
## Public Feedback on the Draft National Carer Strategy

Final Report

November 2024

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Acronyms Glossary

|  |  |
| --- | --- |
| Acronym | Description |
| ACST | Australian Central Standard Time |
| ACT | Australian Capital Territory |
| AEST | Australian Eastern Standard Time |
| AWST | Australian Western Standard Time |
| CALD | Culturally and Linguistically Diverse |
| DSS | The Department of Social Services |
| LGBTQIA+ | Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual |
| NDIS | National Disability Insurance Scheme |
| NSW | New South Wales |
| NT | Northern Territory |
| QLD | Queensland |
| SA | South Australia |
| TAS | Tasmania |
| VIC | Victoria |
| WA | Western Australia |

|  |  |
| --- | --- |
| Term | Definition |
| Carer | Someone who provides personal care, support and assistance to another person who needs it because that person has a disability, a medical condition (including a terminal or chronic illness), a mental illness, or is frail and aged.*Source: Carer Recognition Act 2010* |
| Unpaid Carer | A ‘Carer’ who does not receive financial compensation forcaring responsibilities.*Note on Terminology: In this report, the terms "unpaid carer" and "carer" are used interchangeably.**Source: Adapted from Carer Recognition Act 2010* |
| Formal Carer | Someone who is employed to provide personal care, support, and assistance to individuals who need it due to a disability, a medical condition (including a terminal or chronic illness), a mental illness, or frailty due to age. Paid formal carers receive financial compensation for their caring responsibilities and often have specific training or qualifications in the field of care.*Source: Adapted from DSS Guides to Social Policy Law, 2024* |
| Care Recipient | An individual who receives personal care, support, and assistance due to a disability, a medical condition (including a terminal or chronic illness), a mental illness, or frailty due to age. Care recipients rely on the help provided by carers, whether paid or unpaid, to manage their daily activities and maintain their quality of life.*Source: Adapted from DSS Guides to Social Policy Law 2024* |

# Executive Summary

E X E C U T I V E S U M M A R Y

## Public Feedback on the Draft National Carer Strategy

The Draft National Carer Strategy (Strategy) was released on 17 October 2024. The Strategy was developed by the Department of Social Services (Department) in collaboration with the National Carer Strategy Advisory Committee after an extensive consultation process that engaged directly with carers in Australia.

Deloitte was engaged by the Department to gather feedback on the Strategy and its core components by holding eight public consultation sessions with carers who had already participated in consultations held by Deloitte, Carers Australia or the Disability Advocacy Network AU. The sessions explored the extent to which carers:

* Were satisfied with the Strategy
* Thought the Principles captured had any gaps
* Believed the Vision was the right vision
* Thought the Objectives would help achieve the Vision
* Thought the Priority Outcome Areas would assist carers in their caring role.

Key Findings

Overall feedback on the Strategy was mixed, however carers felt that the intended purpose of the Strategy was correct. They noted that the Strategy was very ambitious and while this was applauded, there was a lack of belief or trust that it would be turned into action. It was widely acknowledged that the voices of carers had been used to inform the strategy. Many noted that they could see their contributions from previous sessions throughout the Strategy.

* Principles – Most carers felt the Principles were broad, and generic enough to allow for widespread application. However, some carers felt they could be more specific and suggested the inclusion of four additional Principles to capture areas they thought were missing. This included (1) Intersectionality, (2) Collaboration and Cohesion, (3) Safeguarding Rights and (4) Community and Public Awareness.
* Vision – Carers thought the Strategy’s Vision was appropriate, but also provided several

suggestions for how it could be improved. This included incorporating language

that provided choice, ensuring accountability, and a timeline for action. Some felt it could do more to recognise the diversity and complexity of the caring role and ensuring that the role of the broader Australian community was included.

* Objectives – The majority of carers were unsure whether Objective 1 would achieve the Vision noting that it required additional context and language changes to be truly powerful and drive change. Conversely, most carers were more confident that Objective 2 and 3 would help achieve the Vision. Notwithstanding their confidence, there were still many suggestions for how these Objectives might be split, better represent the diverse caring experience, promote a sustainable caring experience and better support carers in their caring role.
* Priority Outcome Areas – Overall most carers noted that the Priority Outcome Areas would assist them in their caring roles. They provided several suggested changes for how they could be refined which included framing language so that carers remained in control and had a choice or shifted the obligation for the outcome onto the entity or individual who would have the most power to create change. The Priority Outcome Area most commonly identified as most important to carers was Priority Outcome Area two; *Carers can access supports, services and programs at the right time, right place and in the right way across the caring continuum.*

Suggested Changes by Carers

Across all components of the Strategy, carers made suggestions to further refine and improve the Strategy so it could better meet their needs and overall expectations. Broadly, these suggestions fell into three categories:

* Language changes - Inclusion of different words / term to better reflect carers needs.
* Reframing - Adjustment of framing of core strategy components to put the holistic requirements of carers first, not just support them in their caring role.
* Missing concepts - Suggestions for additional core components of the Strategy that were considered missing by carers in the current draft.

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## The National Carer Strategy

### The National Carer Strategy aims to create a unified framework to provide holistic support for Australia’s unpaid carers across various sectors.

Project Background and Scope

In October 2023, the Minister for Social Services, the Honourable Amanda Rishworth MP, announced the development of the National Carer Strategy with an investment of $3.8 million through to 2025-26. This marked a pivotal step towards establishing a unified framework to support Australia’s dedicated carers.

The last 12 months have seen an extensive data collection and analysis including: the House of Representatives Standing Committee on Social Policy and Legal Affairs Inquiry into the recognition of unpaid carers, data analysis from the Australian Institute of Family Studies, the release of a discussion paper receiving 750 submissions in response, and over 100 consultations facilitated by Deloitte, Carers Australia, and the Disability Advocacy Network AU, engaging with over 1800 carers across the country, both in person and virtually, covering metropolitan, regional, and rural areas, and targeted sessions with vulnerable cohorts including First Nations, CALD, LGBTQIA, young carers, and veterans.

On the 17th October, the Department released the draft National Carer Strategy, (that was tested and validated by the NCS Advisory Committee) and engaged Deloitte to conduct eight 90-120 min virtual consultations with Carers to gather feedback on the draft Strategy and core components including its’:

* Vision. The end goal that we want to achieve for carers in Australia. It represents the ultimate outcome we are striving towards.
* Principles. The guiding rules and values that are important in making the plan to help carers. They underpin all the Strategy's actions and decisions.
* Objectives. The specific goals we want to achieve. They are clear and measurable targets that will help us realise the Vision.
* Priority Outcome Areas. The most important things we want to address first. They represent the key areas where we need to see change and improvement early on.

Together, these core components aim to ensure it is responsive to the needs of all carers in Australia. The intention of the draft Strategy is to describe 'what' it aims to achieve – not 'how' they will be achieved which will be articulated within the Actions Plans which will articulate the specific initiatives, timelines and responsibilities to ensure effective implementation.

Key questions explored as part of the consultations and discussed in this report include:

* To what extent are you satisfied with the draft National Carer Strategy?
* Do you believe this is the right Vision?
* Is there anything the Principles don’t capture?
* Do you think these Objectives will help achieve the Vision?
* Do you think action in these Priority Outcome Areas will assist you in your caring role?
* Which Priority Outcome Area is the most important to you?

The findings of this report will inform the final draft National Carer Strategy due to be released in November 2024. In 2025, an outcomes framework and the first action plan, with a view to begin implementation of the initial actions.

I N T R O D U C T I O N

## Project Approach and Limitations

### A three phased approach, centred on inclusive carer consultation was used to provide feedback on the Draft National Carer Strategy.

 Planning

Developing Consultation Materials. Deloitte developed a Public Feedback Consultation presentation in collaboration with the Department, including a supplementary virtual, real-time (Menti) survey tool. Consultations and analysis were guided by the survey developed and publicly released by the Department, with reference to the structure detailed in the Appendix A.

 Recruitment & Consultation

Managing RSVPs: 1800 carers who participated in the National Consultations from May 2024 to September 2024 held by Deloitte, Carers Australia and the National Disability Network AU were contacted via email to request their participation.

Participants were offered eight different virtual consultation timeslots. Those who registered received a calendar invite, and a follow-up email 24 hours before the session.

Consultations with Carers: 104 carers were consulted through eight virtual sessions held over a two-week period, from the 21st of October to the 2nd of November 2024.

 Reporting

Synthesis of Findings: Stakeholder feedback and survey response, captured using Menti and the chat function were collected during consultations and synthesised into individual consultation ‘Summary Reports’.

Document and Communicate: All analysis conducted throughout the project, including individual consultation Summary Reports of consultations (see Attachment 1), was consolidated, refined, and presented in a final report (this document).

