

Impact Evaluation of the Young Carer Bursary Program and Young Carer Network: Final report

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Glossary

ABS	Australian Bureau of Statistics
ACWP	Australian Child Wellbeing Project
AIATSIS	Australian Institute of Aboriginal and Torres Strait Islander Studies
CALD	Culturally and Linguistically Diverse
Census	Census of Population and Housing
CGSP	Carer Gateway Service Provider
CSI	Centre for Social Impact
DEX	Data Exchange
DOMINO	Data Over Multiple Individual Occurrences
DSS	Department of Social Services
EOYS	End of Year Survey
ICSS	Integrated Carer Support Service
IRSAD	Index of Relative Socio-economic Advantage and Disadvantage
LSAC	Longitudinal Study of Australian Children
MYS	Mid-year Survey
NDIS	National Disability Insurance Scheme
NEET	Not in education, employment or training
NILF	Not in the labour force
PLIDA	Person Level Integrated Data Asset
RTO	Registered Training Organisation
SCORE	Standard Client/Community Outcomes Reporting
SDAC	Survey of Disability, Ageing and Carers
SEIFA	Socio-Economic Indexes for Areas
SES	Socio-economic Status
SRC	Social Research Centre
TAFE	Technical and Further Education
TCVOP	Tristate Carer Vocational Outcomes Pilot
VET	Vocational Education and Training
YCBP	Young Carer Bursary Program
YCN	Young Carer Network

Key messages

Since it was introduced in 2015 the Young Carer Bursary Program (YCBP) has changed and adapted over time. Changes include the amount provided to YCBP recipients, the application and administration processes, publicity efforts, and the number of bursaries allocated.

Although the YCBP is provided only to a small number of young carers each year, they appear to be broadly similar to the profile of young carers in the general population. As intended, recipients tend to come from lower socio-economic status (SES) backgrounds than other young carers. Culturally and linguistically diverse (CALD) carers are likely to be under-represented in the YCBP recipient population.

While the number of recipients increased in 2023, the bursary still only reached a small number of potential recipients. If more funding was available and publicity for the program improved, larger numbers of eligible young carers are likely to apply for the bursary, given that demand consistently outstrips supply, even when numbers of bursaries have increased.

The application process has also been improved over time to better assess the eligibility of applicants and to rank applicants according to need. However, the process may still advantage those young carers who are more literate and disadvantage those who are most vulnerable.

Similarly, the amount of money offered by the bursary has changed over time and has recently increased to \$3768. The bursary amount is welcomed by recipients and considered appropriate.

Data limitations restricted the analysis of outcomes achieved by YCPB. The only reliable data examining changes in program outcomes was the 2023 wellbeing outcomes recorded in the Data Exchange (DEX) for recipients at the beginning and end of the bursary period. This analysis showed no overall average change in wellbeing, although recipients aged 20–24 had improved wellbeing scores. This finding should be treated with caution as it is based on one broad question in the application and in the mid-year and end-of-year surveys, it only applies to one year and other factors apart from the YCBP could account for these findings. Surveys by Carers Australia in 2022 and 2023 show the majority of YCBP recipients of all ages report they were able to reduce their hours of work, and had improved their independence, school attendance, time spent on study and homework, and academic grades, and had continued with or completed their education during the bursary period.

Qualitative interviews with recipients and stakeholders indicate the bursary has made a substantial difference to recipients. Young carers appreciated receiving the YCBP and felt that it helped them in various aspects of their lives including financial wellbeing, education, health and wellbeing, and social participation.

Despite the data limitations, the YCBP was found to produce cost-benefits ranging from \$1.90–\$4.90 on every dollar spent, based on a number of different analyses. These analyses are conservative given the qualitative interviews identified a range of benefits, particularly in educational trajectories, that are not captured in the DEX data.

The implications of these findings are discussed in Section 14.1 of the report.

Executive Summary

This report presents the findings of Impact Evaluation of the Young Carer Bursary Program and Young Carer Network. The Young Carer Bursary Program (YCBP) and Young Carer Network (YCN) aim to support young carers aged 12–25 years to continue their education by providing financial assistance to reduce the need to undertake part-time work while studying and managing caring responsibilities.

A description of the YCBP and YCN is provided in Section 1.2. The evaluation objectives are in Section 1.3 and the methods are described in Section 2.

Appropriateness

The YCBP has been in operation for nearly 10 years and precedes Carer Gateway. The program has changed since its introduction in 2015, adapting to external factors such as funding allocations and COVID-19, and in response to feedback from young carers, stakeholders and previous evaluations. Changes have been made to the value of the bursary, the application and administration processes, publicity efforts, and the number of bursaries allocated.

Overall, this evaluation found the YCBP to be **appropriate for meeting the needs of young carers**. The bursary is highly valued by recipients and other stakeholders. The changes over time have improved young carers' awareness of the bursary, the application processes, and data collection, allowing for more accurate monitoring and administration. The design of the YCBP, from the perspectives of stakeholders and young carers, meets the needs of young carers. Young carers reported that receiving the bursary helped them in many aspects of their lives including financial, education, health and wellbeing, and social participation.

Although some young carers may **access the NDIS** and/or the care recipient may access NDIS packages, at the program level there is no interaction between the National Disability Insurance Scheme (NDIS) and YCBP as the NDIS does not pay for educational expenses. However, YCN provides information on the supports available to assist young carers – including the NDIS. When applying for the YCBP applicants are asked if they would like to be referred to Carer Gateway for services or support.

Stakeholders generally considered **the governance and funding processes to be working well**. The challenges identified related to the tension between the number of bursaries available, the value of the bursary, and the eligibility criteria. These had changed over the years in consultation between the Department of Social Services (DSS) and Carers Australia.

Both stakeholders and young carers noted the importance of the increase in funding for the YCBP which has allowed more young carers to access the program.

Responding to previous recommendations

Previous evaluations of the YCBP include:

- an evaluation commissioned by DSS (Inside Policy 2017)

- an independent review commissioned by Carers Australia (Centre for Social Impact (CSI) 2021)

This current evaluation examined **how effectively recommendations from previous evaluations were implemented**. Key recommendations included:

- Enhancing advertising and information to reach young carers most in need
- Improving the assessment and application process to ensure the bursary is provided to those most in need
- Increasing the number of bursaries or better targeting the existing bursaries
- Providing more support to applicants.

Overall, these recommendations have been responded to. This evaluation found the advertising and information is reaching more young carers, the application process has been refined and is more focused on those in most need, the number of bursaries has been increased, and the support for applicants can be accessed via the YCN or referrals to Carer Gateway. More detail is provided in Section 6.

Effectiveness

In terms of **program reach**, although the YCBP is provided only to a small number of young carers each year, they appear to be broadly similar to the profile of young carers in the general population. They tend to come from lower SES backgrounds than other young carers as intended. Carers from culturally and linguistically diverse communities (CALD) are likely to be under-represented in the YCBP recipient population, and more effort should be made to engage this group.

The **program logic of YCBP** identifies the following longer-term impacts:

- Increased positive self-regard
- Increased education/workforce participation
- Increased social participation and inclusion (Inside Policy 2017: 12).

Surveys by Carers Australia in 2022 and 2023 show the majority of YCBP recipients report they had reduced their hours of work, and had improved their independence, school attendance, time spent on study and homework, and academic grades, and had continued with or completed their education during the bursary period. Interviews with recipients and stakeholders similarly indicated the YCBP had indeed improved outcomes in terms of self-regard, education/workforce participation, and social participation.

The only reliable data available for this evaluation which reported on changes at the beginning and end of the bursary period were scores on wellbeing captured in the DSS Data Exchange (DEX) in 2023. The analysis showed no overall change in wellbeing, although recipients aged 20–24 had improved wellbeing scores. This finding should be treated with caution as it is based on one broad question in the surveys, it only applies to one year, and the scores may reflect other factors changing during the year. Thus, we cannot draw strong conclusions about the impact of the program on wellbeing from this data. Additional data and analysis are required to confirm the impact of the program on different domains of recipients.

Two key **factors have contributed to the achievement of outcomes** for the YCBP: (1) funding, and (2) streamlining the application process. Funding levels were generally perceived as adequate and the increase in funding was welcomed by stakeholders. The flexibility of funding is also important, allowing recipients to choose how best to spend the bursary. As indicated above, the application process has also been streamlined and this was welcomed by participants.

There are no specific groups of recipients who have **benefited most from the program**. As indicated above, DEX analysis identified recipients aged 20–24 as improving their wellbeing more than other age groups. There were no demographic differences or other factors which explain this outcome, and this data relates to only one year of the program.

Efficiency

Overall, there was **limited interaction between the YCBP and other components of the Integrated Carer Support Service (ICSS)**, although potential applicants were referred to Carer Gateway for support in completing their applications and some young carers had heard of the YCBP through Carer Gateway. Overall, the level of interaction was considered to be appropriate.

Due to significant data limitations, the **cost-effectiveness analysis** has been conducted using two alternative approaches to calculate the benefits of YCBP:

- Continuation of recipients' education during the duration of the bursary
- Use of changes in subjective wellbeing recorded in DEX for 2023.

This analysis shows YCBP is beneficial, producing at least \$1.90 benefit for each \$1.00 cost. The program has become more cost effective as the cost associated with the delivery of each bursary has declined over time.

Conclusion and implications

Overall, the YCBP has been found to be a valuable program. YCBP provides opportunities to a vulnerable cohort who otherwise would not only miss out on education but whose life course could be potentially altered for a relatively low cost.

Funding levels and application processes have been adapted over time to better meet the needs of applicants and bursary recipients, and the administration of the program appears to have become more efficient over time. Nevertheless, there is still room for improvement as the program continues to develop and expand.

Suggestions for program improvements from stakeholders and bursary recipients include:

- Considering possible low literacy and associated stigma, adapt the written component of the YCBP application to not disadvantage young carers
- Take further account of the family's economic circumstances in applications without placing additional burden on applicants
- Increase publicity in school, community and social media with information about who young carers are and what they do, and why the bursary is important to them
- Provide feedback to unsuccessful applicants about why they did not receive a bursary

- Encourage more communication between YCBP recipients and Carers Australia
- Provide clear assessment guidelines that align with the program goals and the specific needs of the applicants.

A particular challenge for this evaluation has been the lack of reliable data on outcomes. Steps should be taken to ensure that future reviews have access to data that can be used to track educational and employment outcomes of bursary recipients. They could include Carers Australia surveying recipients after they have completed the bursary period and/or DSS exploring with the Australian Bureau of Statistics (ABS) how the Person Level Integrated Data Asset (PLIDA) could be used to track outcomes of bursary recipients and compare those to similar young carers who do not receive the bursary.

1 Introduction

1.1 Background

'Young carers' are young people (aged up to 25 years) who 'provide care and support to family members or friends with: a disability; physical or mental illness; a substance dependency; or who is aged'.¹ Estimates of the prevalence of young carers in Australia vary in different data sources, due to different methods of defining carers and collecting data. The most comprehensive data source, the ABS *Survey of Disability, Ageing and Carers* (SDAC), indicates that in 2018, 6.0% of males and 6.2% of females aged 15–24 years were young carers (ABS 2019: Table 29.3). In total, an estimated 235,000 young people aged under 25 years were young carers.²

In the 2021 Census data, 158,762 young people aged 15–24 years reported they had provided 'unpaid assistance to a person with a disability, long-term health condition or due to old age' in the previous fortnight (ABS 2022a: Table 4). Young carers comprised 5.0% of young people aged 15–19 years and 6.1% of those aged 20–24 years³ in the 2021 Census (ABS 2022a: Table 4). Higher rates of caring were reported among young Aboriginal and Torres Strait Islander peoples: 7.4% of young people aged 15–19 years and 9.5% of young people aged 20–24 years, a total of 8.4% of those aged 15–24 years (ABS 2022b: Table I10⁴). In the 2016 Census, among young carers aged 15–24 years, 27% spoke a language other than English at home and a smaller proportion were not proficient in English (5.8% did not speak English well and 0.6% spoke no English) (ABS 2018). Young carers were also more likely to have a 'need for assistance with core activities' due to disability or a health condition compared to their non-carer peers (young male carers: 3.8% compared to 2.8% of male non-carers and young female carers: 3.0% compared to 1.7% of female non-carers) (ABS 2018: Table 8⁵).

Data from the *Australian Child Wellbeing Project* (ACWP) survey of younger children aged 8–14 years found 9.1% of the sample identified as a carer (Hamilton and Redmond 2020:39). Higher rates of caring were reported among children from materially disadvantaged households or non-English speaking households; among children identifying as Aboriginal or Torres Strait Islander; and among children who reported having a disability (Hamilton and Redmond 2020: 40–41).

While forms of caring occur in all families and households, children and young people who are carers take on additional roles and responsibilities which vary according to the support needs of the person being cared for (Cass et al. 2009; Warren and Edwards 2017). Young carers have diverse experiences in providing care which are determined by their age, their relationship to the person they care for, the needs of their care situation, and the support available to them (Cass et al. 2009, 2011; Hamilton and Adamson 2013). While caring can provide children and young people

¹ See: <https://youngcarersnetwork.com.au/young-carers-info/young-carers/> (Accessed 23 February 2024).

² See: <https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/latest-release> (Accessed 23 February 2024).

³ Authors' calculations. Excluding not stated responses from the denominator.

⁴ Authors' calculations. Excluding not stated responses from the denominator.

⁵ Authors calculations. Excluding not stated responses from the denominator.

with skills and enhance family relationships, caring can also have negative effects on their health, their education and employment, their aspirations for the future, the amount of time they have for themselves, and consequently their capacity to maintain and develop their social connections (Cass et al. 2009, 2011; Hamilton and Adamson 2013; Chikhradze et al. 2017; Hill and Broady 2019). Although care is provided in diverse circumstances, the socio-economic circumstances in which children and young people provide care are often associated with disadvantage (Cass et al. 2009, 2011). Young carers are more likely to live in households with lower incomes and lower resources than their non-carer peers (Cass et al. 2011; ABS 2018; Warren and Edwards 2017).

Importantly, the prevalence estimates may not encompass all children and young people who provide care; depending on survey questions and methods of data collection, young people may not identify or recognise themselves as carers, nor wish to report their caring tasks due to concerns about family privacy or stigma, particularly in relation to mental health or substance issues (e.g. Hill et al. 2009, 2016; Smyth, Blaxland and Cass 2011; Cass et al. 2009, 2011; Chikhradze et al. 2017; Moloney et al. 2023). This group of 'hidden carers' may also remain unrecognised by teachers, schools and other educational institutions, as well as health care, disability care, and carers support services, with implications for their educational attainment and access to appropriate support services (Moore et al. 2019, 2022). Appendix A provides a discussion of Australian data on young carers and their educational outcomes and experiences, showing that young carers are less likely to complete Year 12 than their non-carer peers (ABS 2018).

1.2 Program aims and objectives

The Young Carer Bursary Program (YCBP) and Young Carer Network (YCN) aim to support young carers. As outlined on the DSS website:

The Young Carer Bursary Program (YCBP) assists young carers aged 12–25 years to continue their education by providing financial assistance to reduce the need to undertake part-time work while studying and managing caring responsibilities.

Bursaries will be awarded to eligible young carers in the greatest need who apply during the advertised application periods.⁶

The YCN is a website that provides an online portal for YCBP applications and hosts 'a nationally coordinated resource to raise young carer awareness, provide information, and direct young carers to appropriate pathways for support'.⁷ The website was launched in late-2018.

The YCBP and YCN are administered by Carers Australia through funding provided by DSS. The first round of bursaries allocated in 2015 comprised 150 bursaries available at different values (50 each at \$10,000, \$6,000, and \$4,000), while the second round in 2015 provided 150 bursaries of \$3,000 each. From 2016 to 2022, the bursaries remained at \$3000 each while the number of

⁶ See: <https://www.dss.gov.au/our-responsibilities/disability-and-carers/programmes-services/for-carers/young-carer-bursary-program> (Accessed 23 February 2024)

⁷ See: <https://youngcarersnetwork.com.au/about/> (Accessed 23 February 2024)

bursaries allocated varied. From 2023 to 2025, the number of bursaries will increase to around 1600 and the value of the bursary was set at \$3,768.

