



**Caring for Older Australians
Response to the Productivity Commission
Draft Recommendations**

**CARERS WA
SUBMISSION**

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**Contact: Paul Coates
Chief Executive Officer
Carers WA (Inc)**

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1. Introduction

Carers WA has contributed to and supports the responses to this inquiry submitted by Carers Australia. These additional comments are offered to capture the situation facing carers and the people they care for in Western Australia. Carers WA seeks to strengthen the focus of the reforms to better reflect the needs and situations of family and friends who care for older people, and for older people who are carers.

The impact on carers of the draft recommendations into aged care must be considered in the context of concurrent and significant reforms to disability and health care. In this response, Carers WA has taken into account the cross-over recommendations from each inquiry and the reform process being conducted by DOHA. The concern is that the pathway for carers to be identified and assessed will become more complex than is currently the case making access to carer services more difficult. Given that the exact reverse of this is the goal of the federal government's National Carer Strategy, Carers WA calls on the Productivity Commission (PC) to revisit its recommendations with regard to the aged care sector and carers, taking into account the recommendations that have now become available from the PC inquiry into disability care. It is only in considering the recommendations in combination that the impact on carers becomes apparent. This highlights the need for a holistic approach to the support of carers whose caring roles overlap ageing, disability, health and mental health and whose individual needs must also be acknowledged.

Further, Carers WA is particularly concerned that the resources required to introduce and sustain the whole range of reforms in the aged care sector, concurrent with other sectors, risks a deflection of financial and human resources (within government, the NGO sector and commercial service providers) away from front line services to carers and toward the processes required to implement reform. The changes therefore need to be properly resourced, piloted and tested before wholesale change is introduced. Carers WA therefore welcomes the recommendation that changes be introduced on a trial or pilot basis. However, given that the impact on carers cuts across all sectors, those trials need to be evaluated in a holistic manner, focusing on outcomes on carers as well as consumers. Without a holistic focus, there is a real danger that established and successful services, such as those provided by Carer Associations, are swept away or at best de-stabilised if the changes are driven by short term budgetary concerns alone.

The expectation and fear of adverse change can increase the turnover of staff in sectors which are already struggling to recruit and retain people with experience and skills. As the Commissioners would be aware, generally employees within the NGO sector work at lower rates of pay and conditions than their commercial counterparts but are driven by the social motive. However the fear of job security can in many cases provide the final push to leave the sector. Structural change, therefore, has to be introduced over a manageable time period. If this is not done then all the workforce issues identified by the PC will be exacerbated.

Finally, the *Carer Recognition Act 2010* requires public service care agencies to adopt policies and practices that are consistent with The Statement for Australia's Carers. Recommendations from the PC that impact on public service care agencies therefore need to be consistent with this requirement or the recommendations will not be able to be adopted by public sector care agencies or their associated providers. In Western Australia, recommendations from this inquiry should work to support the advances made since the introduction of the *Carers Recognition Act 2004* rather than work against them.

2. Defining the term 'carer'

The term carer is defined in both Western Australian (*Carers Recognition Act 2004*) and Commonwealth legislation (*Carer Recognition Act 2010*). A carer is a person who provides care on an unpaid basis to a family member or friend with a disability, a medical condition, chronic illness, mental illness or age related frailty. Paid and volunteer support staff are explicitly excluded from this definition for good reason.

Carers WA argues that the consistent and exclusive use of the term carer to refer to family and friend carers is an essential element in carer identification and carer self identification. When family and friends do not identify as a carer, they do not access the carer services and supports they need to sustain them in the caring role. When service providers do not recognise family and friends as carers, they fail to inform carers of their eligibility for services and fail to meet their own obligations under state and Commonwealth legislation.

Carers WA therefore encourages all agencies, including the PC, to define and use the term 'carer' in a manner consistent with the legislation and exclusively in reference to family and friend carers. This is an important contribution to the effort to increase carer identification/self identification, to increase the rates of referral to carer services, to sustain carers, and to assist service providers in meeting their compliance obligations.

