# NSW CARERS STRATEGY:
# Caring in NSW 2020–2030

Updated January 2026

NSW GOVERNMENT

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# CONTENTS


**A Message From The Minister** 4

**NSW Carers Strategy 2020-2030 At A Glance** 5

**Who Are Carers?** 7

**Context** 9

**How Did We Get Here?** 13

**Priorities And Key Themes** 16

- PRIORITY 1: Carers have better access to information, services and supports
- PRIORITY 2: Carers will be recognised, respected and empowered
- PRIORITY 3: Carers have improved financial wellbeing and economic opportunities
- PRIORITY 4: Carers have better health and wellbeing

**Implementation And Monitoring** 26

## A message from the Minister

Carers play a pivotal role in our communities.

Every day, almost a million people across New South Wales provide unpaid care to their loved ones, whether it's assisting with daily tasks, managing health needs, or navigating complex support systems.

Their commitment is immeasurable.

The Carers Strategy was first released in 2020 to provide a ten-year framework to guide how we can better support carers. The Strategy is not just about recognition, it's about action.

It is a whole-of-government, whole-of-community commitment, designed to ensure that carers receive real, tangible support, not just appreciation.

We know too often, carers' contributions go unrecognised, undervalued, and are misunderstood. Carers have told us they are doing it tough, with research showing that they experience lower wellbeing than the general population, face greater financial stress, and are at higher risk of loneliness and declining health.

The NSW Government has already taken steps to support and empower carers, including:

- Hosting a carer-specific landing page on Service NSW, offering guidance on financial supports and rebates.
- Publishing 'Key Directions for Carers' through NSW Health, embedding carer recognition in our health system.
- Strengthening Local Health District carer support programs, ensuring carers are integrated into healthcare decision-making.

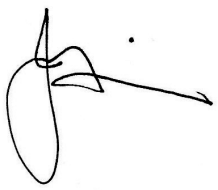
This mid-term review has been done to ensure the Strategy remains responsive to carers' needs.

The review confirmed that our focus areas continue to be relevant, but found there was still work to do, particularly for high-priority carer groups facing barriers to economic participation, financial security, social connection, and wellbeing.

No level of government can address these challenges alone. We need a coordinated, connected response that ensures carers receive the right support, when and where they need it.

We will also continue working collaboratively with the Australian Government, advocating for stronger carer-focused policies and services.

To every New South Wales carer, thank you. Your dedication shapes our communities, strengthens our families, and enables countless individuals to live their lives with dignity.



**Jodie Harrison**
Minister for Women
Minister for Seniors
Minister for the Prevention of Domestic Violence and Sexual Assault

# NSW Carers Strategy 2020–2030 at a glance

The NSW Government's ten year vision for this Strategy is that we are an inclusive and supportive community that understands that caring for and supporting each other are fundamental parts of life.

**In NSW, people who have a caring role:**

**Will be recognised, respected and valued by our community**

**Will be supported to take care of their health and wellbeing**

**Will have their rights realised, with the same choices and opportunities as other members of our community**

**Will be supported and enabled to access and navigate supports and services that meet their needs and the needs of those they support.**

## Principles

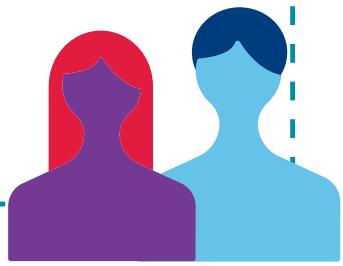
- The strategy will be implemented using a co-design approach in collaboration with carers, the private sector, non-government organisations and governments to achieve better and enduring outcomes for carers.
- The ten-year Strategy will be supported by action plans every two years, starting with 2020-2022.
- A mid-term review of the Strategy will be undertaken in 2025/26.
- A culture and strengths-based approach is at the centre of the Strategy and projects will be designed and implemented using culturally appropriate methodologies.

