

A.O.E. 4/2/09

## INQUIRY INTO BETTER SUPPORT FOR CARERS QUESTIONS ON NOTICE (QON)

The following responses to the Inquiry into Better Support for Carers Questions on Notice are provided on behalf the Department of Families, Housing, Community Services and Indigenous Affairs and Centrelink.

### QON 1 – FCHY21

**A number of respite programs—for example, the National Respite for Carers Program and the Mental Health Respite Program—provide brokerage funding to Commonwealth Respite and Carelink Centres as well as direct funding to respite service providers, with the aim of building the capacity of the respite services. Can you advise us what data is used to understand where there are shortages in the availability of respite services and where capacity needs to be increased?**

- The scope of this response is limited to the Mental Health Respite Program, Department of Families, Housing, Community Services and Indigenous Affairs. The Department of Health and Ageing have provided information regarding the National Respite for Carers Program.
- There is very little specific data about the geographical gaps of mental health respite services. FaHCSIA funds the Commonwealth Respite and Carelink Centres to broker respite services under the Mental Health Respite Program. The Centres through reporting requirements provide the Department with information about the needs of carers of people with a mental illness and gaps in services in the Home and Community Care region in which it is located.
- In addition, information from Council of Australian Government (COAG) Mental Health Groups has informed the implementation of the Mental Health Respite Program. Early in 2007 the COAG Mental Health Groups conducted a “Respite Mapping Exercise” on behalf of the Mental Health Branch. The mapping exercise conducted in each state and territory included:
  - Mental Health Respite Services in each state and broken down to geographical regions
  - Type of respite provided
  - Client group (mental illness/intellectual disability)
  - Specific areas of need

The information in this mapping exercise is cross referenced with Commonwealth Respite and Carelink Centre reporting to identify needs and gaps in the community.

- Needs of carers of people with mental illness are identified through feedback from service providers, peak bodies such as the Mental Illness Fellowship of Australia and research including “International Journal of Mental Health Nursing (2007) – Respite Care for Mental Health Consumers”. This research is only one of many sources of research, consultations etc that have informed the Mental Health Respite Program regarding the needs of carers of people with a mental illness. A recurrent theme in the feedback has been: Support for families and carers of people with a mental illness has traditionally been delivered through mechanisms developed for the aged care and disability sectors. However support for carers and families of people with a mental illness must be more flexibly focused on the needs of the carer and family.

The Mental Health Respite Program is currently being refocused to support carers and families in their care coordination role and to improve family and community connection for people with a mental illness by:

- linking carers and families into support networks
- educating carers and families about mental illness, care strategies and available support
- focusing respite services on improving the well-being of both carers, family and consumers
- developing further innovative and flexible services, e.g. retreat, holiday camp, day activities, in-home
- establishing regular mental health education for respite care workers and volunteers
- informing mental health workers of available respite services and access processes

#### **QON 2 – FCHY24**

**Carers have expressed the view that they are not adequately supported by the current advocacy services. Can you give the Committee an overview of the National Disability Advocacy Program (NDAP) and how this program meets the needs of carers? What is the level of unmet need in respect of advocacy services for carers and how is this measured?**

- Funding for disability advocacy is currently provided by the Commonwealth and State and Territory Governments under the National Disability Agreement (previously the Commonwealth State Territory Disability Agreement or CSTDA). Under this agreement, Governments fund agencies to advocate with and for people with disability.
- Commonwealth funded advocacy support is delivered through the NDAP which assists people with disability to overcome barriers (i.e. physical access, discriminatory attitudes, abuse, neglect etc) that impact on their daily life and their ability to participate in the community.
- In 2008-09 approximately \$12.6 million in program funding will be offered under the NDAP to 63 organisations operating across Australia for the provision of advocacy support to people with disability. Whilst the important role played by families and carers of people with disability is recognised, the target group for this small program remains people with disability.
- One of the six models of advocacy funded under the NDAP is family advocacy which works within the fundamental principle that the rights and interests of the person with disability are upheld at all times. Family advocates work with parents and family members to enable them to advocate with and on behalf of a family member with disability, on either a short-term, long-term or an issue-specific basis.
- As the target group for the NDAP is people with disability, information on unmet need for carers under the program is not available.
- On 30 May 2008, Community and Disability Services Ministers made a commitment to bring about improvements to disability advocacy. Since that announcement, there has been further agreement to focus on improving service delivery and access to advocacy for people with disability. Family and carer advocacy will be examined as part of these reforms.