Young carers are eligible to apply for a bursary if they meet the following eligibility criteria:

- Are aged 12–25 years for the majority of the bursary year (must turn 12 before 1 May in the year or turn 26 after 1 November in that year)
- Are studying an approved course in Australia, within a recognised Australian institution, either full-time or part-time (high school; TAFE, registered training organisation (RTO) for higher vocational education and training (VET) qualifications; university, up to and including their first undergraduate degree)
- Are an Australian citizen or permanent resident living in Australia
- Are not receiving another bursary. (YCN website 2023⁸)

The overarching intention of the YCBP is ‘to assist young carers to have more choice and control over their lives’ (Inside Policy 2017: 13). The expected long-term impacts from YCBP identified in the program logic (see Appendix C) are:

- Increased positive self-regard
- Increased education/workforce participation
- Increased social participation and inclusion. (Inside Policy 2017: 12)

The short-term and medium-term outcomes to support these longer-term impacts are outlined below in Table 1.

DSS identifies the expected outcomes from YCN as:

- Making the application process for the YCBP more streamlined and accessible
- Providing a safe place for young carers to interact with other young carers and link them to supports and services, including Carer Gateway Service Providers (CGSPs).

⁸ See: <https://youngcarersnetwork.com.au/bursary/young-carer-bursary/can-i-apply/> (Accessed 23 February 2024)

Table 1 YCBP outcomes and impacts

Short-term outcomes	Medium-term outcomes	Longer-term impacts
<ul style="list-style-type: none"> • Decreased levels of stress/pressure • Increased coping ability • Increased perception of support • Tools to support caring role • Continuation in caring role 	<ul style="list-style-type: none"> • Increased pride in achievements • Increased pride in caring role • Seen as a role model 	<ul style="list-style-type: none"> • Increased positive self-regard
<ul style="list-style-type: none"> • Continuation of education • Tools to support participation in education • Reduced need for part-time work • Immediate financial relief 	<ul style="list-style-type: none"> • Completion of education/retention • Improved academic performance • Higher employment rate • Increased career prospects 	<ul style="list-style-type: none"> • Increased education/workforce participation
<ul style="list-style-type: none"> • Increased feelings of recognition • Understanding of available support • Accessing support 	<ul style="list-style-type: none"> • Engagement with non-education networks • Feeling part of the community (life beyond their caring role) • Connections with other young carers 	<ul style="list-style-type: none"> • Increased social participation and inclusion

Source: Inside Policy (2017:12)

1.3 Objective of the impact evaluation

The objective of the impact evaluation is to assess the appropriateness, effectiveness and efficiency of the YCBP and YCN. Evaluation findings will inform decisions about the program model and policy development.

1.4 Status of this report

This is the final report of the YCBP impact evaluation. The report triangulates findings from all available data sources to report on the appropriateness, effectiveness and efficiency of the YCBP and YCN.

2 Methods

2.1 Summary of methods and data sources

The evaluation is informed by survey data, program and administrative data, and interview data from a number of sources:

- Surveys of carers recruited through the YCBP client pre-post survey conducted in 2023. The pre-survey was conducted March to June 2023 (n=108). Eighty-one young carers who responded to the pre-survey consented to be contacted for the post-survey in October–November 2023 (n=20)⁹
- Carers Australia Mid-Year Survey (MYS) and End of Year Survey (EOYS) data reports for 2022 and 2023
- Analysis of the YCBP data entered into DEX for the period 2015 – December 2023 which provides information about the services used by bursary recipients
- Google web analytics and Instagram insights for the YCN for the period 2022–2023
- Interviews with Aboriginal and Torres Strait Islander 2023 recipients (n=10) and non-Indigenous recipients (n=6 2022 cohort and n=9 in 2023 cohort)
- Interviews with stakeholders including: DSS program staff, Carers Australia program staff (n=3), and Independent Assessment Panel members (n=1).
- Review of DEX-DOMINO data (Data Over Multiple Individual Occurrences).

In addition, the evaluation drew on the following:

- Existing evaluations and reviews and published academic studies of the YCBP
- Program documentation (application questions and assessment scoring criteria) provided by Carers Australia
- Financial data for the YCBP and YCN program supplied by DSS.

2.2 Limitations

This evaluation is subject to several limitations.

- Data for some demographic variables for YCBP recipients in DEX is missing (see Table 9). The wellbeing SCORE data was generally only reported in DEX once a year prior to 2023, which limits possible analysis.
- The Carers Australia EOYS for 2022 has a relatively low response rate. The response rate increased in 2023 when a payment was attached to the completion of the survey.
- The sample size of the pre-survey of YCBP recipients was relatively small (108 respondents) given the number of bursary recipients; consequently, the representativeness of this sample is unknown. The number of respondents who completed both the pre- and

⁹ A separate report of the population surveys has been produced by SRC for this report: see Brosnan et al. (2023).

post-surveys was small (n=20), which limited analysis of changes in outcomes from this data source.

- Although a range of participants were invited to participate in interviews, interview data represent the views of participants in this evaluation and do not represent the broader population of the YCBP recipients or all stakeholders engaged with the program.

2.3 Ethics

Ethics approval was obtained from the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) Human Research Ethics Committee (EO336-20220621). Consistent with the NHMRC's *Ethical Conduct in Research with Aboriginal and Torres Strait Islander Peoples and Communities: Guidelines for Researchers and Stakeholders, and Keeping Research on Track* (2018), an Aboriginal Advisory Group was established to oversee the evaluation design, conduct and reporting.

2.4 Report structure

The report is structured around the evaluation questions relating to program appropriateness (Part A), program effectiveness (Part B), and program efficiency (Part C). The discussion of the findings and the conclusion and policy implications are outlined in Section 14. The full list of evaluation questions is provided in Appendix B.

Findings Part A: Appropriateness

Part A provides findings relating to the appropriateness of the program. Evaluation questions about program appropriateness focus on whether the program meets young carers' needs; the interaction with NDIS and other policies; the governance and funding processes; and the implementation of recommendations from previous evaluations and studies.

This is informed by:

- Existing evaluations and reviews and published academic studies of the YCBP
- Application questions and assessment scoring criteria provided by Carers Australia
- Program data for the YCBP entered into DEX
- Google web analytics and Instagram insights for the YCN
- Carers Australia Mid-Year Survey (MYS) and End of Year Survey (EOYS) data reports
- Survey data from a pre-post survey of YCBP recipients
- Interview data (young carers and stakeholders).

3 Question 1: How appropriate is the program design for meeting the needs of young carers?

3.1 Need for the Young Carer Bursary

3.1.1 Applications and recipients

Analysis of applicant data for 2017 and 2018 (where the young carer had consented for their data to be used for research) showed that:

- 32.5% provided more than 30 hours a week of care, 19.4% for 21–30 hours, 29.3% for 11–20 hours, and 18.8% for less than 10 hours per week
- 34% were the main carer in the family
- 51.3% had provided care for more than 5 years
- 28.6% had no other people helping to provide care
- 22.3% were also in paid work with one-third (34.9%) of this group working more than 10 hours per week. (Moore et al. 2022: e1628; Table1).

While the pre-survey data from 2023 is not representative of all YCBP recipients, their characteristics relating to need are described here. All survey respondents indicated they cared for someone in their household (Brosnan et al. 2023: Figure 108) and 25% also cared for someone outside their household (Brosnan et al. 2023: Figure 110). More than half of respondents in the pre-survey reported caring for more than 20 hours per week, 37% for 20–39 hours per week, and 18% for 40 hours per week or more (Brosnan et al. 2023: Figure 109). Fifty-three per cent of YCBP recipients in the pre-survey cared for a person with a physical disability while 50% cared for a person with mental illness (Brosnan et al. 2023: Figure 114). Seventeen per cent of respondents were in receipt of the Carer Payment (Brosnan et al. 2023: Figure 117). Nineteen per cent of pre-survey respondents had heard of the Carer Gateway but had not looked at it or accessed it, and 15% of pre-survey respondents had not heard of or used the Carer Gateway (Brosnan et al. 2023: Figure 127). Among these respondents, 68% indicated they would be interested in using Carer Gateway in the future (Brosnan et al. 2023: Figure 128).

The analysis of applicant data for 2017–18 by Moore et al. (2022) (Table 11 Appendix F) indicates that:

- Providing care prevented young carers from attending their educational institution: for 22.3%, this issue occurred four or more times per month; for 24.2%, two to three times a month; and for 38.5%, once per month. Only 18.8% reported this was not an issue.
- Most applicants faced challenges studying at home: 15% of applicants indicated that care always affected their study, 40.8% indicated that study was often affected, and 34.8% indicated that study was sometimes affected (Moore et al. 2022: e1631; Table 2).

Interviews with stakeholders confirmed the high level of need in the circumstances experienced by YCBP recipients. One stakeholder remarked that the majority of families receiving the YCBP were ‘really low income, a couple of young carers even mentioned, [that] it would help out with the

families' bills, so they sort of felt proud themselves that they were able to help their family financially even as a child' (SH1).

The assessment weighting criteria are used by Carers Australia to define the young carers who have the greatest need. The current weighting criteria place most emphasis on the intensity of the care required, the impact of providing care on education and training, the extent of support networks, and households with lower incomes.

3.2 Extent to which the YCBP and YCN meet young carers needs

Overall, the design of the Young Carer Bursary Program (YCBP), from the perspectives of stakeholders and young carers, meets the needs of young carers. Young carers reported that receiving the bursary helped them in many aspects of their lives including financially, and in terms of education, health and wellbeing, and social participation.

It has helped me get better schooling and education without much worry. When I applied for it has also helped me in other financial ways. (YC1)

It's helped me like pay for school supplies and uniforms. (YC4)

There's a few out of school activities that I wouldn't be able to take part in if it wasn't for the Young Carer Bursary paying for those and other recreational activities like Army Cadets, doing [other] sports. So yes, there's that. (YC5)

Another young carer said how she could not continue to study at university without the YCBP. It has also helped her wellbeing because she had more time and resources to spend on her personal needs. The financial help provided by the YCBP allowed her to live in a [metro location] which has given her freedom and independence. The YCBP also enabled her to travel back to care for her mum. Without the YCBP she said she would be living at home, working, and caring for her mum only.

Very few of the young carers interviewed have interacted with the Young Carer Network, although most knew of it. As one young carer noted:

That's more my fault rather than the program's fault. It definitely made the opportunity available to me, just I didn't really take that opportunity. (YC6)

4 Question 2: How has the program interacted with the NDIS and other policies supporting carers and those being cared for?

Although some young carers may access the National Disability Insurance Scheme (NDIS) and/or the care recipient may be an NDIS participant, at the program level there is no interaction between the NDIS and the YCBP as the NDIS does not pay for educational expenses. However, the YCN provides information about supports available, including the NDIS.

The application and monitoring processes of the YCBP also raise awareness of Carer Gateway. One question on the YCBP application form asks if the applicant wishes for their contact details to be passed on to a CGSP for support and services. The MYS and EOYS for YCBP recipients also ask about awareness of, and use of, Carer Gateway services.

Key stakeholders interviewed for this evaluation reported little interaction with the NDIS or other programs supporting young carers other than Carer Gateway. However, one stakeholder commented that it was difficult to contact Carer Gateway services but that Carer Gateway services sometimes contacted them to inquire about the YCBP. The stakeholder also said they received a high number of complaints about the NDIS. However, this indicates that some young carers were negotiating multiple systems rather than that the systems themselves were interacting.

Some of the young carers interviewed had been linked into services such as headspace and had seen a psychologist.

Overall, the lack of interactions with other policies was not raised as a significant issue for bursary recipients or stakeholders. However, interviewees indicated that many of the applicants and recipients would benefit from additional advice and support in terms of their bursary application, how they used the funding, and also in other aspects of their lives. This could be provided by Carer Gateway or other services.

There was little indication from stakeholders that YCBP interacts with the NDIS at the policy level.

5 Question 3: How effectively have governance and funding processes contributed to the achievement of program aims?

Stakeholders generally considered the governance and funding processes to be working well. Interactions between Carers Australia and DSS were productive and resulted in improvements to the YCBP including targeting appropriate applicants, the application process, monitoring, and distribution of the bursary. The challenges related to the tension between the number of bursaries available, the value of the bursary, and the eligibility criteria. These had changed over the years in consultation between DSS and Carers Australia.

The paid online advertising strategy to promote the YCBP was believed by stakeholders to be 'driving the traffic to the website because effectively that's the call to action...links you directly to the young Carer Network website where you then have the information about the bursary and where you also log into your portal. (SH1)

Both stakeholders and young carers noted the importance of the increase in funding for the YCBP which has allowed more young carers to access the bursary.

6 Question 4: How effectively have the recommendations from previous evaluations been implemented?

6.1 Previous evaluations and studies

To date, prior research on YCBP includes:

- an evaluation commissioned by DSS (Inside Policy 2017)
- an independent review commissioned by Carers Australia (Centre for Social Impact 2021)
- analysis of applicant data, also commissioned by Carers Australia (Moore et al. 2019, 2022).

The Inside Policy evaluation examined ‘the processes of the YCBP’ and the ‘short-term outcomes’ using data from interviews with recipients, stakeholders and service providers, and analysis of program data (applications and recipient surveys) (Inside Policy 2017:4–5). The evaluation identified the following ‘opportunities for improvement’:

- ‘enhance the advertising process to better reach those in most need
- enhance the assessment process to better identify those ‘most in need’
- make the assessment process more efficient including better communication with applicants
- improve the timing of payments to ensure recipients have funds to pay for educational items prior to study commencing
- manage the growing demand by either increasing the number of bursaries available or targeting the existing number of bursaries to a sub-set of the young carer cohort, and
- seek to better understand the longer-term outcomes and impacts of the YCBP on young carers and government.’ (Inside policy 2017: 7)

The Centre for Social Impact review aimed to examine ‘the scope and delivery of the program and its effectiveness in meeting the needs of young carers’ (2021:4). The review included interviews with program staff, young carers and their support people, and a survey of young carers that included bursary recipients and non-recipients. The review noted the overall positive impact of the YCBP, that applications had increased, and that YCBP had resulted in more people identifying as a young carer (Centre for Social Impact 2021:4–5). However, it also identified challenges in the application process and that some groups of young carers were missing out due to lack of awareness of the YCBP (Centre for Social Impact 2021:5). The review recommended Carers Australia:

- diversify promotional channels to improve reach to hidden young carers
- strengthen connections with schools
- provide better support during the application process
- invest in opportunities to provide greater wraparound support to young carers. (Centre for Social Impact 2021:5)

Carers Australia also commissioned a quantitative and qualitative study of YCBP applicant data (Moore et al. 2019 2022). The bursary application process comprised 40 closed questions and four open questions designed to assess eligibility and need for the bursary. The quantitative study analysed 1,443 applications for the YCBP in 2017 and 2018 (where consent had been given for the data to be used for research), while the qualitative study analysed data from a subsample of 97 of these applicants, distinguished by higher or lower education engagement (based on self-reported questions on wellbeing, challenges getting to school, and studying at home) (Moore et al. 2019). The study identified socio-demographic characteristics of groups of young carers who were more disadvantaged in attending school or studying at home and in their wellbeing, as well as factors that supported young carers to engage in education (Moore et al. 2019). Factors predicting higher wellbeing among YCBP applicants based on regression models 'were being Australian born; not being the main carer; having a weekly care load of 0–10 hours; not having a disability; and being in the youngest age group (10–12 years of age)' (Moore et al. 2022: e1632–3). Factors increasing school attendance 'were coming from a single parent home; having a disability; and having a higher care load' (Moore et al. 2022: e1633). The researchers noted that, while financial support may help:

... ultimately young carers' educational engagement may only be improved if families are provided with resources to minimise young people's caring loads, while providing supports that reduce the physical, emotional, social and educational impacts of caring. (Moore et al. 2019: 7)

The study suggests additional elements needed to be included: improved awareness and identification of services; increased services and supports; better targeting for specific disadvantaged groups; and collaborations across education, carer support and service sectors (Moore et al. 2019: 7).

6.2 Responding to prior recommendations

Recommendations from the previous evaluations and independent review, and how they have been responded to, are outlined below.

Inside Policy (2017:7, 54–55) outlined the following opportunities for improvement.