Limitations of Data and Findings

Capturing Public feedback on the draft National Carers’ Strategy was affected by several

limitations which included:

* Limited participation in Menti. Some carers did not engage with the Menti survey tool due to technical issues or by choice. The carers who experienced technical difficulties were encouraged to submit their responses using the Zoom chat function however not all participants took up this option.
* Short timeframe for participation. The limited two-week timeframe for collecting feedback may have negatively impacted participation, with only 104 carers who previously participated in the National Consultations taking part. This may have reduced the depth of reflection and the quality of responses, potentially limiting the comprehensiveness of the feedback.
* Contextual understanding of questions. Some carers found it challenging to fully understand the draft Strategy’s intent, which may have influenced their ability to reflect accurately on the questions and provide relevant feedback.
* Framing of questions. Feedback indicated that certain questions were poorly framed, making it difficult for carers to provide straightforward answers. Responses often reflected nuanced perspectives that could not easily be categorised as simply “yes” or “no”.
* Action Plans. Many participants were focused on the lack of actions within the Strategy and as such were not always focused on answering the questions about their views on the Strategy components. As such, they provided feedback on requirements likely to be included in the action plans; some of this detail is described throughout this report.
* Survey findings decoupled from discussion summaries. Throughout the Public Feedback Consultations, carers provided survey responses via Menti. However, verbal discussion focused on either those who were dissatisfied or had feedback that would improve the Strategy (even if satisfied). As such, the feedback described throughout this report may disproportionately represent the thematic analysis from consultations as compared to those carers who provided positive responses to the Menti survey.

I N T R O D U C T I O N

## Demographics of Attendees

### Breakdown of the 104 carers who participated in consultations to

provide feedback on the draft National Carers’ Strategy.

Figure 1.2. Attendee demographics

#### *Carer Diversity and Inclusion Data (n=131)*

26 3 7 21 21 20 27

*CALD*

***Gender and Age Demographic (N=104)***

65+

12

3 15

55-64

23

4

27

45-54

28

1 1 30

35-44

19

1 20

25-34

4

2 2 8

18-24

0

5

10

15

Number of Carers

20

25

30

*First Nations LGBTQIA+ Neurodivergent Person with a*

*Disability*

*Regional/Rural/*

*Remote*

*None*

6 *Prefer Not to Answer*

#### *Care Recipient’s Condition (n=165)*

Age Group

28 36 29 7 4 32 15 6

*Physical Disability*

*Mental Illness Chronic*

*Condition*

*Terminal Illness*

*Alcohol or Drug Issue*

*Neurodivergent Frailty Due*

*to Age*

*Other\**

8 *Prefer Not to Answer*

Key

11

4

Male Female Non-Binary

*Prefer Not to Answer*

86

3

*\*Where a free-text description is provided, this category includes individuals who have Dementia, Alzheimer's, Lewy-Body, Cognitive Impairments, Genetic Conditions, Noonan's Syndrome or Semantic Primary Progressive Aphasia.*

***Note****: The number of carers (N) does not equal the total number of caring situations (n), as carers may have multiple diversity markers or care for different recipients with varying conditions, either simultaneously or at different periods in their lives.*

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## How to read this report

### The key findings in this report are structured by the core components of the Strategy and provide a summary of the Menti survey results, group discussion and suggested changes to the Strategy by carers.

Figure 1.1 outlines how this report is structured between page 16 and 36 for the Vision, Principles, Objectives and Priority Outcome Area components of the Strategy.

Figure 1.1. How to read this report

1

2

6

3

4

5

1. Strategy component – Identifies the Strategy component that will be discussed on this page.
2. Component wording – Provides the working of the Strategy component directly from the Strategy to allow for easy cross referencing of suggested changes.
3. Menti results – Provides the results from the Menti survey held throughout the Public Feedback Consultation process and incorporates responses provided by carers within the chat function of the virtual meeting platform (see Appendix B for raw survey results). Please note that the survey percentages throughout the report may not total 100% due to rounding to the nearest whole number.
4. Key quotes – Provides supporting quotes made by carers throughout the Public Feedback Consultation process aligned to the summary of the discussion (number five).
5. Summary of the discussion – Provides a summary of the discussion held at a thematic level throughout the eight Public Feedback Consultation sessions with a focus on describing the feedback provided carers and how this would support refinement of the Strategy or design of actions within the Action Plans.
6. Suggested changes by carers – Highlights the specific changes requested by carers.

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Key Findings

* + Overall Satisfaction
	+ Vision
	+ Principles
	+ Objectives
	+ Priority Outcome Areas

K E Y F I N D I N G S

## The Draft National Carer Strategy – Overall Satisfaction

Overall Satisfaction

0%

Opposed

14%

Dissatisfied

44%

Neutral

31%

Satisfied

11%

Committed

***To what extent are you satisfied with the draft National Carer Strategy? n=96***

Carers' overall satisfaction with the draft National Carer Strategy was varied. Specifically, while a significant number expressed satisfaction, a notable portion remained neutral, and a few were dissatisfied. The reasons for these perspectives include:

* Acknowledgement and inclusion. Most carers appreciated that the Strategy represented long-awaited recognition of their contributions to society by the Australian Government. They felt heard during the initial consultation processes, noting that some of their suggestions, particularly regarding access to flexible and tailored respite supports, were reflected in the Strategy. However, they also acknowledged that not all their concerns, such as the lack of Superannuation, had been thoroughly addressed. Carers were disappointed that crucial supports like this, which would make the biggest difference to their roles, were out of scope.
* Lack of practical application via Action Plans. Carers found it challenging to assess whether the Objectives and Priority Outcome Areas would help achieve the Vision without understanding the Action Plans’ content, timelines, owners of actions, and specific success measures. There was a perceived need to evaluate the draft Strategy alongside the Action Plans to determine if the actions aligned with the intention however carers wished to reserve judgement on their impact until they were released. They were also disappointed to have been excluded from the Action Plan development and co-design and lacked trust in the Government to do this in isolation without the context and appreciation for lived experience. Carers referenced the "What we will do" section in Priority Outcome Areas, noting that words such as "explore" and "promote" suggested a lack of commitment and accountability for meaningful change. Some carers were also frustrated by the immediate timeframe of 2-3 years for the implementation of actions, as they were in desperate need of supports now.
* Narrow focus of the Strategy. Some carers also felt that the Strategy focuses on supports for carers but lacks appropriate acknowledgement of the interconnected relationship between carers and care recipients. They emphasised that supporting both parties simultaneously is important and cannot be separated. Carers stressed the need for all service providers and governments—NDIS, My Aged Care, Centrelink—to work together to recognise and embed carer supports into their systems and processes, thereby demonstrating holistic models of care.
* Lack of collaboration between State and Federal Governments. Carers referenced past experiences with strategies that sounded good in theory but failed to affect real change. The lack of a governance framework with clear accountabilities of service providers, local governments, State and Territory and federal governments collectively would hinder change and consistency in supports. Additionally, the independent work by the Victorian Government on the Carer Strategy Refresh, separate from the National Carer Strategy, demonstrated to carers that the system currently lacks collaboration and were confused about which Strategy would ultimately prevail. This fragmentation impacted their ability to believe in the Strategy’s intentions. Additionally, they were concerned that the three-year election cycles and the potential for changes in government, could disrupt the continuity and effectiveness of the Strategy.

***“Will this actually make a difference in the lives of carers? Or are we going to end up in the same place as we have before?"***

***“The strategy could be the greatest strategy in the world, but if it doesn’t have the right interconnections then you won’t get the outcomes you’re looking for."***

***“I’ve fallen through the cracks many times because I have gotten lost in the siloes. We need a whole-of-government approach with all the dysfunctional systems streamlined and coordinated"***

K E Y F I N D I N G S

## The Draft National Carer Strategy – Overall Satisfaction

Overall Satisfaction

* Lack of legislative change. Many carers were concerned about the lack of legislative change and alignment with the Carer Recognition Act to support their basic human rights, such as access to rest and recreation, and to coordinate legislation and policy to reinforce the Strategy's intentions. Currently, Carer Recognition Acts are not uniform across Australia, with each State having its own legislation in addition to the Commonwealth legislation. Carers advocated for making this legislation uniform throughout the Commonwealth and the States. Additionally, none of the Carer Recognition Acts currently empower or list any rights for carers. It is suggested that "rights" for carers be defined and included in all Carer Recognition Acts.
* Lack of specificity of language. Most carers felt that the tone and sentiment of the Strategy were positive, however, some also felt that the language was overly bureaucratic and disingenuous. While carers found the draft National Carer Strategy relatively clear, they were concerned that the language was broad and optimistic, lacking specificity. Specific examples of this are provided in the discussion of each core component of the Strategy. They believed this affected the transparency and accountability of the document for the Australian Government and it was crucial to carers that the Strategy results in meaningful change for each carer individually. Some carers felt the language was not rights-based and hoped for terminology that strengthened carers' recognition and affirmed their rights similarly to the disability and aged care sectors. They also recognised that different words can mean different things to different people, leading to subjective interpretation. Therefore, carers emphasised the need for clearer definitions of terms such as "empowered," "supported," and "recognition”. Carers also recommended updating the language throughout the Strategy to:
	+ Remove vague terms like "those people" and "them" and be specific about whom it refers to, such as changing "what carers have told us is

important to them" to "what carers have told us is important to carers.“

* + Use more definitive language such as “it would” or “we will deliver” to ensure that outcomes would be achieved rather than hedging by

saying that it would “explore” or “identify”.

* Insufficient distinction between carer roles. Many carers noted an insufficient distinction between carer roles within the Strategy. While the soft entry approach was appreciated, some carers felt there needs to be a clear distinction between full-time carers and those who provide part- time care at varying degrees of intensity. They emphasised the need for clear boundaries between parental, spousal, or familial responsibilities and the caring role, as this would determine the volume of support available to them, such as higher Carer Payments for primary carers who cannot work. However, some carers were concerned that this could lead to division within the carer community, feeling that the current definition was appropriate. Additionally, there was concern about the systems and services that carers engage with attempting to categorise carers into specific boxes, as caring does not always fit into neat categories and can feel demoralising and discriminatory.
* Not all carer cohorts acknowledged. Some carers felt that they could not immediately see themselves or their situations represented in the Strategy, which made them question the integrity of the consultation process, particularly noting the absence of vulnerable cohorts. Specific groups mentioned included young carers, parents, mental health carers, carers with disabilities, grandcarers, kinship carers, and foster carers.

