



COMMONWEALTH OF AUSTRALIA

# Official Committee Hansard

## SENATE

STANDING COMMITTEE ON COMMUNITY AFFAIRS

**Reference: Social Security Legislation Amendment (Improved Support for Carers)  
Bill 2009**

TUESDAY, 28 APRIL 2009

CANBERRA

BY AUTHORITY OF THE SENATE



## **INTERNET**

Hansard transcripts of public hearings are made available on the internet when authorised by the committee.

The internet address is:

**<http://www.aph.gov.au/hansard>**

To search the parliamentary database, go to:

**<http://parlinfoweb.aph.gov.au>**

**SENATE STANDING COMMITTEE ON  
COMMUNITY AFFAIRS**

**Tuesday, 28 April 2009**

**Members:** Senator Moore (*Chair*), Senator Siewert (*Deputy Chair*), Senators Adams, Bilyk, Boyce, Carol Brown, Furner and Humphries

**Substitute members:** (As per most recent Senate Notice Paper)

**Participating members:** Senators Abetz, Back, Barnett, Bernardi, Birmingham, Mark Bishop, Boswell, Brandis, Bob Brown, Bushby, Cameron, Cash, Colbeck, Jacinta Collins, Coonan, Cormann, Crossin, Eggleston, Farrell, Feeney, Fielding, Fierravanti-Wells, Fifield, Fisher, Forshaw, Hanson-Young, Heffernan, Hurley, Hutchins, Johnston, Joyce, Kroger, Ludlam, Ian Macdonald, McEwen, McGauran, McLucas, Marshall, Mason, Milne, Minchin, Nash, O'Brien, Parry, Payne, Polley, Pratt, Ronaldson, Ryan, Scullion, Stephens, Sterle, Troeth, Trood, Williams, Wortley and Xenophon

**Senators in attendance:** (Insert, in alphabetical order, the names of senators provided by committee secretary)

**Terms of reference for the inquiry:**

To inquire into and report on:

Social Security Legislation Amendment (Improved Support for Carers) Bill 2009 [provisions]

**WITNESSES**

<b>BAKER, Dr Ken, Chief Executive, National Disability Services</b> .....	<b>9</b>
<b>EMERSON, Ms Lee, Branch Manager, Carers, Department of Families, Housing, Community Services and Indigenous Affairs</b> .....	<b>20</b>
<b>FRANCIS, Mr Steven, Principal Legal Officer, Public Law Branch, Department of Families, Housing, Community Services and Indigenous Affairs</b> .....	<b>20</b>
<b>Hughes, Ms Joan, Chief Executive Officer, Carers Australia</b> .....	<b>1</b>
<b>McGARRY, Ms Elizabeth, Chief Executive Officer, Association for Children with a Disability</b> .....	<b>15</b>
<b>PIERCE, Ms Gill, Program Manager, Policy and Research, Carers Victoria</b> .....	<b>15</b>
<b>SALAU, Ms Sue, Policy Officer, Palliative Care Victoria</b> .....	<b>15</b>



**Committee met at 9.04 am****Hughes, Ms Joan, Chief Executive Officer, Carers Australia**

**CHAIR (Senator Moore)**—Our committee is continuing its inquiry into the provisions of the **Social Security Legislation Amendment (Improved Support for Carers) Bill 2009**. I welcome back Ms Joan Hughes of Carers Australia. It is lovely to see you. You have information on parliamentary privilege and the protection of witnesses and evidence. Thank you very much for your submission. Would you like to make some opening comments?

**Ms Hughes**—Good morning and thank you very much for the opportunity to speak to our submission at this hearing. As all of you know, Carers Australia is the national peak body representing the diversity of 2.6 million family carers in Australia. Those family carers provide care to their family members and friends with a disability, mental illness, chronic condition or terminal illness or who are frail. We would like to state that we support the introduction of the improved support for carers bill. We see the introduction of the bill as an important step in addressing many of the unfair and inequitable rules and provisions that currently exist in the carer payment system and the broader income support system. However, we must state also that Carers Australia is very concerned that many carers who rely on Centrelink payments as their main source of income are living below the poverty line.

The 2007 review of the carer payment (child) was welcomed by us and we advocated very strongly for changes to the rules. It was of course welcomed by those family carers who care for children with a disability, a behavioural disorder, a mental illness, a terminal illness or a chronic condition. The subsequent task force report highlighted many of the problems that we had become aware of as an organisation and that we have sought to rectify for family carers that we represent. Some of the issues cannot be adequately addressed through the current bill and many of the proposed changes will also rely on the elements that will function alongside the amendment bill and the Social Security Act, including: policy and implementation, better service delivery and customer assistance processes. Further, there is a need for clarity, transparency and a clear continuation of the aims of the amendment bill with regard to these processes. Without this, the legislation cannot provide important support for carers.

Governments must address the real costs of disability care and support. Carers and people with disabilities are still the most disadvantaged groups in our society and governments have not kept pace with the adequate funding levels that are required in a comprehensive service system. For example, it is difficult to predict the content or the impact of the new disability care load assessment as it is not yet publicly available, and we have concerns around that. Policy will determine much of the new assessment and it is hoped that Centrelink and FaHCSIA will provide very extensive consultation processes with relevant parties—with family carers themselves—as they will play a very significant role in its development. The changes will also require a concerted and coordinated effort on the part of Centrelink and FaHCSIA. It is absolutely essential that all Centrelink staff have an adequate understanding of the new provisions and can pass this knowledge on to carers. That is probably one of our largest concerns, in that often policy does not keep pace with the training that is required of the people that have to deliver services, and we have concerns that in some Centrelink offices there is still a long way to go for those staff to truly understand the impact of caring on individual carers.

It is important also to be clear that, while Carers Australia supports the bill, we still hold some reservations around certain elements that could potentially impact negatively on carers, and we suggest that these should be considered and corrected where appropriate. I will give you one clear example that I think should be addressed fairly quickly in the amendments. There is still no provision for shared care of a single child who requires an intensive level of support and, while there are provisions for shared care between parents, care shared between other relatives on an informal basis would provide greater recognition for the diversity of caring family situations. I am sure the senators would be very aware that in families where you have children with very high support needs because of disability, terminal illnesses and chronic conditions there are high rates of divorce and separation and there are great strains on family relationships, so why would you not broaden it to include other people who are involved in the care of these children?

We also have concerns particularly with regard to the ongoing lack of recognition for or the measurement of the full extent of the impact of caring on family carers. This has long been neglected in the social security support system that carers access and it is unfortunately not addressed in the proposed changes to the legislation. I am sure the senators are aware that caring for these children not only is about physical and medical care but also has a huge psychological impact on family carers, so an assessment and qualification

system that would measure the psychological impact of caring on family carers is essential as, for many, this is sometimes the most intensive part of the caring role.

Carers are often sleep deprived, stressed, distracted or constantly primed to respond to crises and to drop everything at work. All of these impacts have a great effect on a carer's ability to be able to function in a workplace and maintain stable employment. I have discussed the need for this bill to be seen as part of a larger process, and it is important, too, that the proposed changes be considered in light of their relationship with the carer payment (adult), particularly when many carers will go on to receive it. It seems to us that this whole opportunity should make that transition even better, because the conditions for many of these children will not improve—they will actually deteriorate into adulthood and into aged care.

Further steps to align the carer payment (adult) with the carer payment (child) would improve the transition process, which is particularly important for many carers who will require income support over the life of the people whom they are looking after. Many people who are cared for are dependants well into adulthood, well into middle age and, now, well into older age. Reaching the age of 16 does not alter the fact and should not result in major upheaval for family carers reliant on income support as their main source of financial support. As such, we appreciate the steps that have already been taken to help the transition process in the proposed bill but we think more should be done.

Finally, Carers Australia looks forward to the introduction of these amendments. Particularly encouraging are those amendments that remove restrictions on hospital stays; allow for a qualification under a greater variety of situations, including episodic and short-term care; and respond more sensitively and sensibly to those experiencing terminal illnesses. The automatic qualification for carer allowance for those receiving carer payment (child) will ease the financial burden for many carers and simplify a process that often causes confusion and leads to carers missing out on crucial support. It is hoped that these improvements will be handled in a way that truly does bring improved support to carers, who are dedicated to providing care for their children.

**Senator SIEWERT**—Thank you for your submission. It is very clear and you have raised a whole lot of points that, quite frankly, I do not need to ask you about but need to ask the department about. I would like to follow up the issue of the care-load assessment process. Your submission and the other submissions make the very good point that it is hard to know what is going to happen with that until you actually see it, which is fairly obvious. My question to you is: should we be saying to the department that we do not know if we should be passing this until we see the assessment? Can they give us a draft of what it should look like so we can be assured that the issues that we know need to be covered are covered, or is it a process of getting the legislation through and then dealing with the assessment tool?

**Ms Hughes**—I think it is a really important question to ask. One would have thought that the government had developed some draft process, because this whole thing is going to be enacted fairly quickly. Our concern, as I said, is that we have not been consulted, and I would have thought that even in the drafting of something as important as a disability-load assessment they would have called in the experts, including us and other peak bodies. It is a great concern for us. Most importantly, as I said in my opening comments, we are really concerned that even the notion of a disability load—the title of it—does not really capture that which we think is crucial and that we have evidence about, which is looking at the psychological impact. It is not only about hours of support, it is not only about the sorts of things that you can measure easily like medication, treatments and therapies but really about looking at the impact of the care. I would even use the word 'care' rather than 'disability' in a sense, because this is also covering—

**Senator SIEWERT**—That is what we are talking about.

**Ms Hughes**—Yes. And it is covering children who have terminal conditions. It is not only about disability. Holding it up is probably your call. We have been waiting a long time for this in that sense, and these things take so long to enact. I think it is an absolutely crucial question to ask to see whether they could not provide you with some framework, because one would think that something has been put together.

**Senator FIFIELD**—A point of clarification on the same point: you say that you were not consulted, which we would all be concerned about in relation to the case load assessment questionnaire. In FaHCSIA's submission to us, they say that the assessment of case load questionnaire was piloted with over 1,200 carers of children with disability or medical conditions, which is a good thing, but you are saying that, although they have done that, at no stage have FaHCSIA made contact with you, sought your views or put the draft of the questionnaire before you?

**Ms Hughes**—No, and we actually found out about the questionnaire through one of our carer members, who said, ‘Have you seen this questionnaire?’ and we said, ‘No; would you please send us through a copy?’ They have not done that yet, so we have not even seen that survey questionnaire. It is absolutely essential that FaHCSIA and Centrelink consult with family carers, because they are the people whom this is going to impact on, but we also have a role in this because we are dealing with all sorts of issues to do with family carers on a weekly basis. Family carers have that absolutely crucial personal experience, but we can also add to these surveys. We add to the evidence because we are dealing with carers right across the nation. We have been working in this area for decades now; we do know what we are talking about. We are not an agency or an organisation that has not been working in this area for a period of time, and we have now gathered a reputation for being fairly expert in understanding all the aspects of family carers across all caring situations.

**Senator FIFIELD**—I think it is extraordinary that you have not been consulted and I am sure that we will be falling over each other to raise that with FaHCSIA.

**Senator SIEWERT**—The point I was making as a side comment just then is that we do not even know if they are asking the right questions in the questionnaire, particularly on the points that you were talking about—the psychological impacts et cetera.

**Ms Hughes**—I also think it is very important to realise that there are some families where there is more than one person requiring care, so we now have to be mindful that we have families where there are multiple care situations and responsibilities. Even though this is going to assist and hopefully make improvements for those families where there are children under 16 years who have high support needs, we have families where there is more than one child under 16. We have families where there is a child under 16, where there are other children with disabilities in their 20s and 30s and where people are now caring for older family members. When we are trying to improve a system that is in place—and I know it is really difficult to do; you cannot do this in legislation—we have to make sure that there are transition processes that make it easier for family carers, not more difficult. That is one of our biggest concerns around the transition to carer payment (adult).

**Senator SIEWERT**—There are a number of threads I want to follow up and that is one. I note there are still concerns about that transition. What additional amendments could be made to this bill that would better deal with that issue?

**Mrs Hughes**—An example would be where you know the condition of the child will require substantial care into the future and therefore substantial care as an adult. In that situation there must be a way of allowing people not to have to go through stringent assessment processes. It could be as simple as saying that if the condition has not changed then they would automatically be eligible to be rolled over. That is the sort of situation that a lot of family carers find quite demoralising and inhumane. They are asked questions that they have to deal with on an hourly basis. Many of them know that they are trying all the best things in the world to improve the health, care and opportunities for their children. But, as we know, for people with severe disabilities some of those conditions are not going to ‘get better’. You want to make sure for those people that there is a checklist and not an extensive eligibility-assessment process that they have to go through.

**Senator SIEWERT**—In terms of severe disability, you are saying that there is not going to be a sudden change in their condition when the child becomes an adult. Are you proposing that if you meet a certain criteria, and the child would have been assessed all its life, that it is automatic; that if there is a checklist with Centrelink there is an automatic rollover and an automatic transition to carer payment (adult)?

**Mrs Hughes**—Yes, and that checklist should be really simple. Carers get really upset with having to be reassessed. Obviously they want their children to have the best life possible, and they have to deal with that pressure all the time. For people to ask some of those questions repeatedly, I think is inhumane.

**Senator SIEWERT**—You would be aware of the adopt-a-pollie process in Western Australia. My adopted family has Luis, who has profound intellectual and physical disabilities. When he turned 18, they had to fill out a new form and one question was whether he could drive. That terribly upset the family.

**Mrs Hughes**—Because many would say, ‘If only he could.’ You do not want those inappropriate questions being asked. That just reinforces the stresses that these people have to manage every day.

**Senator SIEWERT**—I want to go to this issue of shared care, an issue I have been on about for a very long time. You talked about the shared care of a single child. I am surprised the amendments talk about shared care for two or more children and not a single child. I notice that you have picked up on it and so have a number of the other submissions. Have you spoken to the government about their rationale for not going with a single child?