1. Enhance the advertising process to better reach those in most need

The specific suggestions were to:

- Use more social media channels, e.g. Facebook
- Seek to connect with First Nations young people through the Aboriginal Community Controlled Health Service network, and with CALD young people through refugee services
- Advertise through regional and remote primary and secondary schools
- Keep a specific proportion of bursaries for young carers aged under 15 and living in regional and remote areas (Inside Policy 2017:54).

As noted in the response to recommendation 7, the 2021 review found that advertising was still limited at that time and Carers Australia developed a broader promotional campaign for the 2022

bursary. Current data indicate a significant increase in social media use in promoting the bursary in 2022–23 (see Table 2).

Carers Australia have developed a resource/information pack for supporters of young carers which is available on the YCN website (including for teachers and others in education organisations). In their response to the 2021 review Carers Australia note challenges in networking in schools which requires engagement through each State and Territory education department first.

2. Enhance the assessment process to better identify those ‘most in need’

The specific suggestions were to more heavily weight carers aged 12–17 years and those working part-time, and to include strengths-based questions (e.g. aspirations, plans, achievements) (Inside Policy 2017:54).

Bursaries are targeted to young carers who have the most need through the weighting criteria for assessments. The weighting criteria have changed over time as outlined in Appendix F: Table 8, with more detail obtained in 2023/24 about caring activities to provide an assessment of caring load. This includes inviting free text responses that allow young carers to describe how caring affects their education and training, how caring makes them feel, and what support networks they have.

In 2023 and 2024, assessing the intensity of care provided in the application involves asking how often young carers provide 19 different types of support or undertake different activities (with the response options of: never, sometimes, a lot). The activities are:

- Cleaning
- Home maintenance/gardening
- Cooking
- Heavy lifting/carrying
- Responsibility or help with family budget
- Responsibility or help with paying bills
- Responsibility for:
 - Getting person to medical appointments
 - Transport for the person
 - Picking up or organising medications
 - Changing dressings
 - Monitoring specialised equipment
- Help the person I care for:
 - Dress
 - Bath or shower
 - With mobility issues
 - Fit specialised aides
- Keep the person I care for company
- Keep an eye on the person to ensure that they are alright
- Look after siblings

- Interpret, sign, or use other form of communication on behalf of person I care for.¹⁰

Based on assessment weighting criteria information provided for 2020 and 2024, the age and educational level are combined into a single score. In 2024, the weighting criteria for age and educational level has a higher score for younger applicants. This is a change from 2020 where the scoring placed greater weight on lower educational achievement among young people relative to age. Employment status is no longer part of the weighting criteria in 2020 or 2024, although information on employment status is collected as part of the application process. Changes to the application form and weighting criteria outlined in Appendix F Table 8 indicate the assessment process in 2023 and 2024 now provides greater emphasis on the caring load of young people as described by a range of caring activities, as well as free text responses about the impact on their education, how they feel, and the extent of their support networks. While applicants can tell their story in response to the latter two questions, it does not appear that these questions are strengths-based rather than have a deficit focus. The 2017 evaluation reported stakeholder views that the story responses may disadvantage carers who 'are uncomfortable about sharing their story or are unable to communicate their story in an influential way' (Inside Policy 2017:38).

According to interview data with stakeholders, the timing of when assessments are conducted has changed to make the process fairer and more transparent. Assessors can now only access applications after the closing date in order to review the applications in 'one even flow'. However, as discussed by one of the stakeholders, the way in which one assessor ranks an application could be different to how another assessor ranks a similar application.

Things like age, whether there's someone else helping to support with care, all of the sort of tick box questions fed into generating an overall score and then our score was based on their open-ended responses... So things like, you know, tell us about your caring role. So, you know, do you have to help with medication? Do you do extra housework? There are those two questions where it's about how being a carer makes them feel so they can divulge as much as they want about... [Some write] a long winded essay describing this is what my typical week looks like. And then other people who just write very minimal stuff... that I've found the most difficult is and yeah, it's kind of using Maslow's hierarchy as a framework. But then the questions don't really align with that. Often just by chance they'll talk about stuff that you can easily map onto it. But because the questions are like 'how does being a carer make you feel?', it doesn't specifically ask questions about essentially what our assessment criteria will be. (SH4)

Also, the criteria that are used to assess applications were reportedly not always well aligned with the program's objectives for example positive self-regard. The stakeholder further explained:

In terms of what we're looking for, we kind of look at what they've said and how does that translate to a degree of need, again sort of thinking back to that Maslow's hierarchy. So the people who were talking about 'I have to go without food because we don't have enough money' need whereas if you've got the other people down the other end of the spectrum who say 'it actually doesn't take that much time for me and I feel really positively about it because I know I'm contributing to the family ... and it means that I get to make a positive

¹⁰ Information supplied by Carers Australia

contribution...’, they’re almost talking about self-actualization, so you kind of go in terms of your score. (SH4)

3. Make the assessment process more efficient including better communication with applicants

The 2017 evaluation suggested that ‘additional communication points are built into the shortlisting’ and verification stages ‘to keep applicants informed as to the status of their application’ (Inside Policy 2017:54). The CSI (2021) review found that most young carers were satisfied with the application process, although some young carers reported challenges with contacting the YCBP team at Carers Australia. They suggested email communication could be improved by reducing or prioritising information. As indicated in Question 3 (Section 5 of this report), the application process has been refined and adjusted to make the application process easier and more relevant.

4. Improve the timing of payments to ensure recipients have funds to pay for educational items prior to study commencing

The 2017 evaluation suggested providing the first payment earlier (prior to commencing study) and paying the bursary in two rather than four instalments across the year (Inside Policy 2017:54). Changes were made to the payment schedule to implement this recommendation, with the majority paid in the first payment and subsequent payments attached to completion of the MYS (and from 2023 there is a smaller additional payment for completion of the EYS). In the CSI review, most young carer survey respondents indicated the payment schedule was appropriate (2021: 17, Figure 7).

Few young carers commented on the timing of YCBP payments. However, one young carer who had received the YCBP for several years commented:

So, there was a change in how money was given out. It was, I think – I think last year the money was given out in four or three chunks, maybe that was the year before, where they do – oh it was – maybe it was \$750 in four chunks across the year. Then they figured out recently that people – that students may need more money at the start of the year. So, they gave \$2000 at the beginning of the year, then \$1000 after Semester 1 or after Term 2, whatever it is. (YC 8)

5. Manage the growing demand by either increasing the number of bursaries available or targeting the existing number of bursaries to a sub-set of the young carer cohort

The number of bursaries available has increased from 300 in 2015–2019, to 1000 in 2020, and to nearly 1600 in 2023–2025 (see Appendix F, Table 7). Based on this data, the successful application rate has increased in recent years compared to the earlier years (35% in 2016, 26% in 2017, 80% in 2022, and 59% in 2023). However, the demand continues to grow and at no stage were all eligible applicants successful in receiving the bursary.

6. Seek to better understand the longer-term outcomes and impacts of the YCBP on young carers and government

The 2017 evaluation noted the need for high-quality quantitative and qualitative longitudinal data for the program. Specific suggestions were that ‘all applicant and recipient level data (including names on application forms and surveys) is held by Carers Australia so that longitudinal desktop

research can be conducted on changes to recipients over time', and 'that a qualitative longitudinal study of past recipients is undertaken to examine their circumstances post bursary' (Inside Policy 2017:54).

Current YCBP data issues identified in this evaluation are:

- Limitations in the DEX data recorded for the YCBP, including missing data for some variables and single outcome SCORE for assessing the impact of the program for YCBP recipients. Similarly, the ARTD (2020) review of DEX data for 2015–2020 identified:
 - A relatively high proportion of missing data for Indigenous status and country of birth for the years 2017–2019
 - No clients with data on Circumstances SCORE for 2015, 2016 and 2018.

There were also challenges for the evaluation due to additional limitations in the available datasets including:

- Lack of access to DEX-PLIDA which would provide long-term outcome data on education and employment due to ABS confidentiality rules
- A lack of a comparison group of people with similar needs (e.g. care situation), such as young carers who just missed out on entry into the program
- Low numbers of YCBP recipients in the DEX-DOMINO dataset as many young carers are not eligible for Carer Payment or Carer Allowance.

The CSI (2021) *Independent Review* made the following recommendations:

7. Carers Australia should prioritise diversifying their promotional channels to improve reach to hidden young carers

The 2021 review found that the promotional channels for the YCBP were quite limited, mainly being through word of mouth and connection with Carers Australia, but noted that a campaign was being developed at that time (Centre for Social Impact 2021). Carers Australia advised their 2022 YCBP promotional campaign included broad media coverage (72 pieces, including two in Indigenous media), and advertising to a value of over \$1.7 million achieving over 61 million impressions/reach. Google analytics and Instagram data show significant increases in reach for 2022–2023 compared with 2021–2022 (see Section 8.4.2, Table 3).

8. Carers Australia should continue to strengthen their connections with schools

As noted above in response to recommendation 1, Carers Australia indicated in response to the 2021 review that while they had developed resources, they experienced challenges in connecting with schools. Some recipients indicated they received information about YCBP from their school.

9. Carers Australia should provide better support to young carers who experience difficulty during the application process. This should be done by improving communication pathways and making support more accessible.

In their response to the 2021 review, Carers Australia indicated that funding and the volume of applications received limited their capacity to provide phone support. Carers Australia provide lists of potential support people and have created information resources for YCBP applicants and supporters of young carers to assist them with the application process.¹¹

Stakeholder interviews confirmed this is still an issue for Carers Australia but that some applicants receive support from Carer Gateway or other sources.

10. Carers Australia should invest in opportunities that provide greater wraparound support to young carers. This includes providing educational resources and programs that run alongside the bursary program and helping bursary applicants integrate into pre-existing support structures.

In response to the 2021 review, Carers Australia noted the connections CGSPs offer to support young carers and the limited funding available. However, as indicated in Question 2 (Section 4 of the report), the number of YCBP recipients who interact with Carer Gateway are still relatively low.

Stakeholders interviewed noted a need for more support for young carers, and the YCBP was one of few supports available to them.

You know, it would be good to have a few more services where you can refer them to, where you know you can direct them to them. (SH1)

¹¹ See: <https://youngcarersnetwork.com.au/wp-content/uploads/2023/07/2023-2024-YCBP-Information-Pack-for-Young-Carers-1.pdf> or https://youngcarersnetwork.com.au/wp-content/uploads/2023/07/YCBP_Information-Pack_Supporters1.pdf (Accessed 23 February 2024).

Findings Part B: Effectiveness

Part B provides findings relating to the effectiveness of the program – specifically, program reach and the extent to which the program has achieved its intended outcomes. This is informed by:

- Program data for the YCBP entered into DEX
- Google web analytics and Instagram insights for the YCN
- Carers Australia Mid-Year Survey (MYS) and End of Year Survey (EOYS) data reports
- Survey data from a pre-post survey of YCBP recipients
- Interview data (young carers and stakeholders).

7 Question 5: To what extent has the program successfully reached young carers, including carers from the demographic groups?

7.1 Program reach

7.1.1 Applicants and recipients

The 2017 evaluation found the YCBP reached a broader group of young carers each round (Inside Policy 2017: 27). In 2015, 800 applications were received and 300 bursaries were issued; in 2016, 917 applications were received and 344 bursaries issued; and in 2017, 1200 applications were received and 343 bursaries were issued (Inside Policy 2017: 26, Figure 2).

In subsequent years, the number of applications rose from 1,324 in 2021, to 1,858 in 2022, 2,559 in 2023, and 2,396 in 2024 (Appendix F, Table 7). The number of bursaries available has also increased. In 2023, 1,514 bursaries were awarded; and in 2024, just under 1600 bursaries are being made available. The ratio of applicants to recipients was between 2.7 and 3.8 in the years 2015–2017; this has decreased to 1.3 in 2021, 1.2 in 2022, and 1.7 in 2023. Data for 2022 and 2023 also indicate that a significant number of conditionally approved applicants do not provide required documentation in time (265 in 2022, and 533 in 2023), indicating that the timelines for producing documentation may disadvantage some applicants.¹²

7.1.2 Program reach

The analysis of program reach for this evaluation considers any changes in the demographic profile of YCBP recipients in the DEX data over the period 2015–2023 (Appendix F, Table 9 and compares the characteristics of the YCBP cohort to population data from the Census and SDAC (Appendix A, Table 4 and Table 5). It should be noted the age ranges for the population data (under 25 years for all carers, 15–24 years for primary carers in SDAC, and 15–24 years in the Census) do not match the age range of YCBP recipients (12–25 years). In addition, the YCBP targets young carers who are in the most need as defined by the assessment criteria, which emphasise caring load and impact of caring on the young person, as well as demographic characteristics.

The analysis in Appendix F Table 9 shows the characteristics of YCBP recipients in each of the years 2015 to 2023. In all years, the majority of recipients were female (60–69%) (Appendix F: Table 9). This gender profile is similar to primary carers in SDAC aged 15–24 years where 66% of young primary carers are female (Appendix A, Table 4).

Across the years, most recipients were aged between 15–19 years (53–63%), with 20–35% aged under 15 years, and a smaller group (12–20%) in the 20–25 years age group. The age composition of the YCBP cohorts has remained fairly stable over the period 2015–2023. The population data age groups do not match the age ranges of the bursary recipients. However, they can provide an

¹² Data provided by Carers Australia

indication of the age distribution of young carers more generally. In the 2018 SDAC, 20% of young carers aged under 25 years were aged under 15 years. In the 2016 and 2021 Census data, among young carers aged 15–24 years, 57% were aged 20–24 years (Appendix A: Table 4).

Under 8% of YCBP recipients were classified as coming from a CALD background. In DEX, CALD status is defined by two questions combining the main language spoken at home and the country of birth. While the Census definitions are not the same, among young carers aged 15–24 years in 2016, 27% reported they spoke a language other than English at home (may not be the main language spoken) (Appendix A: Table 5). It is unlikely that different definitions account for the full 19% gap between YCBP recipients and young carers in the general population, and therefore CALD carers appear to be under-represented in the YCBP recipient population.

The 2021 Census data indicate 7% of young carers aged 15–24 years identify as Aboriginal or Torres Strait Islander (Appendix A: Table 5). It is difficult to interpret the DEX data on Aboriginal or Torres Strait Islander status because of the variations in the fraction of ‘not stated’ responses in some years (e.g. in 2017, 29% had not stated responses; in 2018, 66% had not stated responses; and in 2023, 20% had not stated responses). Across the years, up to 9% of YCBP recipients identified as Aboriginal or Torres Strait Islander in the DEX data. Noting the caveats on the varying completeness of the data across the years, there is some indication that the proportion of Aboriginal and Torres Strait Islander recipients may have decreased over the last two years.

Though it has been quite volatile from year to year, the fraction of YCBP recipients reporting a disability in DEX has been between 23% and 35% across the period. The data in DEX is based on self-reported responses to the application question about whether the person has ever been diagnosed with a disability.¹³ The 2016 Census data indicate that 3.3% of young carers aged 15–24 years have a disability, based on a narrower definition of a need for assistance for self-care, mobility, or communication activities. The DEX and Census data are therefore not comparable.

The measure of living arrangements reported in DEX has varied considerably, possibly because of differing measurement methods. In recent years, about 90% of YCBP recipients have been classed as ‘living with family’.

