



The State of Caring in New Zealand: Report Two

ACKNOWLEDGEMENTS

Family, whānau and āiga carers have an essential role in our country. Every day they provide care, support, and aroha to people who are frail, living with a disability, recovering from illness or injury, or managing ongoing health conditions.

This is the second Synergia *State of Caring* report, which looks at who carers are and how they are faring over time. Our second report builds on what we learned several years ago, giving family carers an ongoing opportunity to share their experiences and helping us understand what has changed, what remains challenging, and where greater recognition and support for them is needed.

We are grateful to the family carers who shared their experiences and spent up to an hour completing the extensive *State of Caring* survey. Their voices are at the heart of this report, and provide valuable evidence to inform policy, services, and advocacy for New Zealand's large and growing population of family carers.

Synergia also thanks Carers NZ, the Carers Alliance, Hospice NZ, IHC, Stroke Aotearoa, the Ministry of Social Development, the Office for Seniors, and many others for helping us to promote the survey to reach as many carers as possible, and for making this second report possible.

With thanks to



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At a glance

Carers NZ surveyed **1,700 carers and former carers** between March 2024 and August 2025. This is the second State of Caring survey, following the 2022 report.¹

Who responded

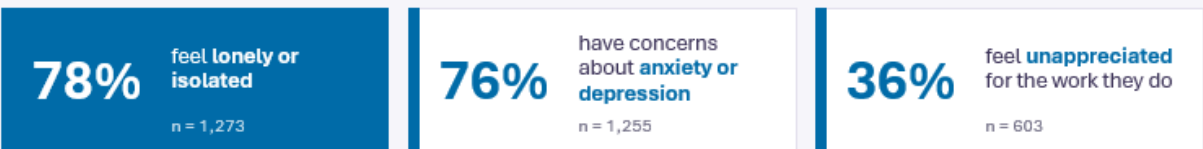


They care for



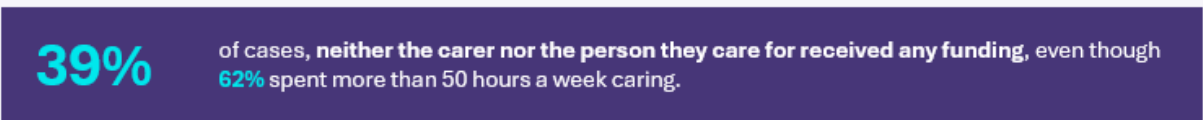
Also: 11% Māori, 4% Pacific Peoples, 2% Asian · 14% work full time, 22% retired · 14% care for someone living in their own home

Wellbeing



Money and work

Over a third of carers are struggling financially



Carers' top priorities for the future

n = 1,364 comments



“ *I had decided that happiness is not something I aim for anymore or something I expect because it's not achievable and all I do is end up angry and sad and scared.*

n = number of respondents. ¹ Carers NZ and Carers Alliance (2022). The State of Caring in Aotearoa: A Report for Carers NZ and the Carers Alliance. Source: Synergia, State of Caring Report Two, May 2026.

Caring is costing carers their work, income and wellbeing

Work and income

38%



Gave up **work** to care

18%



Reduced their **hours** to care

23%



Received **financial support**, though 62% cared **50+ hours a week**

Financial pressure

25%



Could **afford their bills** without struggling

75%



Saw **less support**, or higher support costs, in the last 12 months

2.7×



More likely to **cut back on food** when struggling, for carers with disabilities

Health and wellbeing

56%



Had a **disability or health condition**; only 61% of them got the allowance

78%



Were **lonely**; 47% of them **couldn't leave the house** for breaks

76%



Worried about **depression or anxiety**; only 56% of them got treatment

“

It's impacted my whole life. I have no life to myself anymore.

Carer, survey respondent

Executive Summary

Carers take on additional work to care for loved ones with health and disability conditions, frequently to the detriment of their financial, mental, and physical wellbeing. The care they provide is essential to many New Zealanders living with health and disability conditions, supporting their physical and emotional wellbeing and often enabling independence that would otherwise be limited. 1,700 current and previous carers shared their experiences of caring in New Zealand and offered a range of recommendations to pave the future of caring in NZ.

Survey respondents painted a clear and urgent picture: New Zealand's carers are under significant financial, physical, and emotional strain, and many are not receiving the support they need to sustain them in their demanding role.

Who responded. The carers who responded are very similar to those who responded to the 2022 State of Caring survey: predominantly women (87%), of NZ European ethnicity (76%), and highly experienced, with most having cared for more than 5 years (68%). Māori (11%) and Pacific (4%) carers are represented, though likely underrepresented relative to the wider caring population. Findings reported by ethnicity in this summary and throughout the report are indicative of the experiences of these respondents; they should be interpreted with caution given the small subgroup sample sizes and are not statistically robust.

Wellbeing impacts. Caring takes a profound toll on carers' health and wellbeing; 78% (n = 1273) report feeling lonely or isolated, and 76% (n = 1255) have concerns about their anxiety or depression, although many have not sought or been able to access support. Over a third feel unappreciated for their work (36%; n = 603).

The financial experience of carers. The financial burden of caring is severe and widespread. Only 35% of carer respondents said they could afford their bills without struggling financially. 31% (n = 505) are struggling to make ends meet, 16% (n = 265) are in or have been in debt because of caring, and 9% (n = 140) cannot afford their utility bills. Over half of respondents (51%) are spending more than \$50 per week of their own income or savings on care. Caring has also disrupted carers' employment and long-term financial security: 38% have given up work to care, and 29% have been unable to save for their retirement. Financial hardship is most acute for parent carers and for those with disabilities or health conditions. Many respondents spoke to the difficulties of recognising their caring role, especially parents and mothers who felt it was expected of them.

Financial support received. Despite the scale of need, access to financial support is limited. In 39% of cases, neither the carer nor the person being cared for received any funding at all, and where funding does exist it is more likely to reach the person receiving care than the carer directly. The picture is also worsening: 64% of respondents noticed a change in the care and support available in the past year, with most of those changes being reductions or increased costs. Many carers missed out on support entirely because it took them more than a year to recognise their identity as a carer (51%).

"I don't think I'm coping, but I don't know what else to do. I have to put my daughter first."

Aspirations for the future. When asked for recommendations, 1,364 carer respondents identified four priority areas: financial support and funding (48% of comments), respite care and breaks (29%), information and navigation support (15%), and mental health support (14%). These priorities are consistent across carer groups, though the relative emphasis differs. Māori respondents who commented placed comparatively more weight on mental health support, while parent carers prioritised financial flexibility.

Key insights

- The mental health of carers needs urgent and dedicated investment. Fund low-barrier mental health services for carers, including subsidised counselling, peer support and carer helplines, build wellbeing checks into carer needs assessments, and run information campaigns on carers' mental health.
- The financial burden of caring is significant and isolating.
- Equity gaps for Māori, Pacific, and MELAA carers need addressing.
- Respite care is underfunded and inequitably distributed.
- Better information and navigation support is vital for carers. Fund dedicated carer navigation services, develop a plain-language resource hub, improve coordination between health, disability and social services, and make carer needs assessments a standard part of health and disability services.

1. Introduction

This report presents findings from the 2025 *State of Caring* survey conducted by Carers NZ. The survey was completed by 1,700 carers who shared their carer experiences across three key domains: wellbeing impacts, financial experience, and aspirations for the future. Carers also shared their key demographics and details on who they are caring for. We recognise that this report does not represent the experiences of all carers in New Zealand; however, given the consistency with the findings from the previous *State of Caring* survey in 2022 and international evidence, we are confident that this survey reflects the state of caring in New Zealand.

1.1 Who is a carer?

For the purposes of this report, carers are defined as individuals, family, whānau and āiga providing care for someone close to them who needs additional assistance with their everyday living because of a disability, health condition, illness or injury.

As outlined in *Mahi Aroha: Carers' Strategy Action Plan 2019–2023*¹, it is also important to note that whilst the term *carer* is used internationally, we recognise that it may not resonate with everyone. Words such as *supporter* or *manaakitanga* may also describe the way a carer sees their role as a natural part of what they do for people they love or feel a duty toward. In this document, the term carer is used to describe the diversity of individuals, families, whānau and āiga who provide this support.

1.2 Structure of this report

The report is structured around five main sections:

Who responded introduces the 1,700 carer respondents: their demographics, how long they have been caring, and who they care for. This section also draws comparisons with the 2022 survey sample to identify any shifts in who is responding.

Wellbeing impacts of caring documents the toll of caring on carers' mental and physical health, including rates of loneliness, depression, and anxiety, physical health impacts, and carers' ability to plan for their own future needs.

The financial experience of carers is the central section of this report and responds to the survey's renewed focus on financial impacts. It examines carers' day-to-day financial situation, how they are coping with rising living costs, the out-of-pocket costs they bear, and impacts on their employment and retirement savings. It then examines what financial support exists: who receives it, what forms it takes, and where people are missing out, including respite funding and ACC support.

Aspirations for the future presents carers' own recommendations, distilled from 1,364 open-ended responses, identifying four priority areas for investment and change.

Key recommendations closes the report with five evidence-based recommendations drawn directly from the survey findings, with particular attention to equity. This includes the groups most affected, and the most urgent gaps to address.

1 Ministry of Social Development (2019) *Mahi Aroha: Carers' Strategy Action Plan 2019-2023*.

2. Methods

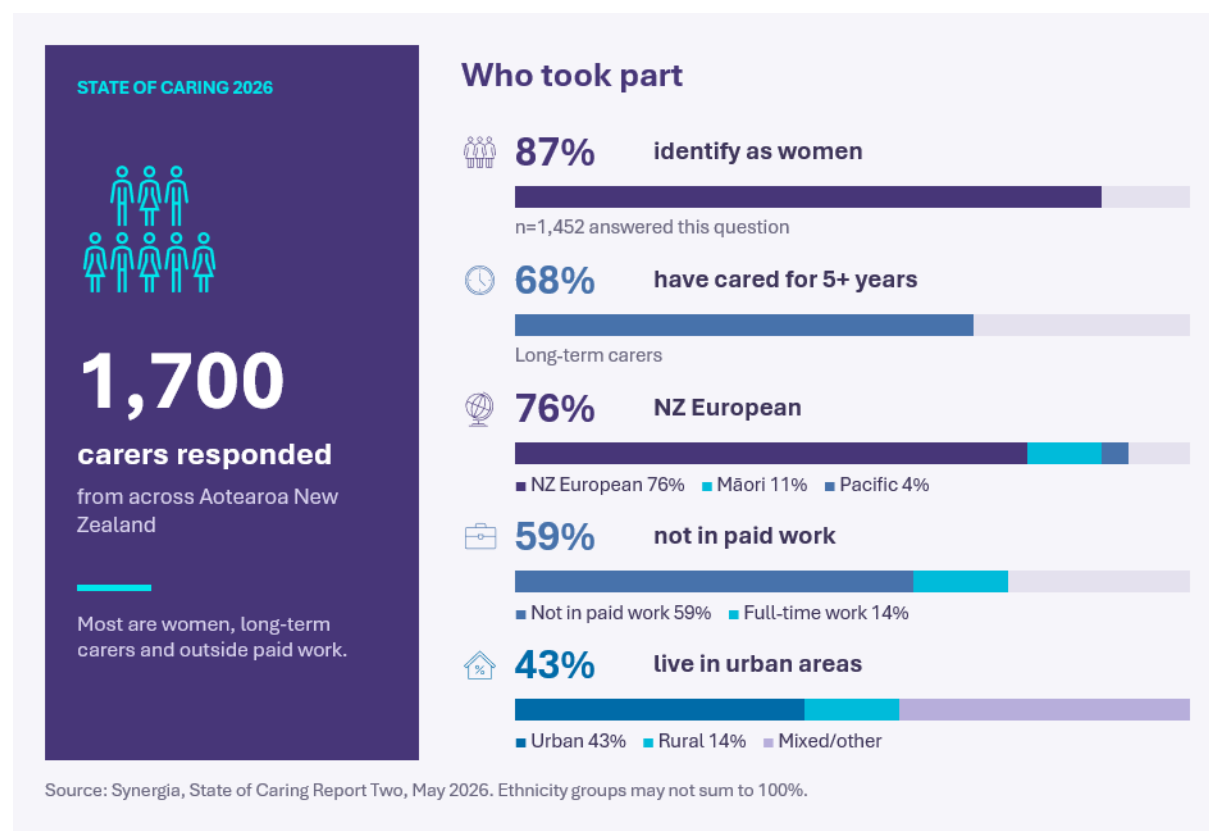
This is the second iteration of the *State of Caring* survey, with some changes in the wording of some questions from the 2022 survey. Where possible, questions were made specific and clear, and further questions around the cost of living and carer finances were added to provide additional depth to these topics. The *State of Caring* survey replicates similar surveys carried out in other countries, notably the United Kingdom, Canada, and Australia, with appropriate changes for our New Zealand context.

For identifying carer ethnicity, we continued to use the HISO 10001:2017 ethnicity data protocols, a standard method for prioritising ethnicities from smaller population groups when respondents can endorse multiple ethnicities. To aid our analysis of this survey we highlighted a selection of subgroups to explore:

- Carers with disabilities or health conditions
- Older carers (75 years or older)
- Carers that are the parents of the person receiving care
- Carers that are the spouse or partner of the person receiving care

3. Survey respondents

This report draws on responses from 1,700 family, whānau and āiga carers across New Zealand. The infographic below summarises the demographic profile of respondents. A fuller breakdown sits in Appendix A.



Respondents are typically experienced carers: 68% have been caring for more than five years. The sample reflected adults and older carers (13% are aged 75+; only 2% are young carers aged under 25), typically from urban areas, with rural carers likely under-represented. NZ European carers are over-represented (76%) relative to the broad population of carers in NZ. This is consistent with findings from *Mahi Aroha* that Māori and Pacific carers are less likely to identify

as ‘carers’ or to engage with the formal support networks through which the survey was distributed.

Subgroup sample sizes vary and some are small: Māori n = 194, Pacific n = 61, with MELAA and Asian groups smaller still (n ≈ 27 – 70). Figures for these groups are indicative and should be read alongside the wider qualitative evidence in this report rather than as precise population estimates.

