Tasmanian Carer Policy
2013
1. Minister’s Message

It is with great pleasure that I present Tasmania’s first whole-of-government Carer Policy.

Our hard working and selfless carers deserve recognition and support for the essential role they play in our community. A carer’s love and support often enables the care recipient to remain at home in the community, to keep their friends and maintain social activities. This can make a significant difference to the care recipient’s overall wellbeing.

There is, however, a cost to caring for others. Plans are delayed, relationships may be put on hold, and the carer’s own health and wellbeing are at risk of being neglected. Caring is often an isolating experience.

Therefore, it is important that the Government and the community find ways to improve the quality of life for these carers and create a safe and supportive environment for them and those in their care.

The Tasmanian Carer Policy signals a new focus on carers in this State. As well as ensuring that carers receive appropriate support and are involved in decisions that impact on them in their caring role, this Policy will help promote understanding and respect for the work and sacrifice of carers.

Cassy O’Connor MP
Minister for Human Services
Minister for Community Development
2. Introduction

A carer is a person who provides, in a non-contractual and unpaid capacity, ongoing care or assistance to another person who, because of a disability, frailty, chronic illness or pain, requires assistance with everyday tasks. Also, a grandparent is a carer if their grandchild lives with them or they are the primary caregiver and decision maker for the child.

Carers play a vital role in our community, but many of us are not aware of the enormous contribution they make to society, or fully appreciate the challenges they face every day.

Carers are not a homogenous group of people – their age group ranges from the tender age of five\(^1\) to those in their nineties; they come from a diverse range of linguistic, cultural, sexually diverse and socio-economic backgrounds; and commence or end their caring role at various stages of their life. Carers can be eligible for a Commonwealth Government benefit (either a carer entitlement or a pension); be in full-time or part-time employment; or provide care on a full-time basis. The commitment of time and the activities that fall within a caring role is different for each carer. The support needs of the people receiving care vary widely, ranging from occasional assistance with gardening to emotional support to enable care recipients to participate in the community, to 24-hour supervision and assistance with the most basic activities of daily living.

Therefore, the needs of carers are variable, diverse and dynamic. In particular, the needs of young carers (under the age of 25) are quite different to adult carers because of their developmental issues. Many young carers assume an adult

level of responsibility, and their caring role can interfere with their education, training, employment and social development.

A shift towards care-in-the-community and ageing-in-place has meant that people are likely to live longer in private dwellings rather than in residential care. Hence, the role of the carer has become even more crucial. As the rate of disability and frailty increases with an ageing population and the trend of children born with severe disabilities increases\(^2\), the demand for carers will also increase correspondingly. Chronic illnesses such as cancer, arthritis, dementia and mental illness will also increase demand for carers.

Carers report that caring for their loved ones can be rewarding and satisfying. However, there is a personal cost in assuming a caring role. Carers are significantly worse off than the general population in regards to income, health and wellbeing, employment and social interactions. Carers living in regional and rural areas are more likely to experience greater financial hardship and have more difficulty accessing basic services than carers living in major cities\(^3\).

It is important to recognise and understand carers’ needs and provide appropriate and relevant support to them in order to nurture, maintain and sustain home-based caring in the community.

The Tasmanian Carer Policy will raise awareness of the important and critical role of carers; promote better understanding of the issues faced by carers in their caring role; and provide the framework for government actions to identify carers and deliver the necessary support and services for them.


\(^3\) Australian Institute of Family Studies (2009), *Tyranny of Distance? Carers in Regional and Remote Australia* p 12
The Carer Policy will also ensure that carers are given the opportunity to be involved in decisions that affect them and to contribute to improving the care support system by using their unique and direct experience in providing care for their loved ones.

3. Definition of Carer

For the purposes of this Policy:

1. A carer is a person who provides, in a non-contractual and unpaid capacity, ongoing care or assistance to another person who, because of a disability, frailty, chronic illness or pain, requires assistance with everyday tasks.

2. Also, a grandparent is a carer of his or her grandchild if –
   a. the child lives with the grandparent; and
   b. the grandparent is the primary caregiver and decision maker for the child.

3. However, if a child’s parent or parents remain the primary caregivers and decision makers for the child, the child’s grandparent is not the child’s carer only because –
   a. the grandparent cares for the child while the child’s parent or parents are working; or
   b. the child, together with the child’s parents, lives with the grandparent.

