April 2009

The Department wishes to provide additional information on the history of Carer Payment and Carer Allowance. (CA 30)

At the Public Hearing, 28 April 2009, Ms Emerson tabled *History of Government Financial Assistance for Carers* (Appendix E of *Carer Payment (child): A New Approach*, Report of the Carer Payment (child) Review Taskforce Report) in response to Senator Fifield's questions on the history of Carer Payment and Carer Allowance.

Relevant information is also available in the chronologies available at Chronologies ONline through the Parliamentary Library. Namely: Social Security Payments for People Caring for Children, 1912 to 2008: a chronology, at <u>http://www.aph.gov.au/Library/pubs/BN/2008-09/children.htm</u>; and Social Security Payments for the Aged, People with Disabilities and Carers 1909 to 2006 - part 1, at http://www.aph.gov.au/library/pubs/online/Aged.htm.

April 2009

The Department wishes to clarify information provided to the Committee about the 12-weekly reviews associated with the proposed new hospitalisation provisions. (CA 27)

When a child has been hospitalised for 12 consecutive weeks, Centrelink will ask the carer to provide *written* confirmation that the child remains in hospital and that the carer continues to participate in the care of the child. This review process will be repeated after each consecutive 12 week period of hospitalisation.

The written confirmation required will be a two-page form that Centrelink will send to the carer. To simplify the process Centrelink will pre-populate the form with relevant information which is already known.

There will be three questions on the form. Carers will be required to tick a box responding to two of the questions as determined by their circumstances. The questions will ask:

- 1. Whether the child remains in hospital;
- 2. If the child has left hospital, whether he or she has returned to the care of the carer; and
- 3. If the child remains in hospital, whether the carer continues to participate in the care of the child.

If the child is in hospital for more than 24 consecutive months, Centrelink will conduct a full care load and circumstance review. A new Carer Payment - Care Needs Assessment and Carer Payment – Medical Report will need to be completed.

April 2009

QoN X - CA 32

Senator Fifield asked:

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?

Answer:

Carer Payment Customer Growth

Years	Years Customers	
2000-01	57,190	
2001-02	67,260	17.6%
2002-03	75,937	12.9%
2003-04	84,082	10.7%
2004-05	95,446	13.5%
2005-06	105,058	10.1%
2006-07	116,614	11.0%
2007-08	130,657	12.0%

Carer Payment annual growth since 2000 has averaged over 12%. Current customer numbers as at December 2008 represents growth for the first six months of around 6%, which suggests that annual growth for 2008-09 will again be around 12%.

Continuing growth in carer payment numbers can be attributed to a number of factors such as:

- Demographic changes (ageing of the population and associated increase in the incidence of people suffering from disabilities),
- · Greater public awareness of the payment,
- The increase in numbers of people with disabilities and medical conditions being cared for at home,
- Increased recognition by people of the caring role they perform.

QoN X - CA 26

Senator Moore asked:

Can you currently line up [the assessment tools] 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?

Answer:

The Adult Disability Assessment Tool (ADAT) measures the level of care needed by an adult because of a disability or severe medical condition for the purpose of assessing eligibility for both Carer Allowance and Carer Payment in respect of a person aged 16 years and over. The ADAT is contained within the Adult Disability Assessment Determination 1999. The ADAT contains two questionnaires that together measure the level of assistance required by the care receiver with basic activities such as eating, bathing and behaviour management. The assessment items included in the ADAT have been derived from well established and well recognised assessment tools tailored for use with an adult population. The ADAT takes account of the adult's physical, cognitive and/or behavioural disabilities. The carer is required to complete the claimant questionnaire and a treating health professional must complete the professional component. A minimum qualifying score must be achieved on the Health Professional component and a minimum qualifying total ADAT score must also be achieved.

The amendments to Carer Payment set out in the Social Security Legislation Amendment (Improved Support for Carers) Bill 2009 state that as part of the qualification criteria for Carer Payment in respect of a child aged under 16 years, a carer has been given a qualifying rating of intense under the Disability Care Load Assessment (child) (DCLA). The DCLA will be contained in a new legislative instrument to be known as the *Disability Care Load Assessment Determination 2009* and will assess the level of care required by a child or children because of their disability or medical condition, and the level of care provided to the child or children by their carer. The DCLA comprises two questionnaires, the Professional questionnaire, to be completed by the treating health professional and the Assessment of Care Load questionnaire (ACL), to be completed by the carer. The Professional questionnaire is the same questionnaire currently used to determine a qualification requirement for Carer Allowance for carers of children aged under 16 years. The assessment items included in the Child Disability Assessment Tool (CDAT) Professional questionnaire have been derived from standardised developmental assessments used with children. The Professional questionnaire and ACL each contain questions about the child's:

- functional ability, and
- behaviour, and
- special care needs.

The scoring methodology applied to these assessments is specifically designed to take into account that, for children, there is some requirement for assistance with certain activities of daily living as the child moves through well recognised and accepted developmental milestones. Accordingly, the assessment focuses on what is required above and beyond regular requirements in these functional domains, as well as special care needs and their intensity. To be given a qualifying rating of intense under the DCLA it will be necessary to receive a qualifying score on the ACL and a qualifying score from the Professional questionnaire.

Below is a comparison of the ADAT and DCLA questionnaires by assessment items. To complete this comparison a "best fit" approach has been adopted. Some items do not match exactly as the tools reflect the blend of functional assessments, specific cognitive tests and developmental checklists that have been adapted from different sources for this purpose. 'Y' indicates that the questionnaire includes a question or questions that encompass the stated issue and 'N' indicates that the questionnaire does not specifically address the stated issue.