**Ms Hughes**—No. It is absolutely illogical, to start with. It does not make sense, it is not fair and, as I said in my opening address, we know that in many of these families divorce, separation and strains on family relationships are much higher than in families where there are no children with disabilities. I could give you hundreds of cases where the care is shared amongst other people when there is a sole parent. For example, there are many situations where the care is shared with older people in the family—it could be grandparents—or with friends. I do not know whether it is people's fairly, I would call, archaic notion of what family means now. In our Australian society family is around diversity. In these particular families it is even more diverse because of separation and divorce and people having to rely on friends. Carers Australia's definition is that it is always family and friends, because we know that, in certain caring communities, caring populations, especially in areas like HIV-AIDS, include a whole range of people who share the care. To me, it has to be changed, because the reality is that you want to make amendments to reflect the real situation. We want to try to make this easier for people. So it is not only about parents; it is about other members in the family, and all of that could be easily changed, we believe. It is not that hard.

**Senator HUMPHRIES**—You might have answered this question already. I am sorry that I was not here at the start of the proceedings; I had a ceremonial duty to perform. Was Carers Australia on the task force that reported to the government in November 2007?

**Ms Hughes**—No, we were not but we were monitoring it very carefully. There are people who are connected to Carers Australia—for example, we have a group of carer ambassadors who are family carers themselves—and one of those people was involved in the original task force, but our organisation was not.

**Senator HUMPHRIES**—Can I clarify what you are saying to us about shared care arrangements. Where there is a shared care arrangement, we are not talking about there being two carer payments to parents, are we? We are talking about arrangements for a single payment to be split between two parents. You are saying that if a grandmother, an aunt or a cousin or someone is doing that shared caring they should be able to receive a part payment. You do not think there would be complications about trying to divide the payment by the percentage of care they provide or anything like that—you feel that simple arrangements could be made?

**Ms Hughes**—I think those arrangements are a matter for the family carer. They would have to work that out amongst themselves. You were not here, Senator Humphries, but in my opening address I did make a clear statement that Carers Australia has a huge concern about the situation for families who are totally reliant on Centrelink payments in order to survive, and many of those people are living below the poverty line. So, in the context of these amendments, we have a concern that, with some families where the parents have to give up work in order to provide care, be it their choice or be it that the system of disability and health services is not adequate, we will have people spiralling into poverty. That is a bigger issue than the amendments to this act. We would like to see that, where that care is so intensive and most of it is done by the parents and/or the family carers, they be eligible for more than one payment.

**Senator HUMPHRIES**—At the bottom of page 3 of your submission you say:

Consideration however, needs to be given to the need for ongoing assessment and compliance measurements for those who qualify for episodic or short-term payments.

You go on to say the arrangements should not be 'substantially more burdensome than the requirements of other situations under which carers qualify for payment'. Can you explain what you mean by that?

**Ms Hughes**—At the moment it is a very difficult assessment process. What we are trying to say, even though it is very complex, is that we just want to make sure that it is fairly flexible and fairly sensitive. Sometimes, depending on the intensity of care and the health needs of the child, families will be reliant on more than one health professional to get some of that advice. It is just about how the health providers, in a sense, coordinate and have, what I would call, really good care and case management of that child. It is so difficult out there in the real world, because there are so many different types of assessment processes. Given all that, we are pleased that there are going to be payments for episodic qualification and for ongoing periods of three to six months; that is a very good thing. Whatever the system then is, we just want to make sure that it is really flexible and easy for families.

**Senator FIELDING**—First of all, I just want to say thank you for the work you do. Obviously carers are doing a tremendous job in Australia. They are saving the community a tremendous amount of money, although that is not the reason they do it; they do it because there are loved ones who need care. So I just want to say thank you. It is an area that I do not think has enough focus for all of us, from that point of view. I am interested in a bit of background first. When was the last time you had a conversation with FaHCSIA directly? Are you in touch with them at all?

**Ms Hughes**—We are. Carers Australia gets money through FaHCSIA to deliver a program for young people who have caring responsibilities. So, in a sense, it is a funder-provider relationship, and we are meeting with them regularly on those sorts of program issues. We do meet with them on a fairly regular basis regarding policy issues, and we invite their policy people to forums of management and CEOs of carers associations. We have a responsibility to them to keep them up to date with where our thinking is. I do not know whether it is a time factor, but we often feel like we are a part of the process towards the end rather than at the beginning. I know that a lot of reviews and a lot of policy changes are happening now under the new government and that causes a lot of stresses and strains. But, as I said before, Carers Australia is the national peak body. We do have lots of contact with individual family carers. Our carers are on our boards of management, so we are touch on a daily basis with family carers through the services we provide. But sometimes we feel that at a policy level we could be involved a lot earlier in the process of policy reform.

**Senator FIELDING**—Has that changed at all? It was not going to go ahead but I am interested in the survey and the questionnaire. Your submission is pretty good; you know your stuff and you know where the key rubs are for carers and the concerns they have. I am just asking whether it has changed. I am not after any problems; I am just asking: has it changed at all since the change in government or is it about the same?

**Ms Hughes**—No, it is different. I think it is mostly because so many reviews are happening at the moment. On Friday a report is going to be published on the inquiry by the House of Representatives Standing Committee on Family, Community, Housing and Youth into better support for carers. So everyone has been busy in different ways, trying to get the whole carer issue at the forefront of government policy.

**Senator FIELDING**—Some of the questions have already covered the issues I have. One of the other areas I want to touch on—which this bill does not necessarily deal with, although it goes into some of what is in FaHSCIA's submission about the National Disability Agreement and the National Disability Strategy—is the link, as you were saying before, about carers and the high rate of family breakup et cetera. How important—and I am not talking about the long-term but weekly sort of thing where someone comes in for half a day and looks after the person while the carers get a break—is respite care? I am just trying to work it out, given that the strategy has come up. Have you been consulted much on that at all?

**Ms Hughes**—We are consulted in an adequate way with most reforms into carer support. In the national disability agreement there is now real reference to supporting family carers. That is probably very different from two decades ago. I think we are now at a very important time with respect to reform and policy development, for now and the future, where it is not about the person and it is not about the carer; it is about the whole of family. I think we should look at that in a service sense so that it is not groups pitching against each other. All of these families need support and they will need different interventions at different times, according to the health needs of the person and according to the individual needs of the family. Given that, it is important to note that between 75 and 95 per cent of care is still done by family carers. There has been an increase in respite provision over the last five years but respite is only one part of the picture. If you think about it, a carer is so tired that they have to have respite on a regular basis. That is probably an important thing, and if you ask carers what they need many of them would say that they want more respite, because they are so exhausted. If they are so exhausted, doesn't that tell you something about the system?

Carers Australia's position is now around a whole-of-family approach. It is around looking at the needs of the person requiring care and the needs of the family. It is around how you make sense of that as a whole and making sure that there are other services, like services for the person with a disability and services for the family. That may include things like counselling, education and training for families, so it is not only about respite.

**Senator FIELDING**—I have one final question about the carer payment and the changes to the age. I agree with you that age is not the critical point. The caring still goes on whether the person is 15, 24 or 45. Asking carers to prove it and going through those questions is an insult to them to a certain extent. You make the point that a carer who has already qualified for carer payment (child) at the commencement date should not be required to apply for carer allowance. Instead, carer allowance payments should be automatically credited. Is that pretty important?

**Ms Hughes**—Absolutely, because we are talking about intensive care situations here, and these people would automatically be eligible for that carer allowance, so why would you want them to go through another assessment process?

**Senator FIELDING**—Thank you.

**Senator FIFIELD**—Ms Hughes, in your submission on page 2 you make reference to the fact that a proportion of those who will become eligible for the carer payment as a result of this legislation will be existing income support recipients—I think you touched on this when you were answering one of Senator Humphries’s questions—and you are concerned that there will not be any unforeseen negative impacts. Could you give us a specific scenario of how you think it is possible that someone might be adversely affected?

**Ms Hughes**—I am not sure whether all the senators present today have our submission in front of them, but if you look at page 2 of Carers Australia’s submission, and if you look at the numbers of children under the age of 14 with a disability that have a profound or severe core activity limitation—that is a dreadful way to describe it, isn’t it, but we know what that means—we have got 390,000 children. And these figures are from 2003, so you would expect that number to be larger. If these amendments go through, FaHCSIA have said that there will be an additional 19,000 carers that will have access to the carer payment (child). Doesn’t that tell you something? I can give you some scenarios, but again I think it just highlights the whole problem that we have got with the caring situation in our community. Even if this goes ahead, it will open it up for more carers. But remember, as I said: once you become reliant on carer payment (child) and the carer allowance as your main source of income, that is a huge problem for those families regarding levels of poverty and what they can then access to support their children and other family members.

We want the legislation to go ahead, but there are huge concerns around levels of funding and adequacy for these families. I am quite concerned because, with the federal budget about to be upon us, we know that the government have committed to increasing pension rates to try to make that system reflect the adequacy of income for people around the cost of living. If they start to say, ‘Let’s just concentrate on one group of pensioners and leave other groups out,’ the groups that often get left out are the carers and people with disabilities. Yet those people do not have access to other concessions like national senior concessions. I do not want to pitch one group against the other because that is not right or fair either. Even though I am representing carers, I still have a commitment to making sure that whatever system is in place is going to be adequate for all of those people who have to access it because of their life circumstances. They should not be disadvantaged. Senator Fifield, I probably have not answered your question but I did not quite understand it. You were wanting to look at a scenario of—

**Senator FIFIELD**—You say that there is a proportion of people who are existing income support recipients who will now become eligible for the carer payment. You then say that—

**Ms Hughes**—No, there are people who cannot access it now who will be able to and that number will be an extra 19,000.

**Senator FIFIELD**—You are saying that a proportion of the people who will access it are existing income support recipients in other ways.

**Ms Hughes**—Not necessarily.

**Senator FIFIELD**—It is likely that a proportion of these people will be existing income support recipients.

**Ms Hughes**—Yes, but some of them will not.

**Senator FIFIELD**—That is right, but I am talking about those who are. You go on to flag that, in that circumstance, there may be unforeseen negative impacts on the income of these carers. I was interested in the unforeseen negative impacts and whether there are particular scenarios that you could give us to illustrate that.

**Ms Hughes**—I will get back to you on that.

**Senator FIFIELD**—If you could take that on notice.

**Ms Hughes**—I will give you two or three scenarios. Just off the top of my head I could give you a couple, but I will check on that and get back to you in the next day.

**Senator FIFIELD**—That would be helpful.

**CHAIR**—Perhaps we could ask that of Centrelink. Ms Hughes, Centrelink are not appearing today, but we are going to ask about their training as you have raised that in particular. That can be another question to Centrelink: whether there is any awareness of anyone who could be affected in that way. Ms Hughes, if you have your issues, please let us know as well.

**Senator FIFIELD**—You mentioned the knowledge of Centrelink staff, the importance of Centrelink staff being trained about these changes and the concern you have about a lack of understanding in some parts of

Centrelink in relation to the needs and situations of carers. Are there particular states or particular Centrelink offices where there is a problem that you would like to point us towards?

**Ms Hughes**—Carers Australia meet regularly with Centrelink senior management around the issues of Centrelink staff understanding the impact of caring on carers when they have to front up to the Centrelink system. We have been working on that for quite some time. We have tried to encourage them. This needs to be funded. We would be very happy to provide Centrelink staff with some short training—it can be done over lunchtime—around them understanding that some of their customers are going through really tough times. We could do some awareness training with them. That has never been funded. We have done a couple of pilots in a couple of states and I would say that, possibly, in those states you might find more carer-friendly Centrelink staff.

**Senator FIFIELD**—Can you tell us which states they are?

**Ms Hughes**—No. I knew you would ask that question! I know that some of this work has been done in Queensland, but unless you actually surveyed those people—and you would have to survey the carers—it is just an academic argument, I guess. Where people are trained, you would think that the outcomes mostly would be that they would be more sensitive to their customer base. Centrelink have made some commitments to that but not nationally. I do not know whether senators are aware of this, but they did trial—and I think these still exist—senior carers centres in some of the states and territories. Are any of you aware of those? Senator Siewert, I think there was one in Western Australia.

**Senator SIEWERT**—I think there is. I do not recognise that name, though.

**Ms Hughes**—They were sort of seniors and carers centres, and they were set up and trialled to see whether there were certain Centrelink customers who could be, in a sense, treated in a slightly different way because of their life circumstances. They were supposed to be more senior and carer friendly. Those centres were also available to be used for training, information sessions and so on. I think that is the pathway that some Centrelink areas need to go down, because they are trying to be more customer friendly. I think Senator Ludwig has got a great commitment to trying to improve Centrelink culture, and sometimes that does take time. Again, Carers Australia can provide really good training for Centrelink staff—just to make them understand that there are hundreds and thousands of these people and families, and there are some things that, when you are engaging with a carer customer, would just make that transaction a little bit more friendly.

**Senator SIEWERT**—Innaloo, in Western Australia, I think is supposed to be one of those centres.

**Senator FIFIELD**—Ms Hughes, I have heard—and I will be checking this with FaHCSIA this afternoon—that, over the four months of this year, there has been a significant increase in the number of people claiming the carer payment. One rationale which has been put to me is that a number of people who are finding themselves newly unemployed are looking at their own home circumstances and realising that they would be eligible for the carer payment, and are choosing to apply for the carer payment and conduct their domestic arrangements in a new way rather than claiming unemployment benefits and endeavouring to manage the home front in another fashion. I am just wondering if you are aware of instances of that or if that scenario has been put to you before.

**Ms Hughes**—No, but obviously it is a consequence of changes to the unemployment rates, and the latest forecast today is that that will go up to around 8.5 per cent. You will see people accessing the Centrelink system, of course; they will have to. If people are then looking at their own family circumstances to see whether they are eligible for payments, I think that is just a product of the recession.

