



**To: Carers Strategy Action Plan Consultation**

Ministry of Social Development [CAPsubmissions@msd.govt.nz](mailto:CAPsubmissions@msd.govt.nz)

**From: Dr M.Claire Dale**

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**Submission on: Unpaid Carers new draft Action Plan**

**Background:** The [2022 State of Caring report](#) showed:

- 59% of carers were struggling to pay their bills
- 70% of carers experience depression or anxiety
- only 21% of carers can work full-time
- only 7% of carers have been able to look ahead to save for retirement
- carers' wellbeing is impacted by inadequate respite opportunities, with 48% struggling, really struggling, or needing emergency respite, and 90% of carers have had less or much less respite from caring since before the pandemic
- carers rates of depression and/or anxiety are much higher than in the general population, largely due to the financial stresses that can come with caring.
- carers have very high levels of loneliness, very low life satisfaction, and low levels of physical health compared to the general population, worst for carers aged under 35.
- carers' regularly struggle to know what support is available and how to access it, with particular challenges around needs assessments and entitlements. Many carers are missing out or have missed out on supports because they don't know about them. This negatively affects their wellbeing, can contribute to their not feeling valued by the government, and can result in increased financial burden as they pay for care-related costs.

**The last Action Plan, Mahi Aroha Carers' Strategy Action Plan 2019-2023 expired in 2023.**

The new [Draft Carers' Strategy Action Plan Summary Document 2025](#) states: "carers" are individuals who provide **unpaid** "care for someone close to them who needs additional assistance with their everyday living because of a disability, health condition, illness, or injury".

The [Draft Carers' Strategy Action Plan Discussion Document November 2025](#) reports that almost 500,000 people identified as providing informal or unpaid care in Census 2023. However the number is likely much higher, as many do not recognise themselves as a 'carer'.

A carer may be in school, employment, or retirement; caring full-time, part-time, or at different points throughout life; caring for one or multiple people; caring alone, or as part of a family/whānau or care team; caring for young or older or disabled people, tangata whaikaha, neurodiverse

or injured people or those with health conditions or disorders, or mental health conditions and/or addictions, tangata whaiora, or those receiving palliative care, or medically fragile children.

Māori, Pacific Peoples, Asian carers and young carers are likely to be underrepresented in statistics on caring, however, according to Census 2023, of people providing unpaid care:

- 16.7% are Māori
- 7.6% are Pacific people
- 8.1% are Asian
- 61% are women.

Research on the Growing Up in New Zealand cohort (Yao et al., 2023) found:

- one in five 12-year-olds have provided unpaid care to someone older than them
- Māori and Pacific Carers are more likely to be young carers, providing high intensity care to their families or households especially in areas of high social deprivation.

Unpaid carers provide a significant economic contribution, estimated at \$17.6 billion per year in 2022 (Heyes et al., 2022). The need for carers, and the size of their economic and social contributions, will significantly increase as the population ages.

**Statement:** A ‘rolling’ Action Plan means that the Action Plan has no set end date. Actions will be updated as needed.

**Question 1.** What do you think about the change to a ‘rolling’ Action Plan to improve outcomes for carers over the short- and long-term?

**Answer 1.** The rolling action plan carries greater risk than previous plans. Actions are more likely to continue to “roll” indefinitely rather than be implemented in a stated time frame.

**Statement: Three priority areas for this draft Action Plan** have been developed in consultation with the Carers Alliance and Carers’ Strategy Advisory Group.

**a) Recognition and Appreciation of Unpaid Carers.** *Outcome:* Carers are valued and the support they require is recognised and protected. *Immediate deliverables:*

- launch a national Carers’ Appreciation Day
- consider how cultural safety can be better integrated into the delivery and promotion of existing services for carers
- explore targeted approaches for improving service access and navigation for carers.

**b) Health and Wellbeing of Unpaid Carers.** *Outcome:* Health and wellbeing outcomes are equitable between carers and non carers. *Immediate deliverables:*

- promote the availability, diversity, flexibility and importance of respite and break options for carers, and what these mean for carers
- establish a national picture and assess current levels of available respite services and options
- expand community pathways to better support frontline professionals (e.g., GPs, Needs Assessment Services Coordinators (NASCs)) to refer carers to appropriate supports and networks.