4. For the purpose of this Policy, a person is not a carer -
a. only because the person is the spouse, parent or guardian of a person to whom care is provided; or

b. if the person provides the care or assistance as a volunteer for a voluntary organisation.\textsuperscript{4}

4. Policy Statement

In delivering this Carer Policy, the Tasmanian Government acknowledges the invaluable role played by carers, recognises them as individuals in their own right, and respects them as key partners in the care support team.

5. Policy Aim

The aim of the Carer Policy is to improve the quality of life for carers and create a safe and supportive environment for them and those in their care.

6. Policy Objectives

The objectives of the Carer Policy are to:

1. Increase the level of recognition of carers\textsuperscript{*}.

2. Improve the level of support and services to carers.

3. Involve carers in the development and evaluation of policies, programs and services that affect them and their caring role.

\textsuperscript{*}Carers are defined in Section 3 of this Policy.

\textsuperscript{4} The definition of a carer for this Policy has been based on the Queensland Carers (Recognition) Act 2008 (amended in 2010)
7. Policy Principles

The Principles underpinning this Policy are as follows:

1. Carers are to be acknowledged and treated as individuals with their own needs within and beyond their caring role.

2. Carers are to be acknowledged as a diverse group of people, coming from all walks of life and life stages.

3. Carers are to be provided with relevant information and referred to appropriate services to assist them in their caring role.

4. Carers are to be respected as a valued member of the care team, and their expertise and experience recognised and used in the development and evaluation of policies, programs and services that affect them and the people receiving care.

5. The development, evaluation and delivery of policies, programs and services needs to take into account carers’ age, cultural and linguistic background, abilities, religion, geographical location and socio-economic status.

6. To the extent possible, carers are to be supported to enjoy optimum health, social and economic wellbeing, and access to educational and employment opportunities.

7. The carer and the person receiving care are to be regarded as a partnership, in which each person has rights and responsibilities.
8. Complaints by carers on decisions and services that affect them and their caring role are to be resolved promptly and without any fear of reprisal.

9. Government agencies are to be given appropriate training to understand and support the needs of carers.

8. Policy Scope

The Carer Policy applies to all Tasmanian Government agencies and their agents.

All Tasmanian Government agencies are to take all practicable measures to ensure that its employees and agents have an awareness and understanding of this Policy.

Tasmanian Government agencies involved in the provision of care support are to take all practicable measures to ensure that they and their agents reflect the Principles* in the development, delivery and evaluation of policies, programs and services.

*Outlined in Section 7 of this Policy.

9. Policy Context

9.1 TASMANIAN POLICY/STRATEGY

The development of the Carer Policy has been informed by a key Tasmanian policy – A Social Inclusion Strategy for Tasmania (the Social Inclusion Strategy).

The overall goal of the Social Inclusion Strategy for Tasmania is “a fairer Tasmania where all Tasmanians have access to the personal, social, economic
and civic resources and relationships that make life healthy, productive and happy. At the heart of social inclusion is the importance of strong families and communities because families and communities that are caring, confident and resilient are the best buffer against exclusion. One of the major issues facing Tasmania is sustainable communities. The Carer Policy addresses the sustainability issue by ensuring that the community of carers has access to relevant and appropriate support and resources that will enable them to be healthy and happy, and to be able to continue their caring role.

### 9.2 NATIONAL POLICY/STRATEGY

Carers are central to national reforms in the disability, mental health and aged-care services because the role of the carer is critical to sustaining these support systems.

One of the goals of the National Disability Insurance Scheme (NDIS), now referred to as DisabilityCare Australia, is to relieve the stress on carers and provide adequate support to aid them in their role, which would be achieved by working with families to make sure that the valuable care they provide can be sustained. The Tasmanian Carer Policy supports this goal.

In addition, the Carer Policy complements the National Carer Strategy that has a vision of an Australian community that values and respects carers and provides them with the rights, choices, opportunities and capabilities to participate in economic, social and community life.

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10. Implementation

This Policy will be implemented through a Tasmanian Carer Action Plan and overseen by the Community Development Division, Department of Premier and Cabinet.