There also appears to be some inconsistencies in the measurement of employment status with many not reporting their status in earlier years. In recent years, however, around 30% of YCBP recipients have reported being employed (mainly part-time). The 2016 Census data indicate that 49% of young carers aged 15–24 years were employed (28% employed part-time) (ABS 2018: Table 10). The age group differences in the YCBP recipients (who span the age range 12-25 years), and Census cohorts may account for the differences in this case

The ABS Socio-Economic Indexes for Areas (SEIFA) (advantage and disadvantage) measure of locational advantage indicates YCBP recipients to be more likely to live in disadvantaged areas. In 2023, 15.0% of recipients were in the top 10% of most disadvantaged areas, while only 4.4% lived

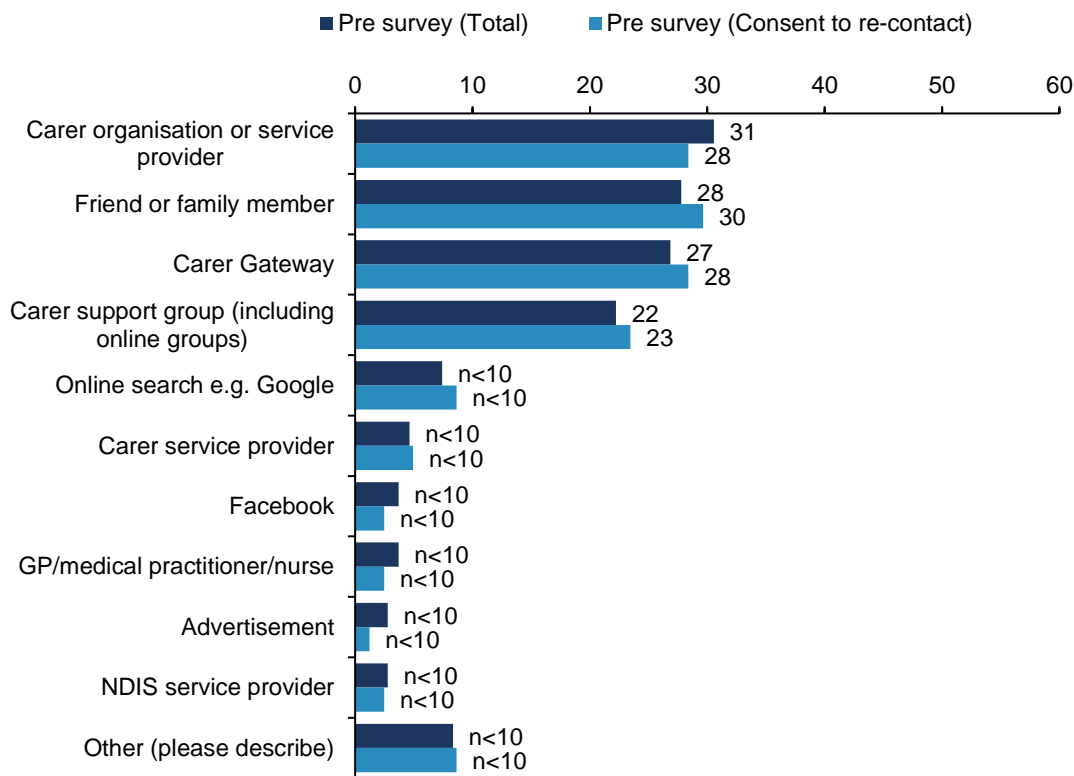
¹³ Information supplied by Carers Australia.

in the most advantaged areas – this confirms the YCBP is reaching its objective of reaching the most disadvantaged young carers.

7.1.3 Source of information about YCBP

Among the YCBP pre-survey respondents, 31% heard about the YCBP from a carer organisation or service provider, 28% from a friend or family member, 27% from Carer Gateway, and 22% from a carer support group (Figure 1; Brosnan et al. 2023, Figure 125).

Figure 1 How did you first hear about the Young Carer Bursary? (% All, Pre-survey)



Base: All respondents. Pre-survey (Total) n=108, Pre-survey (Consent to re-contact) n=81. Question not asked in Post-survey.

Source: S28. How did you first hear about the Young Carer Bursary?

Note: Don't know and Refused responses not shown on chart.

%

Many of the young carers interviewed could not remember how they first found out about the YCBP. Parents, siblings, friends and Carers Australia were the main sources of information about the program. One young carer commented:

My mum told me about that one. I think she saw it on a Facebook somewhere when someone else received the Young Carer Bursary. So that's how I found out about that. (YC9)

Aboriginal and Torres Strait Islanders also found about the YCBP through family or a young carer sibling group:

Yeah, we got told. Mum told me about it. She found it out. (YC17)

Stakeholders nominated parents as a main source of information about the YCB:

A lot of the time it's parents, obviously helping them complete applications, but of the many, many people I've spoken to, a lot of the parents have, you know, computer issues as well. (SH 1)

A few young carers found out about the YCBP through their school. One young carer described how he accessed information about the YCBP and the application process.

I actually found out through school. It was actually recommended through, I don't know what his actual position is, it's like a school support worker kind of person. I went to see him early Year 11, just for a bit more support, just because I had a bit of a rough Year 10 and the school psychologist from Year 10 recommended that I do something in Year 11. I was iffy about whether I should apply because I wasn't sure...But I talked him through it and explained my situation to him and he was like no, definitely do it, apply. So I did and he stepped me through it, and we filled it all out together, all of the different steps and everything for a few meetings. I mean I just explained everything with him. It was mainly me filling everything out. He was just looking over my shoulder for most of it, but we were in the same room, and he printed everything off for me as well, so that made it a little bit easier. (YC7)

7.2 Application process

Previous evaluations noted that some young carers experienced issues with the application process. While most young carers found the application process easy, the 2021 review highlighted key issues including finding time to complete the application, and locating, scanning and uploading identification documents (Centre for Social Impact 2021:13). Some young carers also felt that the application asked too many personal questions about themselves and the person they cared for, and a small proportion were not happy with the support available to make the application (Centre for Social Impact 2021:16).

In 2022 and 2023, the Carers Australia MYS reports showed the majority of applicants found the application easy to very easy to make and collating documents to be somewhat easy to very easy (Carers Australia 2022:6; Carers Australia 2023: 5).

In the free text responses in the Carers Australia MYS, young carers suggested several improvements to the YCBP application process:

- There were challenges obtaining the enrolment and caring status verification documentation, particularly from schools and doctors (especially during COVID-19). There were also challenges uploading the documents.
- More options were needed for witnesses to sign documentation, including verification through Carer Gateway.
- Relevant information from previous applications should be retained so that it did not have to be provided again in subsequent applications.
- Clearer instructions were needed, including audio-visual instructions and easier password processes.

- Provide phone support to applicants.¹⁴

Thus, although the application process was considered to be easy, recipients had several suggestions for improvement which are being considered by Carers Australia.

The interviews with young carers in this evaluation found the majority of young carers (non-Indigenous and Aboriginal and Torres Strait Islanders) found the application process 'easy'. As noted by the young carer below:

I think it was pretty easy, so I feel like it was pretty foolproof. It wasn't terrible. It wasn't super easy to get, because obviously you had to go through and get all those signatures from all those different people, but in terms of filling out the forms and everything, it was very easy to understand what you needed to do and when, and what not. So I don't think it was difficult. It wouldn't be hard for somebody to go out of their way and sign up. (YC19)

The improvement in the online application process was noted by one young person who was applying for the second time.

From memory, yes. Because I think a few years ago, it was a bit buggy or something and then – or a bit slow but recently when I did it, it was fine, and it worked well. (SH1)

Young Aboriginal and Torres Strait Islander carers also found the application relatively easy. A young carer commented:

They were [the questions] actually really easy...I figured actually the most difficult questions were just the personal ones. I'm not really used to talking about that type of stuff, but every question was actually pretty easy... I had to upload my transcript, I think, I had to upload my transcript from previous courses and my confirmation of enrolment for my current course. (YC21)

Young Aboriginal and Torres Strait Islander carers also noted there was information about how to talk to an Aboriginal or Torres Strait Islander if they needed help with the application:

Well, I didn't have the need to talk to someone of Aboriginal or Torres Strait Islander, but I think I did see something. (YC20)

Nevertheless, many young carers needed help to complete the application – especially the written sections and the section describing their caring role. Young carers said:

Yeah, that was okay. It was just a little bit like I don't really want to talk about it, but I kind of have to... Well, it all depends on what people have gone through and what their circumstances are. So, obviously it's going to be easy for some people, it's going to be hard for others. (YC15)

So sometimes the literacy levels can be a bit varied and I hope that doesn't impact anyone's level of reviewing an application because at the end of the day if you've got a board of people reviewing, you have to remember they are still young carers that are putting through these applications, not academics or people who have gone to university, or have an education...But if you have never really had any experience, or you're a hidden young

¹⁴ As noted above, Carers Australia has developed an information pack for applicants and supporters with phone contact details for Carer Gateway who can provide referrals to organisations that can support young carers

carer and you've been identified by someone, or you're very shy, or it's a stigma in your family and you're trying to discreetly get support, then that's a whole different ballgame and I think then the application may be a little bit different in how someone may answer those questions. (YC10).

Young carers felt the communication around whether their applications were successful could be improved. For example, in one household two siblings applied and only one received the bursary.

I still don't know, this year, if I have received my Young Carer Bursary – if I'm going to receive my Young Carer Bursary for next year or not. Like, I find their communication sometimes it's not very good about when you've received it. Last year, I was told that I had received it, and my [sibling] received no confirmation. Whereas my [sibling] this year said she/he got an email saying that they hadn't gotten it, but I haven't received any email about it. (YC10)

Other young carers who were not successful in the current round of applications also wanted to have more information about the eligibility criteria and why they had not been successful, particularly those who had received a bursary in a previous round and their circumstances had not changed.

8 Question 6: To what extent has the program achieved the intended outcomes in its program logic?

The program logic for YCBP identifies the following longer-term impacts:

- Increased positive self-regard
- Increased education/workforce participation
- Increased social participation and inclusion. (Inside Policy 2017: 12)

This section analyses DEX data, survey data, and interview data to assess the extent to which the YCBP has achieved its intended outcomes. Note that the evaluation originally intended to analyse DEX-PLIDA (MADIP) to provide a comparison group to YCBP recipients. However, this was not possible due to ABS restrictions. Analysis of DEX-DOMINO data was also limited due to the low numbers of YCBP recipients accessing the Carer Allowance or the Carer Payment. The evaluation also included a pre-post survey of YCBP recipients but because of low numbers of respondents, this did not provide sufficient information to assess outcomes.

8.1 Increased positive self-regard

The short-term outcomes associated with increased positive self-regard are: decreased stress and pressure; increased coping ability; increased perception of support; tools to support caring role; and continuation in caring role. Medium-term outcomes are: increased pride in achievements; increased pride in caring role; and being seen as a role model (see program logic in Appendix C).

Changes in stress levels were not able to be analysed in the pre-post survey due to small sample sizes. In the pre-survey of YCBP recipients, the following issues were reported by respondents:

- 26% had low wellbeing as measured by the Personal Wellbeing Index (PWI) (Brosnan et al. 2023; Figure 136), and
- 68% reported high or very high psychological stress as measured by the Kessler 10 (K10) (Brosnan et al. 2023; Figure 137).

In response to the question 'what physical or emotional effects have you experienced as a result of your caring role?':

- 53% indicated that their physical or emotional wellbeing had changed
- 44% were weary or lacking in energy
- 36% frequently felt worried or depressed
- 25% frequently felt angry or resentful, and
- 22% felt satisfied. (Brosnan et al. 2023: Figure 138)

The Carers Australia surveys in 2022 and 2023 asked YCBP recipients how wellbeing could be improved. The scope of free text responses included:

- Having more time and better balance time use: for self, for taking care of health, for family and social connections.
- Improving wellbeing through: getting better sleep and rest, managing stress and anxiety, accessing counselling, and seeking support for mental health.
- Improving educational outcomes through: tutoring and other support.
- Improving financial security through: reducing financial stress, seeking appropriate job.
- Gaining independence through: learning to drive.
- Accessing services: getting better support for the person being cared for, including more respite care. (Carers Australia 2022: 125–131; Carers Australia 2023:215–231)

8.2 Increased education/employment participation

The short-term outcomes associated with this impact are: continuation of education; tools to support participation in education; reduced need for part-time work; and immediate financial relief. Medium-term outcomes are: completion of education; improved academic performance; higher employment rate and increased career prospects (see program logic in Appendix C).

8.2.1 Continuation of education

Data from the MYS and EOYS of YCBP recipients indicate very few recipients ceased education unless they had completed their course or their current level of education (Carers Australia 2022:3,10; Carers Australia 2023:3).

8.2.2 Reduced need for part-time work

The MYS of YCBP recipients for 2022 and 2023 found that over half of the YCBP recipients who were employed reported the bursary enabled them to reduce their hours of work (Carers Australia 2022: 3; Carers Australia 2023: 3)

8.2.3 Immediate financial relief

The pre-survey of YCBP recipients found 26% of respondents had additional expenses due to caring (Brosnan et al. 2023: Figure 13). Among the 46% of respondents whose finances had been affected by caring, 76% reported difficulties in meeting everyday living costs (Brosnan et al. 2023 Figures 133 and 134). Data in the Carers Australia MYS and EOYS do not report on financial stress; however, the data do show how recipients spend their bursary. The majority of young carers found the YCBP improved their 'independence' and more than half of those employed indicated that they were able to reduce their hours of work' (Carers Australia 2022: 3 5.10; 2023: 3, 10).

8.2.4 Completion of education

As noted in Section 8.2.1, the MYS and EOYS data show that very few YCBP recipients do not continue their education during the period that they are supported by the YCBP. However, the data do not report on completion of courses after the period the bursary was received. For one young

Aboriginal and Torres Strait Islander carer, the YCBP helped them to stay on at school because they used the funding to pay for tutoring. They commented that:

Yes, the tutoring was really helpful coming into my senior year. I wasn't able to ask [parent] [they're] always at work and I'm always looking after the siblings. It was a good time to go there ask for help if I needed help. (YC22)

Without the tutoring the young carer felt they would not have gained early entry to university because the tutors also assisted with their university application.

8.2.5 Improved academic performance

The MYS data indicate the majority of YCBP recipients in 2022 and 2023 reported improvements (either a little or a lot) in:

- their ability to attend classes
- time available to study and complete homework, and
- their grades (Carers Australia 2022:10,11; Carers Australia 2023:4).

Among young carers participating in this evaluation, many commented on the impact of receiving the YCBP on their education: For example:

It has helped me get a better schooling and education without much [financial] worry. Yes, it's definitely helped me. It's helped me with a lot of my school resources and specialties and seeing as I'm going into Year 11 and 12, so Year 11 next year, there's a lot of hefty resources that come with ATAR and [hefty priced] resources, and it definitely has helped me with that. Yeah, supported me quite a lot. (YC1)

The YCBP also helped Aboriginal and Torres Strait Islander young carers with their academic performance. One young carer commented:

That's probably one of the major things. It's definitely helped me with education, it's enabled me to actually finish courses and get my qualifications and especially – and on hard times whenever we needed a little bit of extra money – it definitely helps with that too. (YC21)

Having access to the YCBP eased the pressure on young carers to also take part in paid work which enabled them to concentrate more on their caring role and education.

Look, it actually has been really, really good. So not having to worry about – I mean it's not a huge sum of money, but not having to worry about money associated with school. So a lot of that went towards getting a new laptop and putting a lot of money towards savings for uni as well next year, which is really nice. So having to worry less about the money side of things and just having more time to focus on school and on looking after people and just having a little more free time, because I don't have to work as hard is just nice as well. It's good peace of mind. (YC7)

8.2.6 Higher employment rate

Higher employment is a longer-term outcome which requires comparison group data tracking the employment trajectories of YCBP recipients and other young carers. While DEX data is included in PLIDA, confidentiality requirements (due to a single provider for the YCBP) mean that YCBP data is not available for analysis.

8.2.7 Increased career prospects

As noted above, having access to the YCBP allowed recipients to focus on the people they cared for and studying. One young carer used the funding to pay for school supplies. The young carer had recently finished Year 12 and had been accepted to study medicine. The young person explained the YCBP had allowed them to buy an iPad, notebooks, textbooks and other school supplies, and had also been able to save some money to go towards a buying a laptop to use in the medical degree. The young carer added that the YCBP had allowed them to independently access the resources they needed for studying instead of relying on their parents to provide them. The YCBP helped the young carer to achieve the grades needed to go on to study medicine.

8.3 Increased social participation and inclusion

The short-term outcomes associated with this impact are: increased feelings of recognition; understanding of available support; and accessing support. Medium-term outcomes are: engagement with non-education networks; feeling part of their community (life beyond their caring role); and connections with other young carers (see program logic in Appendix C).

Previous evaluations have noted that being awarded a bursary in the YCBP provides young carers with a sense of recognition of their caring role (Inside Policy 2017),

As part of the YCBP application process, young carers are offered the opportunity to be referred to Carer Gateway (and this offer was repeated in the MYS in 2023). Questions about awareness of, and use of, Carer Gateway services are included in the Carers Australia MYS. Data in the Carers Australia MYS for 2022 and 2023 indicated the majority of YCBP recipients were aware of Carer Gateway and less than half of YCBP recipients reported they had accessed Carer Gateway services (Carers Australia 2022:7, Carers Australia 2023: 6).

