



Productivity Commission - Carer Leave Inquiry

Submission in response to the Issues Paper

August 2022

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1 Introduction

1.1 The Department of Health and Aged Care (the department) provides the following submission on the Productivity Commission's Issues Paper for the inquiry into Carer Leave. The views expressed in this submission are those of the department.

1.2 The department recognises informal carers make a substantial contribution to society and the aged care system. The department is implementing measures to minimise carer stress by increasing support provided for informal and family carers of older Australians, particularly for those living with dementia, and increasing funding for respite services. This submission provides information on the supports currently available to carers through programs administered by the department.

1.3 The department understands the importance of developing policies to better support carers in their caring roles to support the desire of family members and others to look after an older person as well as mitigate demand for formal caring arrangements in the context of the limits of the available formal care workforce. The introduction of policies that provide entitlements to paid and unpaid leave for carers of older Australians, and increased respite options may have the potential to achieve this outcome and go a long way to address carers (predominantly women) leaving the workforce or reducing work hours due to caring responsibilities.

1.4 When it comes to the interaction of formal and informal care within the aged care system, the department notes the complexity and difficulty of understanding the activities and intensity of care that go into supporting any one individual. Both formal and informal care are essential elements in the design of support systems and there is unlikely to be a one size fits all approach when considering the scope of formal leave entitlements.

1.5 While this submission does not provide commentary on the broader economic impact of introducing a formal leave entitlement, the department notes the potential impact of any extended unpaid carers leave on superannuation balances and that informal carers tend to be female.

1.6 In addition, the department does not hold a view as to the appropriateness of amending the National Employment Standards.

2 Background

2.1 According to the Australian Bureau of Statistics (ABS) *Survey of Disability, Ageing and Carers*, in 2018, 1 in 6 Australians (15.9% or 3.9 million people) was aged 65 years and over.¹

- Most older Australians (persons aged 65 years and over) were living in households (95.3%), with 4.6% living in shared accommodation.
- Half (49.6%) of all older Australians had a disability, i.e., a limitation, restriction or impairment that restricts every day activities lasting at least at least 6 months.

¹Australian Bureau of Statistics. (2019). [Disability, Ageing and Carers, Australia: Summary of Findings, 2018](#). ABS cat. no. 4430. Canberra: ABS.

2.2 The ABS estimated a 35% increase in the number of older people between 2009 and 2018 (2.9 million to 3.9 million), compared with a 10% increase for those aged 0 to 64 years for this same time (from 18.9 million to 20.8 million).²

2.3 Approximately 1.3 million older Australians living at home needed some assistance with everyday activities, and of these, almost two-thirds (65.9%) had their need fully met. Older people were most likely to need assistance with:

- health care (22.5%)
- property maintenance (20.0%)
- household chores (16.0%).

2.4 Informal carers are a critical element of the care system for older people. Partners, children and other relatives not only provide care but help older Australians maintain their social and community connections.

2.5 In 2018 there were 2.65 million people (10% or 1 in 10 Australians) who provided informal care in Australia. More than one-third (35% or 929,000 people) of all carers were aged 35 to 54 (average age was 50).

2.6 Around 1 in 3 informal carers (861,000 people) were primary carers, meaning they provided the most care to the person needing support in one or more core activities (self-care, mobility and communication). 'Other informal carers' are people who provided informal care to someone but were not their primary carer.

2.7 Primary carers most commonly provided care to:

- a spouse or partner (36.6%)
- their child (27.1%)
- a parent (26.2%).

2.8 Providing leave entitlements to care for older Australians will likely impact those who wish to care for a parent. Of all primary carers:

- over half (54.8%) of those providing care to a spouse or partner were aged 65 years and over, and would not be expected to be impacted by the introduction of new a leave entitlement
- almost two-thirds (64.9%) of those providing care to a parent were aged between 45 and 64 years.

2.9 While Carer Payment and Carer Allowance (means tested) are available to people who spend a considerable amount of time providing informal care, carers may be forced to choose between their caring role and their jobs or careers.

