



**Carers Australia Pre-Budget Submission 2015–16**

**Maze running: finding a path for carers through social services reform**

**February 2015**



Carers Australia is the national peak body representing the diversity of Australians who provide unpaid care and support to family members and friends with a:

- disability
- chronic condition
- mental illness or disorder
- drug or alcohol problem
- terminal illness
- or who are frail aged.

Carers Australia believes all carers, regardless of their cultural and linguistic differences, age, disability, religion, socioeconomic status, gender identification and geographical location should have the same rights, choices and opportunities as other Australians.

They should be able to enjoy optimum health, social and economic wellbeing and participate in family, social and community life, employment and education.

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## Executive Summary

Australia's 2.7 million family and friend carers are an integral part of the nation's health system and are the foundation of our aged, disability and community care system. Access Economics estimated in 2010 that carers provided 1.32 billion hours of unpaid care each year and that it would cost \$40.9 billion per annum to the Australian economy to replace their care with formal care services.

Carers Australia acknowledges the government's clear appreciation of the vital contribution of family and friend carers and its recognition that carers both deserve and need support to sustain that contribution.

This submission is primarily focused on the following issues.

### **Integrating and aligning support services for carer**

The design of integrated carer supports has lagged behind the development and implementation of aged care reforms and the introduction of the National Disability Insurance Scheme. An unintended consequence has been that these reforms have produced a misalignment of both entitlements to supports for carers of the aged and carers of people with a disability under 65. It has also produced considerable confusion and uncertainty with respect to the ongoing funding of carer services.

The Department of Social Services (DSS) is currently undertaking a review of carer supports with the aim of producing an integrated carer support model for carers of people regardless of the age and condition of the person/people they care for which, it is hoped, will address these problems.

#### **Recommendation 1:**

**While the Department of Social Services' (DSS) Integrated Carer Support initiative is underway:**

- **Carers Australia and its state and territory associations should be extensively involved in the design elements of the project as it evolves.**
  
- **Existing carer support funding through a variety of DSS programmes should be maintained until such time as the Integrated Carer Support model has been identified and is ready for implementation.**

### **Falling between the gaps of the NDIS**

Of very great concern to Carers Australia, and many organisations representing people with disabilities, is the withdrawal of funding for services provided to a large group of people whose impairment is not great enough to entitle them to a personalised package of supports under the NDIS, but nevertheless require support services to enable them to cope with their condition. Many also require a substantial amount of assistance from family and friend carers.

**Recommendation 2:**

- **Sufficient government funding for government or NGO-provided services should be maintained to provide support to people with a disabling condition and their carers where that condition would not qualify them for support under Tier 3 packages.**
- **Existing Commonwealth respite funding for young carers and mental health carers should not be transferred to the NDIS until it can be established that these carers are receiving respite services through their care recipient's package in proportion to the amount of funding transferred.**

**Impacts of social security reform on carers**

Proposed reforms to social welfare in the 2014 Federal Budget have, in some cases, failed to take into account the limitations on carers' ability to meet participation requirements for Newstart . We are also generally concerned with the impact of introducing six month waiting periods for access to Newstart, and the fact that former or current caring responsibilities may unfairly deprive carers of the ability to reduce those waiting times.

It is also our view that the value of Carer Payments should not be diminished moving from the current formula for indexation to CPI only indexation in 2017.

With respect to broader social welfare reform directions, we are concerned that proposals to integrate supplements into basic payments need to take into account that some supplements, such as the Carer Allowance, are not tied to and serve a different purpose to income support pensions and should be preserved in their own right.

