.be/IMLgpunPYbw</a>;</p> <p>b) National Carers Week events (which ran between 2014-2018) dedicated to acknowledging carers. Annual Carers Awards. FACS has continued to fund Carers NSW annually to manage small grants for local carer events – approx. 400 events across the state every year; The project established a working group with Carers NSW and other partners including NSW Health, NSW Carers Advisory Council, Multicultural NSW, an Aboriginal Carers Strategy working party member and FACS Media and Communications.</p> <p>In Carers Week 2019 approximately 3,000 people viewing at least one social media video in its entirety), as well as wider media engagement (e.g. a carer participating in a 10-minute radio interview on 702 ABC Sydney with a listening audience of approximately 400,000 ).</p>	<p><b>Long-term:</b> Carers feel the broader community understands their experience.</p> <p><b>Outcome achieved:</b> No evidence/data within the document analysis.</p>	<p>carers and resources for carers.</p>

Project	Implementation Issues	Documents Sourced	Data as reported in the documents reviewed		
			Outputs Achieved	Anticipated Outcomes	Next Steps
<p><b>3.2 Embed and improve information useful for carers -</b> Improving carers access to information in systems they frequently use. <i>Healthdirect Australia &amp; Carers NSW</i></p>		<p>NSW Carers Strategy 2014-2019: Progress Report 2016, 2017, and 2018; NSW Carers Strategy Project Update - 21 November 2016; NSW CARERS STRATEGY 2014-2019 Monitoring &amp; Evaluation Program Logic; Embed and Improve Info for Carers-Project Logic; Carers Strategy Update-LIVE version; Carers Strategy Implementation Committee (CSIC) Minutes 21 April 2015</p>	<p>a) Working Group established that included lead agencies and NSW Ministry of Health, Aboriginal Disability Network NSW, Association of the Relatives and Friends of the Mentally Ill (ARAFMI) NSW, Council on the Ageing NSW, Motor Neurone Disease Association of NSW and Carer Assist;  b) Healthdirect Australia website 'Caring for Others' page was reviewed and revised so it could be more easily found via the internet. Consumer research with approximately 1,000 people informed the initial re-development of the website content. This has led to improved traffic to all carer pages on <a href="http://www.healthdirect.gov.au">www.healthdirect.gov.au</a>  c) Since 2015, The <i>Caring for Others</i> webpage has received 29,900 visits  d) The 2015 launch of the Carer Gateway</p>	<p><b>Short-term:</b> *The specific short-term outcome was unclear in the document analysis.  <b>Outcome achieved:</b> No evidence/ data within the document analysis.  <b>Medium:</b> *The specific intermediate outcome was unclear in the document analysis.  <b>Outcome achieved:</b> No evidence/ data within the document analysis.  <b>Long-term:</b> Carers are able to easily access information when they need it.  <b>Outcome achieved:</b> No evidence/ data within the document analysis.</p>	Completed
<p><b>3.3 Young carer mobile application</b> <i>FACS &amp; Carers NSW with Apps4 NSW</i></p>	<p>The app was developed through the NSW Finance and Services' Apps4NSW competition. It was co-designed by young carers from across NSW and app developers who entered the competition.</p>	<p>NSW Carers Strategy 2014-2019: Progress Report 2016, 2017, and 2018; NSW Carers Strategy Project Update - 21 November 2016; NSW CARERS STRATEGY 2014-2019 Monitoring &amp; Evaluation Program Logic; Young Carers App Program Logic; Carers Strategy Update-LIVE version;</p>	<p>a) The carers app project <i>Who Cares?</i> was developed and launched in 2015. It included three animations, which have been viewed on social media 17,347 times since their release.</p>	<p><b>Short-term:</b> More young people and young carers, are aware of &amp; use the App. <b>Outcome achieved:</b> No evidence/data within the document analysis. <b>Intermediate:</b> Young carers App &amp; carer website is frequently used &amp; improves the quality of delivered information. <b>Outcome achieved:</b> No evidence/data within the document analysis. <b>Long-term:</b> Carers are able to easily access information when they need it.</p>	Completed Output a: This project was active for two years after which the key content was transferred to existing websites, such as the Carers NSW Young Carer and FACS websites:

