

Identifying carers for older adults

April 2026

Summary

Authors

Kaitlyn McKenna (DELIVER Research Assistant), Alison Buccheri (DELIVER Research Translation Coordinator), Samantha Freudenstein (DELIVER Research Assistant)

The challenge

Colac Area Health recognises and values the important contribution of informal, unpaid carers in supporting older adults who access home-based care services. Through discussions with local stakeholders (including clinicians, consumers, carers and community advisors) (1), it has been identified that there is opportunity for improvement in the identification and support of carers within our community. It is hoped that earlier identification of carers will enable health care professionals at Colac Area Health to encourage greater access to and engagement with appropriate support for carers.

What we did

A literature search was conducted using three electronic databases (Medline Complete, APA PsycInfo and CINAHL Complete). Subsequently, 14 articles (published between 2007-2025) were selected for inclusion.

What we found

- Multiple factors influence the adoption of a carer identity among those providing care for older adults at home such as:
 - existing identities & self-perceptions of people in caring roles
 - external perceptions of health care professionals, and family and social networks
 - changes in the needs of the care-recipient
 - alignment of understanding carer roles with experiences of caring.
- Health care professionals have a key role in recognising and understanding carer roles.
- Health care professionals can support early identification of carers.
- Health care professionals need to ensure there are appropriate supports available to carers.

What does this mean for health care professionals?

Health care professionals need to understand the complexities and various interrelated factors that influence how carers may be identified. A key message is that the people supporting older adults with health needs may or may not consider themselves to be 'carers', even when they are providing significant unpaid support. The adoption of a carer identity may be shaped by a person's past experiences, cultural background and existing relationships. Health care professionals can use a task-focused (rather than identity-focused) approach and offer support that relates specifically to the carer's experience of caring.

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Background

Colac Area Health recognises and values the important contribution of informal, unpaid carers in supporting older adults who access home-based care services. Through discussions with local stakeholders (including clinicians, consumers, carers and community advisors) (1), it has been identified that there is opportunity for improvement in the identification and support of carers within our community. It is hoped that earlier identification of carers will enable health care professionals at Colac Area Health to encourage greater access to and engagement with appropriate support for carers.

This rapid evidence summary aims to answer the following questions:

- What factors influence adoption of a carer identity among those providing care for older adults living at home?
- How can health care professionals identify carers of older adults?

Terminology and definitions of carers vary across contexts, including within the research literature. Carers Victoria (2) use the term 'carer' to refer to those who provide unpaid support to someone (often a family member or friend) who requires assistance with activities such as personal care, household tasks, transport, financial tasks, emotional support, and coordination/navigation of health and other support services. This definition is based on the Victorian Carers Recognition Act 2012 (3) and the Commonwealth Carer Recognition Act 2010 (4), and is also utilised for the purpose of this evidence summary.

Carers Victoria (2) highlight that carers are more likely to experience lower wellbeing, reduced workforce participation, higher levels of stress, additional financial expenses, and feelings of isolation than those who are not in caring roles. It is hoped that earlier identification of carers will enable health care professionals at Colac Area Health to encourage greater engagement and access to appropriate support services for carers.

Literature search

A search of articles published in English was conducted on 01/07/25 using three electronic databases (Medline Complete, APA PsycInfo and CINAHL Complete). Search terms were used to explore carer, identity and home-based care setting concepts (see [Appendix 1](#) for details and eligibility criteria). From the initial search and subsequent hand-searching of reference lists, 14 articles (published between 2007 and 2025) were selected to answer the research questions (see Appendix 2 for summary of included studies).

The majority of the included articles used qualitative study designs (including focus groups and interviews); two studies were literature reviews, and one study utilised a mixed-methods study design. The included studies represented 6 countries: United Kingdom (n=5), Australia (n=2), Canada (n=2), United States (n=1), Belgium (n=1), and Norway (n=1), with the literature reviews providing a global perspective (n=2). All studies included informal carers as participants, with some (n=3) also exploring the perspectives of care recipients and/or health care professionals. Within the context of home-based care settings, most of the studies (n=9) included carers providing support for those with chronic or long-term conditions (including cognitive impairment, dementia, stroke, cancer and multiple sclerosis).