3.1 Who are carers supporting?

Carers can be supporting a single person or multiple people with a range of conditions: **72% of survey respondents assisted one person, while 28% cared for two or more.**

Of the people receiving support from family, whānau and āiga carers:

- 39% had a combination of disabilities or conditions
- 29% had a physical disability
- 21% had dementia/Alzheimer’s

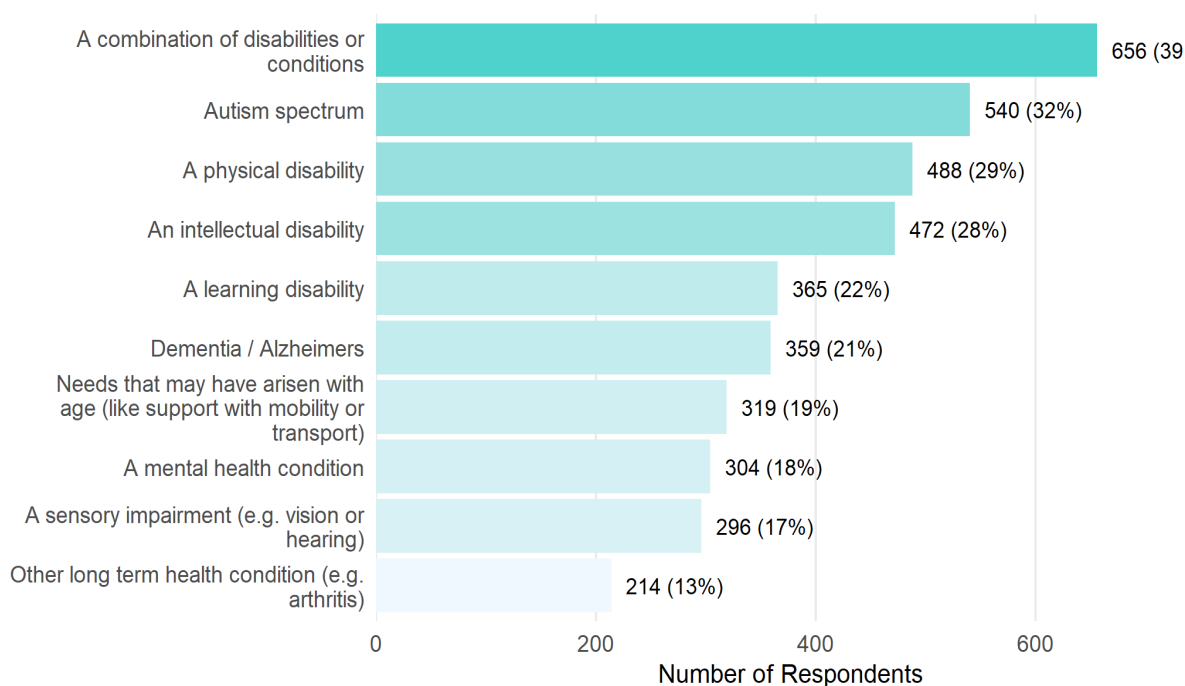


Figure 1: Top 10 health conditions of people receiving care

The most common types of help provided by carers were practical help (90% of carer respondents), arranging care/medical appointments (83%), and providing emotional support (81%).

“The government ignores carers’ rights to choices of how they would like to live their lives as non-carers are able to ... Carers are invisible, and taken for granted in their ability to care for their whānau. The government assumes natural supports have the skills, education, and desire to care just because we are related. Being a full-time carer of people with very diverse needs is more than a full-time job, it’s a lifestyle and not one of choice. It impacts every single decision in my life, and the lives of those I care for.”

3.2 How experienced were carers?

Carer respondents were typically very experienced in caring, with 68% having provided support for more than 5 years and 31% for more than 15 years. Only 3% of carer respondents had been caring for less than a year. This aligns with our knowledge that it often takes carers a while before they realise their identity as carers: 51% of our carer respondents said that they took a year or more before realising that they were carers. This aligns with our expectation that to take the survey, you need to have heard about it through a support network and carers with more experience are more likely to be engaging with these networks.

Importantly, 50% of carer respondents stated that their ability to care was not considered during the needs assessment of the person receiving their care. Ability and willingness are frequently assumed, and without experience it isn't surprising that carers miss out on support while they are initially navigating care responsibilities and their new identity as a carer. This assumption can be dangerous: 48% of carer respondents said better support for them could have prevented an emergency admission of the person they care for in the previous 12 months.

3.3 How the sample compares to 2022

The current survey reached 1,700 carers, 52 more than the 2022 survey. Engagement from Māori carers, younger carers, and long-tenure carers increased; rural carers fell slightly.

Table 1: Respondents in key carer groups, 2022 vs 2025

<i>Carer group</i>	<i>2022 (n)</i>	<i>2025 (n)</i>	<i>Change</i>
<i>All carers</i>	1,648	1,700	+52
<i>Māori carers</i>	168	194	+26
<i>Pacific carers</i>	53	61	+8
<i>Rural carers</i>	269	231	-38
<i>Female carers</i>	1,390	1,452	+62
<i>Carers aged under 35</i>	76	153	+77
<i>Carers caring 5+ years</i>	1,065	1,151	+86
<i>Carers for 2+ people</i>	352	447	+95
<i>Carers of people 65+</i>	818	751	-67

4. Wellbeing impacts of caring

The summary below highlights the breadth of impact that caring has on people's wellbeing. The rest of this section explores the mental and physical health dimensions in more detail, and more specifically what carers told us about loneliness, anxiety and depression, and the physical impacts of caring. Further subgroup analyses are provided in Appendix B.

STATE OF CARING 2026

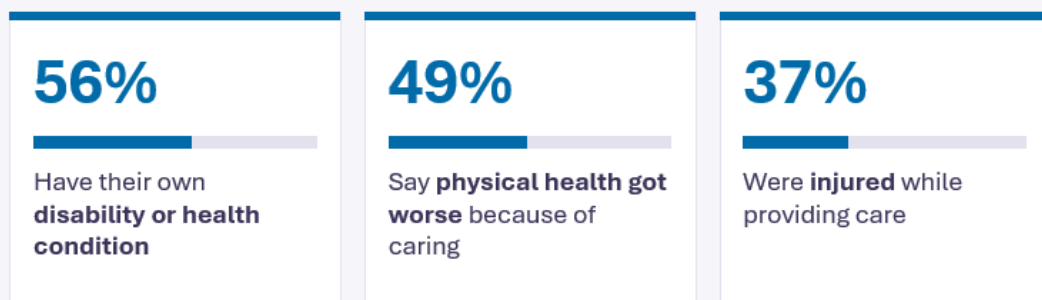
78% of carers feel lonely, up from 66% in 2022



Mental health



Physical health



Source: Synergia, State of Caring Report Two, May 2026.

Carers describe losing friends, family and connection

“

I have no friends anymore, I can't relate and I can't afford to go places. I feel guilty when I buy myself something like hair dye from the supermarket or an item of clothing from The Warehouse. **We stopped getting invited to things**, and so did my children because I couldn't afford to buy other children presents or go to events.

“

After 20 years **I now have no friends at all**. Isolating and lonely doesn't even come close to describing this.

“

Social isolation because **my friends, family didn't understand** how the needs of caring for a person with a disability significantly affected our lives, socially, mentally and financially

“

Friends are not carer friendly. **They get sick of us not showing up.**

“

Friends and family have cut me off as time has gone by.... **I feel so alone**

“

I have no life to myself any more.

“

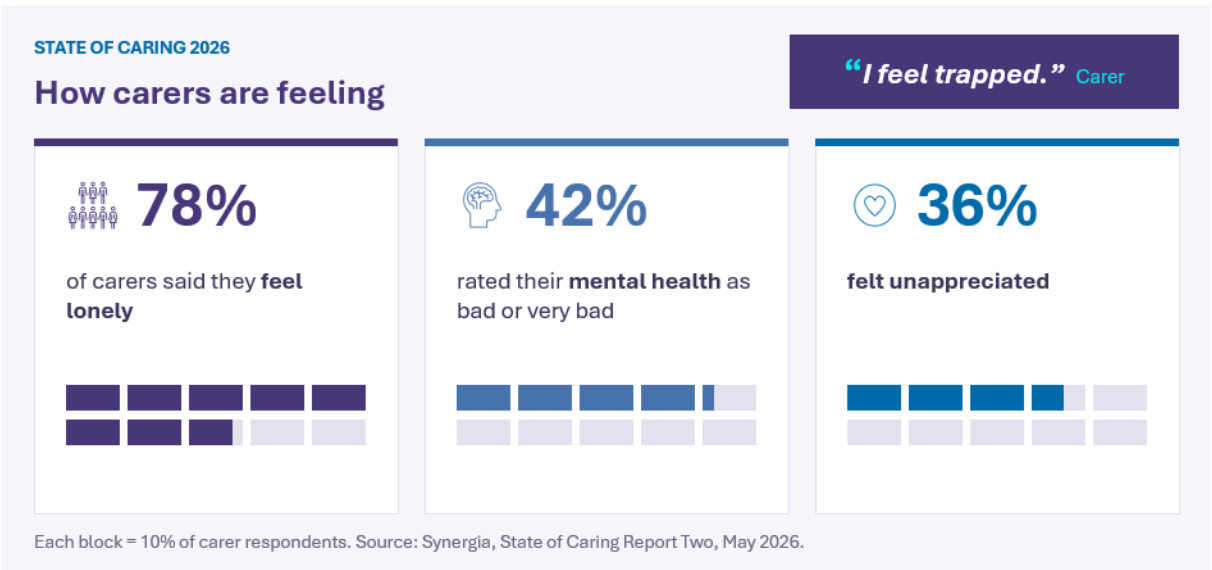
I lost connection with the outside world during the early years of caring.

78% of carers report feeling lonely, up from 66% in 2022

Source: Synergia, State of Caring Report Two, May 2026. Quotes are verbatim survey responses.

4.1 Mental health and wellbeing

Many carers are isolated by their caring roles, and this can have profound impacts on mental and physical health.



Approximately half of carers felt isolated for multiple reasons

- 53% felt isolated because they do not have time to participate in social activities
- 47% felt isolated because they cannot get out of the house for breaks
- 43% felt isolated because they are not comfortable talking with friends, family, or whānau about caring or other concerns

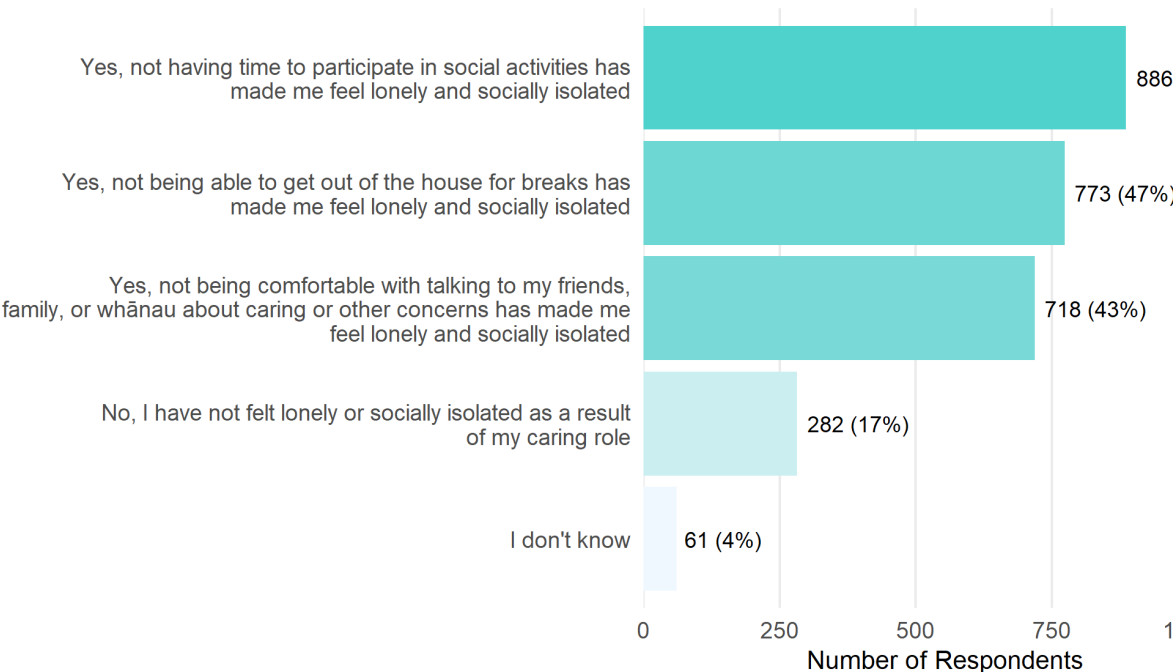


Figure 2: Loneliness and isolation reasons

Feelings of loneliness and isolation were high across all ethnicities, with MELAA carers being most likely to report feelings of loneliness and isolation (94%), followed by carers of 'Other' ethnicities (89%), Pacific carers (85%), Māori carers (83%), and Asian carers (80%).

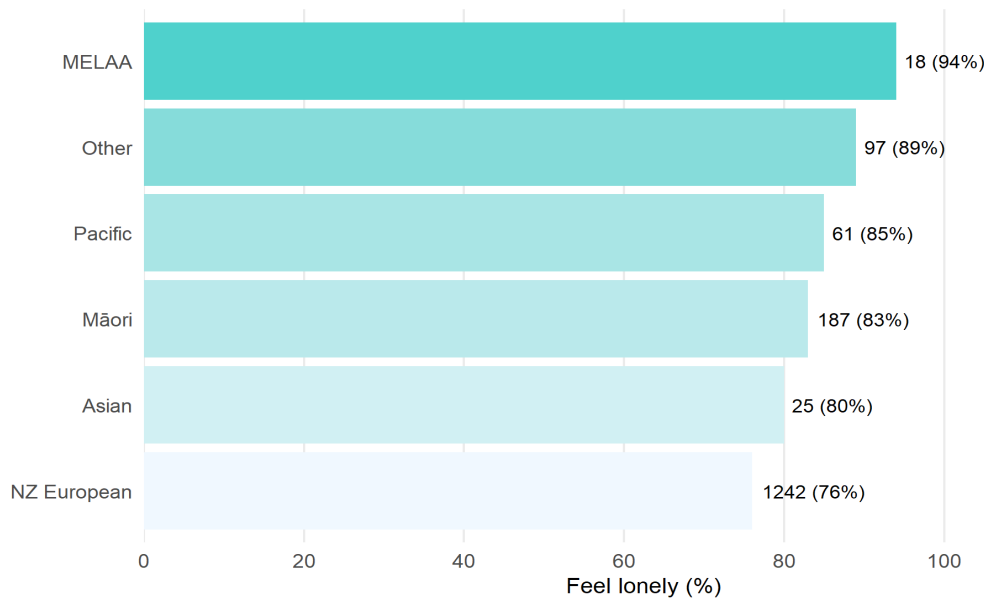
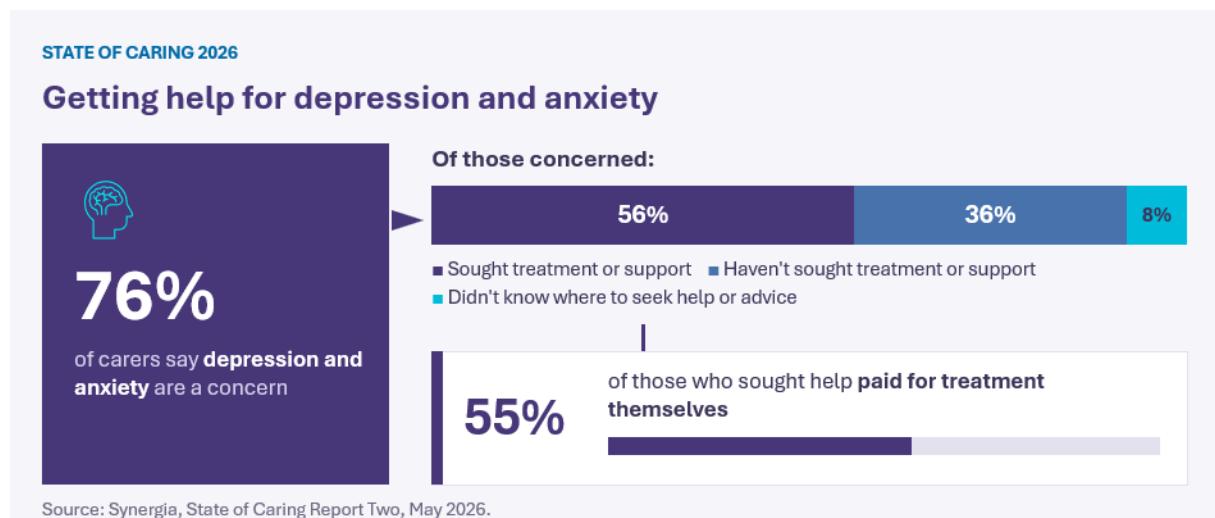


Figure 3: Loneliness by ethnicity

4.1.1 Depression and anxiety

Depression and anxiety are key concerns for carers due to their vulnerable position socially and financially. Carers often deal with complex guilt and difficulty making time for self-care, and the extensive physical and emotional needs of those they care for can often impact carer wellbeing (for 81% of carers, caring for the emotional wellbeing and regulation of the person they support is a core caregiving task).