Project	Implementation Issues	Documents Sourced	Data as reported in the documents reviewed		
			Outputs Achieved	Anticipated Outcomes	Next Steps
		Carers Strategy Implementation Committee (CSIC) Minutes 21 April 2015		<b>Outcome achieved:</b> No evidence/data within the document analysis.	<a href="https://www.nsw.gov.au/news-and-events/news/new-app-connects-young-carers/">https://www.nsw.gov.au/news-and-events/news/new-app-connects-young-carers/</a>
<b>3.4 Information for carers in Aboriginal communities</b> <i>FACS via Aboriginal Working Party</i>	NSW Trustee & Guardian and Public Guardian held consultation sessions with Aboriginal carers and other key stakeholders to get feedback on <i>Taking Care of Business</i> . Consultation groups were held with Aboriginal elders, community members and service providers in Campbelltown, Moree, Coonabarabran, Dubbo and Albury Wodonga.	NSW Carers Strategy 2014-2019: Progress Report 2016, 2017, and 2018;  NSW Carers Strategy Project Update - 21 November 2016;  NSW CARERS STRATEGY 2014-2019  Monitoring & Evaluation Program Logic;  Information for Carers in Aboriginal Families Program Logic;  Carers Strategy Update-LIVE version;  Carers Strategy Implementation Committee (CSIC) Minutes 21 April 2015;  Carers Strategy Implementation Committee (CSIC) Minutes 30 July 2018	<b>Part 1 Taking care of business – planning ahead for Aboriginal people in NSW:</b>  a) Aboriginal Working Party has been created and meets regularly to advise on Aboriginal aspects of the Strategy including distribution and design of materials. The working party has also provided valuable cultural advice on many of the other Strategy projects;  b) As of 2018, the NSW Trustee and Guardian has distributed 9500 copies of the resource <i>Taking Care of Business</i> ;  c) Community education sessions delivered in NSW metropolitan and regional centres to thousands of community elders and key service providers about planning ahead  d) Taking Care of Business was included into 4,000 of The Benevolent Society's client information packages  e) Information about Taking Care of Business was also circulated to 65,000 clients and key stakeholders via the NSW Trustee and Guardian newsletter.  <b>Part 2 Develop a template for Aboriginal carers to share key information about the people they care for:</b>  a) An Aboriginal Working Party was created and meets regularly to advise	<b>Short-term:</b> Update Taking care of business resource so it's more user friendly and culturally appropriate & develop emergency care contact template.  <b>Outcome achieved:</b> No evidence/data within the document analysis.  <b>Intermediate:</b> Aboriginal carers access & use culturally appropriate information.  <b>Outcome achieved:</b> No evidence/data within the document analysis.  <b>Long-term:</b> Aboriginal people including carers have access to culturally appropriate resources to help them plan ahead and care.  <b>Outcome achieved:</b> No evidence/data within the document analysis.	<b>Completed</b> <b>Part 1:</b> Members of the Carers Strategy Aboriginal Working Group will continue to develop, promote and distribute the resource through their networks.  FACS has provided \$15,000 to NSW Trustee and Guardian to print 15,000 more copies of Taking Care of Business  <b>Part 2:</b> The project is continuing to develop and pilot the templates developed. Work is underway to roll out the templates throughout NSW.  <b>Additional:</b> The working group is exploring a new project to

Project	Implementation Issues	Documents Sourced	Data as reported in the documents reviewed		
			Outputs Achieved	Anticipated Outcomes	Next Steps
			<p>on Aboriginal aspects of the Strategy including distribution and design of materials;</p> <p>b) Two versions of the draft emergency care and contacts templates were developed by two Aboriginal organisations. The templates have been piloted with Aboriginal carers in their local areas:</p> <p><a href="https://planningaheadtools.com.au/planning-ahead-publications/">https://planningaheadtools.com.au/planning-ahead-publications/</a></p>		<p>potentially include in the next Carers Strategy: investigating reasons behind the low numbers of indigenous people receiving the Carers Allowance.</p>

#### **Focus Area 4: Carer Engagement**

This focus area included three projects; two in progress, one completed. The projects were facilitated by NSW Health, FACS, and Carers NSW. The overall aim of these projects was to engage carers in decisions that affect their lives, both at the program and policy level. Significant outputs were achieved in project 4.1 to facilitate identification of carers within the NSW Health system.

In the analysis of the Strategy Progress Reports and the CSIC minutes, it was evident that the roll-out of the NDIS was impacting various facets of the Strategy. This was noted in project 4.2., where a main output was the delivery of a NDIS-specific workshop for carers.

Limited progress was made in project 4.3, which is still listed as “in progress.” According to the 2018 Progress Report, this project will move forward in the next Carer’s Strategy.