Findings

What factors influence adoption of a carer identity among those providing care for older adults living at home?

The articles included in this review highlighted several factors that influence when, how, and why a person providing care for an older adult may identify as a carer, such as:

- existing identities & self-perceptions of people in caring roles
- external perceptions of health care professionals, and family and social networks
- changes in the needs of the care-recipient
- alignment of understanding carer roles with experiences of caring.

These factors are detailed with examples in the table below.

Table 1. Factors influencing the adoption of a carer identity among those providing care for older adults living at home.

Factors	Examples
Existing identities & self-perceptions of people in caring roles	<p>Carer identity can co-exist alongside other existing identities/roles (e.g. partner, child) (5-8) or can take the place of an existing identity/role(9) .</p> <p>Carer identity/role can be fluid (7) and change over time based on relationship and health contexts (10, 11).</p> <p>Caring tasks can be considered as part of an existing role (e.g. partner, child) (11-14).</p> <p>Some people prefer to maintain their existing identity (e.g., as a partner, spouse or relative) (5, 9, 14, 15) which often allows the care-recipient to maintain their existing identity (e.g. as a partner/parent, rather than as someone who needs care) (6, 7, 9, 14).</p>
External perceptions of health care professionals, and family and social networks	<p>Some people identify themselves as a carer in response to being referred to as such by a health care professional (7, 9, 13, 15).</p> <p>Identifying as a carer may be less common for people whose peers minimise the needs of the care-recipient (8) and the role of the carer (16).</p> <p>Family, friends, support groups, and social networks can provide connection, validation, and recognition, which can initiate an identity shift and/or reinforce identity as a carer (9, 13, 16)</p>

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Care-recipient needs and carer responsibilities	<p>Adoption of carer identity is strongly influenced by increased caring responsibilities (and reduced time for the carer to engage in work / recreational activities) (8, 12, 14, 15). Changes to care-recipient needs (and corresponding carer identity) may be gradual (5-7, 9).</p> <p>Identification as a carer often occurs at ‘crisis points’ (e.g. where there has been an escalation / sudden increase in care-recipient needs) (15).</p> <p>Where carers are responsible for practical, household tasks (12) or perceive that they are the only person available to provide support (16) they are more likely to identify as a carer.</p>
Alignment of understanding carer roles with experiences of caring	<p>Access to education and information about the care-recipient’s condition and their care needs helps in understanding and embracing identity as a carer (16).</p> <p>Carer identity is influenced by how closely a person’s understanding / definition of the caring role aligns with their experiences (16).</p> <p>Confusion and stigma regarding carer roles are barriers to identification as a carer (8, 16).</p>
Other factors	<p>Socio-cultural factors (including experiences of familial or gender roles) may enable or inhibit adoption of a carer identity, depending on the context (9, 12, 16, 17).</p> <p>Carer identity may also be influenced by the circumstances around the provision of care (e.g. whether caring is something that is taken on voluntarily or involuntarily, and how much control carers perceive they have over their situation) (5, 14, 18).</p> <p>Willingness and ability to take on carer roles should be considered according to the individual context (11, 16, 17).</p>

How can health care professionals identify carers of older adults?

Health care professionals have a key role in recognising and understanding carer roles (6, 8, 12, 17). Due to the nature of their roles, health care professionals are often in a position to support early identification of carers (e.g. at onset of symptoms, time of diagnosis, or discharge from hospital) (12).

Health care professionals may assume who the carer is based on who visits the care-recipient most frequently (18) , but should be aware of the complexities of carer roles in the context of existing relationships (11, 15).

Health care professionals need to ensure there are appropriate supports available for carers (7). Awareness of available carer support services can assist carers to recognise and identify with their role (15). However, carers who do not identify with the term ‘carer’ may be more likely to engage with support services that are described using more inclusive language. This may involve use of the verbs ‘care’ or ‘caring’ (instead of the nouns ‘carer’ or ‘caregiver’), using terms such as ‘family’ or ‘partner’, or language that focuses on the tasks associated with caring (5, 6, 9, 16).

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Carer identity can be supported when health care professionals communicate and engage collaboratively with carers, acknowledging and respecting their role in decision-making (12). It is important that the expectations and responsibilities of carers supporting those in home-based programs are clearly outlined (18). Providing a definition of a 'carer' that describes the tasks and activities associated with caring may support people to self-identify with the role (8).

