



Caring for Older Australians in Tasmania

***A Submission from Carers Tasmania in Response to the
Productivity Commission's Draft Report
into Caring for Older Australians***

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Submission Summary

Carers Tasmania welcomes the opportunity to provide comment to the Productivity Commission on the Draft Report into Caring for Older Australians. The purpose of this submission is to outline key issues specific to carers in Tasmania. Carers Tasmania also strongly supports all points in the submission made by Carers Australia which is presented on behalf of the national network of all carers associations in Australia.

Priority Need

Tasmania has the highest median age in Australia; already the population median age is two years older than the national median age. Population predictions indicate that this trend will continue.

Tasmania already has the highest level of need. Rates of profound or severe core activity limitation are currently the highest in Australia; this is primarily due to the ageing population, but contributory factors may include the state's lower per capita socio-economic status and geographic isolation causing limitations in access to basic health and social infrastructure.

Tasmania's population geography has the highest concentration of people in Australia living in rural or outer regional areas. This provides a unique opportunity for development of rural and regional models of aged care which can be tested with realistic sample sizes.

Small population numbers (at a national level) and a geographically diverse population has limited past investment in aged care infrastructure. While additional investment would be required initially, this also provides a relatively 'blank canvas' for the new system to be developed.

Carer Support

Tasmania already has a greater number of carers per capita than any other part of Australia. The rate was 2% higher than the national rate in 2003 and is expected to be unchanged when the 2009 Survey of Ageing, Disability and Carers state-level data is released.

Carer needs must be appropriately addressed in their own right in the new aged care system, and not be contextualised simply as part of a support system for older people needing care. All care roles are preceded by a social relationship. Formal and informal care support should enhance and enable the continuation of social relationships rather than replace them.

Carers, care-recipients and care situations are complex and diverse. Capacity to care is variable and dynamic. A life-span model is appropriate for consideration of care situations. Decision-making processes need to be inclusive of carers, especially where the carer's personal circumstances may be impacted by decisions about care.

Carers have the right to good health and wellbeing, to economic security and to make choices about their caring role. They need services which are integrated and responsive to meet their needs.

Flexibility in a new respite system means working with carers to find solutions which actually provide them with respite from the demands and stresses of their caring role rather than simply the provision of alternate care (either in-home or in-centre).

Integrated and responsive supports for carers need to focus on rehabilitation, emotional support, health promotion, stress management, injury prevention, carer skills development and social connection.

Specialist Carer Support Centres offer the potential for improved service delivery to carers, if appropriately structured and resourced. Carers Tasmania seeks clarification regarding some aspects of the proposal and also offers assistance to develop a model which enables improved outcomes for carers.

Diversity

Over 16% of Tasmania's population was born overseas in 2006. Carers from culturally and linguistically diverse groups require access to specialist services to better meet their needs. Other special needs groups in Tasmania include carers who are Indigenous Australian, carers who are Gay Lesbian Bisexual Transgender or Intersex, and aged parent carers of adult children with disability.

Housing

Carers in Tasmania are highly vulnerable to housing stress due to over-representation in lowest income quintiles and higher than average dependence on government income support. Means-testing of older persons should not financially disadvantage their informal carers, especially when in a co-resident caring situation.

The introduction of tradeable quotas must be considered with care to ensure that people are not moved an unreasonable distance due to lack of services in their area.

Workforce Issues

Workforce skill shortages are already an issue in Tasmania. The community sector will need significant expansion to meet the anticipated demand of the ageing population.

Economically viable alternate care arrangements must be developed to assist carers to return or stay in the workforce on a part-time basis. Workforce participation will help protect carer economic status and has been linked to improved wellbeing.

Regulation

Access to the Australian Aged Care Regulation Commission (AACRC) needs to be equitable for both carers and care recipients.

Streamlined reporting for the sector will help to improve service efficiency levels. Active identification of carers must be a key part of reporting.

Policy Research and Evaluation

Outcome measures will be required to evaluate the success of the new system.

Better reporting of data will improve transparency and help with sector planning.

Carer data will need to be better collected and reported.

Implementation

Clear timetables and strategies for implementation will assist planning, especially for small community organisations.

Training and mentoring programs will assist small organisations to better manage the transition period.

Block funding grants are essential in several areas. A transition model may also help smaller organisations avoid exposure to unsustainable risk during the implementation period.

Alignment with the Carer Recognition Act 2010

All recommendations regarding carers will need to align with the Commonwealth *Carer Recognition Act 2010*

List of Recommendations

Recommendation 1: The Commission identify Tasmania as a priority state for rollout of the new aged care system due to the existing older population and high level of disability need.