### **QON 3 – FCHY24**

**Carers often comment that the demands made on them increase when their child with a disability finishes school. Can you provide the Committee with an overview of how parents access information and support services that they and their child require at this period of transition?**

- Under the new National Disability Agreement, State and Territory Disability Agencies are responsible for the planning and delivery of disability services which form a critical role in providing parents with access to information and support services that are required when their child with disability finishes school.
- On 29 November 2008, COAG agreed to reform the disability system. COAG stated that the reform will include the provision of a responsive and seamless end to end system of disability support that is easy to access and responds flexibly to clients' changing needs. The system will have a focus on timely, person-centred early intervention approaches and lifelong planning and aims to increase social and economic participation for people with disability and support for their families and carers.
- FaHCSIA is working with State and Territory disability agencies to progress the reform to look at options to enhance the opportunities of school leavers with disability to participate in community life and make successful transitions to post school destinations. The work being undertaken to progress two priorities under the National Disability Agreement 'service planning and strategies to simplify access' and 'early intervention, lifelong planning and independence strategies' will also support the reform and consider options to support people with disability leaving school and their families and carers.

### **QON 4 – FCHY24**

**What are the linkages between the supported employment program which FaHCSIA administers and day activity services which sit with the state and territory governments?**

- Historically, clearly defined linkages between federally funded Supported Employment Places (Australian Disability Enterprises) and State and Local Government funded day activity services have been poor.
- For this reason the Disability Policy and Research Working Group (DPRWG) (a working party to the Community and Disability Services Ministers' Advisory Council (CDSMAC)) has commissioned research aimed at informing the coordination of services between and within levels of government and enhancing the opportunity for people with disability to move between or flexibly combine employment and day option services. It is envisaged that a final report of this research will be completed by CDSMAC shortly.
- Under the Council of Australian Governments (COAG) reforms to SPPs a new National Disability Agreement replaces previous CSTDAs. Commonwealth, State and Territory Governments, under the new National Disability Agreement, have agreed to consider in 2009 an ambitious program of reforms to roles and responsibilities for funding and delivery of services to the community. The goals of such reforms will be to deliver more integrated and responsive services for individuals and families, to clarify accountabilities between governments and to improve performance of service systems. As part of the new disability reform, each State will improve access to disability care, including consideration of a single point of access. This, along with nationally-consistent assessment processes and a quality assurance system, will help to build end to end disability services systems within each State.

## **QON 5 – FCHY24**

**Are there adequate supported employment places and/or day activity services provided by governments for people with disabilities, of workforce age, who are unable to work in open employment?**

### **Supported employment places**

- FaHCSIA allocates a set number of supported employment places (described as outlet capacity) to Australian Disability Enterprises.
- Although FaHCSIA does not currently maintain a centralised waiting list for Australian Disability Enterprises, the number of supported employment places filled and unfilled is monitored and individual requests from Australian Disability Enterprises for extra places are actively managed.
- Monthly performance monitoring began in April 2005 and FaHCSIA is now easily able to identify need for additional supported employment places in Australian Disability Enterprises. The vacancy level in Australian Disability Enterprises has shifted from 9 per cent in April 2005 to 5 per cent in December 2008. Specifically, as of 9 December 2008, the total outlet capacity across all Australian Disability Enterprises was 19,503 and there were 18,570 consumers 'on the books' in supported employment services, meaning there were 933 vacancies.
- To help meet the demand for supported employment places, FaHCSIA allocated an additional 380 places in 2005-06 to Australian Disability Enterprises that had filled all their funded places. Then, in June 2007, the Australian Government announced as part of the Disability Assistance Package an additional 750 additional supported employment places in Australian Disability Enterprises – 500 in existing high performing Australian Disability Enterprises from 1 January 2008 and 250 places in new business services for areas of high demand from July 2008.