**Recommendation 3:**

- **Proposed six month waiting periods for job seekers under 30 before they can access Newstart should not be introduced.**
- **If the waiting period is introduced, it should not be applied to carers who have not been able to participate in employment (which is a factor which reduces the waiting time) by virtue of their caring role.**

**Recommendation 4:**

Carers undertaking Work for the Dole be provided with additional flexibility, in particular, it is critical that:

- **the hours and place of work can accommodate caring responsibilities;**
- **employment providers make allowances for carers who may need to leave a Work for the Dole placement unexpectedly in order to deal with a caring emergency. Such occurrences should not attract a non-compliance penalty.**

**Recommendation 5: The Carer Payment continues to be indexed to either Male Total Average Weekly Earnings (MTAWE) or the CPI, whichever is higher.**

**Recommendation 6: The Carer Allowance should not be rolled into the Carer Payment under social welfare reform.**

### **Assisting former carers to transition to the workforce**

Long-term carers have particular difficulties entering or re-entering the workforce once their caring role ceases, as they are often left with little relevant employment experience or current marketable skills. Former carers or carers whose caring role has diminished need to be better assisted to transition into paid work.

#### **Recommendation 7:**

- **That the government continue to explore options to assist carers into paid work once their caring role has diminished or ceased.**
- **That, at a minimum, the Job Seeker Classification Instrument (JSCI) be amended to give proper weighting to the impact of current and former caring responsibilities in determining the stream of support that carers and former carers require to have a reasonable prospect of finding sustainable employment.**

### **Assisting currently employed carers to combine work and care**

It is in the interests of both carers and the economy if current employees can be accommodated to take on caring responsibilities without risk to their employment.

**Recommendation 8: In the interests of assisting carers to combine work and care, Carers Australia receive a grant of \$200,000 seed funding over two years to establish its Work&Care engagement with employers to advocate for more carer-friendly workplaces and provide resources and advice to employers to assist them to implement a range of carer friendly practices.**

## Background on family and friend carers

### The social and economic significance of family and friend carers

- Carers are an integral part of Australia’s health system and are the foundation of our aged, disability and community care systems.

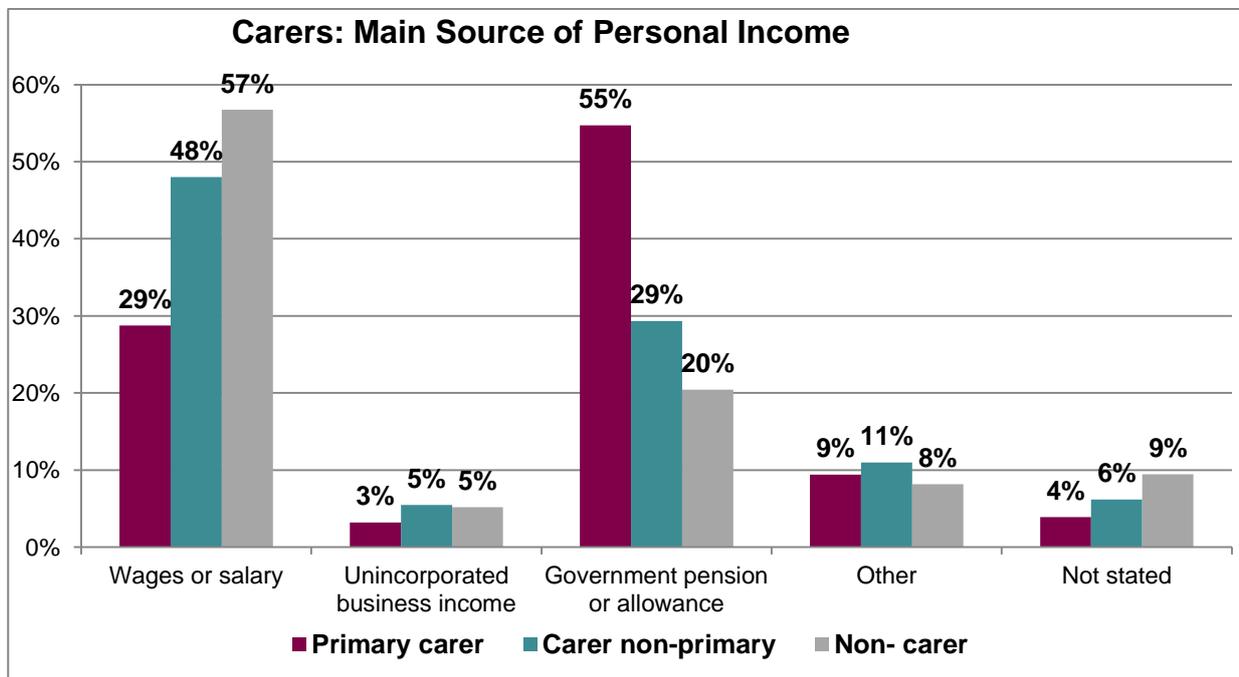
### How many family and friend carers are there?