3. The diversity and contribution of carers in WA

Based on research by Edwards et al (2009):

- There are an estimated 310,000 carers in Western Australia – 1 in 8 Western Australians;
- Almost 50,000 carers live in outer regional, remote and very remote areas of WA;
- Almost 45 per cent of carers in very remote areas are Indigenous.

According to the Australian Bureau of Statistics (2006):

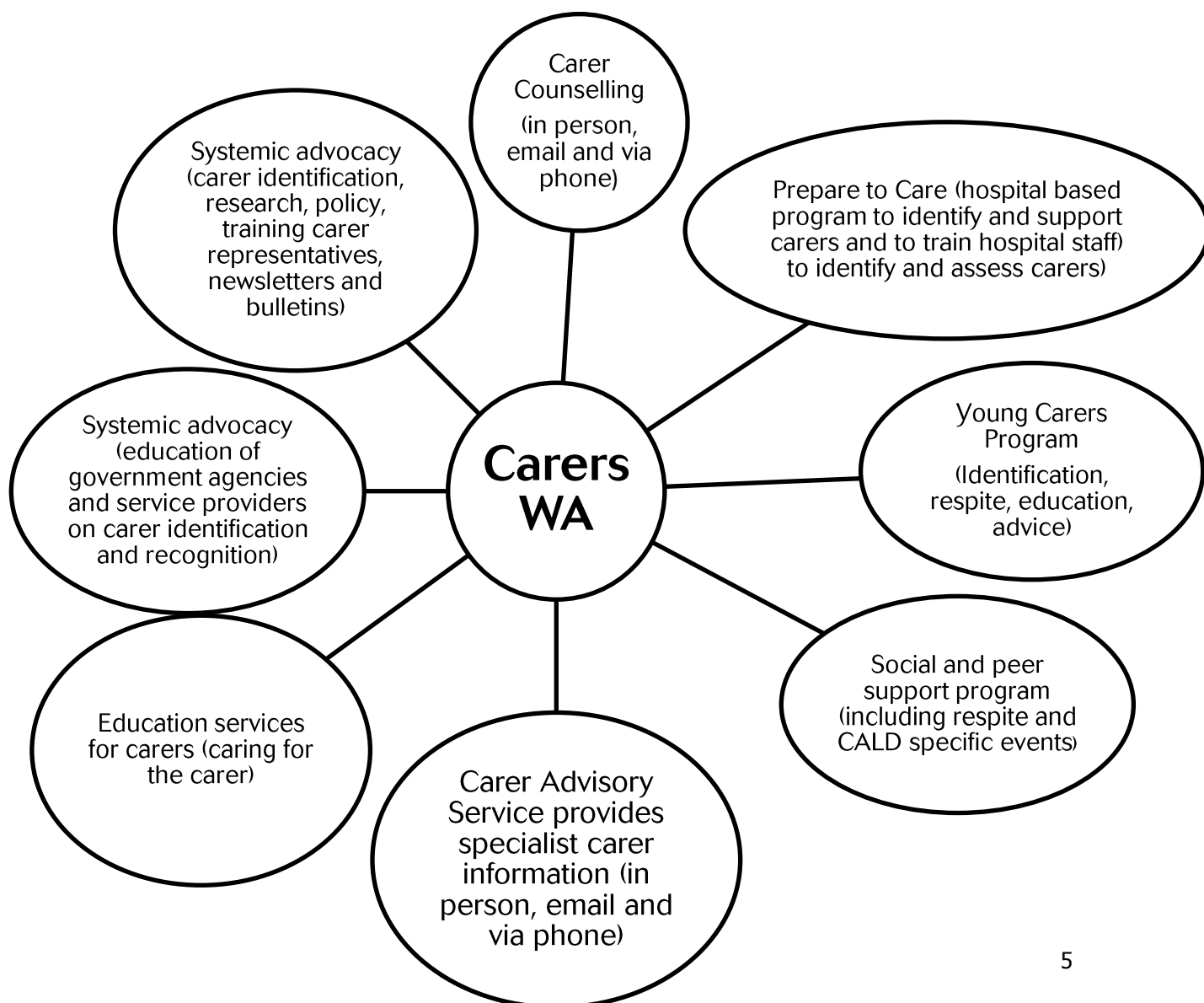
- over 73 per cent of primary carers are women;
- More than 20,000 carers in Western Australia are under 18 years of age;
- More than 40,000 carers in Western Australia are over 65 years of age.

