

# Informal Carers in Queensland

## April 2025

Deloitte Access Economics' report underscores the need for Queensland to maintain a strong focus on supporting informal carers and the requirement for effective collaboration between state and federal governments, healthcare providers and community organisations. The value of informal carers to the Queensland economy is both substantial and growing, but sustaining it appropriately depends on ensuring that carers have access to adequate support. Without these necessary resources, carers may struggle to continue providing care, impacting their wellbeing, their care recipients, and the broader healthcare system.

#### What is an informal carer?

Informal carers provide unpaid support to older people or people with a disability. The care that they provide is significant to the lives of the individuals they care for, their families, and the broader community. However, their value is largely unrecognised by society and the economy, and is not captured in formal economic measures like GDP.

#### The report's key findings include:

- Queensland was home to 657,000 informal carers in 2022, meaning just over one in eight Queenslanders provided informal care.
- 657,000 informal carers provided 484 million hours of unpaid care in Queensland in 2022. The economic value of this care to the Queensland economy is estimated to be approximately \$22.5 billion.
- While a range of services are available to carers across the state, over 40% of carers report unmet needs relating to support services. Respite care is consistently identified as the major gap for informal carers.

Deloitte Access Economics was engaged by the Department of Families, Seniors, Disability Services and Child Safety (DFSDSCS) to support the development of a robust evidence base on informal carers in Queensland to inform future advice to government regarding carer supports and services that sustain the carer role. Please refer to the full report for more detail, including for all references to data and analysis included in this document.

#### One in eight Queenslanders provided informal care in 2022.

- Most informal carers in Queensland are female (55%), with an average age of 49.5 years old.
- Almost half (46%) of primary informal carers in Queensland are not participating in the labour market, compared to 30% of non-carers.<sup>1</sup>
- Lower participation in the labour market negatively affects the income and superannuation earnings of carers. Caring may also impact the mental health and social connection of carers.

# Estimated cost to replace Queensland's informal carers with paid workers is \$22.5 billion.<sup>2</sup>

- This value equates to nearly half the economic output of Queensland's entire healthcare and social assistance sector in 2024.
- Just over 20% of primary carers provide more than 60 hours of care per week.<sup>3</sup>

Table: Average hours of care provided per week by carer type, 2022

Average hours of care provided per week	Primary Carers	Non-primary carers
1-9 hours	43%	71%
10-19 hours	13%	15%
20-29 hours	10%	11%
30-39 hours	7%	0%
40-59 hours	6%	0%
60 hours or more	21%	4%

### 40% of informal carers reported unmet service needs.4

- There is a significant gap in respite care, essential for sustaining carer wellbeing.
- Providing one additional unit of service for carers with unmet needs in each category would cost an estimated \$380 million.
- This equates to just 1.8% of the total economic value informal carers provide to the Queensland economy each year.

### An additional 70,000 primary carers required in Queensland by 2035.5

- Based on expected population and demographic changes over time, the number of individuals requiring care in Queensland is projected to increase from 450,000 to 580,000 between 2022 and 2035.
- This could increase the share of the population required to provide the same level and nature of care per person from 4.3% to 4.7% (70,000 additional people).
- A range of factors may impact these projections, such as socio-economic trends or the direction of government policy towards carers and care recipients.