National Disability Services

# Submission on Social Security Legislation Amendment (Improved Support for Carers) Bill 2009

The Bill currently before the Community Affairs Committee for inquiry and report by 7 May 2009 introduces some welcome key changes:

- A fairer and more equitable process for carer payment based on the level of care required rather than the current rigid medical criteria;
- Separated or divorced parents who exchange the care of two or more children may qualify;
- A person who qualifies for carer payment automatically qualifies for carer allowance;
- A person may qualify or remain qualified for carer payment while a care receiver who is a child is in hospital for an unlimited number of days per calendar year; and
- A person may qualify for carer payment for short term or episodic care and may apply for an extension of that period.

## Issues that require further attention

Service providers are often asked to assist families with applications for carer payment but are unable to do so. Members of the service organisation's team of professionals (usually a combination of psychologist, occupational therapist, speech pathologist and physiotherapist) are currently not eligible to complete the necessary forms as they are not a medical doctor or psychiatrist specified by Centrelink.

*NDS asks that the term 'treating health professional' (new section 38F) is defined to include psychologist, occupational therapist, speech pathologist and physiotherapist so that they are able to assist families to complete applications for Carer Payment.*

Fundamental to meeting the aims of the Bill is to ensure that the Disability Care Load Assessment (Child) Determination process not only takes into account the level of care required but the other factors that significantly impact on the caring situation.

*NDS asks that the determination of the care load gives full consideration to:*

- *The geographical location and the impact of living in rural and remote regions;*
- *The carer's ability to easily access support services, networks and structures both formal and informal;*
- *Whether the child has received the appropriate aids and equipment, such as a wheelchair or lifting system; and*
- *Whether a child needs additional care when growth or other changes occur, either episodically or longer term; and*
- *The impact of challenging behaviours and mental health issues on the level of care required.*

## Other significant factors that impact on carers

The new National Disability Agreement explicitly includes family carers in its outcome statements, a significant improvement from its predecessor. Disability service providers have and will continue to address the needs of the child with disability, and to provide support and services to carers. While the changes articulated by the Bill are aimed at improving the ability of carers to manage their role, NDS draws the Committee's attention to issues that have a direct bearing on the financial capacity, personal wellbeing and social inclusion of carers.

### Financial access to specialists

Bulk billing of consultations with specialists who are identified as necessary to support both the child and the carer makes a significant difference to the costs borne by carers.

### Reliable and flexible support services

Improved access to reliable and flexible formal support including respite is critical. Insufficient access undermines the ability of carers of children with disability to participate in their community, to undertake education or training, or to be employed. This limited access to support may take the form of lack of appropriate before-and-after school care, the insufficient availability of planned respite (in- or out-of-home), or the inadequate access to appropriate community participation programs or supported employment services.

### Regional considerations

Geographical isolation means carers and their children with disability often have to travel long distances to access suitable services. Carers living in rural or remote areas of Australia may have reported travelling for up to 3-4 hours to access suitable services.

### Early intervention and prevention

While the focus of this Bill is improving support to carers of children with disability, the fact that they will eventually grow into adults should not be forgotten. By alleviating the stress on carers now and by assisting children with disability to grow to their potential, the cost to the family and to society will be reduced.

### Family relationship counselling

Family relationship services provide some advice and support to families experiencing difficulties. It is important that these services are adequately funded and more widely promoted to families who have a child with disability.

### Data on family breakdown as a result of disability

In order to better support carers in their role, it is imperative to develop a comprehensive evidence base of where the system is currently not meeting their needs. With the current prevailing agenda of building family resilience, it is regrettable that no sufficient data exists which details the incidence of family breakdown as a result of disability. With this knowledge as a starting point, the Government - in conjunction with disability service providers, carers and people with disability - would be able to identify and address current shortfalls and unmet need.

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## About National Disability Services

**National Disability Services** is the peak industry body for non-government disability services. Its purpose is to promote and advance services for people with disability. Its Australia-wide membership includes more than 640 not-for-profit organisations, which support people with all forms of disability. Its members collectively provide the full range of disability services—from accommodation support, respite and therapy to community access and employment. NDS provides information and networking opportunities to its members and policy advice to State, Territory and Federal governments.