

OURO RESOURCE LIBRARY · NO. 005

Sharing the Care

A practical guide to asking for help and dividing family care responsibilities — so caring for someone you love doesn't rest on one person alone.

Produced by the team at OURO

Care coordination made simple.

ourocare.com

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WELCOME

When One Person Starts Doing Everything

Caring responsibilities rarely arrive all at once. They accumulate — one appointment, one phone call, one form at a time — until a single person is quietly holding the whole picture.

That person may end up:

- booking appointments
- organising medications
- coordinating transport
- communicating with doctors and services
- managing paperwork
- buying groceries and organising meals
- checking in daily
- keeping the rest of the family updated

Over time, this person becomes the **default coordinator** — not because anyone decided it should be that way, but because they were simply the one who noticed something needed doing, and did it.

This guide exists to help families recognise the true size of that workload, and build a more sustainable way of sharing it.

> **A NOTE BEFORE YOU START**
>
> This guide is not about making everyone do exactly the same amount. It is about making the responsibilities visible, and finding a way of sharing them that genuinely works for the people involved.

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01 — THE STARTING POINT

Why Do Caring Responsibilities Become Uneven?

Most families don't decide that one person will carry most of the load. It happens gradually, through small, reasonable moments:

- someone lives closest, so they're the natural first call
- one person is naturally organised, so they step in first
- availability differs — work, children, health, distance
- other family members genuinely don't know what's involved
- nobody has ever sat down and talked about it
- "I'll just do it myself" quietly becomes the default

It's rarely about who cares the most. It's usually about who was standing closest when something needed to happen — and what became habit after that.

The Visible Work vs. the Invisible Work

One reason the imbalance is hard to see is that a large share of caregiving is invisible — it doesn't show up as a task anyone else notices.

Visible

- Driving to appointments
- Shopping for groceries
- Helping with meals
- Physical hands-on help

Invisible

- Booking appointments
- Remembering important dates
- Following up on results and referrals
- Communicating with the rest of the family
- Keeping records and planning ahead

OURO MICRO-TIP

If you are constantly reminding everyone else what needs to happen, you may already be carrying the coordination workload as well as the caring workload.

02 — GETTING CLEAR

Before Asking for Help, Map the Work

"Help with Mum" is too vague for anyone to act on. The first step in sharing care is making the workload specific enough that someone else could actually pick it up.

Break the care into five broad categories:

CATEGORY	TYPICAL TASKS
Health	Appointments, medication, communicating with doctors and specialists
Daily life	Meals, shopping, transport, household tasks
Administration	Forms, bills, documents, coordinating services
Emotional support	Visits, phone calls, companionship
Planning	Future care needs, support services, keeping the family aligned

Mapping the work this way makes the problem visible — to you, and to everyone else in the family.

> **A SIMPLE WORKSHEET**
>
> **What needs to happen?** — describe the task plainly.
>
> **How often?** — daily, weekly, monthly, as-needed.
>
> **Who currently does it?** — be honest, even if it's always you.
>
> **Could someone else take ownership?** — note a realistic name, even tentatively.

You'll use this list again on page 15, when you put together your own Family Care Plan.

03 — STARTING THE CONVERSATION

How Do I Ask My Family for Help With Caregiving?

The most effective approach is usually to name the specific workload rather than asking people to "help more" — and to ask for ownership of particular tasks, not general support.

Instead of:

"Nobody helps me."

Try something closer to:

"I've realised I'm managing most of Mum's appointments, transport and paperwork, and I'm finding it hard to keep up. Can we work out together who can take responsibility for some of these things?"

1. **Choose a suitable time.** A calm, unhurried moment works far better than a rushed conversation after a crisis.
2. **Explain the problem, not the blame.** Describe what's happening, not what people have failed to do.
3. **Describe the actual workload.** Use your map from page 5 so the conversation is concrete.
4. **Ask for specific help.** Name real tasks, not general support.
5. **Give people room to respond.** Some family members need time to process before committing.
6. **Agree on something concrete.** End the conversation with at least one clear commitment.