2.10 Primary carers are most commonly female (72%). This varied further by age, with middle-aged primary carers particularly likely to be female (82% of those aged 35 to 44, and 75% of those aged 45 to 54).

² Australian Bureau of Statistics. (2019). [Disability, Ageing and Carers, Australia: Summary of Findings, 2018](#). ABS cat. no. 4430. Canberra: ABS.

3 Interaction of formal and informal care in the aged care sector

3.1 Definition of older Australians

3.1.1 Within the aged care system, someone is considered an older Australian if they are 65 years of age or older (50 years or older if they identify as an Aboriginal or Torres Strait Islander person).

3.1.2 However, the aged care system also provides some support to those who are considered prematurely aged. That is, people aged 50 years and over (or 45 years and over for Aboriginal and Torres Strait Islander people) whose life course such as active military service, homelessness or substance abuse, has seen them age prematurely.



For consideration

The Productivity Commission may wish to consider whether to define any entitlement to leave for older Australians based on age, or other criteria including premature ageing.

3.2 Formal care in the aged care sector

3.2.1 Formal care provided to older Australians includes Australian Government (Government) funded aged care services and non-government funded services. The aged care system offers a continuum of care through in-home care, residential care in aged care facilities, and short-term care.

3.2.2 In-home care encompasses the Commonwealth Home Support Programme (CHSP) and Home Care Packages (HCP) program and provides the necessary support for older Australians to remain living independently in their homes for as long as possible. Services range from respite, social support and domestic assistance to personal care, nursing and allied health services. In-home care accounts for a large amount of the formal care available to older Australians.

3.2.3 Residential care in aged care homes is available to those who can no longer live at home and need ongoing support with everyday tasks or health care.

3.2.4 Short-term care supports older Australians with their wellbeing and independence or helps them get back on their feet after a hospital stay. Short-term services can be provided in the home, an aged care home or in the community. Services include after-hospital or transition care, short-term restorative care, or respite care.

3.2.5 In 2020–21, approximately 1.5 million people received some form of aged care, the majority receiving home-based care and support.

- 825,383 people received home support through the CHSP.
- 212,293 people received care through a home care package.
- 67,775 people received residential respite care, of whom 39,404 were later admitted to permanent residential care.

- 243,117 people received permanent residential aged care.³

3.2.6 The formal aged care workforce is supplemented by volunteers in a number of areas. However, it should be noted that in recent years the number of volunteers working across all aged care programs has declined, likely due to the COVID-19 pandemic. The Australian National University Centre for Social Research and Methods found almost half of those who stopped volunteering during COVID-19 had not resumed by April 2021, despite the easing of lockdown and physical distancing restrictions in many jurisdictions at that time.⁴

3.2.7 The Aged Care Workforce Census (2020) reported a 49% reduction from the 23,537 residential aged care volunteers reported in 2016 with only 11,980 volunteers providing support at residential aged care facilities - almost half the number compared with 2016. HCP program and CHSP providers also report a decline in the number of volunteers due to the COVID-19 pandemic although the extent of decline has been smaller.

- 74% of Residential Aged Care facilities responded that COVID-19 decreased their number of volunteers, a greater impact than for paid job roles
- 33% of Home Care providers reported a decrease in volunteer levels due to COVID-19.
- 57% of CHSP providers reported a decrease in volunteer levels due to COVID-19.

3.3 Informal care

3.3.1 Many older Australians do not receive formal support.

3.3.2 Approximately one in three (33.7%) older people receive assistance only from informal carers.

3.3.3 Most older people (78.5%) receiving formal assistance with their care needs, also receive informal support.

3.3.4 21.5% of older people who receive formal assistance with their care needs have no support from informal carers.⁵

3.3.5 Australians are living longer, and it is projected that the number of Australians aged 85 years and older will triple by 2058 accounting for 3.7% of the Australian population⁶. With an ageing population, the aged care sector is experiencing increased demand for formal aged care services, which has been compounded by the COVID-19 pandemic.