Recommendation 2: The Commission recommend additional investment in basic aged care infrastructure to bring Tasmanian services to a parity level with other states and territories.

Recommendation 3: The Commission recognise that caring relationships form from a pre-existing social relationship; and that the aged care system must promote continuity and opportunities for enjoyment of the social relationship between the carer and the care-recipient.

Recommendation 4: That the Commission support the need for carers to receive a needs assessment in their own right to prevent injury, to maintain their own optimum health and wellbeing, enable their economic security and retain their right to make choices about their caring role.

Recommendation 6: The Commission support the development of structural imperatives to ensure the inclusion of carers in the care needs assessment process and ensure that they have a fair say in any decisions which will impact on their personal circumstances.

Recommendation 7: The Commission support carers to be provided with an avenue of appeal in their own right against care decisions which impact negatively upon them.

Recommendation 8: The development of sufficiently-funded and appropriate-to-need services to support carers, with a focus on expanded respite, rehabilitation, emotional support, prevention of injury, education and skills development, and health promotion.

Recommendation 9: Provision of further information on the proposed Carer Support Centres.

Recommendation 10: The Commission recommend that collection and reporting of data regarding carers is improved.

Recommendation 11: The Commission consider means to consider and protect the status of co-resident carers in means-testing processes.

Recommendation 12: The Commission consider means to better support the expansion and skills level of the Tasmanian aged care and carer support workforce.

Recommendation 13: The Commission enable carer access to the AACRC, both in their own right and on behalf or in support of the older person with care needs.

Recommendation 14: The Commission recommend that collection and reporting of data regarding carers is improved.

Recommendation 15: The Commission consider a range of transition supports to assist small to medium community services during the implementation period.

Recommendation 16: The Commission align all recommendations with the principles articulated within the Commonwealth *Carer Recognition Act 2010*.

1. Caring in Tasmania

Carers Tasmania welcomes the Commission's acknowledgement of the impact the ageing population will have on increasing demand for care and support due to higher rates of severe or profound disability from increasing numbers of older Australians. Tasmania has the highest median age in Australia; being two years older than the national median age¹. It will be the first state to experience the impact of the ageing population. Projections by the Australian Bureau of Statistics indicate the trend will most likely continue - giving Tasmania consistently the oldest population in Australia.

Care is already a bigger issue in Tasmania than in the rest of Australia. This is only partially due to the existing population age structure. It is also attributable to other factors, such as lower state-wide socio-economic factors, geographic isolation complicating access to health care and a lack of rural/outer regional social services infrastructure.

The 2003 Survey of Disability, Ageing and Carers estimated that around 15% of the total Tasmanian population are already providing care to someone else, on an ongoing and unpaid basis. This rate is 2% more than the national rate of 13%. In 2003, there were an estimated 69,500 carers in Tasmania caring for people aged over 65 years old or with disability. The 2003 survey also indicated that 37,600 people aged over 65 had a disability and an additional 20,700 had a long term health condition. This meant that in 2003 an estimated 58,300 older Tasmanians were potentially already in need of some level of care or support.

Figure 1: Caring, Ageing and Participation – A Comparison

Category	Tasmania	Australia
Total carers ²	69,500	2.6 million
Carers as a percentage of national population ³	15%	13%
Median population age ⁴	39	37
Proportion of population aged 55+ ⁵	27.2%	24.3%
Carers not in the workforce ⁶	48.3%	33%
Carers living in outer regional or remote areas ⁷	36%	12%

In addition to Tasmania having the oldest population, it also has the highest level of need. Preliminary data from the Australian Bureau of Statistics Survey of Disability, Ageing and Carers 2009 indicates that rates of profound or severe core activity limitation are highest in Tasmania (6.8%) compared to a rate of 5.8% nationally⁸. The ABS also states that patterns in higher rates of profound or severe disability reflect the

¹ ABS (2008) *Population Projections Australia 2006 – 2101* Cat No 3222.0

² ABS (2003) *Survey of Disability, Ageing and Carers* Cat No 4430.0

³ *ibid.*

⁴ ABS (2006) *2006 Census Quickstats: Tasmania*

⁵ *ibid.*

⁶ ABS (2003) *Survey of Disability, Ageing and Carers* Cat No 4430.0

⁷ *ibid.*

⁸ ABS (2011) *Media Release: Disability rates in decline: state and territory data now available*

age structure of different regions. To put it simply, the older your population, the higher the level of need for support due to disability.

