



Response to Productivity Commission Draft Caring for Older Australians Report

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1 Introduction

Carers SA welcomes the opportunity to provide this response to the Australian Government Productivity Commission Draft Report 'Caring for Older Australians'. Carers SA acknowledges the important support that has been provided through a range of programs of the Commonwealth and South Australian Governments for carers. Carers SA endorses and contributed to the Carers Australia/National Network of Carers Associations response.

The intent of this response is to highlight issues that pertain to South Australian carers of the aged. South Australian carers experience different issues around caring for the aged, demographically, financially and through the carer support framework funded through the Home and Community Care program (HACC). Carers SA has questions relating to several draft recommendations where there appears to be a lack of recognition of the role and the effect on South Australian carers. Carers SA would like to see these questions addressed and answered in the final report with a specific carer focus.

Within the Productivity Commission's Draft Report the role of carers is not adequately acknowledged. The important and vital role that carers provide to aged care recipients should be separately identified from both the care recipient and most particularly from any workforce planning or discussion.

This response will briefly explain the Australian and South Australian legislative and policy framework established around carers. This is an important piece of Government work which recognises the carers' role, which is crucial to aged care.

Carers SA's understanding of the issues is a result of ongoing consultations with members and service providers in metropolitan and regional South Australia over 20 years. This has been undertaken through forums, workshops and surveys of hundreds of members and has highlighted the issues most important to carers in South Australia. In particular, extensive, systematic consultations about aged care issues have taken place over the last two years with carers and service providers.

Recommendation One

The Productivity Commission incorporates within the final document a separate chapter that appropriately recognises and analyses the role of carers in supporting the aged care system.

2 Carers SA

Carers SA (The Carers Association of SA Inc.) was established in 1989 by a 'grass roots' movement of Carers to represent the interests of all carers in South Australia. Carers SA aims to empower carers to participate in partnership with government and non-government organisations for the provision of better services, to improve the conditions under which carers work, and to increase recognition of carers' contribution to the South Australian community and economy. Carers SA is a member of Carers Australia, as are Carers Associations in all states and territories (The Network of Carers Associations).

Carers SA is guided by the following principles:

- Carers have the right to an identity, independent of the person they care for.
- Carers have the right to financial, physical and emotional security.
- Carers and the people they support have the right to live with dignity.
- Carers have the right to access appropriate information and services without discrimination.
- Carers recognise the rights of the person being cared for.

- Carers SA will respect and work with carers and other interested organisations and individuals to meet carer identified needs.
- Carers from all cultural and special needs groups have the right to be involved and recognised.

Carers SA's 11,360 members in 2009-2010 included carers, carer support groups and colleague organisations such as aged and health care service providers. A 2010 survey of Carers SA members revealed that 53% were carers over the age of 65 years.¹ 47% of members surveyed were caring for a person over the age of 65 years. 48% of members surveyed live in country South Australia.

3 Who are Carers?

Carers SA acknowledges the very important role of carers and is pleased to see it identified in the recommendations. Clarity around the definition of the term 'carer' is essential. The meaning of the term 'carer' in state and federal legislation is:

"A person who provides ongoing care or assistance to someone who has a disability. The disability may relate to a physical, intellectual or mental illness, a chronic disease, a terminal condition or may relate to a person who is frail and therefore needs assistance to carry out daily tasks."² (SA Carers Recognition Act 2005)

"A carer is an individual who provides personal care, support and assistance to another individual who needs it because that other individual:

- Has a disability; or
- Has a medical condition (including terminal or chronic illness) or
- Has a mental illness; or
- Is frail and aged."³ (Commonwealth of Australia Carer Recognition Act 2010)

In 2010 the Australian Parliament recognised carers in Australia through the passing of the Carer Recognition Act 2010. Carers receive a Carer Payment and Carer Allowance that recognises the important contribution they make to the community. Carers SA is concerned, therefore, that this level of recognition does not appear to be present in the Caring for Older Australians Draft Report.

People become carers of the aged usually through an existing relationship with family and friends. It may be a sudden response to a health event or crisis such as cancer, stroke or an accident that results in an ongoing caring role. It may become a part of a gradual process of incremental caring as a person's health and independence deteriorate. It is important to differentiate between the carer and the aged care recipient and acknowledge that many carers need support in order to provide care in the community. Carers seek to help their family members to remain in their own homes for as long as possible, to have a good quality of life, to maintain good levels of independence and to monitor their health, wellbeing and safety.⁴

The role of a carer to a frail or aged person is often provided by a family member who may be a daughter, granddaughter, sister, daughter-in-law, partners, husband, friend, extended family or a neighbour; but many carers are themselves older carers over the age of 60 years with their own disability and aging issues.

