



**2021  
Tasmanian State Election**

## About Carers Tasmania

Carers Tasmania is the peak body for carers in Tasmania. We represent, advocate, and provide services and support to Tasmania's 80,000 family and friend carers providing unpaid care and support to a family member or friend who are living with a disability, mental illness, chronic condition or life limiting illness, dependence on alcohol or other drug or who are frail aged.

<b>Vision</b>	An Australia that values and supports Carers	
<b>Purpose</b>	We build and sustain the capacity of carers to carer for family or friends and to ensure that caring is a shared responsibility of family, community and governments through advocacy, policy and research	
<b>Values</b>	Carers First	We listen to what carers need and deliver results that matter most to them
	Care in all we do	We care for our work, each other, carers, and the diverse world we all share
	Integrity always	We are transparent, act ethically, own when things don't go to plan, treat each other with respect, and do what we say we will do
	Speed that matters	We don't accept 'good enough'
	Quality every time	We are agile and don't put off what can be done today

### For more information

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## 1. Introduction

This election represents an opportunity for the major Parties to adopt policies and programs that positively support the critical and often invisible contribution of over 80,000 informal (unpaid) family and friend carers in Tasmania.

Informal carers can be people of all ages (some as young as five or six), ethnicities, socioeconomic circumstances, and family structures. Similarly, people of all ages and many stages of illness or impairment require care. Carers provide support for individuals, family members or friends who may be living with physical disability, mental ill health, dependence on alcohol or other drugs, be aged or frail or living with a life limiting illness.

The range of policy and programs needed to support informal carers is wide given the span of carer ages (five to late nineties), health conditions (frail or aged, disability, chronic and terminal illness, mental ill health, and dependence on alcohol or other drugs) and a broad range of factors including physical and social isolation, low digital inclusion and literacy, poorer education and employment outcomes, lack of support to affordable housing and transportation, often limited geographic or financial access to GPs, and poorer economic security.

## 2. Informal caring in Tasmania

### Key statistics

According to data from the Australian Bureau of Statistics 2018 Survey of Disability, Aging and Carers (SDAC):

- There are 80,100 carers, representing 15.5% of the Tasmanian population.
- Females accounted for 41,400 (51.7%) and males 38,000 (47.4%)
- There were 6,200 young carers (under the age of 25)
- 3.5% of all Australians were primary carers.
- Almost half (54%) of primary carers had a disability.
- Almost half (48%) of all carers lived in a household in the lowest two income quintiles.<sup>i</sup>

The following table provides a comparison of data from the 2018 SDAC survey and the 2020 Tasmanian Carer survey.

		2020 Tas Carer Survey		Tas Population estimate (SDAC 2018) (proportions of person's %)
		N	Valid %	%
<b>Total Carers</b>		1024	-	(80,100)
<b>Primary Carers</b>		881	86	33
<b>Gender</b>	Female	600	74.8	51.7
	Male	202	25.2	47.4
<b>Age</b>	Mean (years)	61.2	-	-
	Up to 24 years	10	1.3	7.0
	25-64 years	398	49.8	56.0
	65+ years	392	49.0	34.0
<b>Education</b>	Bachelor or higher	189	23.7	18.1
	Certificate/diploma	285	35.8	32
	High school	163	20.5	Not provided
	<High school	160	20.1	Not provided
<b>Employment</b>	Employed	189	22.4	46
	Unemployed	56	6.6	40
	Not in labour force	600	71.0	52.5
<b>Disability</b>		783	30.7	15.5

### Social determinants of health

Tasmanians experience poorer health outcomes than Australians as a whole. Tasmania has the second lowest life expectancy of all states and territories in Australia and lower than the Australian average of 84.5<sup>ii</sup>. Tasmanians have the highest prevalence of chronic disease and multi-morbidity in Australia. Four in five Tasmanians (83%) have a chronic condition and 65% have two or more chronic conditions<sup>iii</sup> (See Figure 1).