³ Australian Government (Department of Health and Aged Care). (2021). *2020-21 Report on the Operation of the Aged Care Act 1997*. Retrieved 8 August 2022, from health.gov.au/resources/publications/2020-21-report-on-the-operation-of-the-aged-care-act-1997 .

⁴ Briddle, N. and Gray, M. (2022). *Volunteers and volunteering during the COVID-era in Australia*. Retrieved 7 August, from <https://csmr.cass.anu.edu.au/research/publications/volunteers-and-volunteering-during-covid-era-australia#:~:text=Furthermore%2C%20the%20vast%20majority%20of,enters%20the%20COVID%20recovery%20period>.

⁵ Furnival, A. and Cullen, D. (2022). *Caring Costs Us: The economic impact on lifetime income and retirement savings of informal carers*. Retrieved 8 August 2022, from <https://apo.org.au/node/317489>.

⁶ *Aged Care Royal Commission Final Report: Summary*. Retrieved 9 August, from agedcare.royalcommission.gov.au/sites/default/files/2021-03/final-report-executive-summary.pdf

3.3.6 Access to aged care services is not necessarily immediate.

- The median elapsed time to enter residential aged care was 152 days from the date of assessment⁷. Anecdotally, this could be attributed to people selling their house, or other activities in preparation for a move to residential aged care. It could also be due to people not immediately needing residential aged care following an assessment.
- As of 31 December 2021, there were 44,650 people seeking a home care package, at their approved level, who had not yet been offered a lower-level package, noting that this is continuing to reduce over time as more home care packages have been released.⁸

3.3.7 Informal carers help to supplement aged care services and help older Australians to continue living independently at home. The support informal carers provide have proven to be extremely valuable and eases the burden on the aged care system, including when older Australians are waiting to receive formal services.

3.3.8 The number of people admitted to residential aged care declined in 2020 when compared to 2018 and 2019. In 2020, there were approximately:

- 5,300 fewer people admitted to permanent residential aged care when compared to 2019; and
- 11,100 fewer people accessing respite at residential aged care homes.⁹

3.3.9 Anecdotally, people may not be transitioning to residential aged care due to the increasing number of home care packages becoming available, and the impact of the COVID-19 pandemic on the behaviour of older Australians. This may have resulted in an increased number of people willing to provide informal care as older Australians are choosing to remain in their homes for longer.

3.3.10 However, according to the ABS Household Impacts of COVID-19 Survey, since 1 March 2020, 1 in 4 (25%) informal carers had difficulty providing care or assistance because of restrictions put in place following COVID-19 (ABS 2020).¹⁰



For consideration

The Productivity Commission may wish to consider whether there is any evidence of a structural shift in the number of people who have a propensity to provide informal care as a result of the COVID-19 pandemic and the increasing supply of Home Care Packages.

⁷ Commonwealth of Australia (Productivity Commission). (2022). *Report on Government Services – Section 14 Aged Care Services*, Retrieved 8 August, from:

<https://www.pc.gov.au/research/ongoing/report-on-government-services/2020/community-services/aged-care-services/rogs-2020-partf-section14.pdf>

⁸ Commonwealth of Australia (Department of Health and Aged Care) (2021). *Home Care Packages Program – Data report 2nd Quarter 2020-21*. Retrieved 9 August 2022, https://www.gen-agedcaredata.gov.au/www_ahwgen/media/Home_care_report/Home-Care-Data-Report-2nd-Qtr-2021-22.pdf.

⁹ Commonwealth of Australia (Australian Institute of Health and Welfare). (2021). *Aged Care*. Retrieved 9 August, from <https://www.aihw.gov.au/reports/australias-welfare/aged-care>.

¹⁰ Commonwealth of Australia (Australian Institute of Health and Welfare). (2021) *Informal carers*. Retrieved on 11 August 2022, from <https://www.aihw.gov.au/reports/australias-welfare/informal-carers>.