Whilst the term 'caring' has been associated with a warm, supportive, nurturing, helpful, family, cosy suggestion, in fact carers are doing professional health care tasks; they are the main co-ordinators for the cared for, including dealing with complexities and problems within the aged care system.

Caring relationships for the aged vary in circumstance and situation. They may entail a high level of care-giving with 24 hour care provided by a carer or may involve carer assistance to a lesser level for those aged who have some level of independence.

There is an inherent risk of viewing carers as an aged care workforce resource if their role is not explicitly recognised as being provided on the basis of personal, interdependence circumstances. Most people who take on the role of carer experience significant levels of disadvantage to their financial wellbeing through cost of care and the loss of participating in the paid workforce.⁵ The separation of the carers' role from that of paid workers would be best articulated within a separate chapter on carers (refer Recommendation One).

4 Legislative and Policy Recognition

Carers SA's response is framed within the legislative context in South Australia.

Recent advances in legislative and policy development around carer recognition have established and reinforced the importance of the role of carers within society. Legislation recognises that the role of carers extends across health care service boundaries and society. This has been most recently re-emphasised with the passing of the national Carer Recognition Act 2010.

4.1 Commonwealth of Australia Carer Recognition Act 2010

Entrenched within the Act is the responsibility of all Departments of the Commonwealth Public Service to ensure that the national Carer Recognition Act is recognised and enacted upon. This reflects the whole of Government strategy that is encapsulated in the Health in All Policies 'Adelaide Declaration'.⁶⁷ "Each public service care agency is to take all practicable measures to ensure that it, and its employees and agents, take action to reflect the principles of the Statement for Australia's Carers in developing, implementing, providing or evaluating care supports."

The Statement for Australia's Carers

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.

4.2 South Australian Carers Recognition Act 2005

The South Australian Carer Recognition Act 2005 obligates organisations, including Government agencies and Non-Government organisations that provide funding and services to the aged care population, to 'reflect the principles of the charter in the provision of the relevant services of the organisation'.⁸

SA Carers Charter Principles

1. Carers have choices within their caring role.
2. Carers' health and well being is critical to the community.
3. Carers play a critical role in maintaining the fabric of society.
4. Service providers work in partnership with carers.
5. Carers in Aboriginal and Torres Strait Islander communities need specific consideration.
6. All children and young people have the right to enjoy life and reach their potential.
7. Resources are available to provide timely appropriate and adequate assistance to carers.

4.2.1 SA Carers Policy Supporting Carers

The South Australian legislation was followed in 2006 by the SA Carers Policy⁹ which brings a strategic whole of government approach to policy development, funding and providing services to carers under the seven principles of the SA Carers Charter. The SA Carers Policy supports the SA Carers Charter and the South Australian Carers Recognition Act 2005 by aiming to overcome obstacles to carer support through:

- A more consistent approach to responding to carers needs.
- Better coordination between service providers.
- A strategic planned approach to funding and resource allocation.
- Participation by carers at all levels of policy development and services planning.
- Greater recognition and support for carers in the wider community.

Subsequent to the legislation the Office for Carers was established along with the Carers Reference Group made up of carers and representatives from service providers, government departments and Carers SA and a Whole of Government Carers Implementation Group which oversees the implementation and reporting processes of other Departments. To date six Departments are obliged to report against the Act and a further two Departments have engaged with the Act voluntarily. Carers SA commends the South Australian Government and individual Departments for their commitment to addressing and incorporating carers' needs through recognition of the South Australian Carer Recognition Act 2005.

4.2.2 Plan for South Australian Carers 2009

In addition, the Department for Families and communities has developed its own plan for South Australian carers outlining specific outcomes across its own divisions, based on the SA Carers Charter.

5 Partners in Care

Carers are central to the provision of aged care in the community; aged care at home. In order to establish good partnerships, as outlined in State carers legislation and policy in South Australia, between carers, and planning and providing care, it is important to identify and recognise the role carers contribute within the aged care system. Recognition of the role of carers also extends to the valuable contribution made to the aged care sector. Carers in South Australia are estimated to provide 5.6 million hours of caring every year. The cost of replacing this 'informal' care with 'formal' paid care in South Australia is estimated at \$3.2 billion per annum, equivalent to 3.2% of forecast GDP and 60% of other formal health care.¹⁰

This partnership is further enhanced through the consultation and active partnerships with carers or their representatives when developing policy, planning and programs which impact on carers and the people they care for. One of the ways in which carers can be supported as partners in care is through community or locally based carer support programs, such as those that operate successfully in South Australia, that support them in their caring role (see 6.3).