**Senator FIFIELD**—Absolutely. It is just interesting that—

**Ms Hughes**—We have not had—I have not heard of—individual cases yet. But, as you are aware, we are the national office, and those individual circumstances would come through our state and territory offices, but I will be happy to follow that up as well.

**Senator FIFIELD**—Thank you.

**CHAIR**—Thank you, Ms Hughes, as always. If there is anything that you think we need to know that we have not covered, just get in contact with us. We are particularly interested to hear the answer to Senator Fifield's question about scenarios of which you are aware where there could be people affected by changing between payments.

**Ms Hughes**—Yes.

**CHAIR**—Thank you very much.

**Ms Hughes**—Thank you.

[9.49 am]

**BAKER, Dr Ken, Chief Executive, National Disability Services**

**CHAIR**—Good morning, Dr Baker. Nice to see you again. I know you have information on parliamentary privilege and the protection of witnesses and evidence. We have your submission; thank you very much. If you would like to make some opening comments, then we can go into questions.

**Dr Baker**—Thank you for the invitation to meet with the committee this morning. My organisation, National Disability Services, represents around 750 disability service providers across Australia, ranging from those that provide respite care and accommodation through the whole spectrum to employment services. We do not directly represent family carers—that is the role of the Carers Australia Network—but we do focus on the very important relationship between the formal disability support system and family carers. As Ms Joan Hughes said, most care is provided by families, but formal support services are critical in assisting families and alleviating pressures on parents caring for a child with disability.

We are very pleased that the new National Disability Agreement between the Commonwealth and the states and territories includes as one of its three outcomes:

... families and carers are well supported.

This is the first time families and carers have been explicitly included in a national agreement that pertains to specialist disability services.

At the time of the last household survey, in 2003, around 166,000 children under 14 had a severe or profound disability—that is, they needed assistance with mobility, personal care or communication. Around 55,000 people, mostly mothers, were the primary carers of co-resident children with severe or profound disability, and about half—48 per cent—of these primary carers, mostly mothers, reported needing more support. Respite care and financial assistance were their greatest reported needs at that time.

The proposals in this bill to amend the Social Security Act would expand financial assistance available to carers of children with severe or profound disability, and NDS broadly and warmly welcomes the proposals in the bill. The bill addresses a number of the matters raised in the report of the Carer Payment (child) Review Taskforce. In particular, we welcome the proposal to base eligibility for carer payment (child) on the level of care required rather than on a medically diagnosed condition and narrowly prescribed set of circumstances, such as whether the child uses a ventilator for a set number of hours a day or is dependent on feeding through a tube.

The report of the Carer Payment (child) Review Taskforce concluded that the current assessment system is inequitable and that families in similar situations had different entitlements. That is partly because of the way in which eligibility is assessed. We believe strongly that it makes much more sense to measure care load, and in general this is consistent with disability policy, which is moving away from basing programs and eligibility criteria on specific diagnosed conditions and more towards basing them on the functional needs of the individual. In the end, what is most equitable in relation to financial assistance or, indeed, access to disability services is the level of the need for assistance that arises from disability rather than medical diagnosis alone. There are many eligibility and assessment tools in use in disability programs across Australia, and they have mixed reputations, so the Disability Care Load Assessment Tool will need to be developed and shaped with a great deal of care and consultation, but the concept of measuring disability care load is sound.

One important point is that disability arises from the interaction of a person's impairment with their environment. So they will be more or less disabled according to the barriers they encounter and the support to which they have access. Plus the assessment of care load, in our view, should take into account aspects of the environment in which the carer and the child they care for operate, not just the characteristics or the severity of the impairment. As a general rule the load will be greater the less access a carer has to formal supports.

We welcome a number of other proposals in the bill, and I will not detail those but just highlight the proposal that a person who qualifies for carer payment (child) will automatically qualify for carer allowance. This will clarify an area of current confusion for carers and it should streamline their receipt of both forms of income support. Because of the complex world of assessments and eligibility in which carers and people with disability live, anything that reduces the number of assessments and the duplication of assessments and that streamlines matters for them is welcome. The change to reflect situations of separated or divorced parents who exchange care of two or more children is also welcome, and the inclusion of episodic or short-term qualification for carer payment for periods of three to six months is welcome.

In the move away from a medical model—I think the proposals in this bill reflect a medical model of disability—it is also important that the range of treating health professionals is broad enough to include a greater range than just medical doctors. I believe it should include psychologists, speech pathologists and physiotherapists. Often these are the professionals who have the most contact with parents, know the child in question the best and understand the functional capacity and needs of the child the best.

In support of a point which Carers Australia has raised and an issue that was raised during the review taskforce's consultation, thought needs to be given to aligning carer payment (child) with carer payment (adult) in order to allow smooth transition as a child with severe disability matures but may continue to depend on the carer and the support of parents.

Finally, one of the key themes which emerged during the Carer Payment (child) Review Taskforce's consultation was the inadequacies in the disability service delivery system in helping carers to access information and assistance. The purpose of this bill is not to address that shortage of disability services available to families, but this matter does need to be addressed in other places. Thank you.

**CHAIR**—Thank you, Dr Baker. Senator Siewert?

**Senator SIEWERT**—I would like to go to the issue of the assessment tool. Have you been involved in any consultation?

**Dr Baker**—About the development of the tool, no.

**Senator SIEWERT**—Were you aware of the questionnaire that had been sent out to carers that the department talks about?

**Dr Baker**—No, I am not aware of it.

**Senator SIEWERT**—So, as far as you are aware, there has been no consultation with any of the peak carers groups?

**Dr Baker**—As far as I am aware there has been no consultation with National Disability Services at this stage.

**Senator SIEWERT**—I think you were in the room when I asked Ms Hughes about whether we as a committee should ask to see and ensure the community sees at least the draft tool before the legislation is passed or as part of this process. Would you see that as important or do we trust them to get it right?

**Dr Baker**—I think the concept of the tool is sound, but the detail is critical as to whether it works or not. I think that is a question of to what extent that will hold up the passage of the legislation and the introduction of the new system, which is planned for 1 July, so the time is tight.

**Senator SIEWERT**—The problem with that is that obviously you need the tool then as well, so I would have thought that they would have had the tool fairly well advanced. I am concerned to hear that there has been no consultation with the very organisations that are critical to them having an effective tool.

**Dr Baker**—I agree with your point.

**Senator SIEWERT**—So it would be a good idea if we asked the department to table the draft tool at least.

**Dr Baker**—Yes.

**Senator SIEWERT**—Your submission raised the issue of the definition of 'treating health professional', as did all the submissions as far as I can recollect. Are you concerned that the definition will not be broad enough to include occupational health workers, speech therapists, psychologists et cetera? Have you had any discussions with the department about that?

**Dr Baker**—I have had no discussions about that issue, so I have no reason to think that it will not be broad enough. But I think the point needs to be reinforced, because historically such income support eligibility requirements have depended heavily on the judgment of a medical doctor. So this is a different paradigm, but it is consistent with a shift in other forms of assessment around, for example, capacity to work. That no longer depends on the judgment of a medical doctor, who is frankly not equipped to judge a person's capacity to work. With this, a medical doctor's capacity to judge care load is similarly limited.

**Senator SIEWERT**—Are you looking for the definition on paper, or would it be satisfactory to get from government a commitment that the definition includes all treating health professionals?

**Dr Baker**—I think the latter would be satisfactory.

**Senator SIEWERT**—You said you support the Carers Australia comments around the transition from child to adult—and I totally see the point, and I am looking at the process. Are you arguing that, if the care load is judged to be sufficiently high enough under this process to get the payment for a child, it should automatically transition to adult? I am looking at what we could do to make it easier while still giving the government some confidence that there is rigour in the system.

**Dr Baker**—Presumably there would need to be some review at the point of transition, but the problem at present is different criteria applying to the two different payments. If the criteria were aligned that would streamline that transition. So all the government would need to be assured of is that essentially the care arrangements have not changed.

**Senator SIEWERT**—Therefore we would need to change the assessment process for the adult payment.

**Dr Baker**—Yes.

**Senator SIEWERT**—Are you happy with the provision that two or more children may qualify for the shared care arrangement or have you got concerns similar to Carers Australia, who are saying it should be for a single child as well?

**Dr Baker**—This is a single child who spends, say, one week with one parent and the next week with another parent.

**Senator SIEWERT**—Yes. Have you considered that?

**Dr Baker**—I had not considered that. I understand the rationale for the bill as it is posed, because essentially the care load for each parent is halved if the care of the child is shared. But I do not have a position on it.

**Senator SIEWERT**—Thank you.

**Senator FIFIELD**—The breadth of the term ‘treating health professional’, I think from memory is to be the subject of determination by the secretary. It should certainly be a straightforward matter to address it. I would certainly support Senator Siewert in that. Your other main recommendation concerns assessing care load, taking account of other factors such as geography and access to aids and other forms of support. I imagine they would be fairly straightforward matters to include in any assessment criteria. In the questionnaire it would be a matter of adding a few extra questions and rejigging the score, for want of a better phrase, that the questionnaire produces. In your view would that be a fairly straightforward thing to do?

**Dr Baker**—It should be straightforward but it would require some carefully posed questions to draw out what the supports or lack of supports are for families. Often families struggle in isolation without being aware of the supports that may or should be available to them. But I think that concept is implicit in the bill, at least in the explanatory memorandum, in presenting different scenarios—for example, whether teachers’ aides are available in a local school to assist a child or whether the expectation is that the parent be on call essentially to support that child. Those two different scenarios have quite different implications for care load and thus for eligibility for carer payment.

**Senator FIFIELD**—This highlights once again the importance for the care load assessment questionnaire and criteria to be widely available so that the points that you are making can actually be considered.

**Dr Baker**—Yes, I agree.

**Senator FIFIELD**—Although not specifically related to the bill, your submission refers to family relationship counselling and the importance of support and endeavouring to prevent family breakdown. You state that there is currently no adequate data to detail the incidence of family breakdown as a result of disability. What mechanism would you propose to get that data?

**Dr Baker**—It has surprised us that there is no data on this in Australia; there is in America. That data points to a greater range of family breakdown in families where there is a child with disability and that it greatly adds to the complexity and the pressure on the different parents and family members, siblings as well. In Australia we have made a proposal to the Australian Institute of Family Studies that they include that in their research agenda.

**Senator BILYK**—I come from Tasmania and we have a fairly high rate of people living with a disability, about 23 per cent, I think. That affects people’s capacity to participate in family life. With the move to the carer payment (child), obviously that would have significant benefit for those carers. Are there any negative impacts that you can think of that we might not have thought or that people might not have mentioned to us?

**Dr Baker**—I strongly think that the direction of this bill is the right one and in number of ways it will allow more people to receive carer payment (child), and streamline the receipt of carer allowance for those who are not already receiving carer allowance as well. As we were talking about in relation to the care load assessment tool, there are a number of risk areas that would need to be monitored very closely, but I do not see that anything stands out as being strongly negative.

**Senator BILYK**—Overall, do you support the bill?

**Dr Baker**—Yes.

**Senator HUMPHRIES**—I have just one question. You list the things that you feel should be taken into account in determining the disability care load assessment, and I think these points make a lot of sense—for example, the geographical location of the family, and so forth. Carers Australia have also suggested that the emotional or psychological impact of caring should be one of those factors which is taken into account. Would you support that and would you see that as adding any particular administrative burdens or difficulties in terms of administering the disability care load assessment, in that you have to make an assessment of the way in which people approach the task of caring and any particular problems that that imposes on them psychologically or emotionally?

**Dr Baker**—I think that, clearly, caring has an emotional impact, and it may not be all negative either; I would emphasise that. But I imagine it is a very difficult thing to disentangle from other family effects and a difficult thing to measure.

**Senator HUMPHRIES**—It is, and I am sure that you have met—as I have—people for whom this is seen very much as a burden and it is a very heavy burden, and there is a great sense of distress about the position they find themselves in. When you come across such people it is quite a distressing encounter in many ways. Should these people have a special call on access to these payments and should that particular state of mind be a factor that is determined in deciding whether they should access the payment.

**Dr Baker**—I think the burden is a product of other factors essentially. If the supports available to that carer are improved then the burden and the experience of it being an ordeal would reduce—not disappear but reduce.

**Senator HUMPHRIES**—So it would be appropriate then to allow that to be a factor in the disability care load assessment?

**Dr Baker**—Yes, but with the proviso that it is a difficult thing to measure and that it may be a variable that is dependent upon other factors which are being measured as well, like the availability of supports or the degree of isolation of the carer.

**Senator FIELDING**—Will no-one be worse off if they do this assessment and find that the care load is down? Will someone miss out on payments, or do you not see it that way at all? I thought I would just check if someone is getting a payment at the moment, do you see someone not getting the payment if they do not pass the threshold? I am interested whether it is all an upside and there is no downside to this at all.

**Dr Baker**—It depends ultimately on the assessment tool as to whether that might happen, but clearly within the projections that are being published—that there will be an additional 19,000 carers or families eligible for this payment—then there will certainly be no net decline.

**Senator FIELDING**—I am thinking aloud. There will be ‘no net decline’ but are we assured that someone who is currently getting a payment will not miss out? Sometimes when you change the test criteria, you may get a net increase but some people who are already on some payment may miss out in the future. Is that possible?

**Dr Baker**—It is worth testing that idea against the draft tool when we see it. Looking through the current eligibility criteria, which are prescriptive and narrow, the hurdles are high and I would be very surprised if anyone who was currently receiving the carer payment (child) could not receive it under a broadening of the criteria.

**Senator FIELDING**—I thought I would just check to make sure that was all because there is some possibility, given that we have not seen the questionnaire. That is all.

