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**Submission to the
Department of Families, Housing, Community
Services and Indigenous Affairs (FaHCSIA)**

PENSION REVIEW

ANGLICARE Diocese of Sydney

September 2008

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1. SUMMARY OF ANGLICARE SYDNEY'S SUBMISSION

ANGLICARE Sydney is one of the largest Christian community organisations in Australia. It operates a wide range of services and programs involving seniors, carers and people with a disability in the Sydney metropolitan and the Illawarra regions of New South Wales.

This submission presents evidence collected from among our clients regarding the nature of hardship among seniors, carers and people with a disability. The evidence suggests that many Australians in each of the three groups do not have sufficient income to avoid deprivation and social exclusion.

Two kinds of evidence are presented in this submission:

- Feedback from ANGLICARE Sydney field staff and case studies among seniors, carers and people with a disability who are clients of ANGLICARE services
- Statistical data collected among welfare clients, including clients of Anglicare Sydney.

1.1. MAIN ISSUES RAISED IN THE SUBMISSION

The submission deals in turn with income support issues for each of the three groups mentioned in the Review.

1.1.1. Senior Australians

The Federal Government has already identified single aged pensioners as being in need of greater income support payments. There is a growing perception that, in the last few years, the capacity for pension recipients to purchase their basic needs for health and wellbeing has diminished. Several types of costs which need to be considered in setting pension rates are discussed, including instances of hardship due to cost burdens in each area.

Accommodation costs: ANGLICARE services have observed that pensioners who are either home owners or renters in the private market can struggle with accommodation costs. Case study evidence is presented of hardship among single pensioners living in boarding houses

Health costs: Age pensioners struggle to afford the costs of health care associated with advanced age. Age pensioners face difficulties with a fixed pension rate on the one hand but increasing medical costs on the other. Such costs while necessary to maintain quality of life, can erode savings or mean that a pensioner has to do without other essential items in order to keep up their medical treatment. Case studies of the difficulties in meeting the costs of in-home services and dementia sufferers are presented.

Transport costs: ANGLICARE has observed that age pensioners, carers and people on disability pensions have significant costs when they need to rely on community transport for medical appointments and shopping.

Social inclusion, which is an important part of the Government's policy framework, involves being able to participate in ways enjoyed by the rest of society; descriptions of social inclusion often include social outings, being able to spend time with family and friends, having access to transportation for everyday tasks (eg shopping, accessing health services), taking part in community support groups and undertaking volunteering activities. Concerns are raised in this submission regarding the erosion of these activities among pensioners.

1.1.2. Carers

There is a need to better recognise carers: ANGLICARE Sydney holds the view that the value of what carers do is not properly reflected in Australian society. Carers of people with disability, illness or frailty take the majority share of the caring responsibility and receive inadequate financial and practical support. They thus have fewer opportunities for community participation and improved wellbeing. Furthermore carers make a large financial contribution in terms of providing significant savings in Government expenditure through their work. There is much that needs to be done to improve the situation of carers.

Carers are often dependent on income support: For many carers who have not had access to superannuation in their working life or who have not been able to work because of their caring responsibilities, there is heavy reliance on Government benefits as the main source of income.

Health costs: Apart from living expenses, there is the added burden of needing to pay extra costs for disability - specific equipment and aids, special foods, home modifications, modified transport suitable for a person with a disability, medications, and different therapies.

Meeting the costs of emergencies: The burden and stress on the family is quite significant when an essential item breaks down and there is no money to replace the item. Getting certain items repaired, particularly whitegoods, can be a significant cost when on a pension. Car servicing and repairs constitute a similar problem. In ANGLICARE Sydney's view, the inability of some households to cope financially with one-off emergency payments means that the system of bonus payments that is currently in place should be maintained and expanded.

A need for more compassionate transitions: People who receive care also often experience long periods of hospitalisation. In such a situation carers can experience the difficult situation of having their Carer Payment stopped, having to apply for a Newstart Allowance (with a six week waiting period) and then having to reapply for a Carer Payment when their family member for whom they are caring returns home from hospital. This is an observable source of anxiety for carers and can have negative health consequences :

Carers in rural situations often have additional expenses associated with travel combined with ongoing medical costs.

An holistic solution for carers is needed: In a recent submission to the Federal Government's Inquiry into Better Support for Carers, ANGLICARE Sydney outlined the particular needs of carers of people with disabilities, chronic illness and end-of-life stage. While increased benefits for carers such as those provided by the pension and other allowances and bonus payments would greatly assist carers, ANGLICARE's submission provided evidence that carers also require more recognition and better support from services to provide them with an improved quality life and the flexibility to make choices in relation to their caring role. In ANGLICARE Sydney's view, increases in the Carer Payments are just one component in an integrated approach that is needed to better respond to the needs of carers.

1.1.3. People with a disability

Health costs: People with disabilities can often share the same costs and forms of hardship as carers. People on Disability Support Pensions often have large and ongoing medical costs associated with their condition. Such costs may exceed the capacity of any one individual receiving income support especially where the condition is costly and difficult to

treat. In such situations the person may rely on parents or relatives to financially support them.

People on Disability Support Pensions can include those with chronic mental health issues. The accumulated cost to individuals of numerous medications and counselling appointments not covered by Medicare can be considerable – particularly when considered in proportion to income.

Transition issues: When a child with a disability becomes an adult, it can be difficult for them financially to make a transition to independent living. The disabled adult on a Disability Support Pension finds it difficult to afford to move out of the parental home into independent or supported accommodation.

1.1.4. Statistical evidence of hardship

In 2006 the Social Policy Research Centre (SPRC) at the University of NSW in partnership with ANGLICARE Sydney, Mission Australia, the Brotherhood of St Laurence and ACOSS collected data from the clients of services of each of the partner agencies. The data presented in this submission quantifies some of the ways in which clients receiving the Age Pension and Disability Support Pension have been suffering hardship. For instance among clients of community sector welfare agencies who receive the Age Pension, some 17% said that they had to go without food when hungry and 28% could not afford to visit the dentist.

The data also shows that those clients receiving the Disability Support Pension were even more likely than clients on the Age Pension to say that they had worse life circumstances across a range of indicators.

ANGLICARE Sydney operates several emergency relief (ER) centres across Sydney and the Illawarra region. As part of this service, ANGLICARE collects selected data from clients upon intake to the service.

People who are Age Pensioners comprise 4.8% and people on Carer Payments comprise 5.3% of clients at ANGLICARE's ER Centres. By comparison people on Disability Support Pensions comprise 27.9% of ER clients, even though they make up only 15.5% of income support recipients nationally. This suggests this group is more likely to find it particularly hard to make ends meet.

