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AN EVIDENCE REVIEW

Family Caregiving in Australia



Produced by the team at **OURO** — Care coordination made simple.
ourocare.com

WELCOME

Recognising the work that so often goes unseen

Across Australia, millions of people are quietly holding families together — managing medications, attending appointments, coordinating with hospitals, and simply being there for someone they love. Most don't call themselves carers. They call themselves a daughter, a husband, a mate.

This report exists because that work deserves to be seen clearly, described accurately, and supported properly. When we understand who carers are, what they actually do day to day, and where the system makes their job harder than it needs to be, everyone benefits — carers, the people they support, health professionals, and policymakers alike.

Better understanding leads to better support. It informs how services are designed, how hospitals plan discharges, how workplaces think about flexibility, and how families themselves prepare for a role that often arrives without warning.

> **ABOUT THIS PUBLICATION**
>
> Produced by the team at **OURO**, a care coordination platform being developed to help families stay organised, informed and connected while supporting someone they love. This report is provided free of charge because better information about caregiving should be available to everyone — not just those who happen to find it.

We hope what follows helps you feel a little more informed, a little less alone, and a little better equipped for whatever your caring journey looks like.

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METHODOLOGY & SCOPE

How to Read This Report

This publication is an evidence review produced by the OURO editorial team. It brings together publicly available information from trusted Australian government agencies, recognised not-for-profit organisations and peer-reviewed research, and presents it in a single, accessible resource.

OURO has not conducted original national research for this publication. Instead, we have carefully reviewed, synthesised and presented existing evidence to make it easier for families, carers and professionals to understand the caregiving landscape in Australia. Every statistic and factual claim in this report is referenced to its original source, listed in full in the References section.

The information within this report is general in nature and is not intended to replace professional medical, legal or financial advice. Healthcare systems, policies and support programs evolve over time, so readers should always refer to the relevant government agency or healthcare provider for the most current information. A full disclaimer appears on page 26.

ABOUT THE SOURCES

This report primarily draws upon the Australian Bureau of Statistics (ABS), the Australian Institute of Health and Welfare (AIHW), the Department of Health, Disability and Ageing, Carers Australia, Carer Gateway, the Productivity Commission, Carers NSW, and peer-reviewed Australian research. Where international data is used, it is clearly identified as such.

Our hope is that this report helps carers feel more informed, more confident and better supported as they navigate one of life's most important responsibilities.

OURO MICRO-TIP Knowledge reduces uncertainty. Save this report somewhere easy to find so you can revisit it whenever your caring journey changes.

EXECUTIVE SUMMARY

Key Findings

Family and friend carers form one of the largest, and least visible, workforces in Australia. This report draws together the most current national evidence on who they are, what they contribute, and where the system asks too much of them without enough support in return.

3.0m UNPAID CARERS IN AUSTRALIA, 2022	**$77.9bn** ANNUAL REPLACEMENT VALUE OF INFORMAL CARE	**82.6%** OF CARERS ARE WOMEN
2.2bn HOURS OF INFORMAL CARE PROVIDED EACH YEAR	**1 in 2** CARERS EXPERIENCE FINANCIAL STRESS	**41%** OF HOSPITAL PATIENTS FACE GAPS IN DISCHARGE PLANNING

- **Carer numbers are rising fast.** The number of unpaid carers grew from 2.6 million in 2018 to 3.0 million in 2022 — including 391,300 young carers under 25.
- **Caring is economically indispensable.** If government had to pay for all informal care provided in Australia, the bill would exceed $1.5 billion a week.
- **The wellbeing gap is significant.** Carers report an average wellbeing score of 58%, compared with 75% for the general population.
- **Coordination, not compassion, is the missing piece.** Families rarely lack love or effort — they lack a reliable system for holding information, appointments and communication together.
- **Demand is set to grow.** Australians aged 65 and over are projected to make up 23.4% of the population by 2062–63, up from 17.3% today.

"The average wellbeing of carers remains significantly lower than for the general population in Australia."

CHAPTER ONE

Who Are Australia's Family Carers?

