

AN AUSTRALIA THAT VALUES AND SUPPORTS ALL CARERS

PRE-BUDGET SUBMISSION VICTORIAN GOVERNMENT

2018-2019

ABOUT CARERS VICTORIA

Carers Victoria is the state-wide peak organisation representing people who provide care. We represent more than 736,600 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.

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INTRODUCTION

Multiple studies have demonstrated carers have worse health, wellbeing and participation outcomes than non-carers. In previous pre-budget submissions, Carers Victoria has advocated for the development of a whole-of-government carers strategy to promote recognition of Victoria's carers and prioritise actions to improve carer health and well-being, social inclusion, workforce participation and standard of living.

During 2017, Carers Victoria worked with the Victorian Government to develop an online survey and conduct 35 face-to-face consultations across the state to find out what matters most to carers.

Carers Victoria is very pleased with the Victorian Government's announcement in Carers Week 2017 that this comprehensive and wide-ranging feedback will be used to inform a Carers Strategy, to be released in 2018. We anticipate this will address many of the health, social and financial inequities faced by Victorian carers.

Carers Victoria looks forward to continuing to work with the Victorian Government to ensure carers thrive, rather than survive; and presents three priorities for the 2018-19 Victorian budget:

- 1. Invest in a whole-of-government Victorian Carer Strategy.
- 2. Maintain unique Victorian carer support services and address unmet need.
- 3. Ensure carers of all ages have equitable access to education and workforce participation.

Our recommendations, developed in consultation with our staff, carers and key partners and stakeholders, highlight what we believe are the most achievable and cost-effective ways in which the Victorian Government can make practical gains for carers in the 2018-19 financial year. Carers Victoria urges the Victorian Government to seriously consider these recommendations and *commit to carers* in the 2018-19 State Budget.

VICTORIA'S CARERS¹

There are 736,600

Victorian carers, representing 13% of Victoria's population



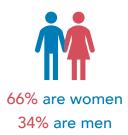


58% participate in the workforce

- 72% live in major cities 23% live in regional areas 5% live in rural Victoria,
- 10% are young carers (>25 years), 68% are aged 25-64 years and 22% are aged over 65 years, and
- 31% report living with a disability themselves.

VICTORIA'S PRIMARY CARERS







42% participate in the workforce

- 37% report living with a disability themselves,
- Median gross income is \$455 per week,
- 78% live with the person receiving care,
- 41% care for their partner; 29% care for their child (including adult children); 21% care for their parent; and 9% care for another relative or friend.
- 27% spend more than 40 hours per week caring for the person they share a care relationship with,
- 29% felt it was their family responsibility to take on the caring role; and 9% felt they had no other choice,
- 58% had not received assistance from formal services in the last six months,
- 28% didn't know the range of services available,

- 4% participated in a support group in the past three months, and
- 34% had not participated in any social or community activities without the person receiving care.

Care relationships between people providing care and people receiving care are multifaceted and dynamic. Carers work together with the person receiving care to monitor and ensure their wellbeing, navigate service systems, advocate for rights and inclusion and provide hands-on care. This often comes at significant personal cost.

Care responsibility can commonly have an adverse effect on the emotional and physical wellbeing of carers who experience greater exhaustion, stress, anxiety depression, injury and physical ill health than those not in a caring role.² This can impact on their capacity to sustain their caring role, function effectively in other areas of their life and reduce their quality of life and sense of wellbeing.³

PRIORITY ONE

INVEST IN A WHOLE-OF-GOVERNMENT VICTORIAN CARER STRATEGY

Victorian Carer Strategy

Victorian carers require a whole-of-government Statewide Victorian Carer Strategy which delivers a clear vision and future plan for all Victorians in care relationships.

The issue

The Victorian Carers Recognition Act 2012 (the Act) formally recognises and states the value of carers and the importance of care relationships in the Victorian community. However, recognition is necessary but not sufficient to ensure Victorian carers enjoy the same rights, choices and opportunities as other members of the community.

The development of a whole-of-government Statewide Victorian Carer Strategy will demonstrate a real commitment to addressing the current level of disadvantage experienced by Victoria's carers.