1.1.5. Other groups beyond this review

The main client groups which ANGLICARE sees at its ER Centres are people on Disability Support Pensions (27.9% of clients), people on the Newstart Allowance (25.8%) and people on Parenting Payment Single (25.9%). Each of these groups is over-represented at ANGLICARE's ER Centres compared with the proportion found among income support recipients nationally, suggesting that these groups are prone to suffer the kind of hardship that would be likely to cause them to seek support from an ER centre. There is evidence in the SPRC's Client database that other community sector client groups apart from age pensioners are also finding it hard to make ends meet.

1.2. RECOMMENDATIONS

It is concluded that increasing the base rate of pensions and associated allowances, bonuses and concessions is an important measure among a range of measures needed to bring greater financial security and enhanced social participation among these groups of Australians.

Inter alia, ANGLICARE's submission recommends that:

1. The basic rate of pensions be raised to a more generous level for the three types of pension currently under review.
2. The system of bonus payments be kept in place and expanded.
3. In setting the level of the Age Pension and associated payments that the Government have regard to the significant health and medical costs associated with ageing and the onset of chronic illness
4. In reviewing the level of income support for carers that the Federal Government recognises the large savings to the health care system through the work of carers.
5. It be recognised that improving the situation of carers requires an integrated approach of which the level of the Carer Payment and other pensions and allowances is but one component. Further attention is needed to the provision of adequate respite services, case coordination and management, service options such as care packages, information and education, and emotional and financial support options.
6. The increasing travel costs of carers, particularly in rural areas, be recognised and addressed as part of this Review
7. The transition arrangements out of the Carer Payment be reviewed in order to take a more compassionate approach to carers
8. In setting the level of the Disability Support Pension and associated payments that the Government have regard to the significant medical costs associated with many forms of disability.
9. It be recognised that people on disability support pensions are a large client group of emergency relief services indicating issues with deprivation and marginalisation
10. Emergency relief and like services receive Government funding to undertake financial counselling and management to better assist individuals to make ends meet, where appropriate.
11. A review be carried out of the adequacy of income support payments beyond the Age Pension, Carer Payment and Disability Support Pension to all recipients of income support. Evidence presented in this submission suggests that people receiving the Newstart Allowance and Parenting Payment are just as likely to become clients of emergency relief centres as other groups.

2. INTRODUCTION

ANGLICARE Diocese of Sydney (ANGLICARE Sydney) thanks the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) for the opportunity to make a submission to the Pension Review. ANGLICARE Sydney supports efforts to ensure that those receiving pensions have appropriate levels of income support and allowances and that their financial circumstances and security be improved.

ANGLICARE Sydney operates a wide range of services and programs involving seniors, carers and people with a disability in the Sydney metropolitan and the Illawarra regions of New South Wales. In this respect we are able to make observations about the lives of these three groups of people as they interact with our services.

2.1. OVERVIEW OF ANGLICARE SYDNEY

ANGLICARE Sydney is one of the largest Christian community organisations in Australia; it embodies the Christian commitment to care for all people in need. ANGLICARE Sydney has been providing a wide range of professional services to the community since 1856 and serves many thousands of people every year. Its services include: counselling; community education for families; family support services; youth services; emergency relief for people in crisis; foster care and adoption for children including those with special needs; migrant services including humanitarian entrants and new emerging communities; English as a second language classes; aged care both through nursing homes and community services; opportunity shops providing low-cost clothing; emergency management services in times of disaster; disability case management and respite and chaplains in hospitals, prisons, mental health facilities and juvenile justice institutions.

2.1.1. How Anglicare assists carers and people with a disability

ANGLICARE Sydney's service delivery aims to be responsive to local and regional needs, with an emphasis on service provision that reaches the most vulnerable and marginalised in our society. In relation to carers and people with a disability, ANGLICARE Sydney provides the following services:

- *Commonwealth Carelink and Carer Respite Centres (CCRC's)*: During the past seven years ANGLICARE has operated both the Commonwealth Carer Respite Centre and the Commonwealth Carelink Centre in the Nepean and South West Sydney regions.
- *Community Options* This is a case management and brokerage service to assist people of all ages with a functional disability, who are at risk of premature admission to residential care, to remain living in their own home. This program covers the Blacktown, Hawkesbury, Holroyd and Penrith LGA's.
- *Support Co-ordination for Older Parent Carers* provides case management for carers over the age of 65 still supporting a son or daughter with a disability at home.
- *Respite Options* provides flexible respite packages to carers who have a child with a disability.
- *ComPacks* - provides short-term case management and brokerage for people being discharged from hospital who have complex needs.

- *Westlink Host Family Program* operating since 1980 this service offers family based respite care provided by volunteer families of individuals in the community, and operates in the LGA's of Auburn, Holroyd, Parramatta, Baulkham Hills, Blacktown, Hawkesbury, Penrith and Blue Mountains.
- *Peer Support* catering for adolescents aged 14-18 years who participate in activities totally within the general community. - Holroyd, Parramatta, Baulkham Hills and Blacktown.
- *Vacation Care* - This offers day care during school holidays to 0-6 year olds and 7-10 year olds. Holiday camps are offered to 10-18 year olds, from the same areas as the Host Family Program.
- *W.H.I.R.L.S.* - Head Injury and Recreational and Leisure Service- this is an out of hours respite service for consumers aged 18 years and over with an acquired brain injury and the carers/families, living in the Blacktown LGA.
- *Complex Care Support* is funded by the National Respite for Carers Program.
- *Dementia Home Support* provides in-home respite to people with dementia and/or their carers. This program is designed to support the person with dementia to maintain their living skills and to assist in prolonging their time in the community. The carer is also supported with information, education and 'time out' in dementia care. DHS operates in the Blacktown LGA and the Nepean Region.
- *Chesalon Care at Home* (Community Aged Care Packages – dementia priority). This allows for frail aged people and people with early dementia to remain in their own home longer.
- *Richmond and Winmalee Day Centres* which provide programmes for care recipients and respite for carers
- *Kingsdene Special School at Telopea* provides an educational program for 20 young people with severe intellectual disability. Kingsdene School is a member school of the Association of Independent Schools and is registered and accredited with the Board of Studies.
- *Kingsdene Residential Services Hostel, and Student Group Homes at Telopea and North Parramatta* provide accommodation from Monday to Friday during school terms.
- *Kingsdene Residential Services Adult Group Home, Hornsby* is a group home for adults with an intellectual disability.
- *Emergency Relief Program* to provide financial and other assistance to people in crisis situations.