### **Day activity places**

- A report published by the Australian Institute of Health and Welfare in 2007 titled 'Current and Future Demand for Specialist Disability Services' indicated that the baseline estimates of unmet demand for community access services (predominantly day activity programs) in 2003 were 5,700 people aged 18-64 years who were not in the labour force and were reported as 'could not work at all'.
- Adjusting for population size and age structure, this report also specified that the baseline estimate of unmet demand for community access (day activity) services was projected to be 5,900 people in 2005.
- During 2006-07, 3,480 consumers left the supported employment sector altogether or transferred between outlets. One of the main reasons for leaving included 'consumers needs have increased' (13.7% or 476 consumers). It could be inferred that a proportion of the consumers exiting supported employment due to increasing support needs would be requiring entry into a community access service, thereby providing one source of demand for these services.

## QON 6 – FCHY32

**When a person in receipt of disability pension for an enormous period, if not all, of their life becomes an aged person and is given an option to go over to Age Pension, if they want to take that option, they have to re-identify themselves through a test for 100 points that a person in those circumstances cannot possibly meet.**

- Centrelink have advised that a single, simplified transfer process is used by Centrelink to transfer customers from most payments to Age Pension, rather than requiring each customer to complete a full Age Pension claim and Income and Assets form. This process is applied to customers including those receiving Disability Support Pension, Carer Payment, Newstart Allowance, Sickness Allowance and age-limited Special Benefit. Each customer is sent a pre-populated personalised *Income and Assets Review - Transfer to Age Pension form (SA383)* 63 days prior to reaching Age Pension age. Data recorded in the customer's record is pre-populated into that form and provided to the customer for their confirmation.
- Most customers are not required to re-establish their identity in this transfer process.
- Customers transferring to Age Pension are not required to provide more proof of identification if:
  - The customer was granted their payment after September 2001 and had then presented a cardinal document plus 100 points of identity - this scenario covers approximately 95 per cent of customers granted payment since September 2001; or
  - The customer was granted their payment prior to September 2001 and achieved tier 3 when or after the tiered proof of identification model was introduced in September 2001.
- The majority of customers transferring from an Income Support Payment to Age Pension are not requested to provide proof of identity if they have been granted that payment since 1998.
- Customers are required to provide further proof of identification if they have not achieved the required standard of proof of identity of tier 3. Where this is the case the form will also contain information about proof of identification requirements to assist a customer to prove their identity to Centrelink if this is needed.
- If, when the automated transfer process is triggered, the customer does not meet these requirements they are required to provide the relevant documentation. Where a customer has difficulty providing sufficient proof of identification documents, Centrelink has alternative proof of identification procedures in place.
- If a transferring customer's record does not show the previous provision of a Birth Certificate or Birth Extract, Passport (overseas or Australian) or Australian Citizenship Certificate, these documents will be requested. When the Age Pension transfer takes place Centrelink is required to ensure that a customer meets the qualification requirements for Age Pension. There are occasions where proof of the customer's date of birth and/or proof of residence have not been satisfactorily verified previously. If this separate verification is required, the transfer form also requests the customer to provide these documents for verification.
- Centrelink has processes in place to assist those customers who are unable to provide suitable evidence of birth or residency. Centrelink will also consider other evidence the customer may have of their age and residency.

## QON 7 – FCHY32

Another example is where you have an adult child with an intellectual disability who is doing supported employment. I understand they can now electronically report work activity. I think I am getting this right. If the child's mother or carer does that, she then has to verify it personally by attending the office. If the person who is cared for does it electronically, that is not required. The point is that in most cases they cannot do it. It has been elaborated upon, it has been improved, to the point where you can now electronically enter that information, but if you are the carer you have to do it personally as well, which creates a dilemma. I stand to be corrected, but I think I have that right.