In 2017 Carers Victoria was privileged to lead community consultations to develop the Victorian Carer Statement. Over 35 consultations were held across Victoria in regional towns and metropolitan Melbourne. The consultations were attended by individuals in care relationships with people with of all ages living with disability, mental illness, chronic illness and dementia, carers aged under 25 years, ageing parent carers, people from culturally and linguistically diverse and Aboriginal communities, and people who identify as lesbian, gay, bisexual, transgender or intersex.

Carers shared intimate, challenging and rewarding details of their care roles. These consultations produced substantial evidence about the service gaps in a range of sectors. These gaps inhibit carers' opportunities for full participation in economic and social life and for family and friend carers to be as respected, valued and supported as other members of the community.

The importance of Government leadership in the development of the Carer Strategy cannot be underestimated. Government leadership in community consultation provides the administrative infrastructure to effectively engage stakeholders whilst fostering confidence the outcomes will be supported with real investment.

"It would be nice to be recognised as a carer by the government. The Carer Card issued by the Vic Govt ceases when the cared-for person enters a facility. Staff at the facility know the importance of my presence at the facility as a support for them. Brainlink also acknowledge that although my husband is in care I am still in a demanding carer role. It would be gratifying to just be acknowledged in some way by the government."

- Carer Statement Survey

Risks of inaction

Victoria is lagging other States and Territories which have developed comprehensive and co-designed Carer Strategies.^{4, 5}

Carers are an integral part of Victoria's health system and are the foundation of our aged, disability, palliative and community care systems; they provide significant support to their friends and family members. More than half (55 per cent) of primary carers provide care for at least 20 hours per week. Only 56 percent of primary carers aged 15 - 64 participate in the workforce, compared to 80 percent of non-carers.6

As the Australian Productivity Commission notes "informal carers are also ageing. The trend since the 2011 Census is an increasing proportion of people aged 50-64 years providing care for others (figure 9.4). The ability of informal carers to continue providing this care as they age is likely to diminish".

With the rollout of the NDIS and significant reform in the mental health and aged care sectors, carers continue to provide large amounts of support within a shifting service landscape; one which focuses on the individual with care needs over and above the relationship in which both formal and informal support is delivered. Carers Victoria believes without urgent attention by the Victorian Government the rights of carers and support for care relationships will suffer.

Access to short term and emergency accommodation is one example. In the current model of the NDIS, 'respite' is viewed negatively because it implies the person with disability is a burden from whom the carer must have a break. However, Carers Victoria is aware of many instances where a carer's own health needs (acute or ongoing) are neglected because there is not enough short term or emergency accommodation and living assistance to support the person with disability. A Victorian Carer Strategy will outline how to address carers' rights and needs, together with and separately from the people they care for, in the context of the Carers Recognition Act.

CASE STUDY: MILDURA CARER BLUEPRINT

In 2016, Carers Victoria partnered with Bendigo Health Carer Services to lead the development of the Mildura Carer Blueprint: a guideline for the local community to address local carer issues. The Blueprint is based on feedback obtained from carers, community service organisations and the Mildura Rural City Council at the Your Say Carers' Forum held in August 2016. The Forum provided an open environment for carers to highlight their experiences and concerns and canvass ways to address their needs.

The Mildura Carer Blueprint demonstrates that carers need specific consultative processes to address their own needs within local communities and direct how their needs can be sustained within care relationships.

The Mildura Carer Blueprint project is a pilot supported by existing resources to consult with the community including carers, services providers, local government and community groups. Carers Victoria believes the processes utilised during the development of the Mildura Carer Blueprint: consultation, collaboration and harnessing the expertise of carers' lived experience is invaluable to develop side-by-side, wrap-around services across consumer services in all sectors to support all people in care relationships.

Addressing unmet carer needs in Mildura requires investment to build place-based relationships between stakeholders, facilitation of consultations and reporting. While consultation is an important phase, equally important is the implementation phases headed by a Project Coordinator and Steering Committee.

Funding is required over 3 years to provide:

- carer hub,
- office space,
- carer support group meeting space,
- travel and secretariat support, and
- independent evaluation of the pilot.

Without a Victorian Carer Strategy, development and implementation of policy affecting carers and care relationships will continue to be fragmented and siloed across different areas of government. This will make it difficult for carers to access the support they need when they need it. Consultations conducted by Carers Victoria to develop the Victorian Carer Statement found the impacts of caring left many carers socially isolated, experiencing financial hardship and struggling to navigate fragmented and rapidly changing service systems.