2.1.2. How Anglicare assists senior Australians

Through its *Chesalon Living* caring arm, ANGLICARE Sydney provides high-level care accommodation for seniors. The first Chesalon nursing home was opened in 1952. Today there are six Chesalon homes, providing permanent and respite accommodation for a total of 344 frail aged people. In 2009 Chesalon will see the redevelopment of two homes, to increase capacity and offer a greater breadth of service provision. ANGLICARE Sydney is committed to providing services across the full continuum of care. Future developments include care provision for those requiring low-level care, as well as a greater choice of amenities.

ANGLICARE Sydney provides community-based support services through *Chesalon Living* for seniors living at home, including:

- Community Aged Care packages and Extended Aged Care at Home packages – dementia specific
- National Respite for Carers Program, respite services
- Social Support and Visiting Programs
- Brokerage programs, flexi care
- Podiatry services
- Personal Care services
- Assistance and support for those with dementia and those that care for them
- Dementia advisory service
- Centre-based services
- Day therapy
- Day centres
- Overnight respite services.

2.2. OVERVIEW OF THIS SUBMISSION

This submission deals with each of the three groups named as being the focus of this Review: seniors, carers and people with a disability. The submission especially addresses the first of the Review's terms of reference:

The Pension Review will investigate measures to strengthen the financial security of seniors, carers and people with a disability by considering the appropriate levels of income support and allowances, including the base rate of the pension, with reference to the stated purpose of the payment.

ANGLICARE's submission presents evidence collected from among our clients regarding the nature of hardship among seniors, carers and people with a disability. The evidence suggests that many Australians in each of the three groups do not have sufficient income to avoid deprivation and social exclusion. Increasing the base rate of pensions and associated allowances, bonuses and concessions is an important measure among a range of measures needed to bring greater financial security and enhanced social participation among these groups of Australians.

Two kinds of evidence are presented in this submission:

- Feedback from ANGLICARE Sydney field staff and case studies among seniors, carers and people with a disability who are clients of ANGLICARE services
- Statistical data collected among welfare clients, including clients of Anglicare Sydney.

3. CASE STUDY EVIDENCE OF HARDSHIP

3.1. SENIOR AUSTRALIANS

The Federal Government has already identified single aged pensioners as being in need of greater income support payments. The Government's own analysis of the adequacy of the Age Pension in providing sufficient income for a basic lifestyle supports this. Analysis by Whiteford and Henman in the 1990s estimated the budget needed to achieve a level of living that would require frugal and careful management of resources but would still allow social and economic participation consistent with community standards.¹ An updated analysis by FaHCSIA for the *Pension Review Background Paper* found that the Age Pension rate for single home owners and for single renters was still below this budget standard in 2008 and was only just above this standard for single public renters and couples.²

There is a growing perception that, in the last few years, the capacity for pension recipients to purchase their basic needs for health and wellbeing has diminished. Significant factors include:-

- Large increases in rent in metropolitan Sydney.
- Higher food costs, particularly fresh food
- Increasing utility bills
- Fuel cost increases – while only some of ANGLICARE's aged clients own cars, they nevertheless pay increased transport costs for food, clothing, medications and other goods.

In addition, many women have been entering retirement with little or no savings or superannuation. They then have to rely solely on the Age Pension and if they get sick or need respite, fees have to be paid. With user pays systems increasingly in favour, many find themselves with little money especially if they are paying rent as well.

3.1.1. Accommodation Costs

ANGLICARE services have observed that pensioners who are either home owners or renters in the private market can struggle with accommodation costs.

Home owners: Increases to the cost of living have made it more difficult for pensioners to cover basic repair and maintenance costs. Single pensioners appear to be the hardest hit in this regard.

Renters: There have been large increases in rents in many parts of Sydney. Those who appear to be most disadvantaged are single pensioners living in boarding houses. One ANGLICARE worker observed clients paying well over 50% of their income support in rent. This is often for a single, small room in a house with others sharing a sub-standard bathroom and kitchen. If they have health issues and need medications and/or medical treatment not fully covered by Medicare, they often then have little disposable income. The following case study highlights the plight of age pensioners in private rental accommodation.

¹ Whiteford, P and Henman, P (1998) 'Assessing budget standards: conceptual issues in the treatment of durables', *Social Security Journal*, 1998/1, pp103-146.

² Harmer, J (2008) *Pension Review Background Paper*, Canberra: FaHCSIA, p18.

Case Study: K is a 75 year old living in a boarding house, paying rent of \$200 per week. He has been treated for lung cancer for the last 8 years. He sees a specialist doctor who charges above the Medicare threshold. He has many medications including pain management (non PBS), breathing medicines, and skin creams for morphine side effect. He needs to buy special food supplements to sustain him. While he is very frugal, he only has \$40 to buy food and clothes. His 'quality of life' is minimal. He recently applied for public housing and was told that he would have to wait 10 years. He laughed and said 'I would be better- off if I was a dog. The RSPCA would take me in.'

3.1.2. Health Costs

Age pensioners can struggle to afford the costs of health care associated with advanced age. ANGLICARE workers experience the difficulties that age pensioners can face with a fixed pension rate on the one hand but increasing medical costs on the other hand. Such costs while necessary to maintaining quality of life, can eat into savings or mean that a pensioner has to do without other essential items in order to keep up their medical treatment, as shown in the following case study.

Case Study: F phoned ANGLICARE asking if we could assist with a breathing mask for his wife's sleep apnoea machine. F was very upset, as it was the first time he had to ask for assistance. He said that without the mask she could die. F and his wife receive the Age Pension but medical and specialist fees have absorbed all their savings.

Apart from facility-based services, the Government provides services to meet health care needs in the home. However there are generally fees associated with such services. Some people require high care in their homes which would include meal, medical services, personal help (showers etc.), cleaning, social support, transport, gardening etc. Even if each service costs only a few dollars, the cost of each of these services adds up. If someone is receiving seven meals a week, three showers and nurses every day to do dressings or medications, it can become exceedingly expensive. ANGLICARE's experience has been that fees often need to be waived; yet even then many of our elderly clients do not complain and do not want to get their services for free. They will sacrifice things in order to pay their way, as shown in the following case study.

Case Study: An ANGLICARE client had advancing dementia. Her husband was paying for her to come to us three days a week (\$36). She became more anxious and it was suggested that an extra service be put in place to provide her with a one-on-one worker whilst at the day centre. This service was \$8 per hour making it \$40 per day for 5 hours. When this was discussed with the husband and the agency wanting to provide the worker, he said they could not afford it. ANGLICARE suggested cutting its fees and the other agency was also willing to do the same to benefit the client. However the husband still refused and felt he would not accept service without paying the full fee even though this would cause hardship. He insisted we charge him the full fee.