When asked how anxious they had felt the day before, 71% said they had felt some level of anxiety. Anxiety and stress are further exacerbated by the lack of support and difficult transition into being a carer: 77% of respondents said that not recognising that they were carers meant that they had increased feelings of stress and anxiety. A high proportion of respondents who had experienced depression or anxiety had not sought treatment or support.

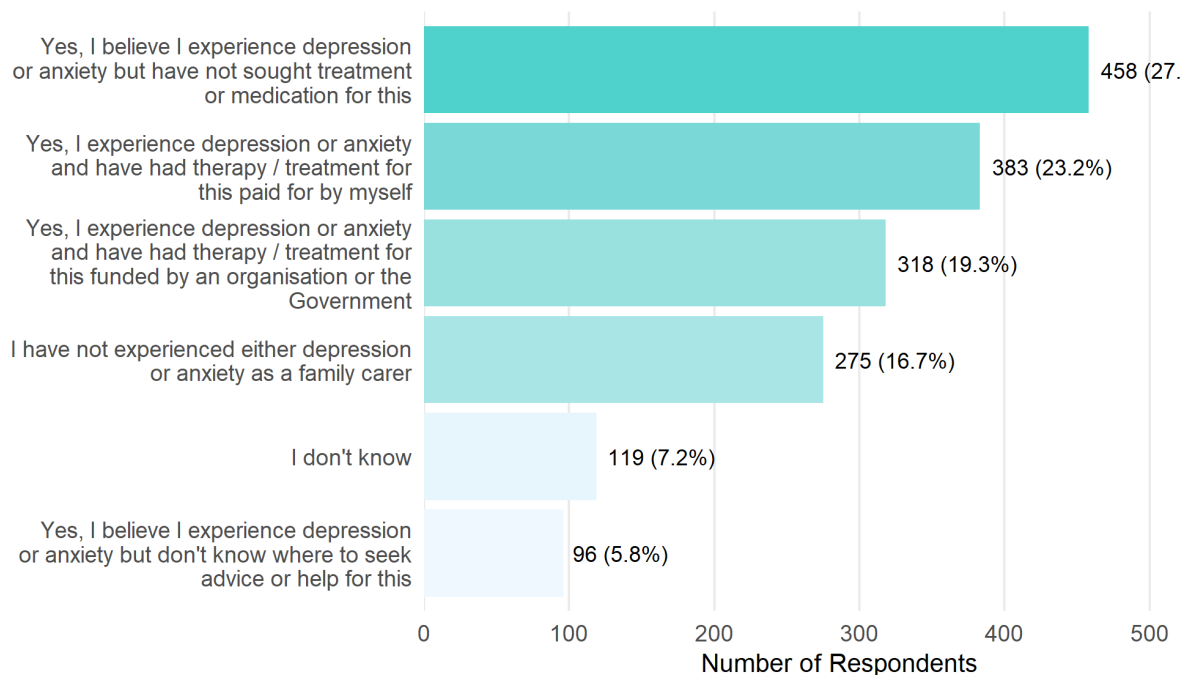


Figure 4: Depression and anxiety concern among respondents

Carer respondents who identified with an ‘other’ ethnicity were the most likely to have concerns about their depression and anxiety, signalling a concern in this marginalised group. Pacific carers were the second most likely to experience anxiety and depression, followed by NZ European carers. MELAA carers were least likely to express concern about their depression and anxiety, but even then, in all carer groups, more than half of carer respondents had concerns about their depression or anxiety.

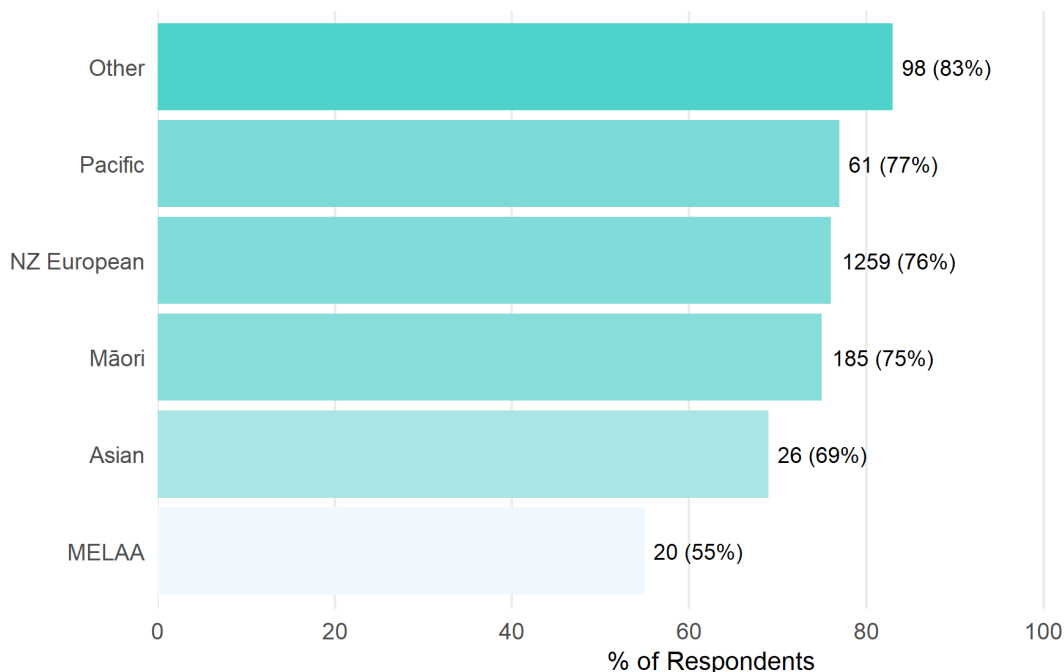


Figure 5: Depression and anxiety concern among respondents by ethnicity

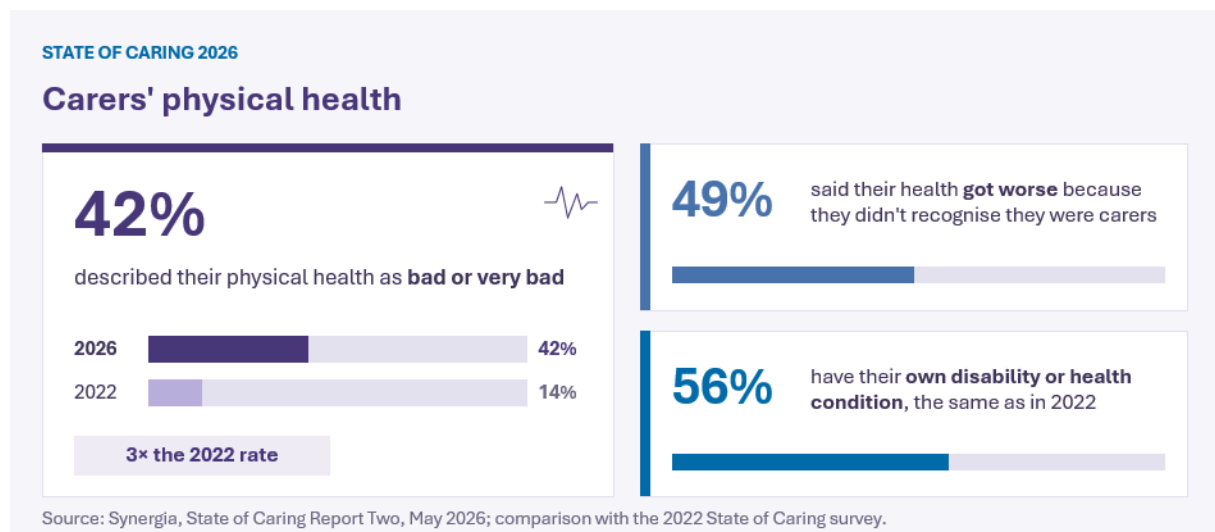
“The lack of support is causing depression, anxiety and suicidal thoughts in the caring/disability community.”

Delayed support seeking

Most carers (51%) said they took more than a year of caring before realising they were a carer; many missed out on practical support such as accessing support groups during that period.

- 55% stated that not recognising that they were a carer put a strain on their relationship with other people
- 43% said it put a strain on their relationship with the person they care for
- 41% said that they had to give up work to care during the period where they did not realise they were a carer, and a further 30% reduced their hours of work in the same period.

4.2 Physical health



Just over a quarter (28%) of carers indicated that their caring responsibilities reduce the amount of time they would like to spend on exercise or physical activity, with 7% stating that they had not had a single day in the past week where they could spend 10 minutes on exercise or physical activity.

"I'm just so overwhelmed and I just don't have the time or the energy."

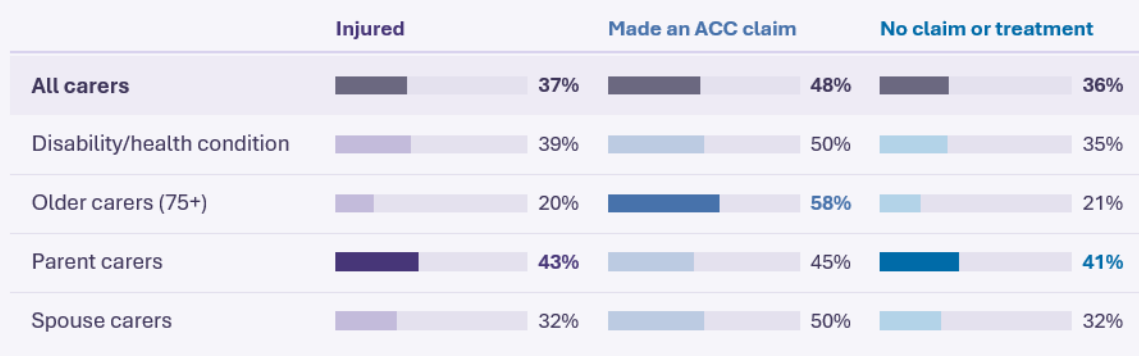
4.2.1 Injury and recovery support

Parent carers were the most likely to be injured while caring (43%), followed by carers with disability/health conditions (39%), and spouse carers (32%), while older carers were the least likely to be injured while caring (20%). Older carers were the most likely to make an ACC claim (58%), followed by those with a disability/health condition and spouse carers (both 50%).

Injury and ACC claims by carer group

Parent carers: most often injured (43%)

Older carers (75+): most likely to claim ACC (58%)



37% of carers were injured while caring. **Of those injured:**



Highlighted bars show the highest subgroup in each column; grey bars show all carers. Source: Synergia, State of Caring Report Two, May 2026.

In carers' words: injury, treatment and ACC

“

I had a severe head injury, I was discharged home early to care for my husband. I had over 40 sutures in my head and face together with, dreadful concussion. **ACC were supposed to provide help, they did not.** I was too weak and ill, with no family to support us.

“

When I injured myself during my caring role, I felt [applying for ACC funding] was **a waste of time** as I **no longer have the energy to beg for support.**

“

I have made claims with ACC for injuries caused while caring, but I have **usually had to give up on treatment** because it's not financially viable for us.

“

ACC wouldn't look at me because I have an existing condition.

“

I have been injured but I **couldn't seek the care (stitches) I needed** promptly because I had no one to cover care. Hooray for duct tape.

“

When I had to go to hospital for 3 or 4 days I was **very concerned about my husband's ability to cope** alone.

Verbatim carer responses. Source: Synergia, State of Caring Report Two, May 2026.

Injuries and claims are a complex issue, because we do not have further information on whether a carer's injuries were, for example, not severe enough to require a claim or whether they felt unable to make a claim for financial or social reasons.

5. Financial experiences of carers

This section outlines the financial reality of caring in New Zealand. This includes what carers are spending, how they are coping, what the employment toll of caring looks like, and where the funding system is and is not supporting carers. Detailed analyses are presented in this section and subgroup analyses are presented in Appendix B.

STATE OF CARING 2026

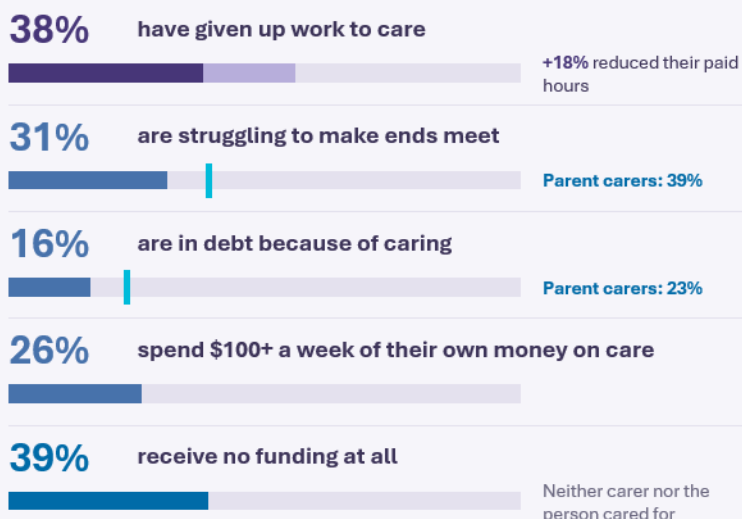
The financial cost of caring



64%

say the **cost of living** is hurting their ability to afford caring

Parent carers are hit hardest.



In carers' words: making ends meet

“

I am eating a very basic diet of **one meal a day** plus an energy drink in the morning and a small cheap snack at midday. Sometimes I skip the snack. My partner eats whatever my daughter leaves over...

