

The Tyranny of Distance?

Carers in regional and remote areas of Australia

With funding from Commonwealth Financial Planning, Carers Australia commissioned the Australian Institute of Family Studies to undertake a detailed examination of family carers in regional and remote areas of Australia. Very little is known about their circumstances and the particular challenges they experience. This important research examined:

- the geographic spread of carers and the outer regional and remote areas with the highest concentration of carers
- the ability of carers to access services and how this varies according to geographic remoteness
- the social, health and economic wellbeing of carers according to geographic remoteness and
- the impact of drought on carers.

Unpaid care provided by family and friends is invaluable. It is a vital part of a civilised and caring society and can be the social glue that binds our communities together.

In Australia 2.4 million people live outside the major cities and inner regional areas. These areas are geographically remote, sparsely settled and have fewer services available than in more densely populated areas. Of the 2.4 million Australians in these areas, 363,000 provide unpaid care for family or friends with a disability, long-term illness or who are frail.

The long-term ageing of the population means that there is a greater demand for carers; hence the need to understand factors associated with unpaid caring is more urgent than before.

Key findings included:

- the largest number of carers in inner regional and outer region were in the most populous states of New South Wales, Victoria and Queensland
- Queensland, Western Australia and the Northern Territory had the most carers in remote areas
- carers in remote and regional Australia were more likely to be Indigenous – largely as a result of the distinctive geographic distribution of the Indigenous population and the high level of care required for many in that most disadvantaged sector of Australia society
- a higher proportion of the male population in outer regional and remote areas have a disability or long-term illness
- carers in outer regional and remote areas experienced higher rates of disability or a long-term health condition themselves and lower rates of employment than non-carers living in the same areas and carers in major cities
- carers living in all areas of Australia were more likely to be living in a jobless household and to experience more financial hardship.

The evidence suggests that carers in outer regional and remote Australia face greater challenges than those living in major cities and inner regional areas. Some parts of remote and very remote areas have high rates of carers per head of the population and a large proportion of these carers are Indigenous. Carers in these areas have difficulties accessing services and struggle to find employment.

Across Australia the proportion of carers who were Indigenous varied significantly. For example:

- 1.0% of carers in major cities are Indigenous
- 2.2% of carers in inner regional areas are Indigenous
- 4.6% of carers in outer regional areas are Indigenous
- 12.5% of carers in remote areas are Indigenous
- 46.8% of carers in very remote areas are Indigenous.

Another significant finding is the age profile of carers. The age of carers in very remote areas is much younger than other regions of Australia, with far more carers aged 24 years or less and fewer aged 65 years and over. The large numbers of Indigenous people living in very remote areas largely explains the differences in the age structure of the population in the very remote areas.

A major difficulty in accessing services in outer regional and remote areas was found to be because of distance, inadequate services or lack of services. Almost forty per cent of carers in outer regional or remote areas reported distance to be a difficulty as compared to seventeen per cent of carers in major cities. Of note, a higher percentage of carers living in outer regional and remote areas reported affordability of services to be a difficulty. Difficulty understanding or being understood by service providers was commonly cited as a reason for having difficulty accessing services, particularly in outer regional and remote areas. In outer regional and remote areas, one in three carers reported this as a difficulty compared to 27.3% of those without caring responsibilities.

It is now commonly known that carers have poorer physical and mental health than those without caring responsibilities. The health of those with caring responsibilities living in outer regional and remote areas is considerably poorer than carers in major cities. For example:

- 14.3% of carers in major cities have a profound, severe or moderate disability or long-term health condition
- 14.8% of carers in inner regional areas have a profound, severe or moderate disability or long-term health condition
- this figure rises to 20% of carers in outer regional and remote areas with a profound, severe or moderate disability or long-term health condition

Australian studies of carers have consistently found that households with a person with a disability, mental illness, long-term illness or is frail aged face greater financial hardship than the general population. It has been found that carers in outer regional and remote face greater financial hardship than carers living in major cities and inner regional areas. And carers face greater financial hardship than non-carers.

In relation to employment the research found that carers had lower rates of employment than non-carers. This has been well documented over a number of years. However, carers in outer regional and remote areas had the lowest rates of labour force participation.

Conclusion

The research reinforced the importance of carers in looking after the needs of others. It was found that, to a certain extent this reflects their circumstances, as they are significantly more likely to experience poor health and stressful events in their lives. However, it may also partially reflect a desire, willingness and ability to help others. Whatever the relative merits of such factors, the geography of caring is most apparent in differential patterns of access to services between carers and non-carers. Many carers in the outer regional and remote areas of Australia reported that formal services were unaffordable, unavailable and inadequate in their area.

Carers living in all areas were more likely to be living in a jobless household and experience more financial hardship.

The immediate task ahead is to ensure unpaid family carers in rural and remote areas of Australia have better access to appropriate support and services. We need to ensure that their health and wellbeing is a consideration at all policy and program levels. This is the challenge for a civilised and caring society.