

RSL Queensland

Health and Wellbeing Spillover Effects of Informal Care in Australian Veteran Families

Insights from a national online survey

PRESENTED BY

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Acknowledgement

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Key definitions



Informal care

Unpaid support provided by family members, partners, or friends to someone with a chronic illness, disability, or injury — including help with daily activities, emotional support, and care coordination.



Veteran/Care recipient

Current or former Australian Defence Force (ADF) member with a diagnosed physical and/or mental health condition or service-related problems



Spillover effects Basu et al., 2005

The monetary and non-monetary welfare effects incurred by caregivers and family members of an injured or ill relative — extending beyond the ill or injured individual.



Outcomes

- *Economic cost*
- *Caregiver burden*
- *Health-related Quality of life (HRQoL)*

Military service affects the whole family — not just the veteran.

Impact on families

- Unique stressors Hughes et al., 2022
- “Spillover” into partners’ careers & mental health Wittenberg et al., 2019; Keramet et al., 2025
- Higher risk of problems in children Cretchley et al., 2014

Impact on informal caregiver

- Often complex & long-term caregiving (e.g., PTSD) Hughes et al., 2022
- Fatigue, isolation, unmet needs Post et al., 2022
- Limited formal recognition Post et al., 2022

Why it matters: Family & caregiver impacts are rarely included in economic evaluations, risking the undervaluation of veteran healthcare programs Keramet et al., 2025.

Current study

- What are the magnitude and nature of the economic, health, and wellbeing impacts of providing care on family caregivers?
- What are the factors associating to these spillover effects on family caregivers?

- **National online survey** conducted from **December 2024–August 2025**
- **Participants:** Family caregivers providing care to a veteran
- Collected data on **caregiving characteristics, burden, costs, and HRQoL** (caregiver and care recipient)



Photo credit: RSL Queensland

Costs of informal care

Replacement cost method: *hours of care* × *hourly wage*

- **Replacement cost:** cost of hiring a professional to provide the same care
- **Intensive care:** >25% of time on assisting with daily living activities *(top quartile)*
- **Proxy wage rates:**
  - Professional carer → intensive care
  - Assistant carer → low-intensity care
- Sourced from **Jobs and Skills Australia** in **2025 AU$**
- **Sensitivity analyses:** alternative wage rates and intensity thresholds

Caregiving Burden

Burden was assessed from two angles — what caregiving involves, and how it feels.

Objective burden

- Duration (weeks)
- Intensity
  - ≥20 hours/week
  - >25% time on activities of daily living (ADL)
- Care recipient's need for supervision
- Care recipient's living situation
- Use of professional / non-professional care

Subjective burden

- Caregiver's perceived strain
- Measured using the Self-Rated Burden Scale (SRB)

HRQoL Spillover Effects

Two ways to estimate the spillover effects of caring for an injured or ill veteran on their caregiver.

Relative spillover

- **Association**: Caregiver HRQoL (AQoL-8D) vs. care recipient HRQoL (EQ-5D-5L)
- **Estimates**: Standardised (z-score) regression coefficients
- **Covariates**: Age, education, burden, dependency, discharge type
- **Variable selection**: Backwards stepwise procedure ($p < 0.15$)

Absolute spillover

- **HRQoL comparison**: Veteran caregivers vs. matched general caregivers (HILDA*)
- **Matching**: Coarsened Exact Matching (CEM) on age, gender, education, care type
- **Difference**: SF-36 mapped to AQoL-8D utility score; compared using t-test
- **Sensitivity analyses**: income-adjusted CEM; propensity score matching

*This paper uses unit record data from Household, Income and Labour Dynamics in Australia Survey [HILDA] conducted by the Australian Government Department of Social Services (DSS). The findings and views reported in this paper, however, are those of the authors and should not be attributed to the Australian Government, DSS, or any of DSS' contractors or partners. DOI: https://doi.org/10.26193/J4NSZO.