My diet is very expensive and we can't afford it ... We still struggle to cover bills... I cannot afford dental care, so have had **teeth extracted** because they have shattered...

We have no insurance, our bills are always late, and if rent goes up again **we will be homeless and I don't know how we would survive.**

“

Although I'm nearly 80 I do odd jobs when this work is available, so we can make ends meet. **We never have anything left over.** Money is always a juggle and a struggle.

“

We have taken out **loans, used credit cards and overdraft** to pay for support in the past.

“

I only make it work ...[by] going without, and growing some of my own food. But **my son goes without therapies and learning supports** which would help him.

“

AfterPay and ZipPay to afford food.

“

We're doing ok but at the **loss of my retirement funds.** I'm a solo parent / full time carer... I would like to resume my career but its hard to find an understanding & flexible employer.

“

I have to **choose how much of each bill gets paid** each week so have to budget every penny.

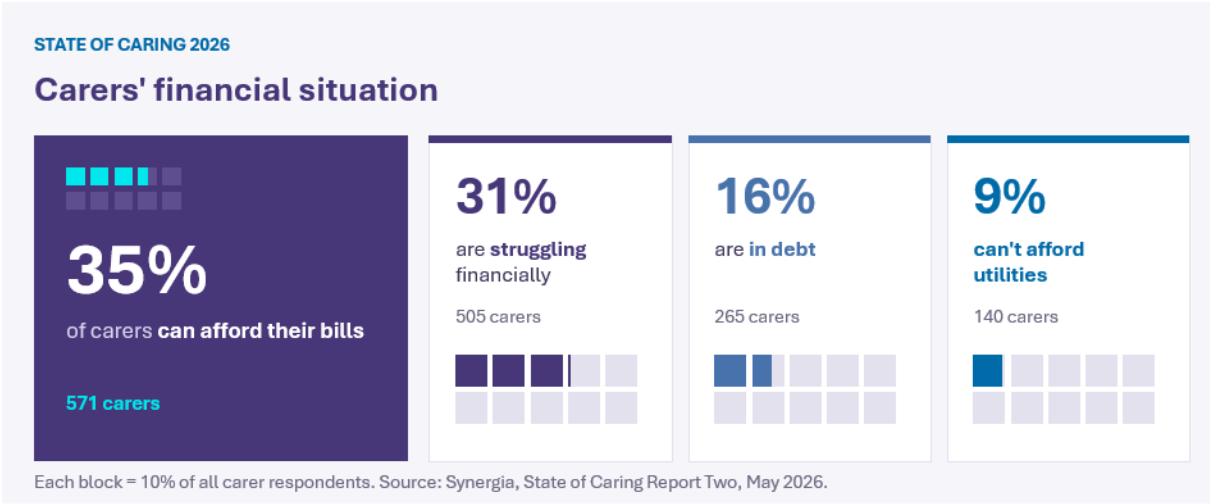
Verbatim carer responses. Source: Synergia, State of Caring Report Two, May 2026.

5.1 Financial situation

To assess the financial situation of carers, we asked respondents to select all statements that describe their financial situation. We computed the number and percentage of respondents that selected each of these statements, both for the overall sample and for key subgroups.

Most carers are under financial pressure. Only around a third (35%) said they can afford their bills without struggling. The most common response, chosen by 689 carers, was that the financial support they provide to the person they care for creates extra pressure. Almost a third (31%) are struggling to make ends meet and 16% are or have been in debt because of caring. Smaller but significant groups cannot afford their utility bills (140 carers) or their rent or mortgage payments (104 carers).

These pressures are not unique to New Zealand. The *Carers UK State of Caring 2025* survey of more than 10,500 unpaid carers found that 49% had cut back on essentials such as food, heating, clothing and transport, and 32% had taken out a loan, used credit cards or used an overdraft to get by. Three quarters (74%) were worried about their future financial security, and 35% of working carers had reduced their working hours. The two surveys ask different questions, so the figures are not directly comparable, but both show caring placing sustained strain on household finances. Carers UK is calling for improved financial support, statutory paid carer’s leave and more investment in breaks and respite, which align closely with the recommendations in section 7 of this report.



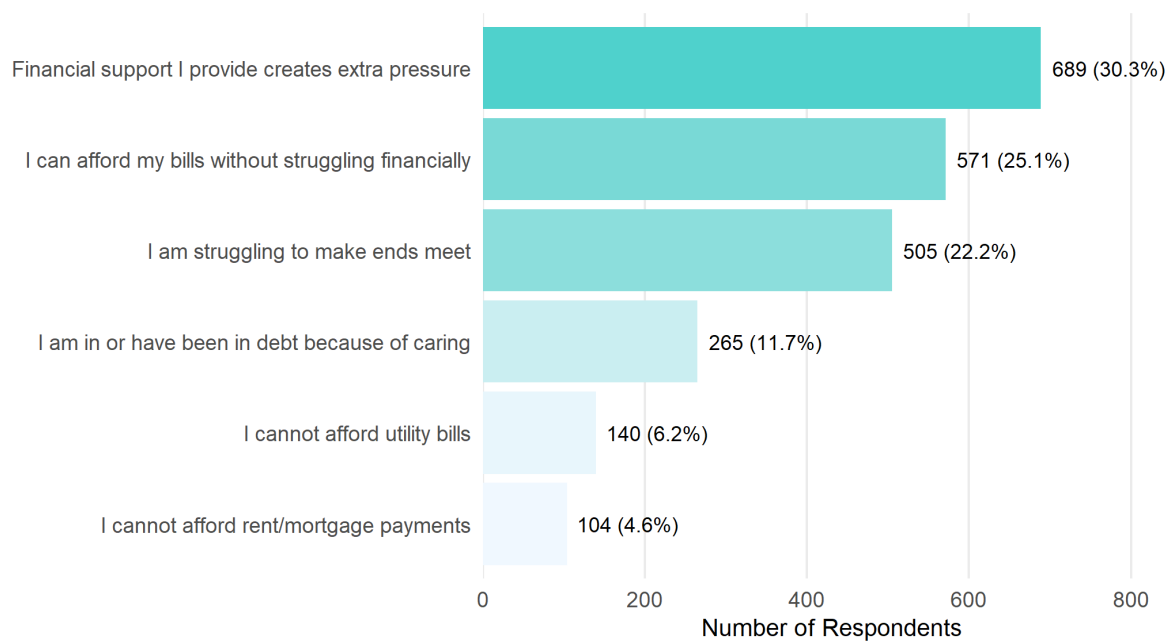


Figure 6: Financial situation of carers

Carers with a disability or health condition are more likely to be in debt because of caring (19%) and to be unable to afford their utility bills (11%). Parent carers are much more likely to be struggling to make ends meet (39%), to be in debt (23%), and to be unable to afford utility bills (10%). Older carers (64% can afford bills) and spouse carers (50% can afford bills) are more financially secure than average.

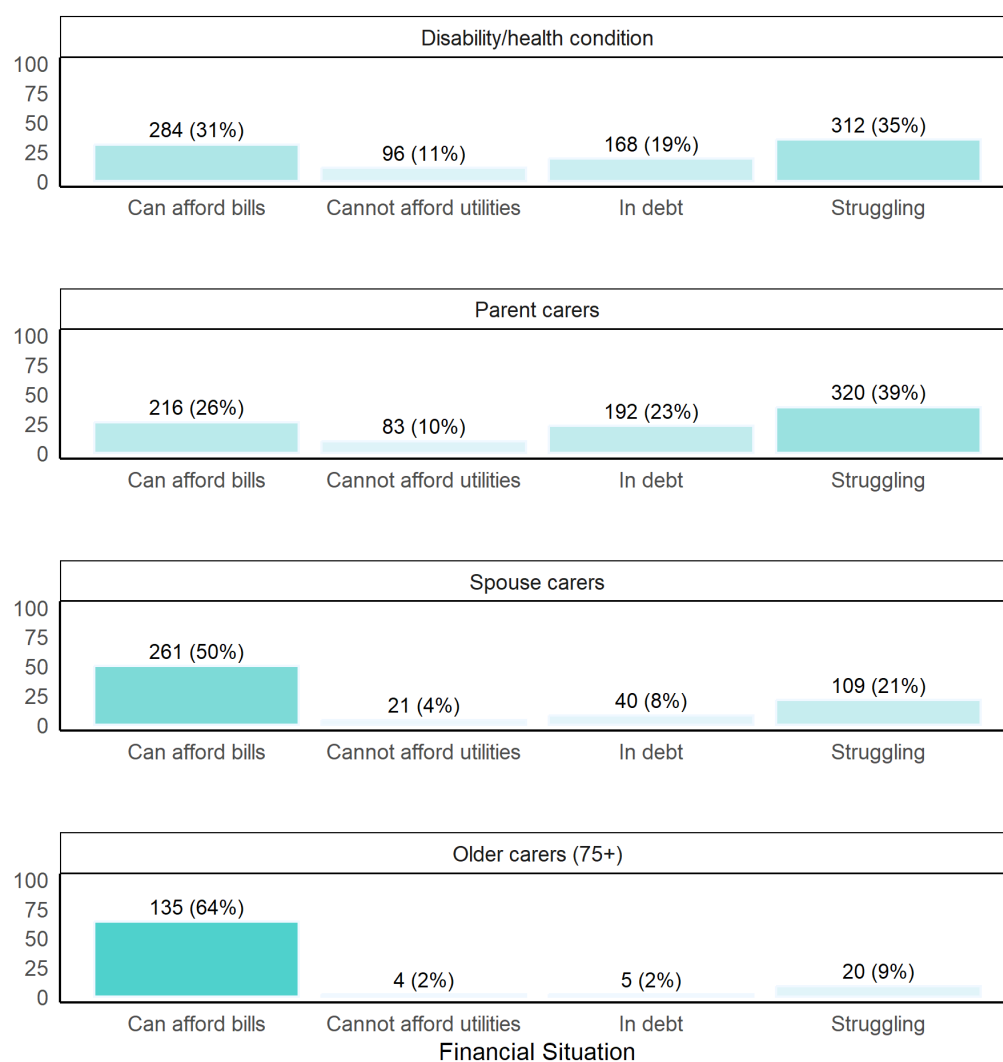


Figure 7: Financial situation of carer subgroups

Financial hardship also varies across ethnic groups and regions. Pacific carers were the most likely to report struggling (40%), followed by Māori carers (37%). Pacific carers were also most likely to report being in debt (40%), followed by MELAA carers (35%). MELAA carers were most likely to report not being able to afford utilities (25%) followed by Pacific carers (22%). Asian (38%) and New Zealand European carers (38%) were most likely to report being able to afford bills.

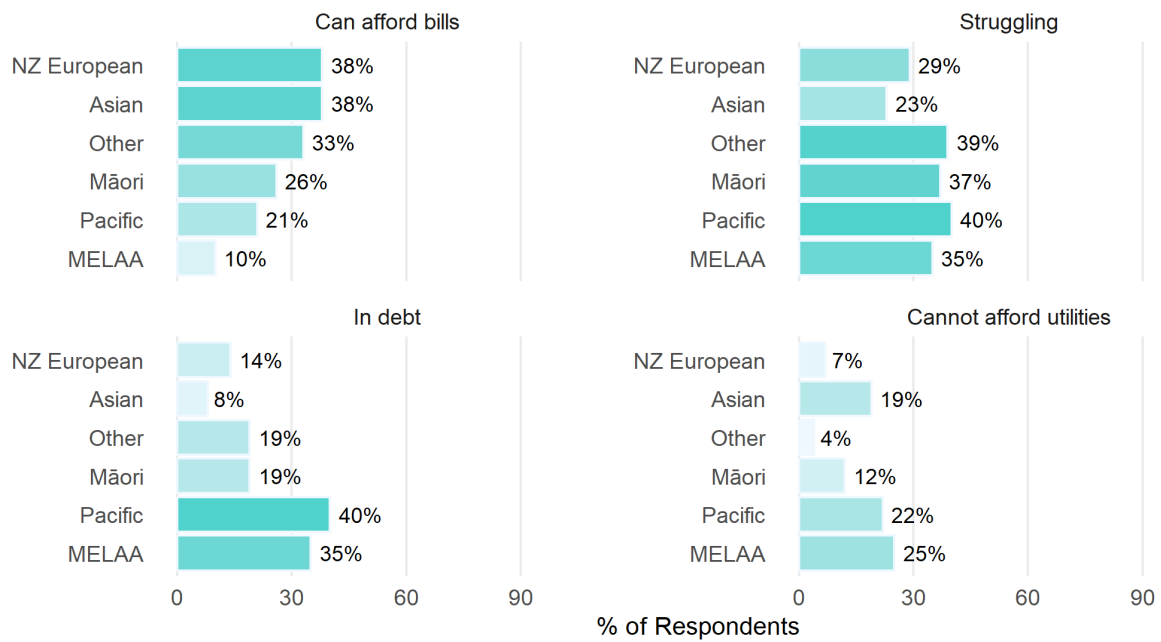


Figure 8: Financial situation of survey respondents by ethnicity

Across area types, carers in rural areas were least likely to report struggling to make ends meet (27%), being in debt (12%), and not being able to afford utilities (6%). Carers in City/Urban areas were most likely to report being able to afford bills (38%).

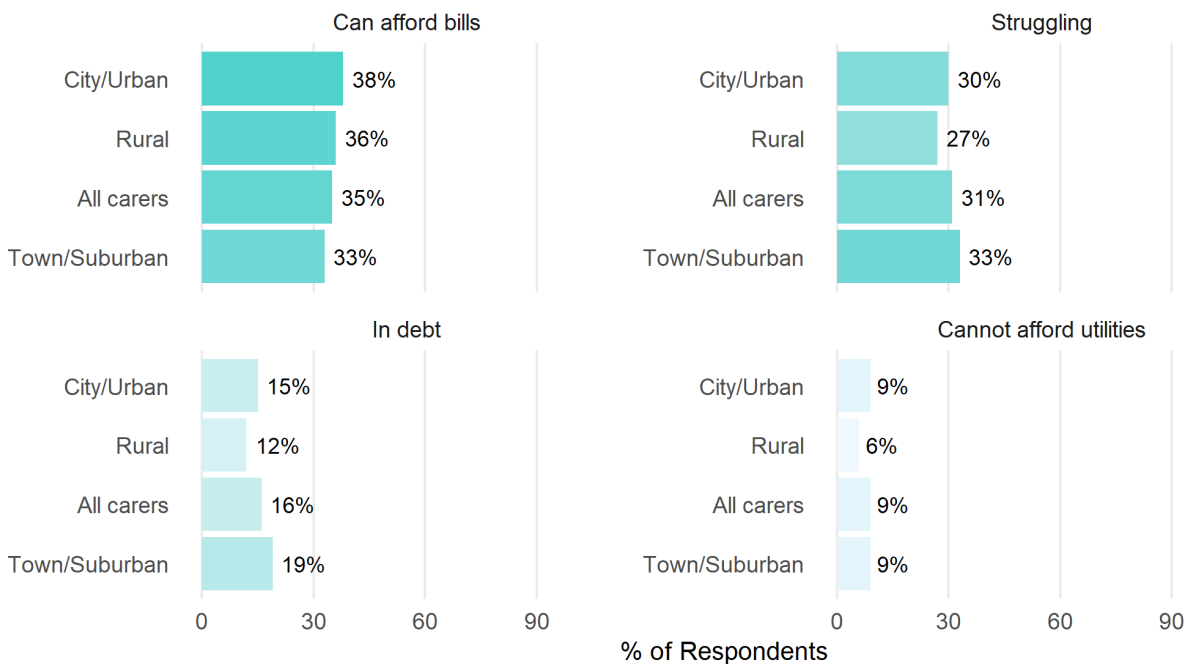


Figure 9: Financial situation of survey respondents by area type

5.2 Paying out of pocket

Over 51% of respondents spent over \$50 a week of their own income or savings on care or support services, and 26% spent over \$100 a week. Only 11% said that they do not use their own income or savings for these things.