The Victorian government, carers and service providers invested in a comprehensive consultation process to provide evidence of the need for a Carer Strategy. The Carers Victoria Consultation Report echoes earlier government evidence from the 2012 Victorian Auditor-General's report which found barriers exist for carers in accessing support due to lack of referral practices, inconsistent practice, gaps in data collection and lack of need identification.⁸ These barriers result in carers missing out on access to support which can reduce some of the negative impacts of caring.

Basis for action

One of the main purposes of the *Carers Recognition Act 2012 (Vic)* ⁹ is to recognise that care relationships bring benefits not just to the person receiving care in the care relationship but to the broader community. Section 7(c) states that a carer should be recognised for his or her efforts and dedication as a carer and for the social and economic contribution to the whole community arising from his or her role as a carer.

In the second reading of the above-mentioned Act, the Hon Mary Wooldridge former Minister for Community Services, stated "The purpose of the bill is to formally acknowledge the contribution that carers... make to the social and economic fabric of the Victorian community". Ms Wooldridge further stated, "...this includes the principle that where appropriate, carers should be included in the assessment, planning, delivery and review of services that impact on them and the care relationship".¹⁰

RECOMMENDATION 1 INVEST IN A WHOLE-OF-GOVERNMENT VICTORIAN CARERS STRATEGY

The Department of Premier and Cabinet lead the development of a whole-of-Government state-wide Victorian Carer Strategy. Building on consultations conducted by Carers Victoria in 2017, the Government collaborates with stakeholders to co-design the Strategy. This applies to all people with a care role; including:

- carers from culturally and linguistically diverse backgrounds (CALD),
- carers who identify as Aboriginal and Torres Strait Islander.
- carers who identify as lesbian, gay, bisexual, trans/transgender and intersex (LGBTI),
- carers aged under 25 years,
- carers aged over 65 years,
- carers living in rural and regional Victoria,
- carers who are also people with care needs,
- carers in multiple care relationships,
- carers who have employment and/or education commitments, and
- former carers.

The Strategy needs to specify key actions in selected focus areas, including but not limited to the Government's election priority areas of education and skills; employment; health and wellbeing; and housing. The Strategy needs to take a long-term view and specify how it will be implemented, monitored and evaluated in collaboration with carers, the private sector, non-government organisations and government. The cost of implementing, monitoring and evaluating the Strategy requires a minimum investment of \$1 million per year over the next five years*.

In the short term, the Victorian Government should fund implementation of the **Mildura Carer Blueprint** to address unmet need in regional Victoria.

* Based on NSW Carers Strategy 2014-2019.

PRIORITY TWO

MAINTAIN UNIQUE VICTORIAN CARER SUPPORT SERVICES AND ADDRESS UNMET NEED

The issue

The unique Victorian carer support system, which has taken decades to develop, is under threat amidst major systemic reforms occurring for both carers and people receiving care at the national level.

Major national reforms are under way in the carer support system, namely the Integrated Plan for Carer Support Services (ICSS).¹¹ Three essential federally funded carer support service programs used by Victorian carers are earmarked for transition to the ICSS. The programs fund statewide and regional access points, short term carer case work, carer counselling and a range of respite supports.¹²

There is much emphasis in the ICSS model on self-service via online platforms, including phone-based apps ostensibly to reach more carers. Carers Victoria is concerned these platforms will disadvantage carers in more complex care situations, from CALD backgrounds and those who do not have access to the technology or reliable and affordable ICT services.

The ICSS model also undervalues the expertise of a professionally qualified and experienced workforce to address these complexities and respond to individual needs.

These specialist staff work in a person-centred way to build rapport and inquiry beyond immediate needs to identify the most appropriate practical and emotional supports for each carer along their journey.

These gaps can be filled by Victorian government leading the way to build well-resourced and outcome based carer supports and services.

The national roll-out of the National Disability Insurance Scheme (NDIS) involves reallocating funding away from other major carer specific programs into the Scheme. The NDIS focuses on the 'participant' meaning services previously available to carers are now only available if they are deemed to be reasonable and necessary for the participant, rather than the carer. These programs include support for early intervention services and complex needs care relationships, and respite for carers of people with mental illness.¹³ The NDIS principle of 'no disadvantage' applies only to the participant.¹⁴

"A lack of funding certainty imposes costs on people with disability and their carers and families — not just the costs of inadequate care, but also the psychological costs of uncertainty (such as fear of inadequate or low-quality care for a partner or child, which can create incentives for exaggerating problems when funds are severely rationed and allocated mainly to crisis support)".