Choice is important to carers. In the many surveys and consultations with carers by Carers SA the issue of choice and flexibility to respond to the individual needs of carers as partners in care is a key issue. Carers need to be supported in their role which is often one of interdependence with the aged care recipient. Promoting choice, control, independence and autonomy for carers involves the tailoring and personalisation of the support structures required.¹¹

Carer roles are essential to the care of older Australians over the continuum of care both within the home, during episodic illness and in supporting the care recipient in institutional care facilities. They provide important psycho-social and practical assistance to the care recipient which cannot be met by existing Government services.

Carers perform the following interdependent roles in their interface with service systems¹² :

- User as a consumer/patient involved in treatment and/or self management.
- Carer representative as an advisory or reference group member involved in quality assurance.
- Advocate for consumer/patient ensuring consumers' needs are met by representing the needs of the consumer via quality assurance systems, treatment plans and clinical processes to improve services provided to the consumer.
- Partner in care involved in clinical process and practice.

These roles must be reflected within language, policy and programs for carers to be valued and recognised within the health and aged care systems in their own right.

Raising community awareness and acceptance of carers' role in society assists in the validation and self identification for carers themselves. It leads to feelings of being valued and supported. Carer recognition occurs in two ways:

- Through legislative reform to underpin government policy.
- Through general community awareness.

6 The Issues for South Australian Carers

This section of Carers SA's response will highlight the issues at the forefront of South Australian carers:

- Older carers in South Australia
- Financial status of carers in South Australia
- Carer support services
- Rural and remote carers in South Australia
- Transport

6.1 Older Carers in South Australia

South Australia has the oldest population in Australia with 15.4% of the population over 65 years in 2006 compared to 13.3% nationally. This fact impacts not only on aged care, but the capacity for an aging population of carers to provide care, particularly as increasing numbers of people retire to non-metropolitan regional areas.¹³

- Over 1 in 8 South Australians (222,700) provide care and support.
- 17% of carers in South Australia are over age 65 years.¹⁴
- 18% (41,290) are in a primary caring role of looking after another person's wellbeing.
- 71% (29,441) of primary carers are female.
- The average mean length of time over which care was provided is 7.7 years, ranging from six months to fifty years.¹⁵
- 48% of primary carers provide at least 40 hours per week support.
- 44% of primary carers themselves have a disability.¹⁶

By 2031, the percentage of carers is projected to increase by 57%, with 71% more co-resident carers. The number of Australian carers over age 65 is predicted to be 56% by 2031; an increase from 42% in 2001.¹⁷ This increase has significant potential impacts on South Australian carers, due to the already higher percentage of population aged 65+ compared to the rest of Australia.¹⁸ Carers SA predicts that the demand on older carers in the future will be high.

The projected number of carers and people requiring care indicate a future 'carer crunch' is looming: by 2031 carer numbers will increase by 57% compared with a 160% increase for older people requiring care.¹⁹ Social relationships have undergone an enormous amount of change over the last two decades, including smaller family numbers, higher rates of divorce, single parent families, women's changed social status and a greater number of people living by themselves.²⁰ Limited family support was identified as an issue in Carers SA consultations in 2010 particularly with rural and remote carers.

Carers provide important support to the aged care system through enabling people to stay in their homes longer as is demonstrated by recent indications that the elderly entering nursing homes are much frailer than previously. This in turn highlights the load on carers, many of whom are older Australians themselves, who are caring for these people prior to their admission into an aged care facility.

Recommendation Two

The Productivity Commission addresses those issues that affect the financial, lifestyle and health and wellbeing of carers, in particular:

- An increasingly ageing population that corresponds with a decreasing supply of carers: of particular concern in South Australia.