| Priority | What we will do | By 2030 all carers in NSW will: |
|---|---|---|
| PRIORITY 1<br>Carers have better access to information, services and supports | Improve the experience of carers by simplifying access to information and supports. We will also monitor how carers in NSW are doing, and advocate to the Commonwealth Government if necessary. | 1.1 Have access to simplified, culturally appropriate information that guides and supports them at the different points of their caring journey.<br>1.2 Be better connected with other carers, so they can benefit from face-to-face and other forms of peer support. This will have a range of practical and emotional benefits through improved overall access to information and service navigation.<br>1.3 Be able to access a greater range of education and training opportunities, enabling them to build their knowledge and skills in providing care and working with formal care providers.<br>1.4 Experience better integrated information and supports at the local, state and federal levels so that carers can easily understand the services and supports that are available. As part of this, carers should only have to tell their story once. |
| PRIORITY 2<br>Carers will be recognised, respected and empowered | Focus on increasing community awareness and carer recognition, so that more carers self-identify and access information and support. | 2.1 Feel acknowledged and recognised for their knowledge and skills by the whole community including their families, employers, schools, service providers and the media, and as a result experience reduced stigma and negative associations about being a 'carer'.<br>2.2 Self-identify as a carer or be identified or recognised as a carer earlier in their caring journey, so they get the information and supports they need as soon as possible.<br>2.3 Benefit from public sector agencies in NSW being increasingly aware of their responsibilities under the *NSW Carers (Recognition) Act 2010* and the Carers Charter and leading attitudinal and workplace change to be more inclusive and supportive of their employees who are carers.<br>2.4 Access supports and services that build on their strengths and culture, in particular Aboriginal carers and culturally and linguistically diverse (CALD) carers and their communities.<br>2.5 Know their rights so they feel empowered to use them when interacting with service providers and health professionals and ensure they are involved in decision making as partners in care.<br>2.6 Be able to access carer-friendly and disability-friendly local community activities and facilities so they can take part in activities themselves, or together with the person they care for. |
| PRIORITY 3<br>Carers have improved financial wellbeing and economic opportunities | Address the increasing financial stress experienced by carers. We will improve information for carers about financial assistance and benefits available, and ensure that carers receive advice to help them plan for the future and better balance caring and work. | 3.1 Know about and access available free or low-cost financial assistance and support to help pay for costs associated with caring. This will have a focus on female carers and will help with future planning and reducing financial stress.<br>3.2 Have more support at work so that they can better balance caring and work and stay in paid work. We will do this through improving recognition of carers and initiatives to promote carer-friendly work.<br>3.3 Receive help to recognise their own skills to support their job search, and career planning, so they can more easily transition into employment when their caring role reduces or ends.<br>3.4 Be better supported at school, university or TAFE through guidance, information and flexibility. This will be particularly aimed at young carers, to support them to complete their studies and transition to further studies and employment. |
| PRIORITY 4<br>Carers have better health and wellbeing | Improve opportunities for carers to better look after themselves and build social connections to improve their health and wellbeing. | 4.1 Have access to information about available support to help better manage their mental health, for example free counselling services.<br>4.2 Have regular health checks and assessments so they have a better understanding of their health issues and can connect to appropriate services.<br>4.3 Have access to peer or professionally led support options helping them build their own social connections.<br>4.4 Have opportunities to participate in physical and recreation activities and access affordable and accessible exercise and nutrition. This will include specific initiatives for young carers and older carers. |

# Who are carers?

## There are 958,500 carers in NSW

Data Source - Australian Bureau of Statistics, 2022
Survey of Disability, Ageing and Carers



The Carers (Recognition) Act[1] 2010 defines carers as people who provide ongoing unpaid support to people who need it because of their disability, chronic illness, mental illness or frail age.

- The 2016 review of the Act confirmed that this definition includes carers of people who need help due to dementia or drug or alcohol dependency.
- This definition includes foster carers* if they are caring for a child who needs additional support, for example if they have a disability or mental illness.
- This definition does not include paid care workers, although we acknowledge that they are a vital part of care in the community.

Carers can be family members, friends, housemates or neighbours. A carer may support more than one person and care may be provided by multiple carers.