It is not unusual for other family members to be subsidising health costs for age pensioners to have a better quality of life. Some ANGLICARE clients have mentioned that their children pay for clothes or food or phone expenses. They also subsidise the pensioner by having them live with them in their home. Some pensioners feel they are imposing on their family.

ANGLICARE Sydney also has services dealing with sufferers of dementia. Both clients and carers in this situation are frequently observed to be struggling to pay for food, utilities, other services (e.g. Homecare, Meals on Wheels, allied health services, respite services). Naturally this is dependent on the level of need and disability of the client. Many of ANGLICARE's frail aged seniors have dual or multi diagnosis of dementia, along with:

- the frailties of natural ageing
- limited mobility (at times requiring the purchase or rental of mobility aids e.g. frames, rollator frames, shower chairs, walking sticks, wheelchairs)
- Issues with continence (commonly requiring the purchase of continence aids (e.g. pads, underwear, incontinence sheeting, plastic sheeting, pad for chairs)
- increases in the need for ongoing pharmaceutical intervention (e.g. ongoing purchase of existing medication, the need for medication in regards to the diagnosis of dementia and the medication needed to assist with any/all areas of disability directly related to the ageing process).

3.1.3. Transport Costs

ANGLICARE has observed that age pensioners, carers and people on disability pensions have significant costs when they need to rely on community transport for medical appointments and shopping. A typical return trip for community transport is \$20 per trip; hence a typical need for this group would require at least 1 trip per week to do their shopping or 2 to 3 trips per week for medical appointments and shopping. Cancer patients who need treatments may require up to 5 trips per week which can add up to \$100 per week on transport alone. Transport costs can be more onerous for those with greater medical needs.

Transport costs also affect the ability of age pensioners to participate in the community. One ANGLICARE worker has a volunteer program where volunteers visit residents in nursing homes and hostels. A number of these volunteers are retired and on the Age Pension. The increasing price of petrol is impacting on their volunteering as they do not want to take the reimbursement that is offered. Volunteers often see such reimbursements conflicting with their principles. But it is now becoming a necessity for them to be reimbursed.

3.1.4. Impact of Higher Costs on Social Participation

Social inclusion has been adopted by the Federal Government as an over-arching policy framework. Social inclusion involves being able to participate in ways enjoyed by the rest of society; descriptions of social inclusion often include social outings, being able to spend time with family and friends, being able to afford to send children on school excursions, having access to transportation for everyday tasks (eg shopping, accessing health services), taking part in community support groups and undertaking volunteering activities.

ANGLICARE workers report that the increased costs of basic services such as food, transport, housing, electricity bills and water rates have affected the way of life of many pensioners, carers and people on disability pensions. People in these target groups are finding it harder to enjoy the regular activities that they used to have.

Some people may be fortunate to have friends and family members providing assistance such as transport on weekends and taking them out to shop for groceries, which also provides the opportunity to interact with the outside community. However others, such as people of CALD background (speaking limited English or do not speak English) and people

living in rural areas, are having a more difficult time and are finding it harder to have any social life due to the lack of accessibility to information and services.

Case study: An aged pensioner who is a client of ANGLICARE's services has changed his way of life as a result of rising phone costs. He and his wife's phone calls to friends and family have been reduced from two social conversations per day to less than one per day. To maintain social contact he has had to find ways to share lifts with friends or wait for the children to take he and his wife out on weekend. At times when the financial situation is difficult, this has created emotional stress for the couple, who have been considering disconnecting their Telstra land line due to the increase cost in monthly service fee as well as the cost of calls.

Some pensioners find company and friendship with pets. It is known that having pets can reduce blood pressure, assist with depression and anxiety and be generally therapeutic. One ANGLICARE worker has observed retired volunteers who are very attached to their pets, as they are their only family. However there can be a financial struggle to pay veterinary bills when their pets are sick and in need of veterinary care.

3.1.5. Impact of Transitions

Financial costs associated with changing health needs can hit senior Australians particularly hard. The following case study shows how people can be caught out financially due to life transitions and consequent changes in their income support payments.

Case study: A's husband, B, had been sick for 3 months. She visited him in hospital every day. The doctors said that he could come home but there would need to be some changes to his life style. B's movement had deteriorated and their small unit was now unsuitable for his needs. A did her budget and found a unit that would suit B's needs and their finances. She was so happy to have him home and the new unit was bright and airy allowing B to sit in the morning sun.

B died after being home for a month. A came to ANGLICARE's Emergency Relief centre seeking assistance with her rental arrears and funeral costs. With the loss of her husband came the loss of his pension too and she was unable to maintain the rental of the unit. The rental lease she signed was for six months.

The ER program assisted A with some of the funeral costs and two weeks rental arrears. A had her food needs provided through the ER centre for up to six (6) weeks. This freed up some of A's money to put towards rent. A moved in with the family at the end of her rental lease.

3.2. CARERS

3.2.1. The financial contribution that carers make

ANGLICARE Sydney believes that carers of people with disability, chronic illness or frailty take the larger share of the caring responsibility and receive inadequate financial and practical support in return. They thus have fewer opportunities for community participation and improving their wellbeing.

A 2005 Access Economics report for Carers Australia found that an estimated 1.2 billion hours of informal care was provided in 2005. The replacement value of these hours is estimated to be over 60% of other formal health care – totalling \$30.5 billion. This saving to society comes at an estimated opportunity cost of at least \$4.9 billion in lost income for carers.³

Informal care combined with some community-based care costs society far less than institutionalised care. It is the informal care component that reduces the cost of care, however this is the form of care that is least subsidised. Government benefits to informal carers were estimated at 35% of the opportunity cost to carers in 2005.⁴

The role of carer involves a sacrifice to one's own life. It is their care that contributes to a society where the least powerful members are valued and their needs considered. Carers however often feel that their sacrifices are not sufficiently acknowledged or supported. Providing support to carers, particularly in the form of respite, is one of the strongest ways to value their contribution to society via their care recipient.⁵

Similarly, supporting carers financially and supporting their employment recognises the extra difficulties carers face in achieving financial security.⁶ The carer's role is a 24 hour job, which carers believe is grossly underpaid. Carers use terms like "modern day slaves", "cheap labour" and "second class citizens" to describe the way in which they feel undervalued.⁷

Furthermore, the lack of practical and financial support for carers and the resultant sense of 'going it alone' compounds mental health problems, exhaustion and stress levels that many carers face.⁸ In contrast, society through the redistribution of taxes should reflect a commitment to *together* caring for *our* vulnerable members. Simply put, caring for the carers is the best way to recognise their contribution.