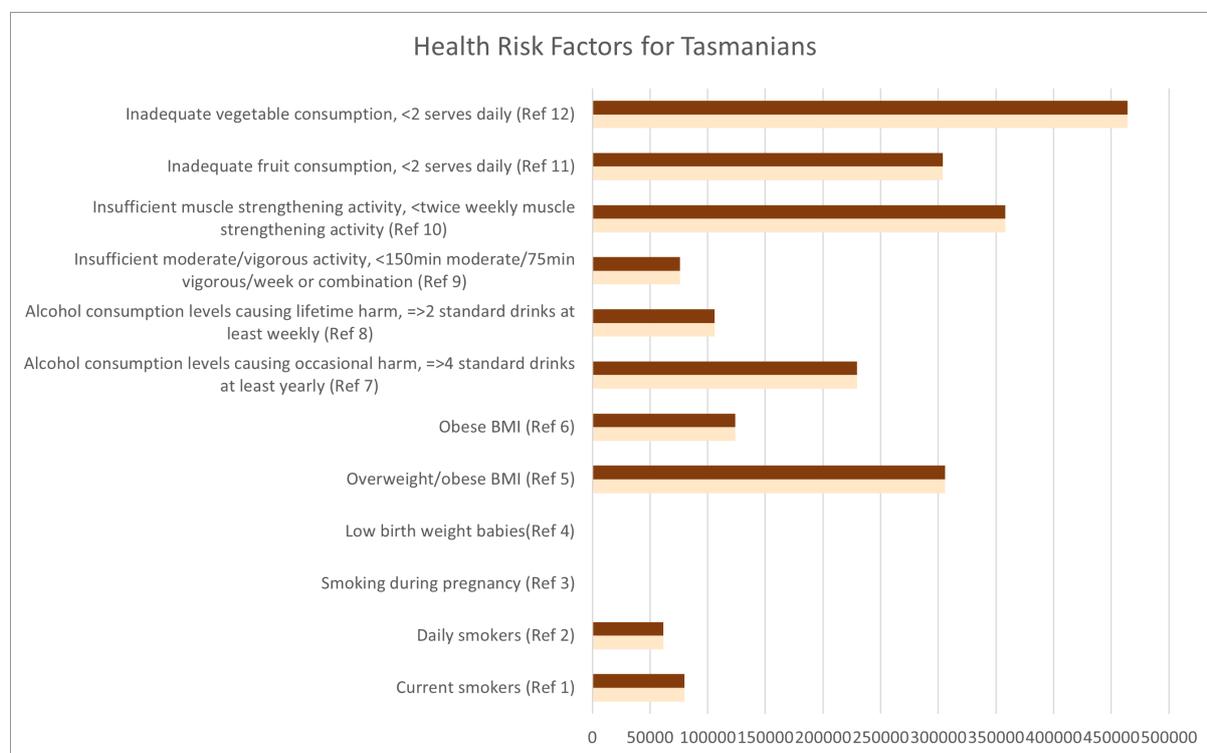


Figure 1: Health Risk Factors for Tasmania. <sup>iv</sup>

Tasmania has greater socio-economic disadvantage than Australia overall. The median personal income in Tasmania is \$573 (\$662 nationally) and the median household income is \$1100 (\$1734 nationally). Almost one-third (31%) of Tasmanians have a weekly household income less than \$650<sup>v</sup>. Educational attainment is lower in Tasmania than other jurisdictions with 43% of Tasmanian students completing year 12 in 2015<sup>vi</sup> (See Figure 2).

The demand for informal caring will continue to grow as the population ages and life expectancy increases. Informal carers are already essential to the sustainability of the health and disability system because they care for people with a range of needs that may otherwise require support from publicly funded services.