The type of support that carers provide is varied, depending on peoples' needs and the caring relationship. Caring may involve, but is not limited to, providing personal care, providing emotional support, assisting someone to attend medical appointments, finding and coordinating services or supporting someone to be independent and participate in their community.

Cultural factors can impact on caring. Families and communities have strengths and resilience that can enhance care and provide a network of support.

Communities may have different expectations about who will provide care, and how this care will be provided. Aboriginal and CALD people, for example, often have multiple caring roles within their family and community due to embedded cultural values and kinship structures regarding family obligations.

This Strategy acknowledges that carers often don't identify with the term "carer" — they are simply looking after a loved one such as a family member, friend or neighbour. Some families prefer not to identify their loved ones as having a disability, but see them as family members with different needs, and this can impact on whether help and support are sought and received.

Carers can be reluctant to discuss their caring role and needs due to a sense of guilt, feelings of stigma and shame, or fear that child protection may get involved, for example, Aboriginal families who were impacted by the Stolen Generations.

Caring responsibilities for many Aboriginal people can be more challenging due to intergenerational disadvantage and higher rates of disability and illness. CALD and newly arrived refugee families can also experience additional difficulties, often compounded by past trauma, which creates increased risk of barriers with language, mental health issues and lack of knowledge about services, creating greater dependence on their families and carers.

*We recognise that foster, relative and kinship carers, prospective guardians and adoptive parents are the lifeblood of the out-of-home care system to support children and young people who cannot live with their families to achieve safety, permanency and wellbeing and live lives that are personally rewarding, socially connected and economically sustained. However, this strategy follows the definition of a carer outlined in the *Carers (Recognition) Act 2010*.

# Context

*Caring in NSW 2020–2030* (the Strategy) is the NSW Government's whole of government and whole of community commitment to better recognising and supporting people who have a caring role.

It is designed to include strategies that build on carers' strengths and capabilities so that they have choices and opportunities like everyone else and are better supported to navigate changing service systems.

This Strategy builds on the *NSW Carers Strategy 2014-2019* and initiatives already underway across government and the community to support and recognise carers.

This Strategy will support NSW public sector agencies to meet obligations under the *NSW Carers (Recognition) Act 2010* to recognise and value carers and ensure carers are consulted on policy matters that impact on them. The Act's Carers Charter is reproduced at the end of this document.

The Strategy is informed by a growing base of carer evidence and research, and confirmed by what carers in NSW have told us they need the most. Some of the issues we heard from carers are not new – they represent important ongoing issues for carers such as the need for more information and services, lack of recognition and respect and the ongoing need for flexibility at work.

Carers contribute an estimated **$25 billion** a year in unpaid labour in NSW

This amounts to **million hours** of care a year

Data Source - Deloitte Access Economics (2020) The economic value of informal care in Australia in 2020, Carers Australia (p16) https://www.deloitte.com/content/dam/assets-zone1/au/en/docs/services/economics/value-of-informal-care-310820.pdf

Another key factor is that this Strategy is being introduced in the first year of the Commonwealth's national Carer Gateway program commencing in April 2020.

The COVID-19 pandemic has highlighted the importance of carers and the need to identify, recognise and adequately support them in the critical work they do to support their family and the wider community.