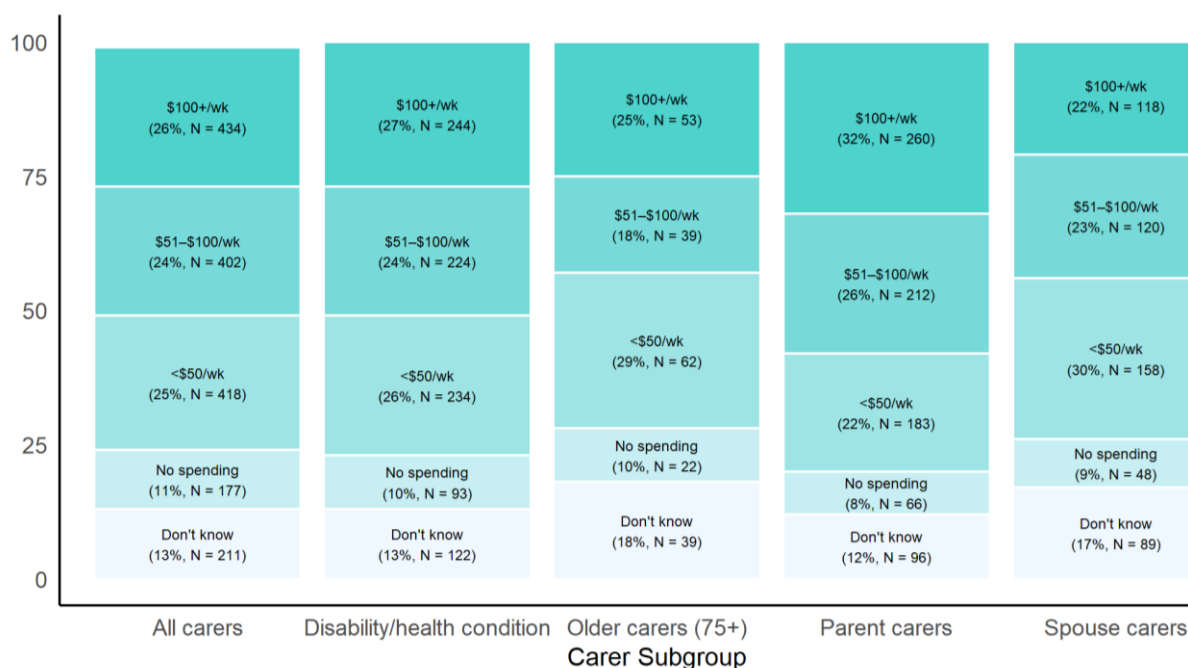


Figure 10: Percentage of carers by spending category subgroups

“Using Afterpay to pay for essential medical needs, like replacement parts for CPAP etc”

Parent carers are especially likely to spend over \$100 a week on care (32%). These are all personal costs that the carers pay on a regular basis, with many commenting that it was necessary in addition to any financial assistance received.

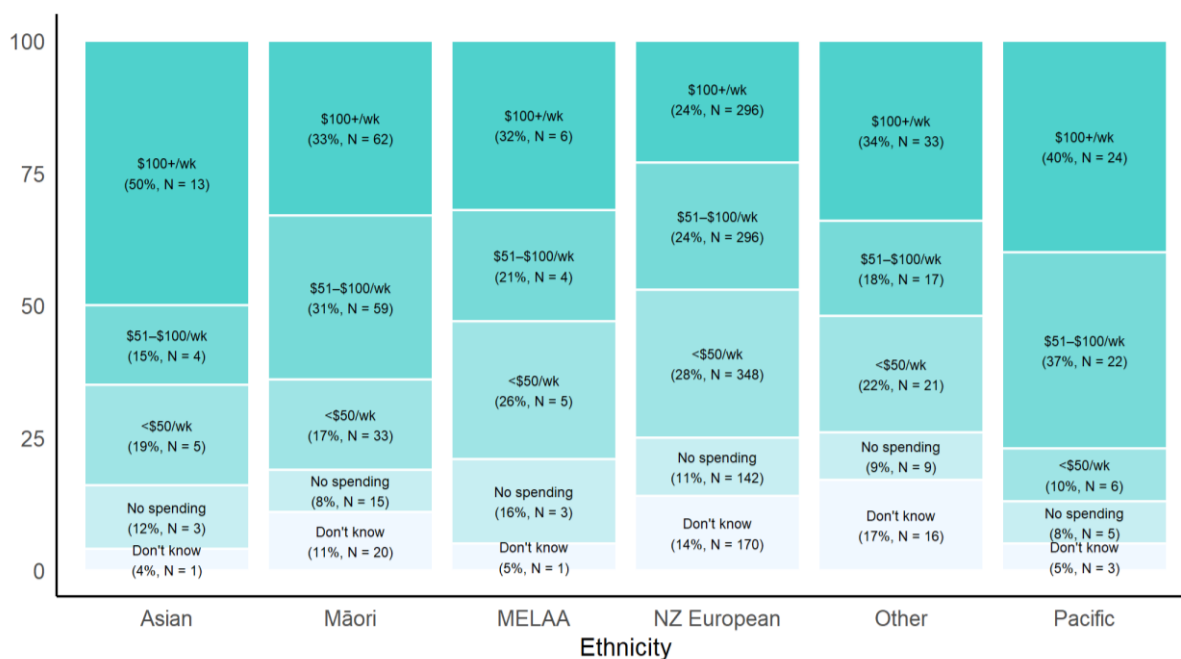


Figure 11: Percentage of carers by spending category and ethnicity

Across ethnic groups, Asian carers were most likely to spend over \$100 a week on care (50%), followed by Pacific carers (40%). European carers had the lowest percentage of carers spending over \$100 a week (24%) on care-related costs.

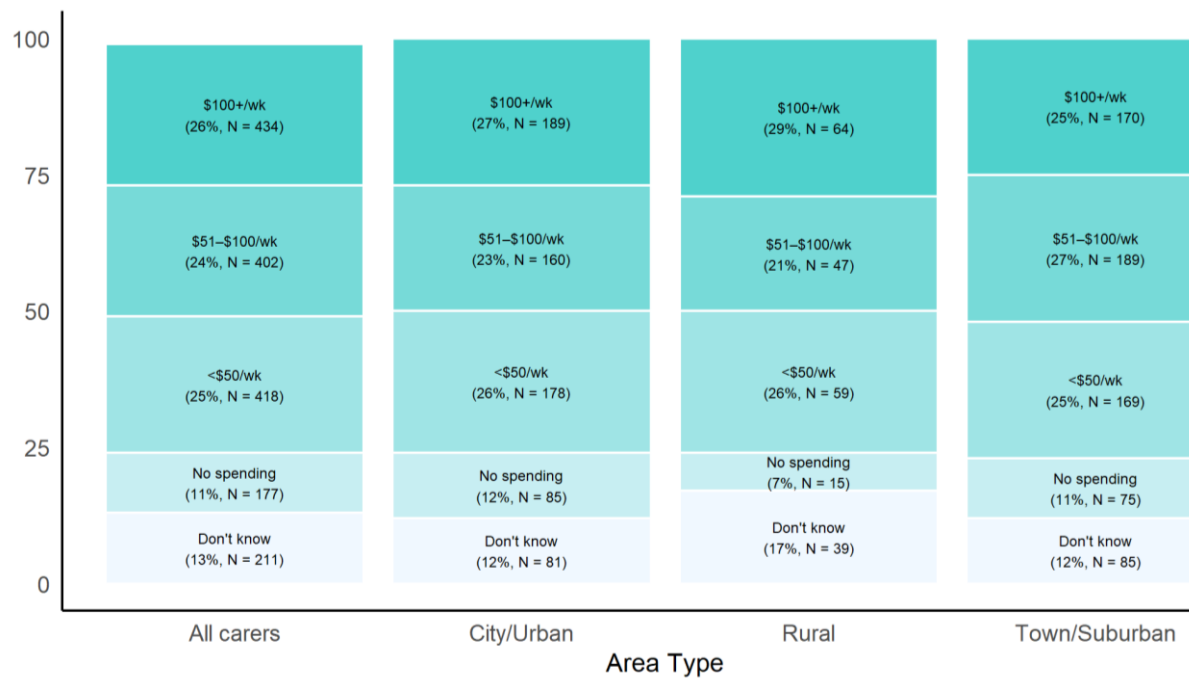


Figure 12: Percentage of carers by spending category and area type

Carers in different areas had consistent out of pocket spending, with no significant difference in the percentage of carers spending out of pocket based on their rural or urban location.

5.2.1 How are carers trying to cope financially?

Of the carers who are struggling to cope financially, 18% are using savings to get by and 14% are cutting back on essentials like food and heating. Carers with disabilities or health conditions (39%) and parent carers (41%) were more likely to be cutting back on essentials, while older carers (13%) and spouse carers (23%) were less likely.

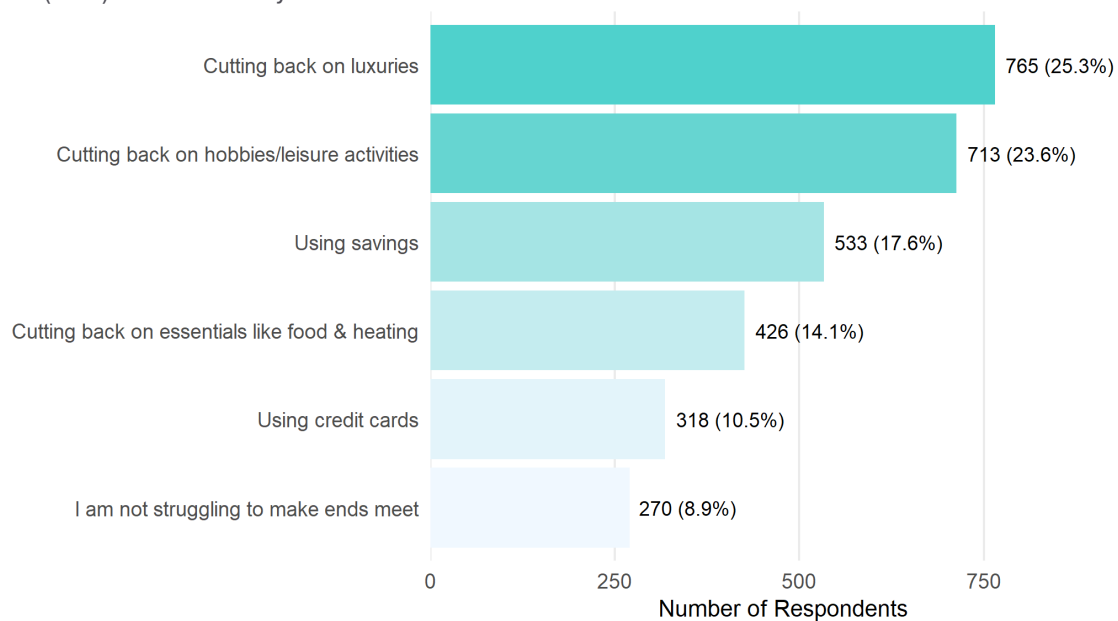
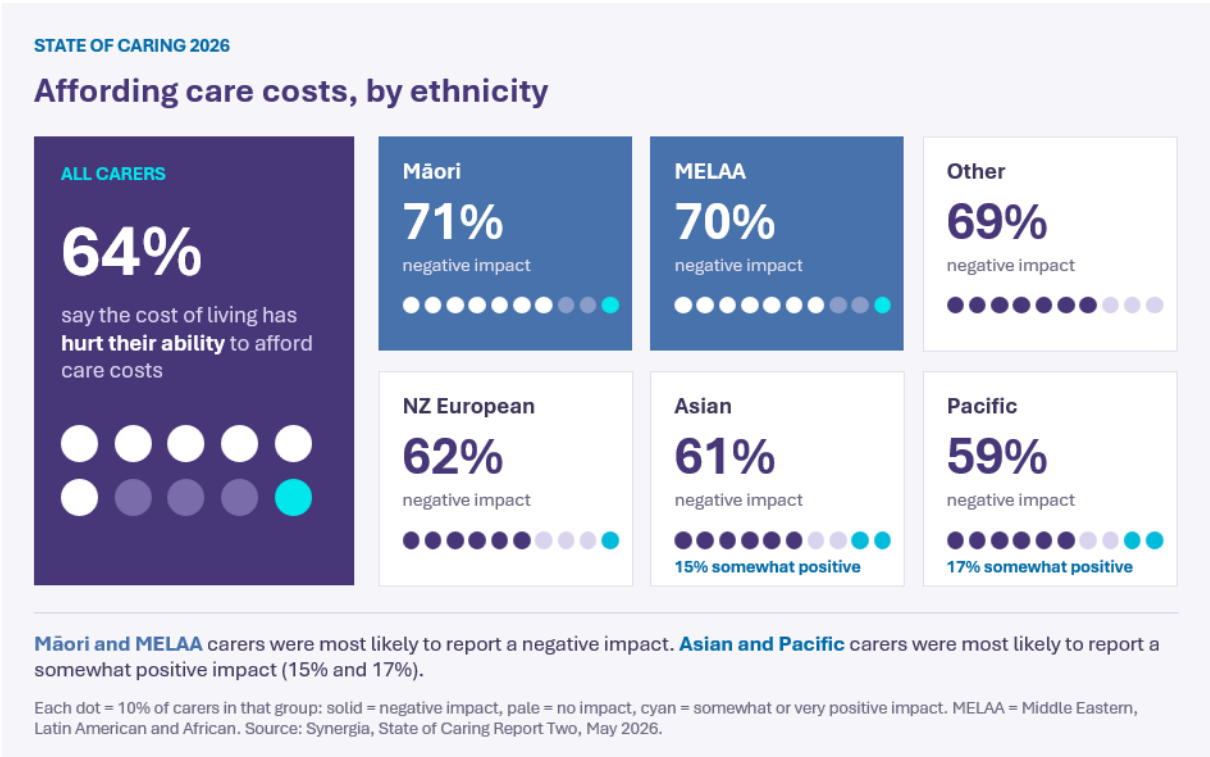
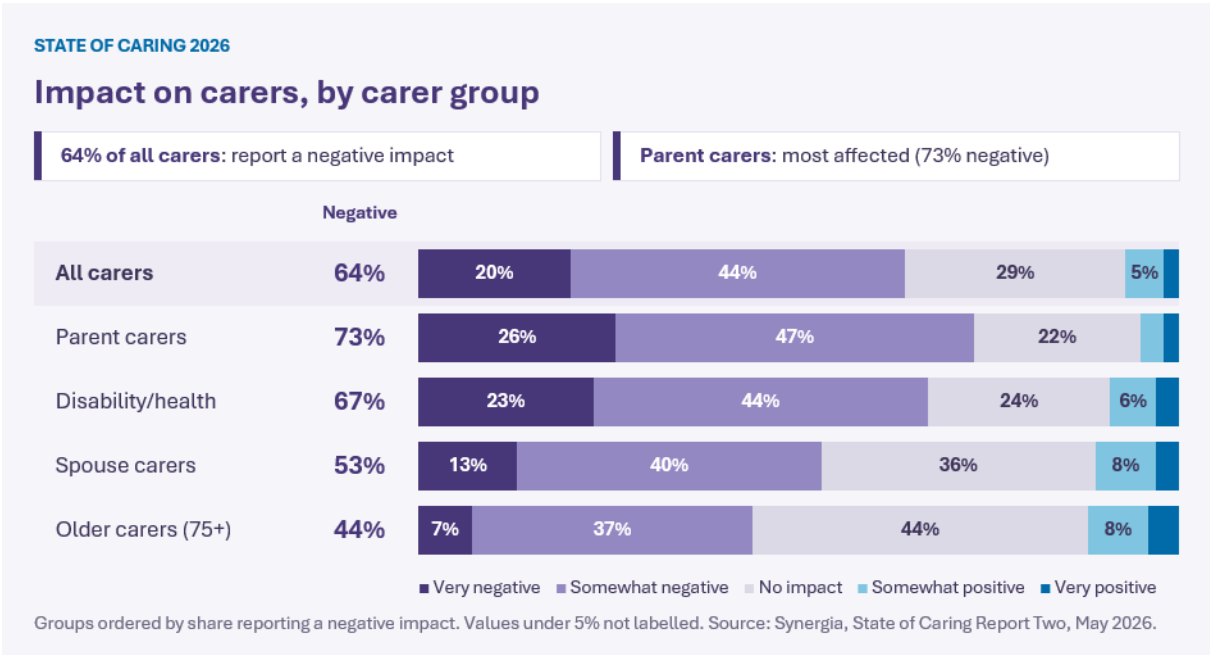