- Productivity Commission report on NDIS costs (2017) p. 449

National reform of the aged care sector has seen most community based respite services for carers of older people¹⁵ transition into the Commonwealth Home Support Program (CHSP). Like the NDIS, the CHSP core focus is on the needs of the older person with care needs. Family and informal supports provide the essential foundation on which national reforms depend, yet the needs of carers are marginalised and at risk of being unaddressed by the Program.

To support carers' wellbeing and enable them to maintain their caring roles, all carers require access to carer specific supports and services which meet their needs, regardless of the age or condition of the person they care for. This includes maintaining funding for the Victorian Support for Carers Program (SCP) during and after the transition to the NDIS.

Carers Victoria made the following recommendations for structural improvements as part of the recent SCP review:

- a common framework and tools for assessment of carer needs.
- embedding a preventative approach to support for carers to avoid crisis driven service delivery,
- increased education for health, aged care and disability service providers on recognising and supporting care relationships to deliver more timely and appropriate referrals to SCP,
- further work to address the relationship between supply and demand for respite care services for people receiving care and for those services focused on direct support for carers such as education and peer support,
- expanding access to SCP beyond the current target groups of carers, and
- ensuring service delivery under SCP continues to be complementary to Commonwealth funded carer support services in the context of implementation of the ICSS.

Risks of inaction

Independent actuarial studies have found that the rate of informal care is projected to decrease by 1.6 per cent each year until 2036. This means the need for formal service provision by people living with care needs will increase by 7.2 per cent per annum.¹⁶

Cutting services to informal carers, that enhance and sustain their care relationships will only erode the capacity of carers to provide informal support and increase the load on services for people living with care needs, e.g. hospitals, aged care facilities, community based mental health services and disability services. The replacement cost valuation of support provided by informal carers with formal service provision is \$60.3 billion or 3.8 per cent of gross domestic product in Australia. Based on the Victorian population, the replacement cost of Victorian carers unpaid work would be at least \$15 billion.

Victoria has developed a unique system of carer supports by complementing Victorian funded programs with funding from national programs. A loss of federal funding will mean a substantial reduction in the number of carers able to access timely information, practical and emotional support and connection to peer support networks and the wider service system.

Basis for action

Action item 14 of the State Disability Plan has identified the need for transition support to the NDIS for organisations representing disability service users including carers. ^{18, 19} Carers Victoria's experience delivering the Transition Support Package program, highlights that a number of carers require significant support and assistance to ensure NDIS participant plans do not adversely affect the sustainability of the care relationship.

Throughout the transition of the Victorian HACC program to the Commonwealth Home Support Program (CHSP), there has been much emphasis on retaining the benefits of the Victorian system for older Victorians. It is Carers Victoria's position that the benefits of the Victorian carer support system also need to be retained.

Caring families need timely information, education and support with the transition to reformed service systems. Care relationships need to be supported to ensure funded health and community care service systems are sustainable into the future as the numbers of people with care needs increase and the pool of people available to provide care diminishes.

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UNMET NEEDS

Individual carer advocacy

Too often carers miss out on accessing services they are eligible for due to limited awareness of services, difficulty navigating the service systems, and lack of carer identification and referral. Further, while carers often have a higher rate of disability or long-term health conditions than people who are not carers they are often not identified as consumers either by themselves or by service providers.

In a range of consultations conducted by Carers Victoria and others, many family carers have expressed a need for individual advocacy support, including casework advocacy services.

Many carers are at crisis point when they contact Carers Victoria, following repeated attempts to navigate service systems. Provision of individual family focused advocacy support would enhance the capacity of carers to navigate changing service system landscapes²⁰ in pursuit of services to support both their own needs and those of the person for whom they care.

Advocacy services such as the National Aged Care Advocacy Program²¹, the National Disability Advocacy Program²² and the Victorian Government's Disability Advocacy Program²³ are primarily targeted to the individual 'consumers' of these service systems.