Direct care workers who provide support to carers are paid anywhere between \$18 (unqualified) and \$40 (nursing) an hour to provide respite or home care assistance to carers. It should be noted that care workers who work a few hours earn more than carers who are providing round-the-clock care, 7 days a week. This fact highlights the financial burden carried by carers and the savings carers make to Government through their role.

It is ANGLICARE Sydney's view that the contribution of carers both in their role and in the consequent savings for the community needs to be taken into account in reviewing the levels of the Carer Payment, Carer Allowance and others who provide care while being supported by benefits.

3.2.2. Living costs for carers

For many carers who have not had access to superannuation in their working life or who have not been able to work because of their caring responsibilities, there is heavy reliance on Government benefits as the main source of income. Additionally the cost of medications, multiple services, physical aids, mobility aids, household renovations for disability access and continence products, impacts significantly on income. Carers require greater income

³ Access Economics (2005) *The Economic Value of Informal Care*, report for Carers Australia, <<http://www.carersaustralia.com.au/images/stories/Access%20Economics%20study%20full.pdf>>

⁴ Ibid.

⁵ Holland KE and Blood RW (2008) Carer's perspectives on Caring: A Qualitative Analysis of Open-Ended Responses to the Carer Health and Wellbeing Index Survey 2007, Carers Australia, Deakin ACT, <www.carersaustralia.com.au>, p 7.

⁶ Ibid, p 7-8.

⁷ Ibid, p10.

⁸ Holland and Blood (2008) op.cit.

support to meet the costs of caring and to recognise the valuable role they play in reducing the costs on the health system if caring was no longer done in the home.

Families with a disabled child do not have the option to work. In two parent families one parent needs to stay home to look after the disabled child and in the case of single parent families the parent has no choice but to stay at home and care for the disabled child. The cost of care for the disabled child is often unaffordable or just not available.

ANGLICARE has observed that some carer families do not appear to have enough money for basic essentials.

The state of the clothing worn by the disabled child and other members of the family would suggest that there is not enough money available to purchase new items of clothing, particularly shoes. Some children come to ANGLICARE programs in shoes that are not really safe to be worn.

3.2.3. Health and equipment costs

The level of the Carer Payment appears to be inadequate for families who have a person with a disability. Apart from the every day costs associated with essential items, there is the added burden of needing to pay extra costs for disability specific equipment and aids, special foods, home modifications, modified transport suitable for a person with a disability, medications, and different therapies.

People with disabilities have no choice when it comes to what they need and require in order to have a reasonable quality of life. These necessities come at a very high cost which then impacts on the money a household has for other things such as mortgage payments or rent, food, utilities, nights out or holidays.

ANGLICARE services have observed that families who struggle due to all the added costs associated with a disability are of many different types, including couple and single parent families, with and without mortgages. Single parents can be in the worst situation when family separation has occurred because the other parent may leave the family as a result of inability to cope with a child with a severe disability.

The financial impact of having a person with a disability is considerable and ongoing, borne by the carers and families since institutional care is no longer an option. These costs can affect not only the person with the disability but everyone else in the household or family. Often other family members are subject to the additional costs of therapy, counselling and medical bills, a result of the emotional and physical demands that caring puts on them.

In ANGLICARE's experience, there are many ways in which carers of people with disabilities show signs of being unable to properly afford the health costs associated with disability:

Basic health necessities:

There are many families who cannot afford basic health necessities such as nappies for children with a disability. This can be quite expensive when a child is in nappies from birth to adulthood. One ANGLICARE service runs a vacation care program and often buys nappies because some parents can only send one nappy for the entire day. Parents ration their use because the ongoing cost is prohibitive. .

Ongoing medical costs to various specialists, medication and in some cases hospitalisation of the disabled child for extended periods or several visits to hospital over the year adds to the financial burden of families on a Carer Payment.

Some children in ANGLICARE's programs are in need of major dental work, which appears to be just too costly for many families.

Equipment:

Some client families have been unable to access the funds to provide new wheelchairs (or make adjustments to old wheelchairs) for their child with a disability. As they grow out of them they are reliant on organisations such as Lions Club and Rotary to raise funds to try and assist with this matter. With many children in ANGLICARE's programs requiring aids (hoists etc) just to access care, causing family savings to rapidly diminish. Some families have been known to rent out the spare bedroom in order to be able to afford therapy or some form of intervention for the disabled child.

Re-using medical equipment:

ANGLICARE has a number of clients who are PEG fed and the families simply cannot afford to use a new line and syringe every time they administer a feed. Thus they are forced to wash and reuse equipment which puts their already vulnerable child at risk of further health complications.

Unmodified vehicles and dwellings:

Many families drive unmodified cars and live in public housing or low cost rental properties that are not purpose built for a person with a disability. This means they do not have appropriate ramps or equipment and carers need to do more physical lifting as they simply cannot afford the appropriate equipment.

Property damage due to challenging behaviours:

There are clients with a disability who are physically able but have challenging and aggressive behaviours. These families are often faced with the cost of constantly replacing broken household items and often simply going without. Employment for such carers is not an option as appropriate day care, which is affordable and accessible is not available for such clients.

3.2.4. 'One off' emergency payments

The burden and stress on the family is quite significant when an essential household item such as a refrigerator or washing machine breaks down and there is no money to replace the item. Service costs to repair such items can be significant to people on low incomes. Car repairs constitute the same problem since these usually require some level of savings – an issue with the ongoing nature of caring costs.

ANGLICARE services find they need to make cross referrals to our Emergency Relief centres on behalf on families who have had such emergencies. However it sometimes doesn't take a crisis or an emergency to happen. Home visits can often reveal the level of deprivation in such households..

In ANGLICARE Sydney's view, the inability of some households to cope financially with one-off emergency payments means that the system of bonus payments that is currently in place

should be maintained and expanded. A relatively large one-off payment assists families to deal with emergency payments. It also enables carers to address those extra needs associated with caring for an adult or child, including special dietary needs and medication costs; other needs such as batteries; incontinence pads; home modifications and special sporting activities.

3.2.5. Transitions and Government requirements

People who receive care also often experience long periods of hospitalisation. In such a situation carers can experience the difficult situation of having their Carer Payment stopped, having to apply for a Newstart Allowance (with a six week waiting period) and then having to reapply for a Carer Payment when their family member for whom they are caring returns home from hospital. This is an observable source of anxiety for carers and can have negative health consequences :

Case Study: M is aged in her 30's. Her brother suffered a major brain trauma in an accident. He was totally dependant on M for all of his care. However he was often rushed to hospital and placed on life-support – often for 2 to 3 weeks at a time. Recently M received a letter from Centrelink informing her that her Carer Payment was to be stopped because the allocated respite had been used. She was still visiting her brother in hospital and was advised that he probably might not make it.