**c) Financial Security of Unpaid Carers.** *Outcome:* More responsive financial supports and improved educational and employment pathways to enable carers to meet their needs and plan for the future. *Immediate deliverables:*

- develop a picture of available financial assistance, focusing on levels of support and coverage and analysis on any gaps and inconsistencies
- map out the potential pathways available to different carers, family, whānau, and aiga
- develop an understanding of the supports provided by employers to carers to inform potential government actions.

**Q2.** Do you think the set of immediate deliverables are an appropriate first step towards achieving the Action Plan outcomes? How could we make these more effective?

**A 2.** Suggesting the ‘recognition and appreciation’ goal can be met with a ‘national Carers’ Appreciation Day’ trivialises the vast and vital contributions made by unpaid carers. Recognition in the form of counting the costs to the state saved by their work, including the residential and hospital care that would be required without their service, is required. This is as vital as ensuring the ‘health and wellbeing’ and ‘financial security’ of unpaid carers. The knowledge of and the necessity for “the availability, diversity, flexibility and importance of respite and break options for carers” are critical for the health and wellbeing of carers and those they are caring for. That knowledge is sorely lacking. In addition, respite and break options are often unavailable at the location they are needed. An honest assessment of current levels of available respite services and options, with attention given to rural as well as urban and suburban locations, is sorely needed. As that assessment is being completed, Ministry of Social Development and Work & Income websites and offices need to have interim electronic and hard-copy brochures containing the available information that they can provide to carers. GPs and Needs Assessment Services Coordinators also need to be provided with electronic links and interim hard-copy brochures containing this information that they can provide to carers. Once the full information on current levels of available respite services and options is assembled, it needs to be updated as required so it remains valid and useful. The savings in the health budget provided by unpaid carers needs to be acknowledged by government and rewarded by both adequate funding to professional care services, and fair financial support to unpaid carers.

**Statement: Data and Information** A separate priority on Data and Information is included to support implementation and monitoring of progress of the draft Action Plan. *Outcome:* Improved monitoring and data collection.

Immediate deliverables:

- develop a monitoring and reporting framework
- develop a government data and evidence strategy.

**Q 3.** How can government work with communities to implement the Action Plan in the short, medium and long term?

**A 3.** See A.2. Also a primary issue for the 2025 Unpaid Carers Action Plan (as it has been in all previous action plans) is that carers may at times need access to targeted carer support. In the medium and long term, the ageing of the population will create an increasing demand for carers, paid and unpaid. To avoid a crisis in care, we need to start now to create an adequate environment to meet this demand.

**Statement: Governance and oversight** Options for a governance structure to oversee the Action Plan’s progress and implement a review cycle will be developed over the coming months. This will include further details on:

- \* how the Action Plan will be implemented
- \* administration and future priority setting for the rolling Action Plan
- \* intersections between the Action Plan and, if applicable, other work such as care safety.

**Q 4.** Is there anything else that agencies should consider when implementing current actions to ensure what is delivered meets the needs of family, whānau, aiga and individual carers?

**A 4.** As has been suggested in previous action plans and reports, find a place in Government for carers, for example, a Minister/Ministry for Family Whānau and Aiga Carers and/or a Commissioner who has responsibilities for this large population of New Zealanders. While the Aged Care Commissioner advocates for quality health and disability services on behalf of older people and their whānau, and provides oversight of the aged-care sector, as already noted, unpaid carers are caring for “older or disabled people, tangata whaikaha, neurodiverse or injured people, those with health conditions or rare disorders, or mental health conditions and/or addictions, tangata whaiora, or people receiving palliative care, or medically fragile children and young people. Also, ensure the evolving structures of government (Health NZ, Ministry of Disabled People, ACC etc) are meaningfully ‘carer friendly’ in important areas such as respite, information, financial support, wellbeing and support for carers.

**Q 5.** Many of these actions are intended to form the basis for future actions. What should we consider as we review and form future actions?