11. Reporting

All Tasmanian Government agencies will report annually to the Community Development Division on their performance against the actions set out in the Tasmanian Carer Action Plan. An annual progress report will be prepared for the Minister for Community Development.

While Tasmanian Government-funded or administered health and disability service providers will not need to provide a report, they (and their sub-contractors, if applicable) will need to demonstrate their compliance with this Policy as part of their contractual obligations to the Tasmanian Government agency funding their services.

12. Evaluation

The effectiveness of this Policy and the Tasmanian Carer Action Plan in achieving the Aim and Objectives (outlined in Sections 5 and 6) will be evaluated as soon as practicable after five years of operation by an independent entity in consultation with carers.
13. Information on Carers

13.1 THE NATIONAL EXPERIENCE

In 2009-2010, there were 16 000 grandparent families in which the grandparents were guardians or main carers of resident children aged 0-17 years (ABS, 2011)\(^8\).

The ABS Survey of Disability, Ageing and Carers shows that in Australia:

- 520 500 carers are over the age of 65 (ABS, 2009)
- 304 800 carers are under the age of 25 (ABS, 2009)
- 152 500 carers are under the age of 18 (ABS, 2009)
- 2 111 600 carers are of prime working age (ABS, 2009)
- 32 600 Indigenous carers are over the age of 15 (ABS, 2008)
- Nearly 650 000 carers were born outside Australia (ABS, 2009)
- 263 000 carers were born in non-English speaking countries (ABS, 2006)

In 2010, over one in eight Australians (around 2.9 million people or 13.1 per cent of Australia’s population) were estimated to be providing care to family members and friends who have a disability, mental illness, chronic condition, terminal illness and the frail aged\(^9\).

The provision of care is slightly higher in regional and rural areas than in metropolitan centres, possibly reflecting lower access to alternative care arrangements.

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\(^8\) ABS (2011) Family Characteristics, Australia, 2009-10 Cat No 4442.0 – accessed 26 September 2012 www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/4442.0Main%20Features22009-10

\(^9\) Access Economics (October 2010), The Economic Value of Informal Care in 2010. p (i)
In Australia, around 34 per cent of the population live in outer regional or remote areas rather than in major capital cities. Among carers, this proportion increases to 36 per cent\(^{10}\).

Research by Access Economics\(^ {11}\) shows that:

- Carers in Australia provided an estimated total of 1.32 billion hours of care in 2010.

- If all hours of care in 2010 were replaced with services purchased from formal care providers and provided in the home, the replacement value would be $40.9 billion, which is equivalent to 3.2 per cent of Australia’s Gross Domestic Product or 60 per cent of other formal health care.

- The demand for, and supply of, care would be influenced by many factors in the future, most notably:
  
  - many chronic and disabling conditions are highly age related suggesting that, with population ageing, more people may require care in the future (a greater demand for care); and

  - there will be relatively fewer younger people, greater mobility and dispersion of families, increased female labour force participation, higher rates of relationship breakdown and single person households, and potentially reduced propensity to care from Generations X and Y relative to previous generations, all of which

\(^{10}\) IMC-Link (September 2008), *Report on the Profile of Carers in Tasmania*, p 6

\(^{11}\) Access Economics (October 2010), *The Economic Value of Informal Care in 2010*. p (i), (iii)
may reduce the desire or ability to provide care (a lower supply of care).

13.2 THE TASMANIAN EXPERIENCE

According to Carers Tasmania:\(^\text{12}\):

- Tasmania has a greater number of carers per capita than any other Australian jurisdiction.
- Of the estimated 66 200 carers in Tasmania, 7 600 (11.5 per cent) are young carers under the age of 25.
- Over three times as many Tasmanians live outside of metropolitan or inner regional areas compared to other jurisdictions.
- Carers in Tasmania are twice as likely to be in part-time work as in full-time work, and this grows to three times as likely if the caregiver is a primary carer.

Caring in Tasmania is complicated by the State’s small and dispersed population centres, lower socio-economic levels, reduced access to health care, and a lack of social services infrastructure in rural/regional areas.

Tasmania also has the fastest ageing population in Australia. As the rate of disability and frailty increases with an ageing population, there will be an increase in the number of people requiring assistance with daily living.