At the time of writing, only limited data has been released from the ABS 2009 Survey of Disability, Ageing and Carers. However, this data indicates a national decline of overall disability rates, specifically due to a decrease in physical disability rates (such as asthma and back problems) in Queensland, Victoria, Western Australia and South Australia⁹. This may be an indication that health promotion strategies around injury prevention, early intervention and appropriate management of chronic conditions are having a positive impact in these states.

The 2009 Survey of Disability, Ageing and Carers also indicates that the number of carers in Australia has remained stable at 2.6 million¹⁰. While the proportion of carers as a representative population group has declined from 13% to 12%, this simply tells us that the rest of the non-caring population has grown. Regrettably, the underlying need for carers has not declined in line with the 1.5% decline in physical disability rates, which indicates that carers are still providing care where they are most needed – to people with core ability restrictions related to their ageing and to younger people with moderate, severe or profound levels of disability. Carers Tasmania will be happy to supply the Commission with additional analysis of state level data for Tasmanian carers from the 2009 data set as soon as it is available.

Workforce participation is already significantly lower than the national rate for carers living in Tasmania¹¹. The 2003 Survey of Disability, Ageing and Carers found that 44% of Tasmanian carers are dependent upon government income support as the principal source of household income¹². Research conducted by the University of Tasmania notes Tasmanian carers are much less likely to be employed than the general population with only 36% of primary carers and 37% of other carers being currently employed, compared to an expected rate of 60% of the Tasmanian population¹³. Carers were also twice as likely to be in part-time work as in full-time work, and this grew to three times as likely if the respondent was a primary carer¹⁴.

Tasmania's geographic distribution of population is very different to the rest of Australia. While the mainland (or the 'north island' as we like to refer to it) is typified by populations which are very highly concentrated in metropolitan and inner regional areas, Tasmania has a much greater proportion of its general population in outer regional and rural areas. Around 36% of carers live in outer regional or remote areas of the state compared to 12% nationally. Older people living in rural and outer regional areas may already be restricted in their access to basic infrastructure. There are limited health care facilities and fewer residential care beds. As Tasmania's population geography has the highest concentration of people in Australia living in rural or outer regional areas, it provides a unique opportunity for testing of the proposed 'Building Block Approach'. Realistic sample sizes of older people living could be easily obtained in relatively small geographic areas with different levels and types of existing infrastructure but reasonably stable socio-economic factors.

Existing financial inequities, variable care quality and insufficient funding have been recognised by the Commission as weaknesses in the current aged care system. Social services do face higher unit costs in delivering services in rural and regional areas

⁹ ABS (2010) *Disability, Ageing and Carers, Australia: Summary of Findings, 2009*. Cat No 4430.0

¹⁰ *ibid*

¹¹ ABS (2003) *Survey of Disability, Ageing and Carers* Cat No 4430.0

¹² *ibid*.

¹³ Felmingham, B., et al. (2008) *Report on the profile of Carers Tasmania*. IMC-Link & Carers Tasmania (pending publication)

¹⁴ *ibid*

across Australia, as funding models rarely allow for full recovery of costs to enable parity to metropolitan levels of service delivery. Lack of social support infrastructure is already a critical issue, especially in north-west Tasmania, where people usually live in small coastal, farming or mining communities separated by thickly forested mountainous terrain. Limitation in infrastructure and service capacity creates barriers to meeting long term population demand.

For example, the long and harsh Tasmanian winter is an annual challenge for all older people, but especially for those with limited incomes. An older person may be forced into premature entry to residential aged care because of ill-health caused by inability to replace their wood-fired hot water system when they were unable to chop wood anymore. Low numbers of residential facilities mean that the older person would also typically be moved out of area; away from friends and familiar environments, with the subsequent distress causing further reduction in wellbeing and increasing care needs.

A smaller population ratio, compared to the national level, has limited past investment in aged care infrastructure and service development in Tasmania, primarily due to federal use of per capita funding formulas. Yet, this also offers an opportunity. The existence of population groups of older people not already tied to existing service delivery models could be very advantageous. The additional economic costs of the additional investment in developing needed infrastructure would be offset by the advantages of trialling a new system in areas which are essentially a 'blank canvas'.

