



**Carers Victoria Submission
Victoria's Draft 30-Year Infrastructure Strategy
Infrastructure Victoria**

31 October 2016

AN AUSTRALIA THAT VALUES AND SUPPORTS ALL CARERS

ABOUT CARERS VICTORIA

Carers Victoria is the state-wide peak organisation representing people who provide care. We represent more than 773,400 family carers across Victoria – people caring for someone with a disability, mental illness, chronic health issue or an age-related condition.

People receiving care could be a parent, child, spouse/partner, grandparent, other relative or friend. Carers Victoria is a member of the National Network of Carers Associations, and the Victorian Carer Services Network. Carers Victoria is a non-profit association which relies on public and private sector support to fulfil its mission with and on behalf of carers.

Carers Victoria is a membership based organisation. Our members are primarily family carers, who play an important role in informing our work, contributing to advocacy and strategic aims, and distributing information more widely to other carers.

This policy paper was prepared by Carers Victoria's Policy Team.

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Introduction

Carers Victoria welcomes the opportunity to provide further feedback to Infrastructure Victoria's draft Victorian 30-year infrastructure strategy. Carers Victoria provided an initial submission in March 2016 on the consultation paper 'setting objectives and identifying needs for Victoria's 30-year infrastructure strategy'.

Carers Victoria commends Infrastructure Victoria on its consultation process and the resourcing of two citizens' juries to ensure the voice of Victorians were heard in the development of the draft strategy.

General feedback

Carers Victoria is supportive of Infrastructure Victoria's move into the social sectors of health, ageing, education and housing, which have not previously been within the remit of Infrastructure Victoria. Infrastructure critically underpins the human services delivered in these sectors.

Infrastructure influences and is influenced by the society, economy and environment. Carers Victoria's purpose is to ensure caring is a shared responsibility of family, community and government, and the manner in which infrastructure is planned, developed and utilised can assist to meet this purpose. The responsibilities associated with a caring role can be moderated, sustained or increased by infrastructure.

Major social reforms are presently underway in the disability and aged care sectors at the national level and further investigation of the NDIS and aged care reforms is warranted to understand how these may place demands on Victoria's infrastructure capacity and needs into the future.

Improve accessibility for people with mobility challenges

Recommendation 6.1.1 Universal design

The application of universal design principles in all new and upgraded infrastructure across Victorian Government departments and agencies is highly desirable.

Universal design principles should be expanded to include all new residential housing developments. Universal design principles are common-sense (for example, reinforced walls in toilets and bathrooms for easy installation of handrails at a later date if necessary; ground level access to a toilet; easy access paths to the house, etc.) all of which would better accommodate our ageing population and people with higher mobility support needs.

The COAG endorsed 2010-2020 National Disability Strategy commits to the provision of an agreed "universal design standard" in all new housing by 2020.¹ The silver level Liveable Housing Design Guidelines are understood to be the housing universal design standard.

¹ COAG, (2011), National Disability Strategy 2010-20, p 34.

These guidelines promote inclusion by making homes easier to access, navigate and live in and cheaper to modify if and/or when circumstances change.²

Investment in social and affordable housing for vulnerable Victorian's to significantly increase supply

Carer's Victoria is particularly pleased to see Infrastructure Victoria has nominated investment in social and affordable housing for vulnerable Victorians as one of the three most important actions for government to take in the short to medium term.

Due to their interconnected lives unpaid, mostly family carers are affected in very direct ways by the housing options available to the person they care for. The majority (79 per cent) of primary carers live with the person they share a care relationship with.³

Housing therefore is a key concern for people in care relationships as demonstrated below in the artwork by Meagan Burge, a Victorian carer.