#### *“Someone who has to give up* employment to care is very different to someone who doesn’t."

***“I find the language around caring quite challenging. There's always a 'it can be rewarding but also difficult' or 'carers are essential' narrative, which might be really comforting for some, but from my perspective it seems to hold an assumption of caring being the 'right' thing."***

K E Y F I N D I N G S

## The Draft National Carer Strategy – Overall Satisfaction

Overall Satisfaction

* Lack of ‘choice’ concept. Many carers felt that the Strategy lacked the concept of 'choice.' For carers, having a choice is crucial, as not all carers want to be in their caring roles. The Strategy seemed to assume that all carers are willing and able to provide care, which is not always the case. This oversight fails to recognise the need for support systems that offer alternatives and flexibility for those who may not wish to continue in their caring roles, or who feel compelled to care due to a lack of other options.
* Prioritisation of resources. Although satisfied with the intent, some carers questioned whether the investment that was being made in the Strategy, and subsequent Action Plans could be better prioritised and used to uplift the Carer Payment. They noted that everything started with financial security. If they felt financially secure and didn’t have to worry about how to put food on the table, pay their rent, etc. they noted that they would then be better able to not only look after themselves but provide improved care to their care recipient. Carers worried that by providing all these other important supports for them as part of the Strategy that their fundamental need would be overlooked.
* Comments on the Strategy’s introduction to caring.
	+ Carers felt that the Strategy needed to better distinguish between paid and unpaid carers by articulating the economic benefits provided by the unpaid caring role, emphasising how they contribute significantly to the care economy.
	+ Carers suggested a historical timeline highlighting changes for carers, particularly before the NDIS reforms, to provide greater context.
	+ Carers noted that the issue of carer burnout in the “Why Carers Matter” section was notably absent and should be addressed due to its prevalence and impact.
* “Which Priority Outcome Area is most important to you?” Many carers expressed concerns about the question, “Which Priority Outcome Area is most important to you?” They felt this question was inherently biased and did not accurately reflect the dynamic and ever-changing nature of their caring experiences, where priorities can shift frequently. Consequently, they believed that the data obtained from this question would be highly specific to the carers involved in this consultation process and unique to their demographics, rendering it unrepresentative of the broader carer population.

***“Just give us a decent salary and let us sort it out. I know what my family needs and its not more services its just that feeling that we don’t have to scrap to make ends meet.”***

Key Findings

* Overall Satisfaction
* Vision
* Principles
* Objectives
* Priority Outcome Areas

K E Y F I N D I N G S

## The Draft National Carer Strategy – Vision

Vision

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

Most carers (61%) agreed that the Vision of the draft National Carer Strategy was appropriate, while 24% remained unsure, and 15% were opposed. Key points raised in the discussion included:

***Do you believe this is the right Vision?***

***n=92***

61%

Yes

15% 24%

No

Unsure

***“I want more than just to participate in society and fulfil my caring role – both on the way in and way out. ‘Empowering me with support’ doesn’t specifically work or go far enough."***

Suggested Changes by Carers

* Add a timeframe: *“…by 2035.”*
* Include stronger language such as *"protected, provided for, and financially valued"* as alternatives for *“recognised, valued, and empowered”*.
* Add *“recognised as critical to society, valued and empowered…”*
* Replace *“to participate fully in society”* with “*to live meaningful and purposeful lives…*”
* Reframe to include terms such as *“own will”* or *“supported to choose to participate…”.*
* Replace *“support”* with *“resources”.*
* Restructure the Vision to read:
	+ *“Community that values carers as whole people, empowering them to pursue fulfilment both within and beyond our caring responsibilities”*
	+ *“An Australia that recognises and celebrates carers, fostering understanding and support across the wider community”.*
* Most carers appreciated the intent of the vision, understanding that it needed to be broad and all- encompassing, and that specificity would be achieved in the Objectives, Priority Outcome Areas and Action Plans.
* Some carers felt that the vision was too general and optimistic, suggesting it should be more realistic with a timeframe and/or stronger vocabulary to hold the strategy accountable.
* Some carers appreciated that the vision recognises that carers can participate in society beyond their caring roles. However, some carers reluctantly took on the role and desired support to reduce the size of the role or transition out of it, which the vision does not acknowledge. These carers felt that the vision restricted their identity to solely caring and would be required to sustain the role indefinitely.
* Some carers wanted the element of choice "to participate fully in society," as the current framing implied a requirement rather than an option, which felt disempowering. Some carers wished for recognition for their significant contributions through the vision, highlighting that their efforts save the system substantial amounts of money and that the system would struggle without this unpaid workforce.
* Some carers reported a need for greater emphasis on the diverse and complex nature of caring, particularly those who care for multiple people simultaneously or at different points in their lives.
* Some carers felt that “participate fully” is subjective and unrealistic as the reality of this is hindered by 25- hour work impositions, discriminatory employers, and insufficient protections.
* Some carers felt that the term “empowered” was meaningless unless defined. To some carers,

empowerment meant certain rights under law which can be enforced which is not currently the case.

* Some carers reported that Strategy and by extension the Vision only provided passive recognition of the importance of community responsibility and overall public awareness. They supported rewording the Vision to include wording related to the wider community noting that if it was included it would foster societal respect and potentially create a shift in broader community accountability and support for carers.

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Key Findings

* Overall Satisfaction
* Vision
* Principles
* Objectives
* Priority Outcome Areas

K E Y F I N D I N G S

## The Draft National Carer Strategy – Principles

Principles

1. Carer Centered 2. Evidence Informed 3. Accessible, Equitable and Inclusive 4. Supporting Agency 5. Transparent and Accountable

The majority of carers (41%) were unsure if the Principles of the draft National Carer Strategy was missing something, while 39% felt they didn’t capture everything and 20% felt they weren’t missing anything. Most carers felt that the principles were broad and generic allowing for broad application. However, some carers also wished for them to be more specific. Key points raised in the discussion:

***Is there anything the Principles don’t capture? n=90***

6270%

No

39% 41%

Yes

Unsure

***“The Principles are fine but I'm conscious that policies are only effective with good practice, and I don't feel that the principles highlight the practice-based steps required to fulfil them.”***

New Principles Suggested by Carers

* Intersectionality
* Collaboration and Cohesion
* Safeguarding Rights
* Community and Public Awareness
* Carers noted that the Principles, although appropriate, didn’t capture information on several aspects that

could be considered as additional Principles for inclusion in the Strategy:

* + Collaboration and Cohesion – Carers noted that the Principles didn’t support or require organisations involved in providing support to collaborate, coordinate or partner with one another which was highlighted as a critical problem for carers. They noted that overlapping service eligibility criteria often got in the way rather than focusing on the needs of the carer.
	+ Safeguarding Rights – Carers noted that the principles in the draft National Carer Strategy do not adequately reference carers' rights, unlike the Victorian Carer Strategy 2018-2022. The Victorian Carers Recognition Act 2012 and the Victorian Charter supporting people in care relationships explicitly acknowledge and protect the rights of carers. This omission in the National Carer Strategy fails to provide a strong legal and ethical foundation for safeguarding the rights of carers and to ultimately prevent any form of discrimination. Carers feel that without a clear emphasis on their rights, like the Victorian approach, the strategy lacks the necessary framework to ensure their roles and contributions are properly valued and protected.
	+ Intersectionality – Carers noted that the Principles in their current form were not underpinned by an intersectionality lens that meant that they didn’t feel that all parts of their lives were recognised. They suggested that this could be improved through an additional Principles or updated language introducing the Principles to recognise how carers identities and needs are shaped by their background, history, relationships and other societal factors. It was also noted that the Caring Role described by the ‘Intersectionality of carers’ section (flower diagram) within the Strategy didn’t account for neurodivergence.
	+ Community and Public Awareness – Carers noted that by promoting public awareness and including it in a Principle across all actions, the Strategy would work to normalise caring as a valuable role, fostering a more inclusive social environment that encouraged carer-friendly policies, and reduced stigma.

K E Y F I N D I N G S

## The Draft National Carer Strategy – Principles

Principles

1. Carer Centered 2. Evidence Informed 3. Accessible, Equitable and Inclusive 4. Supporting Agency 5. Transparent and Accountable

Carers described the Principles as a great way to provide a foundation to the Strategy but they noted that policies were only effective with good practice. They subsequently suggested that the principles could be more action or practice focused. They noted that this type of wording would support individuals who didn’t work in a policy role to understand their overall intent and ensure they would be actioned in practice.

Suggested Changes by Carers

* Including additional *action-based language* within the Principles. This might include substituting the ‘*policies’* wording with *‘practices’* wording.
* Update Carer Centered to include “*carers are central to co-design processes”.*
* Update ‘Evidence Informed’ to clarify that evidence will include *data from lived experience carers.*

***“The key thing with co- design is it can’t be presented part way into the process; carers need to be there right from the very start to have influence from the beginning.”***

***“Evidence for carers should be from carers”***

Carers also wondered how the Principles would be used in practice to develop the action plans. They noted

that the description of ‘How we will do it’ across all Principles appeared to be framed differently and had

differing degrees of certainty in the language used such as ‘focus on’ versus ‘use’).