This may avoid the costly error of designing a national system within a single state which inadvertently becomes gradually more insular in design. This insularity occurs because the model is continually and subtly re-shaped by the pre-existing infrastructure and population expectations. The creeping insularity often does not become evident until the model is moved over the border and becomes lost in translation. (Think of different gauge railway tracks – they were never a problem until Australia needed a national transport system to support a national economy.) The 'blank canvas' model also enables other states to send expertise to Tasmania to contribute to and learn from the development process, and may offer the best potential to develop a more flexible system for national rollout. However, if the model is trialled in another state, Tasmania should be the next immediate site for rollout. The challenges created by level of need and lack of infrastructure would certainly illuminate the strengths and weaknesses of the system and enable problems to be rectified to the benefit of subsequent states and territories.

Tasmania has a strong imperative to invest in an effective system as it has the challenge of managing a higher rate of risk factors than any other state in Australia. The Stronger Communities Taskforce¹⁵ notes that the proportion of people aged over 65 in Tasmania could increase by almost 80% within the next two decades. A Tasmanian carer is more likely to be older, poorer, in worse health, and living in a place with limited access to services. Care loads are typically very high. Research into care conducted by IMC-Link and lead by Dr Bruce Felmingham and Ass/Professor Natalie Jackson indicated that primary carers reported an average of 103 hours per week in care provision, while other carers reported an average of 36 hours per week¹⁶. Overall, 61% of respondents reported providing care for more than 40 hours per week.

There is also limited awareness of existing supports and perhaps even a level of reticence in applying for help. This must be overcome to prevent care issues from snowballing to levels where residential care is the only viable option. The Department

¹⁵ Stronger Communities Taskforce (2007) *The state of our community report 2007: Starting the conversation*. Hobart: Department of Premier and Cabinet

¹⁶ Felmingham, B., et al. (2008) *Report on the profile of carers in Tasmania*. Hobart: IMC-Link & Carers Tasmania

of Health and Human Services in Tasmania¹⁷ identified that less than 18% of families who were potentially caring for someone with a severe or profound disability were accessing support. Unmet demand for formal support places a greater demand on informal supports such as unpaid carers. This report recommended that people with disabilities and their families be better engaged and supported by a continuum of service delivery models based on flexible and in-home support.

Projections of the state's future care need due to the ageing population also provide an imperative for priority action to better support older people in Tasmania. Professor Natalie Jackson from the University of Tasmania found that, if constant rates of disability are assumed for each age group, the number of people requiring assistance with a core activity (such as communication, mobility or self-care) will increase by 42-57% to lead to a total of 34-37,000 extra people requiring care by 2028 in Tasmania¹⁸.

Structural changes in the type of demand are also projected. Profound and severe core activity limitations in older people are projected to increase by 33-40% to over 54,000 people by 2028¹⁹. Obviously, the more severe the disability, the greater the intensity of care needed to be provided, whether from formal or informal sources. Yet, the rise in need is accompanied by a shortage of available carers. Professor Jackson's projections indicate that the number of carers is anticipated to only increase by between 8 to 19% to a total of 80-88,000 in 2028²⁰. Of this, around 17-18,000 will be primary carers. Obviously, the projected increase in demand is much greater than the projected increase of potential supply. The research anticipates a decreasing ratio of around 23-24% in carer availability.

Recommendation 1: The Commission identify Tasmania as a priority state for rollout of the new aged care system due to the existing older population and high level of disability need.

Recommendation 2: The Commission recommend additional investment in basic aged care infrastructure to bring Tasmanian services to a parity level with other states and territories.

2. Care and Support

Carers Tasmania supports the need for a flexible, responsive and coherent care system which promotes wellness and independence and which assists informal carers to perform their caring roles. We understand that the central pillars of the Commission's model relate to:

- a shift to consumer-directed care;
- simplification of access and reduction of over-regulation;
- a provision of care appropriate to meet needs; and,
- removal of supply-side limitations which restrict choice and reduce flexibility.

¹⁷ KPMG (2008) *Department of Health and Human Services: Review of Tasmanian disability services – final report*. Australia: KPMG International

¹⁸ Felmingham, B., et al. (2008) *Report on the profile of carers in Tasmania*. Hobart: IMC-Link & Carers Tasmania

¹⁹ *ibid.*

²⁰ *ibid.*

Reduction in discontinuous care and improvement in flexibility of care support would greatly enhance satisfaction for carers. The gaps and inequities in the current system mean that the greatest providers of care support to older persons – the informal carers – are marginalised, leaving them at risk of negative impacts to their own health and wellbeing. Research conducted by Cummins²¹ indicates that stress, injury, ill-health and depression are higher than average in carers. Cummins found that the two biggest barriers faced by carers in accessing health care for themselves was time and cost. Carers are also at greater than average risk of financial hardship due to lower incomes, reliance on government support and the high costs of providing care.

