

National Carer Strategy

Evidence Base

October 2011



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Introduction

This Evidence Base is a companion document to the National Carer Strategy (Strategy). It brings together a wide range of qualitative and quantitative research highlighting the nature of caring and the impact this has on the lives of carers.

The Strategy is the Australian Government's long term commitment to better respond to the needs of carers and ensure they have the opportunity to take part in all aspects of society including work, family and community life.

The Evidence Base contains two streams of analysis. The first stream presents an overview of carers and caring in Australia. The second highlights the impact that caring has on the lives of carers and is structured around the six priority areas of the Strategy. This analysis clearly affirms the importance and validity of the Strategy's six priority areas in improving the lives of carers. These are:

- recognition and respect
- information and access
- economic security
- services for carers
- education and training
- health and wellbeing.

Carers in Australia

Defining carers

The Strategy and the *Carer Recognition Act 2010* define carers as people who provide personal care, support and assistance to people with disability, medical condition (including terminal or chronic illness), mental illness or frail age.

Carers include family members, friends, relatives, siblings or neighbours. Grandparents or foster carers providing care to a child with disability, medical condition (including terminal or chronic illness) or mental illness are included within this definition. Carers not included are people who are paid to undertake a caring role, such as formal care workers, carers who provide voluntary care work, and people who provide care as a requirement of a course for their education and training.

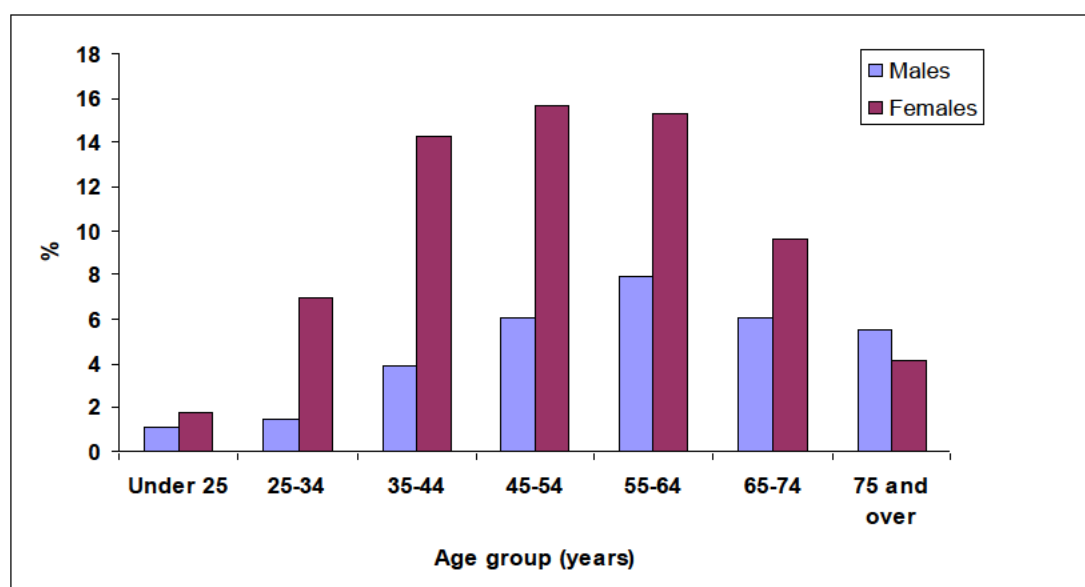
Carer demographics

Australia's main statistical source of data on carers is the Australian Bureau of Statistics' (ABS) *Survey of Disability Ageing and Carers (SDAC)*. SDAC captures information about the number and characteristics of carers and nature of care relationships.

SDAC (2009) highlights there are over 2.6 million carers in Australia who provide help or assistance to people in need of care due to disability, medical condition or age. Of these:

- 55.2 per cent of all carers are female
- 29.3 per cent are primary carers (i.e. carers who provide most of the care, support and assistance to the person needing care)
- 67.8 per cent of primary carers are female
- 3.0 per cent of primary carers are aged less than 25 years
- 71.6 per cent of primary carers are aged between 25 and 64 years
- 25.4 per cent of primary carers are aged 65 years and over.¹

Figure 1: Age distribution of primary carers by gender



Source: SDAC (2009)