Data in the pre-survey of YCBP recipients indicated that 79% of respondents wanted more contact with family and friends not living with them (Brosnan et al. 2023: Figure 139). Among the pre-survey respondents, 20% indicated they had felt lonely in the past four weeks and wanted more contact with family and friends not living with them (Brosnan et al. 2023: Figure 141).

In this evaluation, interview data from young carers illustrates how the YCBP supported young carers to participate in social and sporting activities. For example, young carers described how the YCBP had given them more free time to take part in activities:

I've had a little bit more free time cutting down the work, so I've been able to catch up with friends a lot more. I participated in a few of the school sporting teams, way more than I did in Year 11, so the school futsal team. Ultimate frisbee I did through school as well which was a fun time, badminton too, so meeting the people through that and participating in sporting events. (YC14)

Being able to go to the gym a bit more, have a bit more time to focus on my physical health in that regard, and then socialising is just a big one I guess because I probably do have – I'd say over the past couple of years – limited time to socialise with my friends. (YC12)

I love sport. Sport's great. So participating in more sport is always better than less sport, especially for me personally. I had to take that step back from triathlon and doing intensive training and that kind of thing the year before, but getting back into just more social stuff

was really good, because I definitely actually met more people and made more friends than I probably would have if I hadn't had got the funding from the bursary and what not. (YC11)

8.4 YCN

The intended outcomes of the YCN are:

- Making the application process for the YCBP more streamlined and accessible.
- Providing a safe place for young carers to interact with other young carers and link them to supports and services, including CGSPs.

8.4.1 Streamlining the application process and making it more accessible

According to stakeholders, improvements to the online registration process have made it easier for young people to apply for the YCBP. One stakeholder noted that new IT consultants had been engaged to update the online application system.

There was some feedback from previous years where young carers that said it [the online process] was a bit clunky, so I don't know what it what it looked like in those years, but it's very basic sort of interface that the young carers see when they're filling in an application. They can't do anything, but they have done an amazing job with everything else we've tasked them with, which is to make the application a lot more seamless. (SH1)

I've had a lot of involvement with them [IT consultants] since they started because our CRM [Customer Relationship Management system] was previously coded by a different company. So we had a lot of issues to iron out glitches and things like that, but a lot of those have been done, but there's still more work to be done. (SH1)

8.4.2 Number of carers assisted

One performance indicator used by the DSS for the YCN website is the number of carers assisted as measured by the number of new users, sessions, and page views. Table 2 reports on the YCN website data from Google analytics on sessions and page views and the most viewed pages. Table 3 reports on the impressions (views) and reach (unique accounts/users) from the YCN Instagram account.¹⁵ Both data sources show significant increases in use of the YCN website over the last two years.

¹⁵ 'Total Impressions: The number of times a post or story was on screen'. 'Reach: The number of unique accounts that have seen this post or story at least once. Reach is different from impressions, which can include multiple views by the same accounts. The reach metric is estimated'. See: <https://help.instagram.com/825941707897287> (Accessed 23 February 2024).

Table 2 YCN website analytics data 2021–2023

	July 2021–June 2022	July 2022–June 2023
Sessions (visits to site)	28,242	162,207
Page views	81,578	266,058
Average time on page (minutes)	1.09	1.10
Most viewed pages	Home Page (25,741) Young Carer Bursary (6,977) About young carers support (8,185)	Young Carer Bursary (49,867) Home Page (31,975) Can I Apply (8,190)

Source: Google web analytics data supplied by Carers Australia

Table 3 YCN Instagram data 2021–2023

	July 2021–June 2022	July 2022–June 2023
Page and profile impressions (views)	15,671	521,953
Page and profile reach (unique account users seeing content)	7,767	422,596

Source: Instagram analytics supplied by Carers Australia

8.4.3 Provide a safe a place for young carers to interact with other young carers and link them to supports and services, including CGSPs

The YCN hosts the Young Carer Connect program on the website which is a virtual carer support group. Responding to concerns about low uptake for these support groups, new questions were asked in the Carers Australia 2023 MYS about whether the YCBP recipient had 'registered and attended' and if they indicated 'they had registered and not attended' what were the reasons why? (Carers Australia 2023: 6). The survey found that 270 YCBP recipients had registered, while 313 were not aware of the support groups (Carers Australia 2023:6). Reasons given by YCBP recipients for not attending encompassed issues such as:

- Timing issues: some young carers were too busy with study or caring or other activities; or groups were held at the wrong time, especially for those in different time zones.
- Social and confidence issues: some young carers reported they felt too anxious or shy to participate.
- Mode of delivery: some young carers indicated they did not like online groups and would have preferred to meet in person.
- Lack of awareness: some young carers reported they did not know about the groups.
- Some young carers felt the groups were not appropriate (Carers Australia 2023:130–4).

9 Question 6a: Have there been any unintended program outcomes?

Neither stakeholders nor young carers identified any unintended program outcomes. As indicated above, the bursary has helped recipients in a range of different ways including educational attainment, personal wellbeing, participation in extracurricular activities, and family circumstances.

10 Question 6b: What factors have contributed to or detracted from the achievement of outcomes (intended and unintended)?

Two key factors have contributed to the achievement of outcomes for the YCBP: (1) funding, and (2) streamlining the application process. As noted by one stakeholder:

Funding is absolutely the biggest, biggest thing... Without the funding, we can't have the program and the funding also gives us, you know, gives us funding towards the admin side of things. (SH1)

For some young carers the amount received is considered quite substantial and as noted by one stakeholder 'it's really appreciated' (SH1).

The YCBP helped young carers from both non-Indigenous and Aboriginal and Torres Strait Islander backgrounds to improve educational, health and wellbeing, and social participation outcomes. The funds helped young carers buy educational equipment such as laptops, computer programs, and textbooks. It also helped them to participate in activities such as school camps, community-based sporting programs, and going to the gym, thereby improving their physical and mental health *and* social participation.

Changes to the online application process have made it easier for young carers (often with help from a parent or other adult) to apply. Some parents noted that it was sometimes difficult to upload some of the documents.

Once young carers receive the payments, they do not have to provide any further documentation as to how the funds were spent. As noted by one stakeholder:

We don't ask for proof on what they spend it on or anything like that. While we do encourage them to spend it on anything relating to education, we don't require proof of what they spend it on.... And when I tell them that they don't have to show proof [and] admittedly, anybody could spend it on anything. But I think by removing that sort of bit of stress from them in them having to prove what they spend it on, I think that again just gives them that little bit of extra independence in the fact that somebody's trusting in them to. And the whole purpose is to help them in education. (SH1)

From the interview data with young carers, it was apparent the funds were mainly spent on education related expenses and activities that supported their mental health and social participation.

I actually spent half of it ...on this laptop that I'm using here, and that was really helpful, because then I got to use technology to help me, like, at uni, for instance, and other little extra devices. I bought a Bluetooth mouse, because a wired one was too difficult to carry around and also plug things into. (YC8)

The YCBP also supported young carers to attend school and helped pay for school related expenses including extracurricular activities. One Aboriginal and Torres Strait Islander young carer noted:

Well, I was just really – we were really struggling, like Mum had no money...and I wasn't able to attend school because of my mental health. Then, when I tried to go back to school, after I was alright, we couldn't, because we couldn't afford it. So, we tried looking for anything, and we found the bursary, and that's really helped as it's made me more or so – it's made me go to school, basically. It's let me be able to have an education. (YC20)

Stakeholders believed the automatic messaging and the online registration and application process made it easier for young carers to apply. However, a number of young carers said they would have liked more face-to-face communication and support from the YCBP staff during the application process and over the time they received bursary. One participant said they had not received any reminder information about the closing date for the application and subsequently missed the deadline.

11 Question 6c: What are the characteristics of carers who have benefited most from the program and why? To what extent have outcomes differed for the (where applicable) carer demographic groups.

11.1 Overall wellbeing

YCBP recipients were asked to report on their general wellbeing in the YCBP application forms and in the Carers Australia MYS and EOYS using the question: “How would you rate your personal wellbeing? (1–10, 10 being the best) (This includes your ability to participate in education, sporting, community, social events and spending time with friends)” (See Appendix D).

The only reliable data on outcomes for a YCBP cohort at the beginning and end of one year of the program was the wellbeing question which is reported into DEX as a Circumstances SCORE. This score was collapsed to a 1–5 scale and made available on the DEX database. In 2023, most YCBP recipients provided answers to this question in a least two survey responses.¹⁶ In Appendix F Table 10 we describe changes in recipients reported wellbeing during the year by comparing the first and last reported wellbeing scores for different age groups.

Overall, there was a small decrease in mean wellbeing during the year, but this was not significantly different from zero. In general, other research examining changes in all carers’ wellbeing showed deterioration over time (Kenny et al. 2014). This overall result comprised of a statistically significant increase in wellbeing for those aged 20 years and over of 0.12 points, and a significant decrease of –0.06 points for those aged 15–19 (the decrease for those under 15 is not significantly different from zero). These changes amount to +14 and –7% respectively of the initial period standard deviation – effect sizes that would normally be described as small and very small.

A regression analysis was used to estimate the relationship between the change in wellbeing score and several other characteristics in addition to age. However, neither gender, CALD status, employment status, household living arrangements, disability status, or Index of Relative Socio-economic Advantage and Disadvantage (IRSAD) (socioeconomic status of area) decile were statistically significant.¹⁷ This model was also used to estimate the predicted impact of age group for people with the modal/median characteristics of female, not CALD, not employed, living with family, with no reported disability, and living in IRSAD decile 5. Controlling for these other characteristics in this way, the increase in wellbeing is essentially the same as for the raw data shown above (for ages, <15, 15–19 and 20+: –0.10, –0.05 and +0.15 respectively).

While these changes could be associated with the receipt of the bursary, it is also possible they reflect other factors changing during the year. Given the many changes occurring during these

¹⁶ Some 82% had at least two responses, with 72% having three or more. In earlier years, YCBP respondents generally only reported on this wellbeing score once in the year. In 2022, most had two responses recorded in DEX, but these are almost always identical, suggesting data entry duplication.

¹⁷ Gender: male/female/other; CALD: yes/no; Employed: yes/no/not stated; Living arrangements: with family, other; Disability: yes/no/not stated, IRSAD decile as continuous 1–10 variable.

transition years, we cannot draw strong conclusions about the impact of the YCBP on wellbeing from this data.

The interviews with non-Indigenous and Aboriginal and Torres Strait Islander young carers showed the YCBP helped them to participate in a broad range of activities that helped improve their mental and physical health.

Findings Part C: Efficiency

Part C presents findings relating to the efficiency of the program, focusing on the interactions with ICSS and other programs and the cost-effectiveness of the YCBP. This is informed by:

- Program data for the YCBP entered into DEX
- Carers Australia surveys.

12 Question 7: To what extent do interactions and/or referral pathways between the ICSS, the YCBP and YCN, and the TCVOP contribute to achieving outcomes across the respective programs?

12.1 YCBP recipients' access to ICSS

The DEX data can identify which programs carers accessed as their first and second activities. Appendix E, Table 6, shows the interaction between YCBP and the Carer Gateway and other DSS programs up until the end of December 2022:

- Of the 3,715 carers recorded as accessing the YCBP in this data, 405 (10.9%) accessed ICSS Carer Gateway providers prior to the YCBP, and 171 (4.6%) accessed ICSS Carer Gateway after the YCBP.
- Among carers accessing the YCBP, 717 (19.3%) had accessed other DSS programs prior to the YCBP, and 161 (4.3%) had accessed other DSS programs after the YCBP.¹⁸

Appendix E, Table 6, shows overall, there was limited interaction between the YCBP and other components of the ICSS up to December 2022.

12.2 Awareness/Interaction between YCBP and Carer Gateway

As reported above in the stakeholder interviews, potential applicants were referred to Carer Gateway for support in completing their applications, and the pre survey (Figure 1) shows some young carers had heard of the YCBP through Carer Gateway.

In the 2022 and 2023 self-reported data in the Carers Australia surveys of YCBP recipients, the majority of these YCBP cohorts indicated they were aware of Carer Gateway and less than half had used Carer Gateway services (Carers Australia 2022:7, Carers Australia 2023: 6).

As indicated in Section 6, previous evaluations have recommended that YCBP applicants should be provided with additional wrap around support beyond the bursary. This could be provided by Carer Gateway service providers. However, interviews with stakeholders and carers indicated that the current interactions were overall appropriate. However there is no information that young carers who accessed Carer Gateway had better outcomes than those who did not.

¹⁸ Note that the flows between programs described here are based on data recorded in DEX and for carers with a Statistical Linkage Key in the DEX data. See other caveats and explanations in Appendix E.

13 Question 8: How cost-effective is the program?

This section provides a summary of findings. For detailed analysis refer to Appendix G.

13.1 Summary of findings

The analysis indicates the estimated benefit-cost ratio of YCBP ranges between 1.9 to 4.9 times the cost. Overall, YCBP is therefore a beneficial program producing at least \$1.90 benefit for each \$1.00 cost. The program has become more cost effective as the cost associated with the delivery of each bursary has declined over time.

13.2 Summary of approach

Due to data limitations, the evaluation could not directly compare outcomes of YCBP recipients to similar young carers who did not receive the bursary. Therefore, two approaches were adopted to assess the cost effectiveness and cost benefit of the YCBP.

The first approach focused on one educational outcome of the bursary: the continuation of recipients' education while in receipt of the bursary and comparison with education dropout rates of young carers in the general population. The analysis provides pessimistic and optimistic assumptions about these comparisons.

The second approach involves the changes in subjective wellbeing in the Carers Australia YCBP application and MYS and EOYS bursary recipient surveys. This approach is reliant on quantitative analysis performed on DEX data and it relates directly to the outcome analysis discussed in Section 11. From that analysis, the only statistically significant improvement of wellbeing relates to the group aged 20 years and over.

14 Discussion

The YCBP has been in operation for nearly 10 years and has evolved over time, driven by external factors such as funding allocations, COVID-19, feedback from young carers and stakeholders, and evaluations. Changes have been made to the value of the bursary, the application and administration processes, publicity efforts, and the number of bursaries allocated. Overall, this evaluation found the YCBP to be a very successful program which is highly valued by bursary recipients and other stakeholders. Over time there have been improvements in the awareness of the bursary among young carers, the application processes, and program data collection allowing for more accurate monitoring and administration.

The bursary is provided to a small number of young carers each year and recipients appear to be broadly similar to the profile of young carers in the general population, although, as intended, recipients tend to come from lower SES areas than other young carers. Data indicates that CALD carers are likely to be under-represented in the YCBP recipient population, and more effort should be made to specifically reach out to this group. The number of recipients has expanded in 2023, but the bursary still reaches only a small number of potential recipients. If more funding were available and publicity further improved, larger numbers of young carers are likely to apply for the bursary who meet the bursary criteria.

The application process has also been refined over time to better assess eligibility and rank applicants according to need. There is a tension in this process between conducting an assessment that requires applicants to provide detailed information about their situation and finances, which would be very burdensome, compared to a simple application form which may miss important information about the applicant. In addition, it is a concern that large numbers of successful applicants do not provide the required documentation on time, indicating that perhaps more support is required for applicants to process their applications. Stakeholders and recipients both believed the application process may still advantage young carers who are more able to articulate their case and therefore perhaps disadvantage those who are most vulnerable. One issue raised by several interview participants was that applicants who are not successful should be provided with feedback as to why this is the case.

The amount of money offered by the bursary has changed over time and has recently increased to \$3,768. The bursary amount is welcomed by recipients; however, if resources were available then further increases are likely to produce increased benefits to recipients. The amount paid by the bursary must be weighed against the number of applicants given a limited pool of funding. DSS and Carers Australia should continue to address this tension as more information becomes available about the link between bursary amount and outcomes. Some stakeholders indicated the amount of the bursary could be changed from a flat rate to be more tailored to the specific needs of each applicant; as indicated above, this would require a substantively more detailed assessment, creating further burden on applicants.