Project	Implementation Issues	Documents Sourced	Data as reported in the documents reviewed		
			Outputs Achieved	Anticipated Outcomes	Next Steps

<p><b>4.1 Partners in care (health care)</b> - Support carer engagement and input through developing care planning tools and an e-learning module. <i>NSW Health with FACS</i></p>	<p>No issues identified</p>	<p>NSW Carers Strategy 2014-2019: Progress Report 2016, 2017, and 2018; NSW Carers Strategy Project Update - 21 November 2016; NSW CARERS STRATEGY 2014-2019 Monitoring &amp; Evaluation Program Logic; NSW Health Program Logic; Carers Strategy Update-LIVE version</p>	<p>a) <i>The Carer Identification Project.</i> b) The development of the <i>Paediatric Integrated Care Service</i> in the Murrumbidgee Local Health District. c) The development of the <i>Mental Health Consumer and Carer Action Group.</i> d) Enhancement of the NSW Health patient administration systems. e) Including carers in the development of care plans with clinical service providers.</p>	<p><b>Short-term:</b> Carers &amp; stakeholders have more understanding of existing carer engagement patterns &amp; resources. Increased service provider awareness of the value of involving with and consulting carers. <b>Outcome achieved:</b> No evidence/data within the document analysis. <b>Intermediate:</b> More carer engagement opportunities, including with key program providers and NDIS support. Stakeholders build capacity to engage more with carers and increase their awareness of carer needs, supports, and services. <b>Outcome achieved:</b> No evidence/data within the document analysis. <b>Long-term:</b> Increase in trained and supported carer involvement in policy and in decision making that affects them, and in the design and delivery of identified services. Positive behavioural change towards carers from stakeholders, and NDIS plans and budgets include awareness of carer needs. <b>Outcome achieved: No evidence/data within the document analysis</b></p>	<p>In progress <b>Output d:</b> The Ministry and partners will continue to enhance the NSW Health patient administration systems. The Ministry will also support implementation of new business processes by NSW Health administration staff to record at registration if the patient is a carer or has a carer since July 2019 it has been mandatory to record in the PAS if a patient has a carer or is a carer. The changes are being rolled out incrementally across the state.</p>
<p><b>4.2 Partners in care (community service delivery)</b> –  Part 1: Quality information about carers in training provided to Ability Linkers and</p>	<p>No issues identified</p>	<p>NSW Carers Strategy 2014-2019: Progress Report 2016, 2017, and 2018; NSW Carers Strategy Project Update - 21 November 2016; NSW CARERS STRATEGY 2014-2019</p>	<p><b>Part 1:</b> a) Twelve hidden carer events were held in social housing areas across NSW. Approximately 6,700 people attended the events. Carers NSW staff spoke with 1,185 people, provided them with flyers and brochures and explained what services were available.</p>	<p><b>Short-term:</b> Identified public sector agencies &amp; Ability Links providers have improved access to training &amp; are more aware of carer engagement; and Carers access Getting ready for the NDIS module. <b>Outcome achieved:</b> No evidence/data within the document analysis.</p>	<p>Completed <b>Part 1:</b> FACS provided one-off funding to deliver this project and will continue to support carers in public housing to</p>

<p>Housing NSW staff. <i>Carers NSW with FACS;</i></p> <p>And</p> <p>Part 2: Providing training to carers about the National Disability Insurance Scheme (NDIS). <i>Carers NSW</i></p>		<p>Monitoring &amp; Evaluation Program Logic;</p> <p>Partners in Care Community Service Delivery Program Logic; Carers Strategy Update-LIVE version; Carers Strategy Implementation Committee (CSIC) Minutes 21 April 2015</p>	<p>b) In 2016, support in the form of information and referral was provided to 535 people.</p> <p>c) E-Learning module developed and available to social housing staff (FACS and other providers): <a href="http://ngolearning.com.au/courses/online-classroom/">http://ngolearning.com.au/courses/online-classroom/</a></p> <p>d) Housing NSW staff were engaged to better support carers</p> <p><b>Part 2:</b> a) Carers NSW developed a half-day workshop Carers and the NDIS for carers of people with disability. The workshop was delivered from November 2015 – May 2016 in over 20 different metropolitan and regional locations. More than 330 people participated in the workshops.</p>	<p><b>Intermediate:</b> More 'hidden' carers &amp; carers in social housing are linked to &amp; access support &amp; services; and More carer awareness of engagement opportunities, including with key program providers &amp; NDIS support.</p> <p><b>Outcome achieved:</b> No evidence/data within the document analysis.</p> <p><b>Long-term:</b> Increase in trained and supported carer involvement in policy &amp; in decision making that affects them, &amp; in the design &amp; delivery of identified services; and</p> <p>Positive behavioural change towards carers from stakeholders, &amp; NDIS plans &amp; budgets include awareness of carer needs.</p> <p><b>Outcome achieved:</b> No evidence/data within the document analysis.</p>	<p>be identified and informed.</p> <p><b>Part 2:</b> Steps are being taken to ensure that information across the NDIS reaches carer support groups across NSW.</p>
<p><b>4.3 Engage carers in local decision making</b> - Support government agencies and other public sector agencies in NSW to engage carers in decision making about policies and programs that impact on them. <i>FACS with Carers NSW &amp; NSW Health</i></p>	<p>* according to the 2018 Progress Report, this project will be progressed in the next Carer's strategy and through the work to implement the NSW Carer's Recognition Act.</p>	<p>NSW Carers Strategy 2014-2019: Progress Report 2016, 2017, and 2018;</p> <p>NSW Carers Strategy Project Update - 21 November 2016;</p> <p>NSW CARERS STRATEGY 2014-2019</p> <p>Monitoring &amp; Evaluation Program Logic;</p> <p>Engaging Carers Program Logic;</p> <p>Carers Strategy Update-LIVE version</p>	<p>a) A roundtable of partner organisations was held.</p>	<p><b>Short-term:</b> Carers and stakeholders have more understanding of existing carer engagement patterns and resources; and</p> <p>Increased service provider awareness of the value of involving with and consulting carers.</p> <p><b>Outcome achieved:</b> No evidence/data within the document analysis.</p> <p><b>Intermediate:</b> Stakeholders build capacity to engage more with carers and increase their awareness of carers needs, supports and services.</p>	<p>In progress</p> <p>See Implementation Issues/Project Status</p>