The Australian Bureau of Statistics defines a carer as someone who provides ongoing, unpaid, informal assistance to a person with disability, a long-term health condition, or who is aged 65 or over. It is a broad definition — and it captures a genuinely broad group of people, from a teenager helping a parent with mobility, to a retiree supporting a spouse with dementia, to an adult child juggling a career while managing a parent's medical appointments from another city.

According to the 2022 Survey of Disability, Ageing and Carers (SDAC), there were **3.0 million carers** in Australia — 11.9% of everyone living in households — up from 2.6 million in 2018. Of these, 1.2 million are **primary carers**: the person who provides the most day-to-day assistance with mobility, self-care or communication, and whose own life is often significantly shaped by that role.

By gender

Caring remains heavily gendered. 12.8% of Australian women are carers, compared with 11.1% of men, and among primary carers roughly two-thirds are women. National carer surveys put the figure even higher for engaged respondents — 82.6% of surveyed carers identify as women.

By relationship

The vast majority of primary carers are immediate family. Historically, around 91% of primary carers are a partner, parent or child of the person they care for, and most live in the same household as the person they support.

OURO MICRO-TIP If you've recently taken on a caring role, you are not alone — and you don't need to have "become a carer" officially to start organising information that will make life easier later.

CHAPTER ONE, CONTINUED

A Growing and Diverse Group

Carers are not a small or niche population — and the group is growing quickly. Between 2018 and 2022, the number of young carers under 25 grew from 235,300 to **391,300**, a rise that reflects both a genuinely growing need and better recognition of caring roles that were previously invisible, including among children.

CARER GROUP	2018	2022
All unpaid carers	2.6 million	3.0 million
Young carers (under 25)	235,300	391,300
Primary carers with disability themselves	—	43.8% of primary carers

Carers also come from every cultural and social background. Around one in four primary carers historically were born overseas, and the 2022 SDAC was the first cycle to record carers' sexual orientation, finding roughly 3% of primary carers identified as gay, lesbian, bisexual or another diverse identity. First Nations carers, LGBTQ+ carers and carers from culturally and linguistically diverse backgrounds often face additional, compounding barriers to recognition and support.

Most carers describe taking on the role for reasons that have nothing to do with obligation in the negative sense — nearly two-thirds cite a sense of family responsibility, and close to half point to emotional connection and a belief that they can provide better care than anyone else. Caring, for most families, begins as an act of love. What this report explores is what happens to that love when the surrounding system doesn't make the job any easier.

> **IN FOCUS: DEMENTIA CARE**
>
> An estimated 101,900 unpaid carers were supporting someone with dementia in the community in 2024. Over half were caring for a partner, and 42% of these primary carers were providing 60 or more hours of care per week — more than one and a half full-time jobs.

CHAPTER TWO

The Hidden Work of Caring

When people picture caregiving, they usually picture the physical tasks — helping someone shower, preparing meals, assisting with mobility. Those tasks are real and often demanding. But carers consistently describe a second, less visible layer of work that surrounds and often outweighs the physical care itself: coordination.

This is the work of remembering which specialist said what, keeping track of which medications changed and when, chasing referral letters, translating clinical language for the rest of the family, filling in the same government forms more than once, and simply being the person everyone calls when something goes wrong. It rarely appears in a job description. It is almost never paid. And it is often the part of caring that carers say is most exhausting.

This invisible layer includes:

- Booking, attending and following up on medical and allied health appointments
- Managing medications — dosages, refills, interactions and changes
- Handling paperwork for Medicare, My Aged Care, the NDIS, and insurers
- Arranging and often providing transport
- Making and receiving phone calls with services, pharmacies and specialists
- Coordinating hospital admissions, discharges and follow-up care
- Keeping the wider family informed and aligned
- Carrying the emotional labour of decision-making on someone else's behalf

CHAPTER TWO, CONTINUED

A Typical Week of Invisible Coordination

To make this concrete, here is what a fairly ordinary week can look like for a primary carer supporting an ageing parent — not a crisis week, just a normal one.

Mon	Tue	Wed	Thu	Fri	Sat	Sun
Chase pharmacy about a delayed prescription	GP appointment; take notes, ask questions	Call sibling to relay what the GP said	Fill in My Aged Care review paperwork	Arrange transport to specialist next week	Sort medication into weekly dosette box	Field an anxious phone call; reassure, plan

Individually, none of these tasks looks overwhelming. Together, repeated week after week — often for years, and often alongside paid work and raising children of one's own — they add up to a second, unpaid job that most carers never applied for and cannot resign from.