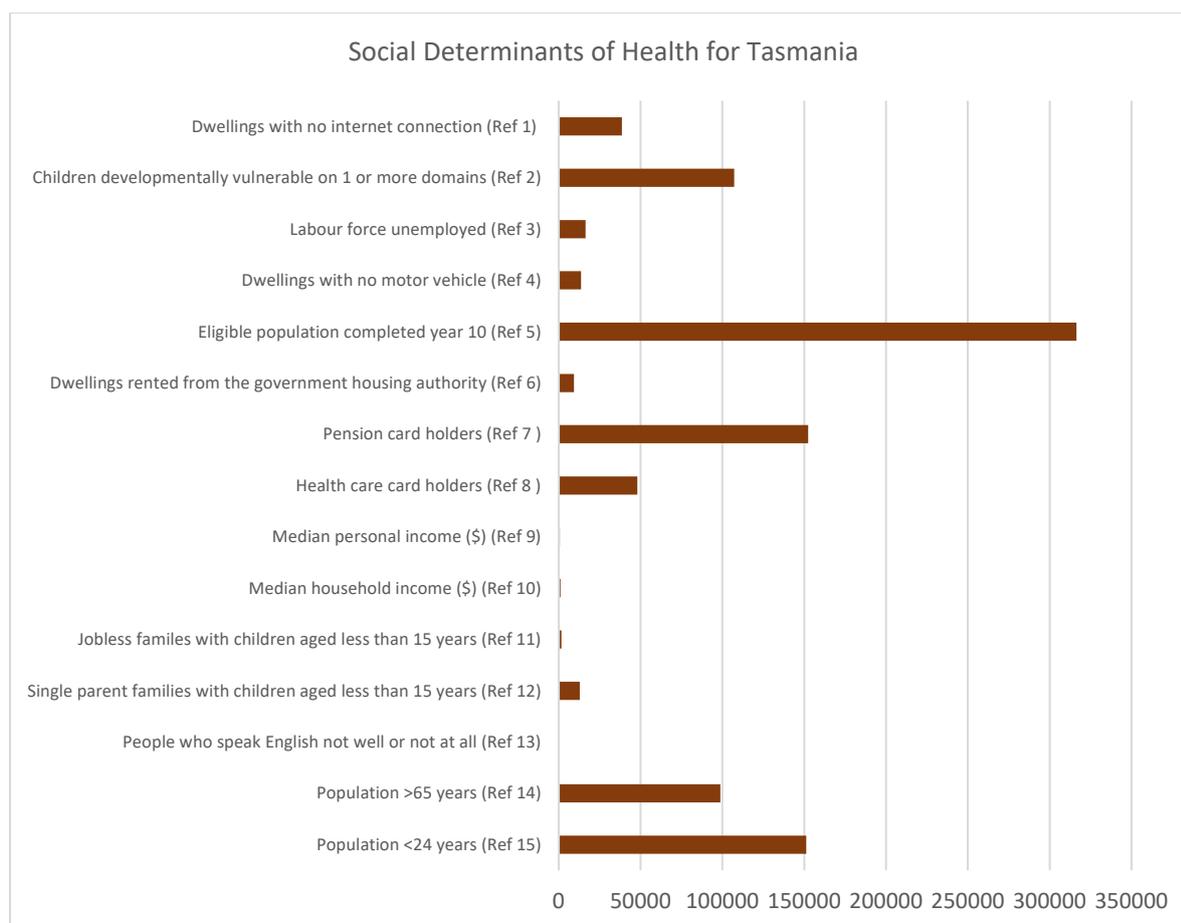


Figure 2: Tasmanians Social Determinants of Health<sup>vii</sup>

## Economic contribution

In 2020, Deloitte Access Economics produced a report estimating the total value of informal care provided in Australia<sup>viii</sup>. Data from the 2018, Survey of Disability, Ageing and Carers (SDAC) 2018, estimated that 2.8 million Australians provided informal care in 2020. This includes around 906,000 primary carers and 1.9 million non-primary carers who together provided nearly 2.2 billion hours of care in the year. Deloitte Access Economics valued informal care \$77.9 billion in 2020 (considers the cost of replacing each hour of informal care with a formal sector equivalent).

As many informal carers will have to partially or fully withdraw from the labour force to provide care. Deloitte also calculated lost earnings - or opportunity cost - from this reduced employment. This was valued at \$15.2 billion.

Key finding of the report was:

- Informal carers are estimated to spend an average of 35.2 hours per week providing care.
- 60% of all carers are female.
- Nearly 36% of primary carers fall within the lowest socioeconomic levels.
- The caring role places a significant burden on carers including:
  - Forced reduction in work hours.
  - Withdrawal from the labor force altogether.

Not considered in the Deloitte's report in the opportunity cost model are the circumstances and needs of young carers, whose caring responsibilities may reduce their participation in education, training and employment and reduce their income, not only at the time of caring, but these effects may have life-course impacts. There is a clear need to develop a longer-term opportunity cost model which estimates the life-course impacts of caring at younger ages, potentially affecting educational achievement, workforce opportunities and earnings.

This is a significant component of informal care provided by family and friends in terms of the overall health sector. This contribution is deserving of recognition and lead to greater recognition and inclusions of carers in the health system. Currently, carers often find that they are invisible to treating physicians and most times the valuable information that they have about a patient is not sought or is ignored.

The Carer Action Plan needs to also recognise the bottom-line savings to the Tasmanian Health Budget from informal care. The table below summarises the actual cost saving of patients being cared for at home and the replacement cost of care at home.

Approximate cost per bed night (THS)	\$3,000
Replacement cost of informal care at home (24 hours)	\$866
Economic contribution per day per carer	\$2,134

**If just five percent of Tasmania's 80,000+ informal carers saved someone being hospitalised for one night, this would equate to \$12,000,000 per annum.**

### 3. Recommendations

#### Carer recognition

##### Ministerial recognition

The highest recognition of the contribution of informal carers is for carers to be recognised in Ministerial/portfolio titles.



1. We recommend all Parties commit to the responsible Minister including informal carers in their official portfolio and Ministerial titles

##### Legislated recognition

Tasmania is now the only Australian state yet to pass formal Carer Recognition Legislation. Carer recognition would formally acknowledge the role of carers and the important role they play in supporting and caring for some of Tasmania's most vulnerable people including those with disability, alcohol and drug dependency, mental illness and who are aged and frail. The legislation would assist in promoting and valuing the role of carers and increase awareness.

Carer Recognition Legislation should include:

- Clearly defining a carer
- Development of a Carers Charter and Principles to
  - recognise carers as valuable members of the Tasmanian community.
  - recognise the contribution carers make.
  - respects the carer relationship.
  - supports carers and the people they care for.
  - outline the rights of carers.
  - recognise the diversity of carers (ATSI, CALD, LGBTIQA+, Young carers, Aged)
  - Interests beyond the caring role
- Establishes a joint role within the Department of Health and Human Services and the Department of Communities Tasmania to lead health and social policy related to informal carers and coordinate relationships with government agencies and non-governmental organisations.
- Governance including Carers Advisory Council with representatives with lived experience.
- Ensure lived experience representation on relevant committees and boards across government.
- Informal care as a valid form of employment.
- Public reporting and review.