In addition to describing the need for additional Principles, carers also provided direct feedback on the specific Principles within the Strategy:

1. Carer Centered
	* Carers noted that 'carer-centred' should state that carers are central to co-design processes, not merely that they "will be included“. Carers also noted that co-design was important but a buzz word and questioned whether they would be involved in the co-design of all components of the strategy, including the action plans, or whether it would be more likely that they are consulted.
	* Carers reported that the co-design or consultation processes needed to consider how they would reach those carers who were hard to reach. They noted that they were invited to participate in these sessions but many of their friends who were carers didn’t necessarily receive the same invitation. It was considered key to keep expanding the number of carers involved and suggested using the Carer Allowance payments as a way of creating a distribution list.
2. Evidence Informed
	* Carers noted that the evidence referenced in this Principle should clearly note that evidence used to innovate and address challenges within this Principle would include data from carers with lived experience. They noted that historically governments at all levels tended to use consultations or evidence from peak bodies or carer associations rather than directly with carers themselves. They appreciated their role in the system as a representative group but thought that direct feedback on activities should be provided by people with lived experience, not necessarily a representative.

K E Y F I N D I N G S

## The Draft National Carer Strategy – Principles

Principles

1. Carer Centered 2. Evidence Informed 3. Accessible, Equitable and Inclusive 4. Supporting Agency 5. Transparent and Accountable

1. Evidence Informed (continued)

Suggested Changes by Carers

* Ensure that Accessible, Equitable and Inclusive included some form of *flexibility* to meet carers changing needs.
* Add *“respected”* to the *‘Accessible, Equitable and Inclusive’* Principle.
* Replace *“Supporting Agency”* with

*“Supporting Self Agency”.*

* Replace *“Supporting Agency”* with

*“Supporting Carers”*

***“Those of us who are working are not recognised like an emergency volunteer worker. When they go off to fight a fire or some form of natural disaster their employers are really supportive and that’s something I’d like for carers to be able to experience.”***

* + Some carers noted that the inclusion of evidence and innovation within the same principle seemed to be a juxtaposition as not all innovative approaches had evidence for implementation. However, they noted that this Principle could also emphasise adaptability to build continuous improvement and evaluation into the implementation of specific actions aligned to the Strategy. This would ensure that practices and technologies in use would keep supports relevant and responsive to carers changing needs.
1. Accessible, Equitable and Inclusive
	* Carers suggested that this Principle should recognise the need for accessible and flexible support services

that can adapt to the changing needs of carers and those they care for and include a focus on the

sustainability of support for carers.

* + Some carers noted that this Principle could be expanded to include “recognition” within the main description. Carers compared themselves to Emergency Service Volunteers who seemed to be able to access immediate support in the event of an emergency and noted that such forms of respect and recognition could be integrated into this Principle and provided to carers.
1. Supporting Agency
	* The Supporting Agency Principle was described as too broad and unclear, with suggestions to build on the strengths and rights of carers, enabling and empowering communities of support.
	* There was concern that the ‘Supporting Agency’ Principle did not adequately reference providing carers with enough control over decisions affecting their lives; instead, it seemed to impose decisions from a central authority, making it feel too top-down and centralised. Carers appreciated the sentiment but suggested reconsidering the framing, as they often felt they had no choice in taking on the caring role.
	* Carers noted that within the “Supporting Agency” Principle there should be an emphasis on co-design and collaboration with carers in policy development and service design to ensure their voices are heard and their needs are appropriately met.
	* Some carers noted that this Principle could be changed to *“Supporting Carers”.* They then noted that the

term supporting ‘Supporting Agency’ could be included as a facet that sat beneath.

K E Y F I N D I N G S

## The Draft National Carer Strategy – Principles

Principles

1. Carer Centered 2. Evidence Informed 3. Accessible, Equitable and Inclusive 4. Supporting Agency 5. Transparent and Accountable

1. Transparent and Accountable

Suggested Changes by Carers

* Include *State and Local Government, Service Providers and NGOs* as organisations who would be transparent in their processes to better recognise and value carers.

***“I think it needs to be very clear for organisations that if they are not following the Strategy somebody is going to be looking into it and they will be held accountable. Its grey in the Carers Act, but we need black and white so there is accountability.”***

* + Carers noted that the Principle of transparency was critical to building trust within the carer community as they felt as though they had been let down by previous iterations of a carers strategy which was perceived to have had limited impact.
	+ Carers noted that the current Principle only considered Federal Government accountability rather than outlining the need for improved accountability across the entire system which also included State and Local Government, service providers and Non-Government Organisations. This was a significant concern for carers as it implied that the Federal Government did not have appropriate buy-in from other governance and regulatory organisations responsible for supporting the sector. This was further highlighted by one

carer who noted that they had recently made a submission to the Victorian Carer Strategy Refresh and were confused as to who was responsible.

* + Carers noted that different agencies support various segments of the caring population, each with different standards for supporting carers. They noted that it would be important for this Principle to drive a nationally consistent and equitable approach to access that is less restrictive than current eligibility criteria but could also streamline access to supports.

Key Findings

* Overall Satisfaction
* Vision
* Principles
* Objectives
* Priority Outcome Areas

K E Y F I N D I N G S

## The Draft National Carer Strategy – Objectives

Objectives

“Carers are identified, recognised and valued.”

Most carers (56%) were unsure if this Objective of the draft National Carer Strategy would help achieve the Vision, while 27% agreed and 17% disagreed. Key points raised in the discussion included:

***Do you think Objective 1 will help achieve the Vision? n=91***

627%

Yes

16% 56%

No

Unsure

***“There’s no point in society recognising caring as a theoretical concept if the individual in the role can’t see themselves as that”***

***“Its great if carers are identified, but if being identified comes down to the criteria of Centrelink***

***/ Services Australia it won’t help achieve the vision.”***

Suggested Changes by Carers

* Add *“respected.”*
* Addition of *by whom* – Carers are identified, recognised and valued “*by [entity/society/themselves]”.*
* Addition of *“supported”.*
* *Remove “valued”* and replace with

*“supported”.*

* Restructure the Objective to read:
	+ *“Carers are identified, recognised, and valued in all our diversity and intersectionalities, with tailored approaches that address our unique challenges and*

*strengths”.*

* + *"Carers are identified, recognised, and valued as individuals beyond their caring roles, with support to participate fully in society and pursue personal goals“.*
* Carers reported wanting to be respected not only recognised and valued solely as a carer. They noted that this Objective should seek to value carers aspirations to align with the broader Strategy’s focus on empowerment. Improved respect was seen to be particularly important within the health system, where carers reported their initial and sometimes ongoing contact with General Practitioners and other clinicians was critical to ensure they were able to access the right support.
* Carers noted that to be truly powerful this Objective required additional context and the inclusion of ‘who’ carers would be identified, recognised and valued by. In its current form, it was described as ambiguous and hard to see what would be quantifiable.
* Carers noted that acknowledging intersectionality was important for this Objective, specifically for those from culturally and linguistically diverse backgrounds. They noted that “*identified, recognised and valued”* can have very different meanings to different priority populations and ensuring this was clear was key for the Strategy to acknowledge diverse carers.
* Many carers reported struggling with the concept of recognition. Some carers felt that this Objective focused solely on external recognition of their caring role, rather than fostering self-recognition. They highlighted the risk that if individuals do not recognise themselves as carers or identify with the label, they are unlikely to seek assistance. Alternatively, some carers noted that if this Objective focused on external recognition it was more likely that carers would know what they were eligible for and be supported to identify early. However, it was noted that external recognition was somewhat limited by the differing eligibility criteria applied across the system.
* Carers noted that recognition should not be limited to praise, as if it were an achievement *“You’re amazing, you’re a carer.”* They stressed the need for tangible benefits and changes resulting from recognition that improve their experience of caring and ultimately their and their care recipients outcomes.
* Carers reported that this Objective could better reflect the diversity of carers by explicitly acknowledging

carers from different backgrounds and intersectionalities.

* Some carers also suggested removal of the word ‘valued’ and replacement with the word *“supported”* for this Objective to better reflect what they felt they needed.

K E Y F I N D I N G S

## The Draft National Carer Strategy – Objectives

Objectives

“Carers are empowered to fulfil their caring role, whilst still pursuing other aspects of their lives.”