This is precisely why **care coordination**, rather than care itself, is emerging as one of the most important and under-addressed problems in the sector. Families are not typically short of willingness. They are short of a reliable place to hold everything, and a simple way to share it with the people who need to know.

OURO MICRO-TIP Nominate one family member to keep everyone informed after appointments. A single trusted source of truth prevents duplicated calls and mixed messages.

CHAPTER THREE

The Economic Value of Unpaid Care

Unpaid care is often described in purely emotional terms — and rightly so. But it is also one of the largest, least-counted contributions to the Australian economy. Deloitte Access Economics, in research commissioned by Carers Australia, estimated that Australia's family and friend carers provided around **2.2 billion hours** of informal care in 2020 alone.

Using a replacement-cost method — essentially asking what it would cost to pay someone else to do this work — Deloitte valued this contribution at **$77.9 billion per year**, a 29% increase on a similar estimate from 2015. Were government required to fund all of this care through the formal system, the bill would come to just under $1.5 billion every week.

$77.9bn	2.2bn	$1,354
ANNUAL REPLACEMENT VALUE, 2020	HOURS OF INFORMAL CARE PER YEAR	ESTIMATED WEEKLY COST TO REPLACE ONE CARER

To put the scale of this in context: the total value of informal care exceeds the entire projected cost of the National Disability Insurance Scheme for the 2023–24 financial year, which stood at $44.3 billion. Unpaid carers are not a footnote to Australia's care economy — in dollar terms, they are its largest single component.

CHAPTER THREE, CONTINUED

What Carers Give Up

The replacement-cost figure captures what it would cost to buy this care. It does not capture what carers themselves give up to provide it. A separate strand of research — the opportunity-cost approach — looks at the toll caring takes on carers' own working lives, income and retirement savings.

Research prepared for Carers Australia on the lifetime financial impact of caring found that informal carers can lose an average of **$392,500 in lifetime income** due to reduced hours, career interruptions, or leaving paid work altogether to care for a family member. This shortfall compounds into retirement, where lower superannuation balances leave many former carers financially exposed in later life.

> "The replacement value of unpaid care in Australia is estimated at over $1.5 billion per week."

Primary carers account for the majority of this economic value — of the $77.9 billion total, around $60.2 billion is attributable to primary carers alone, compared with $17.7 billion from secondary carers. Care recipients with a profound disability account for the single largest share, at roughly $51.6 billion.

These figures matter because they reframe a common assumption: that family care is somehow "free". It is unpaid, but it is never free — the cost is simply carried privately, by carers themselves, rather than publicly, by the health and aged care system.

OURO MICRO-TIP If caring is affecting your work, ask your employer early about flexible arrangements. Many workplaces have more options available than carers realise.

CHAPTER FOUR

The Personal Impact on Carers

Caring can be one of the most meaningful things a person ever does. Most carers describe real satisfaction in supporting someone they love, and strengthened relationships as a result. But the evidence is also clear that sustained, under-supported caring takes a measurable toll on carers' own health, finances and social lives.

The Carers NSW National Carer Survey — the largest recurring survey of its kind in Australia — found that carers reported an average wellbeing score of **58%**, compared with 75% for the general population. Close to half of respondents reported high or very high levels of psychological distress, roughly two to three times the rate seen in the broader community.

58%

AVERAGE CARER WELLBEING SCORE, VS 75% GENERAL POPULATION

1 in 2

CARERS REPORT HIGH PSYCHOLOGICAL DISTRESS

56%

OF CARERS REPORT FEELING SOCIALLY ISOLATED

Financial pressure compounds this. Around half of carers responding to the 2022 National Carer Survey experienced some form of financial stress in the previous year, and around one in seven experienced financial distress — a more severe category that includes going without essentials. The 2024 survey found close to one in five carers experiencing four or more distinct types of financial stress simultaneously.