- Centrelink have advised that customers and nominees of customers on an activity tested payment (including non activity tested customers in receipt of supported wage) cannot currently report income or participation requirements on line.
- A customer who is in receipt of a Disability Support Pension is able to report their income on line only if they are employed at award wages.
- A Centrelink nominee (depending on their nominee status), can advise changes including employment income by phone, in person or in writing.
- During Carers Week 2008, Minister Ludwig announced that nominees will be able to access Centrelink on-line services next year.
- This announcement was made in recognition that there is an increased demand from customers to improve access arrangements for nominees, including carers, when dealing with Centrelink. The continued growth in the aged population will result in an increased growth in the number of Nominees appointed to conduct business with Centrelink on behalf of an ageing parent or disabled sibling or friend. In many cases, these Nominees will be time poor, either working full-time, or in the case of carers providing full-time care.
- From the second quarter in 2009, Centrelink will provide access to eServices options to individual nominees.
- EServices provide another channel for nominees to conduct business on behalf of the customer. That will mean that nominees will be able to register for online services via Centrelink's website. Nominees will be able to access the same functions that the customer can so if the carer is on record as a nominee for an adult child who is on a payment, say Disability Support Payment (DSP) then the qualification for reporting income online would be as for DSP. Pension customers such as DSP are/can be put on fortnightly stimulus payments if they have regular employment income. The online system will ask for information such as hours worked in the reporting function. As a result of the changes in 2009 nominees will be able to:
  - elect to receive the principal customer's letters online;
  - update the principal customer's address and/or bank account details online;
  - view the principal customer's payment details to see when the next payment is due; and
- While customers and nominees of customers on activity tested payments (including supported wage customers) will be able to access all other on-line functions, they will remain unable to update earnings and reporting hours worked.

## QON 8 – FCHY32

The committee has heard from organisations representing the interests of foster carers and kinship carers such as grandparents caring for children with disabilities and special needs. One issue that has been raised occurs where a child has qualified their foster parent for Carer Allowance and subsequently there is a change in the foster care arrangements. The committee understands that, in this situation, the qualification for Carer Allowance does not automatically move to the new foster carer, and another application needs to be made to Centrelink by the new foster carer. If you can this morning—and, if not, on notice—would you comment on the situation and the proposal for Carer Allowance to, for want of a better term, travel with the foster child?

- Carer Allowance is a supplementary payment for people who provide daily care and attention in a private home to a person with disability or severe medical condition. Carer Allowance can be paid in addition to, or without, an income support payment.
- The qualification for Carer Allowance does not automatically move to the new foster carer. A new application for Carer Allowance needs to be made to Centrelink by the new foster carer.
- In order to qualify for Carer Allowance, the foster parent and the care receiver must be Australian residents. The care receiver must be a dependent child of the carer, as defined in Section 5 of the Social Security Act 1991.
- This means that the foster parent must:
  - be legally responsible for the day-to-day care, welfare and development of the child and have the child in their care; or
  - if the foster parent does not have legal responsibility for the child, the child must be wholly or substantially in the care of the foster parent; and
  - there must be no one else that has legal responsibility for the day-to-day care, welfare, and development of the child, who can be said to have the child in their care.
- Legislation stipulates that the care must be received by the care receiver on a daily basis. There is no specified minimum level of care to be provided in a day. This requirement is as flexible as possible to help carers balance work, families and caring as best they can. The carer and care receiver must typically spend each night and have at least one meal daily in the same house. This ensures that payment of the allowance is made to those who provide care and attention when required by the care receiver, including overnight.
- When a child moves to a new foster carer a new application is required to verify that the daily care and attention as required by the legislation is being provided by the new foster carer.
- Centrelink have advised that a new medical report for the child is not required unless the claim is made within six months of the next scheduled medical review of entitlement, or where there is a reason to believe the care receiver's medical condition has changed. A copy of all existing medical reports can be transferred to the file of the new claimant. However, to ensure privacy principles are complied with, care is taken to delete any references to personal information about the previous parent/carer.