				<p><b>Outcome achieved:</b> No evidence/data within the document analysis.</p> <p><b>Long-term:</b> Increase in trained and supported carer involvement in policy and in decision-making that affects them, and in the design and delivery of identified services.</p> <p><b>Outcome achieved:</b> No evidence/data within the document analysis.</p>	
--	--	--	--	---	--

### **Focus Area 5: Evidence Base**

The purpose of this focus area is to consolidate evidence on strategy focus areas and identify ways it can inform policy and practice. The project is being developed by FACS, in consultation with Carers NSW & NSW Health. The project is still in progress and the evidence is continuously being generated. It was noted in the 2018 Carers Strategy Progress Report that the evidence base will help to inform the next Carers Strategy.

Project	Implementation Issues	Documents Sourced	Data as reported in the documents reviewed		
			Outputs Achieved	Anticipated Outcomes	Next Steps
<p><b>5.1 Using the evidence about carers</b> - Consolidate evidence on strategy focus areas and identify ways it can inform policy and practice. FACS</p>	No issues identified	<p>NSW Carers Strategy 2014-2019: Progress Report 2016, 2017, and 2018;</p> <p>NSW Carers Strategy Project Update - 21 November 2016;</p> <p>NSW CARERS STRATEGY 2014-2019</p> <p>Monitoring &amp; Evaluation Program Logic;</p> <p>Improving the Evidence Base Program Logic;</p> <p>Carers Strategy Update-LIVE version;</p>	<p>a) The NSW Carers Advisory Council engaged the UNSW SPRC to undertake research about the social and emotional well-being of carers.</p> <p>b) Carers NSW Biennial 2018 Carer Survey conducted between May and July;</p> <p>c) Online NSW People Matter Employee Survey open to all employees across the NSW public sector for one month in 2018.</p> <p>d) FACS has collected data from previous Carer Grant Program projects and evaluation data from the new Carer Investment program projects.</p>	<p><b>Short-term:</b> Evidence gaps are identified, research agenda implemented.</p> <p><b>Outcome achieved:</b> No evidence/data within the document analysis.</p> <p><b>Intermediate:</b> Publish a fully referenced &amp; annotated literature search.</p>	<p>In progress</p> <p><b>Output b:</b> Initial results are available and will inform the development of the next Carers Strategy</p>

		<p>Carers Strategy Implementation Committee (CSIC) Annotated Agenda 21 November 2016;</p> <p>Carers Strategy Implementation Committee (CSIC) Annotated Agenda 7 March 2017;</p> <p>Carers Strategy Implementation Committee (CSIC) Annotated Agenda June 2017</p>	<p>e) Carers Investment Program funded three research projects with UTS, UniSA; and Mid coast communities.</p> <p>f) In March 2017, the first edition of the new <i>International Journal of Care and Caring</i> included a commissioned article on co-design principles learnt from the Strategy.</p> <p>g) FACS has continued to fund a biannual Carers NSW conference (annual from 2019). This provides an important forum for the sharing and promotion of academic research and best practice in service delivery related to carers.</p>	<p><b>Outcome achieved:</b> No evidence/data within the document analysis.</p> <p><b>Long-term:</b> Carers policy &amp; practice is informed by quality evidence &amp; better use made of available data.</p> <p><b>Outcome achieved:</b> No evidence /data within the document analysis.</p>	
--	--	---	---	---	--



# Appendix B: Interview schedule

## Indicative interview schedule

*Name and position:*

*Organisation if applicable:*

- Can you tell me your role/involvement in the NSW Carers Strategy 2014-19?
- What in your view was the overall objective of the Strategy?
- Do you think the objective (s) was achieved?