3.3.11 The *Caring Costs Us* report shows the wide range of support carers provide. This ranges from full-time care, to shared formal and informal care. Informal care can substitute or supplement activities such as domestic tasks, personal care or nursing. Carers may provide help and support with mobility issues, communication issues, medication management, personal care, household chores, property maintenance and transport. Carers may also provide emotional, social and financial support.¹¹

3.3.12 Health care activities such as foot and wound care, administering medication or injections, using medical equipment and manipulating muscles or limbs, are the activities where people over the age of 65 get the least assistance from informal carers at 37% in 2018.¹² This shows informal carers are less likely to support older Australians with medical or clinical tasks.

3.3.13 Older Australians (living in households) needing assistance were most likely to receive informal help from family or friends with:

- communication (90.9%), and
- reading or writing (85.6%).

3.3.14 Those receiving formal assistance from government services or other organisations were most likely to receive help with:

- health care (formal assistance received by 65%), and
- household chores (formal assistance received by 52%).¹³

3.3.15 This aligns with services delivered under the CHSP in 2021-22, where the majority of clients accessed domestic assistance (20%), allied health and therapy services (15%), social support (14%) and home maintenance (10%) (see figure 1).

3.3.16 In 2021-22, 9% (or 162,933) of CHSP clients received transport services (see figure 1). This accounted for 4.2 million one-way trips. Comparably, in 2018, 86% of carers assisted with transport¹⁴. This indicates carers are also supplementing formal transport services.

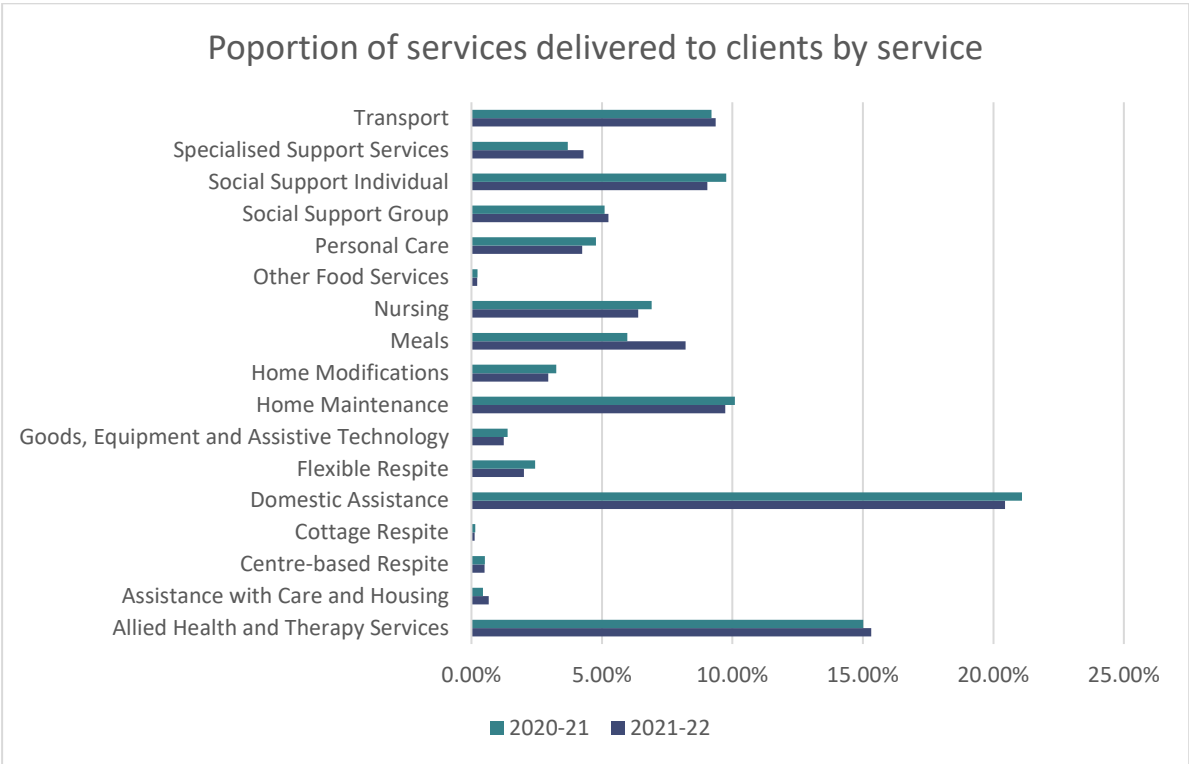
¹¹ Furnival, A. and Cullen, D. (2022). *Caring Costs Us: The economic impact on lifetime income and retirement savings of informal carers*. Retrieved 8 August 2022, from <https://apo.org.au/node/317489>.