As detailed in the previous section, Tasmania already has a greater number of carers per capita than any other part of Australia. The rate was 2% higher than the national rate in 2003 and is expected to be unchanged (and may even be slightly increased given the structural impact of the ageing population already being experienced) when 2009 Survey of Ageing, Disability and Carers state-level data is released. Carers Tasmania currently provides services to carers across the state and has done extensive work to identify the needs of carers and offer innovative programs which are responsive to their needs.

a) Information and Assessment

Carers Tasmania supports the development of information pathways which result in improved outcomes for carers. It is essential that any new services are able to actively identify carers rather than simply requiring the carer to self-identify. Information should be supplied which is appropriate to the carer's circumstances and needs, as well as to the needs of the older person with care needs.

In Tasmania, it is critical that any information service has an up to date understanding of local conditions and services. For example, a person in a national call centre who looks at a database and directs someone to a service 30km away may not realise that it is on the other side of a mountain and cannot be accessed via public transport from the caller's location. More critical is having a good understanding of what is available in remote locations – knowing the community networks and key people is essential for providing a workable and efficient solution.

Carers Tasmania strongly supports the development of an appropriate assessment model which recognises carers as people in their own right and not simply as part of the support system for an older person. Assessment needs to be comprehensive, holistic and nationally consistent, as recommend in *Who Cares...? Report on the inquiry into better support for carers*. It is important that individual needs of carers are identified and supported alongside the needs of the older person who they provide care for. Such a system should also enable the carer access to a form of assessment of needs in their own right, even if the older person with care needs refuses to participate in a full assessment process. The Commission needs to understand that care capacity is highly variable and dynamic – it changes over the life-span of the caring role – so opportunities for re-assessment should also be available if needs change.

All care relationships are preceded by an existing social relationship, and both carers and care-recipients must be supported to benefit from the continuation of that relationship. The person providing care to an older person may be their partner, their sister or brother, their daughter or son, their grand-daughter or grand-son, neighbour or friend. Appropriate support enables time to preserve and enjoy the social dimension of

²¹ Cummins, R. et. al. (2007). *The wellbeing of Australians – carer health and wellbeing*. Melbourne: Australian Centre on Quality of Life, Deakin University

the relationship. That is, time to be a daughter or sister or friend rather than solely the person's carer.

Family relationships may also mean that several people are care providers rather than just one. Carers and care-recipients also have diverse situations. It must be emphasized that carers – whether in Tasmania or elsewhere in Australia – are not a homogenous group. The level and nature of disability, the socio-economic status of the household (or households for non co-resident carers), the availability of external supports and the geographic location will all impact on the need for support and the type of support which is suitable to meet that need.

Multiple or complex care situations significantly heighten need. Indeed, the 'sandwich generation' (who care for a child or partner or sibling with disability and also provide care for an ageing parent or parents) have critical needs for appropriate support in their own right. The majority of these carers are of workforce age. The economic participation of carers will be ever more important to offset the anticipated shrinkage in the workforce caused by the ageing population. It is vitally important that the economic security of future generations is not compromised by social dependence upon informal care at the expense of workforce participation. Carers will still need to fund or contribute to the funding of their own retirements.

It must also be remembered by the Commission that an effective aged care system must accommodate and support the many older people who will be care-givers rather than care recipients. Already, in 2009, 25.4% of all primary carers and 17.4% of secondary carers in Australia are people who are aged 65 or over. These carers have priority needs in their own right as older people, but also in recognition of the continuing care role they are providing – usually to an adult son or daughter with disability or to their partner with disability.

Shifts to a consumer-directed care model must contain structural imperatives to ensure that carers are not excluded from decision-making processes. Carers Tasmania strongly supports service models which enable inclusion in decision-making processes of both the care-recipient and the person providing informal care. Carers of older people should also have a right of appeal in their own right regarding care decisions which negatively impact upon them, as well as the right to initiate and/or support appeals on behalf of the older person with care needs.

Recommendation 3: The Commission recognise that caring relationships form from a pre-existing social relationship; and that the aged care system must promote continuity and opportunities for enjoyment of the social relationship between the carer and the care-recipient.

Recommendation 4: That the Commission support the need for carers to receive a needs assessment in their own right to prevent injury, to maintain their own optimum health and wellbeing, enable their economic security and retain their right to make choices about their caring role.

Recommendation 6: The Commission support the development of structural imperatives to ensure the inclusion of carers in the care needs assessment process and ensure that they have a fair say in any decisions which will impact on their personal circumstances.