**CHAIR**—I have only got one question. There could be many but I am only going to ask you one. In your opening statement you talked about the various tools currently in use. I think that is a real issue, that we have got various tools to assess disability. For the record, would you like to put some of those on record so we can actually see from your perspective working in the field what is used for what. I know it is a big question.

**Dr Baker**—It is a big question.

**CHAIR**—It is a particularly vexing process, as you well know. In the hearings that this committee did two years ago now, I think, on the whole disability agreement it came up consistently. We are introducing a new one for this which we are waiting to see. There is a pre-existing one for disability (child). There was a question raised in one submission, I just forget which one, for the department as to whether the same tool will be used for both the payment and the allowance. We have to check that out with the department. There is also another one for disability caring for adults. Is that right?

**Dr Baker**—Yes, that is right. Carer payment (adult) and there is carer allowance for adults.

**CHAIR**—How old is that one?

**Dr Baker**—I do not know how old it is.

**CHAIR**—it has been around for a while, though, hasn't it?

**Dr Baker**—It has.

**CHAIR**—And it has not been changed, in my memory.

**Senator SIEWERT**—If we are going to align them, following up from a question asked earlier where you said we would have to change it, would you suggest that we change the carer payment (adult) to the care load approach as well?

**Dr Baker**—Yes.

**CHAIR**—That is something you have been recommending for a while, isn't it, as a policy position?

**Dr Baker**—Yes.

**CHAIR**—Your view would be that that should be the standard assessment for people's caring responsibilities.

**Dr Baker**—The approach should be, yes.

**CHAIR**—Okay. Are there any other models? They are the ones I know about. I am wondering whether there are any others that you know about.

**Dr Baker**—In relation to access to income support in particular, because there are a range of assessments that families will need to go through to get access to services and they will differ across states and territories, and across programs within states and territories. Within the new National Disability Agreement there is a commitment to try to streamline, develop a consistent national framework for access to services. The current system is not only complex and difficult to navigate for carers and people with disability but it is also inequitable, because in different states and territories and indeed in different programs they will get a different level of access to services.

**CHAIR**—Certainly one of the key recommendations of the previous inquiry was about trying to get that clearer and standardised so that families do not have to go through constant assessments and reassessments. I am just try to get it clear for all of us that the circumstances are still like that. We have got the commitment—

**Dr Baker**—Yes, the circumstances are still like that, but, as you say, there is a commitment to improve matters. It will not be a simple task. Perhaps the first step is to lay down some principles. The concept of care load in this case is important. The other principle which this bill may embody is that if one is able to get across a higher hurdle then you should not need to leap over a lower hurdle in order to get a second payment. That would be the relationship between carer payment (child) and carer allowance.

**CHAIR**—So if one meets one criterion, that should naturally flow, rather than the constant reassessment and reapplication.

**Dr Baker**—Yes.

**CHAIR**—As there are no further questions, thank you very much, Dr Baker. If there is anything you think we have missed or if you have some added information you think we should have, please be in contact with us.

**Dr Baker**—Thank you.

**CHAIR**—The committee finds itself in the unusual position of running ahead of time. We will have a break before the next witnesses are heard by teleconference at 10.45.

**Proceedings suspended from 10.19 am to 10.49 am**

**McGARRY, Ms Elizabeth, Chief Executive Officer, Association for Children with a Disability**

**PIERCE, Ms Gill, Program Manager, Policy and Research, Carers Victoria**

**SALAU, Ms Sue, Policy Officer, Palliative Care Victoria**

*Evidence was taken via teleconference—*

**CHAIR**—We have your joint submission. Thank you very much. What I will ask is if any or all of you would like to make some opening comments and then we will go to questions. Who would like to start?

**Ms Pierce**—I was going to start. We would all like to thank you for the opportunity to present to the community affairs committee about this legislation amendment. I need initially to make apologies for Maria Bowen, the chief executive officer of Carers Victoria, and Kevin Larkin, the chief executive officer of Palliative Care Victoria. Both would have liked to have been present but could not fit it into their schedules.

There are several things we want to emphasise in our introductory statement beyond our submission. The first is that we agreed as a Victorian partnership to work together some years ago to improve access to carer payments in the interests of our various members. In broad terms, we support the intentions of the legislation.

Secondly, we share particular concerns about the disability care load assessment (child), but we noted from the Senate website that the submission from FaHCSIA provided more information about the disability care load assessment than was publicly available prior to that. As we understand it, the assessment of care load questionnaire will give family carers the opportunity to describe their caring experiences and the details of the care they provide. That has not been possible in previous medically determined assessments and was something that the Network of Carer Associations lobbied strongly for.

We also appreciate the new mechanism allowing treating professionals to complete a professional's questionnaire and that there are now triggers for the involvement of Centrelink's carer assessment team when the score is a little bit below the threshold or when there are inconsistencies in the type and intensity of a care load between the care load questionnaire that the carer does and the professional questionnaire.

Having said that, we retain some concern that both the assessment of care load questionnaire and the professional questionnaire are described in FaHCSIA's submission as assessing 'functional ability, behaviour and special care needs' of the person with a disability. The Network of Carer Associations and others have been arguing strongly that care load needs to be conceptualised as much broader than physical or personal care. It needs to be inclusive of care that requires constant vigilance, supervision, encouragement, nurturing and ensuring of medical compliance. It needs to acknowledge that intensive care load can be required for some children with autism, a mental illness or a psychiatric disability and children with severe and challenging behaviours.

I guess I am saying we are not convinced that some of those very needy families will, using the new assessment tools, be able to become eligible when they should. I noticed there was a submission from an ADHD group in Queanbeyan, I think it was, who were putting forward similar issues about the families of some of those very difficult children with ADHD having difficulty becoming eligible for carer payment (child).

Thirdly, we are keen to ensure that carers of children with a terminal illness are protected from signing forms that acknowledge their child's imminent death. This is a very difficult issue, and we have suggested a separation of certification about the terminal nature of the condition by a medical or other practitioner from the completion of the assessment of care load questionnaire and the professional questionnaire.

Finally, while improvements to carer payment (child) will reduce restrictions to access, we are very concerned about the differences which will continue between carer payment (adult) and carer payment (child). We are hopeful that those anomalies will be remedied as a next step in the reform process. Some of those key anomalies include the need to extend short-term and episodic provisions that are now available for carer payment (child) and carers of adults and the need to remove the 63-day hospital restriction for carers of adults. That has been removed for recipients of carer payment (child), but it is equally important for recipients of carer payment (adult) for people who have a mental or chronic illness. We think there is a case for extending the automatic qualification provision for carer allowance to those who qualify for carer payment to make it equivalent to what is now to be provided for carer payment (child) recipients, and we think there is a need to remove the stress and confusion which will result from the different criteria for access of carers of people with a terminal illness to the carer payment (adult), which is restricted to terminal illness in three months, and from

the new provisions for children, which allow 24 months and then some extensions after that. Broadly speaking, though, we are very supportive of the changes to carer payment (child). That is all I have to say.

**CHAIR**—That is a bit, Ms Pierce. Ms Salau or Ms McGarry, do you have anything to add?

**Ms McGarry**—Yes, particularly in relation to the assessment tool and the way in which we are hoping that the questions will be able to clearly identify the extent to which parents and family members are caring for their child. We believe that the way in which those questions are couched will be very important in order to capture, from a family's perspective or a carer's perspective, the actual care load. It is a lot more difficult to do that if the questions are not couched correctly than it would be if the question was: 'How many hours are you providing personal care in a day?' We feel that a significant focus needs to be placed on those questions so that they do accurately capture the level of care that is provided.

**CHAIR**—Do you have anything else to add?

**Ms McGarry**—I might leave it at that for the moment.

**CHAIR**—Ms Salau from Palliative Care Victoria, would you like to make an opening statement?

**Ms Salau**—I think Gill has covered most of our statements very well. I would just like to stress the fact that the signing of these forms is a real cause for concern for families. In fact, it precludes them from applying in many cases, because they feel they are signing away their hopes of their child surviving, even though they acknowledge that that child may die. So if there is some way that those forms can be separated from the medical assessment or the practitioner rather than the family signing off on that, that would generally assist in supporting families' access in this case.

**CHAIR**—Thank you. We will move to questions.

**Senator SIEWERT**—Thank you for your submission. As with other submissions, I will be asking the department a lot of the questions rather than you. The one I want to start with is the disability care load assessment legislative instrument. I have been asking other witnesses whether they think it is important that the committee think it is on the right track as part of the review of this legislation.

**Ms Salau**—I would love to see it. We are not convinced that it answers the concerns we have about some of the people that should have been eligible for carer payments but have not got over the bar. In your position, I would be wanting to have a look at it.

**Senator SIEWERT**—As I understand it, you have not been consulted yet about that.

**Ms Salau**—I think I read in FaHCSIA submissions that a whole lot of work has been done through the University of Wollongong and there have been some consultations with carers and a range of allied health professionals. Until yesterday I was not aware of any of the detail of how those tools would develop.

**Ms McGarry**—As the representative from the state Association for Children with a Disability and the national organisation we have not been approached in that area. I would also like to say that I think it would be important for you, as a committee, to see that assessment tool because in doing so you would be able to be sure that the intent of the legislation in fact transfers across to the way in which it is going to be implemented.

**Senator SIEWERT**—Thank you for that. I would like to ask a question about catastrophic events. You raised that point in your submission. Do I take it from your submission that you do not think that the amendments for short-term and episodic care for children would adequately deal with a catastrophic event?

**Ms Pierce**—We were concerned that there has been a provision for carer adjustment payments separate to general income security payments which certainly were necessary for some children in catastrophic events. The task force on carer payment (child) and we both thought that there may be a need to have additional access to funds to support families in a catastrophic event outside of income security provisions per se—some sort of different mechanism that might help meet the additional costs for families of a catastrophic event when their means are low.

**Senator SIEWERT**—There is a need for extra.

**Ms Pierce**—The carer adjustment payment fills a gap in existing provisions and the gap that it filled may continue despite the improvements in carer payment (child).

**Senator SIEWERT**—One of the other points that you make is about the barriers for some complex families. Are you able to give us an example of where you think complex families may fall through the gaps?

**Ms Pierce**—It struck me that there are still boundaries put, so you can care for quite a number of children and one adult. There will be families who are caring for two or three adults whose care load ought to be assessed. How do we make sure that some of those extremely complex care situations are not confronted with boundaries to access?

**Senator SIEWERT**—Are there specific amendments you would like to see to the bill that would deal with that?

**Ms Pierce**—I did not consider what amendments might be made.

**Ms McGarry**—I think it is quite complex to try and identify a real-life situation that you would be able to develop a streamlined process around unless you have been able to gather the evidence prior to that, which we as an organisation have not been able to do. I would suspect that when the caring load is shared between parents and children, particularly those living in two different environments, that would be about the greatest complexity.

**Senator SIEWERT**—You mean shared care?

**Ms McGarry**—Yes.

**Senator SIEWERT**—That takes me on to another area that has been raised—that is, the issue around shared care. In the bill it is for two or more children, whereas the issue that has been raised with us in the other submissions is the issue around a single child.

**Ms Pierce**—Yes, I think we raised that as well. It depends on things like how the shared care arrangement takes place and also what that means in terms of the access of both parents to employment. There is poor access for families to out-of-school-hours care, particularly for children with a high level of need and, very particularly, for adolescents with very high-care needs. Whether some families who share the care are going to be particularly disadvantaged because they cannot meaningfully access employment is the matter that concerns us.

**Senator SIEWERT**—Thank you.

**Ms McGarry**—My feeling, though, is that we could get very bogged down in who is doing what and where, whereas we need to try and maintain the focus on the level of care that is being provided, irrespective of what setting it is in. I would think that that would then make it a more streamlined approach to assessment.

**Senator SIEWERT**—There is the issue around the continuance from caring for a child to moving to adult care. You make the point about the inconsistency between assessment for eligibility for carer payment and allowance for adults. The point that has been put to us—and you made it earlier too—is that there should be alignment between carer payment (child) and carer payment (adult) and that in fact we should then move to a care load assessment for adults as well so that there is an alignment between the two. You have raised the issue. Would you support that as a remedy?

**Ms Pierce**—Absolutely. I think we all would.

**Ms McGarry**—Yes.

**Ms Salau**—Yes. Particularly around that, I would like to stress the fact that the transition for children with a terminal illness to adulthood is that there is quite a concern that there are quite clearly different criteria for access, one being two years and one being three months. So there is a huge dilemma here when that child changes payment systems.

**Senator SIEWERT**—Thank you.

**Senator HUMPHRIES**—You say in paragraph 25 of your submission, ‘it is likely that the amendments will exclude some complex multiple care situations from eligibility for carer payment (child).’ Can you expand on that? In what circumstances might that occur?

**Ms Pierce**—As we understand it, you can achieve eligibility through a cumulative careload for one or several children, and I do not think there is a limit on the number of children, and one adult. There appears to be a limit on the number of adults. We know that there are some families, probably not many, who have the care of several children and several adults. Often it is one or both of the parents of the child, if that makes sense. We feel that it is important that who is being cared for does not have boundaries of, for example, one adult.

**Senator HUMPHRIES**—Okay. So you are saying that if a family situation is, say, one child and one adult, they qualify for the payment; but if it is one child and two adults they would not.

**Ms Pierce**—That appears to be an anomaly. The documentation talks only about one adult, so I would be wanting to make that inclusive of several adults.

**Senator HUMPHRIES**—That is a sensible suggestion and we will take it up with the department shortly. I was struck by your comment early in the submission that the carer payment (child) has the lowest rate of grant to application ratio of any of the income support payments—only 12 per cent. Assuming that another 19,000 carer payments will be made possible by these reforms, that still lifts the success rate, on my calculation, to about 15 per cent. Do you think that there is room for further reforms in this area to address a large amount of unmet need out in the community with respect to these sorts of care arrangements?