The majority of carers (47%) agreed that this Objective of the draft National Carer Strategy would help achieve the Vision, while 32% remained unsure, and 21% were opposed. Key points raised in the discussion included:

***Do you think Objective 2 will help achieve the Vision? n=89***

647%

Yes

21% 31%

No

Unsure

***“There is an unspoken assumption that Carers will automatically take on the extra burden - just because they are there. Carers are also people in their own right and should have the right to make decisions about their own life aspirations outside of the caring role.”***

Suggested Changes by Carers

* Reconsider the term *“empowered”*
* Replace *“empowered”* with

*“entitled”* or *“supported”*

* Replace *"pursuing"* to *"leading a*

*good life.“*

* Reconsider the term *“other aspects”*
* Restructure the Objective to read:
	+ *“Carers are supported to pursue other aspects of their lives, and empowered to fulfill their caring role”.*
	+ *"Carers are supported to live fulfilling lives while being empowered to fulfil their caring role“.*
	+ *Carers are empowered to fulfil our caring role while maintaining their wellbeing and pursuing other aspects of our lives."*
* Some carers expressed their approval of the word *"empowered"* in this Objective, as it accurately reflected their desire for genuine support and autonomy. However, some carers noted that *"empowered"* should be replaced with an alternative term to consider:
	+ Carers who assumed the role reluctantly didn’t want to be ‘empowered to fulfil their caring role.’
	+ Carers’ rights to the supports to fulfil their caring role with a more focused term such as "entitled” or

“supported"

* Many carers recommended reconsidering the term *"pursuing"* as the term:
	+ Is reductive language implying that carers would still struggle in some aspects of life.
	+ Sounds more like a hobby or aspiration than a life goal.
	+ Does not acknowledge carers who assumed the caring role reluctantly or felt like they had a choice in becoming a carer.
	+ Assumed caring is their primary priority rather than part of a balanced, fulfilling life. Carers suggested

changing "pursuing" to "leading a good life.“

* Most carers wished to be recognised as individuals with the right to live a meaningful life first, secondary to a carer, therefore suggesting this Objective be restructured to *"Carers are supported to live fulfilling lives while being empowered to fulfil their caring role“.* Carers felt that the current framing implied less autonomy as a person and carers were a resource for the Australian Government to reduce spend.
* Carers noted that the use of terminology ‘other aspects’ reinforced the all consuming nature of the caring role and implied a lack of choice. They noted that this Objective should be update to ensure choice was provided to carers.
* Some carers noted that this Objective in its current framing dealt with two distinct concepts that could be split to allow appropriate measurement of impact. They noted that the Action Plan to deliver this Objective would need to be very ambitious and splitting the Objective into two distinct areas would simplify the Action Plan so that it could target (1) The caring role and (2) Carers lives.

K E Y F I N D I N G S

## The Draft National Carer Strategy – Objectives

Objectives

“Carers are empowered to fulfil their caring role, whilst still pursuing other aspects of their lives.” (continued)

* Carers noted that the Strategies ability to provide long term sustainability to the caring role was critical and something that would support achieving the Vision. They noted that for the vision to be met they needed to be able to continue their caring role without compromising their future.

Suggested Changes by Carers

* Consider splitting Objective 2 into two separate Objectives:
	1. *“Carers are empowered to fulfil*

*their caring role.”*

* 1. *“Carers are supported to pursue other aspects of their lives.”*
* Restructure the Objective to read:
* *“Carers are empowered to fulfil our caring role sustainably, with long-term planning support to maintain our wellbeing and pursue other life goals”.*
* Add discussion on *“maintaining”*

and *“recognising existing skills”*.

* Add *“culturally and gender safe”*

***“The Strategy doesn’t recognise my existing skills. It implies that everyone will be starting from scratch and I think we need to help carers recognise the skills they already have.”***

* Carers noted that this Objective or the description for ‘What does this look like?’ should include information related to the intersectionality of caring and specifically should call out the priority cohorts who were engaged as part of the Strategy development. This included Culturally and Linguistically Diverse Communities, First Nations Communities and LGBTIQA+ communities.
* Carers noted that this Objective should recognise the skills already held by carers rather than just discuss having access to training. This would allow those carers who already held extensive skills and significant experience feel included within the Strategy. They also noted that it should potentially include extended family, not just carers (or the primary carer) to support the overall sustainability and utility of the Strategy.
* Carers noted that this Objective could betters recognise diverse carers by adding terminology that included *“culturally and gender safe”* to ensure that any supports that accessed were delivered in a culturally and gender safe environment.

K E Y F I N D I N G S

## The Draft National Carer Strategy – Objectives

Objectives

“Carers’ health, safety, wellbeing and financial security are supported.”

Half of carers (50%) agreed that this Objective of the draft National Carer Strategy would help achieve the Vision, while 38% remained unsure, and 13% were opposed. Key points raised in the discussion included:

***Do you think Objective 3 will help achieve the Vision? n=88***

6570%

Yes

13% 38%

No

Unsure

***“The strategy must address financial disparities for unpaid carers - part time work, low superannuation, missing work or leaving work”***

Suggested Changes by Carers

* Stronger vocabulary replacing

*“supported”* with *“prioritised”.*

* Add *“supported by services,*

*programs, and policies”.*

* Add *“supported before, during, and after their caring responsibilities”.*
* Add *“respected”* and *“timely”.*
* Restructure the Objective to read *“Carers are supported to access health, safety, wellbeing and financial security services”.*
* Consider addition of language that supports the individuality of carers.
* Restructure the Objective to read:
	+ Carers’ health, safety, mental health, wellbeing, social connections, and financial security are supported, enabling them to lead fulfilling lives”.
	+ "Carers’ mental and physical health, safety, wellbeing, and financial security are supported to ensure resilience and stability“.
* Most carers advocated for a holistic view of this Objective, encompassing the continuum of care before, during, and after their caring responsibilities. They also noted that this Objective could be strengthen by ensuring that language used reflected the individual nature of carers needs. They also highlighted the importance of mental health and social isolation as something that could specifically be described by this

Objective.

* Many carers highlighted the need for clear and consistent definitions of ‘health’, ‘safety’, ‘wellbeing’, ‘financial security’, and ‘supported’. They also wanted some transparency on who would be responsible for defining these terms.
* Many carers suggested replacing *“supported”* with *“prioritised”* as it demonstrates a more significant commitment to addressing their needs which are currently considered equal to all other service users across Australia. Carers noted that the current wait times for services impacted their ability to maintain their health and wellbeing and if prioritised meant they were more likely to be able to line appropriate coverage for their caring role.
* Carers emphasised that financial security should encompass secure housing. Some carers reported being

“*forever renters*” which meant they would face challenges such as a lack of long-term stability, sudden rent increases, and the potential for eviction. As a result, they felt that additional protections and policies to support stable and secure living conditions would be a requirement for this Objective to be met.

* Some carers also noted that financial security felt a long way away from reality and noted that the current financial safety net was inadequate for everyday living. This was particularly true for full-time carers who reported being unable to secure reasonable paid employment. As a result, these carers described this Objective as disingenuous and noted that financial security and financial wellbeing are two distinct terms identified in the Strategy and should be clearly defined.
* Carers identified the terms used in the broader description of the Strategy ‘flexibly access’ as something that that they didn’t think reflected the needs of carers. They described being unsure of whether having multiple ways to access support was enough support for carers noting that they already have so many roles that it should be as easy as possible to access support for their health, safety, wellbeing and financial security.

Key Findings

* Overall Satisfaction
* Vision
* Principles
* Objectives
* Priority Outcome Areas

K E Y F I N D I N G S

## The Draft National Carer Strategy – Priority Outcome Areas

Priority Outcome Areas

The community, government and those who provide paid care and support recognise and value carers’ contributions and expertise and carers are

supported to self-identify early.

***Do you think action in this Priority Outcome Area will assist you in your caring role? n=87***

6474% 15% 41%

Yes No Unsure

***6%***

***of carers voted that this Priority Outcome Area was the most important to them.***

***“There needs to be a proactive early identification of people in caring roles by those who are touch points of the carers.”***

Suggested Changes by Carers

* Reconsider the phrase *“those who provide paid care”.*
* Restructure the Priority Outcome Area to *“Carers are supported to self- identify early, and the community government and those who provide paid care and support recognise and value carers’ contributions and*

*expertise”.*

* Replace *“value carers’ contributions and expertise”* to *“value carers’ as*

*partners in care”.*

* Add comma after *“…support,”.*
* Include *“medical professionals recognise and value”.*
* Reframe *“carers”* to *“unpaid carers”*

or *“family carers”.*

* *Change “government” to “all governments”.*
* *Add “respect” to “recognise and*

*value”.*

The majority of carers (44%) agreed that action in this Priority Outcome Area in the draft National Carer Strategy would assist them in their caring role, while 41% were unsure, and 15% disagreed. Key points raised in the discussion included:

* Many carers found this Priority Outcome Area too long and therefore difficult to understand.
* Some carers suggested that carers should come first in this statement to be truly carer-centered, rather than being secondary to community, government and paid professionals.
* Many carers noted that the onus should not be solely on carers to ‘self-identify’ which is implied by “supported to self-identify.” They expressed that it should be a shared responsibility with medical

professionals, educators and service providers, which is particularly important for those who do not identify

themselves as a “carer”.

* Carers described how identifying as a carer is a complex experience, for example, in some cultures, identifying as a carer can be offensive, while others may consider the care they provide as a natural extension of the relationship they have with the care recipient (i.e., parent, spouse, sibling), and as such required a different term or clearer definition.
* Many carers recommended rephrasing this Priority Outcome Area to actively acknowledge and respect unpaid carers as partners in care. This would improve government, service providers and paid carer's ability to recognise the carers’ role, relationship, and rights.
* Some carers indicated that there are carers who identify as *“paid carers”* if they receive the Carer Payment or other funding, therefore suggesting reframing *“those who provide paid care.”* They suggested “*unpaid carers” or “family carers”* be articulated explicitly or defined within the Strategy to help distinguish between paid and unpaid carers and reduce any ambiguity associated with the terms.
* Some carers felt that the terms “contribution” and “expertise” carry different connotations, with

“contribution” potentially undervaluing their role, and as such suggested replacing “contribution” with “lived experience” as this encapsulates both knowledge and expertise.

* Some carers noted that the phrase "value carers’ contributions" should be connected to specific,

measurable supports to ensure tangible benefits for carers.

* Some carers suggested changing “government” to “all governments” to explicitly include federal, state and

territory and local governments.