Based on analysis of research conducted by Access Economics (2010), Carers WA estimates that the cost of replacing the care provided by family and friends in Western Australia would be an annual figure of \$4.1 billion.

4. The services currently offered to carers in WA and the impact on these of the proposed Carer Support Centre

Carers WA receives funding from a number of state and Commonwealth agencies to deliver services to carers, to undertake systemic advocacy and to provide education and training to other service providers and government agencies who offer services to carers. The diagram below outlines the activities undertaken and services offered by Carers WA. Currently, the Access Points and Carers WA through its Carer Advisory Service, play an important role in supporting carers to coordinate their access to supports.

Figure 1. Services currently offered by Carers WA



The Carer Advisory Service provides a 'one stop shop' service for carers who would otherwise have to seek information from numerous agencies. For example, in one phone call, a carer may seek information about advance health planning, Enduring Power of Guardianship, Enduring Power of Attorney and access to disabled parking, public transport and concessional rebates for power and water bills. Carers WA can provide this range of information to support the carer in their information gathering and decision making role. Carers WA can then refer the carer to appropriate agencies to either seek further information or access services.

Just as importantly, Carers WA can provide this information to a carer before the needs of the care recipient have driven the family into contact with service providers. For example, if an older person is identified by the aged care system as having dementia, it is too late to implement Enduring Power of Guardianship and Enduring Power of Attorney instruments.

The current pathways to carer services for carers of an older person

Carers can make direct contact with Carers WA to be assessed and receive services. Many carers make first contact through the National Carers Counselling Program currently provided through Carers WA and other state offices in the Carers Network. Carers can also be identified by and referred to Carers WA by other service providers. (Please see Appendix 1). Attached to this submission at Appendix 2 is a more detailed spreadsheet indicating the full range of carer services available in WA, the source of funding and the eligibility criteria.

Many carers of older people are referred to Carers WA through the Access Points. The Access Points are unique to WA. They represent the newly installed (February 2011) front end of access to HACC services and services delivered under the National Respite for Carers Program.

If a carer contacts an Access Point, they will be assessed and advised over the phone and referred to appropriate providers, including Carers WA, using an information sharing protocol which means the carer does not need to repeat basic information. Staff at the Access Point will also assess the carers' eligibility for respite services under the National Respite for Carers Program. Staff at the Access Point will also assess the needs of the care recipient if the care recipient is not already registered for services but it is not essential for the care recipient to be assessed in order for the carer to access carer services. Under this scenario, the carer is able to be assessed and referred to Carers WA and other providers for carer services, regardless of whether the care recipient is eligible for or assessed for services.¹

Carers WA therefore strongly argues that the pathway to access carer services should be clear to the carer, and the carer's eligibility should be independent of that of the

¹ Of course, if the care recipient, for whatever reason, does not accept the respite arrangements, then the carer will be unlikely to utilise this service.

care recipient. This is necessary in order to prevent instances of the carer being ineligible for services where the care recipient chooses not to be assessed or access aged care services or is ineligible for services. There will also be occasions where the carer needs to access services confidentially from the care recipient.

If access to carer services is obscured, by for example, creating gateways that focus only on the needs of the care recipient, or link the carer's eligibility for services to the eligibility of the care recipient, the likelihood of the carer identifying and being referred to services will be minimised even further than it is currently.

As an example, some older people, particularly those who feel it is the family's responsibility to provide their care, may refuse to access services and will rely even more on their family for care. If the family carer is then not eligible for services, this will compound the situation facing the carer who will have a heavier caring load and yet not be eligible for carer supports. This situation also arises in the case of mental illness and dementia, where the care recipient may refuse outside services creating a heavier load for the care recipient. Again, in this case, it is essential for the carer to be able to access services independently of the care recipient's eligibility for services.