**Ms Pierce**—I am not sure if I am addressing the question correctly, but my understanding is that FaHCSIA expects that something like two-thirds of the additional people eligible will be people who are receiving some other form of income security payment, and about one-third—I might have misremembered the proportion—will be people who newly become eligible. Is that addressing the question?

**Senator HUMPHRIES**—In a way, yes, although the other element I was looking for is: why is there such a high proportion of failed applications at the present time? Would you put this down to there being a large amount of need out in the community which simply cannot be met using reasonable criteria for access to income support payments for carers, or is there a large amount of misunderstanding about who qualifies? Why is there such a high failure rate for these applications?

**Ms McGarry**—The restrictive nature of the eligibility criteria for carer payment (child) has been an issue and, because it is a rather onerous process to apply, and parents talk to each other, that has an impact. Our view is that the automatic eligibility for carer allowance, if an applicant finds that they are ineligible for the carer payment (child) under this legislation, will assist in making sure that those who need support will get it better now than previously.

**Ms Pierce**—It has been quite problematic with the GP having to fill in the form, because—this is a sweeping generalisation—GPs often minimise the information they provide and they may not have a good understanding of what previous carer payment forms expected. I think the change to allied health professionals, together with new assessment tools, will, hopefully, increase access to carer payment (child).

**Ms Salau**—There is quite a concern around the forms because they are complex to fill out and if people do not have someone helping them do that, they give up. I think it is very important that we have people prepared to assist them fill out their forms, particularly in the case of a child with a terminal illness. That is the last thing that they want to think about. Even though they are very aware and stressed over their financial situation, they are more worried about their child.

**Senator HUMPHRIES**—Thank you.

**Senator FIFIELD**—At the outset, can I say that we are seized by the fact that the care load assessment questionnaire has not been publicly available and that relevant groups have not been consulted. That is something that I think we all intend to take up shortly. Can you help me plug a few gaps in my own knowledge? Page six of your submission mentioned the certification of a child's terminal illness. Not having seen one of these forms, it is surprising that there are clauses such as 'not normally expected to survive more than 24 months'. Is a similar phrase currently in the application form for carer payment?

**Ms Salau**—It is in the new one, but it is definitely in the adult payment. That is actually on the form and asks people to sign off. The new form says '24 months' and it actually asks parents to sign off on that form.

**Senator FIFIELD**—We will take that up. You are arguing that that should be separated out from the application?

**Ms Salau**—Yes. We think that that would be a much more sensitive way of doing it. It is really about the process of loss and grief associated with terminal illness and the need to be sensitive to where families are in the process.

**Senator SIEWERT**—Could you repeat that last comment because the phone line faded out?

**Ms Salau**—It is really about the complex process of loss and grief that is confronted by families of children, or adults, with a terminal illness and the need to be sensitive to where they are in that process. Separating the questionnaires from some sort of certification about the child's terminal illness might make that a little easier for the families affected by that.

**Senator FIFIELD**—Absolutely. It would be a horrible thing to see that written and have to tick a box next to it. In relation to the carer adjustment payments and support for families after a catastrophic event, your

submission says that the carer adjustment payment will cease in December 2009. Was that designed for that particular purpose?

**Ms McGarry**—Yes. It is \$10,000 one-off payment in recognition of a catastrophic event. When it happens, basically a family hits a wall or runs into a wall and the normal way of operating as a family—parents working and all the other associated activities of a family—really ceases at that time. Very quickly a family can be confounded with having to deal financially with sustaining a family while at the same time being totally focused on responding to the catastrophic event. Therefore, it is recognition of the severity of those experiences.

**Senator FIFIELD**—Is that ceasing at the end of the year because it is envisaged that the carer payment (child) for short-term and episodic events will cover that situation? Is that the rationale for its termination at the end of the year?

**Ms McGarry**—My understanding is that FaHCSIA made the decision to extend the carer adjustment payment to December 2009. I am not sure the others might be aware of how long that has been in operation, but I am not sure of that answer either. One could assume that that is what the department is thinking would happen, but I am unsure at this stage. Originally the carer adjustment payment was almost like a pilot trial.

**Ms Salau**—If a child is diagnosed with a terminal illness, you can imagine the chaos the family suddenly finds themselves in, and parents will have to stop work while they undergo further treatment for chemotherapy or radiotherapy—intensive care is done in Melbourne. They may be rural and have to cope with this as well. They need this financial assistance now, not while they are waiting for these other payments to happen, so we would be really pushing for this to continue.

**Senator FIFIELD**—Yes. It is a fundamentally different payment; it is a one-off grant as opposed to a payment which is received fortnightly.

**Ms Salau**—Yes; and it should be distinguished from the issue of income support; it serves a different purpose.

**Senator FIFIELD**—Yes. They are two fundamentally different things.

**Ms Salau**—Yes.

**CHAIR**—Is there anything that you would like to add that we have not asked questions about?

**Ms McGarry**—We were concerned about having some clarity around the continuity of qualification, and we would hope that, when a child is hospitalised, continuity of qualification might also include continuity of payments.

**CHAIR**—Continuity of payments?

**Ms McGarry**—Yes; that is right, so that it will not necessarily mean then that a payment would be held in a kind of suspension while a child is hospitalised; it can mean that you are still qualified. We wanted to make sure that there was clarity that continuity of qualification also meant continuity of payment.

**CHAIR**—Okay. Sure. If there is anything that you think that we need to know that has not been covered, please be in contact with the secretariat. We would like to thank you for your submission and for your evidence today.

**Ms McGarry**—Thanks very much.

**Ms Salau**—Thank you.

[11.23 am]

**EMERSON, Ms Lee, Branch Manager, Carers, Department of Families, Housing, Community Services and Indigenous Affairs**

**FRANCIS, Mr Steven, Principal Legal Officer, Public Law Branch, Department of Families, Housing, Community Services and Indigenous Affairs**

**CHAIR**—Welcome. As departmental officers you will not be asked to give opinions on matters of policy, though this does not preclude questions asking for explanations of policy or factual questions about when and how policies were adopted. I also ask the senators to remember that same advice. We have your submission. Thank you very much. If either or both of you would like to make an opening statement before we go to questions, please go ahead.

**Ms Emerson**—I would like to make a small opening address. Basically, the Social Security Legislation Amendment (Improved Support for Carers) Bill 2009 makes amendments to the Social Security Act 1991 and the Social Security Administration Act 1999. In particular, it sets out the new and revised circumstances in which carers can qualify for carer payment in respect of a child aged under 16 years. The bill is the first part of the government's response to the report of the Carer Payment (child) Review Taskforce, *Carer payment (child): a new approach*. I know that has been referred to a number of times this morning. I have a copy here if you need one. The task force was asked to examine the eligibility criteria for carer payment (child), as it is commonly called, and to consider the effectiveness of the payment in providing a safety net for carers of children with severe disabilities or medical conditions. The review was commissioned by the government in response to concerns raised by carers in the community that the current payment eligibility requirements were too stringent and, therefore, financial support was not going to the people who provided care and were most in need.

The report was delivered in November 2007 and publicly released in February 2008. The task force found that many carers were, in fact, ineligible for carer payment (child) because of its overly complex and restrictive qualifications. It went on to make 32 recommendations covering, significantly, a range of matters around improved financial support through changes to carer payment (child) qualifications but also went on, importantly, to talk about increased recognition for carers, increased support for carers to participate in the workforce and better support for carers more generally through improved service delivery. This bill specifically addresses the first group of recommendations, which relate to the qualification requirements for carer payment in respect of caring for a child under 16. The amendments will improve income support and supplementary payment arrangements for carers of children aged under 16 with severe disabilities and severe medical conditions. Amendments relate to both carer payment and carer allowance and they include the new qualification criteria for carer payment in respect of a child under 16, amendments to the qualification requirements for carers of children with terminal conditions, more generous arrangements for carers of children in hospital and automatic qualification for carer allowance based on a qualification for carer payment in respect of a child under 16.

The most significant reform, which has been mentioned quite a number of times today, is the introduction of a new assessment for carer payment in respect of a child under 16. The assessment will recognise and assess the total care load of the child, the care required by the child and the care provided by that carer. The new assessment, which will be known as the Disability Care Load Assessment (Child), will be used to determine whether the person has a qualifying rating under the new qualification criteria. Overall, the amendments will enable a carer to qualify for carer payment on the basis of care provided under different circumstances: a child with a severe disability or severe medical condition, two or more children each with a disability or medical condition, a disabled adult and one child or children each with a disability or medical condition, a child with a terminal condition, and two or more children with disabilities or medical conditions in an exchanged care situation. The amendments will also extend access to carer payment to carers providing care to a child or children with disabilities or medical conditions on a short-term or episodic basis. That is the thrust of what we have tried to present to you.

**CHAIR**—Mr Francis, do you wish to add anything legal at this stage?

**Mr Francis**—No, thank you.

**Senator SIEWERT**—I want to go to the assessment tool first. I know that you are surprised! First off, you obviously heard from the previous witness—though all witnesses have raised the issue—that they have not been consulted over the assessment tool. They want to have a look at it. I have a series of questions about

whether you have a draft and if the committee can see a draft. It is a legislative instrument and we presume that that is going to need to be dealt with as this legislation comes in, so you presumably have a draft.

**Ms Emerson**—We have just received the first draft from the drafters. I had a very quick look at it this morning and there are one or two obvious errors that we will correct immediately, but we will be able to make a copy of that available to you—presumably within 24 hours, if that is all right.

**Senator SIEWERT**—That would be very much appreciated.

**CHAIR**—Who are the drafters?

**Mr Francis**—The Office of Legislative Drafting and Publishing.

**CHAIR**—So it is being done in house.

**Mr Francis**—No; by the Attorney-General's Department.

**CHAIR**—It is being done within the government—

**Mr Francis**—Yes, it is.

**CHAIR**—It is not being tendered out.

**Mr Francis**—No.

**Ms Emerson**—The drafting itself is being done by government. The development of the tool itself—so the questionnaires that go to it—has been done under consultancy arrangements. Would you like me to talk about that?

**CHAIR**—That would be very useful.

**Senator SIEWERT**—Yes, that would be appreciated.

**Ms Emerson**—FaHCSIA contracted the Centre for Health Service Development at the University of Wollongong to develop the assessment of care load questionnaire. Basically we took the recommendations from the task force and the other comments that had been made in response to that and went to them with that task. The questionnaire was developed in consultation with carers and paediatric medical and allied health professionals. It was piloted with over 1,200 carers of children with disability and medical condition. A targeted group of paediatric medical and allied health professionals were also involved, providing expert advice on the development and scoring of the assessment of care load questionnaire. Perhaps Joan Hughes may not have realised there was a representative from Carers Australia in that, although they were from the New South Wales branch, Carers New South Wales. We thought it was very important to ensure that that other perspective, as well as technical input from paediatric and medical specialists, was available. That expert reference group has been an important informant in the development of the tool.

**Senator SIEWERT**—Could you clarify who was on the expert reference group?

**CHAIR**—And how it was appointed.

**Ms Emerson**—Do you want me to give names or just positions?

**Senator FIFIELD**—Both.

**Ms Emerson**—The participants in the expert reference group included Associate Professor Dinah Reddihough, the Director of the Department of Child Development and Rehabilitation, RCH Victoria, who is a paediatrician whose area of expertise is development; Dr Jacqueline Small, a paediatrician at the Disability Specialty Unit at Westmead Hospital, New South Wales who has paediatrics expertise; Jane Galvin of the Paediatric Rehabilitation Service, again from RCH in Melbourne, who is an occupational therapist; Megan Kentish from the Queensland Paediatric Rehabilitation Service, who is a physiotherapist; Ken Pakenham, a psychologist; Monique Berger, whose area of expertise is nursing; Robyn Tate from the Rehabilitation Studies Unit in Sydney, whose area of expertise is around tool design and these sorts of measurement issues; Colleen Sheen from Carers New South Wales, who is located in Sydney; and Jenny Pearson from Jenny Pearson and Associates, who is a consultant to my department, has been involved in the development of a number of related tools over time, including the child disability assessment tool and the adult disability assessment tool, and was a consultant to the task force. That group was a key group.

**Senator SIEWERT**—So there was one representative of carers on the expert group.

**Ms Emerson**—That is right.

**Senator FIFIELD**—Was there any confidentiality requirement or agreement with the participants on that expert reference group? Sometimes the Commonwealth requires people who are advising it on particular projects to sign a confidentiality agreement.

**Ms Emerson**—Not in this case. This was a consultation that was done in conjunction with the consultants, the Centre for Health Service Development.

**Senator FIFIELD**—So there would not have been anything to prevent the participants in that group from going outside that group to seek input.

**Ms Emerson**—No, there would not have been.

**Senator FIFIELD**—To ask a straightforward question, why wouldn't a copy of the draft questionnaire be sent to the national peak bodies such as Carers Australia and National Disability Services for their input? It is good to have individuals who are appointed in their capacity as individuals to an expert reference panel, but why wouldn't you as a matter of course submit that sort of draft document to the relevant peak bodies?

**Ms Emerson**—That is a good question. We went through a fairly robust process under very tight time frames. Some additional steps, if we had more time, would have been to engage a broader group of carers. The reassurance we had was that 1,200 carers—so people who provide care—gave very direct input both in completing the form and in their comments on a feedback sheet which was then looked at by the expert reference group. That is the sort of process that we went through, which is probably a bit more technically oriented. There was certainly no deliberate exclusion of those other groups.

**Senator FIFIELD**—But in terms of lack of time, isn't that just a matter of popping it in the post or sending an email to those sorts of groups?

**Ms Emerson**—I do not know that it is quite that simple, because if there has been a development—

**Senator FIFIELD**—That is fine, but if you have a draft document you take a photocopy, stick it in an envelope, stick a stamp on the front of it and send it off, unless there is something more involved.

**Ms Emerson**—To ask them for their opinion—okay. That is fine. That is a perfectly reasonable thing to do.

**Senator FIFIELD**—That is right. Exactly. You have got it in one—to ask their opinion. We heard a number of instances from NDS and Carers Australia today concerning things which they think should have been considered but which were not.