- According to the latest 2012 Australian Bureau of Statistics (ABS) Survey of Disability, Ageing and Carers (SDAC), there are 2.7 million family and friend carers over the age of 15 in Australia (or 11.9% of the population).
- 770,000 of Australia’s carers are primary carers (those who provide the majority of informal assistance with the activities of daily living to a person struggling with one or more of the core activities of mobility, self-care and communication).
- Of these primary carers, in 2012 51% provided care to a person over the age of 65 (many of whom had a profound/severe core activity limitation). Forty nine percent provided care to someone under the age of 65.

### Hours of care provided

- On average, about 40% of primary carers provide 40 or more hours per week of unpaid care.

### Carers are often financially challenged



Source: Australian Bureau of Statistics (ABS), *Survey of Ageing, Disability and Carers (SDAC) 2012*

- In 2012, almost two thirds (65%) of primary carers resided in a household with equivalised gross household income in the lowest two quintiles, compared with 36% of non-carers. The median gross personal income per week for a primary carer was \$400, and for a non-carer was \$600.<sup>1</sup>
- 55% of primary carers are on a Government pension or allowance. Fifty four per cent of primary carers have difficulty meeting everyday costs as a result of a caring role.

### **Reasons behind the growth in the Carer Payment**

As noted in the report of the Commission of Audit, the number of people in receipt of the Carer Payment has grown on average by 12% per year in the last decade.<sup>2</sup>

The Interim Report of the Review of Social Welfare explored the underlying reasons for this growth and identified the following:

- Demographic changes, such as the ageing of the population, and the associated increase in the incidence of people suffering from a disability:
- The greater public awareness of the value of the two payments (Carer Payment and Carer Allowance);
- An increase in the number of people with a disability and medical conditions being cared for at home; and
- Changes to qualification criteria that have extended eligibility of these payments and a growing gap between Carer Payment rates and allowance rates has also contributed to this growth.<sup>3</sup>

Against this background it is important to consider that income support for carers cost the government \$6,878,000 in 2013-14.<sup>4</sup> Compare this to the 2010 Access Economics estimate that carers provided 1.32 billion hours of unpaid care each year and that it would cost \$40.9 billion per annum to the Australian economy to replace their care with formal care services.<sup>5</sup>

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<sup>1</sup> Australian Bureau of Statistics (ABS), *Survey of Ageing, Disability and Carers (SDAC) 2012*

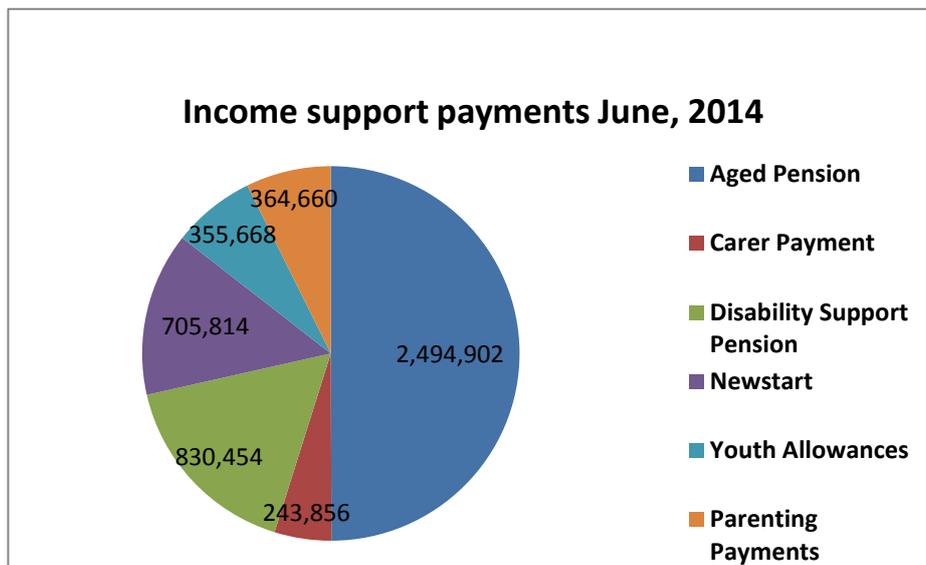
<sup>2</sup> National Commission of Audit, Section 7.1, May 2014, <http://www.ncoa.gov.au/report/phase-one/part-b/7-10-carer-payments.html>