If the care recipient chooses not to access services or does not qualify due to strict assessment criteria, the contribution of the family carer becomes more hidden. If a potential client is not in receipt of service supports then it is highly unlikely that service providers will provide supports for the family carers. Therefore the needs of the carer must be recognised in their own right and clearly identified as separate from those of the care recipient. Without such supports many family carers will lose resilience and inevitably the impact will flow on to the care recipient which at some stage will lead to an engagement with or increased demand on aged and health services. At this point the needs of the carer may be recognised (once the care recipient engages with services) but it may be too late and the resultant impact and demand on services will be much greater than if carer supports were provided earlier.

To prevent a crisis driven model, carers should have direct access to the proposed Carer Support Centres rather than necessarily being obliged to go through the Seniors Gateway. Where carers do make first contact with the Seniors Gateway, staff must be aware of the need to separately assess the needs of the carer, and be aware of the separate eligibility of carers to access their own services, independently of the care recipient.

Carer Support Centres – not just for carers of older people

Carer Support Centres need to offer services to carers regardless of whether they are caring for an older person, a person with a disability, a mental illness or other illness. Many carers care for more than one person. For example, a person may be caring for both an ageing parent and a child with disability. If Carer Support Centres only offer support to carers of an older person, this carer would then need to access another

carer support service and undergo another assessment in order to access a different set of carer services. This would contradict the goal of the National Carer Strategy to enhance the ability of carers to access services required by them as carers.

'We need to make sure different parts and different levels of government work effectively with each other to achieve these goals, rather than at cross-purposes – simplifying access to support for carers...' (Commonwealth of Australia 2010:6).

Carers need to be able to access support from a clearly identified location rather than needing to call a number of carer support services and to be assessed multiple times for eligibility for different programs that then may not be able to be delivered in a coordinated fashion.

The identification of carers must not be dependent on the identification of the care recipient

A major hurdle to the access of carer services is the lack of identification of the caring role by service providers and by carers themselves. Carers WA plays a vital role in publicising the role of carers and in training government agencies and service providers to identify carers. The *Carers Recognition Act 2004* and the *Carer Recognition Act 2010* require government agencies to implement strategies to ensure carers are identified and their needs taken into account in the design and planning of care services. The promotion of carer identification must constitute a central role of the proposed Carer Support Centres.

What existing carer services provided by Carers WA would survive without block funding?

The services offered by Carers WA are currently block funded and so are able to be provided to carers for free or at a nominal charge. With the introduction of self directed budgets, which is a strong recommendation in the Disability Care and Support inquiry, block funding for many services may cease. This puts at risk the following services and activities offered by Carers WA:

- Carer advisory service
- Carer representation program which trains carers to be representatives on committees
- Systemic advocacy, research and policy work
- Carer education program
- Social and peer support program
- Young carers program
- Prepare to Care Program (hospital based program to identify carers).

One of the biggest concerns about the loss of these services is the impact on carer identification and recognition which is the main goal of our systemic advocacy.

Additional comments regarding the impact of block funding on other services provided by the Carers Australia network is provided in that submission.

5. Are family carers part of the aged care 'workforce'?

While family and friend carers provide the bulk of services to people with disability, including older people, and their contribution is essential to the sustainability of the paid workforce, family carers do not carry out their role as part of the workforce. A paid employee enters into a contract with an employer and receives wages and other conditions for carrying out these services during set hours. In contrast, a family member or friend becomes a carer through a completely different set of circumstances, some of which are traumatising and represent a significant and unwelcome life transition. There may be no choice but to take on the caring role. Further, there are no employee benefits, little training and no wages or superannuation. In fact, there may be a significant reduction in income if the carer is required to leave paid employment to carry out the caring role. It is disappointing that the circumstances and the role of family carers have been conflated with those of the paid workforce.

It is useful to work through the different policy responses required when seeking to improve the conditions of paid support workers in contrast to family carers. As an example, to reduce the burden of long shifts or split shifts experienced by some in the aged care workforce requires changes in the terms and conditions of their employment, and possibly some changes to industrial relations legislation. Failing these changes, ultimately, paid staff can and do choose to leave their employment if the conditions are unsatisfactory.

