



**Laying the Foundations: Setting objectives and identifying
needs for Victoria's 30-year infrastructure strategy
Infrastructure Victoria**

Carers Victoria

Submission 11 March 2016

About Carers Victoria

Carers Victoria is the state-wide peak organisation representing those who provide care. We represent more than 700,000 family carers across Victoria – people caring for a person with a disability, mental illness, chronic health issue or someone with an age-related condition. The people being cared for could be a parent, child, spouse, grandparent or a 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 submission was prepared by Carers Victoria's Policy Team.

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Recommendations

Carers Victoria presents the following recommendations to the Infrastructure Victoria for consideration:

Recommendation: The 30-year infrastructure strategy for Victoria reflects the fundamental importance of infrastructure for carers and their caring role.

Recommendation: The needs and resulting indicators of responsiveness to population growth and change include access to a range of social support services beyond health and education.

Recommendation: Draft Objective 2 'Support healthy, safe and vibrant communities' be amended to include 'inclusive' as an objective.

Recommendation: Need A (improving accessibility through infrastructure) considers the role of carers in accompanying, assisting and supporting the people they care for to access services.

Recommendation: Need B (housing affordability) be expanded to include housing suitability and address affordability for all housing tenures beyond social housing.

Recommendation: Draft objective 4 'enable workforce participation' be amended to 'enable social and economic participation'.

Recommendation: The need to 'improve access to early childhood care facilities' to enable workforce participation be expanded to include a broader range of care facilities and supports beyond early childhood care facilities.

Introduction

Carers Victoria welcomes the opportunity to provide input to Infrastructure Victoria's paper 'Laying the Foundations: Setting objectives and identifying needs for Victoria's 30-year infrastructure strategy' released in February 2016.

Infrastructure Victoria's paper seeks feedback on the draft objectives and needs presented in the paper along with input on what Victoria's 30-year infrastructure strategy should be aiming to achieve, and what challenges and opportunities need to be addressed.

Background – carers and the role of Carers Victoria

Carers¹ 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 women².

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 systems³.

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-carers⁴, and can experience poorer physical and mental health^{5,6}.

¹ The terms 'carers', 'family carers' and 'caring family/ies' used in this submission includes the diverse range of people in care relationships, including carers and people receiving care in same-sex families, 'families of choice', friends and others who provide unpaid care.

² ABS (2013) *Survey of Disability, Ageing and Carers Australia, 2012*, Cat. No. 4430.0.

³ Deloitte for Carers Australia (2015) *The Economic Value of Informal Care in Australia in 2015*.

⁴ ABS (2013) *Survey of Disability, Ageing and Carers Australia, 2012*, Cat. No. 4430.0

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 care⁷. 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 workforce⁸.

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 health⁹. 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 expenses¹⁰.

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.

⁵ Cummins, R., and Hughes, J. (2007) *The Wellbeing of Australians: Carer Health and Wellbeing, Australian Unity Wellbeing Index Survey 17.1*, Deakin University, Geelong

⁶ Edwards, B., Higgins, D., Gray, M., Zmijewski, N., Kingston, M. (2008) *The nature and impact of caring for family members with a disability in Australia*, Australian Institute of Family Studies, Melbourne

⁷ ABS (2013) *Survey of Disability, Ageing and Carers Australia, 2012*, Cat. No. 4430.0

⁸ Hill, T., Thomson, C., Bittman, M., and Griffiths, M. (2008) 'What kind of jobs help carers combine care and employment?' *Family Matters*, No. 80

⁹ SPRC, 2011, *The costs of caring and the living standards of carers*, http://webcache.googleusercontent.com/search?q=cache:9wQ8xdT1JZoJ:https://www.dss.gov.au/sites/default/files/documents/06_2013/sprp_43.docx+&cd=2&hl=en&ct=clnk&gl=au

¹⁰ Cummins, R., and Hughes, J. (2007) *The Wellbeing of Australians: Carer Health and Wellbeing, Australian Unity Wellbeing Index Survey 17.1*, Deakin University, Geelong

