



**Carers Australia submission to the
Australian Government Treasury**

PRE-BUDGET 2021-22

29 January 2021

ABOUT CARERS AUSTRALIA

Carers Australia is the national peak body representing the diversity of Australians who provide unpaid care and support to family members and friends with a:

- disability
- chronic condition
- mental illness or disorder
- drug or alcohol problem
- terminal illness
- or who are frail aged

Our vision is an Australia that values and supports the contribution that carers make both to the people they care for and to the community as a whole.

We believe all carers, regardless of their cultural and linguistic differences, age, disability, religion, socioeconomic status, gender identification and geographical location should have the same rights, choices and opportunities as other Australians. They should be able to enjoy optimum health, social and economic wellbeing and participate in family, social and community life, employment and education.

For information contact:

Ms Liz Callaghan
Chief Executive Officer
Carers Australia

Unit 2, 11 McKay Lane TURNER ACT 2612
Telephone: 02 6122 9900
Email: ceo@carersaustralia.com.au
Website: www.carersaustralia.com.au

2021-22 BUDGET ASKS – SUMMARY

NATIONAL LEADERSHIP

Recommendation 1: The Australian Government should commence development of a National Carer Strategy in 2021 to demonstrate leadership and a real commitment to the crucial role of carers, to be finalised by the end of 2022.

Recommendation 2: Establish a cross portfolio Ministerial Advisory Council on Carers in 2021 to provide advice on issues of strategic importance in relation to the needs of carers across sectors including education, employment, health, aged care, disability care, and social services.

Recommendation 3: Australian Public Service Commission to review APS Employment Principles and workplace policies and practices against obligations under the *Carer Recognition Act 2010* and report on compliance, in order to provide best practice examples for non-public service care agencies and non-government employers.

HEALTH & WELLBEING

Recommendation 4.1: Vaccinate primary carers of people receiving the COVID-19 vaccination in phases 1a, 1b and 2, recognising an opportunity to administer the vaccination may occur if carers accompany and support the person they are caring for to receive the vaccine.

Recommendation 4.2: As many carers will be the primary contact or source of information for those they care for, undertake a targeted communication/information campaign aimed at carers to ensure they are informed about the COVID-19 vaccine rollout.

Recommendation 5.1: Incentivise provision of short-term respite by adjusting the short-term respite accommodation subsidies in residential aged care to be in line with subsidies for permanent places.

Recommendation 5.2: Provide capital funding for the expansion or establishment of dedicated respite facilities (cottage respite) in the community across Australia.

INCLUSION

Recommendation 6: Funding packages for primary carers to support purchasing devices, initial setup and training and data packages to facilitate telehealth connection for carers to assist in supporting themselves as well as the person they are caring for.

INTRODUCTION

First and foremost, this pre-budget submission seeks to work in partnership with the Australian Government to build on the work Government has already done to recognise the critical contribution carers make to Australia's community and economy, exemplified in 2020 during the COVID-19 pandemic.

This pre-Budget 2020-21 submission asks Government to show national leadership on carer issues, and ensure that carers are considered across government through the development of a new National Carer Strategy. With major reforms in the aged care and disability sectors underway and with two Royal Commissions, as well as continuing health and economic challenges facing governments, now is the right time to renew focus on carers policy and set policy directions for the next five to ten years.

Who is a carer?

A carer is any individual who provides unpaid care and support to a family member or friend who has a disability, mental illness, drug and/or alcohol dependency, chronic condition, terminal illness or who is frail. Carers come from all walks of life, cultural backgrounds and age groups.

Carers assist the people they care for with daily living tasks and support them to more fully participate in society.

It is important that the valuable contribution of all carers is recognised by governments at all levels and across portfolios, as well as the wider community. This includes carers:

- Who have their own care needs
- Who are in multiple care relationships
- Who have employment and/or education commitments
- Aged under 25 years (young carers)
- Aged over 65 years, including 'grandparent carers'
- From culturally and linguistically diverse backgrounds
- Who identify as Aboriginal and Torres Strait Islander
- Who identify as lesbian, gay, bisexual, transgender, intersex (LGBTI+)
- Who are living in rural and remote Australia, and
- That are no longer in a caring role (former carers).