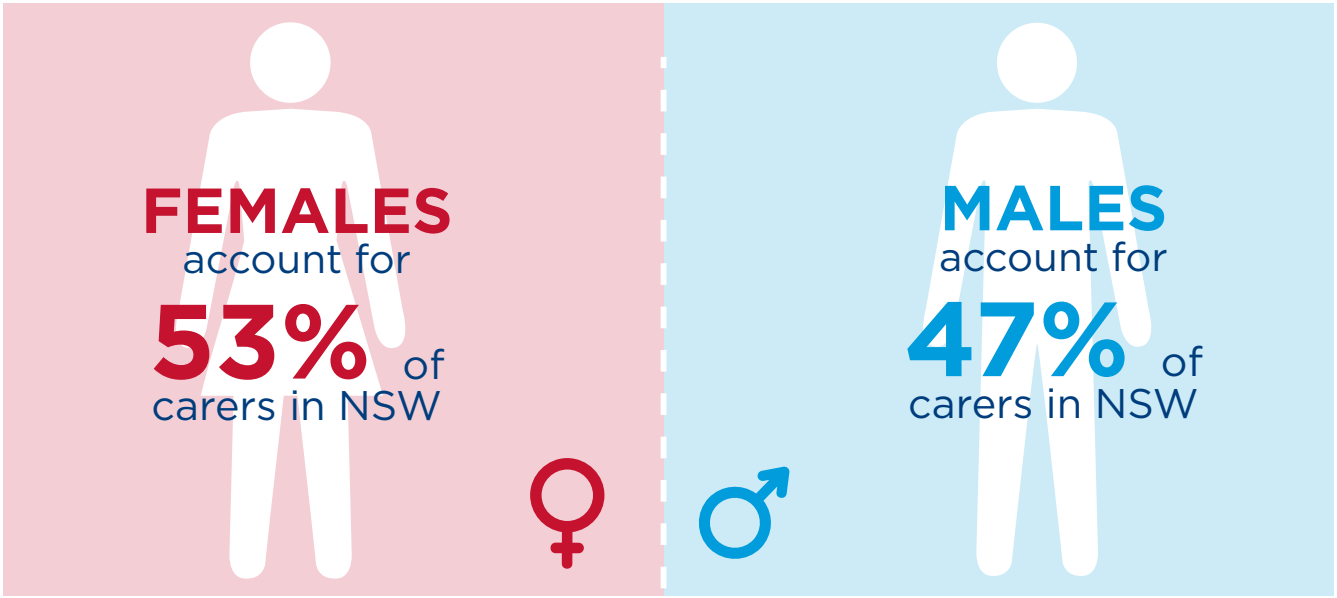
While the Commonwealth Government has responsibility for the Carer Gateway, the National Disability Insurance Scheme (NDIS) and aged care, the NSW Government has a responsibility to carers in NSW under the *NSW Carers (Recognition) Act 2010*. It is important to acknowledge that many carers are caring for people not eligible for the NDIS, or aged care (or who are waiting for access to these programs). The NSW Government has a responsibility to all carers in NSW whether or not they are benefitting from these and other programs.

This Strategy includes a commitment to monitor how carers in NSW are doing, and advocate to the Commonwealth where required. This Strategy also recognises that respite is a critical support for many carers, including supports that have a respite effect, and the NSW Government will continue to monitor carers' access to these services.

This Strategy refers to other whole of government strategies and where possible we are linking them with this Strategy so that we can work together. For example, in both the NSW Women's Strategy and this Strategy we identify initiatives to support female carers. This reflects a partnership approach and a recognition of the particular needs of different carer groups.

This Strategy will contribute to many of the NSW Premier's Priorities[2], to make a significant difference to the quality of life of the people of NSW. For example, by helping carers more easily access information about relevant services and practical assistance through Service NSW. Improving carers' access to financial education and supporting participation in the paid workforce improves their economic opportunities and reduces risk of homelessness. Assisting school staff to recognise and support young carers at school will contribute to improved education results. Local community approaches to improving carer awareness and access to information, focusing on carer groups who have specific needs and challenges such as those from Aboriginal and CALD communities, will help break the cycle of disadvantage.






Data Source - Australian Bureau of Statistics, 2022 Survey of Disability, Ageing and Carers