2. We recommend all Parties commit to legislating recognition of informal carers by December 2021

### Caring for Carers

Carers feel that the introduction of a Carer Card would allow them to be easily identifiable as a carer and remove the need explain their caring role. The Carer Card would act as verification of the carer as an unpaid valuable member of the community and help carers feel recognised and valued, helping to reduce stigma, social isolation, and loneliness. The Card would also provide access to information, advice, support, services to maintain their own health and wellbeing.

As part of the carer card, a program to provide discounts products and services to carers could be initiated where local business is identified as “Caring for Carers”.



3. We recommend all Parties commit to adopt a caring for carers program for implementation in 2022

### Biennial carer conference

The funding of peak bodies to convene a statewide biennial conference is commonplace in other states and territories, most notably New South Wales. The conferences bring together carers, service and support providers, and all levels of government providing the opportunity to explore practice and ideas, research, and initiatives to support carers. Carers are able to connect with other carers in the community, learn and participate in activities to enhance their health and well-being and connect with services and supports.



4. We recommend all Parties commit to funding Carers Tasmania to develop and convene a biennial carers conference during the life of the next Parliament.

### Annual National Carers Week grant program

The PESRAC Final Report (page 57) noted that community events were a key theme for needed community engagement as part of COVID recovery. The Report noted that this would support “getting people ‘out’ and reconnecting” and that community-based events will be “reigniting Tasmanians’ connectedness, health and wellbeing.

The Tasmanian Carer Policy is based on three objectives, the first of which is to “increase the level of recognition of carers” (pg. 13). The implementation of the policy is significantly implemented through National Carers Week, held the second week of October each year. The purpose of the week is to raise awareness of and express gratitude to carers for their contribution to families and wider society.

The Tasmanian Government has no formal mechanism for publicly recognising carers widely across the state, either in National Carers Week or across the other 51-weeks of the year. As the Peak Body, Carers Tasmania has limited funding to hold or sponsor events that celebrate carer contribution. A number of other states have specific targeted funding for local groups and organisations to hold events during National Carers Week. This is administratively efficient by having the Peak Body manage the program on behalf of Government.

A small annual grant program of \$25,000 per annum is proposed to support events, administered by Carers Tasmania.

Guidelines will be developed by Carers Tasmania and approved by the Department of Communities Tasmania at the commencement of the program in 2021.



5. We recommend all Parties commit to implementing an annual National Carers Week grant program commencing from 1 July 2021.

### Peak Body Funding

Carers Tasmania Limited was confirmed as the first Peak Body for informal carers in 2018. The functions of the Peak have been established and proven effective at providing a focal point for policy and legislative matters affecting carers across government, and advocating for carers both at a state and national level.

Whilst elevation of Carers Tasmania to a Peak was greatly appreciated, unfortunately the current funding does not enable the realisation of full potential for the Peak to occur and an increase is warranted. The structure of the increase would include provision for a Chief Executive Officer, senior policy officer, part-time administration support, and part-time communications support.



6. We recommend all Parties commit to increasing Peak Body funding beyond indexation to a level to provide more comprehensive Peak activities

## Carers in the Tasmanian Health System

Carers frequently report that they feel invisible within the health system despite the important role they play in caring for and maintaining the health and wellbeing of the person, they care for.

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*I found on many occasions when my children have to attend a hospital or emergency department, we need parent's permission. I have to say I am a full-time carer for these children, and they are my grandchildren.*

*I make every decision or decide what is best for the children. I have folders with their paperwork, birth certificate, medical reports, health issues, medications, court documents, and have to take them with me wherever the children and me go. It seems over and over again, there is the situation that you have to explain you have full time care of these children; because over and over again when you go through a public system you never see the same doctor thru emergency department twice.*

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Caring roles are complex and the relationship between carers, the care recipient and a treating health practitioner can alter frequently depending on the state of the care recipient. This is particularly the case with conditions such alcohol and drug dependency, mental health issues which can be episodic and dementia. The age of the care recipient also affects this relationship.

The health system needs to recognise, respect, value and support the important role carers play in the health, wellbeing, treatment, care, rehabilitation, and recovery of the people they care for.

Carers rely on the health system (medical practitioners, allied health, and specialists) to provide them with information regarding the diagnosis, rationale for treatment, treatments processes and likely outcomes for the care recipient. In many cases carers report that due to patient confidentiality they are unable to access the information they need in their caring role. Carers need to be provided with enough information to assist them in their caring role. This is particularly the case for carers with adult children with ADHD, Autism, and the like. Lack of inclusion of Carers in consultations and understanding of illness, medications that puts the care recipient at risk.



7. We recommend all Parties commit to implementing routine identification of informal carers within the Tasmanian Health Service and referral to the Carer Gateway.