CHAPTER FOUR, CONTINUED

Work, Health and the Cost of Going Without

Employment is often one of the first casualties of an intensifying caring role. National surveys have found roughly one in three carers has left a paid job at some point specifically to provide care, and a similar proportion has reduced their working hours. This is not simply a personal choice made freely — for many, it is the only option available when formal support is unavailable, unaffordable, or arrives too late.

The knock-on effects are wide-ranging. The 2024 National Carer Survey found meaningful proportions of carers going without basic necessities: some respondents reported not always having enough food, and others reported not always having a safe place to live. These are not outliers — they reflect a caring population that, in aggregate, is more economically vulnerable than the community it supports.

> **THE EMPLOYMENT PARADOX**
>
> Research on female carers' employment outcomes found that carers who remained in paid work reported meaningfully higher wellbeing, lower psychological distress and better general health than those who had left the workforce — particularly where employers were understanding and flexible. Work, done well, can be protective rather than purely burdensome.

None of this means caring is without reward. It means the personal cost of caring is real, measurable, and — importantly — not evenly distributed. Carers who feel recognised, financially secure and supported by flexible employers consistently report better outcomes than those who feel invisible.

OURO MICRO-TIP Carer wellbeing isn't a luxury — it's a prerequisite for sustainable care. Building in small, regular breaks matters as much as the big decisions.

CHAPTER FIVE

Why Care Coordination Is So Difficult

Of everything explored in this report, this is the chapter that carers most consistently say they wish someone had explained to them earlier. Caring for a person is hard. Coordinating their care across a fragmented system is a separate, additional challenge — one that has less to do with love or competence, and more to do with how Australia's health and support services are structured.

A qualitative study of hospital discharge in an Australian healthcare setting found that patients, carers and staff all pointed to the same core problems: inconsistent communication about discharge plans, pressure to free up beds quickly, and — critically — **a lack of structured systems for tracking referrals and coordinating care after discharge**. A separate Australian study found that gaps in discharge planning are experienced by **41% of hospital patients**.

The common threads carers describe include:

- **Scattered information** — medical history, medications and care plans held across different providers, folders and memories
- **Multiple family members** — each with partial information, leading to duplicated effort or dropped tasks
- **Hospital discharge** — often rushed, with inconsistent notice and unclear follow-up instructions
- **Changing medications** — updated by different prescribers without a single, current record
- **Multiple providers** — GPs, specialists, allied health and aged care or disability services that rarely communicate directly with one another
- **Lost paperwork** — referrals, results and forms that go missing between appointments
- **Repeated storytelling** — carers explaining the same history to every new professional they meet

CHAPTER FIVE, CONTINUED

A System Built Around Institutions, Not Families

Much of this fragmentation is not anyone's fault in particular. Australia's health, aged care and disability systems were built, largely, around institutions — hospitals, clinics, government departments — each with its own records, forms and processes. Families sit in the gaps between these institutions, and are frequently the only ones holding the complete picture of a person's care.

Research into hospital readmissions has found that a meaningful share of avoidable returns to hospital are linked to system-level factors — inadequate discharge planning and poor care coordination among them — rather than to clinical error alone. When the connective tissue between services is missing, it is families who are left to supply it, often without training, tools or time.

> "The lack of structured systems for tracking referrals and post-discharge care coordination... potentially leading to fragmented care."

This is the problem that sits underneath almost every other challenge described in this report. It is not that families don't care enough, or aren't capable enough. It is that the system rarely gives them a single, reliable place to hold and share what they know — so the burden of coordination falls, by default, on whoever is willing to carry it.

OURO MICRO-TIP Take a photo of important medical information — medication lists, discharge summaries, specialist letters — so it's available during unexpected hospital visits.

CHAPTER SIX

What Families Say They Wish They Knew Earlier

Carer surveys and qualitative research consistently surface a handful of themes about the caregiving journey — lessons that most carers only learn through experience, often at a point when they could have used them much earlier.

- **Ask for the caring role's name, early.** Many people spend months or years providing substantial care without realising they qualify as a "carer" under government definitions — and therefore miss entitlements like the Carer Payment, Carer Allowance or Carer Gateway services.
- **Write things down from day one.** Diagnoses, medication changes, specialist advice and key dates are hard to reconstruct later. A simple, consistent record saves enormous time and stress.
- **You will be asked to repeat your story — a lot.** Nearly every new provider will ask for history the family has already given elsewhere. Having a ready summary reduces the burden of retelling.
- **Recognition from services is inconsistent.** National surveys find only around 44% of carers feel valued by service providers, and nearly half feel unrecognised by their community — carers frequently describe having to advocate simply to be acknowledged.