# Carer groups

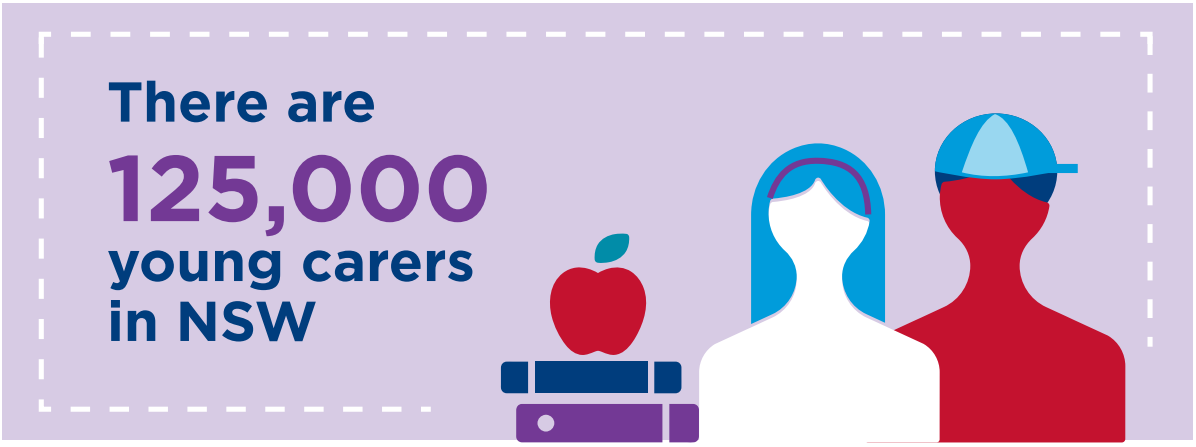
Being a carer is not the same for everyone and can depend on an individual's life experience and situation. The Strategy includes a mix of priorities and actions that are universal and relevant to all carers, as well as some which target particular carer groups and reflect their unique needs.

The rationale for focusing on some carer groups is that:

- They may be hidden carers or an emerging carer group. By not being seen or recognising themselves as a carer, these carers may not access services and support that would assist them.
- There may be evidence that they are more likely to have specific needs and challenges that are not met within the service system and which can lead to poorer outcomes for the person they are caring for and for themselves.
- Focusing our actions on addressing the needs of these groups will make significant improvements to their outcomes.

There is limited data available for the numbers of people in some of these groups due to low carer self-identification, however, we do know that the majority (67.7%) of primary carers are women[3]. All projects in the Strategy action plans, including those targeted to particular carer groups, will have the potential to benefit all carers. This list is not exhaustive or in any order and some carers may belong to more than one group and so may experience additional barriers[4]:

- Carers of people with dementia
- Carers of people with disability
- Carers of people with mental illness
- Carers of older people
- Carers of people with chronic illness
- Carers of people with drug and alcohol issues
- Aboriginal carers
- Carers from CALD backgrounds and emerging communities
- Young carers
- Carers living in rural, regional and remote areas
- Older carers
- Socio-economically disadvantaged carers – including carers who live in social housing or receive housing assistance
- Carers of people who are ineligible for NDIS or aged care
- Female carers
- Male carers
- LGBTQ carers
- Veterans who are carers and carers of veterans
- New carers
- Former carers




Data Source - Australian Bureau of Statistics, 2022 Survey of Disability, Ageing and Carers

# How did we get here?

# Co-Design Summary

Developing the NSW Carers Strategy through a co-design process.

## WE TALKED TO PEOPLE ABOUT

- Access to services and support
- Health and wellbeing
- Information
- Recognition and respect

## CO-DESIGN PROCESS SUPPORTED BY

- Program Management Group (PMG) including carers, state and Commonwealth Govt, NGO's and academia
- NSW and Commonwealth Government
- NSW Carers Advisory Council
- Aboriginal Working Group

## STAGE ONE

### 10 Face-to-Face Workshops

LOCATIONS:

Dubbo

Sydney

Wollongong

CONDUCTED OVER:

**8** August – **15** November **2019**

& 1 Online Survey

### 404 Participants & Respondents

There was a broad cohort of carers involved, including:

- Aboriginal Carers
- Young Carers
- Female Carers
- CALD

## STAGE TWO

1. Analysed, refined and tested the **key carer themes and priorities**
2. Engaged with individual stakeholder agencies to **draft possible solutions**
3. First 2 year **action plan developed**

## NEXT STEPS

**Implement the strategy and action plan**

HOW DID WE GET HERE?

# The co-design process

The NSW Government implemented a co-design process to develop this carers strategy. The approach enhances and reflects learnings from a successful co-design process used to develop the previous strategy.