Recommendation 7: The Commission support carers to be provided with an avenue of appeal in their own right against care decisions which impact negatively upon them.

b) Access to Supports Appropriate for Needs

The assessment of carers generates a positive obligation to address the needs identified. This requires that suitable funding is provided within the aged care system to adequately support carers at a level that is sufficient to meet those needs. Importantly, the definition of respite needs to be broadened beyond the provision of alternate care (either in-home or in-centre). For example, respite may involve domestic support to enable the carer and care-recipient to have joint recreation time. Flexibility in a new respite system means working with carers to find solutions which actually provide them with respite from the demands or stresses of their caring role rather than simply dislocation of one party from the home environment.

Integrated and responsive support is also much more than access to occasional or even regular respite. It involves a rehabilitative focus – to address the poor health and wellbeing of carers. It requires emotional support – through access to counselling services. Most importantly, it requires a preventative focus through access to carer specific education and skills development. Effective programs also assist carers in overcoming social isolation; which is consistently identified in research as a negative outcome created by the demands of a caring role, economic marginalisation and lack of support to enable the social inclusion of the person with care needs.

Carers Tasmania delivers an innovative and highly successful program which has greatly improved outcomes for carers. The Hope, Empowerment, Resilience and Outcomes (HERO) program focuses on injury prevention, health promotion, stress reduction, carer skills development (such as self-advocacy, budgeting and relationship skills), and improving social connectedness to reduce isolation. The program has a practical focus as carers are inherently time-poor people; they will invest in a proven program that offers direct benefit to their caring role. The program has been supported by referral to appropriate respite services when needed for the care-recipient to enable carer participation.

Carers in Tasmania have been highly positive in their feedback as to the lasting benefit of the skills they have learnt, especially in managing the multiple stressors inherent in many care situations. Past graduates of the course are also the best advertisers – frequently recommending the course to others in their community.

Carers Tasmania strongly supports the development of specialist Carer Support Centres, but seeks clarification of the anticipated model or structure of the centres. Specialist centres offer the potential for improved services to carers especially if focused on rehabilitation, emotional support, health promotion, stress management, injury prevention, carer skills development and social connection. Are the centres anticipated to be offered through an existing or new government agency system or to be locally based services contracted via community organisations with national branding?

In Tasmania, we have invested many years of work in developing a recognisable brand underpinned by high quality services. Carers Tasmania prides itself on being a community benefit service, known by the carer community for its trustworthy reputation, specialist understanding of carer issues and ability to tailor services to best meet individual needs. We would be happy to work with the Commission and/or the proposed Australian Aged Care Regulation Commission to develop a model which will best meet the needs of carers in Tasmania.

Carers Tasmania is also seeking further clarification of the Commission's perspective regarding the dissolution of the Commonwealth Respite and Carelink Centre and the

incorporation of elements into a new Carer Support Centre in Tasmania. The CRCC is a separate organisation run by a different community service organisation and offering different services to those available from Carers Tasmania. The CRCC and Carers Tasmania have worked in a successful, complementary, informal partnership for many years to provide services relating to aged care and disability issues.

Clarification is also requested regarding anticipated structural requirements to separate aged care services from disability services. At present many community services in Tasmania fund services through a variety of different funding contracts obtained from many different local, state and federal funding. There is often also significant overlap between disability and aged care services. It would be very helpful for the Commission to provide an overview of the anticipated boundaries and/or overlaps of the new scheme, especially in light of the recommendations of the parallel Inquiry into Disability Care and Support.

Recommendation 8: The development of sufficiently-funded and appropriate-to-need services to support carers, with a focus on expanded respite, rehabilitation, emotional support, prevention of injury, education and skills development, and health promotion.

Recommendation 9: Provision of further information on the proposed Carer Support Centres.

3. Diversity

The ABS 2006 Census indicates that 16.8% of Tasmania's population are born overseas. Carers Tasmania offers specialised services to support carers who are from cultural and linguistic diverse groups. We also work closely with established and emerging cultural groups to identify carers and improve community awareness of services available to support them. It is important that any proposed aged care system incorporate mechanisms to enable services to be tailored to individual need and determine culturally appropriate care supports, including access to translators as required.

There is much work which needs to be done to ensure that a new aged care system meets the needs of carers who are Indigenous Australians or who care for someone who is an Indigenous person. Carers who are Gay Lesbian Bisexual Transgender or Intersex or who care for someone who is GLBTI also need services which are appropriate to need and inclusive. Carers Tasmania supports investment in explorations of diversity of need to ensure the development of an inclusive and responsive system.