6.2 Financial Status of South Australian Carers

Many carers in South Australia are living in poverty. South Australians overall income level is 8% below the national average.²¹ 37% of primary carers in South Australia rely on a Government pension as their main source of income, compared with 29% of non-carers receiving a Government pension or allowance.²² One third of people who provided primary care for the elderly or people with disabilities lived in the poorest fifth of households in Australia.²³

There appears to be an inherent assumption within the recommendations of the capacity to pay for care. However, with 44% of Australian carers living in low income households in comparison to 17% of the non-carers, it would appear that a large proportion of carers could be significantly disadvantaged.²⁴

Carers on a limited income struggle to meet the increasing daily costs associated with the additional burden of the expenses related to the caring role. The South Australian Government has played a role by maintaining and strengthening a regime of concessions and subsidies. However these have developed in an ad hoc fashion, with an inequitable criteria and decreasing face value, nor do they reflect the particular financial pressures faced by carers in providing care in the home.

National initiatives such as the Federal Budget Carer Bonus and the Utilities Allowance are valued by eligible carers, but do not fully address their financial difficulties.

The huge cost to carers of caring cannot be quantified. It includes, for example:

- Loss of earnings by South Australian carers not in the paid workforce is estimated at \$424 million.²⁵
- Carers SA Survey of Members 2010 data²⁶ reveals:
 - Household incomes are low, with 60% of respondents stating that their income was under \$30,000 per annum. About 88% earned less than \$50,000 per annum.
 - That significant minorities reported problems paying bills generally (23.3%) and energy bills particularly (26.4%).
 - The uptake of South Australian Government concessions is substantial but not universal or uniform.
 - 41% of South Australian carer members surveyed in 2010 said they were worse off financially than the previous year.
 - The impact of rising prices had a medium effect for 40.9% and a high impact for 47.3% of members surveyed.
- Carers SA 2003 Carers' Electricity Costs Survey²⁷ reveals:
 - Because of the need for power to meet the need for health and wellbeing of the care recipient, carers cut back on the essentials of life to survive financially.
 - The average annual electricity bill for carers is 14.5% more than the state average.
- After government payments were taken into account, the annual 'opportunity cost' to carers when compared with people with no care responsibilities was estimated at \$9,300 for a primary carer and \$2,600 for other carers (2005 estimate).²⁸
- Carers who were in the labour force and paying for care spent an average \$162 per week, or \$8,400 a year, on elder care and \$118 a week, or \$6,100 a year, on care for people with disabilities (2004 estimate).²⁹
- For families where the carer had left work to care for a spouse who was also previously working, the reduction in income and living standards would be even greater. If a single person on an average wage were to give up work to become a carer their weekly income would drop from \$1030 to \$294 (2005 estimate).³⁰
- Many carers are harmed physically, mentally, emotionally and socially by their caring responsibilities; attributed to the stress of caring, social isolation, loneliness, changing relationships and loss and grief.³¹

- Primary carers' median personal gross income per week in 2003 was \$237 compared with \$407 for non Carers.³²

These things need to be factored in when considering any additional 'spill over' unmet cost to carers in aged care reform. Additionally, if we wish to maintain the level of commitment by families and informal carer to providing care in the home in the caring years we cannot afford to have widespread reform that undermines their capacity to do so. Carers SA does not have the answers to this, but recommends the Productivity Commission address these issues.

Recommendation Three

The Productivity Commission addresses how carers' long term needs are factored and incorporated into the financial impacts of the proposed equity scheme.

Recommendation Four

The Productivity Commission ensures that South Australian carers are not disadvantaged, including the issue of different financial status between states, addressing:

- Carers and their care recipients in South Australia face financial challenges and burdens at a higher level than other states.
- What measures will be undertaken to protect the financial wellbeing of carers in South Australia?

6.2.1 Paying for Aged Care

Draft Report Recommendation 6.9

"prescribe the scale of care recipients' co-contributions for approved care services which would be applied through the proposed Australian Seniors Gateway Agency (draft recommendation 8.1)."

Carers SA Questions:

- Will this prescription factor carers' needs in regard to their ability to care and long term health and wellbeing?
- How do we ensure that carers' needs are assessed independent of the care recipient and in an equitable manner?
- The role of carer is not confined to age, how do we ensure that carers under 65 are not burdened by their caring role?
- How will you ensure that this new agency will not add the burden of chronic/acute illness and carer demands by adding another layer of bureaucracy and regulation?
- How will you ensure that such a complex and centralised system will be managed effectively by one institution?

6.2.2 Options for broadening the funding base

Draft Report Recommendation 7.1

"The Australian Government should establish a government-backed Aged Care Equity Release scheme which would enable individuals to draw down on the equity in their home to contribute to the costs of their aged care and support."