Figure 13: How carers are trying to cope with financial strain

5.3 Impacts from the rising cost of living

Carers felt the impacts of the cost of living, with consistent proportions of carers identifying a negative impact of the cost of living on their ability to afford care costs (see further tables in the appendix).



The cost of living had different levels of impact for carers of different ethnicities. NZ European carers were the group most likely to report no impact (32%), with Asian and Pacific carers least likely to report no impact (15% and 17% respectively). Over half of Māori carers (51%) reported somewhat negative impacts, making them the most likely to report somewhat negative impacts, followed by NZ European carers (44%). MELAA and ‘Other’ carers (35% and 30%) were the most likely to report very negative impacts, highlighting a need for improved support for carers in marginalised communities. Pacific carers also had a relatively high percent of carers reporting very negative impacts on ability to afford care costs (27%).

5.4 Impacts on employment



Māori carers were the most likely to have had to give up work to care (47%) or to have reduced hours to care (21%). Meanwhile, NZ European carers were the least likely to have given up work to care (37%), but were second most likely to have reduced their hours to care (18%).

Table 2: Employment impacts by ethnicity

Group	Gave up work (%)	Reduced hours (%)
Other	41	18
MELAA	45	10
Asian	40	16
Pacific	41	11
Māori	47	21
NZ European	37	18

5.5 Who receives funding?

In 39% of responses, neither the carer nor the person receiving care received funding to pay for necessary services, living costs, and care items. It was more likely that the person receiving care would receive that funding (38%) compared to the individual carer alone (9%). Only in 23% of cases did the carer receive

financial support for caring. Older carers and the people they care for were less likely to receive funding than any other group.

Some ethnicities have low response rates and that limits what we can explore in this data. Further research is needed into funding access for non-NZ European carers to get more accurate estimates. Among carer respondents, funding access was not equitable across ethnic groups, but to see if this extends to the broader carer population, we need more evidence. The table below shows the proportion of respondents who said neither they nor the person they care for receives any funding, broken down by ethnicity.

Table 3: Funding received by ethnicity

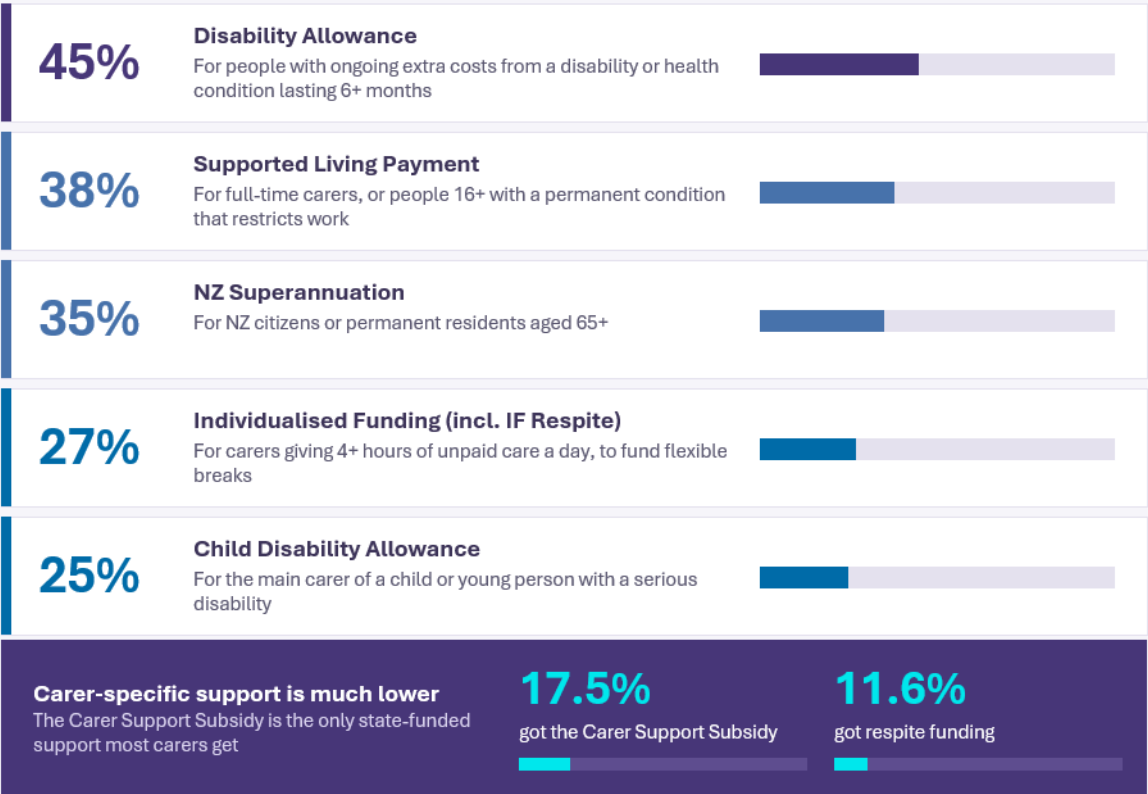
Ethnicity	Neither receives funding (%)	Person cared for receives funding (%)
Other	45	28
MELAA	25	35
Asian	42	42
Pacific	26	43
Māori	34	35
NZ European	40	39

“I desperately need help navigating the administrative processes — it’s almost like they make it hard and complicated, so we give up.”

5.5.1 Types of funding

STATE OF CARING 2026

Financial support carers receive



Percentage of carer respondents receiving each type of support. Source: Synergia, State of Caring Report Two, May 2026.

5.5.2 Changes in financial support

We asked carers if they had noticed any changes in the amount and accessibility of financial support available to them over the last 12 months.

Most carers noted a change in the amount of care and support services available in the last year (64%), with this most obvious in the responses of parent carers; 21% of parent carer respondents said they noticed a change in access specifically due to changes in health and disability services.

About 25% of carers said that the amount of care or support available increased because their support needs had increased. The remaining 75% noted either a decrease in available support, the removal of services, or cost increases that resulted in a reduction in the care they could access. Parent carers had a large share of responses (38%) noting that available funding no longer covered costs and they couldn't afford the top up.

5.5.3 Missing out on financial support

About 51% of carers stated that it took them more than a year to realise they were carers:

- 53% of carers felt that they missed out on practical help because they didn't recognise they were carers
- 43% said they missed out on being paid for their caring work.

Given how many carers leave employment and experience financial hardship, this initial lag in support is significant and debilitating.

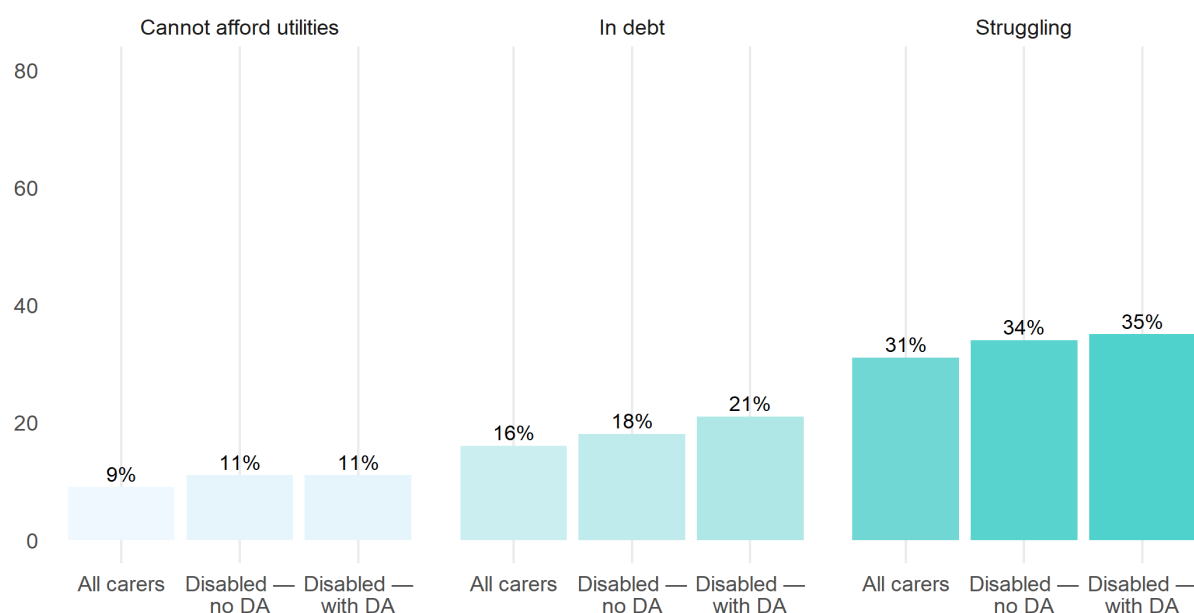


Figure 14: Financial hardship indicators for carers with and without disability allowance

Staggeringly, only 61% of carers who identified as having a disability received a disability allowance.

When examining the difference between carers who had a disability and did receive a disability allowance and carers with a disability who did not receive a disability allowance, we found that while all carers with a disability were more likely to be in debt or report struggling financially than carers who did not have a disability, those who received the disability allowance were even more likely to be in debt or struggling financially than their peers who did not receive an allowance. This may be related to the severity of the disability and its additional financial impacts on the carer, highlighting the importance of supporting carers living with disabilities.

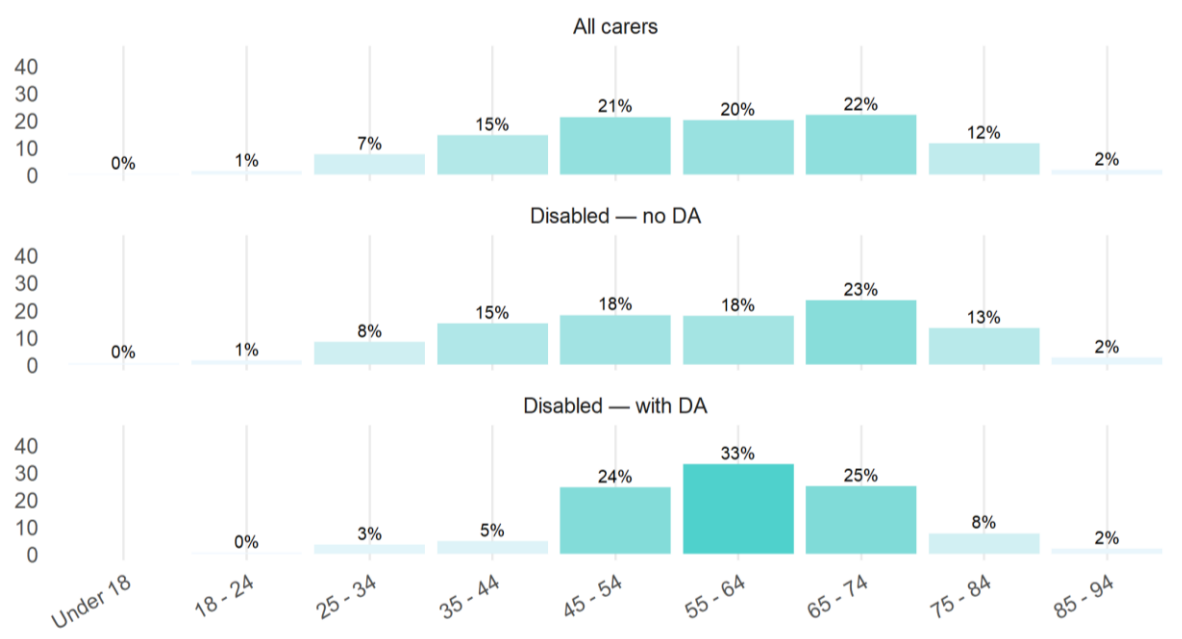


Figure 15: Age groups of carers with and without disability allowance

Carers with a disability who received the disability allowance were also more likely to be between 45 and 74 than their peers, and less likely to be under 45. This is consistent with chronic disease progression in age, and may be a contributing factor in the additional difficulties of these carers.