As discussed previously, many older people provide informal care for another person. The proposed system must investigate ways to best support the individual needs of the person who is ageing while also supporting their needs as a carer. The intersection of the aged care system and the disability support system to best support the needs of older carers will also need to be considered.

Recommendation 10: The Commission recommend that more work be done to identify diversity of needs and ensure the inclusion of special needs groups of carers.

4. Housing

The ABS 2003 Survey of Disability, Ageing and Carers indicates that carers in Tasmania are significantly over-represented in the two lowest quintiles of income (49% of primary carers and 48% of other carers). Government pensions or allowances are the most frequent source of principal household income for carers in Tasmania. Approximately 5,500 carers lived in Tasmanian state housing in 2003. It is evident that economic pressures can leave carers highly vulnerable to housing stress.

While Carers Tasmania supports the concept of means-testing in principle, it is vital that provision is made to fairly assess the economic situation of co-resident carers. In fact, all assessment of wealth must consider the flow-on effect to carers. Informal care frequently prevents or reduces workforce participation. It is important that carers are left with adequate provision for their own old age as they also meet their caring commitments.

For those older people who choose or need to move into supported accommodation, it is important that the introduction of tradeable quotas does not disadvantage older people or their families and carers. The geographic distribution of the population, as discussed previously, ensure people moved out of area does not disadvantage carers as they will most likely continue their involvement and support of the older person after the move to residential care has been achieved.

Recommendation 11: The Commission consider means to consider and protect the status of co-resident carers in means-testing processes.

5. Workforce Issues

Due to a smaller population and lower salaries compared to the mainland, Tasmania often faces challenges in attracting and maintaining a suitably qualified workforce. Workforce shortages, caused by younger people moving to the mainland and limited inward migration, are an identified issue. Yet, substantial expansion of the workforce will be needed to provide adequate services to meet the anticipated growth in demand from the ageing population. Carer support services will need to be adequately resourced to attract a sufficient number of workers and have greater provision in funding to offer training places to up-skill their workforce to better meet anticipated levels of need.

As discussed previously, the amount of time demanded by informal care roles can restrict workforce participation options for carers. Given the present level of dependence on informal care, it is unreasonable to expect that formal care services can be expanded to meet all future need. Therefore, a greater diversity of options is needed to ensure that those carers who wish to remain in full-time or part-time work have affordable alternative care services to assist the older person with care needs. Options should be flexible and economically viable.

For example, consideration could be given to expand the availability of day care centres for older people with care needs in Tasmania. These centres, run on a 'seniors centre' model for people with low care needs and a smaller 'cottage respite' model for people with high care needs enable carers to work regular hours knowing that the person they care for is safe and enjoying social contact outside of the home. Part-time

workforce participation has been associated with improved economic status and better wellbeing for many carers²².

Recommendation 12: The Commission consider means to better support the expansion and skills level of the Tasmanian aged care and carer support workforce.

6. Regulation

Carers Tasmania has considered key issues regarding the regulation of the proposed system. We support the establishment of an independent authority to oversee compliance and enforcement of regulations, to manage sector pricing caps, to collate information and to provide a complaints handling and review mechanism. However, it is critical that carers also have access to the Australian Aged Care Regulation Commission (AACRC). This access needs to be enabled at two levels:

- a) To take action on behalf or in support of the older person, if that person is unable to take independent action on their own behalf;
- b) To take action in their own right – to appeal decisions made regarding the care situation which have negative impact upon them and/or relating to their assessment for carer supports.

Carers Tasmania also supports the introduction of streamlined reporting systems. Complex compliance and reporting arrangements which differ from department to department and from contract to contract place a costly burden upon community services. The introduction of streamlined reporting should free up needed resources to better meet increased demand for services. However, we must reiterate that the system must support the active identification and collection of information regarding the existence of carers and the dimensions of the caring role, at every level of record-keeping.

Recommendation 13: The Commission enable carer access to the AACRC, both in their own right and on behalf or in support of the older person with care needs.

7. Policy Research and Evaluation

If the new aged care system is to be effective in shifting to a focus of promoting wellness and independence, then adequate measures will need to be put in place to ensure that improved outcomes are achieved for both the older person with care needs and any person who provides informal care. These outcomes will need to be identifiable and measurable. Carers Tasmania welcomes the Commission's recognition of the need to improve transparency within the sector. Carer data needs to be better collected and reported. Publication of data will inform sector planning and service development.