Carers were placed at the centre of the process, well represented in all stages of the co-design process and compensated for sharing their knowledge and experience.

Co-design was supported by a Program Management Group (PMG) which included carer representatives from the NSW Carers Advisory Council, NSW and Commonwealth Government, non-government organisations (Plumtree and Dementia Australia NSW), NSW Mental Health Commission, NSW Carers Advisory Council, Carers NSW, Mental Health Carers NSW, University of New South Wales, CALD and Aboriginal communities, Price Waterhouse Coopers and Origin Communications Ltd.

A two stage co-design process to identify diverse carers' needs, priorities and possible solutions commenced in March 2019 and was completed in February 2020. The NSW Carers Advisory Council and the NSW Disability Council were consulted in the co-design process.

**Stage One:**

- 10 face-to-face workshops and conversations were held with carers and other key stakeholders in a range of metropolitan and regional locations with approximately 200 participants, of whom 50% were carers. Other key stakeholders such as government and non-government agencies, academics and private businesses were represented at the workshops.

- The workshops broadly reflected the diversity of carers. In addition, two targeted workshops were held for Aboriginal carers, one for CALD carers and two focus groups for young carers.
- An online survey also explored the issues discussed in the workshop and enabled as many carers as possible to participate in the process (204 survey responses were received). 84% of survey respondents were female carers. Respondents cared for people with a range of disabilities, 5% were from an Aboriginal background, 29% from a CALD background, and over 60% were living in an outer Sydney/regional or rural/remote location.

**Stage Two:**

- DCJ analysed and refined the key carer themes and priorities identified through Stage One. The key themes were tested with co-design workshop participants, the Strategy PMG and the NSW Carers Advisory Council.

- DCJ engaged with individual stakeholder agencies to develop possible solutions including consideration of need, scope, feasibility, evidence, reach and availability of resources.

- Some of these solutions appear as actions in the first Action Plan, and others may be further explored for future action plans.

# Priorities and key themes

This section outlines the key themes raised by carers and other stakeholders during the co-design process and examples of supporting evidence, by priority area. The Strategy at a Glance table on page five outlines how the NSW Government will respond to these priorities and how we will know when they are achieved.

PRIORITY 1

# Carers have better access to information, services and supports

> “Peer support is the most valuable of all resources.”
>
> Carer at co-design workshop - 2019

> “Knowing where to go is so important as this helps you empower yourself as a carer.”
>
> Carer at co-design workshop - 2019

## Carers can only care well if they have services for themselves as well as the people they care for. Carers are overwhelmed by the complexity of the service system and feel the difficulty of accessing services.

Waiting lists for services are putting increased pressure and responsibilities on carers. Carers told us they have to fight and justify access to disability services through the NDIS and struggle to get respite and supports for themselves.

Carers are struggling to get face-to-face assistance to navigate the service system, and need to increasingly coordinate and manage care. Many carers want to receive information face-to-face, from someone local who they know and trust. Some carers, such as those from Aboriginal and CALD backgrounds, also experience culture and language barriers.

We heard that for some families, for example Aboriginal families with a child with a disability, stigma, shame and fear of being adversely judged can also be a real barrier to asking for support.

## Carers told us:

They need information that is easy to access and in one place.

They need peer support (support from another carer) as a priority.

They need safe and culturally appropriate services.

## We know that:

- Government services increasingly rely on individuals accessing information through computers, smart phones and the internet[5]. Older adults, Aboriginal and CALD communities and people living in rural/remote areas where internet access is sporadic or non-existent are some of the most digitally excluded groups.

- People from Aboriginal and CALD backgrounds are under-represented in disability services and support systems in Australia and there are many barriers for them to access services including cultural preference, lack of knowledge about the system and lack of cultural competency in service delivery[6,7].

- Peer support has been shown to help improve outcomes for carers by reducing burden and depression and contributing to carer wellbeing by providing emotional and practical support[8].

- On average women have lower levels of financial knowledge than men[9] and therefore many carers, who are mainly women, can be unaware of the services and financial entitlements available and how to access them.