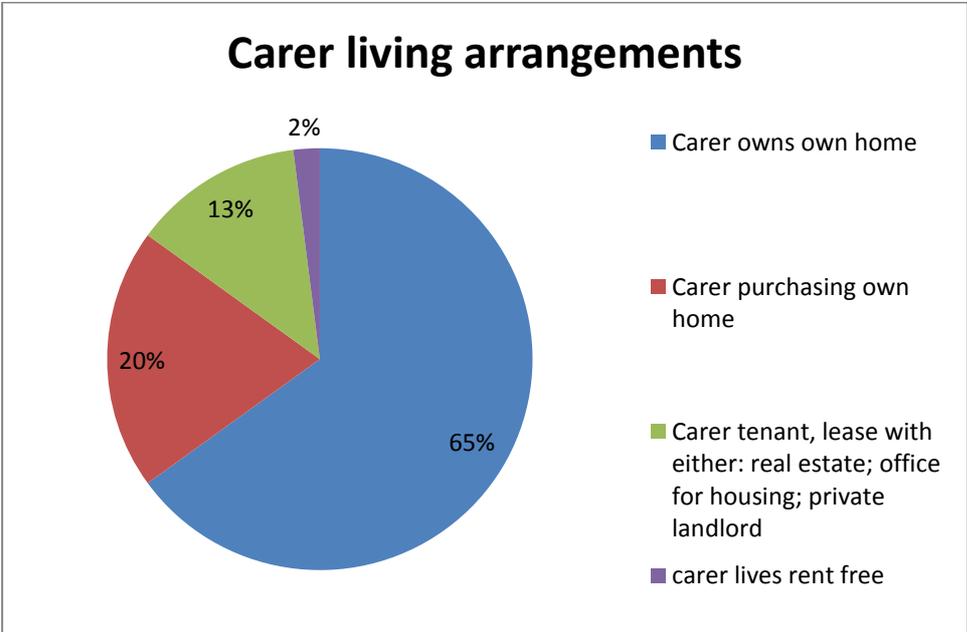
² Liveable Housing Australia, (2013), *Liveable Housing Design Guidelines*, Sydney.

³ ABS, (2016), 4430.0 - Disability, Ageing and Carers, Australia: Summary of Findings, 2015

Carer incomes are 42 per cent lower than Australians who are not in a care relationship, which equates to a weekly median income of \$520. Further, given only 56 per cent of primary carers participate in the workforce, carers are more likely to have a government pension or allowance as their primary source of income.⁴

When significant income disadvantage is combined with a higher likelihood of needing disability accessible housing for themselves (21 per cent of carers report having a disability themselves)⁵ or the person they care for, the pool of suitable and affordable housing stock naturally diminishes. Access to appropriate, disability accessible, secure and affordable housing is therefore a key issue for many caring families.

Historically, carers tended to have a very strong preference for home ownership, with 65 per cent of carers owning their house outright. This provides security of tenure for the person they care for and autonomy for making home modifications if required.



Source: Beer, A. and Faulkner, D. (2009) The housing careers of people with a disability and carers of people with a disability, Australian Housing and Urban Research Institute, p 39.

However, carers are rapidly falling out of owner occupation (own outright or purchasing). Nearly half (44 per cent) of carer tenants had previously been owner occupants and became tenants because of relationship breakdown, the costs associated with providing care, or the loss of employment.⁶

⁴ ABS, (2016), 4430.0 - Disability, Ageing and Carers, Australia: Summary of Findings, 2015

⁵ ABS, (2016), 4430.0 - Disability, Ageing and Carers, Australia: Summary of Findings, 2015

⁶ Beer, A. and Faulkner, D. (2009) The housing careers of people with a disability and carers of people with a disability, Australian Housing and Urban Research Institute, p 39.

Recommendation 7.1.1 Housing rental assistance

Affordability is an obvious barrier in the private rental market for unpaid, mostly family carers and the people they share a care relationship with. As noted earlier, carers are the primary source of housing support for adults with disability. However, families receive minimal targeted government assistance in this regard. While most adults will choose to leave their family home at some stage, for many adults with disability this is not an option because affordable housing and support are not available, including options to live in private rental.

Carers, and in particular, older parent carers can experience acute anxiety about what will happen when they are not able to provide care and/or housing due to their own ill health or after their death. Many older parent carers find planning for the future a difficult and multifaceted task, especially when there are limited housing options (including options to live in private rental) and limited financial means to obtain support.⁷ The expansion of current private rental support programs to include rental assistance for carers and the people they share a care relationship with would be a positive development.

However, the private rental market has particular challenges in provision of affordable housing options for carers. Of particular importance is security of tenure and disability modifications. These challenges would need to be overcome in order for longer-term renting in the private market to become a viable option.

- **Security of tenure:**

Vulnerable households on low incomes and income support prefer long fixed term lease arrangements.⁸ However, these households have limited capacity to negotiate longer tenancy arrangements, as they have less bargaining power at the outset and throughout the tenancy.⁹ Private renter households move much more often than households in other tenures, 86 per cent stay less than four years (one third of these moves were forced).¹⁰ Security of tenure is especially important to carers as frequent moves can have a significant impact on access to services for the person they care for and cause further stress with the costs associated with moving.