**Senator SIEWERT**—Or we do not know.

**Senator FIFIELD**—Or we do not know. But there is an easy way around that, and that is to give them a copy.

**Ms Emerson**—I am hoping that when we are able to table the instrument it will show that some of those concerns that were raised will cease to be concerns—but that will be a judgment for you. There was extensive testing and a strong evidence base used by the Centre for Health Service Development, which looked at tools internationally. It was not that they looked just at what we currently want and do here in Australia. They did some extensive research to inform the development of tools. That is what they tested with carers themselves and with the expert reference group. We have a reasonable degree of confidence, but certainly—

**Senator FIFIELD**—That is all good, but after that process the secretary of the department might be interested in having a look at it and he might say, 'I can't believe it. How could we forget this?' You need that kind of input. Even if people have not been formally involved all the way through the process, it is still good to give people the opportunity to say, 'Hey, have you thought about this?'

**Senator SIEWERT**—More importantly, we have to vote on this legislation. We have a range of stakeholders talking to us and saying, 'We haven't seen the instrument. We may have concerns.' We are supposed to be passing this bill, the legislative instrument, and we do not know whether it serves the purpose. I appreciate that you have said that you will give us a draft. We now have to get back the comments from those stakeholders to see if they are happy. Yes, you are giving us a draft, but we do not know that the carers and the people who have used the questionnaire are happy with it. We will have a draft instrument, which I appreciate has gone out and carers have used, but we do not know that they are happy with it. Until we hear back from the stakeholders, my party certainly will be saying, 'We want to talk to the stakeholders. We want to know that they're happy with this instrument.'

**Ms Emerson**—The feedback from the reference group was very positive in the last run-through of the questionnaire.

**Senator SIEWERT**—The reference group has professionals on it that I really value—

**Ms Emerson**—And Carers Australia.

**Senator SIEWERT**—And Carers Australia. But that is one representative of carers and a lot of professionals, who, with all due respect, also take a different view sometimes from carers. Before I can make a decision on this legislation, I certainly need to know that people are in fact happy with that legislative instrument. It seems to me it is the key to this legislation. That tool is very important to this legislation. In fact, all the witnesses we have had to date have made that point. I am not doubting the fact that professionals are happy with it. What I am concerned about is making sure that the people who operationalise this—that is, the carers—are also happy with it. That is why I am concerned that it has not yet been out to the peak organisations.

The other thing we know is that carers are busy caring. They are full-on doing the caring, and that is why, particularly for carers, peak organisations are so important. They pick up the load of looking at these things for carers, who do not have time.

**Ms Emerson**—I think that is why we were surprised we got such a good response rate from the invitations we sent out to carers. As I said, over 1,200 people completed the form and gave us comments both on the form and on a feedback sheet as well in the generic way.

**Senator SIEWERT**—With all due respect, a lot of people sitting on that side of the table have said, ‘Yes, we’re consulted’, but when we actually talk to the people—and I am not disbelieving you—they say, ‘Well, this is the degree to which we were consulted. We weren’t happy with the consultation but, yes, we were consulted.’ You learn to be very cynical in this job.

**Senator HUMPHRIES**—Is the determination a disallowable instrument?

**Ms Emerson**—Yes, it is.

**Senator SIEWERT**—On this point, we are better off seeing it now so we do not have to disallow.

**CHAIR**—I think it is better if we just keep it on the same point and everyone can jump in. Ms Emerson, you did not tell us how these people were appointed.

**Ms Emerson**—They were actually targeted by the University of Wollongong as a group of representatives and experts.

**CHAIR**—Was it part of their consultancy to determine that?

**Ms Emerson**—That is right.

**CHAIR**—I am interested in all these areas, but one in particular is having a representative from the New South Wales branch of the carers association without advising the national group that that was going to be done. I think that, in terms of protocol, that is a very dangerous precedent for any organisation. If someone is there representing the group, if they are there as one person representing carers, that is an interesting concept in itself. But if someone is there representing Carers Australia with that being the process—

**Ms Emerson**—I think, firstly, people were invited in because of their individual expertise and ability to provide a perspective not necessarily representative of a complete organisation. I was a little bit surprised actually that Carers Australia did not realise that that was done. That was probably remiss of us in our communications.

**CHAIR**—It is a significant protocol issue.

**Ms Emerson**—It is. They are a federation and I made an assumption. I am sorry about that and I will be apologising to Joan after this.

**CHAIR**—Thank you.

**Senator SIEWERT**—The point, obviously, is that it is hard for us to now have a discussion about the assessment tool when we have not seen it. But what happens from here? If the stakeholders have comments on the tool, what process are you going to carry out to ensure that they are taken into consideration? Have you got a process now for consultation with the stakeholders beyond the experts? The ones we have just been talking to, for example, have all expressed deep interest in the children and all want to see it. They are obviously going to want to comment on it. They may say it is fantastic, but what process have you got in place to make sure that happens?

**Ms Emerson**—We were planning to do an evaluation starting basically on day one of how effective the tool was, including consultation. When you are implementing a new system, you have the issue of having to get forms out, systems built and a whole range of things locked into place to take effect on the date the legislation comes into effect. The most effective way we thought we could handle any feedback if there were any really significant issues—and it could happen—was with some manual work-arounds as an interim remedy and then look to some fundamental changes. But we were quite optimistic that what we would be able to do is see how effectively the tool was operating over the first three, six and up to 12 months and look to tabling another version of the tool as an instrument in the future to remedy any issues that came out of it. Essentially, it was a combination of having some confidence in the work that has been done on the tool to date and having a fall-back plan, if there truly was something that looked significantly wrong, to be able to remedy that on the systems side through some sort of manual intervention, working closely with Centrelink, and doing some emergency redrafting. That was the basic plan.

**Senator SIEWERT**—I realise that is post implementation. I am thinking of the draft that you are going to give us hopefully within 24 hours. Have you got a consultation process in mind for at least consulting with the peak organisations prior to it being tabled?

**Ms Emerson**—What we were hoping to do is meet with key stakeholders and take them through that instrument, explain to them how it operates, because it is quite complex, and also use that as a more general information opportunity. We are also talking about proposed legislation. Sometimes it is a little bit difficult to have those discussions when it is something that is proposed as opposed to something that exists. That was the plan between now and when the instrument is tabled—that we would have those discussions, including with the Australian Association for Families of Children with a Disability, Carers Australia and a number of others that we have been in contact with on other related issues. The lead-up into that period was going to be like that.

**Senator SIEWERT**—Can I take you through a few of the points NDS raised about what they think should be in the assessment. You commented before that you think they had been taken up. Can I take you to those points to see if they have been included in the tool? I am trying to get a degree of confidence about this.

**Ms Emerson**—Yes.

**Senator SIEWERT**—Is geographical location and the impact of living in rural and remote areas included?

**Ms Emerson**—I think that issue gets dealt with in terms of some questions around the amount of travel to medical appointments and the like.

**Senator SIEWERT**—What about respite for family support?

**Ms Emerson**—The tool itself mainly focuses on the care provided, the care needed and the care provided by a particular carer. A lot of those things are constant irrespective of where you live, but often it is access to medical practitioners and other allied health assistance.

**Senator SIEWERT**—There is respite. Family support can be impacted. We have been talking about psychological impacts and things like that. Being in rural and remote areas would certainly increase those pressures if you were struggling without access to the sorts of services that are provided in metropolitan areas. Besides the travel, is that included?

**Ms Emerson**—The care load actually looks at what the carer provides. It does not look at the emotional or psychological impact on the carer.

**Senator SIEWERT**—As you would know, all the submissions want those issues included in the assessment tool. ‘Carers ability to access support services, networks and structures both formally and informally.’ By the sounds of things those are not included.

**Ms Emerson**—No, they are not.

**Senator SIEWERT**—‘Whether the child has received appropriate aids and equipment such as wheelchair or lifting assistance.’

**Ms Emerson**—Whether they have received those things?

**Senator SIEWERT**—Yes.

**Ms Emerson**—It takes into account what the carer provides. If they have not received those things, there will actually be a greater care load for the carer which is a horrible situation but probably a fact for some people. It deals with it from the other direction.

**Senator SIEWERT**—'Whether a child needs additional care when growth or other changes occur either episodically or longer term.'

**Ms Emerson**—Those become issues of whether somebody who perhaps did not previously qualify because of a change in a child's condition may now qualify. That is where people can actually apply for payment under this payment.

**Senator SIEWERT**—They would qualify in some circumstances under the episodic or short-term provisions?

**Mr Francis**—If they were already qualified they would continue to be qualified.

**Senator SIEWERT**—I appreciate that, but I think the point is that Ms Emerson was saying that if they did not qualify earlier and there were some changes they would qualify under the episodic provisions.

**Ms Emerson**—Yes. You would get assessed at the time when the episodic conditions were quite high and there would be certification that that could occur again. A treating health professional would be asked to estimate whether that is a likely scenario. That is how it would work.

**Senator SIEWERT**—'The impact of challenging behaviours and mental health issues and the level of care required.'

**Ms Emerson**—Of the four domains in the questionnaire, two of them are behavioural, including to do with the child's own behavioural issues and the amount of intervention, supervision, prompting or whatever is required by the parent on a regular basis.

**Senator SIEWERT**—It seems to me that the issues around support services, networks and structures are not included and the issues around psychological and emotional impacts are not included either—is that right?

**Ms Emerson**—Those things are partially picked up, especially around the access to support services, in that really so much more of the care load actually does fall on the carer and that is recognised within the instrument. So to that extent that is picked up.

**Senator SIEWERT**—Obviously we will have to have a look at the instrument once it is tabled.

**Senator HUMPHRIES**—I want to follow up on the issue about the psychological impact of caring. Why shouldn't that be included as a criterion if we are now shifting the focus from the description of the condition to the position of the carer?

**Ms Emerson**—The fundamental purpose for the payment is to assist people who are unable to participate in the paid workforce because of their caring load. If there is a significant care load involved, it will get picked up. It is very difficult to both conceptualise and measure the psychological impact of caring other than to recognise it. Did you have anything specific to suggest?

**Senator HUMPHRIES**—You have a need to assess the child or the person being cared for by a health professional. It seems to me that it would be possible for an assessment to be made by a psychologist or a psychiatrist if there were an issue there of a carer as well. I am sure you have encountered—I certainly have—lots of people for whom the burden of caring is a very onerous, very distressing one. I would hate to think that, because of the nature of the impact on these people, they would be excluded from payments because they could not demonstrate, or be invited to demonstrate, the level of that impact on their lives.

**Senator FIFIELD**—National Disability Services raised the issue of how broadly the phrase 'treating health professionals' is defined and whether it would include a speech pathologist, occupational therapist and psychologists. I understand that the categories that fall under 'treating health professionals' will be determined by the secretary. Can you advise the committee how broadly that phrase will be interpreted?

**Ms Emerson**—The intention of the proposal is that registered nurses, registered psychologists, physiotherapists, occupational therapists and, in geographically remote areas, Aboriginal health workers who are involved in a child's treatment and care will be able to complete their professional questionnaire. It is quite deliberately intended to provide greater access to an appropriate treating medical health professional who knows the child and is accessible to the family.

**Senator SIEWERT**—The issue that was also raised there was multiple health professionals being able to fill out the form. Is that possible, as well—so you do not just pick one? The point is that one may not have all the professional competencies across the board because there may be multiple issues involved.

**CHAIR**—All the appropriate knowledge.

**Senator SIEWERT**—Yes, all the appropriate knowledge.

**Ms Emerson**—There is nothing to stop collaboration. I think we would ask, though, for a single treating health professional to sign the form in terms of a practical administrative thing for Centrelink to be able to deal with a form as opposed to multiple forms. But with regard to multidisciplinary teams who actually work with children, I think that, in practice, we would probably ask someone to take the lead but certainly to collaborate and consult would be fine. The questionnaire should be able to lend itself to that quite readily.

**Mr Francis**—The instrument is drafted such that if the secretary is not satisfied that the appropriate care load is represented through the questionnaire, the secretary can ask another treating health professional to do the questionnaire again. So there is an opportunity for the secretary to make a judgment before a benefit is given.

**Senator FIFIELD**—Do treating health professionals include physiotherapists?

**Ms Emerson**—Yes, they do. I will just add a point about the previous question that Senator Humphries was asking. In the disability care load instrument, we give an opportunity for the carer to describe the impact that the child's behaviour, disability or special needs have on them and how that impacts on the everyday care that they provide. That can be a trigger for a complex assessment team to take some further interest in the case if there seems to be a discrepancy between the measurement of care load and the fact that someone has described the impact on their life as very significant. I was trying to answer before about the psychological and emotional impact. While we do not specifically have another tool which measures that, there is some fail-safe—some sort of device within the questionnaire—which allows it to be identified and could be referred to the complex assessment team.

**Senator HUMPHRIES**—But that reference to a complex assessment team would be an assessment of the child or the person being cared for, wouldn't it?

**Ms Emerson**—No, that is to do with the actual care. The intention is that there will be some flexibility for the complex assessment team to be able to add a small number of points into the rating in these cases where the evidence of the tool does not seem to align with the intensity of the impact on the carer.

**Senator HUMPHRIES**—That is reassuring. Thank you.

**Senator SIEWERT**—Another point that has been raised on the assessment process is about when a child moves to adulthood. I think you were here for the last session, when we were talking about how there seems to be consensus amongst the carers—hardly surprising—that, in fact, the carer payment (adult) assessment tool should be consistent and that there should be a smooth transition from child to adult. The chair will ping me if I ask a policy question, but I am going to give it a go because I always do—and then they ping me. Where are we in terms of making that transition smoother? You will have heard all the evidence before—it is not exactly new—about people's concerns about more filling in of forms as a child turns 18; in this case it is 16, and then you go through it. There is this issue, again, around when they leave school et cetera—if they are in school.