As a member of VCOSS, Carers Victoria supports the recommended key initiative from their 2018-19 pre-budget submission to increase disability advocacy funding to \$5.1 million annually so all Victorians with disability have a voice.²⁴

"The template is already there.
Disability self-advocacy is funded at Federal, State and local level.
We're saying carer advocacy should be funded at the same level...Up until as far as we know just recently, disability advocacy charter quite specifically says nationwide we advocate for people with disabilities we do not advocate for families.
That's what their charter says. There will be some people who will help some carers not because they're required to do so but because they feel they should."

- Carer Statement Consultation, Sale

Family violence and care relationships

Intimate partner violence is the leading preventable contributor to death, disability and illness in Victorian women aged 15 – 44.25. This has profound implications for Carers Victoria's work, as approximately 66 percent of all primary carers in Victoria are women.26 Violence against carers compromises their safety and the safety of people they care for.

Family violence can present in care relationships:

- when a carer uses violence against a person receiving care,
- when a carer and/or person receiving care experiences family violence themselves, negatively impacting their care relationship, and
- when a carer experiences violence from a person they care for.²⁷

Risks of inaction

Public family violence campaigns rarely target carers or people in care relationships. This means people in care relationships are less equipped to express or respond to the problem, despite evidence that carers can be more likely to report higher rates of family violence. A lack of information, combined with the social stigma associated with family violence, means many carers struggle in isolation. Family violence services are not always aware of how to negotiate safety and emergency plans with people in care relationships. Competencies in this area need to be improved for the safety of all people with care needs as well as carers.

Basis for action

'Ending Family Violence: Victoria's Plan for Change' outlined the need to improve specialist responses to family violence. Carers Victoria makes recommendations to complement the Victorian Government's commitment to 'build the capacity and capability of family violence services to respond to all forms of violence and intersectional need (p. 34).'

Carers Victoria has been funded through the family violence initiative to develop resources to raise awareness of elder abuse within care relationships. However, responses to elder abuse are often different to those required for intimate partner violence. While people experiencing abuse within a care relationship want the abuse to stop, they do not always want to end the relationship with the perpetrator or other family members.²⁹

RECOMMENDATION 2 MAINTAIN UNIQUE VICTORIAN CARER SUPPORT SERVICES AND ADDRESS UNMET NEED

- **2.1** The Victorian Government maintains the unique Victorian carer support system by quarantining further funding transfers to the NDIS, until there is certainty that Victorian carers will not be disadvantaged under the ICSS, NDIS and CHSP. If necessary, quarantined funds can be utilised to supplement existing Victorian funded support for carers and carer service sector development programs, to maintain essential services to all Victorian carers.
- **2.2** The Victorian Government provides additional funds to:
- develop and deliver training modules specific to family violence and care relationships,

- provide Principal Practitioner and specialist family violence advisor positions with care relationships expertise, and
- fund the development of an ongoing sector partnership between specialist family violence and carer services, with the goal of reflecting the complexity of family violence in care relationships.
- **2.3** The Victorian Government funds individual advocacy for carers to address a statewide service gap.

PRIORITY THREE

ENSURE CARERS OF ALL AGES HAVE EQUITABLE ACCESS TO EDUCATION AND WORKFORCE PARTICIPATION

The issue

People in care relationships, face many barriers to their participation in primary and secondary education or their pursuit of further study and retraining. For carers, the intensity of the carer role and its often unpredictable nature limits the potential for many individuals to participate and achieve in all forms of education. There are many opportunities for the Victorian Government to mitigate poor educational outcomes for people providing unpaid care for family members and friends.

As the Federal Department of Social Services (DSS) has found, people in care relationships of workforce age face significant barriers to educational and workforce participation.³⁰

Carers Victoria has found that for young people in care relationships attending and completing school can be difficult whilst maintaining their care responsibilities. This is because they must attend with the person to medical or hospital appointments and support their household with cooking, cleaning and wellbeing of others.³¹

Carers under 25 years

Data indicates young people with primary care responsibility are at a much higher risk than the general youth population of not completing secondary education or successfully transitioning into tertiary education, vocational training or employment. Young primary carers have educational participation rates similar to, or poorer than, other youth sub-groups generally recognised as being among the most marginalised and 'at risk' populations in Australia.³²