- **Need for home modifications:**

Carers face challenges with accessing housing to meet their needs and the needs of the person they care for, such as housing which is suitable on the basis of accessibility, safety, security and modifications. Modifications in the private rental market are at the discretion of the landlord (Section 64 of the Residential Tenancies Act). While theoretically the NDIS could cover the cost of disability modifications for the tenant, consent is still required by the landlord. Further, the tenant must also restore the property to its original condition (allowing for fair wear and tear) or pay the reasonable

⁷ Qu, L., Edwards, B. & Gray, M., (2012), *Ageing parent carers of people with a disability*, Australian Institute of Family Studies.

⁸ Tenants Union of Victoria (2005), Online survey of Victorian Private Market Renters: 2015 Summary report, p 2.

⁹ Fairer Safer Housing, (2015), Security of tenure Issues Paper, Residential Tenancies Act Review, p 12.

¹⁰ Stone, W., Burke, T., Hulse, K. and Ralston, L. (2013) Long-term private rental in a changing Australian private rental sector, AHURI Final Report No.209. Melbourne: Australian Housing and Urban Research Institute, p20.

costs of restoration before the termination of the tenancy (section 64(2) of the Act). These issues are under consideration by the Residential Tenancies Act Review.

Recommendation 7.2.1 Public housing refurb/rationalisation

The refurbishment of existing housing assets to ensure they are fit-for purpose and in good condition is highly desirable; many public housing properties are long overdue for repair or replacement. If tenants are required to be relocated for construction works, their location preferences and accessibility needs should be fully considered in consultation with existing tenants, to minimise disruption to people's lives.

The rationalisation of existing stock, or transfer of public housing to the community housing sector will require thoughtful consideration. Community housing is an integral component of social housing; however there will always be a place for public housing. While Housing Associations are required to accommodate a proportion of people from the Victorian housing register, there is no requirement to accommodate people from the priority access category of the register which indicates high needs or special disadvantage.¹¹

Carers and the people they share a care relationship with can usually only afford very low rents, but may require more tenancy management support as a result of their disability. This may provide a disincentive for Housing Associations to accommodate them in preference for those who are on 'low incomes' rather than those 'most in need', because fewer costs are incurred in the former tenancy arrangement. Therefore, any transfers must incorporate guiding principles which promote the inclusion of tenants from all vulnerable populations in the transfer process, along with funded service support for tenants with complex needs. Further, tenants should not be disadvantaged in any transfers and be meaningfully engaged throughout the process.

Recommendation 4.4.1 Affordable housing plan

Carers Victoria fully supports the development of a whole of government affordable housing plan, with an overarching strategy to outline the required interventions. Carers Victoria has been recommending the development of a Victorian Disability and Mental Health Housing Strategy since 2010. The plan and strategy recommended by Infrastructure Victoria should involve joint planning between the disability, mental health, ageing and housing units within government departments, as well as any other business units that focus on vulnerable populations. The strategy and plan should be based on accurate data to highlight the true extent of housing need and include guaranteed funding for growth.¹² Victoria's peak organisations for housing, homelessness and domestic violence have also been advocating for an affordable housing strategy for some years.¹³

¹¹ Victorian Auditor General's Report (2010), *Access to social housing*, p 22.

¹² Carers Victoria, (2010), State Election Campaign 2010, available from <https://www.carersvictoria.org.au/Assets/Files/Housing%20and%20support%20for%20people%20with%20a%20disability%20or%20mental%20illness.pdf> and Carers Victoria (2012), *Carers Victoria Submission to the pathways to a new Victorian social housing framework*, available from <https://www.carersvictoria.org.au/Assets/Files/submission%20social%20housing%20framework.pdf>

¹³ Community Housing Federation of Victoria (CHFV), Victorian Council of Social Services (VCOSS), Council to Homeless Persons (CHP), Victorian Public Tenants Association (VPTA), Tenants Union of Victoria (TUV),

Recommendation 7.4.3 Affordable rental housing provision

This recommendation only picked up part of the original option, where it was recommended 50,000 new social housing dwellings (public and community) be built. Carers Victoria requests the re-instatement of the original option. The current unmet need for affordable housing in Victoria is estimated to be 75,000-100,000 households.¹⁴ This does not include forecasts of need over the next thirty years covered by the strategy. In fact, a targeted increase of 5 per cent in total housing stock for Victorian social housing is required to cope with rising demand up to 2030.¹⁵ While it is understood there are many policy levers to address access issues to affordable housing and Infrastructure Victoria has identified many of these, it does not alter the fact that at present there is a critical undersupply of affordable housing in Victoria that requires immediate action.

Carers Victoria considers caring a shared responsibility of family, the community and society. Communities can assist and support carers; and provide healthy and safe environments for carers and the people they care for. However, communities can also be exclusionary, either because of the physical environment or because of the social and cultural environment. Carers Victoria encourages Infrastructure Victoria to re-instate the original option with a consideration for social mix in new developments.