<sup>3</sup> Interim Report of the Reference Group on Welfare Reform to the Minister for Social Services, *A New System for Better Employment and Social Outcomes*, June 2014, p.163

<sup>4</sup> Australian Government, Budget Papers 2014, Statement 6: Expenses and Net Capital Investment

<sup>5</sup> Access Economics, *The economic value of informal care*, October 2010

It is also important to note that, as the chart below illustrates, recipients of the Carer Payment constitute a relatively small proportion of income support recipients.



Source: <http://data.gov.au/dataset/dss-payment-demographic-data/resource/f0615bb3-463f-4352-902c-0b6bb0e22e7d>

## ISSUES AND RECOMMENDATIONS

### 1. Integrating and aligning support services for carers

#### Background

- Carer organisations may offer a range of support services for carers or specialise in a particular kind of service. These services include:
  - contact centres for carers seeking assistance;
  - assessments of carers' needs;
  - information about the rights of carers and referral to the types of services which can assist them in their locality;
  - the delivery of specialist carer support services including (but not confined to):
    - carer education and training;
    - respite provision and/or brokerage (especially emergency respite);
    - carer counselling
    - identification of peer group support options for carers; and
    - individual carer advocacy.
- In its 2011 report on *Caring for Older Australians* the Productivity Commission recommended that:

“Services specifically for supporting carers should be coordinated and undertaken, where appropriate, by a network of Carer Support Centres, which could also provide services to carers of people with disabilities. Most emergency respite services would also be organised and administered through these Carer Support Centres.”<sup>6</sup>
- The former Government committed to the Productivity Commission's recommendation for Carer Support Centres, but the design of the model was not completed.
- Currently the design of models for integrated carer supports is being undertaken by the Department of Social Services, with the concept of Carer Support Centres being considered as one possible model.

#### Issues

The design of integrated carer supports has lagged behind the development and implementation of aged care reform and the introduction of the National Disability Insurance Scheme (NDIS).

The design features of the NDIS and the new aged care programmes have evolved without any real focus on the impact of integrated carer supports. The misalignment of these supports has created a degree of turmoil for the provision of carer services.

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<sup>6</sup> Productivity Commission Inquiry Report: *Caring for older Australians*, Volume 1, 2011, p.XLIV

Thus, for example, access to supports for carers of people over the age of 65 and for people under the age of 65 are misaligned. This presents a whole new layer of complexity in co-ordinating access to supports for “sandwich carers” who care for an aged person as well as a person with a disability, chronic illness or mental illness under the age of 65.

To add to the confusion, some carer support funding for carers of people with disability is to be transferred to the NDIS (when and on what basis we don’t know) and grants for carer supports previously provided by programmes which will be transferred to the aged care Commonwealth Home Support Programme (CGSP) in July have different end dates. Not only does this level of funding uncertainty have a very real impact on the operations of carer support organisations – particularly with respect to retaining staff – but the failure to align grant end dates for different kinds of carer support is likely to constitute a hurdle to the implementation of integrated carer supports, particularly if the Carer Support Centre model is adopted.