Qualitative interviews with recipients and stakeholders indicate the bursary made a substantial difference to recipients. Young carers appreciated receiving the bursary and felt it helped them in various aspects of their lives including economic, education, health and wellbeing, and social participation. Carers Australia MYS data confirms the vast majority of recipients continue with or

complete their education during the bursary period. Data for the evaluation on outcomes were sparse; the DEX data indicate only recipients aged 20+ had significantly improved wellbeing over the period they were in receipt of the bursary. This finding should be treated with great caution as it only applies to one year (2023) and there is no comparison or benchmark – this means many other factors could account for these findings. In addition, it is not known what changes in wellbeing these recipients experienced in the period after the bursary.

Despite these data limitations, the YCBP is found to produce cost-benefits ranging from \$1.90–\$4.90 on every dollar spent, using several different analyses. These analyses are conservative given the qualitative interviews indicate a range of benefits, particularly in educational trajectories, that are not captured in the DEX data.

14.1 Conclusion and implications

Overall, the YCBP has been found to be a valuable program; it provides opportunities to a vulnerable cohort who otherwise would not only lose out on education but whose life course could potentially be altered for a relatively low cost. Funding levels and application processes have been adapted over time to better meet the needs of applicants and bursary recipients, and the administration of the program has become more efficient over time. Nevertheless, there is still room for improvement as the program develops and expands.

Suggestions for program improvements from stakeholders and bursary recipients include:

- Considering possible low literacy and associated stigma, adapt the written component of the YCBP application to not disadvantage young carers
- Take further account of the family's economic circumstances in applications without placing additional burden on applicants (e.g. by asking the number of people to equivalise family income)
- Increase publicity in school, community and social media with information about who young carers are and what they do, and why the bursary is important to them
- Provide feedback to unsuccessful applicants about why they did not receive a bursary
- Encourage more communication between YCBP recipients and Carers Australia
- Provide clear assessment guidelines that align with the program goals and the specific needs of the applicants.

A particular challenge for this evaluation has been the lack of reliable data on outcomes. Steps should be taken to ensure that future reviews have access to data that can be used to track educational and employment outcomes of bursary recipients. They could include Carers Australia surveying recipients after they have completed the bursary period and/or DSS exploring with the Australian Bureau of Statistics (ABS) how the Person Level Integrated Data Asset (PLIDA) could be used to track outcomes of bursary recipients and compare those to similar young carers who do not receive the bursary.

Specific DEX improvements may include:

- Incorporate fields in DEX that directly report on outcomes identified in the program logic

- Include a specific field which indicates whether a young carer has received the bursary or not
- Include information about applicants as well as recipients
- Discuss with ABS ways in which DEX-PLIDA can be used in future evaluations to track outcomes of YCBP recipients.

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Appendix A Profile of young carers

Population data: young carer demographics

Table 4 reports on the age and gender composition of young carers as measured in the 2016 and 2021 Census and 2018 SDAC. The surveys have different data collection methods and definitions and provide different estimates of the young carer population.

The Census data is self-reported data about whether the person (aged 15 years and over) provided care in the previous fortnight. Among young people aged between 15 and 24 years, 151,569 in 2016 and 158,762 in 2021 identified as a carer. Of these groups, in both 2016 and 2021, 43.3% were aged between 15 and 19 years and 56.7% were aged between 20 and 24 years. The gender composition was similar in 2016 and 2021 also. In 2021, young women comprised 54.6% of young carers aged 15–24 years, with young men making up 45.4% of this group.

The SDAC is a sample survey in which data are collected through household and personal interviews. The SDAC collects information on carer status for younger people under 15 years, as well as the 15–24 years age group. The estimated population of young carers aged 15–24 years in SDAC is around 187,800, with an additional 46,500 young people aged under 15 years identified as carers: a total of around 234,100 young people aged under 25 years are young carers. Based on the SDAC estimates for male and female young carers, young women comprise 51.2% of young carers aged under 25 years. The ABS distinguishes between 'primary carers' (who are defined as 'a person aged 15 years and over who provides the most informal assistance to a person with disability for the core activities of mobility, self-care and communication'), and who are a subset of all 'carers' (defined as a 'person who provides any informal assistance (help or supervision) to people with disability or older people (aged 65 years and over)). Among young primary carers aged 15–24 years, 66.2% are female and 33.8% are male.

Table 4 Age and gender of young carers aged 15–24 years: Census, 2016, 2021 and SDAC 2018

	Census 2016		Census 2021		SDAC 2018			
	Carers		Carers		Carers		Primary carers ¹	
	N	%	N	%	N '000s	%	N '000s	%
All carers								
15–24 years	151,569	100.0	158,762	100.0	Under 25 years	234.1	100.0	
15–19 years	65,614	43.3	68,775	43.3	Under 15 years	46.3	19.8	
20–24 years	85,961	56.7	89,987	56.7	15–24 years	187.8	80.2	
Males								
15–19 years	30,688		32,262		Under 15 years	20.2		
20–24 years	37,749		39,770		15–24 years	95.4	7.0	33.8
15–24 years	68,436	45.2	72,032	45.4	Under 25 years	115.6	48.7	
Females								
15–19 years	34,926		36,517		Under 15 years	27.3		
20–24 years	48,209		50,212		15–24 years	94.4	13.7	66.2
15–24 years	83,132	54.8	86,729	54.6	Under 25 years	121.7	51.2	

Sources: Census 2016: ABS Catalogue number 2071.0, *Census of Population and Housing: Reflecting Australia – Stories from the Census 2016 – Young carers*. Table 1; Census 2021: ABS 2021 *Census of Population and Housing General Community Profile, Australia*, Table G25: Unpaid assistance to a person with a disability, health condition or due to older age by age and sex. Count of persons aged 15 years and over. Not stated responses to the question about unpaid care are not included. SDAC 2018: Catalogue number 44300DO030_2018 *Disability, Ageing and Carers, Summary of Findings, 2018* Table 29.1: All persons, living in households, carer status, by age and sex-2018, estimate.

Notes: Numbers may not correspond or sum exactly due to rounding/confidentialising in the SDAC. Gender composition percentages are based on summing the male and female estimates to create the denominator, which do not always equal the reported total person numbers. 1. the ABS defines a primary carer as 'a person aged 15 years and over who provides the most informal assistance to a person with disability for the core activities of mobility, self-care and communication'.

Table 5 reports on some demographic characteristics of young carers as reported in the 2016 and 2021 Census. Aboriginal and Torres Strait Islander carers comprised 6.8% of young carers aged 15–24 years in 2016 and 7.4% of young carers in 2021. Among young carers aged 15–24 years in 2016, 26.8 % spoke a language other than English at home and 3.3% reported they had a disability.

Table 5 Demographic characteristics of young carers

	Census 2016		Census 2021	
	N	% of young carers	N	% of young carers
All young carers	151,569	100.0	158,762	100.0
Indigenous status				
Aboriginal and Torres Strait Islander	10,293	6.8	11,821	7.4
Non Indigenous	139,293			
Indigenous status not stated	1,451			
Language spoken at home				
Does not speak language other than English at home	110,060			
Speaks language other than English at home	40,344	26.8		
Disability				
Has need for assistance with core activities	5,002	3.3		
Does not have need for assistance with core activities	144,506			

Sources: Census 2016: Census 2016: ABS Catalogue number 2071.0, *Census of Population and Housing: Reflecting Australia – Stories from the Census 2016 – Young carers*. Tables 4,6, and 8. Census 2021: ABS Aboriginal and Torres Strait Islander Peoples Profile, Australia, Table I10. Notes: 'Indigenous status not stated' responses included in the denominator for percentages for Aboriginal and Torres Strait Islander carers.

Young Aboriginal and Torres Strait Islander women aged 15–24 years had higher rates of caring (9.6%) than young men (7.2%) (ABS 2022b: Table I10¹⁹). Census data from 2016 show that self-reported caring rates for young people aged 15–24 years identified in the Census also varied by region of birth (highest rates being North Africa (10.8%) and the Middle East (9.4%)) (ABS 2018).

Analysis of data for children aged 14–15 years in the *Longitudinal Study of Australian Children* (LSAC) showed 40% of boys and 37% of girls (39% overall) were providing care (Warren and Edwards 2017: 88), with 22.4% of this group assisting with core activities, such as personal care, communication or mobility (Warren and Edwards 2017: 89, Table 5.2), and nearly 20% were caring for more than one person (Warren and Edwards 2017: 90). Only 8.5% were providing care for someone they lived with, with the rest providing care to someone who lived in another household (Warren and Edwards 2017: 90, Table 5.4).

Young carers are most likely to be caring for a parent or a sibling (Hill et al. 2009; Warren and Edwards 2017). The 2018 SDAC found 41.9% of young primary carers²⁰ aged 15–24 years were caring for a parent and 43.5% cared for other relatives/friends (ABS 2019, Table 34.3). The relatively small sample sizes for this survey mean these estimates need to be used with caution. The LSAC study of children aged 14–15 years found that, among young carers living with the

¹⁹ Authors' calculations. Excluding not stated responses from the denominator.

²⁰ The term 'primary carer' is a statistical category used by the ABS to describe a person 'who is aged 15 years or over; and provides the most informal assistance to a person with one or more disabilities, with one or more of the core activities of mobility, self-care or communication'. See: <https://www.abs.gov.au/methodologies/disability-ageing-and-carers-australia-summary-findings/2018#appendix-carers> (Accessed 23 February 2024)

person they cared for, 48.1% cared for a parent/stepparent, 33.8% cared for a sibling, and 31.2% cared for a grandparent (Warren and Edwards 2017: 92, Figure 5.1). Young carers assisting a person living outside their household were most likely to be caring for a grandparent or unrelated child (Warren and Edwards 2017: 94, Figure 5.3).

Caring can have impacts on young carers' health

Studies examining young carers' mental health over time in longitudinal data in Australia find statistically significant declines in mental health upon transition into a caring role (Alfonzo et al. 2024). Similar findings of impacts of caring on mental and physical health are evident in the UK (Brimblecombe et al. 2020).

Young carers' education and employment

Alongside international research, Australian studies have documented the educational and employment outcomes and experiences of young carers compared to their non-carer peers (Moore et al. 2006; Cass et al. 2009, 2011; Hill et al. 2009, 2016; Warren and Edwards 2017; Hamilton and Redmond 2020; Day 2021). Young carers had lower average Year 9 NAPLAN numeracy and literacy scores compared to their non-carer peers (Warren and Edwards 2017: 106). Young carers aged 20–24 years were also less likely to have completed Year 12 or equivalent than their non-carer peers (Hill et al. 2009; Cass et al. 2009; 2011; ABS 2018). In 2016, 79% of young non-carers aged 20–24 years had completed Year 12 compared with 75% of young carers in this age group, with higher rates for female young carers (77%) compared to young male carers (72%) (ABS 2018). Among young people aged 15–24 years in 2016, 18% of young carers were not engaged in study or paid employment compared to 9.8% of non-carers (ABS 2018). The longer-term impacts of educational disengagement may be lower employment rates and career prospects (ABS 2018). Australian data show that working age carers have lower rates of employment compared to non-carers (ABS 2018, 2019), with increased employment disadvantage for carers without post-school qualifications (Hill et al. 2016: 62, Figure 4.10). Studies also find that young carers moderate their post-school study and career aspirations in relation to their expectations around their ongoing care roles (Cass et al. 2011; Hamilton and Adamson 2013; Hamilton and Redmond 2020; Day 2021).

Caring and a lack of support services for the people cared for are a barrier to employment (ABS 2024). In 2022–23, among an estimated 2.246 million young people aged 18–24 years, 10.7% worked part-time and wanted more hours, 5.4% were unemployed, and 17.2% were not in the labour force (NILF) (ABS 2024, Table 1.1). Around 6–7% of the 1.264 million young people who were asked about employment incentives related to returning to work, working more hours, or commencing work, provided care for a person who was ill, elderly or with disability (ABS 2024, Table 10.1). 'Access to residential or aged care services' was a very important or somewhat important consideration for an estimated 3.8% of this group, while 'access to in-home respite care or a community support worker' was very important or somewhat important to 5.1% (ABS 2024, Table 10.1). It should be noted these estimates are derived from a sample survey and should be viewed with some caution due to small sample sizes.

The research indicates that young carers experience a range of challenges with education, but also that school and study may provide a place of respite from care responsibilities and a source of support and social connection (Moore et al. 2006; Cass et al. 2011; Moore and Barry 2014; Chikhradze et al. 2017). Key challenges for young carers are adequate time for schooling and

study; interruptions to attendance and study and homework routines; sleep disruptions; stress and impacts on health; concerns about the person they are caring for when away; and disadvantages associated with living in low-income households that can affect opportunities for schooling, extracurricular activities, and housing (Moore et al. 2006; Moore et al. 2022; Andrewartha and Harvey 2021).

The *Australian Child Wellbeing Project* (ACWP) survey identified the following differences among Year 8 students:

- 17.7% of young carers 'missed school about once a week or more' compared to 9.0% of students from non-marginalised groups (Redmond et al. 2016: 127, Figure 9.1).
- 12.8% of young carers reported their 'parents "never or almost never" ask them about their schoolwork' compared to 4.4% of students from non-marginalised groups (Redmond et al. 2016: 134, Figure 9.6).
- 26.6% of young carers reported 'their parents "never or almost never" talk to their teachers' compared to 16.3% of students from non-marginalised groups (Redmond et al. 2016: 135, Figure 9.7).
- 67.4% of young carers aspired to attend university compared with 77.7% of students from non-marginalised groups. (Redmond et al. 2016: 137, Figure 9.8)

Low resources in the household also have implications for young carers' ability to participate in school. In the ACWP survey of children aged 8–14 years, 7.8% of young carers reported they 'always or often [went] hungry to bed or to school', while 35.8% reported this happened sometimes (Redmond and Skattebol 2019: 39 Table 2). Young carers in this survey were the group most likely to report they did 'not have (and wants) the right kind of clothes to fit in with other people their age' (17.3% of young carers), with implications for engagement in school and connections with peers (Redmond and Skattebol 2019: 39–40).

Young carers may also experience social isolation, a lack of teacher and peer support at school, or experience stigma and bullying associated with the condition of the person they care for (Hamilton and Redmond 2020). Analysis of LSAC by Alfonzo et al. (2023) finds that school bullying victimisation in earlier years explained part of the negative mental health impacts (as measured by the K10) of moderate to heavy caregiving roles among young people aged 18–19 years; it also notes that factors such as services, respite and support from schools may also be important. A study of Australian university students found that 27% had not told anyone they were a carer, with reasons being they thought it not relevant, had not been asked, or did not think it would improve their situation (Andrewartha and Harvey 2021: 15).

Some care situations may present more challenges for young carers' education than others. Hamilton and Redmond (2020:42–43) find that, compared to non-carers and young carers of people with disability or illness, young people (aged 9–14 years) who care for a family member with a mental illness and/or using drugs and alcohol report significantly lower school engagement, as measured by school satisfaction (emotional engagement) and doing homework daily (behavioural engagement).

The COVID-19 pandemic may have added to the challenges young carers experience remaining in and completing their education. Research has documented increases in carer responsibilities over this time, with consequent negative impacts on mental health, finances and study (leading to reducing their study load or withdrawing from study) (Andrewartha and Harvey 2021).

Policies to support young carers in education

The literature highlights several policies that support young carers in education. Policies aim to:

- Increase awareness and identification among students and staff, including: providing better peer and staff training and support; addressing stigma; providing more flexibility within schools; and reviewing policies to ensure inclusiveness (Moore and Barry 2014; Hamilton and Redmond 2020).
- Promote greater recognition of carers' strengths and skills (Andrewartha and Harvey 2021).
- Collect data on 'young carers' access, retention and success rates'; recognise the gendered and socioeconomic disadvantage dimensions of caregiving; and train staff and ensure adequate support services (Day 2021: 1612–1613).
- 'Develop and target outreach and transition programs for young carers through support services and increased flexibility around study arrangements, special consideration, and placements' (Andrewartha and Harvey 2021:1).