K E Y F I N D I N G S

## The Draft National Carer Strategy – Priority Outcome Areas

Priority Outcome Areas

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

The majority of carers (62%) agreed that action in this Priority Outcome Area in the draft National Carer Strategy would assist them in their caring role, while 28% were unsure, and 10% disagreed. Key points raised in the discussion included:

***Do you think action in this Priority Outcome Area will assist you in your caring role? n=85***

62%

Yes

9% 28%

No Unsure

***34%***

***of carers voted that this Priority Outcome Area was the most important to them.***

***“I had no idea what services***

***were even available to me.***

***Awareness is just as***

***important as access.”***

Suggested Changes by Carers

* Replace *“caring continuum”* to *“before, during and after the experience of caring” or “across their experience” or “caring journey”* or *“carer experience”.*
* Some carers appreciated the use of the word "right" as it emphasised tailored supports to their individual

needs and circumstances. However, other carers questioned whether these rights were being defined from the perspective of the government or from the perspective of the carers themselves.

* Most carers felt that the term "caring continuum" was not suitable to describe their individual and often unique caring experiences, as it implies a linear process and does not recognise the steps forward, backward, or pauses that can occur in the experience of caring. Some carers proposed using “caring journey” however not all carers agreed as the term "journey" sounded too much like a holiday, which is far from their reality.
* Many carers indicated a lack of awareness of the supports, services, and programs available to them, which drives a crisis-driven approach. Carers noted that even when they try to be proactive in seeking supports, long waitlists often cause delays, making their efforts unsuccessful.
* Many carers agreed with the Priority Outcome Area’s intent but questioned how timely access to services would be provided, especially in rural and remote areas that typically face long wait times, limited support service availability that this culturally and psychologically safe and workforce shortages in comparison to metropolitan areas. However, this was also noted as a challenge in metropolitan areas as well.
* Many carers noted the need to provide a distinction between supports, services and programs that are for the carer or care recipients acknowledging that these are often intertwined.
* Carers emphasised the need for accountability to be included in this Priority Outcome Area to ensure collective responsibility for providing timely access to services wasn’t just something the government was obligated to provide but was much broader across the service sector.
* Carers noted the need to ensure there was also proactive carer outreach within this Priority Outcome Area, noting that many carers don’t self-identify or seek support. Having proactive reach out could reach these “hidden carers” or those who were “hard to reach” before they reached crisis points.

K E Y F I N D I N G S

## The Draft National Carer Strategy – Priority Outcome Areas

Priority Outcome Areas

Ensure carers are able to develop the knowledge and skills they need to fulfill their caring role.

The majority of carers (52%) agreed that action in this Priority Outcome Area in the draft National Carer Strategy would assist them in their caring role, while 29% were unsure, and 19% disagreed. Key points raised in the discussion included:

***Do you think action in this Priority Outcome Area will assist you in your caring role? n=84***

6572% 19% 29%

Yes No Unsure

***1%***

***of carers voted that this Priority Outcome Area was the most important to them.***

***“You don’t know what you don’t know. Being supported as a carer should not rely on luck or word or mouth.”***

Suggested Changes by Carers

* Replace *“are able”* to *“are enabled”.*
* Add *“…fulfill their caring role, where*

*there is a need for it.”*

* Add *“knowledge and skills specific to the needs of their care recipient”.*
* Add *“specific and personalised knowledge and skills”.*
* Include concept of the carer *“role, rights and obligations”.*
* Replace *“able”* with *“have the opportunity”* or *“have the capacity”* or *“are provided with the resources needed”*.
* Reframe to *“Carers are provided with the resources and support to develop”.*
* Some carers proposed replacing "able to" with "enable," as it implies that all carers have the capacity and capability to engage in this. Some carers added that they are often too tired, burnt out, or overwhelmed to seek further knowledge and skills.
* Some carers felt that the language used to describe this Priority Outcome Area implied a current lack of skill among experienced carers and suggested there be greater clarity between new and experienced carers. Carers suggested that providing a roadmap to new carers to help them navigate the caring experience and connecting them with appropriate support services would help achieve this Priority Outcome Area, and acknowledged there is value in peer-led and community knowledge-sharing.
* Some carers also acknowledged that not all carers will want or require this support. Therefore, they suggested incorporating the idea of choice and "where there is a need for it," along with the required "knowledge and skills specific to the needs of their care recipient." This would recognise the diversity in skills required and acknowledge that caring responsibilities can change over time.
* Some carers noted that they would like to see free first aid courses included in this Priority Outcome Area, noting that the possession of this skill would also be useful to the broader community. Carers wanted these courses to be offered in a hybrid format: practical (for social interaction) and virtual self-paced learning (for flexibility alongside their caring responsibilities).
* Some carers highlighted the need for training, resources, and information on how to interface with medical professionals, without turning them into clinicians but enabling them to fulfil their role effectively. Carers believed that medical professionals have a responsibility within clinical workflows to ensure carers are appropriately trained and informed of their care recipient's needs prior to discharge.
* Many carers stressed the importance of being equipped to safeguard their future. This includes financial planning, legal arrangements such as enduring Power of Attorney, and transition planning for when they can no longer provide care. Carers recommended including the concept of “rights” to empower carers with knowledge about their legal protections per the Carer Recognition Act.
* Carers highlighted the need for clear funding sources to support necessary training.

K E Y F I N D I N G S

## The Draft National Carer Strategy – Priority Outcome Areas

Priority Outcome Areas

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

The majority of carers (54%) agreed that action in this Priority Outcome Area in the draft National Carer Strategy would assist them in their caring role, while 25% were unsure, and 21% disagreed. Key points raised in the discussion included:

***Do you think action in this Priority Outcome Area will assist you in your caring role? n=85***

6574% 21% 25%

Yes No Unsure

***24%***

***of carers voted that this Priority Outcome Area was the most important to them.***

***“I had to give up my paid work***

***- it was a life-saving situation which luckily my husband and I could afford...it would be horrific to have to choose between your family member surviving and being homeless.”***

Suggested Changes by Carers

* Add *“Carers can choose to access, pursue and maintain employment”.*
* Reduce to *“Carers can access, pursue and maintain employment and education.”*
* Some carers expressed the need for the choice to access, pursue, and maintain employment and education to improve their financial well-being. They noted that this Priority Outcome Area focuses on traits that society associates with success, which made them feel further marginalised rather than choosing to engage

within these activities.

* Many carers suggested that the Priority Outcome Area simply be "Carers can access, pursue, and maintain employment and education," as carers shared that the reasons for seeking education and employment are varied and personal, relating to personal fulfilment, identity, and social interaction, not just financial necessity.
* Most carers highlighted the importance of flexible employment and the value of lived experience carer skills. They emphasised that discrimination is real when applying for roles and maintaining their job alongside their caring role therefore this Priority Outcome Area needs to include carer advocacy and safeguards. Carers suggested that workplaces could contribute to the National Carer Recognition Act.
* Carers employed by "carer-friendly" or Accredited Carers Inclusive workplaces emphasised that there are

still limitations to how supportive and accommodating these workplaces can be for carers.

* Some carers noted that there needs to be explicit reference of collaboration with government agencies and other organisations, institutions and employers within the detailed description of this Priority Outcome Area as they have a role to play in carers’ ability to access and maintain employment and education.
* Some carers emphasised that financial well-being is subjective – for some it is merely being able to eat and for others it is about thriving and having savings. They stressed that basic human rights should guaranteed.
* Some carers questioned whether the Strategy includes CALD communities on temporary visas and stressed the importance of addressing financial disparities for unpaid carers. They highlighted issues such as part- time work, low superannuation, and the gender pay gap, noting that more females typically assume caring responsibilities.
* Most carers advocated for superannuation entitlements to be incorporated, especially for those below retirement age, as long-term financial stability is often compromised by caring duties.

K E Y F I N D I N G S

## The Draft National Carer Strategy – Priority Outcome Areas

Priority Outcome Areas

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

* Carers in relevant professions noted the need for support in maintaining their qualifications, such as nursing or teaching registrations, to facilitate their reentry into the workforce.

Suggested Changes by Carers

* Restructure the Priority Outcome Area to *“Employment and education entities provide carers with the opportunities to access, pursue and maintain employment and education to improve financial well-being for themselves and those they care for”.*

***“This is critical for our situation, however I feel like all the power is with the employer to make this a reality and it would be great if the Priority Outcome Area recorded their obligation to carers”***

* Carers noted that employers needed to be incentivised to support carers. For example, meeting a quota for a certain percentage of carers in the workplace could help recognise the economic value of carers to society.
* Carers noted that this Priority Outcome Area was critical for their situations however they noted that the language appeared to be aimed at the carer being able to access/pursue/maintain employment and education when the power is currently all held by the employers and education providers. They noted that reframing this to promote accountability by these entities would ensure it was clear who was responsible for delivering these opportunities to carers.

K E Y F I N D I N G S

## The Draft National Carer Strategy – Priority Outcome Areas

Priority Outcome Areas

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

The majority of carers (59%) agreed that action in this Priority Outcome Area in the draft National Carer Strategy would assist them in their caring role, while 31% were unsure, and 10% disagreed. Key points raised in the discussion included:

***Do you think action in this Priority Outcome Area will assist you in your caring role? n=85***

6579% 11% 31%

Yes No Unsure

***26%***

***of carers voted that this Priority Outcome Area was the most important to them.***

***“Carers should be designated as priority populations for mental health support. Given that carers have incredibly high levels of psychological distress, closing the gap in that area would be great but there are no real actions listed that could achieve this.”***

Suggested Changes by Carers

* Consider explicit mention of

*“emotional wellbeing”.*

* Consider inclusion of broader dimensions of wellbeing *“emotional, financial, spiritual, intellectual, environmental, and occupational”.*
* Reconsider the term *“access”* for greater emphasis and commitment.
* Change *“supports”* to *“individualised*

*and appropriate supports”.*

* Include stronger language such as *“Carers are enabled to access supports that safeguard…”.*
* Some carers stated there should be an explicit mention of the eight dimensions of wellbeing—social, emotional, financial, spiritual, intellectual, physical, environmental, and occupational—to enable a fulfilling life.
* Some carers suggested changing “supports” to “individualised and appropriate supports” to emphasise the

need for personalised supports.