## Implementation

*Governance and relationships*

- How would you describe the level of commitment by project leads and partners to delivering the Strategy and if applicable your project(s)?
- What types of relationships were built by the strategy?
- What were the barriers and facilitators to building relationships?

*Strategy implementation*

- What successes and challenges did you encounter in implementing the overall Strategy?
- What factors contributed to the success or limitations of the Strategy?

*Project (s) implementation*

- What is/are the name (s) of the project you are involved with?
- At what stage is the project(s) in its implementation? What are the outputs?
- Has your project logic model been amended since its initial development? Has the scope of the project changed?
- What successes and challenges were encountered in implementing your project(s)?
- What factors contributed to the project's success or limitations?

## Outcomes

*Project outcomes*

- What data were collected to assess the project(s) outcomes?
- What were the identified project(s) outcomes?
- Did the identified project(s) outcomes align with the project objectives?
- How were these aligned with the Strategy objectives?

*Carer outcomes*

- What baseline and monitoring data were collected to assess the outcomes of the project(s) for carers?
- How was the data analysed to identify project(s) outcomes for carers?

*Strategy outcomes*

- What data were collected to assess the Strategy outcomes for carers and their communities, NGO and Government agencies?

## Data adequacy

- Were existing Strategy, project and carer outcomes in the program logic appropriate? Were existing measures for outcomes appropriate and able to be collected?
- What Strategy, project and carer outcomes data gaps can be identified?
- What are the data requirements for the next Strategy?

## Other comments

- In your experience what are the two main lessons learned from the implementation and outcomes of the Strategy/Project that could inform the development of the next Carer Strategy?

# Appendix C: Online survey

## Carers Strategy Review Survey Questions

### **Initial questions about participants and their involvement in the Strategy / projects**

Which of the following have you worked for within the last 5 years? (Select all that apply)

- Department of Family and Community Services (FACS)
- Carers NSW
- NSW Community Services and Health Industry Training Advisory Body
- Department of Premier and Cabinet
- NSW Treasury
- NSW Department of Education
- NSW Health
- Healthdirect Australia
- Apps4 NSW
- Other government department or public sector organisation
- Other non-government organisation
- Other (please specify)
- None of the above
- Prefer not to answer

Which of the following have you been part of within the last 5 years? (Select all that apply)

- Carers Strategy Implementation Committee
- Carers Advisory Council
- Aboriginal Carers Working Group
- Carers Strategy 2020 Project Management Group
- None of the above

How long have you been / were you in each role?

Have you ever been a carer?

- Yes, I am currently a carer
- Yes, I have previously been a carer
- No, I have never been a carer
- Prefer not to answer

Are you Aboriginal or Torres Strait Islander?

- Yes, Aboriginal
- Yes, Torres Strait Islander
- Yes, both
- No
- Prefer not to answer

Are you from a culturally or linguistically diverse background?

- Yes
- No
- Prefer not to answer

What is your current gender identity?

- Male
- Female
- Non-binary
- Different identity (please state)
- Prefer not to answer

How old are you?

- Under 25 years
- 25-34 years
- 35-44 years
- 45-54 years
- 55-64 years
- 65 years and over
- Prefer not to answer

Which of the projects under the Carers Strategy 2014-2019 were you involved in? (Select all that apply)

*Note: A brief description of each is provided for each project listed*

- **1.1 - Network of employers to champion carer friendly workplaces** **Lead organisations:** FACS and Carers NSW *Develop a network of progressive employers across diverse industries to champion better employment outcomes for carers*
- **1.2 - Recognising carers' skills** **Lead organisations:** NSW Community Services & Health Industry Training Advisory Body with FACS *Tool to assist carers to understand how the skills, knowledge and experience they have developed as carers can be utilised in training and employment*
- **1.3 - Carers working in the NSW Government sector** **Lead organisations:** Department of Premier and

Cabinet, FACS, NSW Treasury *Explore opportunities to incorporate a carer focus into existing public sector guidelines, policies and surveys and ongoing implementation of the Carers (Recognition) Act 2010*