Carers SA Questions:

- Will an Aged Care Equity Release scheme recognise the interdependent roles of carers and care recipients both financially and emotionally?
- What protections will be placed to ensure carers have the financial capacity to pay for services that they need to access in their role as carers?
- Has the Productivity Commission recognised carer's financial burden of caring through loss of time spent in the paid workforce and the subsequent financial impacts?

6.3 Carer Support Services

Carers SA notes that the Caring for Older Australians Draft Report proposes the development of specialist carer support centres. In South Australia this service has been provided to the carer community for over twenty years.

Across South Australia twelve South Australian carer support centres in both metropolitan and rural regions, with core funding through the Home and Community Care program, play a central role in assisting carers at a local level and in their community to access support and services.

The carer support model, as practiced in South Australia, includes:

- Individual and group support - provides opportunities for carers to meet together in social, information, educational and retreat events, to help one another with friendship, information and ideas and to give one another strength and courage to continue in the caring responsibilities.
- Gives carers recognition and values their contribution to the community.
- Respite - provides opportunities for carers to have time out from caring responsibilities.
- Counselling.
- Advocacy.
- Education and Information.
- Works collaboratively with services and community organisations to provide appropriate information through newsletters, forums and information resources.
- Enables carers to assist services by participating in forums, committees and focus groups, as well as consultations.

Run by six carer driven organisations, including Carers SA, these centres have adopted a peer support approach to delivering support to carers, providing a foundation for connecting carers and local services, enabling the accumulation of knowledge about carers and developing support structures for carers within local communities. They play a vital role in supporting carer health and wellbeing. Carer feedback of these centres is consistently very positive.

The overwhelming need of carers is to be able to access local support in order to effectively provide care. For example, within the region of the existing North and West Country Commonwealth Respite and Carelink Centre there are five local carer support centres servicing this area of the state, along with the role of the Respite and Carelink Centres, because they operate at different levels.

The distinguishing feature of the South Australian carer support infrastructure is the delivery of services to carers at a local level, both in metropolitan Adelaide and rural and remote South Australia. Supporting carers enables them to assist those they are caring for to remain in their homes for as long as possible. Being able to talk to others in a similar situation is the greatest help of all, because carers best understand other carers feelings, concerns, and needs.

Through this support carers are eventually able to offer back support to other people in similar situations and to participate in service providers' structures. The important function that this peer based support structure delivers is to locate people within their community, where they find understanding and empathy at a local level. Carers who need to access care support services at significant distances from their carer duties may be disadvantaged from accessing adequate support.

It is important that services remain located within the most convenient and relevant areas to the communities needing them. This community of carers, building community capacity within the wider community, need support at a local level to be sustainable. In this model carers are acknowledged and accepted as true partners in the delivery of community care and in community capacity building. Their strengths as a carer are recognised and built on, they are empowered to fully participate and contribute more widely.

The contribution to the health and well being of carers by the intervention of these local carer support activities cannot be overstated. By their efforts in maintaining carer health and well being carer support services are preventing the much larger costs to the community of carer breakdown. carer support centres should be developed to ensure services are delivered to carers at a level that is local, accessible and responsive to carers' needs. Investment in carer support has been shown to give returns of seven to one to government in financial terms only, not including the quality of life outcomes for carers and those they support.³³

Recommendation Five

The Productivity Commission incorporates into the proposal for National Carer Support Centres, the carer support model as operates in South Australia.

6.4 Rural and Remote in South Australia

South Australia differs from the Eastern states in that its regional centres are not the large urban centres of the Eastern states and is experiencing a retirement drift to rural coastal areas.³⁴ For example:

- The largest city outside of Adelaide in South Australia is Mt Gambier with a population of just 23,500.
- In the mid north of South Australia there are 30 towns with populations less than 500.

Rural and remote carers face unique and greater challenges to accessing support services with transport, respite and workforce significant issues. Carers SA knows this from recent ongoing and extensive consultation over the past 2 years with carers.

The Caring for Older Australians Draft Report's focus on 'self directed care' assumes that services are available. Invariably they are not. Whilst carers in rural and remote areas would welcome the opportunity to make choices for services, they are hampered by long distances to travel and a lack of services.

These issues have been recently explored in the publication *Tyranny of Distance? Carers in regional and remote areas of Australia*³⁵, with the following figures extrapolated for South Australia:

- Carers in rural and remote areas experience higher rates of disability or long term health condition themselves: 14.3% of carers in metropolitan areas compared to 20% in rural and remote.
- Carers in rural and remote areas were more likely to be living in a jobless household and to experience more financial hardship.
- Carers face difficulty in accessing appropriate services in rural and remote areas because of distance, lack of services, inadequate services.