In contrast, to reduce the hours worked by a family carer requires, firstly, that the carer becomes aware of the load they are carrying and the impact it is having on their own health and wellbeing and that of their family. Secondly, an assessment needs to be undertaken of both the carer and the care recipient for eligibility for:

- Suitable respite, which might take many forms;
- HACC or other community aged care services;
- Counselling;
- Home maintenance and modifications;
- Family mediation;
- Income support and financial counselling;
- Transport services;
- Carer education;
- Carer skills;
- Employment related training and return to work programs.

Carers WA therefore argues strongly that the supports required by family carers need to be considered in terms of the needs of the whole person and the caring context which involves an assessment of more than their ability to continue in the caring role.

6. Maintaining family life and family carers – the role of the aged care system and aged care services

The need for residential aged care services to support and enhance interactions between older people, their family, friends and carers

Entry to residential aged care in Australia, in many instances, generates institutional barriers to the continuation of family life. For both the aged person and their carer/s, who may be their spouse or another family member, this can be a devastating outcome. The built environment, institutional policies and procedures and the attitude of staff can alienate residents from their families contributing to social isolation with resultant impacts on health (Franklin and Tranter 2011).

Even when in residential care, family carers play an ongoing role in ensuring that the social and physical needs of the care recipient are met. Many families and carers have described feeling excluded and ignored by paid staff, and have reported that paid staff may be too busy to fully involve the family (Cameron 2007). Currently, there is no acknowledgement of the role of family carers in the Charter of Residents' Rights and Responsibilities.

Residential and other supported accommodation for older people needs to be designed with acknowledgement that older people may themselves be carers. **In Western Australia, more than 40,000 carers are aged over 65 (ABS 2006).** One member of a couple may be caring for their partner. One or both members of an elderly couple may be caring for their adult child with disability in the family home but may be in need of residential care. However, the lack of family friendly residential accommodation means they are forced to choose between their own needs and those of their adult child, often with tragic consequences. Carers WA urges the PC to address this issue in their recommendations.

Ability to trade supported places within a 'region'

Carers WA is concerned that while residential facilities are able to trade away their obligations to provide places for supported residents, it will limit the ability of lower income people seeking residential care to remain in their own communities. Even though there is a requirement for supported places to be traded within the 'same region', the definition of region is not specified. The likelihood that people will be able to source residential places within their own communities will be reduced. This means that partners, family and friends may be unable to visit their family member as often and will be limited in their ability to continue their caring role. The prior work done to create supportive neighbourhood communities will be lost if the older person and their carer are removed from this community.

The potential impact is serious enough in metropolitan areas where using public transport to get across suburbs can be difficult and time consuming. In country areas of WA, the implications could be worse. If the region is broadly defined, the supported place may end up being traded to other towns. This reduces the ability of partners and family carers to maintain their role and further isolates the resident. Over 45 per cent of carers in remote areas of Western Australia are Aboriginal. It is important to ensure that older people are not isolated away from their communities and their carers.

Concerns regarding the use of value in the family home to purchase aged care services

Carers WA is concerned at the impact of the sale or partial sale of the family home on specific family groups including:

- Carers whose partners are in need of residential aged care but who are themselves relatively healthy and want to remain living in the family home.
- Adult carers who have returned to the family home to care for ageing parents for significant periods of time and who have, in taking on the caring role, given up paid employment or have accepted lower paid employment and thus reduced their opportunities to generate enough wealth to own a home. This impacts on both males and females but is particularly the case currently for women who are the majority (71%) of primary carers. Only 38 per cent of primary carers are in paid employment. When careers are interrupted by the caring role, this reduces both current earnings and superannuation earnings. The opportunity costs of caring in Australia have been estimated at \$6.5 billion annually (Access Economics 2010).
- Adult children with disability who have spent their lives co-resident with their parents but where the parents are now ageing and in need of aged care services. The parents may be income poor but own their home. Some consideration of this family circumstance needs to be established that would allow the parents, instead of having to invest funds in Pensioner Bonds, to direct funds to a Special Disability Trust or similar arrangement to provide for their adult child without risking access to the aged care services they require.