¹² Australian Bureau of Statistics. (2019). *Disability, Ageing and Carers, Australia: Summary of Findings, 2018*. Retrieved 8 August 2022, from abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/latest-release#key-statistics.

¹³ Australian Bureau of Statistics. (2019). *Disability, Ageing and Carers, Australia: Summary of Findings, 2018*. Retrieved 8 August 2022, from abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/latest-release#key-statistics.

¹⁴ Australian Bureau of Statistics. (2019). *Disability, Ageing and Carers, Australia: Summary of Findings, 2018*. Retrieved 8 August 2022, from abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/latest-release#key-statistics.

Figure 1 Proportion of services delivered to CHSP clients by service type



Source: CHSP Data Exchange data

3.3.17 Older Australians who need assistance may not always receive the help they require. The needs of older Australians, living in their homes, were mostly met for:

- reading or writing tasks (91.8%)
- meal preparation (90.2%), and
- communication (89.6 percent).

3.3.18 Although there are formal services to assist older Australians with social connections such as social support (group and individual), informal carers may also play a significant role when it comes to connecting with older Australians.

3.3.19 In 2018, 83% of carers provided cognitive and emotional support. Social connections are essential for health and wellbeing particularly as we age.

3.3.20 However, older Australians reported their needs were unlikely to be met for cognitive or emotional tasks (6.4%). Evidence suggests a lack of meaningful social connections can lead to adverse health outcomes such as reduced quality of life, depression, cardiovascular disease, fatigue, insomnia and suicide. This indicates formal social support services are critical for the wellbeing of older Australians.

3.3.21 Given the average age of a carer is 51 years, it could be assumed that most carers may be able to assist with activities such as domestic assistance (household chores, lawn mowing etc.), social connections, meal preparation and transport. However, this may not be the case for carers of older people, as almost half (46.7%) of older people who receive informal care receive that care from a spouse, with 54.8% of carers providing care to a spouse or partner in 2018 were aged 65 years and over.



For consideration

As part of the design of any possible leave entitlement, the Productivity Commission may wish to consider:

- What are the skillsets of informal carers and how do they best integrate with the formal care workforce to ensure older Australians access appropriate services?
- A design that would enable a carer to be available to provide intensive support for older Australians when their circumstances change, or they require an increased level care. This could include supporting people through a transition to or between formal aged care services, or between health and aged care services.
- Impacts on the labour market of an extended leave entitlement for clinical, social and domestic services.

4 Support for informal carers

4.1 Support through the Department of Health and Aged Care

4.1.1 Although the department does not deliver services directly to carers, a variety of support is available to informal carers of older people in Australia across aged care, dementia care, palliative care and mental health care settings.

4.1.2 A number of programs facilitate better access to information and support for informal carers. In addition, carers are supported indirectly through programs that offer services such as respite care to older Australians.

Respite care

4.1.3 Respite care is an important support service for frail people and their carers.¹⁵ It gives the carer the opportunity to take a break from their caring role or obtain replacement care in emergency situations while ensuring the client's needs are supported. Respite care may be given informally by family, friends, neighbours, or by formal respite services. It can take place at home, in the community, at a centre or in a residential care home.

4.1.4 Respite care may be for a few hours or days or for longer periods, depending on a person's needs, the needs of their carer, their eligibility and what services are available in their area.