8. We recommend all Parties commit to developing specific processes to ensure informal carers are included in patient treatment plans



9. We recommend all Parties commit to establishing carer peer support services and employment of Carer Liaison Officers within hospitals to support the needs of carers and facilitate access to supports



10. We recommend all Parties commit to funding a review and re-printing of the I Care book in 2022



11. We recommend all Parties commit to providing specialised training to medical staff on the complexity of being a carer for those with mental illness, Dementia and Autism



12. We recommend all Parties commit to initiating regulations that mandate registered training organisations in Tasmania to provide specific training on Dementia, Autism and mental illness to anyone completing qualifications to work in the health system or aged or disability services sector

## Mental Health

### *Carer and Community Wellbeing Expos*

Literature indicates that informal carers have one of the lowest wellbeing scores in the community. The British Journal of Medical Practitioners noted findings in Psychological Distress in Carers of People with Mental Disorders that:

“Carers face mental ill health as a direct consequence of their caring role and experience higher rates of mental ill health than the general population. This leads to negative effects on the quality of life of the carer and the standard of care delivered. Efforts to identify and treat caregiver psychological distress will need to be multidisciplinary, require consideration of the cultural context of the patient and caregiver, and focus on multiple risk factors simultaneously.”

Feedback on PESRAC consultation notes the need for and value of community-based activities and events to enhance or build networks in communities, access to information and advice, awareness raising activities regarding local community services (from both a health and social perspective) are all relevant and value aspects of community engagement.

COVID has prevented carers from access activities that support their caring roles and general wellbeing. Carers have also lost critical/valuable social connections stemming from the social isolation that resulted from locking-down homes to protect vulnerable family members. Opportunities are needed to resource carers and connect them back into the community and with peers that in turn will build resilience in their caring roles.

Our proposal is for a series of carer and community wellbeing events to be held each of the next two years to support COVID recovery.

We propose a mix of expos and mini-expos\* to ensure enhanced access across Tasmania.

	Year 1 (2021/22)	Year 2 (2022/23)
Expos	Burnie Launceston Hobart	Devonport Launceston Hobart
Mini-expos*	New Norfolk Sorell Smithton Ulverstone Bicheno	Huonville St Helens Bridgewater Queenstown

\* Mini-expos will be held in conjunction with Neighbourhood Houses (where possible) or other local infrastructure (such as LGAs, Libraries Tasmania).

Community and government agencies will be engaged to support the expos and ensure that carers and the wider community have access to information and services to support their mental wellbeing.



13. We recommend all Parties commit to provide \$120,000 to Carers Tasmania over two years to deliver carer and community wellbeing expos

### *Mental Health Literacy*

Care to Serve, the service arm of Carers Tasmania, currently supports 1,452 informal carers that care for someone with mental illness, and many care recipients have comorbidities. A further 239 carers have mental illness themselves, many as a result of the strain of their caring roles. The survey of carers during COVID found that many carers mental wellbeing had suffered significantly from a sharp increase in caring hours, the span of caring activities, loss of sleep, and reduced time with other family and social connection.

The PESRAC Final Report identifies the need to accelerate support services for those living with mental illness, which includes 17% of current registered carers. Just as importantly, improving awareness of mental wellbeing helps to prevent either the occurrence of mental ill health or a worsening of conditions that may exist with carers.

We propose to have experienced, tertiary qualified counsellors deliver programs that will:

- Support carers to understand mental wellness
- Recognise the signals of carer strain and fatigue that leads to reduced mental health
- Understand and be able to use the language (i.e. literacy) to engage with physicians and other service providers about their own mental health and that of the person for whom they care
- Knowing and linking with related service providers

These one-day programs will complement other existing supports, such as Mental Health First Aid and physical movement and wellbeing activities (e.g. yoga).

Six sessions will be delivered annually with two in each region delivered six months apart. The location of sessions will be flexed to ensure access by carers in multiple locations and caring contexts.

The program will be conducted in existing community infrastructure through our partnership with Neighbourhood Houses, including Burnie, Devonport, George Town, Beaconsfield, St Helens, and New Norfolk, Rokeby, and supplemented with delivery through our own offices in Launceston and Moonah.

It is anticipated that a minimum of 500 hours of development will be delivered annually.



14. We recommend all Parties commit to provide \$90,000 over three years to Carers Tasmania to deliver 1,500 hours of mental health literacy awareness training

## Education, Training and Employment

### Young carers

It is estimated that around seven percent of carers in Tasmania are aged under 25 years<sup>ix</sup> .

Carers experience a range of barriers to education, training and employment. Research tells us that by year nine boys who spend two or more hours per day caring were the equivalent of 1.9 years behind their peers in Year NAPLAN reading. Girls caring for two hours or more per day were 1.6 years behind in NAPLAN reading. Both boys and girls in Year 9 caring for two or more hours per day were approximately fifteen months behind their peers in NAPLAN numeracy<sup>1</sup>. Unless more is done to identify and support young carers in schools, the cohort will continue being less likely to complete high school and pushed further to the fringe of the Tasmanian community.