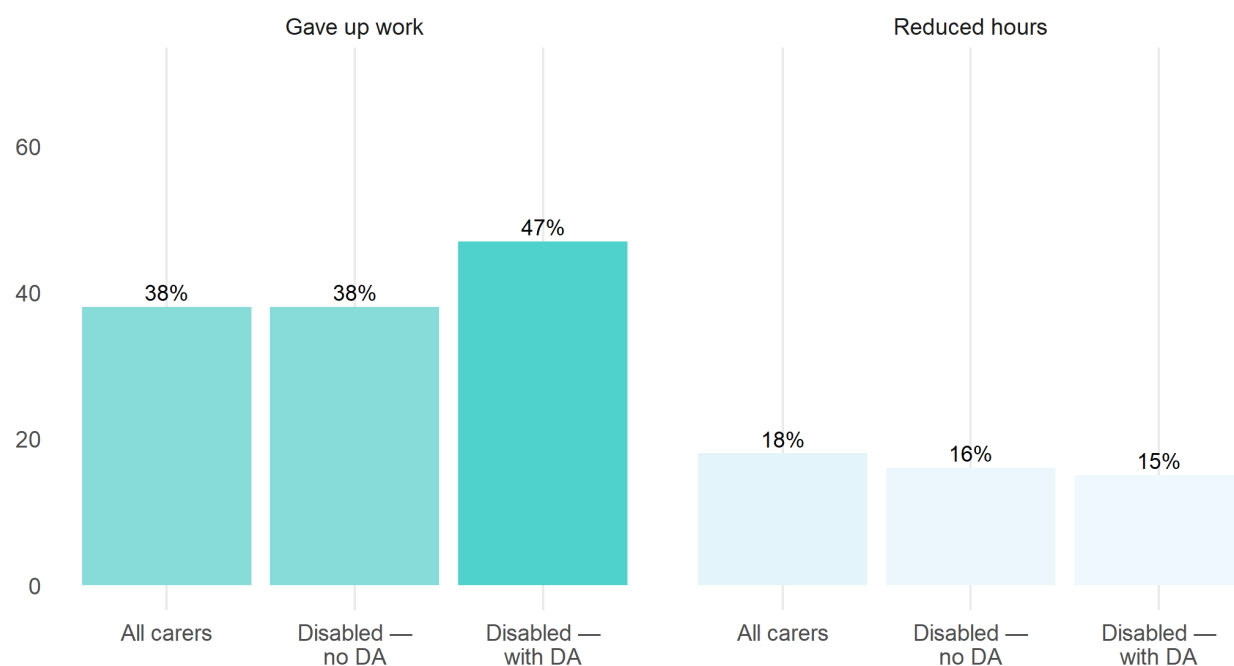


Figure 16: Employment impacts of caring for carers with and without disability allowance

Carers with a disability who received a disability allowance were more likely to have given up work to care than either carers without disabilities or carers with disabilities who did not receive an allowance, but we cannot know whether this is due to the additional strain on these carers requiring them to, or because the support of the allowance enabled that decision. Further research into what support carers with disabilities need would help to clarify these differences.

5.6 Respite funding

“I haven’t had a break for the 19 years- I have been caring for her alone”

Respite is a vital relief for carers: funding that provides carers with the ability to maintain care while also caring for themselves, such as relief care while they go to their own medical appointments, exercise, catch up on sleep, or have wellbeing breaks to recharge. Despite this, many carers struggle to get any respite funding, let alone consistent funding.

For carer respondents, 52% said they had received funding for respite in the last 12 months, meaning that nearly half didn’t receive any funding to help them take respite breaks. This was similar for carer respondents with a disability and/or health condition (50%). However, that was the case for only 24% of older respondents and 40% of spouse respondents- meaning that for the vast majority of older and spouse respondents, they were without funded support to take respite breaks. From the comments that carers left it was clear that regular respite breaks were vital, and that without funding it is almost impossible for many carers to even leave the house. 66% of parent respondents received respite funding in the last 12 months, the most of any group but still leaving a large portion of carers without respite funding.

Access to respite funding also varies by area type: 51% of city/urban carers and 55% of rural carers received respite funding in the last 12 months.

6. The Future

STATE OF CARING 2026

Planning for the future

ONLY

10%

of carers have been able to plan and prepare for their own future needs

Saving for retirement

29% couldn't save 17% less

17% saved less than planned because caring reduced their working hours

Unable to save for retirement, by group

Parent carers		39%
Disability/health		33%
All carers		29%

36%

said they were **focused on the person they care for**, not their own needs

50%

said **their ability to care wasn't assessed** in the needs assessment

19%

of older carers **drew on KiwiSaver or savings early**

In carers' words

“

The government assumes [carers] have the skills, education, and desire to care just because we are related. **I would welcome support around who will care for me and those I currently care for, when I no longer can.**

“

I have no plan, I have to live in the here and now and hope that one day you will be able to go back to work.

“

Even for me living [as a carer] with mum, **I hadn't realised what my future looks like** as her carer until seeing all the questions [in this survey].

“

I'm **uncertain how to plan for my retirement** let alone the care that my daughter will be able to have in the future.

“

I would like to prepare for now and in the future health needs for myself but **I can't afford to**. It's hard enough just paying for our children's supplement regime and supporting their care let alone anything to do with my self.

“

The impact of long term caring and a lack of support/respite... I was and am still very depressed, anxious and **worried about the future.**

Verbatim carer responses. Source: Synergia, State of Caring Report Two, May 2026.

6.1 Aspirations for the future

1,364 carers took the time to provide recommendations on what we need to focus on to help New Zealanders in caring roles. Thematic analysis of the comments identified four main priority areas.

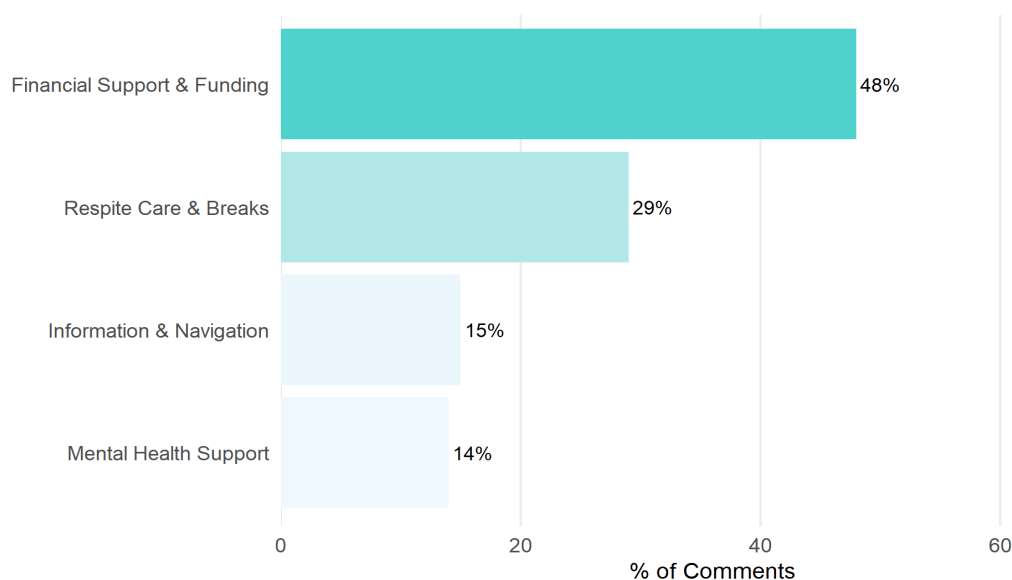


Figure 17: Priority areas for support

48% of comments 655 people	Financial support and funding The most critical need. Carers requested direct wages, higher allowances, and help with the rising costs of living and specialised equipment. Parent carers were the most vocal about flexibility, asking for freedom to choose how their funding is spent (15% vs. 3% in other groups) and had the highest demand for financial support (57%). <i>“Individualised Funding should be just that! What works for each person/family. I would like to be paid for the hours I work.”</i>
29% of comments 396 people	Respite care and wellbeing breaks A high demand for overnight respite and reliable relief care to prevent physical and emotional burnout. <i>“Improve access to respite so we can keep going in a primary care role. Help older carers know where to get help.”</i>
15% of comments 205 people	Information and navigation A recurring frustration with the complexity of the system and a need for a ‘no wrong door’ for advice. This was especially the key focus of MELAA carers, requesting support with information barriers. It was also a key theme for carers with disabilities and health conditions. <i>“The whole disability system is so fragmented it’s impossible to navigate. Communication from everyone in the system needs to be improved.”</i>

14%

of comments
191 people

Mental health support

A call for subsidised counselling and stress management for carers themselves. Māori carers placed a much higher weight on mental health and counselling (~20%), often linking emotional stress to the lack of cultural or financial support.

“The system is very difficult to navigate when carer is under emotional stress.”

The relative emphasis of these priorities differs across ethnic groups. The table below shows the proportion of free-text comments falling into each theme, by ethnicity, based on thematic coding of responses.

Table 4: Respondent recommendations by ethnicity¹

Ethnicity	Financial Support & Funding (%)	Respite Care & Breaks (%)	Information & Navigation (%)	Mental Health Support (%)
NZ European	48	30	14	13
Māori	45	26	12	20
Pacific	46	28	18	16
Asian	42	24	20	18
MELAA	38	22	28	15
Other	47	29	15	14

¹Percentages are approximate; thematic coding allows multiple themes per response. MELAA = Middle Eastern, Latin American, African.

Other important considerations that carers highlighted when asked about ideas for the future:

- **Recognition and autonomy:** acknowledging unpaid work and involvement in decision-making, especially important to carers with disabilities and health conditions of their own
- **Flexibility in funding/services:** increasing carer freedom to choose how funding is spent
- **Education and training:** workshops or courses to help carers manage specific conditions or navigate the healthcare system
- **Health and wellbeing services:** subsidised dental care, gym memberships, or medical appointments
- **Employment and work support:** improving supports to help carers balance paid work with caring duties, and supports to help employers be carer friendly so carers can keep working and earning.

7. Key recommendations

The carer responses tell a clear and consistent story and provide guidance on how to improve the state of caring in New Zealand. Five key challenges are highlighted below, along with associated recommendations:

1. The mental health of carers requires urgent and dedicated investment

Carers are lonely, they feel unappreciated, and frequently balance not only their own emotional load but that of those they care for. This combined burden on carers makes them simultaneously vulnerable to mental health concerns and more likely to be unable to access mental health services due to cost and time limitations.

Recommendations

- Fund accessible, low-barrier mental health services specifically for carers. This includes access to Health Improvement Practitioners, Health Coaches, subsidised counselling, peer support networks, and carer-specific helplines, offered and advertised in places carers are likely to access. Consider free/low cost counselling services for carers like those available in other countries.
- Integrate wellbeing and mental health checks into carer needs assessment processes, so that carers' own health is assessed alongside the needs of the person they care for.
- Address isolation through funding for carer peer networks, online communities, and respite opportunities that create and maintain social connection. Telehealth and digital support options could also be beneficial given the isolation and limited time available to carers.
- Ensure existing free and low cost counselling and mental health support services are promoted to carers of all ages through widely shared information, available across the networks/places carers are part of.
- Ensure carers are aware of their mental health risks with information/promotions reminding them to care well for themselves too. Undertake regular information and support campaigns specifically highlighting carers' mental health, available help, etc.
- Ensure New Zealand's mental health system is inclusive of carers, a very large population of New Zealanders with very high rates of loneliness, anxiety, and depression. To date there have been no mental health campaigns or information supports developed explicitly about and for carers in New Zealand.

2. The financial burden of caring is significant and isolating

Most carers reported being financially vulnerable. Only 35% can afford their bills without struggling, while 31% are struggling to make ends meet and 16% are in debt because of caring. Financial independence and security is vital for the wellbeing of carers.

Recommendations

- Review the adequacy and accessibility of financial support for carers, including the Supported Living Payment, Individualised Funding, Disability and Child Disability Allowances, considering the growing cost-of-living pressures and the negative effects these have had on carer health and wellbeing.
- Introduce or extend carer-specific financial support (such as a carer wage or enhanced carer allowance and/or well promoted carer payment system) to address lost income, retirement savings, and other financial impacts for carers and better recognise their vital contributions.

- Provide consistent support for carers to understand what supports they can be considered for, and ensure this clear guidance is well promoted. Building carer financial support into care plans from the beginning of the caring process is essential to avoid lags in pay that put carers in vulnerable positions.
- Ensure that carers who give up work to care do not face long-term financial penalties; explore KiwiSaver contribution support for full-time carers to better plan for retirement, explore back to work programs for carers, and provide support to working carers and employers so they can keep working and earning.

3. Equity gaps for Māori, Pacific, and MELAA carers need addressing

Financial hardship, reduced funding access, and poor wellbeing outcomes are not distributed evenly. Māori, Pacific, and MELAA carers were less likely to have access to funding, more likely to have given up employment to provide care, and more likely to experience feelings of loneliness and isolation than their NZ European peers. More support for the most vulnerable carers is essential to protecting the future of carers in New Zealand.

Recommendations

- Develop and fund culturally responsive carer support services that reflect the values and practices of Māori, Pacific, and MELAA communities including the role of whānau and āiga in caring.
- Create targeted services to enable Māori and Pacific carers to recognise their carer identity early, enabling appropriate mental health support in the caring pathway, as well as ensuring access to any financial supports.
- Work with existing community organisations to better accommodate carer needs in marginalised communities, supporting those with lived experience to rebuild systems.

4. Respite care is underfunded and inequitably distributed

Respite is essential for carers' ability to maintain their own health and wellbeing, but only 52% of carers received respite funding in the last 12 months. Access is lower for older carers (24%) and spouse carers (40%), and varies by area type (city/rural). Respite was the second most-requested priority in aspirations comments (29%), reflecting an unmet need that cuts across all carer groups. Lack of respite was mentioned frequently as a reason for resentment and loneliness amongst carers, making them feel trapped in their role and unable to have breaks from caring, or to make a decision that care can no longer be provided.

Recommendations

- Improve access to and increase the amount of respite funding, to allow more regular respite breaks.
- Simplify application processes for respite funding, which carers report as burdensome and discouraging; many describe giving up trying to have wellbeing breaks rather than continuing to unsuccessfully navigate the system.
- Develop flexible respite options that work for diverse caring situations, including overnight, in-home, and community-based models.
- Ensure that carers understand what respite funding/supports are available, how to access them, and provide encouragement to help them proactively plan for wellbeing breaks.

5. Better information and navigation support is vital for carers

Carers consistently mentioned missing out on available support because they either did not know about it or could not navigate the system to access it. 51% of carers took more than a year to recognise their identity as a carer, during which time 53% missed out on practical help and 43% missed out on paid support. Information and navigation were the third most-cited priority in aspirations responses (15%), and were especially important for MELAA carers and carers with disabilities.

Recommendations

- Fund dedicated carer navigation services, trusted intermediaries who can help carers identify what they are entitled to and support them through application and assessment processes.
- Develop an accessible, plain-language resource hub for carers, covering all major funding streams, support services, and entitlements, available online and through community channels.
- Improve coordination between health, disability, and social services agencies to identify and support carers in a coherent and consistent pathway.
- Dedicated carer needs assessments need to become a standardised part of health and disability sector service, considering carer training and support needs alongside the treatment needs of the person receiving care. This is so that carers can receive appropriate and timely support, and receive additional support if their wellbeing is at risk.