**Ms Emerson**—I will make a couple of points, if I may. The first one is that one of the reasons the task force felt strongly that carer payment (child) was not reaching the right group was the large group of people who became eligible at age 16 under carer payment in respect of a child over 16 compared to those who were becoming eligible below that age. One of the reasons is that the ADAT, which is the fundamental tool to assess the payment in respect of adults being cared for, is much closer to a reflection of care load. It is a functional assessment; it is not a medical model. It actually looks at what functional capacity or needs you have for assistance. One of the basic drivers here was to make the assessment for the child much closer to that, so in essence the overall nature and underpinnings of the reform are to ease that transition.

But there are also a couple of other points to make in relation to this. The amendments proposed enable carers to continue to receive carer payment for up to three months after the child turns 16. This is a fundamental issue about how long it can take you to realise, 'Oh, there are different rules; I need to get an appointment and a new assessment.' So there has been a quite deliberate window opened up. Instead of having to do it before the child turns 16, there is now time after the child turns 16 to be able to look at the new world. This will give carers a longer period to get that assessment done. The care receiver will then have to be assessed under the adult disability assessment tool before they reach the age of 16 and three months, and the payment will continue without cancellation through that period.

This amendment, however, will not apply to grants provided on a short-term or episodic basis or for a care provider to a child with a terminal condition; there are some different rules around that. Qualification for carer payment for care provided on a short-term or episodic basis may continue for the duration of the term or the

episode, so even if the care receiver does turn 16 then they still get it for whatever period. So, if the doctor said, 'This is a five-month thing,' they will get the full benefit even if they turn 16 the day after. They would be able to get it for the five months without any requirement there.

**Senator SIEWERT**—Does that apply to the terminally ill or is there something slightly different there?

**Ms Emerson**—It is actually a bit more generous again in the case of the terminally ill. In relation to children with a terminal condition, carers will remain qualified for carer payment until the child turns 18 providing the grant was made prior to the child reaching the age of 16 and that the carer and the care receiver continue to meet the other qualification requirements. It takes it through to age 18 which is two years further on.

**Senator SIEWERT**—I take your point that the adult assessment process is nearer to the objectives that are trying to be achieved. I am sure that the carers who are making the submissions are aware of that. Of course we have not seen the instrument yet, so I cannot comment—but are you confident that people will be much happier with the alignment between the two?

**Ms Emerson**—The evidence we have seen suggests that it would be much more closely aligned, but we will be looking at that issue carefully over the next six to 12 months as well because we will be doing some further refinements to line up the tools between carer allowance and carer payment. We will also be looking at that transition period.

**CHAIR**—Can you currently line them up for us in terms of a comparison of the tool that is used for adult assessment and the proposed tool for children so that we can actually see how they compare?

**Ms Emerson**—They are different tools. I do not have that analysis to the level of detail I suspect you might be seeking, but we could certainly provide something to illustrate the issues. What is your time frame?

**CHAIR**—We report on 7 May. This is an ongoing issue, so as quickly as we could get that.

**Ms Emerson**—We could try to provide you with something this week.

**CHAIR**—It is just that it has come up consistently in the evidence and it is about the whole area of the issue of assessment and the fact that we are now looking at a wider issue of care. I would like to see a comparison of how they operate.

**Senator SIEWERT**—With respect to the terms of the definitions for example the Carers Victoria and Palliative Care Victoria made a point about the definition of 'constant care' and 'personal care'. Presumably, the instrument will also have definitions of those terms?

**Mr Francis**—'Constant care' is not defined in the act but it is the term which has been used for the present qualification provisions so it is understood both by the department and the tribunals as to what that means. Essentially, it has been defined in the guide as 'personally providing care on a daily basis for a significant period during each day'. That significant period has to take you out of employment, so you would have been working at approximately eight hours a day. That is probably an unfortunate way of putting it, but it is to represent that you are going out of employment. It is undefined and so is 'personally' but that relates to the person who is actually undertaking the care. The carer payment reflects to that person.

**Senator SIEWERT**—In response to the question they are asking, will it be the currently used and assumed definition of 'constant care'?

**Mr Francis**—That is correct.

**Senator SIEWERT**—Is that the same with 'personal care'?

**Mr Francis**—That is correct as well.

**Senator SIEWERT**—I think that is all the caseload questions I have. I would like to clarify the question that came up at the end of the Carers Victoria submission about evidence around hospital care. They asked whether it is for continued eligibility or payment. Your submission says it is for payment.

**Ms Emerson**—That is correct.

**Senator SIEWERT**—I wanted to clarify that.

**Mr Francis**—Payability rules continue, so if the person was qualified and in payment. As long as the payability rules which deal with income and assets do not take them out of the payment, they would continue to be paid while they were hospitalised.

**Senator SIEWERT**—You say in your submission, ‘Centrelink will undertake reviews after the child has been in hospital for a continuous period of 12 weeks to assess if the carer is still providing care’. What process will be used for that assessment?

**Ms Emerson**—I understand it is what I would consider a ‘light touch’ assessment. It may be as straightforward as a phone call from Centrelink. It is not a full assessment. It is literally a follow-up by Centrelink to make sure that the situation has not changed. It is supposed to be not too intrusive but just checking.

**Senator SIEWERT**—I am going to policy again, and the chair will ping me, but in terms of the issue of consistency between child care in hospital and adult care in hospital, what is the reason for not aligning those two?

**Ms Emerson**—The issues that were addressed were the special issues relating to a child under 16 and the complexity around what is often the parenting role as well as the caring role and that caring relationship. So it was specifically looked at in the context of children under 16. It paid respect to the task force recommendations around that.

**Senator SIEWERT**—You will obviously be aware that there is a great deal of concern in the caring community about the provisions around the care of adults in hospital as well. Many of the issues you just mentioned are very similar for carers of adults as well.

**Senator HUMPHRIES**—I have a couple of questions about shared care. We heard in the evidence that the new arrangements provide that a carer payment can be split between two separated parents if they are caring for two children with disabilities but not if they are caring for a single child with disabilities. Is that an accurate description of the policy, and why is there a provision for one child but not two?

**Ms Emerson**—The issue around exchanged care was to recognise that in some families there are a number of children with a disability. While each parent, while separated, has a continuing care load, it is sometimes for a different child. In the past, those people were precluded from qualifying, because it was a different child. So the exchange care provisions were really to remedy that anomalous situation. The issue of shared care remains somewhat problematic because, as I think Dr Ken Baker mentioned, a full careload, reaching that intense qualification, would possibly not be realised by all people in a shared care environment. It would be by some. Certainly in conjunction with the 63-day respite rule and other aspects of qualification, some shared care arrangements, one parent certainly would be able to qualify for carer payment. But, more realistically, if there was actually 50-50 shared care for one child neither parent would qualify under the proposed arrangements, because neither of them would be providing continuous personal care or meet the qualification.

**Senator HUMPHRIES**—But what if we establish that the child has a level of intensity of need; for example, supposing there were two parents in the one household and one parent stayed at home to provide care while the other went off to work. If there were an arrangement where a child’s care is shared between two households, and if the parent concerned had to provide care and could not work for the period that that child is in that one household, why shouldn’t they qualify for half of the payment? Let us say that the care of the child is split 50-50 between the two parents. Why shouldn’t the parent who stays at home to look after the child receive half of the payment for that period of care?

**Ms Emerson**—As far as I am aware, you cannot split an income support payment. Would you like to comment further?

**Mr Francis**—The present rules require constant care, and the proposed rules require constant care. It is at that point that, in exchange care situations, you have problems. That is why the proposed legislation has been drafted such that you would have two children, so if both of them had severe disability you could exchange those children and they could continue along those lines. Beyond that, it is the requirement for constant care that has always been our problem—that if a person is chopping from one household to the other, the care could not be said to be constant to the person receiving the payment.

Beyond that, it is the requirement for constant care that has always been our problem—that if a person is chopping from one household to the other, the care could not be said to be constant to the person receiving the payment.

**Senator SIEWERT**—In proper care though, obviously, you have two parents who cannot work.

**Mr Francis**—I accept the proposition that you are putting.

**CHAIR**—This situation has been a tell-all for many, many years.

**Ms Emerson**—Yes.

**CHAIR**—This issue has been struggled with by various departments for a long time, but, as you are saying, the rationale is focused on the person receiving the care. That is not saying that it is right, but we have been struggling with it for a long time.

**Ms Emerson**—So, if those parents are precluded from work because of their unavailability for that work every second week, for example, obviously Centrelink would look at whatever other assistance can be provided, but it would not be carer payment under the current proposition.

**Senator SIEWERT**—And they are also discriminated against under the income support process, too, because only one parent becomes a principal carer.

**Ms Emerson**—That is correct. Care allowance can be split between parents so that the supplementary payment can be split, but not carer payment.

**Senator HUMPHRIES**—On a related question, people have raised the issue of where the shared care is not between the two parents but between a parent and another person; for example, a grandparent. You have a swapping around arrangement and if both of the carers are not employed because they are sharing the care, philosophically why shouldn't both be able to claim the carer payment?

**Ms Emerson**—It is the same answer in that situation as well.

**Senator SIEWERT**—It is only where you have two children involved.

**Ms Emerson**—It is only when you are actually providing constant care to a child. It does not matter if it is a different child; that is what the exchanged care was trying to redress—an anomaly where, even if you had full-time constant care, you were not able to get carer payments.

**Senator HUMPHRIES**—But this is the same arrangement between two parents, where, under your proposals you qualify for the payment to be made to both parents because they are constantly caring for one child. Instead of a parent, you now have a grandparent, for example. So why shouldn't that grandparent qualify for the payment?

**Mr Francis**—Could I ask you to clarify that again. I may be off the point, but two people can qualify for the care of one child. If you look, for instance, at a child who has a severe disability or severe medical condition and you look through the qualification provisions, you will note that the treating health professional could say that more than one person is required to look after the child, so both people would be in receipt of carer payment. There would not be a split payment, as you have said. Does that take you some distance along where you are going?

**Senator HUMPHRIES**—Are saying that the two people living together could each receive a full payment?

**Mr Francis**—If they both qualified, then yes.

**Ms Emerson**—And if the intensity is such that it does require two carers.

**Senator HUMPHRIES**—All right, but that is not quite the same situation. You have two parents who are living apart and who constantly have the care of one of those two children. In those arrangements, under these proposed reforms, will each parent be able to receive a full carer payment? Is that what you are saying?

**Mr Francis**—As long as the constant care is provided.

**Senator HUMPHRIES**—And the child qualifies because of the intensity of care. Okay. In exactly the same arrangement, but you take out a parent and put instead a grandparent in place, why shouldn't the grandparent also receive the carer payment?

**Ms Emerson**—I think I lost the scenario part way through because I was getting two different scenarios in my mind.

**CHAIR**—Ms Emerson, it is the issue that Carers Australia have raised about the fact that under the current system it seems to be restricted to parents.

**Ms Emerson**—Is this specifically about the exchanged care notion, where there are two? I have got one nod one way and one nod another way; that is why I am getting a bit confused.

**Senator SIEWERT**—I thought your scenario was that it was not the exchanged care. It is two people caring for the same child but not necessarily living together.

**Senator HUMPHRIES**—That is right. We are putting forward several scenarios, but let's forget about the previous ones. I want to take the example of where two children, both with severe disabilities, are shared

between two parents so that there is always a child in both households being cared for and both parents qualify, under your proposals, for a full carer payment each because they are both full-time occupied in caring for one of the two children of the former marriage. Let's say that in that arrangement you take out a parent and put in a grandparent instead, which is a conceivable situation. Suppose that a court, for argument's sake, orders what used to be called 'custody' of a child to one of the two parents and that it is exclusively in the hands of, say, the mother, who wants to share that care with her mother. Why shouldn't the mother and the grandmother have a full-time carer payment when they are swapping about?

**Ms Emerson**—That scenario is slightly different to what I thought you were going to say. If one of those parents wants to share the care load that normally would have qualified them by solely providing that care then they may lose eligibility because they themselves would not be providing a care load of sufficient intensity. Say mum's mum was providing the care and dad was providing the care on an exchange basis—that is a slightly different scenario. But the one you just spoke to was mum and grandma assisting each other to provide care load and dad also providing care, under which mum and grandma will not both qualify.

**Senator HUMPHRIES**—That was not what I was proposing. Let's go back to a simple arrangement. Mother and father separated. They have two severely disabled children. They come to an arrangement whereby one parent will have care of one of the children all the time and the other will have the other child, and from time to time they will swap over. So at any given point in time each parent will have one of the two children under their care. Because it is constant care they are both entitled to a full carer payment each. That is your reform: they are both entitled now, under these new arrangements, to a full carer payment each. But take that scenario and, instead of it being mother and father, it is mother and grandmother, say. It is exactly the same arrangement—swapping over the children every so often—but each is full-time occupied in the constant care of that child. Why shouldn't both of those people, the mother and grandmother, be entitled to a carer payment?

**Ms Emerson**—The way that it is proposed to identify the caring arrangement that is in place is to use a registered parenting plan or a parenting order which is enforced and which outlines the carer arrangements. I would have to double-check for you whether a grandparent under these conditions would be able to be one of those parties. I am not sure that they can.

**Senator FIFIELD**—A parenting plan is something which is voluntarily submitted to by the parents and registered by the court. Two parents could draw up a parenting plan that had the mother with one child and a grandparent with the other, swapping as Senator Humphries outlined. You can pretty much put in a parenting plan, which is voluntarily submitted to and registered with the court, anything you want.

**Senator HUMPHRIES**—And if the court is prepared to sanction that as an arrangement for the care of the children, why shouldn't the carer payment be available to both carers?