- **1.4 - Support for carers at schools** **Lead organisation:** NSW Department of Education *Build the capacity of schools to identify and respond to the wellbeing of young carers*
- **1.5 - Young Carer Mentoring** **Lead organisations:** FACS with Carers NSW *Work with a roundtable of government and community partners to increase young carers access to mentoring programs*
- **2.1 - Easier access to health care** **Lead organisations:** NSW Health and Carers NSW, with FACS and Healthdirect Australia *Develop strategies to make it easier to access health services and programs*
- **2.2 - Individualising respite and support services** **Lead organisation:** FACS *Provide a watching brief for carers on key reforms such as the NDIS*
- **2.3 - Carer peer support** **Lead organisations:** FACS and Carers NSW with NSW Health *Expand the variety and reach of peer support programs in NSW*
- **3.1 - Media campaigns to raise the profile of carers** **Lead organisation:** FACS *Develop ongoing media campaigns to improve public awareness and understanding of carers and their lives*
- **3.2 - Embed and improve information useful for carers** **Lead organisations:** Healthdirect Australia and Carers NSW *Improving carers access to information in systems they frequently use*
- **3.3 - Young carer mobile application** **Lead organisations:** FACS and Carers NSW with Apps4 NSW
- **3.4 - Information for carers in Aboriginal communities** **Lead organisation:** FACS via Aboriginal Working Party
- **4.1 - Partners in care (health care)** **Lead organisations:** NSW Health with FACS *Support carer engagement and input through developing care planning tools and an e-learning module*
- **4.2 - Partners in care (community service delivery)** **Lead organisations:** Carers NSW with FACS *Quality information about carers in training provided to Ability Linkers and Housing NSW staff*
- **4.3 - Engage carers in local decision making** **Lead organisations:** FACS with Carers NSW and NSW Health *Support government agencies and other public sector agencies in NSW to engage carers in decision making about policies and programs that impact them*
- **5.1 - Using the evidence about carers** **Lead organisation:** FACS *Consolidate evidence on strategy focus areas and identify ways it can inform policy and practice*
- **I was not involved in any of these projects**

Which of the other projects are you aware of? (Select all that apply)

- **1.1 - Network of employers to champion carer friendly workplaces** **Lead organisations:** FACS and Carers NSW *Develop a network of progressive employers across diverse industries to champion better employment outcomes for carers*
- **1.2 - Recognising carers' skills** **Lead organisations:** NSW Community Services & Health Industry Training Advisory Body with FACS *Tool to assist carers to understand how the skills, knowledge and experience they have developed as carers can be utilised in training and employment*
- **1.3 - Carers working in the NSW Government sector** **Lead organisations:** Department of Premier and Cabinet, FACS, NSW Treasury *Explore opportunities to incorporate a carer focus into existing public sector guidelines, policies and surveys and ongoing implementation of the Carers (Recognition) Act 2010*
- **1.4 - Support for carers at schools** **Lead organisation:** NSW Department of Education *Build the capacity*



*of schools to identify and respond to the wellbeing of young carers*

- **1.5 - Young Carer Mentoring** **Lead organisations:** FACS with Carers NSW *Work with a roundtable of government and community partners to increase young carers access to mentoring programs*
- **2.1 - Easier access to health care** **Lead organisations:** NSW Health and Carers NSW, with FACS and Healthdirect Australia *Develop strategies to make it easier to access health services and programs*
- **2.2 - Individualising respite and support services** **Lead organisation:** FACS *Provide a watching brief for carers on key reforms such as the NDIS*
- **2.3 - Carer peer support** **Lead organisations:** FACS and Carers NSW with NSW Health *Expand the variety and reach of peer support programs in NSW*
- **3.1 - Media campaigns to raise the profile of carers** **Lead organisation:** FACS *Develop ongoing media campaigns to improve public awareness and understanding of carers and their lives*
- **3.2 - Embed and improve information useful for carers** **Lead organisations:** Healthdirect Australia and Carers NSW *Improving carers access to information in systems they frequently use*
- **3.3 - Young carer mobile application** **Lead organisations:** FACS and Carers NSW with Apps4 NSW
- **3.4 - Information for carers in Aboriginal communities** **Lead organisation:** FACS via Aboriginal Working Party
- **4.1 - Partners in care (health care)** **Lead organisations:** NSW Health with FACS *Support carer engagement and input through developing care planning tools and an e-learning module*
- **4.2 - Partners in care (community service delivery)** **Lead organisations:** Carers NSW with FACS *Quality information about carers in training provided to Ability Linkers and Housing NSW staff*
- **4.3 - Engage carers in local decision making** **Lead organisations:** FACS with Carers NSW and NSW Health *Support government agencies and other public sector agencies in NSW to engage carers in decision making about policies and programs that impact them*
- **5.1 - Using the evidence about carers** **Lead organisation:** FACS *Consolidate evidence on strategy focus areas and identify ways it can inform policy and practice*
- **I am not aware of any of these projects**

How much do you know about the following projects?