Under these circumstances, we are seeking assurance that existing carer funding will be continued until such time as the Integrated Carer Support model has been identified and is implementation-ready. Given the complexities involved (including transition arrangements to the new model) we believe that this could take considerable time. Indeed, we believe that current grant funding for all carer services should be extended to mid-2017 as is the case for existing Commonwealth Respite and Carelink Centres (which will also be caught up in the new model of carer supports). This should allow sufficient time for design, consultation, accompanying regulatory change, tendering processes and transition arrangements without compromising the support offered to carers and the organisations which represent them in the meantime.

**Recommendation 1:**

**While the DSS Integrated Carer Support Project is underway:**

- **Carers Australia and its state and territory associations should be extensively involved in the design elements of the project as it evolves.**
- **Existing carer support funding through a variety of DSS programmes should be maintained until such time as the Integrated Carer Support model has been identified and is ready for implementation**

## **2. Falling between the gaps of the NDIS**

Of very great concern to Carers Australia and many organisations representing people with disabilities is the withdrawal of funding for services provided to people whose impairment is not great enough to entitle them to an NDIS package of supports. In NDIS language this group was formerly referred to as Tier 2 and services to this group are now called Information, Linkages and Capacity Building (ILC).

A large number of people with a disability, chronic illnesses and mental health condition will not qualify for a package of supports under the NDIS. These people will not meet the benchmark for a personalised package of supports, but nevertheless require supports to enable them to cope with their condition and require a substantial amount of assistance from family and friend carers.

Our understanding is that part of the agreements between the Commonwealth and the states and territories in relation to NDIS funding was that states would continue to provide services to assist those who would not meet the Tier 3 eligibility criteria for packaged supports. However, a number of states appear to be withdrawing from service provision well in advance of private sector and NGO market development for the alternative provision of these services. Even if adequate markets do develop for Tier 3 participants, the Tier 2 group will not have access to personalised funding to access these services.

The problem is particularly acute in relation to people with mental health problems, since funding for a number of mental health programmes (including Commonwealth funding) has been swallowed up by the NDIS. Many of these services best suit people with mental health problems which have not yet deteriorated to the point where they would be eligible for packaged supports.

In addition, bilateral agreements identify that respite funding from Department of Social Security (DSS) programmes which support young carers and mental health carers will be transferred on an incremental basis to the NDIA to contribute to the funding of packages, but we don't know how this will be calculated or whether that funding will be reserved to provide respite opportunities for young carers and mental health carers. Nor do we know what will be left over to support such carers if the person they care for does not qualify for a package.

We note that the COAG Disability Reform Council meeting in December "agreed to the policy framework for the provision of NDIS information, linkages and capacity building (ILC) supports, formerly known as Tier 2, for people with disability, their families and carers".<sup>7</sup> The Council noted consultation may be required with stakeholders on the implementation of ILC in each jurisdiction.

We hope that COAG can come to a speedy resolution of the problem. If not it seems likely that:

- In the absence of early intervention, people with comparatively moderate disabilities will decline to a point where they are eligible for Tier 3 packages, thus blowing out the cost of the NDIS.
- While the NDIS reforms will result in great improvements in supports to the most severely and profoundly disabled people in our community and their carers, it will also result in a significant loss of support to others who also need assistance as a result of a disability.

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<sup>7</sup> COAG Disability Reform Council Communique, 12 December 2014 <http://www.ndis.gov.au/document/1291>

#### **Recommendation 2:**

- **Sufficient government funding for government or NGO-provided services should be maintained to provide support to people with a disabling condition and their carers where that condition would not qualify them for support under Tier 3 packages.**
- **That existing Commonwealth respite funding for young carers and mental health carers should not be transferred to the NDIS until it can be established that these carers are receiving respite services through their care recipient's package in proportion to the amount of funding transferred.**

### **3. Impacts of social security reform on carers**

#### **Background**

Carers Australia has a number of concerns with the Social Security measures introduced in the 2014 Federal Budget and consequent legislation introduced into Parliament. We believe that six monthly (and potentially annually repeated) waiting periods required for access to income support would place great economic and psychological hardship on the poorest Australians well in advance of creating the means of alleviating that hardship, such as securing a greatly improved and more flexible employment market. We also have concerns about participation requirements mooted for recipients of Newstart, and particularly about the capacity of carers on Newstart to meet the more stringent requirements.