**A 5.** First, measure and document the actual progress made toward the stated actions of the Plan. Then consider the effectiveness of the progress made and take any remedial action or delivery changes required. See Appendix 1. Also note that, as reported by the Disability Support Service Transformation general manager, in the disability sector, “there is now “commercial rigour” in place, and funding has been increased as of 1<sup>st</sup> April 2026 by \$500 million. See Appendix 2.

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## Appendix 1. [State of Caring report 2022 Recommendations](#)

**Note that none of these recommendations have been implemented, but are consulted on again and further delayed in the 2025 Unpaid Carers new draft Action Plan**

Also note that recommendation 12 refers specifically to COVID impacts and is not included here.

### [State of Caring report 2022 Recommendations](#)

The survey feedback highlights the issues and challenges facing carers across New Zealand. In reviewing the feedback, there are potentially many recommendations that could be made – however, to provide focus and attention, the following 12 recommendations are made:

1. Fully implement the *Mahi Aroha Carers Strategy Action Plan*’s outcomes with vigour and use the data in this report and future evidence to identify useful actions for the next Action Plan.
2. Increase existing supports and provide new ones for carers – including making respite funding more flexible across the diverse population of carers and investing more into respite to improve carer wellbeing as a single vital way to safeguard and improve the wellbeing of this large population.
3. Provide more effective navigation support (particularly around respite) and improve the promotion of information available to carers about financial supports (including being paid to provide care), respite and wider government assistance.
4. Improve and simplify financial supports to reduce barriers to financial assistance, such as changing spouses’ inability to access the Supported Living Payment or family carers’ inability to be fairly paid for the significant efforts they make in areas such as Individualised Funding (often at the expense of other paid work opportunities).

5. Formally recognise the role of carers and the value they provide to their whānau and the system by directing government departments to ensure plans and strategies specifically include focus and actions that relate to carers.
6. Prioritise the implementation of an approach to the appropriate consideration of carer needs in their own right and a process to ensure supports meet identified needs., with a specific focus on advance care and emergency planning.
7. Find a place in Government for carers, who too easily 'fall through the cracks' of existing structures, frameworks, and Ministries; this could take the form of a Minister/Ministry for Family Whānau and Aiga Carers and/or a Commissioner who has responsibilities for this large population of New Zealanders. We note that a similar approach is being mooted in Australia for the same reasons.
8. Ensure the evolving structures of government (Te Whatu Ora – Health NZ, Te Aka Whai Ora - Māori Health Authority, Whaikaha - Ministry of Disabled People, ACC etc) are meaningfully 'carer friendly' in important areas such as respite, information, financial support, wellbeing and support for carers who are Māori, Pacific, young, etc.
9. Identify measurable ways to support and improve carer wellbeing in areas such as employment, retirement planning, loneliness and social isolation, finances, and mental health; ensure programmes for wellbeing are adequately resourced and promoted.
10. Identify and implement supports for carers aged under 35 as a direct response to concerns highlighted in this report of the impact caring has on younger carers.
11. Support specific initiatives and programmes that assist working age carers, particularly women and young carers, whose earnings, life success, retirement savings, and financial wellbeing impact their ability to work, earn, save, and thrive.

## **Appendix 2. Government u-turns on disability funding 12 March 2026**

Two years ago Whaikaha Ministry of Disabled People - which at the time was in charge of the disability budget - abruptly introduced new purchasing guidelines which severely restricted what disabled people and their carers could use their allocated budgets for. Following a review into the funding system, and a commitment the system is now "stabilised" the Government has confirmed as of 1 April the restrictions will be lifted. The Minister Louise Upston has now promised budgets won't be cut to match the limited spending. Disability Support Service Transformation general manager Alastair Hill said the community had been listened to, and he could assure certainty for them going forward. He said the reintroduction of flexible funding was possible due the changes that had been made over the past two years. "There is more money ... our annual operating funding is around \$500 million more than what it was two years ago. Under the previous system there was no way to forecast cost pressures and where the growth may come from, which lead to budget overruns almost every year, but now there is "commercial rigour" in place."

Thankyou for this opportunity to submit on the new draft Unpaid Carers Strategy.

Ngā mihi nui,

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