CHAPTER SIX, CONTINUED

Lessons That Come Up Again and Again

- **Sharing the load requires shared information.** Families with more than one person involved in care report that the biggest source of friction isn't disagreement about decisions — it's not everyone having the same information at the same time.
- **Ask before you're in crisis.** Support such as respite care, home care packages and Carer Gateway counselling exists, but take-up is often lowest exactly when carers need it most, because the request for help usually only happens once things reach breaking point.
- **Your own health matters to the plan.** Carers who maintain their own medical appointments, sleep and social contact are better able to sustain caring long-term — carer burnout is one of the most common reasons formal care is ultimately needed sooner than planned.
- **It's normal to feel two things at once.** Carers frequently describe deep love for the person they support alongside real frustration with the system, or grief for the relationship changing. Both can be true; neither needs to be hidden.

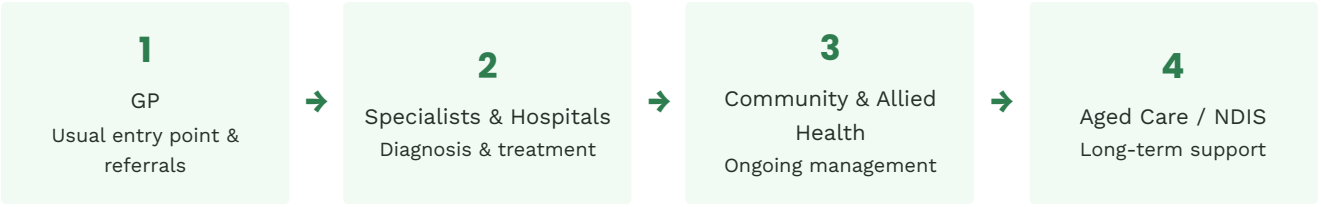
> **A CARER'S PERSPECTIVE, PARAPHRASED FROM RESEARCH**
>
> Carers interviewed in Australian discharge-planning research described feeling that vital information about medications and warning signs was assumed to be common knowledge, when in reality no one had walked them through it clearly. The gap wasn't a lack of willingness to learn — it was a lack of a clear moment to ask.

OURO MICRO-TIP Write down questions before appointments — you'll rarely remember everything once you're there, especially during an emotional or stressful visit.

CHAPTER SEVEN

Understanding Australia's Care System

Australia's care system is genuinely comprehensive by international standards — but it is also made up of several distinct parts that don't always talk to one another. Understanding the basic map helps families know where to look for support.



For older Australians, **My Aged Care** is the main entry point to government-funded aged care services, from basic home support through to residential care, and typically begins with an assessment of needs. For people under 65 living with permanent, significant disability, the **National Disability Insurance Scheme (NDIS)** provides individualised funding for supports, often coordinated with the help of a support coordinator.

Sitting alongside both systems is **Carer Gateway**, the Australian Government's dedicated service for carers themselves — offering counselling, peer support, planned and emergency respite, and practical services, regardless of who the carer is supporting or which system that person sits within.

CHAPTER SEVEN, CONTINUED

Where the Gaps Tend to Appear

Most of the difficulty families describe doesn't sit within any single part of this system — it sits in the seams between them. A hospital discharge that doesn't clearly hand over to a GP. A My Aged Care assessment that doesn't reflect what a specialist just recommended. A support coordinator who isn't told about a recent hospital stay.

SYSTEM	WHAT IT COVERS	WHERE FAMILIES OFTEN GET STUCK
My Aged Care	Home support, home care packages, residential care	Assessment wait times; navigating package levels
NDIS	Individualised disability supports, under 65	Plan complexity; coordinating multiple providers
Hospitals	Acute care, treatment, discharge	Discharge planning gaps; unclear follow-up steps
Carer Gateway	Support for the carer directly	Low awareness; often accessed only in crisis

None of these systems are designed to fail families. Each does a genuinely important, specialised job. But none of them is designed to be the single place where a family holds the whole picture — who's involved, what was said, what's next. That job, by default, falls to carers themselves.