Research by IMC-Link\(^\text{13}\) indicates that the demand for care will outstrip the supply of carers:

\(^\text{12}\)Carer Tasmania (April 2011), *Disability Care and Support in Tasmania*, p 6
• By 2028, the number of people in Tasmania requiring assistance with a core activity of daily life (such as communication, mobility or self-care) would increase by 47–52 per cent.

• In contrast, the number of carers is projected to increase by between 8.7–19.3 per cent by 2028.

• The ratio of the number of carers to the number of people requiring assistance is estimated to decrease by 23–24 per cent by 2028. This means that the projected increase in number of carers would not match the projected increase in people requiring assistance. Demand for carers will be greater than the supply of carers.

Without this home-care, most of the people needing care would require permanent placement in residential or health care facilities at great cost to the Government budget.

IMC-Link\textsuperscript{14} has calculated that the total replacement cost of care\textsuperscript{15} is increasing. In 2003, the replacement cost was approximately $18.5 million per week or around $962 million per year; by 2028, the replacement cost would be around $21.8 million per week or around $1.13 billion per year.

\textsuperscript{13} IMC-Link (September 2008), \textit{Report on the Profile of Carers in Tasmania}, p 4, 33, 83

\textsuperscript{14} IMC-Link (September 2008), \textit{Report on the Profile of Carers in Tasmania}, p 41, 42

\textsuperscript{15} If all hours of care were replaced with services purchased from formal care providers and provided in the home
### Table 1: Caring in Tasmania – A National Comparison

<table>
<thead>
<tr>
<th>Category (per capita)</th>
<th>Tasmania</th>
<th>Australia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated number of carers</td>
<td>13.3 per cent</td>
<td>12.2 per cent</td>
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<tr>
<td></td>
<td>(66 200 carers)</td>
<td>(2.632 million carers)</td>
</tr>
<tr>
<td>Carers living in outer regional or remote areas</td>
<td>34.1 per cent</td>
<td>9.8 per cent</td>
</tr>
<tr>
<td></td>
<td>(22 600 carers)</td>
<td>(258 900 carers)</td>
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<tr>
<td>Workforce participation rate:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• All carers</td>
<td>56.4 per cent</td>
<td>58.3 per cent</td>
</tr>
<tr>
<td>• Primary carers</td>
<td>40.1 per cent</td>
<td>42.3 per cent</td>
</tr>
</tbody>
</table>

### Table 2: Population Age – 2011 Census

<table>
<thead>
<tr>
<th>Category</th>
<th>Tasmania</th>
<th>Australia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median population age</td>
<td>40 years</td>
<td>37 years</td>
</tr>
<tr>
<td>Proportion of population aged 65+</td>
<td>16.3 per cent</td>
<td>14.0 per cent</td>
</tr>
</tbody>
</table>

### Table 3: Projected Population Age - 2028 Series B

<table>
<thead>
<tr>
<th>Category</th>
<th>Tasmania</th>
<th>Australia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median population age</td>
<td>43.3 years</td>
<td>39.8 years</td>
</tr>
<tr>
<td>Proportion of population aged 65+</td>
<td>24.0 per cent</td>
<td>19.3 per cent</td>
</tr>
</tbody>
</table>

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16 ABS (2009) Survey of Disability, Ageing and Carers

17 ABS (2011) Census Quickstats: Tasmania

18 ABS (2008) Population Projections, Australia, 2006 to 2101 Cat No 3222.0
14. References

  www.censusdata.abs.gov.au/census_services/getproduct/census/2011/quicks...tat/6

- ABS (2011) Family Characteristics, Australia, 2009-10 Cat No 4442.0 – accessed 26 September 2012
  www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/4442.0Main%20Features22009-10


- Access Economics (October 2010), *The Economic Value of Informal Care in 2010*

- Adams, D (2009), *A Social Inclusion Strategy for Tasmania*
· Australian Institute of Family Studies (2009), *Tyranny of Distance? Carers in Regional and Remote Australia*

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· Commonwealth of Australia (2011), *National Carer Strategy*

· FESTofALL Young Carers Together – accessed 23 July 2012

· IMC-Link (September 2008), *Report on the Profile of Carers in Tasmania*

· KPMG (2008), *Review of Tasmanian Disability Services – Final Report*

· National Disability Insurance Scheme – accessed 7 August 2012