²² Cummins, R. et. al. (2007). The wellbeing of Australians – carer health and wellbeing. Melbourne: Australian Centre on Quality of Life, Deakin University

The system will require 'flags' to be incorporated at every level to ensure that carers are identified. Poor self-identification with the term 'carer' means that data collection cannot rely solely on self-disclosure of carer status. Independent research and evaluation processes must also be incorporated into the new aged care system to assist in developing care models that truly meet the needs of older people and carers.

Recommendation 14: The Commission recommend that collection and reporting of data regarding carers is improved.

8. Implementation

Carers Tasmania requests that a clearer timetable and strategy for implementation of the proposed scheme be supplied at the earliest opportunity to enable community organisations to conduct specific planning and impact assessments. We request that consideration be given to several issues regarding implementation:

- a) That a transition support program is set up by the AACRC to provide training and mentoring services to small community services to help them successfully adapt to the new system. Training in the new business model and in governance requirements will be especially important to ensure a smooth transition.
- b) For Block Funding Grants to small non-profit organisations be phased out by percentage reduction over a 3 year period to help maintain financial viability and avoid exposure to unsustainable levels of risk. This support could work like a guarantee – that the temporary block funding be offset by payments received under the new market model. A system of positive incentives related to building business and deterrents against dependency on the transitory block funding could be incorporated into such a scheme.
- c) Carers Tasmania also strongly supports draft recommendation 8.4 which states that direct block funding should continue where “there is a demonstrated need to do so, based on a detailed consideration of scale economies, generic service need and community involvement”.

Recommendation 15: The Commission consider a range of transition supports to assist small to medium community services during the implementation period.

9. Alignment with the Carer Recognition Act 2010

All recommendations regarding carers made by the Productivity Commission in its final report on Caring for Older Australians will need to align with the Statement for Australia's Carers as it is articulated within the Commonwealth *Carer Recognition Act 2010*.

The Act was introduced as part of the National Strategy for Carers developed in response to the *Who Cares...? Report on the inquiry into better support for carers*.

The ten principles are:

1. All carers should have the same rights, choices and opportunities as other Australians, regardless of age, race, sex, disability, sexuality, religious or political beliefs, Aboriginal or Torres Strait Islander heritage, cultural or linguistic differences, socioeconomic status or locality.
2. Children and young people who are carers should have the same rights as all children and young people and should be supported to reach their full potential.
3. The valuable social and economic contribution that carers make to society should be recognised and supported.
4. Carers should be supported to enjoy optimum health and social wellbeing and to participate in family, social and community life.
5. Carers should be acknowledged as individuals with their own needs within and beyond the caring role.
6. The relationship between carers and the persons for whom they care should be recognised and respected.
7. Carers should be considered as partners with other care providers in the provision of care, acknowledging the unique knowledge and experience of carers.
8. Carers should be treated with dignity and respect.
9. Carers should be supported to achieve greater economic wellbeing and sustainability and, where appropriate, should have opportunities to participate in employment and education.
10. Support for carers should be timely, responsive, appropriate and accessible.

Carers Tasmania actively supports the adoption of the ten principles in all programs or services which aim to improve outcomes for carers and for the benefit of the people they provide care to.

Recommendation 16: The Commission align all recommendations with the principles articulated within the Commonwealth *Carer Recognition Act 2010*.

10. About Carers Tasmania

Carers Tasmania has a constitutional mandate to represent the needs of family carers. The organization was founded by carers and continues to be led by carers. Governance includes a Board which has members who contribute professional skills in addition to current or past experience of caring situations or an affinity with carers.

Carers Tasmania is a non-profit, community based, incorporated association and registered charity dedicated to improving the quality of life of all family carers' living in Tasmania. Carers are those people who are providing unpaid care for family members or friends with disabilities, mental illness, chronic conditions or illnesses, who have palliative care needs, or who are aged and frail.

Carers Tasmania is the only organization completely dedicated to supporting the needs and representing the views of carers throughout Tasmania. Accordingly, a strong focus on rural and remote regions is embedded in all program design and development. Carers Tasmania provides a diversity of services across all areas of the state, including counselling, information, education and training, health and wellbeing support, and social support.

Carers with diverse needs, such as Young Carers, Indigenous Carers and carers from culturally and linguistically diverse backgrounds (CALD) can access specialist support services especially designed to better meet their needs.

Programs at Carers Tasmania are funded by both Federal and State sources. These include: the Department of Health and Ageing; the Department of Family, Housing, Community Services and Indigenous Affairs; and the Department of Health & Human Services Home and Community Care (HACC) Program.