NATIONAL LEADERSHIP

A WHOLE OF GOVERNMENT NATIONAL CARER STRATEGY

THE ISSUE

More than 1 in 10 Australians are carers¹. Carers are an essential part of our community, providing unpaid care for family and friends, and deserve a whole of government National Carer Strategy to deliver a clear vision and strategy for all people in care relationships, now and into the future.

While the *Carer Recognition Act 2010* (the Act) formally acknowledges the valuable social and economic contribution of carers in Australia, the *National Carers Strategy 2011, Action Plan 2011-2014* and companion *Implementation Plan* lapsed in 2014, and are now out-of-step with state and territories' policy development, and with current reform agendas across health, aged care and disability.

The role of the carer and need for increased support has been highlighted numerous times during the Royal Commission into Aged Care Quality and Safety (Aged Care Royal Commission) and the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (Disability Royal Commission).

Current data gaps and a lack of research into carers and their role in health, mental health, aged care, disability care and the broader social capital of our communities has a substantial impact on the development of evidence-based policy, initiatives, service planning and provision.

THE BENEFITS

A new stand-alone National Carer Strategy is essential to acknowledge and prepare for the growth in demand for carers – estimated to increase by 23% by 2030 ([Deloitte Access Economics](#), 2020).

A new National Carers Strategy would underpin the Primary Health Care 10-Year Plan (under development) and new National Disability Strategy, and be an essential reference point for policy development and reform following the Aged Care Royal Commission's final report. In addition, it needs to examine existing relevant policy that emphasise but do not address the essential role of the carer, including the National Palliative Care Strategy, Fifth National Mental Health and Suicide Prevention Plan, National Aboriginal and Torres Strait Islander Health Plan 2013–2023, National Framework for Action on Dementia 2015-2019, National Drug Strategy 2017-2026 and the National Alcohol Strategy 2019-2028. More broadly, a National Carer Strategy would inform other areas of policy at a federal level, for example medium and long term economic recovery following the COVID-19 pandemic.

THE RECOMMENDATION

- **The Australian Government should commence development of a National Carer Strategy in 2021 to demonstrate leadership and a real commitment to the crucial role of carers, to be finalised by the end of 2022.**

Specifically, the National Carers Strategy must:

- Include supported community consultation and extensive engagement with stakeholders during planning, development and implementation;
- Be for all people with an unpaid caring role;
- Outline how to address carers' rights and needs, together with and separately from the people they care for;
- Apply across portfolios and governments, including health, aged care, disability care, and social services;

¹ AIHW (2019) [Australia's Welfare 2019 Snapshot – Informal carers](#) [accessed 20/1/21]

- Identify data gaps and priorities for improving data and research on carers to support evidence-based policy and service planning; and
- Embed appropriate accountability processes and measures in collaboration with carers, the private sector, and non-government organisations.

A MINISTERIAL ADVISORY COUNCIL FOR CARERS

THE ISSUE

Issues relating to carers in their own right have been subsumed by the overall disability reform agenda. Recognition of carers in providing support and care is crucial in the post-COVID world, and must focus on carer reform across ministerial portfolios including education, employment, health, aged care, disability care, and digital literacy.

Formation of a National Disability and Carers Advisory Council (the Council) was a Federal Government election commitment from 2014 in recognition of the complexity and diversity of the disability sector, and convened to enable the Government's regulatory reform agenda to be progressed through coordinated advice to the Minister and the Assistant Minister. The necessary focus of the Council at the time was on driving the implementation of the overarching National Disability Strategy 2010-2020, including the National Disability Insurance Scheme (NDIS) and proposed reforms to disability employment, as well as the Integrated Plan for Carer Support Services. However, there is now an independent National Disability Advisory Council to government.

While carers policy has a home within the Department of Social Services, it is often considered in conjunction with disability policy. While the roll out of the Carer Gateway demonstrates government commitment to carer wellbeing and support, there are elements of additional reform across government that impact carers in a way that is not considered systemically. Carer policy and reform is not driven from a single focus point in government. Carers are often viewed as a secondary policy complexity that is never fully addressed in its own right. With 2.8 million carers in Australia providing 2.2 billion hours of unpaid care in 2020, they are a significant economic contributor.

THE BENEFITS

The lack of joined-up policy focus on carers, including employment support and access to education, must be addressed, particularly given the estimated \$77.9 billion it would cost to replace the informal care provided in 2020 alone². This significant contribution is even more valuable to government in the context of the ongoing COVID-19 response, where it is essential to ensure current services appropriately assist carers to meet the needs of the people that they care for, and themselves.