OURO MICRO-TIP

Ask someone to own a task, not simply "help with it". Ownership makes it clearer who is responsible for making sure it happens.

04 — MAKING REQUESTS LAND

Specific Requests Work Better Than "Can You Help More?"

Vague requests are easy to agree to and easy to forget. Specific requests are easier to say yes to — and easier to actually follow through on.

VAGUE

"Can you help Mum more?"

SPECIFIC

"Can you take Mum to her Tuesday appointments each fortnight?"

A few more examples of specific requests that tend to work well:

- "Can you handle the pharmacy orders each month?"
- "Can you call Dad every Wednesday evening?"
- "Can you send the family update after each specialist appointment?"
- "Can you take over the electricity and phone bills?"
- "Can you be the backup for school pickups on the days I can't manage it?"

Specific requests also make it easier to know when something isn't working — because everyone knows exactly what "isn't working" is referring to.

WHY THIS MATTERS

A task with a name and a frequency is something a person can genuinely hold in their mind. "Helping more" isn't — which is often why it quietly doesn't happen, even with good intentions.

05 — DIVIDING THE LOAD

How Should Families Divide Caregiving Responsibilities?

Fair does not necessarily mean equal. A sustainable arrangement accounts for what each person can genuinely offer — not an even split of hours.

Responsibilities can reasonably be allocated according to:

- **Time** — who has capacity in their week
- **Distance** — who lives close enough for in-person tasks
- **Skills** — who is comfortable with medical, financial, or admin tasks
- **Employment** — work hours and flexibility
- **Financial circumstances** — who might contribute money rather than time
- **Relationships** — who the person receiving care is most comfortable with
- **Preferences and physical capacity** — what people are willing and able to do

A Simple Family Responsibility Matrix

FAMILY MEMBER	TASK	FREQUENCY	BACKUP PERSON
Sarah	Weekly grocery shop	Weekly	James
James	Tuesday appointments	Fortnightly	Sarah
Priya	Bills & paperwork	Monthly	James
Whole family	Family update after appointments	As needed	—

You'll build your own version of this matrix on page 15.

06 — WHEN HELP ISN'T COMING

What If My Siblings Aren't Helping?

Before assuming reluctance or indifference, it's worth considering why help hasn't materialised. Common, non-obvious reasons include:

- they genuinely don't understand the size of the workload
- they live elsewhere and don't know how to contribute from a distance
- they feel excluded from decisions, so they've stepped back
- they have their own caring or family responsibilities
- they feel uncomfortable around illness or decline
- they assume someone else "has it handled"
- there is existing, unrelated family conflict beneath the surface

Very few siblings deliberately choose to leave one person carrying everything. Assuming good faith — while still being honest about what isn't working — tends to open the conversation rather than close it.

A Practical Escalation Framework

1. **Explain what is actually happening** — the real workload, described plainly.
2. **Ask for one specific responsibility** — start small and concrete.
3. **If that doesn't work,** discuss what you realistically can and cannot continue doing.
4. **If conflict remains,** consider involving a neutral professional or support service to help the family talk it through.

> **KEEP IN MIND**
>
> The goal here is a workable arrangement, not a confrontation. Hostility rarely produces lasting help — clarity and honesty usually do.

07 — BEYOND HANDS-ON CARE

There Are Different Ways to Share Care

Contribution isn't limited to being physically present. Families can distribute responsibility according to what each person is genuinely able to offer.

TYPE	EXAMPLES
In-person	Appointments, shopping, meals, visits
Administrative	Forms, bookings, phone calls, records
Financial	Shared expenses, equipment, paying for services where appropriate
Emotional	Regular calls, companionship, checking in
Coordination	Family updates, calendar management, keeping information current

A family member who lives interstate may never attend an appointment in person — but could take full ownership of bill payments, insurance paperwork, or the fortnightly phone call that keeps everyone connected.

> **OURO MICRO-TIP**
>
> Equal does not always mean fair. A family member who lives nearby may be able to attend appointments, while someone further away may be better placed to manage administration.

The point isn't to rank these contributions against each other. It's to recognise that a sustainable arrangement usually draws on several types at once.