With respect to the Interim Report of the Review of Social Welfare, while we accept the need for reform of the current Byzantine system, we do have concerns that the simplification of welfare payments may have adverse effects on carers unless it is clearly understood that the Carer Payment and Carer Allowance serve different purposes and do not have congruent eligibility criteria.

#### **Issues**

##### *Impact of proposed waiting periods for Newstart on Carers*

Eligibility for the Carer Payment is very stringent and not all carers meet the constant care threshold, even though they provide substantial amounts of care (which is often required at particular times in the working day and working week). Therefore, there are many carers in receipt of income support other than the Carer Payment. In 2009 it was estimated that there were about 18,000 people with caring responsibilities who were on Newstart Allowance.<sup>8</sup>

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<sup>8</sup> Household, Income and Labour Dynamics in Australia (HILDA) Survey, 2009

Along with other organisations in the community sector, Carers Australia is most concerned about proposals which would see jobseekers under 30 lose their access to income support through compulsory waiting periods of 6 months. We note that those who have previous work experience will be able to reduce this waiting period by one month for each year they've been in full-time employment - with part-time and casual employment pro-rated accordingly.

Carers Australia has particular concerns that this measure will unfairly discriminate against young carers who have been unable to participate in the workforce due to their caring role and who will therefore not be able to reduce the waiting time for income support. It should be understood that these young carers have been making a contribution to the economy by virtue of providing unpaid care.

**Recommendation 3:**

- **Proposed six month waiting periods for job seekers under 30 before they can access Newstart should not be introduced.**
- **If the waiting period is introduced, it should not be applied to carers who have not been able to participate in employment (which is a factor which reduces the waiting time) by virtue of their caring role.**

*Work for the Dole*

Carers Australia has concerns about carers in receipt of the Newstart Allowance being forced to undertake Work for the Dole activities when this may jeopardise the health and wellbeing of the person they care for. Considerations which must be taken into account for carers undertaking Work for the Dole include that:

- the hours and place of work can accommodate caring responsibilities;
- Employment Providers make allowances for carers who may need to leave a Work for the Dole placement unexpectedly in order to deal with a caring emergency. Such occurrences should not attract a non-compliance penalty.

In this context we note that in previous media interviews Minister Abetz conceded that some unemployed people would not be asked to join a Work for the Dole program because of their individual circumstances – including caring responsibilities.<sup>9</sup> Depending on how these exemptions are determined, this would go some way toward alleviating Carers Australia's concerns.

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<sup>9</sup> <http://www.theguardian.com/world/2014/jul/29/abetz-concedes-40-jobs-per-month-newstart-rule-could-be-box-ticking>

**Recommendation 4:**

**Carers undertaking Work for the Dole be provided with additional flexibility, in particular, it is critical that:**

- **the hours and place of work can accommodate caring responsibilities;**
- **employment providers make allowances for carers who may need to leave a Work for the Dole placement unexpectedly in order to deal with a caring emergency. Such occurrences should not attract a non-compliance**

*Changed indexation arrangements for Carer Payment and the Disability Support Pension*

Carers Australia is opposed to the proposed shift in 2017 from indexation based on solely on the Consumer Price Index (CPI) as opposed to either Male Total Average Weekly Earnings (MTAWE) or the CPI, whichever is higher.

As has been frequently observed, the CPI is not a cost of living index but a price index designed to measure price movements in relation to a specific basket of goods and services. As the Harmer Pension Review noted, the single aged pension had risen by 20% in the ten years prior to the Review compared to only 0.5% for Newstart which is CPI indexed.<sup>10</sup>

Although the work of family and friend carers is unpaid, it has been valued as a contribution to the economy of \$40.9 billion per annum (the cost of paid replacement care)<sup>11</sup>. As such, it seems to us entirely appropriate that the Carer Payment is linked to the rise in average earnings.