Providing coordinated advice to government through a dedicated Ministerial Advisory Council will improve consistency of policy and reform across government, and assist in achieving its social and economic policy objectives, particularly long-term sustainability of the aged care and disability systems. An established, standing mechanism would also provide improved capacity to respond quickly and effectively to national crises such as the COVID-19 pandemic.

THE RECOMMENDATION

- **Establish a cross portfolio Ministerial Advisory Council on Carers in 2021 to provide advice on issues of strategic importance in relation to the needs of carers across sectors including education, employment, health, aged care, disability care, and social services.**

² AIHW (2019) '[Australia's Welfare 2019 Snapshot – Informal carers](#)' [accessed 20/1/21]

At a minimum this Council would focus on:

- Development of a National Carers Strategy;
- Champion carer relevant reform across portfolios;
- Ensure that approaches to policy are responsive to the needs of carers;
- Support the sustainability of unpaid care to benefit the health and wellbeing of Australians in need of support and assistance, and the broader Australian economy;
- Drive implementation of recommendations relating to carers arising from the Aged Care and Disability Royal Commissions;
- Examine interface issues between Commonwealth and jurisdictional systems and funding; and
- Identify potential targets for regulatory reform.

EMBED CARER RECOGNITION AND IMPROVE AWARENESS OF THE *CARER RECOGNITION ACT 2010*

THE ISSUE

With over 150,000 employees³, the Australian Public Service (APS) has the opportunity to set an example of carer-friendly workplace policies and practices, noting that carers in Australia experience considerably poorer employment outcomes, with a 52.2% employment to population ratio compared with 75.9% for people without caring responsibilities. Removing barriers and supporting carers to participate in paid work is pivotal to enabling their social, community and economic participation, and greater outcomes for community and government.

THE BENEFITS

The [Carer Recognition Act 2010 \(Cth\)](#) aims to increase recognition and awareness of the role carers play in providing daily care and support to people with disability, medical conditions, mental illness or who are frail aged. The [Carer Recognition Act 2010 Guidelines \(2016\)](#) were developed to assist APS Agencies and Commonwealth Government funded providers to meet their responsibilities under the Act.

THE RECOMMENDATION

- **Australian Public Service Commission to review APS Employment Principles⁴ and workplace policies and practices against obligations under the *Carer Recognition Act 2010* and report on compliance, in order to provide best practice examples for non-public service care agencies and non-government employers.**

³ 150,474 employees at 30 June 2020. Source: APSC [APS Employment Data Release](#)

⁴ Set out in section 10A of the [Public Service Act 1999](#)

HEALTH & WELLBEING

RECOGNISE CARERS AS A PRIORITY GROUP FOR COVID-19 VACCINE ROLLOUT

In 2020 the ‘invisible army’ of Australia’s carers played a crucial role during the COVID-19 pandemic. The [COVID-19 Vaccine National Rollout Strategy](#) identifies the priority populations for vaccination and the phases that will be provided in Australia. Acknowledging that many of the people cared for are in a high-risk health or age categories for COVID-19, and thus in high priority populations for the COVID-19 vaccine, carers are also in high-risk categories themselves.

THE RECOMMENDATIONS

- **Vaccinate primary carers of people receiving the COVID-19 vaccination in phases 1a, 1b and 2, recognising an opportunity to administer the vaccination may occur if carers accompany and support the person they are caring for to receive the vaccine.**
- **As many carers will be the primary contact or source of information for those they care for, undertake a targeted communication/information campaign aimed at carers to ensure they are informed about the COVID-19 vaccine rollout.**

FUNDING FOR AGED CARE RESPITE

THE ISSUE

Evidence presented to the Aged Care Royal Commission has revealed significant barriers to accessing overnight, weekend and longer-term respite care both within residential aged care facilities and in dedicated respite facilities in the community. Respite services are critical to many carers’ own health and wellbeing and can, in many cases, mean the difference between a carer being able to provide care and support to an older person at home or having no alternative but to seek permanent residential aged care accommodation for them.