OURO MICRO-TIP Keep a simple, current list of every service and professional involved in care — name, role and contact details — so it's ready whenever a new provider joins the picture.

CHAPTER EIGHT

Looking Ahead

The Australian Government's 2023 Intergenerational Report projects that the share of the population aged 65 and over will rise from 17.3% today to **23.4% by 2062–63**, while the share aged 85 and over will grow even faster, reaching around 5.0%. The number of Australians aged 65 and over is expected to more than double over this period, and the number aged 85 and over is projected to more than triple.

23.4%

SHARE OF POPULATION AGED 65+ BY 2062–63

38.3

AGED AUSTRALIANS PER 100 WORKING-AGE PEOPLE BY 2063

6×

PROJECTED GROWTH IN HEALTH SPENDING ON OVER-65S BY 2063

This shift is often described in terms of pressure on government budgets — and it is. Government spending on health, aged care and the NDIS combined is projected to grow from 6.2% of GDP today to 10.7% by 2062–63. But every one of those figures also implies a parallel, largely uncounted rise in the number of Australian families quietly taking on caring roles at home.

CHAPTER EIGHT, CONTINUED

The Case for Investing in Carers Now

Australia's old-age dependency ratio — the number of people aged 65 and over for every 100 people of traditional working age — is projected to rise from 26.6 today to 38.3 by 2063. Fewer working-age Australians will be available, proportionally, to provide either paid or unpaid care, at precisely the moment more people will need it.

This is not a uniquely Australian challenge, and it is not a cause for panic — many European nations already sit at dependency ratios higher than Australia is projected to reach in 40 years, without economic catastrophe. But it does mean the settings Australia puts in place now, for both the formal care workforce and the families supporting them informally, matter more with each passing year.

Technology has a clear, if modest, role to play here — not as a replacement for human care, which cannot and should not be automated, but as infrastructure for the coordination work that currently falls, unsupported, on families. Better tools for organising information, sharing updates between family members, and keeping track of a person's care don't reduce the emotional weight of caring. But they can meaningfully reduce the administrative weight — freeing up energy for the parts of caring that actually require a human being who loves the person involved.

"A permanently higher share of older people underpins the importance of the design of aged care services."

OURO MICRO-TIP If you're supporting someone with a long-term condition, it's worth revisiting your care arrangements every six to twelve months — needs change gradually, and it's easy not to notice until something forces the issue.

SUMMARY

Key Takeaways

1. **You likely qualify as a carer sooner than you think.**
   Check your eligibility for Carer Payment, Carer Allowance and Carer Gateway early, not once things become unmanageable.

2. **Write things down from the very first appointment.**
   A simple, running record of diagnoses, medications and advice saves hours later and reduces repeated storytelling.

3. **Nominate one point of contact within the family.**
   Shared, current information prevents duplicated effort and mixed messages between relatives.

4. **Ask about respite before you're exhausted.**
   Support exists specifically so carers can sustain caring long-term — use it before crisis point, not after.

5. **Your own health is part of the care plan.**
   Carer burnout is one of the leading reasons formal care becomes necessary sooner than expected.

6. **Expect the system's seams, and plan around them.**
   Hospitals, GPs, aged care and disability services don't always talk to each other — you may need to.

7. **Talk to your employer early.**
   Carers who stay connected to flexible paid work report meaningfully better wellbeing than those who leave it.

8. **Keep emergency information accessible.**
   Medical history, medication lists and key contacts should be ready before an unplanned hospital visit, not during one.

9. **Both love and frustration can be true at once.**
   Finding the role meaningful doesn't cancel out finding it hard — carers don't need to hide either.

10. **You are part of a very large group.**
    Three million Australians are carers. Recognising that can make the isolation of caring feel a little lighter.

FAQ

Frequently Asked Questions

Do I count as a "carer" if I haven't officially registered as one?

Yes. Under the ABS definition used throughout this report, anyone providing ongoing, unpaid assistance to someone with disability, a long-term health condition, or who is aged 65 or over is considered a carer — regardless of whether you've registered with a government service or think of yourself that way. Registering (for example, via Centrelink or Carer Gateway) is a separate step that can unlock financial and practical support once you're ready.