Advance planning can only occur when families have a complete picture of the implications of their decisions on themselves and those they care for. Carers WA therefore suggests that the PC conduct more modelling of these examples and others where the older person is part of a family and the members of the family have different caring roles and care needs. This modelling needs to determine the intergenerational impact on adult children with disability and carers who have returned to the family home and foregone paid employment to care for ageing parents.

Unpaid caring and the impact on asset accumulation

An objective and targeted assessment of current assets which is used as a basis for means testing the ability of the care recipient to fund aged care may seem fair and equitable. There is, however, a significant difference between the circumstances of the carer and those in the wider population who do not have a caring role. Such an assessment fails to take into account the real cost that caring has had on the family. The impact and financial cost of caring often results in a severe mitigation of the opportunity to acquire and build up an asset base that gives financial security. The opportunity cost of caring must be taken into account when assessing the appropriate contribution that a family should be required to make.

Per annum in Australia, carers provide 1.32 billion hours of care valued at \$40.9 billion (Access Economics 2010). In doing so they have given up, often for many years if not a lifetime, a significant opportunity to earn money and acquire their own wealth. This lost income/wealth (or carer opportunity cost) does not come into an assessment of the care recipient's assets and in many cases the fact that the care recipient still has assets is a reflection of the unpaid care and support provided by the family carer. If this support was not provided by the unpaid carer the assets would, in many cases, have had to be "sold" to fund the care over the life of the needs of the care recipient. Therefore at the point where the care recipient eventually has to leave the family home to go into institutional care there would potentially be no assets to fund this move had the carer not contributed their unpaid support. Arguably, some portion of the assets of the care recipient are a function of the investment made by the carer. If the carer had not invested their time the care recipient may not have had any assets to be assessed.

The assessment of assets must take account of the opportunity costs incurred by the carer to maintain this investment. This should be "netted off" the tangible assets that are being assessed for the care recipient's contribution to their institutional care. Potentially, the care recipient's assets are a substitute for the superannuation that the carer is entitled to but was never able to earn through the normal paid work environment. There is no scheme for superannuation for carers despite calls for this in previous inquiries including the Inquiry into Better Support for Carers.

The needs of family carers from culturally and linguistically diverse backgrounds – the role of the Carers Visa

Carers WA has unfortunately heard from CALD carers of their difficulties in working with paid support staff who are unable to communicate with the family and the person requiring care or who are not able to understand or appreciate the importance of culturally specific requirements. When there are no local supports available to assist a person with a severe disability, families are able to make application for a relative to come to Australia to assist in the provision of care. The Carer Visa falls under the 'other family' migration category.

The number of carer visas approved in Australia in 2009 was 1,129 and the total number of 'other family' visas approved was 2,468. In 2010-11, the total number of visas in the 'other family' category was planned to be reduced to 750 (Source <http://www.immi.gov.au/media/statistics/statistical-info/visa-grants/migrant.htm> <http://www.immi.gov.au/media/statistics/pdf/report-on-migration-program-2009-10.pdf>).

This cut in numbers of Carer Visas has the potential to impact negatively on caring families, particularly those from culturally diverse communities who often struggle to find support workers who speak the same language and understand the cultural needs of the family. It is important that the Carer Visa be discussed as part of the recommendations given the potential to provide assistance to CALD caring families.

Australian Aged Care Regulation Commission – AACRC – its role in supporting family carers

As currently proposed, the AACRC will handle complaints from consumers and providers. The pathway for carers to make complaints is not described. Carers WA argues the AACRC should also be empowered to handle complaints from carers and to provide feedback to service providers based on complaints lodged by carers. This would be consistent with the provisions of the *Carer Recognition Act 2010* and The Statement for Australia's Carers. Further, in its accreditation role, the proposed Aged Care Standards and Accreditation Agency within the AACRC should ensure that service providers abide by the *Carer Recognition Act 2010* and The Statement for Australia's Carers contained within it.