4.1.5 In addition, respite care can support carers if they want to continue working or re-enter the workforce.

¹⁵ Commonwealth of Australia (Department of Health and Aged Care) (2021). *2020–21 Report on the Operation of the Aged Care Act 1997*. www.gen-agedcaredata.gov.au/www_ahwgen/media/ROACA/21520-Health_Report-on-the-Operation-of-the-Aged-Care-Act-2020%e2%80%932021.pdf

4.1.6 Residential Respite Care provides short-term care in Government-subsidised aged care homes for people who have been assessed as needing higher levels of care. People eligible for residential aged care can access up to 63 days of subsidised care in a financial year, this includes planned and emergency residential respite care. Approval for additional respite days may be available after a person is reassessed by an aged care assessor.

4.1.7 In 2020-21, there were 830 residential care providers operating in Australia with 2,722 residential care services¹⁶, 2,613 of which also provided residential respite services¹⁰ (see table 1).

4.1.8 These providers are a mix of for-profit and not-for-profit and state and local government organisations.¹⁷

4.1.9 Under CHSP, centre-based respite, cottage respite and flexible respite is available to older Australians and their carers. In 2020-21, there were 46,527 CHSP respite recipients (compared to approximately 825,000 CHSP clients) (see table 1).¹⁸

4.1.10 Flexible respite usually involves a formal carer who comes to a person’s home or takes the care recipient for an outing to enable the carer to go out for a few hours.

4.1.11 Centre-based respite is available during the day. It provides the older Australian with the opportunity to talk and interact with other people, and usually takes place at a day centre, club or residential setting.

4.1.12 Cottage respite is available overnight or over a weekend. It takes place in the community or in the home of a host family. It can be taken for two to three days at a time.

4.1.13 CHSP flexible and centre-based respite services received increased funding of \$134.9 million (over four years starting 1 January 2022) to provide more respite care places for older Australians. This is expected to support an additional 8,400 CHSP clients.

Table 1 Comparison of residential and CHSP respite care services in 2020-21.⁴

Respite Type	Number of providers	Number of Clients	Average length of stay	Total Funding (million)
Residential	2,613	67,775	28.6 days	\$458.0
CHSP	586	46,527	-	\$301.2

¹⁶ Commonwealth of Australia (Department of Health and Aged Care) (2022). *Providers, services and places in aged care*. Retrieved 7 August 2022, from gen-agedcaredata.gov.au/Topics/Providers,-services-and-places-in-aged-care#Providers,%20services,%20and%20places%20in%20Australia

¹⁷ Parliament of the Commonwealth of Australia, House of Representatives. (2022). *Aged Care and Other Legislation Amendment (Royal Commission Response) Bill 2022, Explanatory Memorandum*. Retrieved 7 August, from aph.gov.au/Parliamentary_Business/Bills_Legislation/Bills_Search_Results/Result?bld=r6875.

¹⁸ Commonwealth of Australia (Department of Health and Aged Care). CASPER Program Data.

National Dementia Support Program

4.1.14 The National Dementia Support Program (NDSP), delivered by Dementia Australia, offers a website and national helpline, where professional counselling or group and individual support sessions can be scheduled. These help people living with dementia, and their families and carers, with support strategies to cope with dementia, and provide advice on what to expect once a diagnosis of dementia is received. The NDSP also offers education and training to family members and carers of people living with dementia to help the person with dementia remain in their own homes for longer, where appropriate, and help ensure the family members and carers are supported in their caring role.

4.1.15 The NDSP is currently being enhanced and expanded to provide around 30,000 people with more timely access to supports, including the, approximately, 15,000 people diagnosed with dementia every year and their carers.

4.1.16 In 2020–21, the National Dementia Helpline and referral service received over 33,255 contacts. More than 443,500 dementia resources were downloaded from the Dementia Australia national website, of which over 18,146 were targeting people from diverse-needs groups. More than 4,780 hours of counselling and 284 education sessions were delivered.

My Aged Care Online, Contact Centre and Face-to-face channels and Assessment Workforce

4.1.17 The My Aged Care online channel, www.myagedcare.gov.au, has information for carers including resources, services, and support available when caring for someone with a particular need, or in a particular situation, including carers of people living with dementia.