Appendix A: Survey respondents

Demographics

Ethnicity

Most participants identified as NZ European (76%), with a further 11% identifying as Māori and 4% as Pacific Peoples. We expect that the overall population of carers in New Zealand has a greater proportion of Māori and Pacific carers, consistent with findings from *Mahi Aroha*. The Carers’ Strategy explored Māori and Pacific understandings of care and highlighted the difficulties they often face in identifying as ‘carers’ due to caregiving being an expected cultural practice. These difficulties may well have contributed to the disparity in response rates.

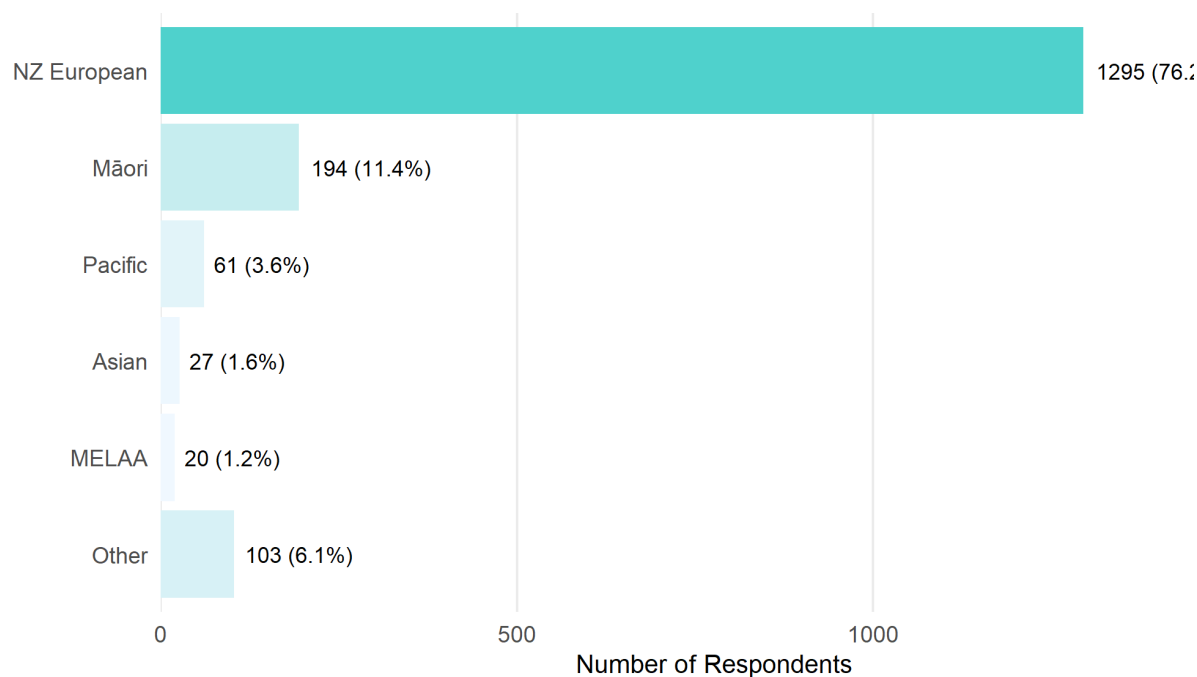


Figure 18: Ethnicity of survey respondents

Gender

87% of carer respondents were female, similar to the 2022 survey. Gender of carer respondents was similar across different ethnicity and age groups.

Age

As expected, there were a large number of responses from older carers, with 13% of carer respondents over 75 years old, whereas there were not many young carer respondents (2% of respondents were under 25). This is consistent with what *Mahi Aroha* focused on in relation to younger carers: young carers frequently avoid support services or identification for a range of reasons, from fear of disruption to family dynamics to shame or guilt. Carers NZ and other community networks offer young carers support and resources, which are growing over time.

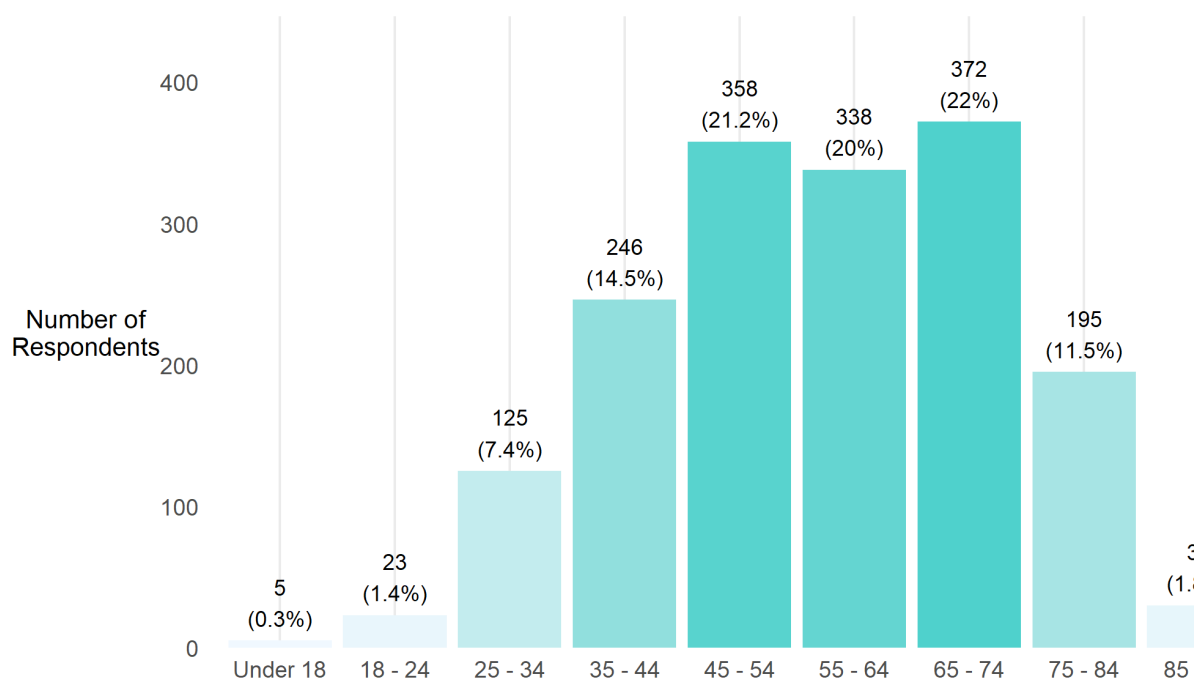


Figure 19: Age distribution of survey respondents

Employment status

Carers had a range of different employment statuses, with most either looking after the family and home full-time or retired. Most (59%) were not in paid work, with only 14% in full-time employment.

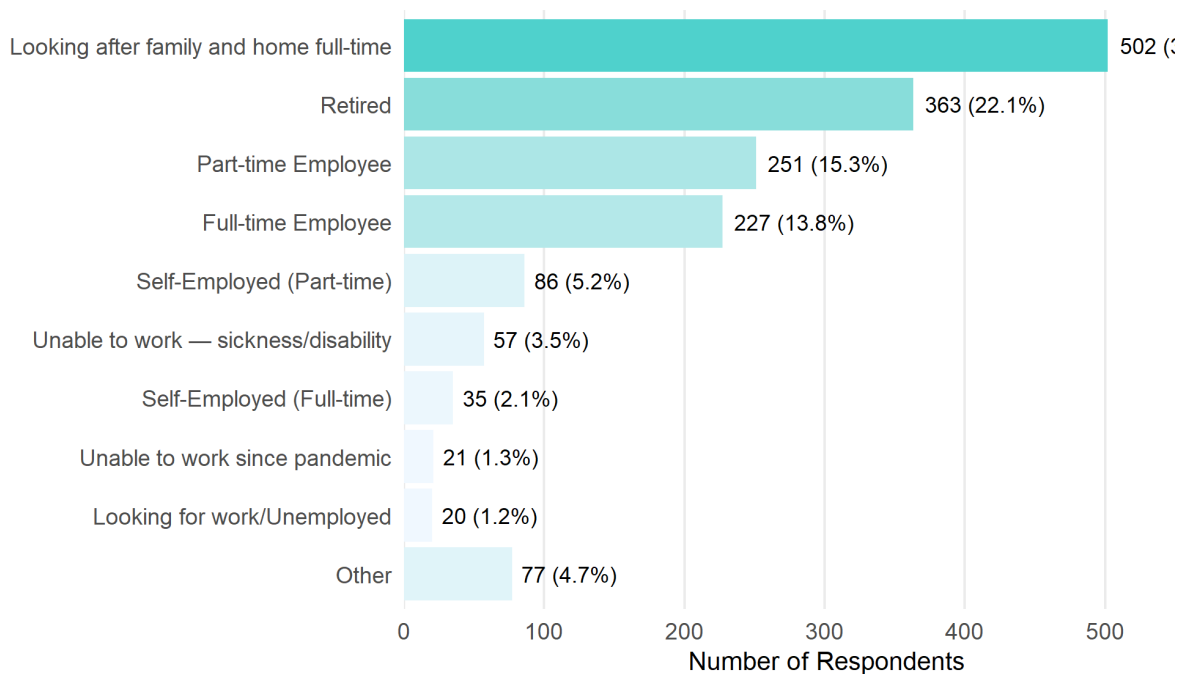


Figure 20: Employment status of survey respondents

Location

Nearly half (43%) of the carers live in cities or urban areas, and only 14% live in rural areas. Auckland, Wellington, and Canterbury had the highest number of carer respondents.

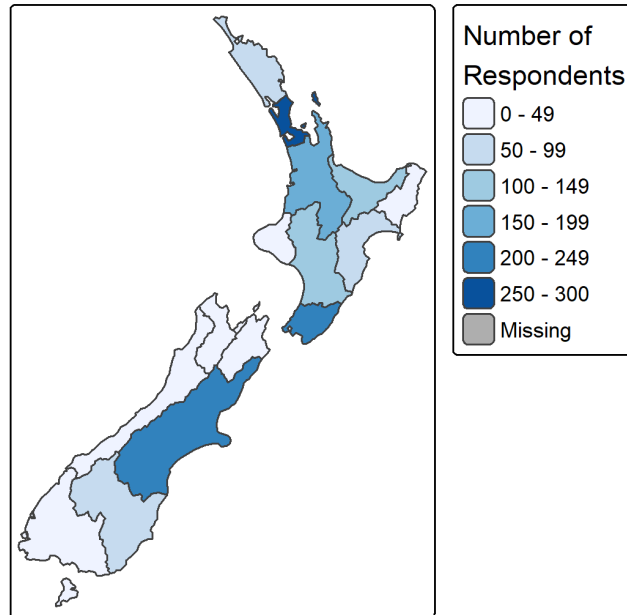


Figure 21: Survey respondent locations by New Zealand region

As can be expected, the areas in New Zealand with the largest numbers of carer respondents were those with the highest population densities (areas with large cities such as Auckland, Wellington, and Christchurch). Understandably, less populated areas such as West Coast, Southland, Gisborne, and Taranaki had a smaller number of carer respondents. In the survey Nelson and Tasman were a joint category so their carers have been divided equally for the purpose of the map.

Appendix B: Subgroup analyses

Detailed financial situation by carer subgroup

The table below provides the full financial situation breakdown across all carer subgroups, extending the summary presented in the body of the report.

Table 5: Financial situation by carer subgroup, full detail (%)

Wellbeing outcomes by carer subgroup

Table 6: Wellbeing outcomes by carer subgroup (%)

Group	Can afford bills (N)	Can afford bills (%)	Struggling (N)	Struggling (%)	In debt (N)	In debt (%)	Cannot afford utilities (N)	Cannot afford utilities (%)
All carers	571	35	505	31	265	16	140	9
Disability/health condition	284	31	312	35	168	19	96	11
Older carers (75+)	135	64	20	9	5	2	4	2
Parent carers	216	26	320	39	192	23	83	10
Spouse carers	261	50	109	21	40	8	21	4
Group	Feels lonely (%)		Depression/anxiety concern (%)		Feels unappreciated (%)			
All carers	78		76		36			
Disability/health condition	78		82		39			
Older carers (75+)	61		66		23			
Parent carers	87		80		45			
Spouse carers	72		72		29			

Wellbeing outcomes by ethnicity

Table 7: Wellbeing outcomes by ethnicity (%)

Ethnicity	Feels lonely (%)	Depression/anxiety concern (%)	Feels unappreciated (%)
Other	89	83	40
MELAA	94	55	40
Asian	80	69	38
Pacific	85	77	33
Māori	83	75	32
NZ European	76	76	36

Funding types received by ethnicity

Table 8: Types of funding received by ethnicity (%)

Ethnicity	N	NZ Super (%)	Supported Living Payment (%)	Individualised Funding (%)	Child Disability Allowance (%)	Disability Allowance (%)
Other	97	37	29	29	33	47
MELAA	20	10	55	50	30	55
Asian	27	33	41	26	22	41
Pacific	60	28	32	18	35	52
Māori	191	21	42	30	35	52
NZ European	1238	38	38	26	22	43

Locations of respondents by ethnicity

Table 9: Carer respondents by region and area type

Region	City/Urban	Rural	Town/Suburban	Total
Wellington	118	7	84	209.0
Canterbury	108	20	80	208.0
Waikato	41	29	82	152.0
Bay of Plenty	74	22	51	147.0
Auckland	59	11	66	136.0
Manawatu-Wanganui	44	25	57	126.0
West Auckland	47	8	38	93.0
Auckland	72	<6	19	-
Northland	19	35	36	90.0
Auckland	31	10	30	71.0
Otago	30	11	26	67.0
Hawke's Bay	23	7	34	64.0
Nelson	12	16	25	26.5
Taranaki	10	10	29	49.0
Southland	10	<6	11	-
West Coast	<6	6	13	-
South Canterbury	<6	<6	10	-
Gisborne	7	<6	7	-
Marlborough	<6	0	8	-
Central Otago	<6	<6	<6	-

Low counts (<6) are suppressed to protect respondent anonymity. Totals are also suppressed where any of the area type counts are fewer than 6 to ensure secondary suppression.

Financial situation by ethnicity

Table 10: Financial situation by ethnicity (%)

Group	Struggling (%)	In debt (%)	Cannot afford utilities (%)	Can afford bills (%)
Asian	23	8	19	38
MELAA	35	35	25	10
Māori	37	19	12	26
NZ European	29	14	7	38
Other	39	19	4	33
Pacific	40	40	22	21

Financial situation by area type

Table 11: Financial situation by area type (%)

Group	Struggling (%)	In debt (%)	Cannot afford utilities (%)	Can afford bills (%)
All carers	31	16	9	35
City/Urban	30	15	9	38
Town/Suburban	33	19	9	33
Rural	27	12	6	36

Cost of living impacts by area type

Table 12: Cost of living impact by area type (%)

Group	Very negative (%)	Somewhat negative (%)	No impact (%)	Somewhat positive (%)	Very positive (%)
All carers	20	44	29	5	2
City/Urban	19	41	34	4	2
Town/Suburban	19	45	26	7	3
Rural	21	43	27	6	3