What does this mean for health care professionals supporting older adults and their carers?

The research included in this evidence summary highlights the complexities and various interrelated factors that influence how carers may be identified, both by health care professionals and by carers themselves. A key message is that the people supporting older adults with health needs may or may not consider themselves to be 'carers', even when they are providing significant unpaid support.

Health care professionals need to consider that individuals will have different understandings and interpretations of the term 'carer'. This term may bring different meaning depending on a person's past experiences, cultural background, and existing relationships. It is important for health care professionals, older people and their carers to develop a shared and individualised understanding of roles and responsibilities.

It is common for health care professionals to ask a patient if they *have* a 'carer' (or ask the supporting person, next of kin, or family member present if they *are* a 'carer'). Without a shared definition of 'carer', this approach is not always going to accurately identify who is completing care activities. Equally, offering to provide 'carer support' to someone who does not consider themselves to be a carer may not lead to acceptance and engagement with these support services. It may be more appropriate to use a task-focused approach and to offer support that relates specifically to the carer's experience of caring.

Identifying and supporting people who provide care to older adults must be approached in a culturally safe and individualised way. The caring role is interpreted and understood across cultures and communities in different ways; these factors influence how people understand their identity and responsibilities. Health care professionals are encouraged to work in partnership with carers and care recipients to consider support needs in a way that recognises and respects cultural values.

Limitations

This evidence summary is a snapshot of findings from key research articles identified through a rapid search strategy and judged to be of sufficient quality and relevance to the topic. It cannot be ruled out that a systematic review using different methodology would highlight different findings. The use of only three electronic databases meant that key articles may have been missed. This was mitigated through reference list searching of the included studies to identify additional relevant articles. Two of the included studies were also summarised in one of the literature reviews selected in this evidence summary. This was considered during the synthesis, and caution was taken not to emphasise particular key findings where duplication may have occurred.

This evidence summary does not distinguish between carers who provide short-term support (e.g. during a time-limited Hospital in the Home admission) and those who provide long term support for people with chronic conditions.

A limitation of this evidence summary is the absence of articles describing First Nations people's experiences of caring.

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Other resources

Local procedures and guidelines for identifying (and supporting) carers of older adults should be considered in conjunction with this evidence summary.

Other resources that may be of use to health care professionals working with older adults and their carers include:

- Carers Victoria (<https://carersvictoria.org.au>)
- National Ageing Research Institute (<https://www.nari.net.au/>)
- National Centre for Healthy Ageing (<https://www.monash.edu/medicine/national-centre-for-healthy-ageing>)
- Rehabilitation, Ageing, and Independent Living (RAIL) Research Centre (<https://www.monash.edu/medicine/spahc/rail/home>)
- Australian Association for Gerontology (<https://www.aag.asn.au/>)
- National Aboriginal Community Controlled Health Organisation: Aged Care (<https://www.naccho.org.au/aged-care/>)
- Carers NSW – Diverse carers (<https://www.carersnsw.org.au/about-caring/who-are-carers/diverse-carers>)