- Young carers and/or their parents may be reluctant to talk about their caring role, due to a sense of stigma/shame, guilt, or fear that child protection may get involved[10]. This may impact on their likelihood to seek support and access services.

PRIORITY 2

# Carers will be recognised, respected and empowered

> “Carers need to be supported to remain proud and deadly, to survive and thrive while taking on their caring role.”

Aboriginal carer at co-design workshop — 2019

Carers make a huge contribution to our community, although they often do not identify with the concept of being a carer, or the word 'carer'. It is important that their positive contributions are understood and promoted. This will help to improve carer wellbeing, increase access to support and make use of the knowledge and expertise of carers.

## Carers told us:

Many Aboriginal and CALD carers do not identify as carers and therefore do not access information or support.

Most carers are not asked about their own needs as a carer by service providers, their GP or hospitals.

Some carers have feelings of shame and stigma and this can prevent them from seeking support. This is related to the need for more positive attitudes to disability, mental illness, ageing, illness and dementia, cultural diversity and the LGBTQI community.

Respect and recognition is a huge issue for young carers. They seek less judgement and more understanding from the community.

Data Source - Australian Bureau of Statistics, 2022 Survey of Disability, Ageing and Carers

## We know that:

- Carer recognition in the broader community following the introduction of the *NSW Carers (Recognition) Act 2010* remains low[11].
- Consumer and carer participation are valuable aspects of the care system, improving health outcomes and reducing stress for families[12, 13].
- Many carers struggle to balance paid work and caring, but not all carers are able to disclose their caring role at work or access support and flexible working arrangements[14].
- Policies, practices and attitudes of staff in health and community services can also be barriers to young carers receiving support. Young carers report not being recognised as a primary carer in their caring role by health professionals and service providers, and being excluded in discussions about their family member's condition and treatment[15].

PRIORITY 3

# Carers have improved financial wellbeing and economic opportunities

> “No one really understands what it’s like to live this life. It’s constant stress, pressure and financial horror.”
>
> Online survey respondent — 2019

Carers are financially stressed and need assistance. This can often be in part due to the significant costs associated with caring (such as transport, medical costs and loss of income) being unrecognised and uncompensated. This can impact on carers' long-term financial independence.

## Carers told us:

The extra costs of caring mean that carers and their families often have to find money for extra expenses like heating and laundry, medicines, disability aids, health care and transport.

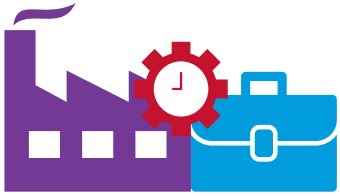
The structure of government benefits can sometimes provide disincentives to work.

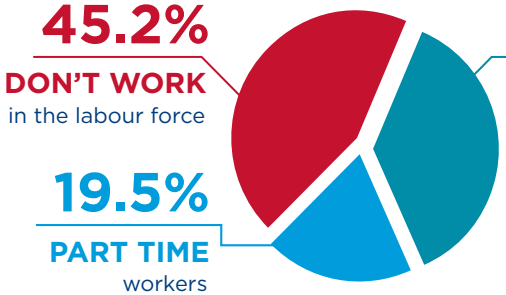
While not all carers want to be in the workforce, many carers do, and they want flexibility, choice and opportunity.

## We know that:

- Primary carers' labour force participation rates are more than 20% lower than the general population[16].
- In 2022 there was a 24% gap in primary carers median weekly income compared to non-carers, making it hard for carers to pay for living expenses, save money or build superannuation.[17]
- Caring can have a significant impact on an individual's ability to work. Many carers leave paid employment either permanently or on a part-time basis to become carers. Spending all or a significant proportion of one's working years out of the workforce also means that there is limited opportunity to invest towards retirement through superannuation, and with high household expenditure levels relative to income, there is little opportunity for household savings[18]

### Carers in the Workforce






Data Source - Deloitte Access Economics report: The value of informal care in 2020 for Carers Australia
https://www.deloitte.com/content/dam/assets-zone1/au/en/docs/services/economics/value-of-informal-care-310820.pdf

PRIORITY 4

# Carers have better health and wellbeing

Carers commonly experience high levels of stress which can impact on their health and wellbeing. Too often, this can mean they don't get the opportunity to access respite or to look after themselves culturally, physically, emotionally and socially.