	Heard the name only	Know very little	Know a fair amount	Know quite a lot	Know a lot of detail
Network of employers to champion carer friendly workplaces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recognising carers' skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carers working in the NSW Government sector	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support for carers at schools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Young Carer Mentoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Easier access to health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individualising respite and support services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carer peer support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Media campaigns to raise the profile of carers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Embed and improve information useful for carers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Young carer mobile application	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information for carers in Aboriginal communities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Partners in care (health care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Partners in care (community service delivery)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engage carers in local decision making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using the evidence about carers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**The following questions are about the Carers Strategy overall.**

In your opinion, what have been the main outcomes of the Strategy?

What were the main successes of implementing the Strategy?

What were the main challenges in implementing the Strategy?

Have there been any unintended consequences since the Strategy's implementation?

Please describe any relationships that were built by the Strategy (e.g. between organisations).

What barriers to building relationships were you aware of?

What helped promote building relationships?

Over the last 5 years, how much do you agree that the following has occurred?

	Strongly agree	Somewhat agree	Neither / Unsure	Somewhat disagree	Strongly disagree
The use of existing workplace flexibility by carers and their employers has increased	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The skills and expertise that carers bring to employment and training has been increasingly recognised	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More young carers have received support at school to transition to further education and employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services and programs have made it easier for carers to look after their own health and wellbeing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relevant information has been provided to carers in systems they frequently use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carers have been portrayed positively in the media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More people have an understanding of carers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carers are more involved as partners in the care delivered to their loved ones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carers are more involved in decisions about services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Available data and research have been better used to shape carer related policy and practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**The following questions were asked in relation each of the individual projects (Only presented to those with sufficient knowledge of the project in question).**

Please describe your involvement in this project.

How would you describe the level of commitment demonstrated by project leaders and partners?

- Insufficient to deliver the project
- Adequate to deliver the project
- Above and beyond what was needed to deliver the project

Do you think that the outcomes in the program logic were appropriate for this project?

- Yes
- No
- Unsure

Please describe any other project outcomes identified.

What baseline and monitoring data were collected to assess project outcomes?

What gaps in outcomes data are you aware of for this project?

What contributed to the project's successes?

What contributed to the project's limitations?

## Project specific questions

### 1.1: Network of employers to champion carer friendly workplaces.

As a result of this project, how much do you agree that:

	Strongly agree	Somewhat agree	Neither / Unsure	Somewhat disagree	Strongly disagree
Carers have more choices and opportunities to participate in paid work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carers have increased use of existing workplace flexibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carers feel better supported to use existing workplace flexibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employers have encouraged and supported carers to use existing workplace flexibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employers have increased the workplace flexibility they provide to carers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employers have shared information/resources to promote better employment outcomes for carers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please explain your answers.

### 1.2: Recognising carers' skills

As a result of this project, how much do you agree that:

	Strongly agree	Somewhat agree	Neither / Unsure	Somewhat disagree	Strongly disagree
Carers have more choices and opportunities to participate in paid work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carers are better equipped to identify the skills, knowledge and experience they have developed as carers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carers are better equipped to recognise the skills and expertise they bring to training and employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employers recognise the skills and expertise carers bring to employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please explain your answers.

### 1.3: Carers working in the NSW Government sector

As a result of this project, how much do you agree that:

	Strongly agree	Somewhat agree	Neither / Unsure	Somewhat disagree	Strongly disagree
Public sector guidelines and policies have more focus on carers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Existing surveys have a stronger focus on carers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carers have more choices and opportunities to participate in paid work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carers working in the NSW Government sector have increased their use of existing workplace flexibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carers working in the NSW Government sector feel better supported to use existing workplace flexibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managers/supervisors in the NSW Government sector are more supportive of carers using workplace flexibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please explain your answers.

### 1.4: Support for carers at school

As a result of this project, how much do you agree that:

	Strongly agree	Somewhat agree	Neither / Unsure	Somewhat disagree	Strongly disagree
Schools are better equipped to identify young carers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Schools are better equipped to support the wellbeing of young carers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Young carers are better supported to complete school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Young carers are better supported to transition to further education or employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please explain your answers.

### 1.5: Young Carer Mentoring

As a result of this project, how much do you agree that:

	Strongly agree	Somewhat agree	Neither / Unsure	Somewhat disagree	Strongly disagree
Young carers have better access to mentoring programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The NSW Government have invested in young carer mentoring programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Young carers have engaged with mentoring programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mentoring has supported young carers to complete school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mentoring has supported young carers to transition to further education and/or employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please explain your answers.