08 — STAYING ALIGNED

Sharing Information Is Part of Sharing the Care

Dividing tasks solves half the problem. The other half is making sure everyone involved knows what's happening — otherwise work gets duplicated, or important details fall through the cracks.

Families that coordinate well tend to have a shared, agreed way of tracking:

- appointment updates and outcomes
- medication changes
- important documents
- who is currently responsible for what
- general family communication

As with any personal or medical information, families should think carefully about privacy, consent, and who genuinely needs access to what.

> **A COORDINATION PROBLEM WORTH NOTICING**
>
> When information lives across text messages, notebooks, emails and different people's memories, the person doing the most coordination often becomes the person everyone else asks.

This is one of the most common — and most fixable — sources of strain in a family caring arrangement. Recognising it is the first step toward a shared system that works for everyone, not just the person who happens to remember the most.

09 — WHEN EMOTIONS RUN HIGH

What If the Conversation Becomes Difficult?

Conversations about sharing care can surface more than logistics — old family dynamics, guilt, resentment, or denial can all resurface quickly, even in families who get along well.

A few things tend to help:

- **Return to the person's needs.** It's easier to stay grounded when the focus is on what they need, not who's "winning" the conversation.
- **Focus on specific tasks,** not character or past behaviour.
- **Avoid keeping score.** Tallying past effort rarely moves things forward.
- **Take a break if emotions escalate.** A pause is more productive than pushing through a heated moment.
- **Revisit the discussion later,** once everyone has had time to think.

GOING DEEPER

If these conversations are a recurring source of tension in your family, **The Family Care Conversation Guide** (OURO Resource Library No. 003) walks through how to structure and navigate them in more detail.

10 — MAKING IT LAST

How Do We Make the Arrangement Last?

A family care arrangement shouldn't rely on one person remembering everything. It needs a structure that keeps working even on a busy week.

A durable arrangement usually establishes:

- who owns each task
- how information is shared
- how often the family checks in
- what happens when someone can't complete their task
- who the backup person is

The 10-Minute Family Care Check-In

A short, regular check-in — weekly or fortnightly — keeps small issues from becoming big ones.

1. What has changed?
2. What needs to happen this week?
3. Who is doing what?
4. Is anyone overloaded?
5. What needs to be followed up?

> **OURO MICRO-TIP**
>
> A short, predictable check-in is often more effective than a long conversation that only happens when something has already gone wrong.

11 — ADAPTING OVER TIME

Care Responsibilities Need to Change When Circumstances Change

A system that worked six months ago may not work today. Care needs shift, and the arrangement should be allowed to shift with them.

Common triggers for a review include:

- a new diagnosis
- a hospitalisation
- increased mobility problems
- new services becoming available
- a change in someone's work circumstances
- one carer becoming exhausted
- someone moving house
- increasing care needs generally

A Simple Review Framework

1. What has changed?
2. What new tasks exist?
3. What is no longer working?
4. Who can take something on?
5. What support could be brought in from outside the family?

Revisiting the arrangement isn't a sign that it failed the first time — it's a sign that the family is paying attention.

12 — PRINTABLE

A Simple Family Care Plan

Fill this in together as a family, or use it as a starting draft to bring to your next conversation.

PERSON RECEIVING CARE

MAIN FAMILY CONTACTS

KEY RESPONSIBILITIES

RESPONSIBILITY	PERSON	FREQUENCY	BACKUP

IMPORTANT UPCOMING DATES

WHAT NEEDS ATTENTION THIS WEEK?

NEXT FAMILY CHECK-IN

13 — SUPPORT SERVICES

Where to Find More Support

These Australian services offer support, information and, in some cases, funded assistance for family carers.

Carer Gateway

The Australian Government's national service for carers, offering counselling, peer support, coaching and access to funded support packages. carergateway.gov.au

Carers Australia

The national peak body representing carers, with state and territory affiliates offering local support, advice and advocacy. carersaustralia.com.au

My Aged Care

The Australian Government's entry point for aged care services, assessments and funding, for carers supporting older family members. myagedcare.gov.au

NDIS

The National Disability Insurance Scheme, for families coordinating support around disability. ndis.gov.au

Healthdirect Australia

Government-backed health information and advice, including a 24-hour helpline. healthdirect.gov.au

State and territory government agencies may also offer localised carer support — search for services in your area.