The recommendations of the PC into aged care complaints mechanisms are occurring concurrently with a review of those mechanisms conducted by DOHA (<http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/consultation-aged-care-complaints-home>). Carers WA is concerned that family carers are treated peripherally in the discussion paper released by DOHA despite the introduction of carer recognition legislation that will impact on the operations of aged care providers. It is therefore, even more important that the recommendations of the PC address this.

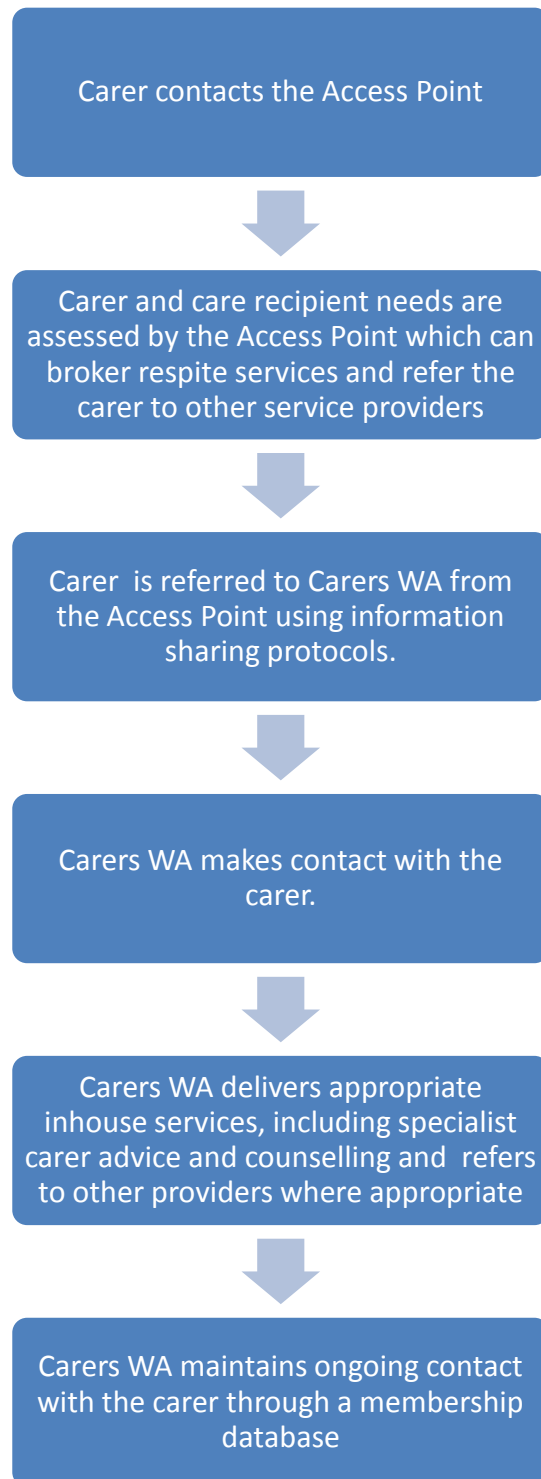
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Appendix 1 - Pathways to accessing carer services.

Pathway 1.
Carer contacts the Access Point (front end of access to HACC services in WA).



Appendix 1 continued...

Pathway 2.
Carer is identified by a service provider and referred to Carers WA.

Carer is identified by a service provider (health, mental health, disability, housing etc)



Carer is referred to Carers WA and makes contact



Carer's needs are initially assessed over the phone



Carer is referred to the Access Point using information sharing protocols



Carer is assessed by the Access Point...



Carer is added to Carers WA membership database



Carers WA delivers appropriate inhouse services

Note: A carer can self refer to Carers WA but this is dependent on the carer self identifying. Carers often fail to identify their caring role and will underestimate the extent of the caring they contribute.