M went to Centrelink and applied for a Newstart Allowance – she was told she would have to go through the normal application procedure which would take 6 weeks and involve some interviews.

About the same time as her Newstart Allowance was approved, her brother came home again. She had lost about 4 weeks income and rent assistance, was threatened with eviction (due to non-payment of rent) and had to go to several welfare agencies to beg for support. A few weeks later her brother died. She then had to pay the full funeral costs because she wasn't a spouse.

M coped with these circumstances for a while, but then required hospitalisation and long-term psychiatric support herself.

Sometimes in order to get support from DADHC, families are required to undergo many assessments and specialist consultations at their own cost before they can be provided with case management or behaviour support for their family member with a disability. At times the cost of meeting these requirements is too high and families will present for assistance rather than go without essentials like food and utilities.

3.2.6. Carers in rural situations

Carers in rural situations often have additional expenses associated with travel combined with ongoing medical costs. The following case study highlights some of the additional costs that carers in rural areas can be forced to pay.

Case study:

A 45 year old single mother living in a rural area has a son with cerebral palsy and moderate intellectual disability. She is currently receiving a sole parent pension and carer allowance. She also has a small mortgage.

Her typical day includes:

- 5.30am - get up to get ready and to prepare lunches for her children
- 6.30am - Wake up daughter and son, feed son as he cannot feed himself
- 7.00am – Homecare Service arrives to assist with showering and dressing son
- 8.00am – Bus pick up son for school
- 8.30am – Drive daughter to school which is 20mins drive one way, hence 40mins return trip
- 9.30am 12.00pm – Perform household duties: washing dishes, clothes, hanging clothes etc...
- 1.00pm - drive 40mins (one-way) to pick up son from school for his on-going medical appointment which is related to his disability. After picking up her son, she would on the way, picking up her daughter from school at 2.00pm and together they drive to Sydney for a 3.00pm medical appointment. (Some days when things are not so easy on the Mum, her daughter would miss school to help Mum with her caring role)
- 4.00-4.30 – Carer returns home with children. Helps daughter with homework and looking after son at the same time.
- 7.00pm - Homecare arrive to bath son, so that mother can cook for family then she would feed her son, given him medication and get ready to bed by 7.30pm.
- 7.30 – Wash up and clean up.

Increasing petrol costs have made her budget particularly vulnerable in view of the travel that she needs to do each day. Rising medical expenses and interest payments are also an issue. Although the mother has no drug or alcohol problems, she is heavily dependent on emergency relief funds to pay electricity bills, water, maintenance of her house, and phone bill. The children miss out on school excursions due to limited money being available.

3.2.7. Practical measures to better support carers

In a recent submission to the Federal Government's Inquiry into Better Support for Carers, ANGLICARE Sydney outlined the particular needs of carers of people with disabilities, chronic illness and end-of-life stage. While increased benefits for carers such as those provided by the pension and other allowances and bonus payments would greatly assist carers, ANGLICARE's submission showed that carers also require more recognition and better support from services to provide them with an improved quality of life and the flexibility to make choices in relation to their caring role. In part, ANGLICARE's submission advocated:

- Case coordination and management for carers along with a suite of service options such as care packages, information and education, accessible respite and emotional and financial support options
- Increased out-of-home respite for people with disabilities, including those with challenging behaviours

- A designated respite component in the packages offered to older frail carers such as CACP, EACH and EACH dementia packages
- CALD and Indigenous specific approaches to service provision
- Increasing the capacity of carers to make choices about their caring role and to improve transitions into and out of caring.

ANGLICARE's submission recognises that just as needs differ between families at any point in time so too do these same needs vary over time and with changing circumstances. Case management and coordination requires responsiveness to changing circumstances over time such as carer health deterioration, family crises, relationship breakdown, changing health of the person with a disability etc. The critical component in this responsiveness is ongoing and regular review, close contact with the case manager and other ancillary services and planning which can prepare the carer for a range of eventualities and mitigate, at least to some extent the anxiety attached to unforeseen events occurring.

In ANGLICARE Sydney's view, increases in the Carer Payment are just one component in an integrated approach that is needed to better respond to the needs of carers.

3.3. PEOPLE WITH DISABILITIES

People with disabilities can often share the same costs and forms of hardship as carers. The following discussion provides some additional evidence apart from that already outlined above in relation to carers.

3.3.1. Medical costs

People on Disability Support Pensions often have large and ongoing medical costs associated with their condition. Such costs may exceed the capacity of any one individual receiving income support especially where the condition is costly and difficult to treat. In such situations the person may rely on parents or relatives to financially support them. This may be greater than the resources available where all parties are on income support.

Case Study: ANGLICARE provides service to those in the community who are younger than 65 years of age who have been diagnosed with an age related illness. For these clients the diagnosis of dementia is often secondary to a primary diagnosis (e.g. Huntington's Disease, Parkinson's Disease) In one case involving a 33 year old, he received a Disability Support Pension, and still lived with his parents who were now retired. They subsidised his income in order to assist in providing all his care needs. While his parents owned their own home, they had only minimal income coming into the home along with their son's disability pension. The son's pension was very quickly depleted on all services that he needed.

People on Disability Support Pensions can include those with chronic mental health issues. The accumulated cost to individuals of numerous medications and counselling appointments not covered by Medicare are high. Such people often find it difficult to maintain a healthy lifestyle and non prescription drugs, alcohol and cigarettes are often used to self-medicate. They often find it difficult to maintain stable accommodation – which is a critical component of self-management. Hence, homelessness is a major issue.

People who receive the Disability Support Pension because of a history of drug addiction and are using a methadone program are significantly disadvantaged in having to pay \$60-\$80 per day for their doses. They may also need to travel long distances to receive this treatment.

The following case studies highlight the difficulties that pensioners requiring expensive medication have in then having enough to live on.

Case Study: C has health issue that require medication. C works hard at providing his own medication but sometime he is unable to do this and requires assistance from an Emergency Relief centre.

C has an elderly mother and although they live separately, they support each other as much as possible, such as through sharing meals. C eats at a local Community Kitchen three days per week; these free meals reduce his food cost. Without the community kitchens C does not see how he would be able to afford both his medication and his food.