14 — COMMON QUESTIONS

Frequently Asked Questions

How do I ask my family for help with caregiving?

Identify the specific tasks involved and ask people to take ownership of particular jobs, rather than asking them to help more generally. Choose a calm moment, describe the real workload, and agree on at least one concrete commitment.

How should siblings divide caregiving responsibilities?

Based on what each person can genuinely offer — time, proximity, skills, finances and relationships — rather than splitting everything equally. A simple responsibility matrix (see page 8) can make this concrete.

What if my siblings don't help with caring for a parent?

Start by understanding why, rather than assuming reluctance. Explain the real workload, ask for one specific responsibility, and consider a neutral third party if the situation doesn't improve.

What caregiving tasks can family members share?

In-person help, administrative work, financial contributions, emotional support, and coordination tasks like calendar management and family updates all count as genuine contribution.

How can I stop becoming the default carer?

Make the workload visible — to yourself and to your family — and ask for ownership of specific tasks rather than general help. A default coordinator role usually forms silently; naming it out loud is often what changes it.

Does caregiving have to be divided equally between family members?

No. A sustainable arrangement is based on what people can realistically offer, not an equal split of hours or tasks.

How can family members who live far away help with caregiving?

Through administrative tasks, financial contributions, regular phone check-ins, and coordination work — all of which don't require being physically present.

Where can Australian carers find additional support?

Carer Gateway, Carers Australia, My Aged Care, the NDIS, and Healthdirect Australia all offer information and, in some cases, funded support for family carers — see page 16 and the References & Sources page.

15 — SOURCES

References & Sources

This guide draws on general Australian carer-support information and practical caregiving principles published by the following organisations. It does not cite figures or statistics — the frameworks, checklists and examples throughout are practical guidance developed for the OURO Resource Library.

Carer Gateway — Australian Government Department of Social Services
carergateway.gov.au
National carer information, counselling, coaching and funded support packages.

Carers Australia
carersaustralia.com.au
National peak body for carers, with state and territory affiliates.

My Aged Care — Australian Government
myagedcare.gov.au
Entry point for aged care information, assessments and funding.

National Disability Insurance Scheme (NDIS)
ndis.gov.au
Australian Government scheme supporting people with disability and their families.

Healthdirect Australia
healthdirect.gov.au
Government-funded health information service, including a 24-hour helpline.

DISCLAIMER

This resource provides general information only and is intended to support families and carers in navigating care. It is not a substitute for medical, legal, financial or other professional advice. Information, services, eligibility requirements and government programs can change. Always confirm current information with the relevant government agency, service provider or qualified professional.

16 — ABOUT

About OURO

Care coordination made simple.

OURO is building a simpler way for families to coordinate care.

When someone needs ongoing care or support, the challenge is often not just the care itself. It is keeping track of information, appointments, responsibilities, people, decisions and the many small tasks that fall between the cracks.

OURO is designed to help families bring those moving parts together in one place, making it easier to understand what is happening, share responsibility and stay coordinated.

Our resources are created to provide practical, accessible information for families and carers navigating care.

Learn more: ourocare.com

PRIVATE BETA

OURO is currently developing its platform with families and carers. If you would like to learn more about the Private Beta, visit ourocare.com.

About this resource: Produced by the OURO team as part of the OURO Resource Library, based on Australian government information, recognised Australian care organisations, and practical caregiving principles. Last reviewed: August 2026.



Sharing the Care Starts With Making the Work Visible

People cannot share responsibilities they cannot see. A sustainable care arrangement starts with understanding what needs to happen, who is doing it, who can help, and how everyone stays informed.

OURO is being built to help families coordinate the moving parts of care in one connected place.

Explore ourocare.com

Browse the OURO Resource Library

Register your interest in the Private Beta