**Ms Emerson**—The draft legislation specifies that a person has to be a parent to be a party in this.

**Senator HUMPHRIES**—We are aware of that. The question is: why shouldn't it be a grandparent? Why shouldn't we recommend to the Senate that it should amend that arrangement to allow for a grandparent or other relative to be eligible for that payment?

**CHAIR**—If the tool used is the parenting agreements—

**Senator HUMPHRIES**—Yes, that is a reasonable test.

**CHAIR**—Not wishing to change that element, just who is in there.

**Senator HUMPHRIES**—That is right.

**Ms Emerson**—Once again, we have responded to the task force recommendation, and that was their specific recommendation—but that is perplexing.

**Senator FIFIELD**—You have a new recommendation today from Senator Humphries!

**CHAIR**—Are there any other questions?

**Senator FIFIELD**—Yes. Just on Senator Humphries's point: is that something that you can undertake to put to government to consider?

**CHAIR**—It is not the department's role to do that, Senator Fifield. We could put that to them.

**Senator FIFIELD**—Sorry. We can certainly do that, but the department can also flag internally that the issue has been raised.

**Ms Emerson**—Of course we will, yes.

**Senator FIFIELD**—Obviously it is for the government to decide what they do to that. I have just a few basic questions to start with. In what year did the carer payment first come to be?

**Ms Emerson**—I do not know that I have done my study on that question! I will have to come back to you to tell you the precise time, but I think it was the late nineties.

**Senator FIFIELD**—If you could come back with a date—

**Ms Emerson**—I usually bring my history of the carer payment with me, but I did not today.

**Senator FIFIELD**—Thank you; that would be good. And could you check if that was another iteration of something which previously existed—

**Ms Emerson**—It was.

**Senator FIFIELD**—and what that was? And the same with the carer allowance?

**Ms Emerson**—Certainly.

**Senator FIFIELD**—Thank you.

**Ms Emerson**—I have actually got a reference in our task force report, if that is useful to you. Would you like me to just double-check that for you?

**Senator FIFIELD**—Thank you.

**Ms Emerson**—Pre 1997, there was call for a payment like the carer payment—certainly the carer payment (child). It is quite a long history. Maybe, if I table it, it might be simpler.

**Senator FIFIELD**—Okay.

**Ms Emerson**—We can take a photocopy and table it, if you like, but it goes from the spouse carer pension back in 1983 and, working through, there are literally probably two dozen major milestones that you would be interested in.

**Senator FIFIELD**—That would be good. I like the history. I like to know the antecedents of what we are dealing with. And that also has the history of the carer allowance and whatever was before it, or just the carer payment?

**Ms Emerson**—I think most of it is covered in there. I will double-check. I will get it to you if we do not have it there.

**Senator FIFIELD**—Thank you for that. We were talking earlier this morning about the carer payment adjustment, which some of our witnesses made reference to. When did that come into being? I think some of the witnesses said it was a pilot of sorts.

**Ms Emerson**—No, it was an interim ex gratia payment. That was how it was characterised. It basically came into effect on 1 July 2007, but with effect going back to probably about 1 January that year because it related to incidences that had occurred since 1 January 2007.

**Senator FIFIELD**—Okay. And this interim ex gratia payment or access to it ends at the end of 2009?

**Ms Emerson**—Yes. The current arrangements are that it goes through until 1 December 2009, and the government is currently looking at what future arrangements should be in place to assist parents in those circumstances.

**Senator FIFIELD**—It is \$10,000 one-off?

**Ms Emerson**—It is 'up to', and so it does vary quite a bit. The average grant currently is around \$6,900.

**Senator FIFIELD**—Who assesses the level?

**Ms Emerson**—There is an independent expert panel that looks at every application and the individual circumstances in the case that is made for that individual family.

**Senator FIFIELD**—So the carer payment being used for episodic incidents is not intended to be a replacement of sorts for this interim ex gratia payment?

**Ms Emerson**—Access to short-term and episodic payment I think will assist some families who are in that position because it is aimed currently at people who are not in receipt of income support, and they cannot qualify for it. Certainly some people might find their situation assisted by the access to short-term episodic, but it is often different.

**Senator FIFIELD**—It is different. You may not know or may not be able to say, but has the government stated that they do have the intention of having something replace the carer adjustment payment at the end of 2009?

**Ms Emerson**—Last budget—

**CHAIR**—That is a question for government.

**Senator FIFIELD**—I am just asking if the government has actually stated it so the officers can explain what the existing policy is.

**Ms Emerson**—Last budget the government did say that they would put aside \$20 million over four years to look at this group.

**Senator FIFIELD**—Sorry?

**Ms Emerson**—The last budget had an announcement which said that the government would put aside \$20 million over the four-year period that was projected in the forward estimates.

**Senator FIFIELD**—So there is money in the forward estimates for something which would take over from the carer adjustment payment?

**Ms Emerson**—There is money in the forward estimates for this group, yes.

**Senator FIFIELD**—For something to be determined?

**Ms Emerson**—Yes. At the moment, it is extended through to the end of December, and the future is being looked at.

**Senator FIFIELD**—Have the government stated whether they will announce before the expiry of the carer adjustment payment what will replace it?

**Ms Emerson**—There has been no announcement like that.

**Senator FIFIELD**—Okay. The figure of 19,000 in your submission is the anticipated number of people who will be eligible for the carer adjustment payment as a result of this legislation; is that right?

**Ms Emerson**—It is people who would be eligible for carer payment.

**Senator FIFIELD**—Sorry. That is what I meant—'carer payment'. The composition in your submission is, I think, 13,500 on some other sort of income support who will be expected to transfer across to this and leave whatever income support they are on.

**Ms Emerson**—Yes.

**Senator FIFIELD**—Are you able to give us a breakdown of that 13,500 as to the proportions of other income support that they are on?

**Ms Emerson**—In general terms, we have thought around 78 per cent have come from parenting payments, both single and partnered, about 20 per cent from Newstart and probably around two per cent from the disability support pension.

**Senator FIFIELD**—What percentage from Newstart, sorry?

**Ms Emerson**—Twenty.

**Senator FIFIELD**—How have that figure of 19,000 and those percentages been determined?

**Ms Emerson**—They are estimates—

**Senator FIFIELD**—Sure.

**Ms Emerson**—from a number of different sources, including the ABS survey, of the number of children who are likely to have profound or severe disability and core activity limitations by their income profiles. Also it includes the number of people who were eligible or who qualified as a carer when they were aged 16 for the adult forms of payment versus the number who did not. There are also some estimates around potential access to short-term episodic payment and some of those exchanged care situations. There is a very small number involved in those. It was an amalgam of a number of those estimates put together which got us that sort of number.

**Senator FIFIELD**—Can you tell the committee what the net effect to the budget will be of this legislation passing, what the costs are and any savings, based on the estimated 19,000 figure?

**Ms Emerson**—The figures I have in front of me will not give you the detail I think you are asking for in that question. Can I take that on notice, because there were figures produced last budget that gave the total impact but they also included the Centrelink administration costs. Can you just clarify again what figure you specifically want?

**Senator FIFIELD**—Sure. Could you give us what the effect on the budget is of this legislation in net terms, what the costs are and any savings.

**Ms Emerson**—Certainly.

**Senator FIFIELD**—It has been put to me that there has been a significant increase in applications for and people being granted the carer payment since the start of the year, and that one explanation is that, with rising unemployment, a number of people are looking at their domestic situation, realising that they could be eligible for the carer payment and managing their home circumstances accordingly. In other words, there are a number of people who are opting to go onto carer payment rather than Newstart. So, firstly, has there been a spike in uptake of carer payment since the start of the year? And do you have any advice as to whether that is partly a function of a rise in unemployment?

**Ms Emerson**—The information I have around the trends in carer payment is that there has actually been annual growth of around 12 per cent. So it has been a growing payment anyway. I am not aware of a specific spike since the beginning of this year. However, the analysis that has been done has attributed the continuing growth in carer payment numbers to factors such as the demographic changes—obviously, the ageing of the population—and associated increased incidence of people with disability requiring care; greater public awareness of the payment, which has been very much the case over the last two or three years; the increase in the numbers of people with disabilities and medical conditions being cared for at home, which is sort of a societal trend; increased recognition by people of the caring role they perform and, again, I think you are probably aware of the work of Carers Australia and others doing a lot to raise the profile in this area; and the liberalisation of the qualification criteria for carer payment, including increasing some aspects—so, for instance, the 25-hour rule used to be a 20-hour rule and before that a 10-hour rule. So over time there have been some more liberalisation of what sort of qualification is required. And there were some major changes in 2006 around children with really significant behavioural and psychological issues that, again, opened up that payment to some people who had not previously been able to access it.

**Senator FIFIELD**—Are you able to take on notice whether any part of the increase in the uptake of carer payment is a result of rising unemployment? I appreciate that that is probably an extremely difficult thing to try to determine and quantify but, nevertheless, could you take on notice whether you can provide any advice in that regard.

**Ms Emerson**—I think the lag effect might preclude very much in-depth advice being available to you on that one.

**Senator FIFIELD**—Sure. I am not sure if you were here or tuned in back in the department when Carers Australia were giving evidence, but they very kindly offered to assist in providing training to Centrelink—and I appreciate you are not Centrelink—in relation to carers and some of the issues they face, to better equip Centrelink staff for dealing with people who are seeking advice. Is that something which the department would be prepared to explore?

**Ms Emerson**—We will talk to Centrelink about that. I think they usually welcome overtures from Carers Australia, and they have quite frequent interactions with groups. I think the reference and training tools that they are developing probably have aspects of what Carers Australia were asking for. So we will take that up with them. I think it is an excellent suggestion.

**Senator FIFIELD**—Great. Thank you.

**Senator SIEWERT**—The issue that was raised about episodic and short-term qualification, Carers Victoria made a point about wanting to keep the qualification period open for two years—not necessarily the payment—in case the same point comes up again, because it is episodic care. Is that included in the legislation already?

**Ms Emerson**—I think it is.

**Mr Francis**—It is by implication rather than actually specifically being there. Because you could qualify so long as the care is likely to last between three to six months, then you would come back and put in a shortened application if you are one of those people who are having an episodic care requirement.

**Senator SIEWERT**—That is the way I was interpreting it, but obviously it is not clear because of the questions that the carers are asking. It may be something that we will seek to clarify.

**Ms Emerson**—It will probably be handled in how the process will work more than in the legislation per se. It will be how the forms and the information are available from Centrelink.

**Senator SIEWERT**—Is that something you could cover in the forms? In the form there would be the information, and, if it is previously supplied for the same illness—basically, you are having an episodic event?

**Ms Emerson**—The idea was that they would not have to go through a full care assessment, but have an abridged one just to basically assure that other circumstances remain the same and that you still qualify under income and assets and everything else. That is the intention. I will check where that is made clear for potential applicants.

**Senator SIEWERT**—That would be appreciated, thanks.

**CHAIR**—I just want to clarify that we are going to get the instrument with the questionnaires attached.

**Mr Francis**—The instrument is presently drafted with the questionnaires attached.

**CHAIR**—So we will get a copy of the two questionnaires as well?

**Mr Francis**—Yes. We will have to tidy that up and remove some stuff out of it—that is, questions from the drafters to us.

**CHAIR**—So it is the whole kit?

**Mr Francis**—Yes.

**Ms Emerson**—The questionnaire does not look exactly the same as the questionnaire that is going to go to a carer to complete because it does not have all of the instructions and things like that in it.

**CHAIR**—But it is the basic stuff you have there now.

**Ms Emerson**—Yes.

**CHAIR**—The second point is to do with the training aspect. We will be asking Centrelink for their training documents. That question will go to them today to see what happens. The other issue is about training and advice to the people filling in the forms, in particular the professionals. Is there going to be a full kit available that explains to them their responsibilities, their duties and explain the new process? And, if so, who is doing that?

**Ms Emerson**—There is certainly information being developed as part of the suite of questionnaires and the claim kit. That is being done at the detailed level by Centrelink, but with us obviously—

**CHAIR**—Who is writing the information? One of the ongoing issues in this area is the information for the people filling in the forms—not only the applicants, but also the people who are responsible in the professional groups. It has been an ongoing issue and it was raised in a couple of the submissions, concerns about that knowledge and awareness and the fact it has not been done well. Who is actually responsible for drawing up the kit, the information that goes to the professionals to help them do their professional assessment?

**Ms Emerson**—My department will draw up a specific kit for this particular set of initiatives that have new arrangements in place, and we will be developing that and providing some training to training health professionals. The regular instructions that go with the claim forms themselves are developed by Centrelink with input from us. They do the wordsmithing and layout of forms.

**CHAIR**—When are they due?

**Ms Emerson**—They are currently in development.

**CHAIR**—It was raised by several of the witnesses, both in their written submissions and in their evidence, and their concern hinges on these kinds of details. It is not only the kit that we are talking about, the questionnaires and so on; it is also the stuff that goes with it. I feel that we have a gap in not having that available to us as well, and I am worried about when we will be able to see that. Who is writing it? On whom is it being tested? Where is the advice coming from? What is the process that goes around that? If we can get information on that, that would be very useful.

**Ms Emerson**—And the specific questions themselves that the carer completes around the care load assessment, and the impact on them, those have been the questions that have been developed in detail with the consulting studies expert committee.

**CHAIR**—With the University of Wollongong.

**Ms Emerson**—They have a particular status, if you like. Then there are some issues around the introduction to that form and the more general forms, which are to do with general qualifications, to do with income assets and the like. Obviously, they are Centrelink. You will find within that there are a number of strands of activity that might have slightly different responsible—

**CHAIR**—Can we find out who is doing what?

**Ms Emerson**—Yes.

**CHAIR**—And availability dates and when we can see them? It remains a great unknown for the people who have given evidence. Before the department leaves, do we have anything else to place on notice? We will be providing our questions in writing to you, but I am just double-checking whether there is anything else that we wanted FaHCSIA to follow up. As there is nothing, I thank you very much.

**Committee adjourned at 12.41 pm**