Participants Characteristics

- **Aged ≥ 19** years
- **Primary informal caregiver** of a **family member** (e.g. spouse, child, parent, sibling) who is a current serving or transitioned ADF member with a **diagnosed** health condition
- **Ongoing or likely ongoing caregiving involving**:
  - *emotional support*
  - *help with travelling*
  - *household activities*
  - *personal care*
  - *nursing care*
  - *administrative activities*

245
Caregivers



40.3%
Queensland



95.9%
female avg.
59 years old

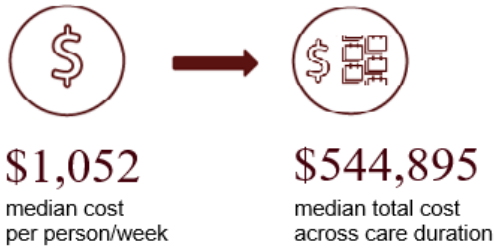


33.7%
employed

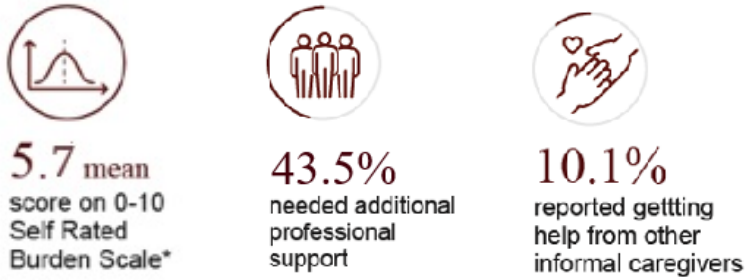


85.5%
veterans' spouses
or partners

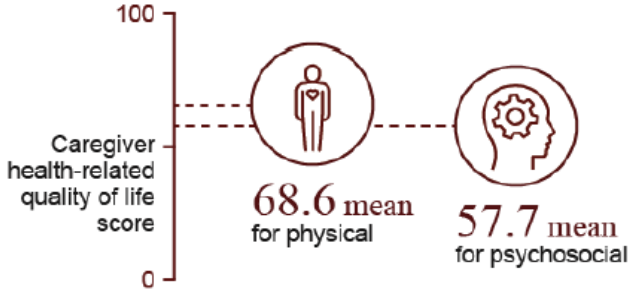
Monetary & non-monetary impacts



Economic value of informal caregiving in Australian veteran families.