COGNITION	Carer questionnaire		Health Professional questionnaire	
	ADAT	DCLA	ADAT	DCLA/CDAT
Communication – comprehension	Y	Y	Y*	Y
Communication – expressing needs and wants	Y	Y	Y*	Y
Cognition – memory, intellectual abilities	Y	Y	Y*	Y

BEHAVIOUR	Carer questionnaire		Health Professional questionnaire	
	ADAT	DCLA	ADAT	DCLA/CDAT
Sleep and settling	Ν	Y	N	N

^{*} The Adult Disability Assessment Tool (ADAT) Health Professional Questionnaire contains the Abbreviated Mental Test. The THP is asked at Question 3 if they are unable to administer this test because of the care receiver's inability to communicate or refusal to participate.

BEHAVIOUR	Carer que	Carer questionnaire		Professional stionnaire
	ADAT	DCLA	ADAT	DCLA/CDAT
Extreme	Ν	Y	Ν	Ν
irritability				
Wander or	Y	Y	Ν	Y
abscond				
Physically	Y	Y	Y	Y
harming others				
or verbal				
aggression				
Damage to	Y	Ν	Ν	Y
property				
Social interaction	Y	Y	Y	Y
including				
withdrawal,				
depression,				
anxiety or fear				
Harm to self	Y	Y	Y	Y
Danger to self	Ν	Y	Ν	Y
through high				
risk and reckless				
behaviours				
Unusual,	Y	Y	Y	Y
inappropriate or				
repetitive				
behaviours				
Concentration	Ν	Ν	Ν	Y

MOBILITY	Carer questionnaire		Health Professional questionnaire	
	ADAT	DCLA	ADAT	DCLA/CDAT
Moving around in and out doors and stairs	Y	Y	Y	Y
Transfers	Y	Y	Y	Ν
Fine motor skills	Ν	Ν	N Y	

SENSORY ABILITIES	Carer questionnaireADATDCLA		Health Professional questionnaire		
			ADAT	DCLA/CDAT	
Hearing	Y	Ν	Ν	Ν	
Vision	Y N		Ν	Ν	

ACTIVITIES OF	Carer questionnaire		Health Professional questionnaire	
DAILY LIVING	ADAT	DCLA	ADAT	DCLA/CDAT
Loss of bladder control and/or	Y	Y	Y	Y

ACTIVITIES OF DAILY LIVING	Carer questionnaire		Health Professional questionnaire		
DAILI LIVING	ADAT DCLA		ADAT	DCLA/CDAT	
bowel control (incontinence)					
Use continence aids or equipment	Y	Y	Y	Y	
Use the toilet	Y	Y	Y	Y	
Eating	Y	Y	Y	Y	
Dressing	Y	Y	Y	Y	
Showering and bathing	Y	Y	Y	Y	
Grooming (shaving, hair, teeth)	Y	Y	Y	Y	

SPECIAL CARE NEEDS	Carer questionnaire			Professional stionnaire
NEEDS	ADAT DCLA		ADAT	DCLA/CDAT
Help or attention through the night	Y	Y	Ν	Y
Medication	Y	Y	Ν	Y
Other treatments such as wound management, therapy programs.	Y	Y	N	Y
Special needs (eg. tube feeding, oxygen, tracheostomy) [#]	Y	Y	N	Y

[#] The lists of items included under special needs vary between the different assessment instruments. These itemised lists can be provided if required.

April 2009

QoN X - CA 31-32

Senator Fifield asked:

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?

Answer:

The net cost of the Carers – Improved Support Budget measure, which is being implemented in part by the Social Security Legislation Amendment (Improved Support for Carers) Bill 2009, is \$273.6 million over four years.

The offsetting savings are from the transfer of carers of children with disability or medical condition to Carer Payment, from other income support payments, such as Parenting Payment, Newstart Allowance and Disability Support Pension. Around 19,000 carers of children under 16 years with severe disability or severe medical condition are expected to benefit from the new arrangements in the first year.

	2007-08	2008-09	2009-10	2010-11	2011-12	Total
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Gross Cost						
FaHCSIA Administered	-	-	179,037	228,298	239,951	647,286
FaHCSIA Departmental	200	15,446	13,749	6,568	5,067	41,030
Centrelink Departmental Capital	-	-	2,568	-	-	2,568
FaHCSIA Total	200	15,446	195,354	234,866	245,018	690,884
Offsetting Savings						
DEEWR Administered	-	-	117,449	142,102	148,731	408,282
DEEWR Departmental	-	-	2,568	3,176	3,272	9,016
DEEWR Total	-	-	120,017	145,278	152,003	417,298
Net Total						
Net Cost	200	15,446	75,337	89,588	93,015	273,586

QoN X - CA 33-34

Senator Moore asked:

Is there going to be a full kit available that explains to [professionals] their responsibilities, their duties and explains the new process? And, if so, who is doing that? On whom is it being tested? Where is the advice coming from? What is the process that goes around that? And when is it due?

Answer:

Centrelink has developed a range of forms for claiming Carer Payment and Carer Allowance under the proposed legislative reforms. These forms are based on current Department of Human Services standards and include instructions for carers and treating health professionals in how to complete and submit the forms as well as options for sourcing further information. The design of these forms is consistent with the reports currently being completed for Centrelink by health professionals.

In addition, Centrelink provides an information booklet, *Information you need to know about your claim for Carer Allowance/Carer Payment,* to assist carers in completing forms. FaHCSIA was consulted by Centrelink in the development of these products and provided input.