What financial support is available to carers in Australia?

The main government payments are the Carer Payment (income support for those unable to work substantially due to caring duties) and the Carer Allowance (a supplementary payment). Eligibility depends on your circumstances and the care needs of the person you support. Services Australia administers both — see the Further Resources section for contact details.

How do I get started with My Aged Care or the NDIS?

For people aged 65 and over, My Aged Care begins with a phone call or online registration, followed by an assessment of needs. For people under 65 with permanent, significant disability, NDIS access starts with an access request, and eligible participants are then connected with a planner or support coordinator. Both pathways are outlined in more detail in the "Understanding Australia's Care System" chapter of this report.

What should I do if I'm feeling burnt out?

Reach out before you reach crisis point. Carer Gateway offers free counselling and planned or emergency respite specifically for carers, and it's worth using this support proactively rather than waiting until you're depleted. It's also worth speaking with your GP about your own health — carer wellbeing is directly linked to how sustainably care can be provided long-term.

Where can I get help coordinating care across multiple providers?

NDIS participants can request a support coordinator as part of their plan. Outside the NDIS, coordination typically falls to family members, though some hospitals and community health services offer care coordination or case management support — it's worth asking directly. This is also the specific problem OURO is being built to help with; see the About OURO section on page 27.

RESOURCES

Further Resources

These trusted, free Australian services are a good starting point for support, information or someone to talk to.

Carer Gateway

Australian Government service for carers — counselling, peer support, respite and practical help.

carergateway.gov.au · 1800 422 737

Carers Australia

The national peak body representing carers, with links to state and territory carer organisations.

carersaustralia.com.au

My Aged Care

The starting point for government-funded aged care services and assessments.

myagedcare.gov.au · 1800 200 422

National Disability Insurance Scheme (NDIS)

Individualised funding and support for eligible people under 65 with permanent disability.

ndis.gov.au · 1800 800 110

Carers NSW

Research, advocacy and support for carers, including the biennial National Carer Survey.

carersnsw.org.au

RESOURCES, CONTINUED

Support Helplines & Government Services

Lifeline

24/7 crisis support and suicide prevention.

lifeline.org.au · 13 11 14

Beyond Blue

Support for anxiety, depression and general mental wellbeing, including for carers.

beyondblue.org.au · 1300 22 4636

Dementia Australia

Information, education and support for people living with dementia and their carers.

dementia.org.au · 1800 100 500

Services Australia — Carer Payment & Allowance

Information on financial support available to eligible carers.

servicesaustralia.gov.au

Australian Institute of Health and Welfare (AIHW)

National data and reporting on carers, disability, ageing and the health system.

aihw.gov.au

This list is general in nature. Availability of services may vary by state, territory and individual eligibility. Always confirm current details directly with each organisation.

MORE FROM THE OURO RESOURCE LIBRARY

This report sits alongside other free OURO Resource Library guides covering topics including organising medical information, understanding financial support for carers, planning for care emergencies, and recognising and managing carer burnout. Visit ourocare.com to explore the full library.

IMPORTANT INFORMATION

Disclaimer

General information only

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.

Statistics in this report are drawn from the sources listed in the References section and reflect the most recent published data available at the time of writing (2026). Where figures relate to a specific survey year (for example, the 2022 Survey of Disability, Ageing and Carers, or the 2022 and 2024 National Carer Surveys), this is noted in context. Readers should check the original source for any updates.

OURO is a platform currently in development. Nothing in this report should be read as a description of a finished or currently available product. Details of the OURO platform are outlined in the About OURO section that follows.

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.

> **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.

Learn more: ourocare.com



Thank you for reading

To every carer who picked up this report between appointments, phone calls and everything else on the list today — thank you. The work you do rarely makes headlines, but it holds families, and in aggregate, the whole care system together.

If this report resonated with you, we'd love to invite you to follow OURO's journey as we continue developing practical tools to support families. You can learn more, access additional free resources, and register your interest in the OURO Private Beta at:

ourocare.com

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Family Caregiving in Australia — An Evidence Review
First Edition — August 2026

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