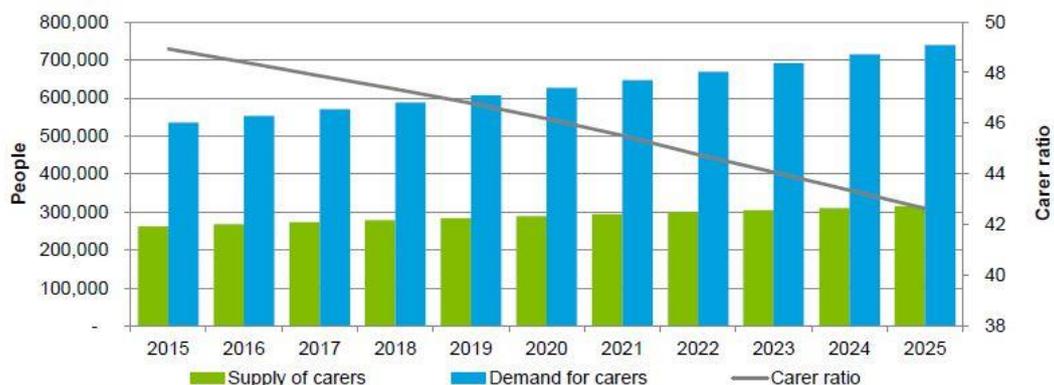
Carers and the caring role over the next 30 years

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 of care quality provided through the formal care sector
- Labour force participation rates
- Rates of relationship breakdowns
- 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 Australia¹¹ 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).

Chart 3.1: Demand and supply of carers



Source: Deloitte Access Economics calculations.

As stated in the consultation paper, it is impossible to predict how Victoria will change over the next 30 years, though technology is likely to be a major disrupter. Carers Victoria is particularly interested in the potential role of technology and technological devices to assist carers with their caring role and to improve their wellbeing. Access

¹¹ Deloitte for Carers Australia (2015) *The Economic Value of Informal Care in Australia in 2015*

to aids and equipment to assist with daily living, home modifications and technology all have the potential to increase an individual's independence and quality of life. At the same time there is the potential for flow on benefits for carers, such as through the avoidance of injuries and the potential to reduce some of the more instrumental tasks carers can be required to perform.

Carers Victoria – responding to the consultation paper

Carers and the role of infrastructure

As stated in the overview section of the consultation paper, 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. Carers and their caring role can be enhanced or frustrated by infrastructure.

Of the 10 draft objectives presented, the first four are of most relevance for carers and this submission will concentrate on providing comments for these objectives.

Recommendation: The 30-year infrastructure strategy for Victoria reflects the fundamental importance of infrastructure for carers and their caring role.

Comments on the draft objectives and needs

Draft Objective 1: Respond to population growth and change

The change and growth in the Victorian population will result in changes to the Victorian carer population and the population requiring care. As presented earlier in this submission, projections indicate that there may not necessarily be a resulting increase in the carer population over the time period specified for the infrastructure strategy, though this will depend on a wide range of variables. Understanding the growth and change of the Victorian carer population and the population of the people they care for will be imperative if this objective is to be met; the underlying needs identified; and suitable options developed.

Of the needs identified under this objective, of most relevance to carers is the proposed "Need B: Manage increasing demands on health infrastructure". Carers Victoria recommends expanding this need to encompass other social support services and infrastructure beyond health, including (but not limited to) disability support and services, and aged care support and services.

One possible indicator suggested to track this objective over time is 'access to health care (GPs, clinics, hospitals) and education (early childhood, schools, VET)'. Carers Victoria recommends this indicator be expanded to include access to other social support services including (but not limited to) disability support and services, and aged care support and services.

Recommendation: The needs and resulting indicators of responsiveness to population growth and change include access to a range of social support services beyond health and education.

Draft Objective 2: Support healthy, safe and vibrant communities

As mentioned earlier, 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 consider including the word 'inclusive' as part of the objective.