4.1.18 The My Aged Care Contact Centre and Aged Care Specialist Officers (who provide aged care support at select Services Australia locations) also provide information on aged care services, including respite, and information to support carers.

4.1.19 In addition, the contact centre refers carers to Carer Gateway and provides a warm transfer for carers in need of immediate support.

4.1.20 From October 2022, carers will be directly referred from the My Aged Care screening and assessment workforce to Carer Gateway and the National Dementia Helpline (with their consent). This will enable timely access to support services and reduce the risk of carers burning out.

4.1.21 During an aged care assessment, assessors use the mandatory National Screening and Assessment Form (NSAF) to determine a person's aged care needs, which includes information about the carer and caring role. Assessors also use supplementary tools such as the Caregiver Strain Index and the Modified Caregiver Strain Index to identify and document carer stress. Where carer stress is identified, assessors are prompted by the NSAF to consider a range of options to support the client and carer including emergency respite.

4.1.22 The Government also funds the National Aged Care Advocacy Program (NACAP) which provides free, confidential and independent advice to consumers, their families and carers.

4.1.23 The EnCOMPASS: Multicultural Aged Care Connector Program (EnCOMPASS) will enable Culturally and Linguistically Diverse (CALD) consumers, their families and carers to understand and engage with the aged care system and access services that are appropriate to their needs. People from CALD backgrounds will be empowered to contact and engage with the My Aged Care call centre and website.

Palliative care

4.1.24 Caring for people at the end of life is one of the most important things we can do as a compassionate society, and the role of informal carers is an integral part of palliative care.

4.1.25 Most Australians say they would prefer to be cared for and if possible, die at home. Caring for people in their home also reduces the pressure and costs to the health care system. It's important to acknowledge the support informal carers provide in palliative care and in turn, to acknowledge carer needs to enable them to fulfil these roles especially when one third of primary carers provide forty hours or more of unpaid care per week.¹⁹

4.1.26 The National Palliative Care Strategy (2018) (the Strategy), represents the commitment of all governments in Australia, to ensuring the highest possible level of palliative care is available to everyone who requires it and outlines six guiding principles which are fundamental to ensuring people experience the palliative care they need, and their carers are provided with appropriate support. This specifically includes that carers are valued and receive the care they need.

4.1.27 Policies relating to palliative care should include the needs of carers and provide mechanisms that support the informal caring role, both while they are caring and in the time after the death of a loved one. This support, as outlined in the priorities of the Strategy, should include in-home support, respite care and bereavement support.

4.1.28 The department funds National Palliative Care Projects, that provide information to assist carers including:

- **Caring@home** provides resources to support people to be cared for and to die at home. Resources are applicable Australia-wide for community service providers and health professionals to support carers to help manage breakthrough symptoms safely using subcutaneous medicines at home. Further details are at: www.caringathomeproject.com.au/
- **The Australian Carer Toolkit** provides free, readily accessible palliative care related information and resources with up-to-date information and advice when caring for a loved one. Carerhelp provides important information and advice on the caring journey and helps people to manage grief and loss. Further details are at: www.carerhelp.com.au/

Mental Health Care

¹⁹ Carers Australia website: Accessed 29 July 2021 - <https://www.carersaustralia.com.au/about-carers/who-is-a-carer/>

4.1.29 Through the Commonwealth Psychosocial Support (CPS) program, the department provides funding to Primary Health Networks (PHNs) to commission psychosocial support services for adults, including older adults, with severe mental illness and associated psychosocial functional impairment who are not accessing services through the National Disability Insurance Scheme.

4.1.30 Psychosocial supports are non-clinical community-based supports that aim to facilitate recovery in the community for people experiencing mental illness.

4.1.31 Through the CPS program, carers access psychosocial supports to assist consumers (including family members and close friends) impacted by severe mental illness and associated psychosocial functional impairment.