Findings from the Longitudinal study of Australian Children demonstrate young carers are up to two years behind their counterparts in educational attainment.³³ Poorer educational outcomes for this cohort have significant impacts on their ability to obtain work. For instance, 60 percent of young primary carers aged 15-25 years of age are unemployed or not in the labour force compared to 38 percent for the general population in this age group.³⁴ For too many young primary carers the result is long-term disadvantage throughout their adult lives.³⁵

Support for children and young people aged under 25 years with care responsibilities within educational settings is frequently ad hoc and highly variable. Some students report good working relationships with classroom teachers, welfare coordinators, administrative staff and school principals. Such students have been able to pursue their educational aspirations by implementing flexible school attendance or extending the time taken to complete their VCE or equivalent.^{36, 37}

However, these positive stories are rare. Other students report a systemic failure on the part of schools to understand the complexity of caring roles and its ongoing nature. Students can be penalised for lack of attendance or failing to submit work on time despite the fact they are providing essential support to a family member with an illness or disability.

Inadequate support in educational settings is at the heart of poor educational outcomes for this cohort.

Carers over 25 years

Carers who have completed secondary or further education but have had to withdraw from the workforce due to their carer role similarly require support to pursue their education and employment goals.

For carers out of the paid workforce for some years, their qualifications and skills are often outdated. Their confidence to seek paid employment can also be negatively affected by being viewed by themselves and others as a 'only a carer'.

There is no current program of support from the Victorian Government for carers to access adult education, re-train or find other pathways to employment. Carers over 25 years face significant barriers in access to post-secondary education opportunities or to retrain to return to the workforce once their caring role ends or if they wish to pursue more flexible employment to fit in with their care roles.

Currently, the Federal Government limits the amount of work or study a person receiving Carer Payment can undertake to 25 hours per week. This includes the time taken to travel to and from the place of work or study.³⁸

These barriers significantly limit the opportunity for carers to pursue post-secondary qualifications or to retrain after their caring role changes or ends.

As a member of VCOSS, Carers Victoria supports the recommended key initiative from their 2018-19 pre-budget submission to waive VET fees for high-growth employment community services qualifications occupations for all Victorians facing barriers to employment or looking to retrain.

Risks of inaction

The Victorian Government recognises the importance of education to "...provide every student with the knowledge, capabilities and attributes that will see them thrive throughout their lives, to have the skills that industry needs, and that employers expect." ³⁹

However, without targeted support for carers of all ages to access and achieve in education and employment, carers will continue to face significant barriers to their social and economic participation and broader contribution to the community.

Basis for action

The Authorised Version of the Education and Training Reform Regulations 2017 Student engagement policy states:

- 1. A principal of a Government school must develop a policy for student engagement for the students at the school including in relation to student behaviour.
- The principal must develop the policy in consultation with the school community, and have regard to the rights and responsibilities of students, parents and staff in developing the policy.⁴⁰

The Primary Welfare Officer Initiative supports students who are at risk of disengagement and not achieving their potential. The initiative complements and extends existing programs that enhance student health and wellbeing, engagement, retention, academic achievement and the acquisition of life skills. Current priorities are to tackle bullying and support students with behavioural, mental health and welfare issues.

RECOMMENDATION 3 ENSURE CARERS OF ALL AGES HAVE EQUITABLE ACCESS TO EDUCATION AND WORKFORCE PARTICIPATION

Carers Victoria recommends the Victorian Government acts to:

- build on the Education State platform, developing clear guidelines and appropriate pathways for school staff at all levels to ensure children and young people in care relationships do not miss out on educational opportunities,
- extend the Primary Welfare Officer Initiative to support students in care relationships who have been shown to be at risk of disengagement and not achieving their educational potential,
- develop a range of pilot programs to assist young carers in primary and secondary schools with a view to Statewide adoption,
- enhance the recognition of prior learning (RPL) process through the vocational education system for formal recognition of skills gained in unpaid caring,
- provide in-kind support to adult carers who wish to return to study or retrain via the Victorian Carer Card, such as concessions for course fees, transport and subsidised internet access to support online learning,
- work with employers to offer more flexible workplace arrangements enabling carers to enter, return to and remain in the workforce, balancing these with their care responsibilities, and
- work with the post-school education sector to deliver courses on a flexible basis that enables carers to balance study and care commitments.

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