Among the disincentives for providing short-term respite accommodation in residential aged care are the lower levels of subsidies compared to subsidies for permanent places, especially given the high level of administrative requirements and other adjustments associated with taking in a new person. In the Aged Care Funding Authority’s (ACFA) Report on Respite for Aged Care Recipients (2018)⁵ it was recommended that funding arrangements should be neutral and not act as a disincentive for respite care. Counsel Assisting’s submissions to the Aged Care Royal Commission echoed this view.⁶

Government could consider other ways to encourage the provision of dedicated respite beds in residential aged care, such as setting target minimum number of dedicated respite beds, although Carers Australia recognises that neutral funding arrangements are likely to be the most effective incentive.

THE BENEFITS

Access to planned and emergency respite assists in sustainability of the caring role. Respite also supports the objectives of the Carer Recognition Act, specifically:

⁵ Aged Care Financing Authority (ACFA), Report on Respite for Aged Care Recipients (2018), <https://www.health.gov.au/resources/publications/acfa-report-on-respite-for-aged-care-recipients>

⁶ ACRC, Counsel’s Assisting’s Final Submissions, p.23 <https://agedcare.royalcommission.gov.au/media/29103>

- Carers should be supported to enjoy optimum health and social wellbeing and to participate in family, social and community life; and
- Carers should be acknowledged as individuals with their own needs within and beyond the caring role.

THE RECOMMENDATIONS

- **Incentivise provision of short-term respite by adjusting the short-term respite accommodation subsidies in residential aged care to be in line with subsidies for permanent places.**
- **Provide capital funding for the expansion or establishment of dedicated respite facilities (cottage respite) in the community across Australia**

INCLUSION

IMPROVE DIGITAL LITERACY AND INFRASTRUCTURE FOR CARERS

THE ISSUE

Technology has a vital role to play in supporting carers in their caring responsibilities and carers must be enabled and empowered to work, care and access information and services digitally.

While many carers do use digital technology (mostly SMS/text messaging, social networking or email) a significant number are digitally disadvantaged.⁷ An Australia-wide survey conducted by state and territory members of Carers Australia found that only about 70% of carers were confident about accessing information on-line.⁸

It is a well-established fact that carers tend to neglect their own health needs, despite the fact that over a third of primary carers have a disability.⁹ One important reason is that they are very time poor and have difficulties combining care with frequent medical appointments for themselves and those they care for. Not only has COVID-19 intensified and amplified the importance of access to digital technology, it has also resulted in increased access to telehealth, which is likely to become a permanent feature of the delivery of medical services.

THE BENEFITS

Results of a Royal Australian College of Physicians (RACP) Members' Survey of new MBS Telehealth attendance items introduced for COVID-19¹⁰ indicated that almost 75% of respondents thought that the availability of these telehealth attendance items has contributed to improved accessibility of healthcare and almost 70% stated that patients were generally more likely to keep their telehealth appointments than face to face appointments.

Among the benefits specifically noted in the report were the potential for great saving of time/money for patients, carers and caring relatives with regards to time off work, travel costs/time, and parking. They also note that video-conferencing is the preferred means of consulting with patients, but does present

⁷ Australian Bureau of Statistics (ABS), *Use of information technology by people with disability, older people and primary carers*, 2020 {accessed online}

⁸ Carers NSW in association with the Carers Australia network, 2020 National Carers Survey, [http://www.carersnsw.org.au/Assets/Files/2020NationalCarerSurveyReport_Updated_ONLINE\[1\].pdf](http://www.carersnsw.org.au/Assets/Files/2020NationalCarerSurveyReport_Updated_ONLINE[1].pdf)

⁹ [Disability, Ageing and Carers, Australia: Summary of Findings, 2018 | Australian Bureau of Statistics \(abs.gov.au\)](https://www.abs.gov.au/Disability_Ageing_and_Carers_Australia_Summary_of_Findings_2018)

¹⁰ Royal Australian College of Physicians (RACP), *Members' Survey of new MBS Telehealth attendance items introduced for COVID-19*, 2020 {accessed online}

difficulties for older patients, those living in regional and remote areas and other disadvantaged groups who lack the technology and knowledge to comfortably engage in video-conferencing. They recommend that Government consider additional funding packages for such people to support purchasing devices, initial setup and training and data packages to support telehealth connection. Such funding would also support those carers who need the internet to access services and supports for themselves and those they care for.

THE RECOMMENDATION

- **Funding packages for primary carers to support purchasing devices, initial setup and training and data packages to facilitate telehealth connection for carers to assist in supporting themselves as well as the person they are caring for.**