* Many carers felt that the phrase "have access" is not strong enough to demonstrate genuine commitment, as significant barriers remain, including cost, waitlists, availability of psychologists and other health professionals, and the need for culturally safe supports. To address some of these access barriers, fully subsidised health check-ups were suggested. However, some carers expressed concerns that they would still not have the time to attend these check-ups, even if they were free.
* Many carers stressed that the crisis-driven nature of the system impacts carers’ ability proactively maintain

their health and wellbeing.

* Some carers expressed that accessing support services has been challenging without a concrete form of identification such as a Carer Card or Healthcare Card.
* Carers noted that this Priority Outcome Area needed to recognise that psychological distress was also caused by systemic issues, not only from the caring role itself. They highlighted that navigating complex and fragmented support systems, dealing with bureaucratic hurdles, and facing long waitlists for essential services contribute significantly to their stress and anxiety. Additionally, the lack of coordinated care, insufficient communication between service providers and the system more broadly, and the financial strain due to inadequate support further exacerbate their psychological distress.

K E Y F I N D I N G S

## The Draft National Carer Strategy – Priority Outcome Areas

Priority Outcome Areas

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

* Carers noted the limited availability of daytime versus night-time support services. They also observed that these services often operate under a fixed timeframe model, such as a 12-week period, which carers find unsuitable since their caring responsibilities frequently extend over longer periods. Carers suggested changing "that safeguard" to "supports safeguarding" to emphasise the need for these supports to be ongoing.

Suggested Changes by Carers

* Change *“that safeguard”* to

*“supports safeguarding”.*

* Reconsider the term *“psychological”*

for *“mental health”.*

***“Why do you insist on using ‘psychological’ when the Mental Health Royal Commission in Victoria was into exactly that – mental health.”***

* Some carers noted that societal infrastructure and facilities need to be designed with greater accessibility considerations for both the carer and their care recipient e.g., carer friendly hubs, parks and recreational spaces, and disability friendly transport, parking and toilets.
* Carers noted that the use of the term *“psychological”* was a bit jarring, and didn’t match language that was in use by the Mental Health Royal Commission. They described preferring the use of *“mental health”* and noted that you can’t have good physical health if you have poor mental health.

K E Y F I N D I N G S

## The Draft National Carer Strategy – Priority Outcome Areas

Priority Outcome Areas

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

The majority of carers (63%) agreed that action in this Priority Outcome Area in the draft National Carer Strategy would assist them in their caring role, while 24% were unsure, and 13% disagreed. Key points raised in the discussion included:

***Do you think action in this Priority Outcome Area will assist you in your caring role? n=83***

63% 13% 24%

Yes No Unsure

***9%***

***of carers voted that this Priority Outcome Area was the most important to them.***

***“I have to think that Carer Gateway has been in operation for 5 years - why is there no information captured which would have defined these needs and why haven’t we started on real programs by now? It seems like it’s just a survey with no commitment to actually DO.”***

Suggested Changes by Carers

* Replace *“on carers”* to *“with carers”.*
* Reframe to articulate the purpose of building the evidence base for greater clarity.
* Carers emphasised that the evidence base should be built “with carers”, not just “on carers”, placing lived experience and collaboration at the centre. They also suggested the need for ongoing monitoring and improvement activities to be embedded in the process to ensure government were able to identify what was working well and equally important what was not working well.
* Some carers expressed confusion about this Priority Outcome Area, questioning the purpose of establishing a new evidence base. They felt that sufficient data should already exist through Carers Australia and Carers Gateway and were fatigued from repeatedly contributing to these processes without seeing follow-through actions or meaningful change. Carers recommended leveraging existing research on carer needs and experience rather than initiating new studies, as they believed this would better allocate resources and lead to more immediate improvements for carers.
* Some carers were concerned that they are not registered or recognised in any official government system e.g., MyGov, Centrelink, NDIS, My Aged Care or Carers Gateway as a carer, which would exclude them in data collection activities.
* Some carers suggested establishing an independent Carer Institute to drive meaningful change and ensure carer voices are central to the development of policies, programs, services and initiatives. Additionally, carers with extensive experience recommended reviewing past advocacy efforts and addressing trauma to guide future improvements effectively.
* Some carers felt that while there was a significant focus on research about carers, there was not enough research on the effectiveness of government initiatives. They emphasised the need to evaluate how services support carers and whether programs deliver value, which requires equal focus and attention. However, carers also advised caution when implementing or discontinuing initiatives. They noted that evidence is typically limited to what is captured, potentially excluding vulnerable and hard-to-reach carer cohorts.
* Carers reported the need for the government to ensure collaboration with organisations across the spectrum (small, volunteer and non-for-profit organisations to large state-level providers) to support building an appropriate evidence base.

03|Appendices

03

01

Introduction

02

Key Findings

Appendices

A P P E N D I X A

The Draft National Carer Strategy Structure

A P P E N D I X A

## National Carer Strategy - Structure

### The structural overview of the draft National Carer Strategy provided below was used to help carers attending the consultations understand its core elements and how they relate to each other.

Vision

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

Principles

Carer Centred

The lived experience of carers will be included in the co-design and co-production of policies,

supports and services for carers. Carers’ lived experience will be included in evaluation processes.

WHAT WE INTEND TO ACHIEVE

Evidence Informed

Carer policies, supports and services will be informed by evidence, and innovation will be used to address challenges experienced by carers.

Accessible, Equitable and Inclusive

Carer policies, supports and services will be inclusive and tailored to respond to the needs of all carers, at all stages of caring, recognising the diversity of carers and the importance of cultural and psychological safety.

|  |
| --- |
| Objectives |
| Carers are identified, recognised and valued. |  | Carers are empowered to fulfil their caring role, whilst still pursuing other aspects of their lives. |  | Carers’ health, safety, wellbeing andfinancial security are supported. |

|  |
| --- |
| Priority Outcome Areas |
| The community, government and those who provide paid care and support recognise and value carers’ contributions and expertise and carers are supported to self- identify early. |  | Carers can access supports, services and programs at the right time, right place and in the right way across the caring continuum. |  | Ensure carers are able to develop the knowledge and skills they needto fulfill their caring role. |  | Carers can access, pursue and maintain employment and education, including to improve financial well-being for themselves and those they care for. |  | Carers have access to supports that safeguard their psychological, physical and social wellbeing. |  | Build the evidence base on carers to better understand who carers are,what are their experiences, what works for them and why. |

THE RULES

Supporting Agency

The design of policies, supports and services for carers will enable choices that suit them.

HOW WE WILL GET THERE

***Next Steps – Action Plans***

*These are detailed plans outlining the steps that will be taken to achieve the Objectives within the Priority Outcome Areas. Each Action Plan with include specific initiatives, timelines, and responsibilities to ensure effective implementation.*

Transparent and Accountable

Federal government departments will be transparent in their processes to better recognise and value carers and will report on their progress.

A P P E N D I X B

Raw Menti Data

A P P E N D I X B

## Data Mapping

Treatment of Inconsistent Menti Data

Following the first consultation, the Menti questions asked were updated to align with the Department of Social Services online survey. The treatment of data collected in Consultation 1 vs Consultations 2-8 are described below to show how they have been treated in Chapter 2: Key Findings of this report. The raw survey results for all consultations are provided in Table B.1. and

B.2. on pages 42-45.

Question Comparison Response Option Comparison

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Initial Questions Consultation 1 | Updated Questions Consultations 2-8 | ‘n’ Impacted inConsultation 1 |
| 1 | To what extent are you satisfied with the draft National Carer Strategy? | To what extent are you satisfied with the draft National Carer Strategy? | 10 |
| 2 | Do you resonate with these Principles? | Is there anything the Principles don’t capture? | 8 |
| 3 | Do you believe that thisis the right Vision? | Do you believe that thisis the right Vision? | 8 |
| 4-6 | Do you resonate with this Objective? | Do you think Objective (1 – 3) will help achieve the Vision? | 9;9;10 |
| 7-12 | Do you resonate with this Priority Outcome Area? | Do you think action in Priority Outcome Area (1 – 6) will assist you in your caring role? | 10 |
| 13 | Which Priority Outcome Area is the most important to you? | N/A |

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Initial Responses | Updated Responses | Data Mapping |
| 1 | Committed Supportive Neutral Dissatisfied Opposed | Committed Satisfied Neutral Dissatisfied Opposed | ‘Supportive’ was changed to ‘Satisfied’, with both terms reflecting a level or agreement or approval. |
| 2 | Yes NoSomewhat | No YesUnsure | A "yes" response to the initial question indicated that the Principles were complete for the updated question while a “no” suggested missing Principles. |
| 3-12 | Yes NoSomewhat | Yes NoUnsure | ‘Somewhat’ was replaced with ‘Unsure’, with both terms indicating partial agreement or indecision. |
| 13 | 1 – 6 | N/A – Question was not present in Consultation 1. |