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*My son is seen as an adult and I am totally disregarded as a carer. This also happens within education e.g. TAFE Tasmania + college (Grades 11-12). It has also happened with his employer.*

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Young carers are less likely to have completed year 12 or equivalent than their peers are, and nationally, over 60% of primary carers aged 15 – 25 are not studying<sup>2</sup>. Less formal adult learning opportunities may provide the flexibility, crucial to combining caring and study for the young carer cohort.

Carers Tasmania has been advocating for the routine inclusion of a question regarding caring in primary and secondary enrolment for some time. This would result in young carers being identified and provided with the flexibility, services and support they need.

The University of Tasmania should be encouraged to formally recognise and increase awareness of student carers. This could take the form of greater flexibility in course delivery. University policies should accommodate the needs of carers by incorporating flexibility (attendance requirements, assignment deadlines, online learning) and the provision of financial support such as scholarships or bursaries.

Young carers need assistance with transition from school to work. Proposed PESRAC reforms such as the Job Ready Fund career education, work-based learning, VET in schools, apprenticeships and traineeships for school-aged learners, and industry engagement will benefit young carers<sup>x</sup>

Carers develop a range of skills and experience in their caring role. These can include things such as personal care, medical care, communication skills, conflict resolution and behavioural management skills. These skills are readily transferable to organisations that manage care and provide services and supports. Carers should be provided with recognition of the skills they have developed in their caring role and fast tracked with appropriate training and linked with vacancies to meet some of these needs.

Young carers need to be identified early so they can access and be supported in school, study, their work environments and beyond and be provided with the opportunity to live active, engaged lives where they receive all necessary supports and services.



15. We recommend all Parties commit to establishing a Strategic Young Carer Advisory Group to advise the Tasmanian Government on issues relevant to young carers with membership consisting of the Secretaries of Education, State Growth and Communities Tasmania, and CEOs of Carers Tasmania and YNOT



16. We recommend all Parties commit to developing opportunities for individualised learning plans for young carers in schools to enhance completion rates



17. We recommend all Parties commit to the routine identification of young carers in compulsory education through the inclusion of relevant questions at enrolment/re-enrolment and ensure all young carers are referred to the Carer Gateway for services and supports



18. We recommend all Parties commit to ensuring that young carers are an identified cohort for inclusion in any VET in Schools initiatives



19. We recommend all Parties commit to funding local government authorities to deliver young carer holiday programs through their youth, arts and recreation centres

#### Young Carer Connector Program

The PESRAC Final Report highlighted the impact of COVID on young Tasmanians, noting on page 29 that “young people are particularly vulnerable to the disruptions the pandemic has caused, and some are now at risk of being left behind in education, economic opportunities and general well-being during a crucial stage of their life development.” The Final Report went on to conclude that “Tasmania faces the challenge of responding to COVID-19 from a long-term base of relatively low rates of youth education attainment, workforce participation and employment.”

Young carers under 25 years of age are amongst those referenced by PESRAC that have lower education and economic participation prior to COVID.

The Tasmanian Carer Policy notes about young carers:

- 9% of Tasmanian carers are aged under 25 years
- less likely to have completed year 12 (or equivalent) than their peers
- 60% of primary carers aged 15-24 years are not studying

Employment outcomes are lower for young carers than their peers with 52% of carers over 15 years employed versus 60.3% of non-carers.

Nationally, students who spend two or more hours per day caring are at least 1.6 years behind their classmates in NAPLAN Reading and over a year behind their peers in NAPLAN Numeracy.

The overall number is estimated at approximately 8,000 with up to one-half being within compulsory education. Carers Tasmania estimates that there is one informal carer per fifteen (1:15) students aged six to 18 years of age based on interviews with school principals and social workers.

Young carers will continue to under-achieve and be on the fringe of economic recovery unless:

- They are identified, most particularly within the compulsory education system
- Targeted supports are co-designed and developed that support increased completion rates and access to post-compulsory learning and employment pathways
- Other community and government organisations are coordinated in support of young carers

If not, young carers will continue to slip behind on NAPLAN, attain lower levels of education, have less access to meaningful employment and lower overall economic security.

We propose a three-year initiative will deploy one FTE to each of Tasmania's three regions – based out of Carers Tasmania/Care to Serve's offices – to work with:

- Young carers to connect with each other and with key supports (such as the Carer Gateway and other local services)
- Schools, training providers and UTAS to identify and support young carers
- Community support agencies to customise supports to meet the needs of young carers

It is intended that all primary and high schools, colleges, registered training organisations, and UTAS will be engaged in the first year in partnership to support young carers. In the second and third years, work will centre on supporting education of educators/trainers to recognise and respond to young carers, on systemic referral of young carers to the Carer Gateway, and linkage of young carers with supports to lessen social isolation.