### 2.1: Easier access to health care

As a result of this project, how much do you agree that:

	Strongly agree	Somewhat agree	Neither / Unsure	Somewhat disagree	Strongly disagree
Health services are more accessible to carers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carers who access health services experience improvements in their health and wellbeing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carers are better equipped to look after their own health and wellbeing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health services are better designed to meet carers' needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please explain your answers.

## 2.2: Individualised respite and support services

As a result of this project, how much do you agree that:

	Strongly agree	Somewhat agree	Neither / Unsure	Somewhat disagree	Strongly disagree
Carers' needs are considered in key reforms (e.g. NDIS, aged care reforms)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carers' are informed of their rights under key reforms (e.g. NDIS, aged care reforms)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reforms (e.g. NDIS, aged care reforms) help to support carers' health and wellbeing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carers are able to look after their own health and wellbeing under key reforms (e.g. NDIS, aged care reforms)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please explain your answers.

## 2.3: Carer peer support

As a result of this project, how much do you agree that:

	Strongly agree	Somewhat agree	Neither / Unsure	Somewhat disagree	Strongly disagree
There is a wider variety of peer support programs for carers in NSW	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a wider reach of peer support programs for carers in NSW	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer support programs are more accessible to carers in NSW	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer support programs are more aligned with the needs of carers in NSW	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer support programs enhance the health and wellbeing of carers in NSW	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please explain your answers.



### 3.1: Media campaigns to raise the profile of carers

As a result of this project, how much do you agree that:

	Strongly agree	Somewhat agree	Neither / Unsure	Somewhat disagree	Strongly disagree
The public has been made more aware of carers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carers feel better understood by the wider community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carers have been portrayed positively in the media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More people have an understanding of carers' lives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please explain your answers.

### 3.2: Embed and improve information useful for carers

As a result of this project, how much do you agree that:

	Strongly agree	Somewhat agree	Neither / Unsure	Somewhat disagree	Strongly disagree
Carers find it easier to access information they need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relevant information for carers is more easily accessible within systems they already use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please explain your answers.

### 3.3: Young carer mobile application

As a result of this project, how much do you agree that:

	Strongly agree	Somewhat agree	Neither / Unsure	Somewhat disagree	Strongly disagree
Young carers can more easily access relevant information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Young carers can more easily connect with people and organisations to support them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please explain your answers.

### 3.4: Information for carers in Aboriginal communities

As a result of this project, how much do you agree that:

	Strongly agree	Somewhat agree	Neither / Unsure	Somewhat disagree	Strongly disagree
Carers in Aboriginal communities can more easily access relevant information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Awareness of carers has increased within Aboriginal communities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please explain your answers.

#### 4.1: Partners in care (health care)

As a result of this project, how much do you agree that:

	Strongly agree	Somewhat agree	Neither / Unsure	Somewhat disagree	Strongly disagree
Carers have more input into the care planning for the people they care for	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carers are more involved in decisions that affect them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carers are more involved in decisions that affect the people they care for	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carers are more widely viewed as partners in the care of their loved ones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please explain your answers.

#### 4.2: Partners in care (community service delivery)

As a result of this project, how much do you agree that:

	Strongly agree	Somewhat agree	Neither / Unsure	Somewhat disagree	Strongly disagree
Quality information about carers is provided in training to Ability Linkers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability Linkers staff involve carers in decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability Linkers staff view carers as partners in the care of their loved ones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality information about carers is provided in training to Housing NSW staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing NSW staff involve carers in decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing NSW staff view carers as partners in the care of their loved ones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please explain your answers.

#### 4.3: Engage carers in local decision making

As a result of this project, how much do you agree that:

	Strongly agree	Somewhat agree	Neither / Unsure	Somewhat disagree	Strongly disagree
Public sector agencies are better supported to engage with carers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carers are more involved in decisions that affect them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carers are more involved in decisions that affect the people they care for	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carers are more involved in designing services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carers are more involved in the delivery of services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please explain your answers.

### 5.1: Using the evidence about carers

As a result of this project, how much do you agree that:

	Strongly agree	Somewhat agree	Neither / Unsure	Somewhat disagree	Strongly disagree
Evidence about carers has been consolidated in useful ways	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current carer policy is informed by quality evidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current carer practice is informed by quality evidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The use of available data and research to inform policy has improved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The use of available data and research to inform practice has improved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please explain your answers.

### **Final questions about the overall Strategy**

Do you think the Strategy was an efficient use of government resources?

- Yes
- Unsure
- No

In your experience, what are the two main lessons learned from the implementation and outcomes of the Strategy (or projects) that could inform the development of the next Carers Strategy?

In your opinion, are there other major issues facing carers that have not been addressed by the Strategy Focus Areas?

Do you have any additional feedback on the NSW Carers Strategy 2014-2019 or suggestions for future Carers Strategies?