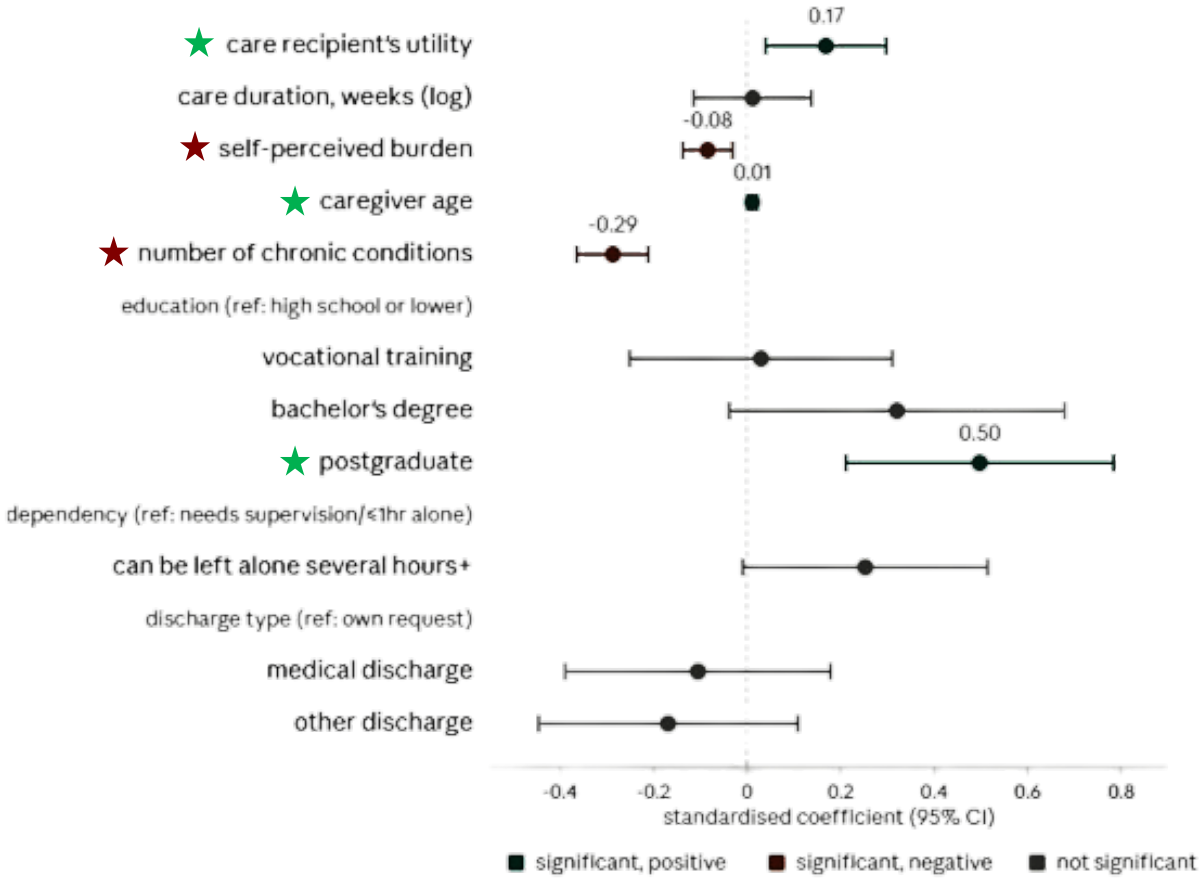


Moderate level of caregiver burden and not receiving adequate formal or informal support, as reported by veteran caregivers.



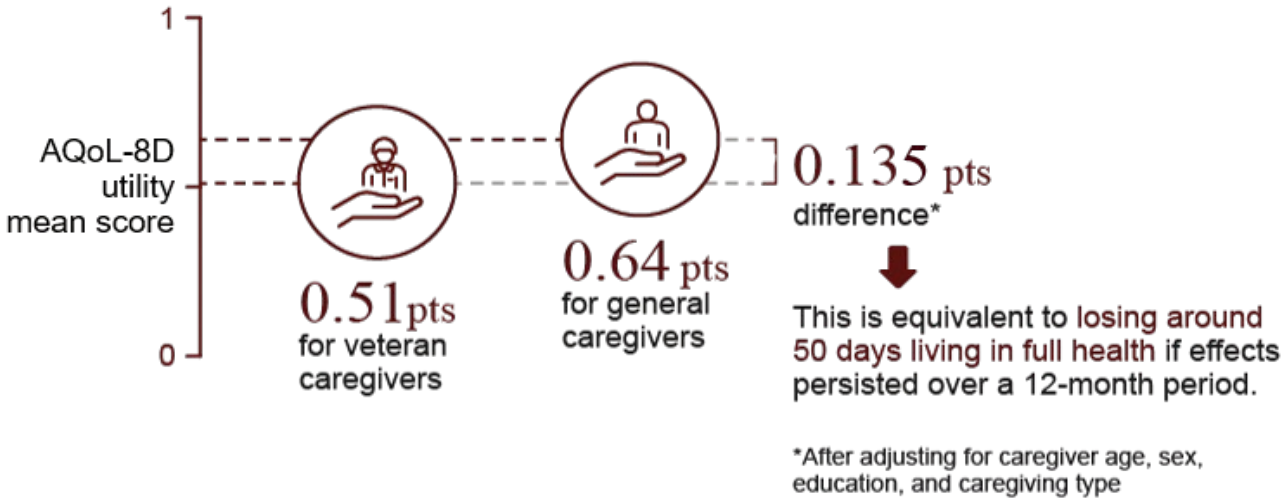
Caregivers' psychosocial wellbeing is lower than their physical wellbeing.