20. We recommend all Parties commit to \$865,000 funding over three years to Carers Tasmania to provide a Young Carer Connector in each of Tasmania's three regions to connect young carers with local services, support identification of young carers in schools and colleges, and support awareness raising of school staff to recognise and support young carers in educational settings.

### Employment

Informal carers gain a wealth of skills and experience whilst caring for family and friends. These skills are generally undervalued. TAFE programs should offer carers recognition of prior learning for their caring activities and alternative examination processes should be developed to recognise the skills of carers work they do.

For carers who are employed on a casual-, part- or full-time basis, their caring role can be a source of stigmatisation and may be associated with limited opportunities for professional development and lower salaries. Carers also face difficulties with accessing and retaining work and balancing their work with the care responsibilities. Carers Tasmania identifies value in considering carers in areas of aged care and disability, as carers hold specific expertise and knowledge and may be an untapped cohort, well suited to working part time in order to combine caring and work.



21. We recommend all Parties commit to establishing an employer subsidy program for employing informal carers across Tasmania



22. We recommend all Parties commit to ensuring that education and training organisations build recognition of informal carers into curriculum and research activities



23. We recommend all Parties commit to developing a transition from school to employment program for young carers aligned to PESRAC recommendations.



24. We recommend all Parties commit to encouraging registered training organisations to recognise prior learning from informal caring roles and provide fast-tracked training

## Housing and accommodation

The 2020 National Carer Survey revealed that 64% of Tasmanian carers had a household income of less than 59,999 per year. Carers are statistically more likely to live in low income households often because of the impacts of caring on employment. The combination of low income and extra costs associated with caring and high rental costs can make it difficult for carers to afford an appropriate place to live or modify their housing to make it suitable for the person they care for. Many carers are likely to require financial assistance to be able to afford appropriate housing.

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*Mr R receives a carer's pension. His son Zakary has cerebral palsy and epilepsy, and receives a disability pension. "The rent's just gone through the roof ... every cent is already spoken for..." (ABC News, Welfare advocates concerned perfect storm brewing in Tasmania as rental demand outstrips*

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25. We recommend all Parties commit to reviewing eligibility criteria for housing assistance to include carers and ensure that social housing policies are flexible and allow for special consideration where complex caring situations exist



26. We recommend all Parties commit to fund a Carer Support Officer to work within Housing Tasmania to work directly with carers in need of housing



27. We recommend all Parties commit to training Housing Connect staff to increase awareness of carers and ensure that they understand the diversity of caring situations



28. We recommend all Parties commit to increase the number of social housing properties that are accessible for people with disability and their carers



29. We recommend all Parties commit to co-designing a disability housing strategy for Tasmania



30. We recommend all Parties commit to investigate alternative accommodation options, such as Airbnb, to provide accommodation for carers travelling with care recipients for treatment

## Transport

Whilst several options exist for carers to access transport in urban areas these services become limited in rural and remote areas of Tasmania.

Disability Parking Permit regulation require the disabled person to be always present in the car. Transport access schemes such as taxi travel discounts do not apply to carers when travelling as part of their caring role. This places considerable burden on the carer.

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*Transport assistance not available as our town is considered rural and too far away for economical costs.*

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Services and supports are required to assist carers to access transport when they are no longer able to drive or unable to drive because of disability or distance to travel. Services and supports may include volunteer driver program, transport concession rates, carer-parking permits for Carers. Although there is a government *Patient Travel Assistance Scheme (PTA)* carer's felt that they were not provided with the necessary information regarding their use.

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*Insufficient disabled parking bays, and far too expensive!*

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Carers acknowledge the value of the Tasmanian Companion Card however they felt that due to the Companion Card having a photo ID which identified a person receiving care that its uptake was not utilised, particularly by carers of people with mental health illnesses. A carer card which identified the carer was felt as a more appropriate way to access discounted or free transport services.



31. We recommend all Parties commit to review the Transport Access Scheme to consider the needs of carers when travelling as part of their caring role. This review would include taxis to include carers who are eligible for concessions when travelling to pick-up care recipients and return home, and Disability Parking Permit to enable carers to use the permit when dropping-off or picking-up care recipients even if they are the only person in the vehicle



32. We recommend all Parties commit to providing free transport through Metro Tasmania for carers when accompanying a care recipient



33. We recommend all Parties commit to negotiating transport concession rates for carers using Uber, Maxi Taxis and similar

## Digital inclusion

Carers Tasmania suggests that carers are more likely to be disproportionately represented in groups with low digital inclusion rates.

Government services increasingly rely on individuals to have access to information through computers, smart phones, and other digital devices<sup>xi</sup>. Many carers rely on these government and community services and on social security. Access to the internet in many parts of Tasmania can be sporadic and unreliable resulting in digital exclusion. Digital exclusion can compound for people living in rural, regional, and remote areas of Tasmania with unreliable coverage. Older carers can experience issues with technology and systems and may be uncomfortable (due to hearing, sight, or shaky hands) with online systems.