Case Study: L is a single mum of two small children. She suffered severe post-natal depression after her first child was born. She was not diagnosed and she started using alcohol and drugs to help her manage severe mood swings. With the support of a family support agency she received live-in rehabilitation and with the help of a regular small dose of methadone she was able to manage her mental health. She is receiving a Disability Support Pension and parenting payment. From this she is paying private rent of \$560 per fortnight for a very basic one bedroom flat, repaying a loan that paid for basic second hand furniture, utilities costs of \$40, methadone costs of \$80 and fares of \$25 to a clinic half an hour by train. Consequently she has very little with which to buy food and clothing. She has applied for public housing but the waiting time is some 7- 8 years. She survives by approaching welfare agencies and receiving second hand clothing from her family support mothers group.

An unexpected crisis that might appear to be minor to most of us such as medications for an unexpected illness or the breakdown of the refrigerator can lead to financial stress for someone like L.

3.3.2. Impact of Transitions

When a child with a disability becomes an adult, it can be difficult for them financially to make a transition to independent living. The disabled adult on a Disability Support Pension finds it difficult to afford to move out of the parental home into independent or supported accommodation. When the costs of the accommodation are taken from the pension there is little left for social activities and for personal use to purchase anything but essential items. Consequently the families of children with disabilities who become an adult often have to bear the burden of looking after and supporting their adult child with a disability long term.

4. STATISTICAL EVIDENCE OF HARDSHIP

In recent years ANGLICARE Sydney has collected data and carried out survey research among our clients. Some of this research has been on specific issues related to the experience of poverty, such as the study of food insecurity among clients of ANGLICARE's emergency relief centres. Other research has been confined to particular centres or services, such as a study of ageing carers of adult children with a disability. However two datasets in particular provide specific information about hardship being experienced by those groups that are the subject of the Pension Review:

- Community Sector organisation client data
- Emergency Relief Centre data

Findings from these databases are presented here. In considering these findings it needs to be remembered that the statistics refer to the clients of welfare agencies and are not random samples of the wider population. The statistics refer only to those senior Australians, carers or people with a disability who are also clients of Community Sector welfare agencies.

4.1. COMMUNITY SECTOR ORGANISATION CLIENT DATA

The Social Policy Research Centre (SPRC) at the University of NSW in partnership with ANGLICARE Sydney, Mission Australia, the Brotherhood of St Laurence and ACOSS collected data from the clients of services of each of the partner agencies. In total some 673 clients responded to the survey, making it one of the most significant databases collected in Australia from the clients of welfare agencies. The data was collected as part of the *Left Out and Missing Out* project which sought to develop robust measures of poverty, deprivation and social exclusion. A report from the study has been published outlining findings on disadvantage in Australia and identifying indicators for its measurement.⁹

The questionnaire used in the Client study asked respondents to nominate their main source of income. Of the 673 clients in the study, 47 (7%) were receiving the Age Pension and 82 were receiving the Disability Support Pension (12%). In another question in the survey 21 clients (3%) identified that their main activity was caring for an adult with a disability.

Table 1 shows some of the ways in which clients receiving the Age Pension and Disability Support Pension have been suffering hardship. For instance among clients of community sector welfare agencies who receive the Age Pension, some 17% said that they had to go without food when hungry and 28% could not afford to visit the dentist. Table 1 also shows that those clients receiving the Disability Support Pension were even more likely than clients on the Age Pension to say that they had worse life circumstances across a range of indicators.

⁹ Saunders, P, Naidoo, Y and Griffiths, M (2007) *Towards New Indicators of Disadvantage: Deprivation and Social Exclusion in Australia*, Sydney: Social Policy Research Centre.

TABLE 1
Indicators of Deprivation and Social Exclusion by Income Type
Community Sector Welfare Agency Clients

	Clients on Age Pension (%)	Clients on Disability Support pension (%)
Dissatisfied with my standard of living	16%	42%
Haven't got enough to get by on	20%	49%
Had to go without food when hungry	17%	55%
Got behind with the rent/mortgage	6%	30%
Couldn't pay for water, electricity, gas or phone	21%	52%
Had to ask a welfare agency for food, money, clothing, accommodation	23%	63%
Wore bad fitting or worn out clothes	13%	38%
Couldn't go out with friends; unable to pay my way	23%	65%
Could not afford to see the doctor	6%	15%
Could not afford to see the dentist	28%	59%
Felt isolated and lonely	34%	62%

Source: SPRC Client data, 2006.

In relation to the small number of clients detected who were also giving care to an adult with a disability, some statistically significant differences were detected between this group and those clients who were not providing care for a disabled adult. Carers of adults with a disability were more likely to have trouble getting transport, feel they have little choice or control over their lives, or not be able to afford a visit to the doctor or dentist.

4.2. EMERGENCY RELIEF CENTRE CLIENT DATA

ANGLICARE Sydney operates several emergency relief (ER) centres across Sydney and the Illawarra region. As part of this service, ANGLICARE collects selected data from clients upon intake to the service. This data in part fulfils reporting requirements to government but also provides important information about the profile of clients, their needs and how their needs are being met by each centre. Data collected at the centres from mid 2007 until early 2008 has been combined into a single dataset and is discussed here.

People who are Age Pensioners comprise 4.8% and people on Carer Payments comprise 5.3% of clients at ANGLICARE's ER Centres. By comparison people on Disability Support Pensions comprise 27.9% of ER clients, even though they make up only 15.5% of income support recipients nationally.¹⁰ As with the SPRC data outlined previously, this suggests this group is more likely to find it particularly hard to make ends meet.

The majority of clients at ANGLICARE's ER centres are single – either single parents with dependent children (28.2%) or single person households (39.7%). This suggests that it is not just single Age Pensioners who are finding it more difficult to make ends meet, but other kinds of single people as well. Nearly half (49.4%) of ER clients are also in public housing and a further 33% in the private rental market.

ER clients often present with issues other than an immediate need for food or money which makes it hard to live on the current pension rate. Those clients on the Age Pension (29.6%), Carer Payment (31.6%) and Disability Support Pension (29.8%) often present with physical

¹⁰ Pension Review Background Paper, p3.

health issues. People receiving the Carer Payment (20.1%) more often present with significant financial debts than those on Disability Support Pensions (16.2%) or the Age Pension (10.6%)

5. OTHER GROUPS BEYOND THE SCOPE OF THE PENSION REVIEW

There is evidence that other groups on income support outside of the scope of this Review are also finding it hard to make ends meet. One piece of evidence comes from the profile of people who are accessing ANGLICARE Sydney's Emergency Relief (ER) centres. There has been much publicity arising from the Pension Review regarding the inadequacy of the single age pension. However in terms of the clients at ANGLICARE's ER centres, age pensioners (4.8%) are greatly under-represented compared with the proportion of age pensioners among income support recipients nationally (42.4%). The main client groups which ANGLICARE sees at its ER Centres are:

- People on Disability Support Pensions (27.9%)
- People on the Newstart Allowance (25.8%)
- People on Parenting Payment Single (25.9%).