## Carers told us:

They are stressed and struggle to prioritise their own health and well-being — they worry about burnout.

Carers report the lack of time and ability to pursue meaningful leisure activities as a major negative consequence of caring.

## We know that:

- Carers have low levels of health, mental health and wellbeing. A survey conducted by Carers NSW in 2018 found that carers reported especially low levels of wellbeing in the domains of health, achieving in life and future security[19].
- Studies show that comparatively, carers are likely to continue to experience higher levels of stress, poorer health, and increased risk of taking up unhealthy behaviours as a way of coping with stress[20].
- Carers at greater risk of poor wellbeing include those with a long-term illness or disability themselves, those who have been caring longer, and those providing more hours of care per week [21].
- Young carers are at greater risk of caring having a long term impact on their wellbeing, health, social inclusion and education outcomes because they began caring earlier in their life[22].

# Implementation and Monitoring

The ten-year Strategy will be supported by NSW Government action plans every two years, commencing with 2020–2022. All projects in the action plans, including those targeted to particular carer groups, have the potential to benefit all carers.

The plans will set out our cross agency commitment to achieve the visions and priorities set out in the Strategy. They will capture initiatives that agencies across the government and the non-government sector will deliver to better support the more than 850,000 people in NSW who have caring responsibilities. Carers, including the Carers Advisory Council, will continue to be involved in the governance of the Strategy, and the development of action plans.

Partner agencies and organisations will provide the Department leading the Strategy with yearly reports against actions. The NSW Human Services Outcomes Framework is informed by research and provides a common set of population-level wellbeing outcomes and indicators relevant to the wellbeing of all people in NSW. The action plan outcomes will be mapped against the Human Service Outcomes Framework and its domains of home, economic, health, education and skills, social and community, and empowerment to capture how it has contributed to carer wellbeing.

A mid-term review of the Strategy will be undertaken and publicly reported in 2025/26.

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# NSW Carers Charter

## Carers (Recognition) Act 2010

A carer is someone who provides ongoing, unpaid support to people who need help because of disability, mental illness, chronic or terminal illness, dementia or frail age. Relatives and friends who provide such care, support and assistance are carers.

NSW Carers Charter

1. Carers make a valuable contribution to the community
   a) NSW recognises the valuable social and economic contribution that carers make to the community.
   b) Carers should have the same rights, choices and opportunities as other Australians.
   c) Carers' unique knowledge and experience should be acknowledged and recognised.
   d) The relationship between carers and the people they care for should be respected.
2. Carers' health and well-being is important
   a) Carers should be supported to enjoy optimum health and well-being and to participate in family, social and community life, employment and education.
   b) Carers should be supported to balance their caring role with other roles, such as work and education.
3. Carers are diverse and have individual needs within and beyond their caring role
   a) The diverse needs of carers should be acknowledged and recognised in policy, programs and service delivery, taking into consideration culture and language, age, disability, religion, socio-economic status, place of residence, gender identity and sexual orientation.
   b) Aboriginal and Torres Strait Islander values, heritage and concepts of caring should be respected and valued.
   c) The additional challenges faced by carers who live in rural and remote areas should be acknowledged and recognised.
   d) Children and young people who are carers should be supported to reach their full potential.
4. Carers are partners in care
   a) The choices, views and needs of carers and of the people they care for should be taken into account in the assessment, planning, delivery and review of services provided to the people they care for.
   b) Carers should be referred to, and assisted to access, appropriate supports and services.
   c) Support for carers should be timely, responsive, appropriate and accessible.

www.facs.nsw.gov.au/about/inclusion/carers

*This artwork was created by Aboriginal artist Charmaine Mumbulla and represents themes of support, care and connection.*

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