For consideration

As part of the design of the leave entitlement, the Productivity Commission may wish to consider

- whether there should be differences in types of leave for different kinds of care. Examples include:
 - when a carer responds to a crisis or unforeseen change in a person's circumstance where they need intense care for short period of time.
 - where caregiving responsibilities are less intensive but required for a longer period such as personal care to support the care recipient to remain in the community.
 - where caregiving becomes increasingly more intensive such as when caring for someone experiencing cognitive decline.
 - where caregiving is episodic – regular, but unpredictable – such as when a carer is supporting a person with mental health issues.
 - where caregiving is intensive and long term. People with disability/mental health issues may require longer periods of care than older people with age related functional impairment.
- How the requirements may impact mental health carers in contrast to other carers. For carers of people with mental health issues, the care required may also be more episodic, which may warrant consideration of how the entitlement can be flexibly applied.

4.2 Other Government carer supports

Carer Gateway

4.2.1 Carer Gateway, funded by Department of Social Services, is a website and national network of providers (located in each state and territory) who help carers access in-person, phone and online support services including carer needs and support planning, counselling, peer support, coaching, financial packages (that can be used for a range of practical caring supports including flexible respite options), emergency respite and information and advice.

Financial support

4.2.2 There are various financial supports, with specific eligibility requirements, available to carers of older Australians. These include

- Carer payment - available to carers who provide full-time care.

- Carer allowance - available to carers of someone with a disability, illness or who is frail aged.
- Carer supplement – an annual payment of \$600 which is attached to each carer allowance.

5 The impact of caregiving on the carer

5.1.1 Evidence suggests caregiving can result in adverse health outcomes for carers including several stressors such as burden. These stressors contribute to feelings of loneliness, social isolation and depression.²⁰

5.1.2 If the carer is facing these stressors this could have detrimental effects on their ability to provide care, resulting in a breakdown in the care relationship and the need for the care recipient to access emergency respite services and potentially prematurely transition to residential aged care.

5.1.3 The Productivity Commission’s Inquiry into Mental Health highlighted mental health carers cannot be classified into categories that separates them from other carers.²¹

5.1.4 Mental health carers are more likely to report concerns related to their own mental health and wellbeing. They also indicated supports were not always suitable for mental health carers.²²

5.1.5 Diminic, Hielsche, Harris, Kealton and Whiteford (2019) found mental health carers reported poor awareness of available services. They also found carers’ needs for financial and practical support were often unmet, suggesting mental health carers would benefit from more accessible financial assistance.²⁰



For consideration

The Productivity Commission may wish to consider:

- If an extended leave entitlement will reduce the stressors related to caregiving
- If other supports (new or existing) need to be realigned or reevaluated to meet the changing needs of carers, such that there is cohesion in macro-policy settings for informal carers

²⁰ Hajek A, Kretzler B, König HH. *Informal Caregiving, Loneliness and Social Isolation: A Systematic Review*. Int J Environ Res Public Health. 2021 Nov 18;18(22):12101. doi: 10.3390/ijerph182212101. PMID: 34831857; PMCID: PMC8618455.

²¹ Productivity Commission 2020, *Mental Health Inquiry Report*, Report no. 95. Retrieved 8 August 2022 from, [pc.gov.au/inquiries/completed/mental-health/report](https://www.pc.gov.au/inquiries/completed/mental-health/report).

²² Sandra Diminic, E Hielscher, MG Harris, YY Lee, J Kealton, Harvey Whiteford 2019, “A profile of Australian mental health carers, their caring role and service needs: results from the 2012 Survey of Disability, Ageing and Carers,” *Epidemiology and Psychiatric Sciences*, 28(6) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6998876/>

- Why people choose to provide informal care to older Australians. Will a carer leave entitlement drive more pressure on existing or potential informal carers to support older Australians? Or will it provide the mechanism for existing or potential informal carers to provide the level of informal care of their choosing?
- Women are 2.5 times more likely to be an informal carer. Will an extended unpaid carer leave entitlement create further inequalities related to income and superannuation, and their ability to return to work?

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All information in this publication is correct as at August 2022