34. We recommend all Parties commit to funding programs to increase digital inclusion of informal carers and that programs will include the provision of a device, low or no cost internet access and training to confidently and competently use devices and access supports and services required in their caring roles



35. We recommend all Parties commit to introducing a digital concession program for informal carers



36. We recommend all Parties commit to negotiating with telecommunication and internet service providers to grant free access to government and charity websites for informal carers

## 4. References

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- <sup>iii</sup> National Health Survey: First Results, 2014-15
- <sup>iv</sup> [Primary Health Information Network](#) Ref 1 - Department of Health and Human Services Tasmania 2016 Epidemiology Unit. Ref 2 - Department of Health and Human Services Tasmania 2016 Epidemiology Unit. Ref 3 - Primary Health Information Development Unit, Social Health Atlas of Australia: Local Government Areas; Compiled Based on Data from Tasmanian Perinatal Database (2012-14). Ref 4 - Primary Health Information Development Unit, Social Health Atlas of Australia: Local Government Areas; Compiled Based on Data from Tasmanian Perinatal Database (2012-14). Ref 5 - Department of Health and Human Services Tasmania 2016 Epidemiology Unit. Ref 6 - Department of Health and Human Services Tasmania 2016 Epidemiology Unit. Ref 7 - Department of Health and Human Services Tasmania 2016 Epidemiology Unit. Ref 8 - Department of Health and Human Services Tasmania 2016 Epidemiology Unit. Ref 9 - Department of Health and Human Services Tasmania 2016 Epidemiology Unit. Ref 10 - Department of Health and Human Services Tasmania 2016 Epidemiology Unit. Ref 11 - Department of Health and Human Services Tasmania 2016 Epidemiology Unit. Ref 12- Department of Health and Human Services Tasmania 2016 Epidemiology Unit.
- <sup>v</sup> Australian Bureau of Statistics, "Census of Population and Housing: General Community Profile, Australia, 2016, Cat No 2001.0
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- <sup>vii</sup> [Primary Health Information Network](#) Ref 1 - Australian Bureau of Statistics, Census of Population and Housing: General Community Profile, Australia, 2016, Cat No 2001.0 (Canberra, Australia: 2017) Ref 2 - Primary Health Information Development Unit, Social Health Atlas of Australia: Local Government Areas; Based on Data from the 2015 Australian Early Development Census (an Australian Government Initiative) (2015). Ref 3 - Australian Bureau of Statistics, Census of Population and Housing: General Community Profile, Australia, 2016, Cat No 2001.0. Ref 4 - Australian Bureau of Statistics, Census of Population and Housing: General Community Profile, Australia, 2016, Cat No 2001.0. Ref 5 - Australian Bureau of Statistics, Census of Population and Housing: General Community Profile, Australia, 2016, Cat No 2001.0. Ref 6 - Australian Bureau of Statistics, Census of Population and Housing: General Community Profile, Australia, 2016, Cat No 2001.0. Ref 7 - Compiled Based on Data from the Department of Social Services, June 2016; and the ABS ERP, June 2015 (2016). Ref 8 - PHIDU, Social Health Atlases of Australia: LGAs; Compiled Based on Data from the Department of Social Services, June 2016; and the ABS ERP, June 2015 (2016). Ref 9 - Australian Bureau of Statistics, Census of Population and Housing: General Community Profile, Australia, 2016, Cat No 2001.0. Ref 10 - Australian Bureau of Statistics, Census of Population and Housing: General Community Profile, Australia, 2016, Cat No 2001.0. Ref 11 - Australian Bureau of Statistics, Census of Population and Housing: General Community Profile, Australia, 2016, Cat No 2001.0. Ref 12 - Australian Bureau of Statistics, Census of Population and Housing: General Community Profile, Australia, 2016, Cat No 2001.0. Ref 13 - Australian Bureau of Statistics, Census of Population and Housing: General Community Profile, Australia, 2016, Cat No 2001.0. Ref 14 - Australian Bureau of Statistics, Census of Population and Housing: General Community Profile, Australia, 2016, Cat No 2001.0 (Canberra, Australia: 2017). Ref 15 - Australian Bureau of Statistics, Census of Population and Housing: General Community Profile, Australia, 2016, Cat No 2001.0 (Canberra, Australia: 2017).
- <sup>viii</sup> 2020 Deloitte Access Economics, The value of informal care in 2020, Carers Australia May 2020
- <sup>ix</sup> Australian Bureau of Statistics (2021) 44300DO006\_2018 Disability, Ageing and Carers, Australia: Tasmania, 2018. Released at 11:30am Wednesday 5 February 2020.
- <sup>x</sup> Premier's Economic and Social Recovery Advisory Council (PESRAC) (2021) Premier's Economic and Social Recovery Advisory Council Final Report, March 2021.

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<sup>xi</sup> Australian Human Rights Commission (AHRC) (2019), Human rights and technology: Discussion paper, AHRC: Sydney