While a broad range of policies seek to support children and young people in education, specific policies aim to provide financial support. The Australian Government provides means tested income support for eligible students (aged 18–24 years) through Youth Allowance, and income support for eligible carers through Carer Payment. Carers in receipt of Carer Payment can study up to 25 hours per week (including travel time).²¹ As of September 2023, there were 6,985 young people aged under 25 years who received Carer Payment and 139,215 who received Youth Allowance (student and apprentice) (DSS 2024). In addition, 7,745 young people in this age group during this period received Carer Allowance which is a supplementary payment to assist carers (\$153 per fortnight) (DSS 2024). First Nations students may be eligible for a range of payments through ABSTUDY.²²

Financial support is a key mechanism to support young carers to remain in education. A survey of carers in universities identified that financial hardship was a factor negatively impacting the study of 78% of respondents (Andrewartha and Harvey 2021:18). Most of these carers (67%) received some financial support from a government payment and 16% received a bursary (Andrewartha and Harvey 2021:19 Table 7). 'Targeted bursary or bursaries' were considered by 72% of respondents to be a key additional support to assist in their education (Andrewartha and Harvey 2021:21, Table 8). This study found less than 10% of universities offered specialised carer grants or bursaries,

²¹ See: <https://www.servicesaustralia.gov.au/time-to-work-study-or-train-if-you-get-carer-payment?context=21816> (Accessed 23 February 2024)

²² Other Australian Government payments that young carers may be eligible to access include the Pension Education Supplement (currently up to \$62.40 a fortnight) for recipients of some income support payments, Student Start-up loans, and funds to assist with relocation. See: <https://youngcarersnetwork.com.au/tips/financial-support/> (Accessed 23 February 2024).

although caring responsibilities were a category for other equity grants in just over one-third of universities (2021:10). A key benefit of financial support was the capacity to reduce paid working hours (Andrewartha and Harvey 2021).

Appendix B Evaluation questions

Appropriateness

1. How appropriate is the program design for meeting the needs of young carers?
2. How has the program interacted with the NDIS and other policies supporting carers and those being cared for?
3. How effectively have governance and funding processes contributed to achievement of program aims?
4. How effectively have the recommendations from previous evaluations been implemented?

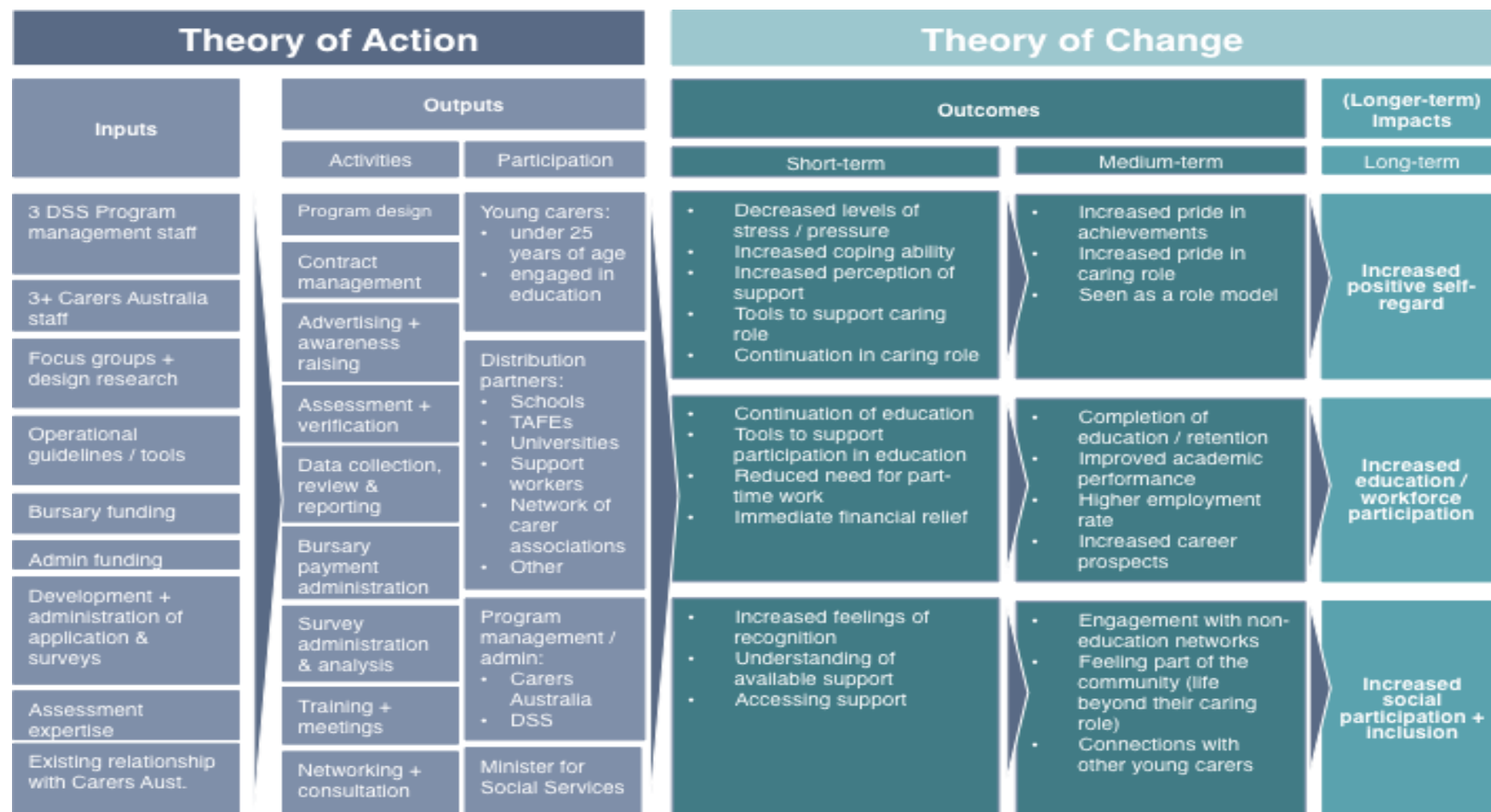
Effectiveness

5. To what extent has the program successfully reached young carers, including carers from the demographic groups?
6. To what extent has the program achieved the intended outcomes in its program logic?
 - 6a. Have there been any unintended program outcomes?
 - 6b. What factors have contributed to or detracted from the achievement of outcomes (intended and unintended)?
 - 6c. What are the characteristics of carers who have benefited most from the program and why? To what extent have outcomes differed for the (where applicable) carer demographic groups.

Efficiency

7. To what extent do interactions and/or referral pathways between the ICSS, the YCBP and YCN, and the TCVOP contribute to achieving outcomes across the respective programs?
8. How cost-effective is the program?

Appendix C Program logic



Source: Inside Policy (2017) p12

Appendix D Data sources

Carers Australia Mid-Year and End of Year Surveys

Carers Australia conduct a Mid-Year Survey (MYS) and End of Year Survey (EOYS) of young carers in receipt of the bursary. 'The purpose of the MYS is to confirm ongoing eligibility and to gather feedback from young carers and their experiences with the bursary' (Carers Australia 2022, 2023: 1). The MYS was conducted in May in 2022 and 2023. Completion of the survey by the young carer is a requirement for an additional \$1000 payment if the young carer remains eligible for the bursary. The majority of YCBP recipients submit the MYS (1475 in 2022 and 1450 in 2023; Carers Australia 2022, 2023:1). Completion of the EOYS was only attached to a payment from 2023. In 2022, the EOYS was conducted in October and had 578 respondents (Carers Australia 2022:1). In 2023, responses to the survey were submitted by 1207 YCBP recipients.

Pre-post Survey of YCBP recipients

The pre-post survey of YCBP recipients was conducted by the Social Research Centre (SRC). As outlined in the methodology in Brosnan et al. (2023):

The sample of young carers who have received the YCBP was drawn from service provider records. An invitation to participate in the survey was sent by the service provider via email to maintain the privacy of carers. Service providers sent the invitation to all young carers who met the inclusion criteria. It is unknown the exact number of carers who received an invitation (Brosnan et al. 2023:27).

Inclusion criteria:

- Carer who has received the YCB.
- Aged 12 years or older.
- Parental/ responsible adult consent provided for 12–15 year olds.

Exclusion criteria:

- Any client who has recorded a no response for consent to participate in follow up research, surveys and evaluations. However, including any client where your organisation has not recorded any response for consent to participate in research (Brosnan et al. 2023:260).

The pre-survey was conducted in March to June 2023 and had 108 respondents, of whom 81 provided consent to be contacted for the post-survey. The post-survey was conducted in October to November 2023 and had 20 respondents (Brosnan et al. 2023).

Data Exchange (DEX)

DEX is the administrative reporting system for DSS programs including the YCBP (DSS 2023 a,b). YCBP recipients' information as recorded in the application for the bursary is recorded in DEX including: age, gender, Aboriginal and Torres Strait islander status, country of birth, language spoken at home, disability, location, employment status, education status and education level achieved, household composition and income, consent for data to be used in research, referral source, and onwards referral (Carer Gateway).

Since 2020, data on YCBP recipients' wellbeing is also collected in the application and MYS and EOYS and is recorded in DEX as a Mental Health, wellbeing and self-care Circumstances SCORE on a scale of 1–5. The question on wellbeing is: *How would you rate your personal wellbeing? (1–10, 10 being the best) (This includes your ability to participate in education, sporting, community, social events and spending time with friends).*

In 2023, 82% of respondents provided at least two responses to this.

Appendix E Interactions with Carer Gateway and TCVOP

Table 6 First and second activity for carers as recorded in the following DEX programs

First Activity	Second activity				
		ICSS Carer Gateway providers	ICSS digital counselling	Young Carer Bursary Program	Other DSS programs (may include historical carer programs)
	N	N	N	N	N
ICSS Carer Gateway providers	127,140			405	
ICSS digital counselling	5,088			np	
Young Carer Bursary Program	3,715	171	np		161
Other DEX DSS programs (may include historical carer programs)				717	

Notes:

Filters: Client type = individual client.

np. denotes 'not provided' due to confidentialisation. Only sessions from closed reporting periods are included in this report. Sessions conducted after 31/12/2022 are excluded.

Only individual clients and their sessions are included in this report. Support persons and their sessions, plus group clients and their sessions are excluded.

Only SLKs with a 'Carer' activity are included in this report. Whilst information on other DSS activities is included, this information is only included for SLKs with a 'Carer' activity.

Within this report, 'Carer' activities include: ICSS- Digital Counselling, TCVO and YCBP.

'Other DSS Activities' include DEX DSS activity not considered to be a 'Carer' activity as defined above. 'Other DSS Activities' may include historical carer programs, pre May 2020.

Counts of SLKs include high quality SLKs only. Low quality SLKs have been excluded. An SLK is considered high quality when the client has a first and last name, the client's name is not a pseudonym, the clients' gender is not 'not stated', the client's date of birth is not estimated, and the client is less than or equal to 110 years old at the time of their sessions.

The flow of clients amongst the 'Carer' activities ONLY considers a client's first session within each activity. For example, it shows a client's flow from their first Carer Gateway session to their first Tristate session. If this client goes back to Carer Gateway after their first Tristate period of service, this second episode of Carer Gateway is NOT included in a client's pathway within this report. Similarly, only a client's first session with the; Other DSS Activities; category is included in a client's pathway within his report.

A single SLK may be associated with multiple Clients IDs and each of these Client IDs may have different client demographic values. When this occurs, the demographics of the client with the most 'complete' clients attributes in the following list: birth dates estimated flag, pseudonym flag, locality of client's address, State of client's address, Indigenous status, country of birth, main language, disability flag are used. When multiple clients have the same demographic 'completeness' then the attributes of the client with the latest recency (e.g. details most recently updated) are used. The client chosen, and whose attributes are used, is referred to as the 'representative client'.

Since the quality of an SLK is determined by a number of attributes tied to the Client ID, it is possible that a singly SLK may be associated with one client with a high quality SLKJ and another client with a low quality SLK, even though they have the same SLK and the same first and last name, but one client may have their name marked as a pseudonym whereas the other client does not have their name marked as a pseudonym. One client therefore has a low quality SLK whereas the other client has a high quality SLK. When this occurs, the SLK itself is considered to be high quality within this report. In other words, if at least one Client ID under an SLK has a high quality SLK then the SLK as a whole is considered high quality.

Data for this report was extracted from DEX on 8 March 2023 8:13:38pm.

Report Version 1 released October 2022.

Appendix F Supplementary analysis

Number of bursary applications and recipients over time

Table 7 Number of bursary applications and recipients and value of bursaries 2015–2024

Year	Number of applications	Number of bursaries awarded	Number receiving second payment	Value of bursary	Number of clients in DEX 1 ³	Numbers of clients in DEX 2 ⁵
2015 –1 st round	800 ¹	50 ¹		\$10,000	201	200
		50 ¹		\$6,000		
		50 ¹		\$4,000		
2015 – 2 nd round		150 ¹		\$3,000		
2016	917 ¹	344 ¹		\$3,000	556	555
2017	1,200 ¹	316 ²		\$3,000	520	494
2018		313 ²		\$3,000	347	341
2019		334 ²		\$3,000	849	817
2020		1,000 ⁴		\$3,000		542
2021	1,324 ⁴	1,000 ⁴		\$3,000		1,109
2022	1,858 ⁴	1,490 ⁴	1468 ⁴	\$3,000		1,481
2023	2,559 ⁴	1,514 ⁴	1438 ⁴	\$3,768		1,741
2024	2,396 ^{***4}			\$3,768		

Notes: Sources: 1. Inside Policy (2017: 26) who note (Footnote 22) that ‘the recipient numbers exclude successful applicants who withdrew and includes the eligible applicants who replaced those successful applicants who withdrew’; 2. Carers Australia annual reports; 3. ARTD (2020) Baseline Performance monitoring report; 4. data provided by Carers Australia; 5. SPRC analysis of DSS DEX data. Note that the numbers of clients reported in columns DEX 1 and DEX 2 may possibly differ due to the DOMINO client ID being used in DEX 2 rather than the DEX client ID to address possible duplicate entries of YCBP recipients in DEX.

Changes in YCBP criteria over time

Table 8 Assessment weighting criteria 2016, 2020 and 2023/24

2016		2020		2023/2024	
Criteria	Max. points	Criteria	Max. points	Criteria	Max. points
<i>Care situation</i>		<i>Care situation</i>		<i>Care situation</i>	
Reason for providing care (care recipient disability)	22			Care activities undertaken/intensity (see list of 19 activities below)	76
Caring hours per week	12	Caring hours per week	12	Caring hours per week	8
Length of time in caring role	10	Length of time in caring role	8	Length of time in caring role	8
Main carer	8	Main carer	8	Main carer	8
No other carers to assist	4	No other carers to assist	4		

2016		2020		2023/2024	
Criteria	Max. points	Criteria	Max. points	Criteria	Max. points
		Number of people caring for	7	Number of people caring for Story 1	7
<i>Impact of caring</i>		<i>Impact of caring</i>		<i>Impact of caring</i>	
Impact of caring on attendance	5	Impact of caring on attendance	8	Impact of caring on attendance	8
Impact of caring on study	5	Impact of caring on study	5	Ability to study at home	4
				Please describe how your caring role affects your education and training	15
				Please describe how your caring role makes you feel and what support networks you have around you	15
<i>Socio-demographic characteristics</i>		<i>Socio-demographic characteristics</i>		<i>Socio-demographic characteristics</i>	
Household income	10	Household income	10	Household income	12
Own disability	7	Own disability	2		
		Wellbeing	2	Wellbeing	4
Single parent household	6	Single parent household	6	Single parent household	6
Employment status	6				
First Nations status	5	First Nations status	5	First Nations status	5
Location	5	Location	4	Location	4
SEIFA score	5	SEIFA score	5	SEIFA score	5
Age and educational level	4	Age and educational level	4	Age and educational level (younger carers more highly weighted)	6
English as second language	3	Speaks a language other than English or Indigenous language as main language at home	3	Speaks a language other than English or Indigenous language as main language at home	3
Studied in previous year	2	Studied in previous year	6	Studied in previous year	6
		No transport	2		

Sources: 2016: Inside Policy (2017: 36–37); 2020, 2024: Information supplied by Carers Australia

YCBP recipients 2015–2023

Table 9 Characteristics of YCBP recipients, 2015 to 2023 (DEX data)

		2015	2016	2017	2018	2019	2020	2021	2022	2023
Gender										
Female	%	69	67	67	66	66	67	66	61	64
Male	%	31	33	33	34	34	33	34	39	36
Age										
<15	%	35	21	20	17	27	29	22	24	27
15–19	%	53	63	61	63	59	59	59	59	58
20+	%	12	16	18	20	14	12	18	17	16
CALD status										
CALD	%	0	5	6	6	3	8	7	7	7
not CALD	%	100	95	94	94	97	92	93	93	93
Aboriginal and Torres Strait Islander status										
No	%	81	79	63	31	84	78	87	92	80
Not stated	%	13	12	29	66	9	14	6	6	20
Yes	%	7	9	8	3	7	8	7	2	np
Disability										
Yes	%	31	32	35	32	23	31	24	30	26
No/Not stated	%	70	69	65	68	77	69	76	70	74
Living arrangement										
With family	%	6	9	15	22	53	81	89	88	91
Other	%	94	91	85	78	47	19	11	12	9
Employed										
Yes	%	np	2	np	np	np	np	np	31	30
No/Not stated	%	np	98	np	np	np	np	np	69	70
Decile of Socio-Economic Advantage and Disadvantage (1=most disadvantaged)										
1	%	19	16	18	20	13	15	14	13	15
2	%	15	15	14	13	10	11	9	9	11
3	%	9	11	12	11	11	10	10	12	11
4	%	12	14	16	12	13	11	10	10	12
5	%	9	11	10	9	11	9	10	10	9
6	%	np	8	7	7	10	10	9	11	10
7	%	np	7	5	8	7	9	10	10	11
8	%	9	10	8	8	10	11	11	9	9
9	%	8	6	6	7	9	10	11	10	8
10	%	10	4	5	6	6	5	6	6	4
Total	%	100	100	100	100	100	100	100	100	100
	N	200	555	494	341	817	542	1,109	1,481	1,741

Source: SPRC analysis of DSS DEX data.