## QON 9 – FCHY33

**The other thing that we have heard in evidence in relation to difficulties experienced by kinship carers—in this case, especially grandparents—is in accessing Carer Allowance where the child’s disability would normally qualify their carer for the allowance. The problem seems to arise particularly in situations where there is no formal court order involved in the arrangements for the care of the child by its grandparents. Are you aware of this issue, and how could the application process for Carer Allowance be improved, if at all, to support the grandparents who are providing the day-to-day care for their grandchild with a disability?**

- Grandparents may be eligible for Carer Allowance, subject to the Carer Allowance qualification criteria being met.
- In order to qualify for Carer Allowance, the grandparent and the care receiver must be Australian residents. The care receiver must be a dependent child of the carer, as defined in Section 5 of the Social Security Act 1991.
- This means that the grandparent must:
  - be legally responsible for the day-to-day care, welfare and development of the child and have the child in their care; or
  - if the grandparent does not have legal responsibility for the child, the child must be wholly or substantially in the care of the grandparent, and there must be no one else that has legal responsibility for the day-to-day care, welfare, and development of the child who can be said to have the child in their care.
- Centrelink have advised that it is **not** a requirement for a foster or kinship carer to have a formal court order in place, for the child to be regarded as their dependent child. When assessing these claims, Centrelink staff make a decision on whether the child is the dependant of the applicant. This decision may involve liaison with a Centrelink social worker or by contact with the parent, or in the case of formal foster care placements, liaison with the relevant state or territory department.
- Grandparent carers may also be eligible for a range of Australian Government family payments such as Family Tax Benefit, Parenting Payment, Child Care Benefit and for those grandparents on an income support payment, Grandparent Child Care Benefit.
- Entitlement to these payments depends on a number of factors including the income, and for some payments, the assets, of the family providing the care.
- The Government also provides additional acknowledgment of the important role of people who take on the care of grandchildren or other children, by providing a non-income tested foster child Health Care Card for the children in their care, and by providing the non-means tested Double Orphan Pension if the child meets the criteria of an ‘orphan’. In addition, foster care subsidies and allowances paid by State or Territory governments are not counted in the income test for Family Tax Benefit.



## **QON 10 – FCHY34**

**Could you describe how the MyTime Peer Support Program that is continuing to be rolled out nationally works? Are there elements or lessons to be learnt from this program that could be adapted for other groups of carers?**

- The MyTime Peer Support Program provides peer support groups for parents and carers of young children (under school age) with disability or a chronic medical condition. Parents of young children with disability are at significant risk of isolation and are often socially disconnected from family and friends due to the intensity of their caring role.
- MyTime Peer Support Groups give parents the chance to socialise and share ideas with others who understand the rewards and challenges of the caring role. The groups also provide an opportunity for parents to find out about available community support services and research-based parenting information.
- The program is open to parents and carers of any child with disability or chronic medical condition, no matter the disability type. Families who attend the groups are self selecting. The Parenting Research Centre who are the National Coordinators for the program, subcontract local organisations to host MyTime groups.
- MyTime Peer Support Groups are provided in the community by local organisations. The program is coordinated nationally by the Parenting Research Centre.
- MyTime Peer Support Groups are supported by two workers - a facilitator for parents and a play helper for children. The play helper organises play activities and provides support for the children while parents participate in activities and discussions.
- The program commenced in February 2007. One hundred and seventy five groups have been established with 1784 parents or carers registered since the program commenced. In 2008-09 additional funding was provided by the Australian Government to pilot four MyTime Peer Support Groups for parents of school age children with a disability.
- By 2009-2010 the program is expected to benefit around 2500 families, participating in a national network of MyTime Peer Support Groups.