Appendix 2 - A summary of carer services available in WA

Services provided to carer	Characteristics of care recipient	Eligibility of carer	Assessing agency	Funding agency	Other eligibility criteria
Respite	Disabled, under 65, severe, profound core limitation	Linked to eligibility of care recipient	Disability Services Commission (DSC)	Disability Services Commission	
Respite (NRCP) information, education	Any	Linked to eligibility of care recipient	Commonwealth Respite and Carelink Centre	DoHA and FAHCSIA	http://www.health.gov.au/internet/main/publishing.nsf/content/ageing-publicat-qcoa-05info.htm
Transport, education support (tutoring, school costs)	Any	Linked to care recipient. Carer under 26 years	Commonwealth Respite and Carelink Centre	FAHCSIA	Significant caring role
Counselling - phone	Any	Any	Carers WA	Dept for Communities	
Counselling - face to face (NRCP-NCCP)	Any	Any	Carers WA	DOHA	35% of clients to be over 65 or caring for a person over 65
Counselling - email	Any	Any	Carers WA	Dept Communities	
Respite (social support)	Any	Any	Carers WA	WA Dept for Communities	Priority to rural/remote, Aboriginal, CALD
Advice and referral	Any	Any	Carers WA	DOHA	
Hospital - Prepare to Care	Excludes mental health condition	Carer of a person in hospital	Carers WA	HACC	Care recipient to be HACC eligible
Respite	Any	Under 26	Carers WA	FAHCSIA, DSC, Dept for Communities	Under 26
Education	Any	Any	Carers WA	HACC, DSC	
Systemic advocacy	Any	Any	Carers WA	HACC	

Services provided to carer	Characteristics of care recipient	Eligibility of carer	Assessing agency	Funding agency	Other eligibility criteria
Representation - Health	With a health condition	Linked to care recipient	Carers WA	WA Dept for Health	
Representation - Mental Health	With a mental health condition	Linked to care recipient	Carers WA	Mental Health Commission	
Assessment of need for assistive technology Training in manual handling	Any	Any	Independent Living Centre	DSC, WA Health, HACC, fee for service	
Respite - in house, residential, domestic support	Aged, chronic illness, age related illness, dementia	Linked to care recipient	Aged Care Assessment Team	DOHA	
Referral to all HACC services available to carers	HACC eligible	Linked to care recipient	Access Points	HACC	
Application for Carers Payment	Requires ongoing care for a period longer than 6 months	Linked to care recipient	GP and other approved health professionals	Centrelink	Means tested, significant caring load
Application for Carers Allowance	Requires ongoing care for a period longer than 6 months	Linked to care recipient	GP and other approved health professionals	Centrelink	Non means tested, 20 hour per week caring load
Health and other services	Any	Any	GP and other approved health professionals	various	There is no MBS item for a carer health assessment as there is for the care recipient
Carers Payment, Carers Allowance, counselling, social worker, financial counselling, job capacity assessment	Requires ongoing care for a period longer than 6 months	Linked to care recipient	Centrelink	FAHSCSIA	Various

Services provided to carer	Characteristics of care recipient	Eligibility of carer	Assessing agency	Funding agency	Other eligibility criteria
HACC services, counselling, information, respite	Terminal health condition, near end of life	Linked to care recipient	Service providers (EG: Palliative Care WA), health professionals, Silver Chain	DOHA, WA Dept Health	
Carers Payment, Carers Allowance, counselling, social worker, financial counselling, job capacity assessment	Terminal health condition, near end of life	Linked to care recipient	Centrelink	FAHCSIA	Various
Counselling, advocacy, workshops, education, training	With a mental health condition	Linked to care recipient	Arafmi	Mostly MHC and FaHCSIA	
Respite, social support etc.	Mental Health and autism, intellectual disability,	Linked to care recipient	Any agency with NRCP funding	FaHCSIA http://www.fahcsia.gov.au/sa/disability/progserv/people/HelpingChildrenWithAutism/Pages/default.aspx or	
Respite, education, training etc	People living with Dementia	Linked to care recipient	Commonwealth Respite and Carelink Centre	DOHA http://www.ilc.com.au/pages/dementia-education-and-training	

Services provided to carer	Characteristics of care recipient	Eligibility of carer	Assessing agency	Funding agency	Other eligibility criteria
Explanatory Notes: NRCP National Respite for Carers Program. NCCP National Carers Counselling Program.					
	DSC Disability Services Commission		Access Points - the front end of HACC access in WA		