**Recommendation 5:**

**The Carer Payment continues to be indexed to either Male Total Adult Average Weekly Earnings (MTAAWE) or the CPI, whichever is higher.**

*Review of Social Welfare*

A proposal in the Interim Report of the Review of Social Welfare is to merge supplements into basic payments. While there are probably opportunities to merge some supplements directly into the major income support payments where they are associated with the general cost of living for all welfare recipients (e.g. Telephone or Utilities Allowance), we strongly oppose the abolition of the Carer Allowance or rolling it into the Carer Payment to achieve greater simplicity.

The Carer Allowance (which assists with the additional cost associated with providing care) and the Carer Payment (which is basic income support) serve different purposes and must be retained separately. Although many recipients of the Carer Payment also receive the Carer Allowance, not

<sup>10</sup> Harmer, J 2008, 'Pension Review Background Paper', Department of Families, Housing, Community Services and Indigenous Affairs, p.15

<sup>11</sup> Access Economics, *The Economic Value of Informal Care in 2010*, 12 October 2010

all Carer Allowance recipients receive the Carer Payment. Merging these two payments would see many (potentially over 346,000 carers) financially worse off.<sup>12</sup>

In this context it is important to note that in 2012 the median gross personal income per week for a primary carer was \$400, and for a non-carer was \$600.<sup>13</sup> Receipt of the Carer Allowance can make all the difference to the capacity of a great many carers to cope with such additional costs as high cost transport, medical expenses, medications and other pharmacy products not covered by either the PBS, private health insurance, special dietary requirements, high expenditure on hygiene and a variety of other unusual costs incurred depending on the condition of the care recipient.

**Recommendation 6:**

**The Carer Allowance should not be rolled into the Carer Payment under social welfare reform.**

#### **4. Assisting former carers to transition to the workforce**

##### **Background**

- Long-term carers have particular difficulties entering or re-entering the workforce once their caring role ceases, as they are often left with little relevant employment experience or current marketable skills. Indeed, according to the ABS 2012 Survey of Disability, Ageing and Carers (SDAC), over 27% of primary carers had been caring for between 5 and 9 years, 27% had been carers for between 10 and 24 years, and 7% had been carers for 25 years or more<sup>14</sup>.
- Carers who have previously received the Carer Payment will often transition onto Newstart Allowance when the person they care for dies or moves into residential care, or when the carer is able for other reasons to reduce the hours of care.
- Because many former carers will not be competitive in the job market, many will remain on income support for a very long time after they have ceased to receive the Carer Payment (the median is 9 years according to information provided by DSS) and some will remain on income support for the rest of their lives.

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<sup>12</sup> The difference between the number recipients of Carer Payment and of the Carer Allowance as at June 2014

<sup>13</sup> Australian Bureau of Statistics (ABS), *Survey of Ageing, Disability and Carers (SDAC) 2012*

<sup>14</sup> Australian Bureau of Statistics, *Survey of Disability, Ageing and Carers (SDAC), 2012*

## Issues

### *Employment assistance for former carers or carers whose caring responsibilities have diminished*

- All recipients of Newstart must have an Employment Pathway Plan which outlines the activities they agree to undertake while looking for work. As part of this process, most recipients are referred by Centrelink to a Job Services Australia provider, who uses the Job Seeker Classification Instrument (JSCI) to measure a job seeker's relative difficulty in gaining and maintaining employment and to identify what level of support the job seeker will need to help them find work. Job seekers are then placed in different Streams according to their needs, with Stream A for the most 'work ready job seekers' to Stream C for those with multiple and complex needs.
- The Job Seeker Classification Instrument (JSCI) does not currently specifically seek to assess the impact of caring for an adult with a disability, a chronic illness, a mental health disorder or illness or someone who is frail aged. It should include an appropriate weighting for caring responsibilities (other than just caring for a child up to 15 years) and Job Seekers should be specifically asked if they have or have had such responsibilities. The outcome of the JSCI determines not only the stream of support the Job Seeker will be allocated to, but may in the future also determine whether the Job Seeker has access to any income support (subject to Federal Budget measures being passed by Parliament). The ability of the JSCI to accurately capture all factors (including caring responsibilities) which impact on the ability of a job seeker to gain and maintain employment is therefore more crucial than ever.