Respite services find it difficult to attract staff away from metropolitan Adelaide, limiting their available options, which impacts on carers who then find it difficult to access respite to attend activities such as carer retreats, let alone any ongoing employment options. For example, for carers living in small outlying towns the cost of respite can be prohibitive. Assuming an 8 hour day, with 45 mins each way and half hour for lunch the carer is looking at finding a 10 hour respite block. The cyclical nature of agriculture also puts pressure on respite services. Promoting work in viticulture or mining during agricultural 'off-seasons' just places more pressure on families, and in the words of one carer, is "asking people to fall in a heap."

Caring issues become acute when the only employment opportunities are some distance away. For example, on Eyre Peninsula, the mother in a family works 5 hours away, leaving the 17 year old daughter as the primary carer for her 63 year old father.

The difficulties for these carers living in rural and remote regions are exacerbated when they are not always well enough to care. Who then will care for the person they are caring for in the absence of sufficient respite services? Who then will care for them in the absence of nearby family or support

services? Increasingly access to GPs is limited as fewer and fewer GPs are attracted to rural and remote communities: waiting times of up to weeks are being reported.

Carers SA provides this information on rural and remote South Australians in order to highlight the difference in service equity that is potentially proposed in the model. Carers SA believes that rural and remote South Australians deserve to have equity of choice in making decisions for caring for their aged family and friends to assist them in maintaining wellbeing and health in their own homes for as long as is practicable.

Recommendation Six

The Productivity Commission considers the needs of rural and remote carers and the older Australians for whom they care when drawing up models for aged care support.

6.5 Transport

Transport is fundamental to the role of a carer in facilitating care to their aging care recipient with functions from daily chores to health and medical care needs.

Transport is a significant issue affecting South Australian carers both logistically and financially. Long distances need to be travelled, not only within regions, but also to access Adelaide based services. Many health services upon which care recipients are dependant are in Adelaide, such that carers need to travel to Adelaide to access the health care for care recipients.

Inadequate supports in the health system for rural and remote carers and their care recipients to travel for health care present additional burdens to the caring role. Financial hardship experienced by carers affects their capacity to access transport such as having a reliable car.³⁶ This is additional to the fact that many carers in outer regional and remote areas experience higher rates of disability and long-term health issues than the metropolitan population.³⁷ Who cares for the family in that situation?

An ageing population moving from properties into smaller towns or regional centres are becoming increasingly isolated from former support structures and networks. Long distances and limited populations work against the development of appropriate public transport.

Improving the amount, availability and choice of transport modes is fundamental to the delivery of a community care model where services are dispersed and localised.

Recommendation Seven

The Productivity Commission has regard to the importance of locating services for carers in areas and regions that will not exacerbate transport issues or compound the disadvantage many carers face in being able to access transport.

7 Summary

Carers SA has highlighted in this response specific concerns that affect South Australian carers that were not adequately recognised or addressed in the Caring for Older Australians Draft Report.

Carers SA has also provided the evidence of a successful carer support model that is used throughout South Australia, with the recommendation that it be considered as a template for national Carer Support Centres.

Carers SA brings to the attention of the Productivity Commission these state based issues that need to be incorporated into the report. South Australian carers are the oldest population of carers, one of the poorest population of carers and some of the most isolated populations of carers in the nation.

The complex way in which these issues affect the capacity of carers to provide care in a longer term, sustainable manner, to an increasingly aging population in South Australia, needs to be thoroughly and comprehensively incorporated into the final report by the Productivity Commission.

The Productivity Commission should include a complete chapter on carers in the final report that addresses the recognition of carers as a cornerstone to aged care in Australia, in particular addressing the comprehensive concerns of the impact of aged care reforms on carers through social and economic modelling.

Recommendation One

The Productivity Commission incorporates within the final document a separate chapter that appropriately recognises and analyses the role of carers in supporting the aged care system.

Recommendation Two

The Productivity Commission addresses those issues that affect the financial, lifestyle and health and wellbeing of carers, in particular:

- An increasingly ageing population that corresponds with a decreasing supply of carers: of particular concern in South Australia.

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Recommendation Five

The Productivity Commission incorporates into the proposal for National Carer Support Centres, the carer support model as operates in South Australia.

Recommendation Six

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8 References

- ¹ Kilner, D. 2010 'Carers SA Membership Survey 2010' Adelaide. Report held by Carers SA
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