References

1. Needham C, Wheaton N, Wong Shee A, McNamara K, Malakellis M, Murray M, et al. Enhancing healthcare at home for older people in rural and regional Australia: A protocol for co-creation to design and implement system change. *PLoS One*. 2023;18(9):e0290386.
2. Carers Victoria. Who is a carer? [Internet]. [Carers Victoria]: 2026. Available from: <https://carersvictoria.org.au/help-advice/am-i-a-carer/>
3. *Carers Recognition Act 2012* (Vic)
4. *Carer Recognition Act 2010* (Cth)
5. Hughes N, Locock L, Ziebland S. Personal identity and the role of ‘carer’ among relatives and friends of people with multiple sclerosis. *Social Science & Medicine*. 2013;96:78–85.
6. Eifert EK, Adams R, Dudley W, Perko M. Family Caregiver Identity: A Literature Review. *American Journal of Health Education*. 2015;46(6):357–67.
7. Morgan T, Duschinsky R, Gott M, Barclay S. Problematising carer identification: A narrative study with older partner’s providing end-of-life care. *SSM - Qualitative Research in Health*. 2021;1:100015.
8. Stapley S, Pentecost C, Quinn C, Victor C, Thom J, Henderson C, et al. Negotiating the caring role and carer identity over time: ‘living well’ and the longitudinal narratives of family members of people with dementia from the IDEAL cohort. *Ageing and Society*. 2025:1–31.
9. Beatie BE, Mackenzie CS, Funk L, Davidson D, Koven L, Reynolds KA. Caregiver identity in care partners of persons living with mild cognitive impairment. *Dementia*. 2021;20(7):2323–39.
10. Bennett PN, Wang W, Moore M, Nagle C. Care partner: A concept analysis. *Nursing Outlook*. 2017;65(2):184–94.
11. van Gorkom RNFG, Meulenbroek AL, de Vries J, Frost DM, van der Laan L. A fluctuating intensity of care: A qualitative study on the experiences of informal caregivers of patients with critical limb-threatening ischemia. *PLOS ONE*. 2024;19(5):e0298959.
12. Knowles S, Combs R, Kirk S, Griffiths M, Patel N, Sanders C. Hidden caring, hidden carers? Exploring the experience of carers for people with long-term conditions. *Health & Social Care in the Community*. 2016;24(2):203–13.
13. O’Connor DL. Self-identifying as a caregiver: Exploring the positioning process. *Journal of Aging Studies*. 2007;21(2):165–74.

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14. Frankowska D, Wiechula R. Women's experience of becoming caregivers to their ill partners: Gadamerian hermeneutics. *Australian Journal of Primary Health*. 2011;17(1):48–53.
15. Carduff E, Finucane A, Kendall M, Jarvis A, Harrison N, Greenacre J, et al. Understanding the barriers to identifying carers of people with advanced illness in primary care: triangulating three data sources. *BMC Family Practice*. 2014;15(1):48.
16. Harcourt B, Brown R, Bowen A. Informal caregiving following stroke: a qualitative exploration of carer self-identification, care-related language and support experiences. *BMJ Open*. 2025;15(4):e089582.
17. Lilleheie I, Debesay J, Bye A, Bergland A. The tension between carrying a burden and feeling like a burden: a qualitative study of informal caregivers' and care recipients' experiences after patient discharge from hospital. *International Journal of Qualitative Studies on Health and Well-being*. 2021;16(1):1855751.
18. Dow B, McDonald J. The invisible contract: shifting care from the hospital to the home. *Australian Health Review*. 2007;31(2):193–202.

Appendix 1: Eligibility criteria and search terms

Criteria	Included	Excluded
Population	Unpaid carers of older adults living at home (including accessing Hospital in the Home, or recently discharged from hospital) +/- the care recipient/s Health care professionals working with older adults	Paid carers, carer staff, carers of children and young adults, carers of adults in aged care or residential facilities, carers of adults in hospital
Intervention/exposure	Identification, recognition, definition of carers	Articles that did not discuss or explore identification, recognition, definition of carers
Mechanism	Factors that influence the self-identification, or external identification of a 'carer' / a person undertaking caring tasks or activities	
Publication types	Systematic reviews, meta-analyses, large RCTs (if none available: high-quality, peer reviewed studies). English language full-text articles only.	Theses, conference abstracts, commentaries, editorials, published books, protocols, grey literature. Full text articles not published in English.
Publication date	All	-

Search terms:

Concept 1: Carer	Concept 2: Identity	Concept 3: Setting
carer* OR caregiv* OR "informal care OR "family carer OR "family caregiver" OR "end of life care*" OR caring OR "care partner OR "spous* carer" OR "older carer" OR "aging caregiver"	identit* OR "self identi*" OR recogni* OR acknowledg*	(home N3 ("base* care" OR care or setting)) OR (Hospital N3 (discharge* OR home*)) OR (MH "Chronic Disease")

The DELIVER Research Project:

- Identifies what the people and healthcare providers of western Victoria need most in terms of home-based healthcare services
- Designs and tests the best way to deliver these services, so that home-based healthcare services will continue to grow and improve across the region and beyond
- Supports the growth of research in western Victoria, so that future research findings can quickly be translated to improvements in healthcare