### *Other options for assisting carers to find employment*

Carers Australia is aware that there are options currently under consideration in the Department of Social Services to provide special assistance to help carers and former carers to find employment. These include:

- The establishment of a targeted programme similar to the Disability Employment Service (DES).
- Initiatives to identify the myriad of skills acquired by carers in their unpaid caring role with a view to providing funding for additional training and qualifications which would enable them to transition to paid care in the aged care and disability workforces or other community sector work.
- Where carers in receipt of the Carer Payment are willing and able, assistance to acquire or update skills which would improve their chances of moving to paid employment where they are able.

However, our understanding is that the design of these options is still at an embryonic stage.

**Recommendation 7:**

- That the government continue to explore options to assist carers into paid work once their caring role has diminished or ceased.
- That, at a minimum, the Job Seeker Classification Instrument (JSCI) be amended to give proper weighting to the impact of current and former caring responsibilities in determining the stream of support that carers and former carers require to have a reasonable prospect of finding sustainable employment.

## **5. Assisting currently employed carers to combine work and care**

**Background:**

- Australia's population aged over 65 years has been projected to grow from 13.4% in 2007 to 20.5% by 2027<sup>15</sup>. Under these circumstances Australia will soon reach the 'tipping point' for care when there are likely to be fewer informal carers relative to the growing older population. Labour participation rates are also expected to fall over the coming years as the growth rate of the oldest segments of the population accelerates. Consequently, any trend which forces working age people out of the workforce- such as to take up full-time care- will have a significant impact on the situation.

**Issue:**

- Carers Australia is launching a Work & Care Initiative which aims to improve the capacity of carers to combine employment with their caring responsibilities. It identifies a strong business case for employers to provide a supportive environment for working carers, many of whom have considerable experience within the organisation and will be difficult and expensive to replace. It also identifies a range of options for job design which will assist carers to remain in the labour force and a package of resources to help employers with implementation. The next step is to engage with employers and their associations to identify the benefits to them of carer-friendly workplaces, improve their awareness of the needs of carers in the workplace, and their capacity to appropriately support working carers. The Initiative will also ensure that a greater number of carers receive information about supports that can assist them to combine work and care.
- In developing the Work & Care Initiative, Carers Australia is following the experiences of the successful UK Employers for Carers (EFC) group. This group was established by Carers UK with seed funding from the European Social Fund and some other sources of government funding, but is now employer-led and employer resourced and covers over a million employees across the public and private sectors. The UK Initiative is now being rolled out in other countries and with international

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<sup>15</sup> Australian Government 2007, *Intergenerational Report*, p.17

employers. Carers Australia has had discussions with Carers UK about linking the Australian Work & Care Initiative with EFC Global.

- As has been the case in the UK, the aim is for the initiative to be eventually employer-led and funded. However, as was also the case in the UK, seed funding will be needed to get a sufficient momentum of employer engagement underway. To this end, Carers Australia is seeking seed funding from the government of \$200,000 over 2 years. Among other things, this funding will also allow us to distribute Work & Care resources for both employers and employees, and to establish a group of 'employer champions' who can promote the Initiative and share their best practice experiences with other employers.

**Recommendation 8:**

**In the interests of assisting carers to combine work and care, Carers Australia receive a grant of \$200,000 seed funding over two years to establish its Work&Care engagement with employers to advocate for more carer-friendly workplaces and provide resource and advice to employers to assist them to implement a range of carer friendly practices.**