Each of these groups are over-represented at ANGLICARE's ER Centres compared with the proportion found among income support recipients nationally, suggesting that these groups are prone to suffer the kind of hardship that would be likely to cause them to seek support from an ER centre.

TABLE 2
Sources of Income Support

Income Support Recipients Nationally Compared with Emergency Relief Clients

Income source	Income Support Recipients (National)* (%)	Clients of ANGLICARE Emergency Relief centres** (%)
Age Pension	42.4%	4.8%
Disability Support Pension	15.5%	27.9%
Newstart Allowance	9.1%	25.8%
Parenting Payment (Single)	8.6%	25.9%
Youth Allowance	7.2%	2.5%
Parenting Payment (Partnered)	3.1%	3.7%
Carer Payment	2.5%	5.3%
Other pensions and allowances	11.6%	4.1%
TOTAL	100.0%	100.0%

Sources: * Pension Review Background Paper, p3

** ANGLICARE Sydney Emergency Relief Centres data, 2007-08

There is evidence in the SPRC's Client database that other community sector client groups are also finding it hard to make ends meet. Earlier in this submission, it was observed that clients receiving the Disability Support Pension often reported poor life circumstances across a range of deprivation and social exclusion indicators. Table 3 suggests that this is also true of clients receiving the Parenting Payment and Newstart Allowance. For instance Table 3 shows that 47% of clients on the Newstart Allowance were dissatisfied with their standard of living, compared with 42% on a Disability Support Pension and 31% receiving the Parenting Payment. Similar patterns can be observed across other indicators. This suggests that the scope of the review needs to be widened to include all recipients of income support.

TABLE 3
Indicators of Deprivation and Social Exclusion by Income Type
Community Service Agency Clients compared with all Australians

	National sample of Australians (%)	Clients on Age Pension (%)	Clients on Disability Support Pension (%)	Clients on Parenting Payment (%)	Clients on Newstart Allowance (%)
Dissatisfied with standard of living	13%	16%	42%	31%	47%
Haven't got enough to get by on	6%	20%	49%	36%	38%
Had to go without food when hungry	4%	17%	55%	30%	42%
Got behind with the rent/mortgage	8%	6%	30%	44%	38%
Couldn't pay for water, electricity, gas or phone	13%	21%	52%	51%	44%
Had to ask a welfare agency for food, money, clothing, accommodation	3%	23%	63%	54%	37%
Wore bad fitting or worn out clothes	10%	13%	38%	30%	31%
Couldn't go out with friends; unable to pay my way	21%	23%	65%	56%	60%
Could not afford to see the doctor	4%	6%	15%	23%	19%
Could not afford to see the dentist	13%	28%	59%	65%	54%
Felt isolated and lonely	17%	34%	62%	50%	51%

Source: SPRC Client data, 2006.

What is immediately apparent from this data is that :

1. In this data set almost all clients suffer higher levels of deprivation than the average population
2. Generally the worst levels of deprivation occur for people on a Disability Support Pension
3. Lack of access to dental care is a significant issue for these clients on support benefits
4. Falling behind in rentals and mortgages in arrears are a significant problem
5. Every second client on a Disability or Parenting support payment could not afford to pay for water, electricity, gas or phone and more than half of these two client groups had to seek assistance from a welfare agency
6. Isolation and loneliness is also an issue reflected in a self assessment on this indicator and an inability to go out with friends because of a lack of money.

6. RECOMMENDATIONS

ANGLICARE Sydney's submission presents evidence collected from among our clients regarding the nature of hardship among seniors, carers and people with a disability. The evidence suggests that some people in each of the three groups do not have sufficient income support to avoid prolonged deprivation and social exclusion. Increasing the base rate of pensions and associated allowances, bonuses and concessions are important measures among a range of measures needed to bring greater financial security and enhanced social participation among these groups of Australians.

General recommendations

It is recommended that:

1. The basic rate of pensions be raised to a more generous level for the three types of pension currently under review. Increasing the basic rate would assist a greater proportion of people receiving income support to avoid some of the hardships described in this submission, due to multiple costs associated with the onset of chronic medical conditions or ongoing disabilities and the rising cost of living.
2. The system of bonus payments be kept in place and expanded. It should be recognised that such bonuses can provide funds towards clothing, special equipment and other significant purchases, as well as a way of providing much needed funds to pension recipients for large unanticipated 'emergency' payments for which they often have no savings.

Seniors:

3. It is recommended that in setting the level of the Age Pension and associated payments that the Government have regard to the significant health and medical costs associated with ageing and the onset of chronic illness.

Carers:

It is recommended that:

4. In reviewing the level of income support for carers the Federal Government recognise the large savings to the health care system through the work of carers. Income support for carers should not be viewed as social security but as income in recognition of the responsibility carers accept in caring for society's most vulnerable people. Carers require greater income support to meet the costs of caring and in recognition of the valuable role they play.
5. It be recognised that improving the situation of carers requires an integrated approach of which the level of the Carer Payment and other pensions and allowances is but one component. Further attention is needed to the provision of adequate respite services, case coordination and management, service options such as care packages, information and education, and emotional and financial support options.
6. The increasing travel costs of carers, particularly in rural areas, be recognised and addressed as part of this Review.

7. The transition arrangements out of the Carer Payment be reviewed in order to take a more compassionate approach where such transitions are as a result of deterioration or death of the person being cared for.

People with disabilities:

It is recommended that:

8. It is recommended that in setting the level of the Disability Support Pension and associated payments that the Government have regard to the significant medical costs associated with many forms of disability.

9. It be recognised that people on disability support pensions are a large client group of emergency relief services

Financial counselling:

10. It is recommended that Emergency Relief and like services receive Government funding to undertake financial counselling and case management

Other groups beyond the scope of this Review

11. It is recommended that a review be carried out of the adequacy of income support payments beyond the Age Pension, Carer Payment and Disability Support Pension to all recipients of income support. Evidence presented in this submission suggests that people receiving the Newstart Allowance and Parenting Payment are just as likely to become clients of ER centres and, where they are clients of welfare agencies, are just as likely to report deprivation and social exclusion across a range of measures as people receiving other forms of income support.

7. CLOSING COMMENTS

ANGLICARE Sydney greatly appreciates the opportunity of being able to make this submission. ANGLICARE Sydney looks forward to the deliberations of this Review and anticipates that this may lead to positive outcomes for seniors, carers and people with a disability.

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26 September 2008

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