Notes: Cases with missing values on classification variables (or with gender other than male/female) excluded from the respective panels (unless 'not stated' included as a category). Age as at mid-year, all other variables as at the most recent value recorded in DEX. CALD status in DEX is defined on the basis of country of birth and main language spoken at home. 'np' is not published because of small cell sizes.

Table 10 Change in wellbeing scores by age group during 2023 (DEX data)

Age	N	Score change (%)				Mean			Standard deviation		
		De-crease	No chang-e	In-crease	All	Score increas-e	First scor-e	Last scor-e	Score increas-e	First scor-e	Last scor-e
<15	295	26	55	19	100	-0.09	3.41	3.32	0.89	0.88	0.88
15-19	881	23	58	19	100	-0.06	3.48	3.42	0.82	0.82	0.83
20+	245	16	58	26	100	0.12	3.31	3.43	0.81	0.86	0.83
All	1421	22	58	20	100	-0.04	3.43	3.40	0.83	0.84	0.84

Source: SPRC analysis of DSS DEX data.

Notes: Population is YCBP recipients who had at least two wellbeing scores recorded in DEX during 2023. The increase is calculated as the last score recorded, minus the first score. Age is at mid-year. The overall mean score increase is not significantly different from zero (at 5% level). For each age group, the increase in mean score for those aged 20+ and the decrease for those aged 15-19 is significant but the decrease for those aged under 15 is not.

Impact of care on education

Table 11 Impact of care on education: YCBP applicants 2017-2018

Providing care prevents attending educational institution	Proportion of YCBP applicants % (n=1443)	Care affects study at home	Proportion of YCBP applicants % (n=1443)
Never	18.9	Never	2.5
Less than once per month	20.3	Rarely	6.8
Once per month	14.3	Sometimes	34.8
Two to three times a month	24.2	Often	40.8
Four times a month	11.9	Always	15.0
More than four times a month	10.4		

Source: (Moore et al. 2022: e1631; Table 2). Note: Only includes data from applicants who consented to their data being used for research purposes.

Appendix G Cost effectiveness analysis details

Approach

A cost effectiveness analysis requires the identification of a reference group ('control') against which the outcomes of the group ('treatment') that benefits from the intervention of interest (in this case, the bursary) are evaluated. We originally planned to identify control and treatment groups from multiple sources of information: namely, the population of the survey carried out as part of this evaluation, and the young carers covered by DEX-DOMINO (Carer Payment or Carer Allowance recipients) and DEX-PLIDA/MADIP (carers identified in DEX-DOMINO, the 2016 or 2021 Census, or in SDAC 2018). Unfortunately, this was not feasible as indicated in response to Question 6.

This required the evaluation to focus only on the outcomes of the bursary recipients. This can still yield meaningful insights arising from the cost vs. benefit evaluation based on a 'before/after treatment' approach: the evaluation of differences in outcomes after receiving the bursary relative to before they received it, while taking into account important confounders such as age, gender, and cultural background. Such analysis was made possible using DEX data, with two important limitations:

- The DEX data does not contain information on education or labour market outcomes. Only a measure of subjective wellbeing, based on self-assessed scores, is collected.
- These measures are collected at the application stage and later stages of the bursary year and therefore it is not known whether wellbeing changes have continued after the bursary was received.

Due to these limitations, the cost-effectiveness analysis has been conducted using two alternative approaches to calculate the benefits of YCBP. The first approach focuses on one educational outcome of the bursary: the continuation of recipients' education during the duration of the bursary. From here it is possible to obtain the rate of young carers receiving the bursary who do not receive the bursary for a full year, which in turn can be compared with the drop-out rate of young carers in the general population (ABS 2018)²³ The difference, or part of the difference, can be viewed as a direct effect of the YCBP. As additional education enables people to be less reliant on welfare throughout their working life, be more likely to work and do so more productively, the additional education acquired through YCBP can be linked to additional benefits in terms of lower access to unemployment benefits and higher income over the life course.

There are clear drawbacks in matching drop-out rates from the sub-population of young carers sourced from DEX with that of the population of carers sourced from the 2016 Census (e.g. time lag). In particular, young carers applying for the bursary are likely to be more motivated to continue with their education than young carers in the general population, but on the other hand are more likely to face barriers to continue education than other young carers. These issues are mitigated using alternative proportions of the recorded difference in drop-out rates that can be attributed to YCBP. Specifically, 100%, 50%, and 10% drop-out rates are discussed.

²³ See <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/2071.0main+features1432016>).

The second approach to estimate the benefit of YCBP and produce a valid cost-effectiveness analysis is to use the changes in subjective wellbeing between the initial and final responses to the application for the YCBP and the Carers Australia surveys as the primary outcome of reference based on data recorded in DEX for 2023. These changes can be evaluated for their effects on employment, productivity, and access to welfare by reference to an established methodology and literature. 'Wellbeing', as measured by self-assessed metrics from survey questionnaires, is a legitimate proxy of the respondent's 'mental wellbeing' due to the strong positive association between these two indicators (e.g. Dear et al. 2002; Keyes and Waterman 2003; Schultze-Lutter and Schimmelmann 2016; Rose et al. 2017). Through this connection, one can then link mental health status to well-established economic outcomes. We use two of the most important, as highlighted by a recent Productivity Commission report (2019) that uses this very method to determine the cost of caring on the mental wellbeing of carers: namely, increased participation in the economy through improved productivity, lower absenteeism, and higher attachment to one's employer and workplace; and a lower recourse to health services, especially for the identification and treatment of depression and anxiety (see Productivity Commission 2019: 8, Figure 4).

The results from these two approaches form the basis of the cost-benefit analysis. It is worth noting that the cost-benefit analysis is constructed from valuing differences in average outcomes that can be attributed to the YCBP. This satisfies the main objective of the analysis, which is to capture the overall benefits and costs associated with the program without superimposing behavioural assumptions, as the analysis of particular sub-groups of carers would require.

Differences in drop-out rates

Table 13 of the ABS publication 2071.0 (Census of Population and Housing: Reflecting Australia – Stories from the Census 2016 – Young Carers) reveals that, in 2016, 17.7% (26,776/151,169) of carers aged 15–24 were neither engaged in education nor employment relative to 9.9% (253,351 / 2,578,970) of the non-carer population of the same age. Among young carers in YCBP, 95% remain in education during the period of their bursary, implying a drop-out rate of about 5%. There is a 20 percentage points difference in being engaged in education between YCBP receivers and the equivalent subgroup of young carers in the 2016 Census. We first attribute 100% of this difference to the program (Case 1 – optimistic), and then reduce this to 50% and 10%, respectively, viewing the remaining percentage as the influence of unobserved differences between individuals (Case 2 – baseline; Case 3 – pessimistic). In other words, the 20 percentage point difference in schooling can be viewed, in the most optimistic scenario, as 20% of YCBP recipients (i.e. 342 young carers in the most optimistic case – see table below) continuing with additional education from which they would have otherwise dropped out.

We relate the benefit of this additional education to a recent study by the Mitchell Institute (Lamb and Huo 2017: 3) which estimates the cost of early school leaving among the youth in Australia to be \$23,800 per person per annum, of which \$8,400 pertains to loss in income and \$15,400 to broader societal costs. Over the course of a person's lifetime the total estimated loss from early

school leaving is \$950,800 of which \$334,600 is the fiscal loss and \$616,200 is the broader societal cost.²⁴

Using the annual benefit to an individual of \$23,800 and a 40-year working life, the additional (marginal) benefit from YCBP as a program that contributes to the education of a vulnerable group such as young carers can be derived as indicated in Table 12:

Table 12 Cost-benefit ratio cases

	Weight and N	Annual benefit for possible drop-out YCBP recipients in 2023	Working life benefit for possible drop-out YCBP recipients in 2023
Case 1 optimistic	100% of 20p. Points – N=342	$\$23,800 \times 100\% \times 20\% \times 1,741 = 8.29\text{m}$	$8.29\text{m} \times 40 = 331.6\text{m}$
Case 2 baseline	50% of 20p. Points – N=171	$\$23,800 \times 50\% \times 20\% \times 1,741 = 4.14\text{m}$	$4.14\text{m} \times 40 = 165.8\text{m}$
Case 3 pessimistic	10% of 20p. Points – N=34	$\$23,800 \times 10\% \times 20\% \times 1,741 = 0.83\text{m}$	$0.83\text{m} \times 40 = 33.2\text{m}$

Note: each N is calculated on the basis of 1,741 YCBP recipients (source: DEX) and the proportion of additional schooling attributed to YCBP in the optimistic, baseline, and pessimistic case.

Changes in wellbeing during the bursary period

This approach is reliant on quantitative analysis performed on DEX data and relates directly to the outcome analysis discussed in the previous section. From that analysis, the only statistically significant improvement of wellbeing relates to the group aged 20+. Hence, in this second approach, we:

- Focus only on those aged 20+
- View the improvement of wellbeing as a ‘benefit’: namely higher productivity and lower expenditure on health services. The sum of these components is measured against the cost of the YCBP.

It is possible to recover an estimate of the social value of wellbeing through the analysis of various factors, as carried out by two recent studies. The first study is by Hosie et al. (2015). In Table 2 and Table 3 of Appendix A (p.28) of their study, they estimate the average annual expenditure for mental health of a 20–25 year old male to be \$899 when affected by mental health issues, and \$718 for a corresponding female. These values refer to 2004–5. Using the inflation calculator²⁵, those figures are equivalent to \$1,505 for a male and \$1,189 for a female, respectively in 2024 values. The same study estimates the annual economic loss per person due to absenteeism, lower productivity, and increased recourse to welfare payments, which are other relatively large cost components. These are (in 2024 dollar values):

- Productivity (Tables 13 and 14): \$2,558 (males) and \$1,359 (females)
- Absenteeism (Tables 7 and 8): \$1,827 (males) and \$1,579 (females), and

²⁴ This analysis also assumes that if young carers who receive YCBP are able to fully complete their education, they will experience the same lifetime trajectories as non-carers.

²⁵ See <https://www.in2013dollars.com/australia/inflation/2004?amount=100>.

- Welfare (Tables 38–42): \$9,326 (males) and \$11,830 (females).

Other costs included in the study, such as the cost of unemployment, incarceration, and increased likelihood of disability support, are not included given the relatively small size of the underlying cohorts (see cohort size in Table 1 on p.26, Hosie et al. 2015).

The resulting average annual cost in 2024 dollar values due to mental health can be summarised as:

- Males: \$1,505 (health) + \$2,558 (productivity) + \$1,827 (absenteeism) + \$9,326 (welfare) = \$15,216
- Females: \$1,189 (health) + \$1,359 (productivity) + \$1,579 (absenteeism) + \$11,830 (welfare) = \$15,957

The second study by Access Economics (2009) estimates the average annual financial cost of mental health for a person aged 12–25 to be \$10,544 in 2009, or \$15,274 in 2024 dollar values (it also estimates the social cost to be \$31,014 – or \$44,927 in 2024 dollar values). Such costs include the effects on health services as well as lower productivity and higher absenteeism in the workplace.

As the figures of Hosie et al. (2015) and Access Economics (2009) cover the impact of mental health on both access to health services and diminished effectiveness in the labour market, including lower completed education, and are similar in value – about \$15,000 per year per person – this figure is used as an estimate of the cost of diminished wellbeing / poorer mental health.

There are 273 YCBP aged 20+ (lines 68 and 71 of file YCBP_Reach_DEX1 s4 edited). These young carers experience, on average, a 7.7% improvement in their wellbeing score.²⁶ Based on the initial score of 3.31 (line 35 of YCBP_scores2 x4.xls), the percentage increase in wellbeing is $0.254 / 3.31 = 7.7\%$. This is a small but not negligible effect.

The 7.7% average increase in wellbeing on 273 YCBP recipients can be transformed into 7.7%, or 21 persons, who avoid future mental health issues as a result of the bursary. Using a working life of 40 years, and 2024 dollars (i.e. no future inflation), the benefit of YCBP for the latest cohort enrolled is derived as:

- 21 persons x \$15,000 (value of higher wellbeing) x 40 years = \$12.6 million

The cost of YCBP

The cost of delivering YCBP is sourced from DSS, and amounts to:

- 2023: \$4,468 per bursary (= 50% x \$6,752,991 + 50% x \$6,758,741 divided over 1,512 actual bursaries), and

²⁶ This is derived the regression coefficient .254 (line 47 of from YCBP_scores2 x4.xls), which is statistically significantly different from zero at the 1% level (p-value .0024).

- 2022: \$4,577 per bursary (= 50% x \$6,752,991 + 50% x \$6,887,272 divided over 1,490 actual bursaries).

It is worth noting that delivering YCBP has become more cost-effective in 2023, notwithstanding that both (i) the value of each bursary has increased from \$3,000 in 2022 to \$3,768 in 2023 (a 25.6% increase), and (ii) the number of bursaries has increased from 1,490 to 1,512 (+1.5%).

Cost-benefit ratio per bursary recipient

The cost-benefit ratio over the working life of each bursary recipient for both approaches is summarised below:

Table 13 Cost-benefit approaches

	Case and N	Work-life cost-benefit for the program	Comments
1 st approach: focus on education	<i>Baseline</i> <i>N benefit = 171</i> <i>N cost = 1,741</i>	benefit = 24.5 x cost (165.8m/\$6.756m)	Only 50% of the 20 percentage points increase in education attributed to YCBP
	<i>Optimistic</i> <i>N benefit = 342</i> <i>N cost = 1,741</i>	benefit = 49.1 x cost (331.6m/\$6.756m)	100% of the 20 percentage points increase in education attributed to YCBP
	<i>Pessimistic</i> <i>N benefit = 34</i> <i>N cost = 1,741</i>	benefit = 4.9 x cost (33.2m/\$6.756m)	Only 10% of the 20 percentage points increase in education attributed to YCBP
2 nd approach: focus on (mental) wellbeing	<i>Benefit restricted to age 20+</i> <i>N benefit = 21</i> <i>N cost = 1,741</i>	benefit = 1.9 x cost (12.6m/\$6.756m)	Only statistically significant increase in wellbeing attributed to YCBP

The estimated benefit-cost ratio of YCBP ranges between 1.9 (second approach) to 4.9 times the cost in the most pessimistic scenario of the first approach, which we prefer over the baseline given the likely influence of factors not accounted for in the summary table sourced from the 2016 Census.

Overall, YCBP is a beneficial program producing at least \$1.90 benefit for each \$1.00 cost. The program has become more cost effective as the cost associated with the delivery of each bursary has declined over time.