A P P E N D I X B

## Menti Survey Data

Table B.1. Menti Survey Results Consultation 1

|  |  |
| --- | --- |
|  | **Consultation 1** |
| **To what extent are you satisfied with the draft National Carer Strategy:**  |
| *Committed* | 0 |
| *Supportive* | 6 |
| *Neutral* | 3 |
| *Dissatisfied* | 1 |
| *Opposed* | 0 |
| **Do you resonate with these Principles?:**  |
| *Yes* | 5 |
| *Somewhat* | 3 |
| *No* | 0 |
| **Do you believe this is the right Vision?:**  |
| *Yes* | 6 |
| *Somewhat* | 2 |
| *No* | 0 |
| **Do you resonate with Objective 1?:**  |
| *Yes* | 1 |
| *Somewhat* | 7 |
| *No* | 1 |
| **Do you resonate with Objective 2?:**  |
| *Yes* | 1 |
| *Somewhat* | 3 |
| *No* | 5 |
| **Do you resonate with Objective 3?:**  |
| *Yes* | 2 |
| *Somewhat* | 6 |
| *No* | 2 |

A P P E N D I X B

## Menti Survey Data

Table B.1 (cont). Menti Survey Results Consultation 1

|  |  |
| --- | --- |
|  | **Consultation 1** |
| **Do you resonate with Priority Outcome Area 1?:**  |
| *Yes* | 1 |
| *Somewhat* | 9 |
| *No* | 0 |
| **Do you resonate with Priority Outcome Area 2?:**  |
| *Yes* | 5 |
| *Somewhat* | 3 |
| *No* | 2 |
| **Do you resonate with Priority Outcome Area 3?:**  |
| *Yes* | 5 |
| *Somewhat* | 3 |
| *No* | 2 |
| **Do you resonate with Priority Outcome Area 4?:**  |
| *Yes* | 4 |
| *Somewhat* | 3 |
| *No* | 3 |
| **Do you resonate with Priority Outcome Area 5?:**  |
| *Yes* | 5 |
| *Somewhat* | 5 |
| *No* | 0 |
| **Do you resonate with Priority Outcome Area 6?:**  |
| *Yes* | 8 |
| *Somewhat* | 2 |
| *No* | 0 |

A P P E N D I X B

## Menti Survey Data

Table B.2. Menti Survey Results Consultation 2-8

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Consultation 2** | **Consultation 3** | **Consultation 4** | **Consultation 5** | **Consultation 6** | **Consultation 7** | **Consultation 8** | **Total** |
| **To what extent are you satisfied with the draft National Carer Strategy:** |  |  |  |  |  |  |  |  |
| *Committed* | 3 | 0 | 1 | 3 | 3 | 1 | 0 | **11** |
| *Supportive* | 3 | 3 | 1 | 2 | 5 | 3 | 7 | **24** |
| *Neutral* | 2 | 3 | 4 | 4 | 5 | 13 | 8 | **39** |
| *Dissatisfied* | 1 | 1 | 0 | 0 | 2 | 5 | 3 | **12** |
| *Opposed* | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** |
| **Is there anything the Principles don't capture?:** |  |  |  |  |  |  |  |  |
| *Yes* | 4 | 3 | 2 | 5 | 7 | 5 | 9 | **35** |
| *Unsure* | 4 | 3 | 2 | 3 | 3 | 14 | 5 | **34** |
| *No* | 1 | 0 | 1 | 0 | 5 | 2 | 4 | **13** |
| **Do you believe this is the right Vision?:** |  |  |  |  |  |  |  |  |
| *Yes* | 6 | 5 | 4 | 6 | 12 | 10 | 7 | **50** |
| *Unsure* | 1 | 2 | 1 | 2 | 3 | 6 | 5 | **20** |
| *No* | 2 | 0 | 0 | 0 | 1 | 5 | 6 | **14** |
| **Do you think Objective 1 will help achieve the Vision?:** |  |  |  |  |  |  |  |  |
| *Yes* | 8 | 3 | 0 | 0 | 0 | 5 | 8 | **24** |
| *Unsure* | 1 | 4 | 3 | 6 | 11 | 10 | 9 | **44** |
| *No* | 0 | 0 | 2 | 3 | 3 | 6 | 0 | **14** |
| **Do you think Objective 2 will help achieve the Vision?:** |  |  |  |  |  |  |  |  |
| *Yes* | 6 | 3 | 2 | 6 | 11 | 5 | 8 | **41** |
| *Unsure* | 1 | 4 | 3 | 1 | 2 | 8 | 6 | **25** |
| *No* | 2 | 0 | 0 | 1 | 0 | 8 | 3 | **14** |
| **Do you think Objective 3 will help achieve the Vision?:** |  |  |  |  |  |  |  |  |
| *Yes* | 9 | 2 | 1 | 3 | 8 | 8 | 11 | **42** |
| *Unsure* | 0 | 3 | 3 | 4 | 3 | 8 | 6 | **27** |
| *No* | 0 | 0 | 1 | 1 | 2 | 5 | 0 | **9** |

A P P E N D I X B

## Menti Survey Data

Table B.2 (cont). Menti Survey Results Consultation 2-8

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Consultation 2** | **Consultation 3** | **Consultation 4** | **Consultation 5** | **Consultation 6** | **Consultation 7** | **Consultation 8** | **Total** |
| **Do you think action in Priority Outcome Area 1 will assist you in your caring role?:** |  |  |  |  |  |  |  |  |
| *Yes* | 5 | 1 | 2 | 4 | 7 | 9 | 9 | **37** |
| *Unsure* | 2 | 3 | 1 | 4 | 6 | 8 | 3 | **27** |
| *No* | 2 | 1 | 2 | 0 | 0 | 3 | 5 | **13** |
| **Do you think action in Priority Outcome Area 2 will assist you in your caring role?:** |  |  |  |  |  |  |  |  |
| *Yes* | 9 | 2 | 4 | 6 | 11 | 9 | 7 | **48** |
| *Unsure* | 0 | 2 | 1 | 1 | 2 | 7 | 8 | **21** |
| *No* | 0 | 1 | 0 | 1 | 0 | 3 | 1 | **6** |
| **Do you think action in Priority Outcome Area 3 will assist you in your caring role?:** |  |  |  |  |  |  |  |  |
| *Yes* | 5 | 2 | 5 | 3 | 8 | 9 | 7 | **39** |
| *Unsure* | 2 | 3 | 0 | 4 | 3 | 3 | 6 | **21** |
| *No* | 1 | 0 | 0 | 1 | 2 | 6 | 4 | **14** |
| **Do you think action in Priority Outcome Area 4 will assist you in your caring role?:** |  |  |  |  |  |  |  |  |
| *Yes* | 5 | 1 | 5 | 5 | 9 | 7 | 10 | **42** |
| *Unsure* | 2 | 2 | 0 | 1 | 3 | 5 | 5 | **18** |
| *No* | 2 | 2 | 0 | 2 | 1 | 6 | 2 | **15** |
| **Do you think action in Priority Outcome Area 5 will assist you in your caring role?:** |  |  |  |  |  |  |  |  |
| *Yes* | 6 | 0 | 4 | 5 | 11 | 10 | 9 | **45** |
| *Unsure* | 1 | 3 | 1 | 2 | 2 | 6 | 6 | **21** |
| *No* | 2 | 2 | 0 | 1 | 1 | 2 | 1 | **9** |
| **Do you think action in Priority Outcome Area 6 will assist you in your caring role?:** |  |  |  |  |  |  |  |  |
| *Yes* | 6 | 1 | 5 | 5 | 7 | 10 | 10 | **44** |
| *Unsure* | 1 | 4 | 0 | 1 | 3 | 5 | 4 | **18** |
| *No* | 2 | 0 | 0 | 2 | 2 | 4 | 1 | **11** |
| **Which Priority Outcome Area is the most important to you?:** |  |  |  |  |  |  |  |  |
| *Priority 1* | 0 | 0 | 0 | 1 | 1 | 0 | 2 | **4** |
| *Priority 2* | 3 | 1 | 4 | 3 | 1 | 9 | 3 | **24** |
| *Priority 3* | 1 | 0 | 0 | 0 | 0 | 0 | 0 | **1** |
| *Priority 4* | 3 | 3 | 1 | 2 | 5 | 2 | 1 | **17** |
| *Priority 5* | 2 | 0 | 0 | 2 | 5 | 1 | 8 | **18** |
| *Priority 6* | 0 | 1 | 0 | 0 | 1 | 2 | 2 | **6** |

A P P E N D I X C

Stakeholder Consultation Overview

A P P E N D I X C

## Stakeholder Consultation Overview

### The project included the following consultations with carers to gather public feedback on the draft National Carer Strategy.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No | Consultation Type | Date | AEST | Attended |
| 1 | Weekday | Tuesday 22nd October | 10am – 11:30am | 11 |
| 2 | Weeknight | Wednesday 23rd October | 6pm – 7:30pm | 9 |
| 3 | Weekday | Thursday 24th October | 12pm – 1:30pm | 9 |
| 4 | Weekend | Sunday 27th October | 4pm – 5:30pm | 5 |
| 5 | Weeknight | Monday 28th October | 6pm – 7:30pm | 9 |
| 6 | Weeknight | Tuesday 29th October | 7pm – 8:30pm | 17 |
| 7 | Weekday | Wednesday 30th October | 3pm – 4:30pm | 22 |
| 8 | Weekend | Saturday 2nd November | 9am – 10:30am | 22 |
|  |  |  | Total | 104 |

L I M I T A T I O N S

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