Domestic Violence Victoria (DV Vic), Justice Connect Homeless Law, (2014), Making social housing work, available from <http://vcoss.org.au/documents/2014/04/Making-Social-Housing-Work-Web.pdf>

¹⁴ Infrastructure Victoria, (2016). Draft options book two: extract relating to need 7 – provide better access to housing for the most vulnerable Victorians, p 37.

¹⁵ Family and Community Development Committee, (2010), Inquiry into the adequacy and future directions of public housing in Victoria, P. XXVII

Background – Carers and the role of Carers Victoria

Carers provide unpaid care and support to a family member or friend needing assistance with a disability, mental illness, chronic health condition or age-related frailty. Carers come from all walks of life, across all age groups and all cultures. Not all carers identify themselves as carers, and may instead identify themselves in terms of their family and friend relationships.

There are an estimated 773,400 informal carers in Victoria, which is 13.6 per cent of the Victorian population. Of these, 217,800 (3.8 per cent of the Victorian population) are primary carers, defined as providing the majority of ongoing care to the person requiring assistance. Women are more likely to be carers than men, with 70 per cent of primary carers being women.

Carers Victoria supports caring families through information, online and face-to-face training and education programs, respite support, counselling and systemic advocacy. Carers Victoria's services collectively interacted with carers 50,673 times across the state of Victoria during the 2014-15 financial year.

The cost of providing care

In a report prepared for Carers Australia by Deloitte Access Economics, it was estimated that informal carers in the Australian community provided 1.9 billion hours of care in 2015. Deloitte Access Economics conservatively estimates it would cost \$60.3 billion per year if all informal community care was delivered through formal care systems.

Caring can have negative effects on the carers' own financial situation, retirement security, physical and emotional health, housing arrangements, social networks and career. The impact is particularly severe for carers of people who have complex chronic health conditions and both functional and cognitive impairment.

The impact of caring

Caring can have profound social, physical, emotional and financial effects on carers and their families and/or other support people. Carers are more likely to be in the bottom two income quartiles of equivalised gross household income compared to non-carers, and can experience poorer physical and mental health.

Carers are less likely to be employed in paid work compared to people who do not have a caring role, and those carers who are employed are more likely to be working part-time. Out of all the carers in Victoria, 52.4 per cent combine their caring role with full time or part time work. Nearly one-quarter of primary carers who are employed spend on average 40 hours or more a week providing care. Research by the Australian Institute of Family Studies using longitudinal data from the Housing Income and Labour Dynamics in Australia (HILDA) found that approximately 3-4 per cent of Australian employees become carers each year and of these around 10 per cent left the workforce.

International and Australian research suggests that carers can be significantly impacted by associated 'indirect' social costs, such as reduced employment opportunities, lack of time for leisure and other activities and declining general health. In addition, 'direct costs' of

having caring responsibilities include a reduced income, the subsequent lack of financial security and an increase in living, medical and transport expenses.

The Carers Recognition Act 2012

The Carers Recognition Act 2012 formally acknowledges the important contribution people in care relationships make to our community and the unique knowledge carers hold of the person they care for. The Act applies to State government departments; councils; and organisations funded by government that are responsible for developing or providing policies, programs or services that affect people in care relationships.

The Act includes principles that care support organisations must take into account, relating to carers; the people being cared for; and care relationships. In general, these principles require carers and the people being cared for to be respected, recognised and supported as individuals and as a person in a care relationship, with the care relationship to also be respected and honoured.

Carers and the caring role over the next 30 years

There are many factors that could influence the future of carers and the caring role over the next 30 years (the time period for the Infrastructure Strategy).

Forecasting future trends in either the demand or supply of informal carers is complex given the number of variables that could be included or excluded, such as:

- The age and gender profile of the population
- Prevalence of chronic illness and disability
- Care needs of people with disability in the population
- Supply of care provided through the formal care sector (both government subsidised and privately sourced)
- Adequacy and quality of care provided through the formal care sector
- Labour force participation rates
- Rates of relationship breakdown
- Fertility rates
- Family mobility and dispersion
- The proportion of the population living in single person households; and
- Propensity to care

Forecasts undertaken by Deloitte Access Economics for Carers Australia were constructed by estimating the future requirements for primary co-residential care for people aged over 65 years with a severe or profound disability, with a 'carer gap' and 'carer ratio' calculated. The results of this analysis show that over the next nine years to 2025 the carer gap will increase and the carer ratio will decrease, primarily driven by the change in underlying age-gender proportions in the Australian population (Chart 3.1, page 21 of the Deloitte Access Economics report).