Recommendation: Draft Objective 2 'Support healthy, safe and vibrant communities' be amended to include 'inclusive' as an objective.

Draft Objective 3: Reduce disadvantage

As detailed in the introduction to this submission, caring can have profound social, physical, emotional and financial effects on carers and their families and/or other support people, and carers can experience social and economic disadvantage as a result of their caring role.

Need A (page 46) is to 'improve accessibility for people with disabilities and/or mobility challenges through infrastructure'. Carers will often accompany the person they are caring for and assist them to access services and therefore are directly affected by the infrastructure that facilitates or hinders accessibility.

Recommendation: Need A (improving accessibility through infrastructure) considers the role of carers in accompanying, assisting and supporting the people they care for to access services.

Need B (page 46) is to 'address housing affordability challenges with better social housing'. This need is too narrowly defined with the current focus on social housing, excluding other tenures such as private rental and home ownership that make up the substantial majority of housing tenure at around 96 per cent of all housing. Government support is also targeted beyond social housing, increasingly encompassing households living in private rental. Housing affordability challenges exist in all housing tenures and are particularly concerning for carers who must balance housing expenses with other costs associated with caring such as transport, medication and services. Carers also face challenges with accessing housing that meets their needs and the needs of the person they care for, such as housing that is suitable on the basis of accessibility, safety, security and modifications.

Recommendation: Need B (housing affordability) be expanded to include housing suitability and address affordability for all housing tenures beyond social housing.

Draft Objective 4: Enable workforce participation

While the consultation paper presents this objective as 'workforce participation', there are individual, community and societal benefits arising from enabling social and economic participation more broadly. Carers Victoria recommends Infrastructure Victoria expand this objective to 'enable social and economic participation'.

Recommendation: Draft objective 4 'enable workforce participation' be amended to 'enable social and economic participation'.

Carers and workforce participation

Carers are less likely than those who are not carers to participate in the workforce (Table 1).

Table 1: Employment status, by carer status, per cent, 2012

	Carers	Not a carer	Total
Employed full time	31.0	44.0	41.8
Employed part time	21.2	21.8	21.7
Underemployed ¹	4.3	4.9	4.7
Unemployed	5.0	3.6	3.8
Not in the labour force	43.2	30.7	32.7
Total	100.0	100.0	100.0

¹ A person is considered underemployed if they are employed; usually work 34 hours or less per week; would like a job with more hours, and are available to start work with more hours if offered a job in the next four weeks.

Source: ABS data tables, Victoria, Survey of Disability, Ageing and Carers 2012

The majority (70.9 per cent¹²) of carers in Australia live in the same household as the person they are caring for. However, this means around 30 per cent of carers provide care outside of the household and will need to travel to provide care, or provide care 'from a distance'. The majority of carers providing care outside of the household are female¹³. This can add additional time and resource constraints for carers (especially female carers) who are participating in the workforce, as well as those who wish to work, or return to work. The manner in which infrastructure, particularly transport along with health and human services, are planned and delivered have significant implications for carers who are working or would like to work.

Significant elements that will enable or deter workforce participation for carers will be journey times and available transport modes for those carers who need to travel to provide care, along with access to care facilities such as respite centres (including care services provided in the home) for the person they are caring for.

Need C in the consultation paper states there is a need to 'improve access to early childhood care facilities'. Carers Victoria recommends this be expanded to encompass a broader range of care facilities (including care in the home) for all carers regardless of their workforce participation status, but noting there will be potential benefits for workforce participation rates for carers who are participating in the workforce, carers who wish to work and carers who would like to return to work.

Recommendation: The need to 'improve access to early childhood care facilities' to enable workforce participation be expanded to include a broader range of care facilities and supports beyond early childhood care facilities.

¹² ABS (2014) *Caring in the Community, Australia: Summary of Findings 2012*, Catalogue Number 4436.0, ABS, Canberra.

¹³ Ibid.