Relative spillover



- Caregivers' quality-of-life is strongly associated with veteran's quality-of-life
- Caregiver characteristics significantly associated with higher HRQoL
  - Older age
  - Higher education (postgraduate qualification vs. high school or lower)
  - Fewer chronic condition
  - Lower perceived caregiving burden

Absolute spillover





Veteran caregivers lost 0.135 years (~50 days) of living in full health per year, compared to general population caregivers.

Strengths & Limitations

Strengths

- National scope
- Validated HRQoL instruments
- First Australian study to quantify spillover in veteran caregivers
- Relative and absolute spillover effects quantified

! Limitations

- Cross-sectional design — no causal inference
- Sample skew: mostly older, female, spousal
- Over-represent higher-burden caregivers
- Limited generalisability beyond similar healthcare / veteran-support systems
- Measurement limitations
- Potential unmeasured confounding

Implications for Policy and Economic Evaluation

1 Sustained caregiving demand

WHAT WE FOUND

Heavy reliance on informal care, with low uptake of professional support

WHAT IT MEANS

Easier access, more respite, and dedicated caregiver services required

2 Caregiver support

WHAT WE FOUND

Long, intense caregiving increases strain over time

WHAT IT MEANS

Early, coordinated support eases the burden

3 Undervalued in economic evaluation

WHAT WE FOUND

Family impacts are often left out of evaluations

WHAT IT MEANS

Including them means fairer funding decisions

Be: A Resilient Caregiver

- **Free online program** for veterans, families, and dependants
- **For informal/unpaid caregivers**, including partners, family, friends
- **Evidence-based content**, practical tips, lived experiences, and resources



What is a caregiver?

Different organisations define caregivers in different ways. Some definitions come from the government, research, or surveys. For this module, we define **informal caregivers of an unwell veteran** as adults who are the main provider of unpaid and ongoing support to a current or former military member with a physical or mental health condition.

You do **NOT** need to:

- Be officially registered as a caregiver
- Be eligible for DVA benefits
- Live with the veteran
- Provide full-time care
- Perform personal or medical tasks.



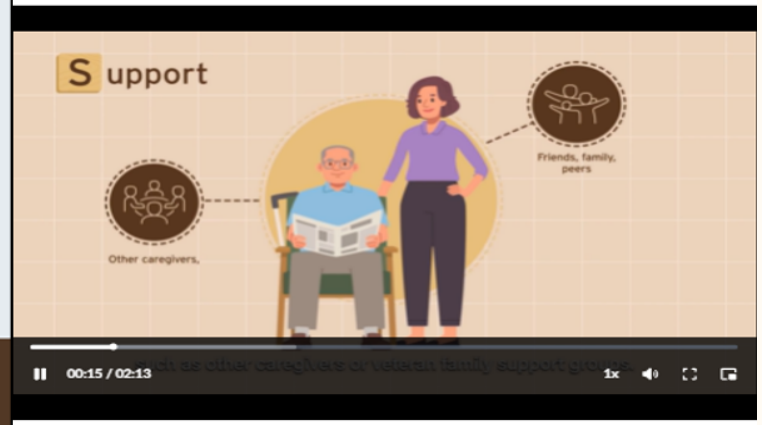
Research by Gallipoli Medical Research with a group of 204 Australian veteran caregivers found that their health and well-being are generally worse than caregivers in the wider community. Veteran caregivers who provide care for more than a year could lose the equivalent of about 50 days of full health each year. In other words, the strain of caregiving can reduce caregiver's overall wellbeing as if they were completely unwell for roughly 50 days each year. However more research is needed to determine why this is the case.

Caregiving also comes with a significant time and cost.



STRONG: A practical guide to your wellbeing

Think of resilience as moving from *"surviving"* to *"thriving"*. Click **Play** to learn more:



You don't need to experience all of these signs. Even one or two persistent indicators may signal that additional support would be helpful.

Another reason I don't see myself as a caregiver is because I'm in so much need of care myself. My family at times have really needed to carry me through because it's like I became collateral damage in the process.

Leigh, caregiver of a former ADF member

How's your caregiver load? Complete this short questionnaire to check in with yourself.

Caregiver load worksheet.pdf
353.3 KB

CONTINUE

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