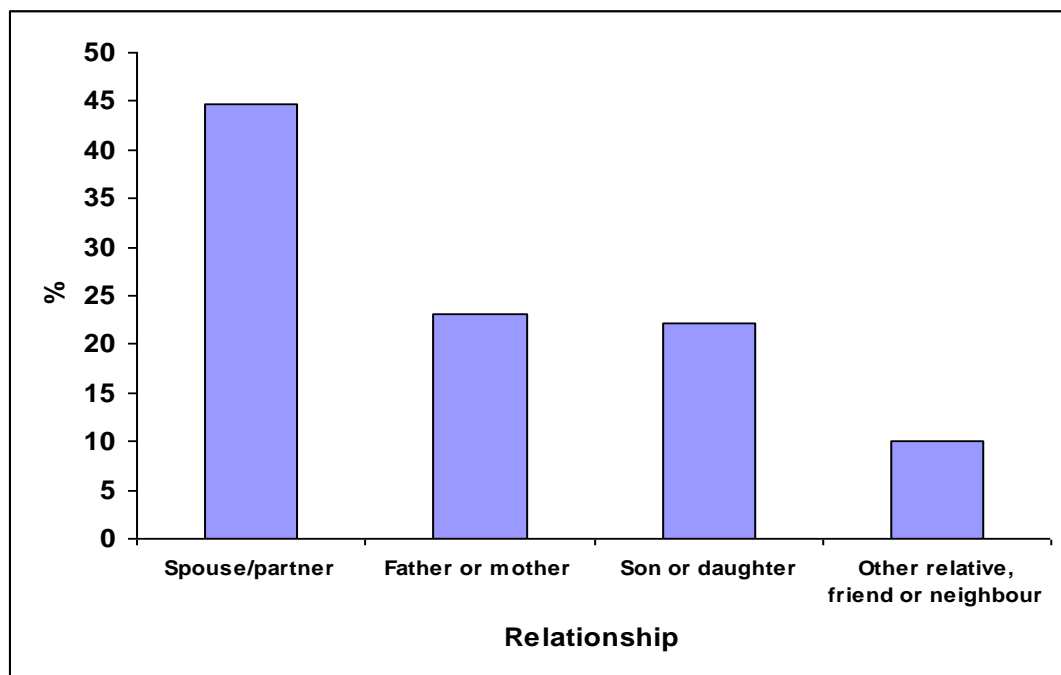
Figure 1 identifies the age distribution of primary carers by gender. This highlights the significance of women as carers, with the peak age group for women to be in a caring role being 45 to 54 years. Women comprise 71.7 per cent of primary carers aged 35 to 64 years. However, the gender balance of primary carers is more even for older carers with 7.0 per cent of men and 7.2 per cent of women aged 65 and over being primary carers.²

Care relationships

Relationships between carers and the people they care for are diverse. No two are the same and they occur between people of all ages and at all life stages.

SDAC (2009) identifies the most common reasons among primary carers for taking on the caring role are because of family responsibility (54.2 per cent) and the personal belief of carers that they can provide better care in the home than formal or community based care services (41.1 per cent). In Australia, 76.7 per cent of primary carers care for immediate family members (parent, child and partner) and live in the same household as the person they care for.³

Figure 2: Relationship of primary carer to the care receiver



Source: SDAC (2009)

Figure 2 illustrates the relationship of primary carers to care recipients. Almost half of primary carers, 44.7 per cent, provide care to their spouse or partner, whilst the remaining carers are parents of the person being cared for (23 per cent), children of the person being cared for (22.2 per cent), or other relatives, friends or neighbours (10.1 per cent).⁴

Priority 1: Recognition and respect

Research highlights carers' need for increased acknowledgement and recognition of the social and economic contribution they make to society, their dissatisfaction with health and community professionals, and the importance of improving carer identification.

Carers' economic contribution

Carers make a strong economic contribution to society. Access Economics (2010) estimates this contribution to be 1.32 billion hours of unpaid care each year. Replacing this care with formal care services is estimated at a cost of \$40.9 billion per annum to the Australian economy. This amount is equivalent to 3.2 per cent of Australia's Gross Domestic Product and 60 per cent of the cost of other formal health care.⁵ Figure 3 provides more detail of this estimation.

Figure 3: Replacement cost of informal care in Australia 2010

Level of Disability	Other	Severe	Profound	Total
Primary carers				
Av. hours of care per week	22	27	39	
Number of primary carers (000s)	305.8	176.2	57.4	539.4
Total hours per annum (m)	350	247	116	714
Replacement cost (\$m)	10,854	7,677	3,615	22,146
Non-primary carers				
Av. hours of care per week	5	5	5	5
Number of non-primary carers (000s)	n/a	n/a	n/a	2,325.9
Total hours per annum (m)				605
Replacement cost (\$m)				18,769
Total replacement cost (\$m)				40,915

Source: Access Economics (2010)

Carers' economic contribution to society will increase in the future. The Disability Investment Group (2009) projects that, over the next 40 years, there will be a steady increase in the number of people with severe and profound disabilities, from 1.4 million in 2009 to 2.9 million in 2049, and a corresponding increase in the proportion of the population with severe and profound disabilities from 6.7 per cent to 10.2 per cent.⁶ This will impact on Australia's future demand for carers, along with the ageing of Australia's population.

The Australian Institute of Health and Welfare (AIHW) (2009) identifies the structural ageing of Australia's population is occurring in an environment where (proportionally) there will be fewer people of workforce age. This will inevitably place stress on working age carers to remain in the workforce and may compromise their ability to provide informal care and support for their ageing parents and other family members.⁷

AIHW (2009) highlights that women will be particularly affected. Traditionally women have taken on the bulk of family responsibilities. However, as women are increasingly better educated, earning higher salaries than in the past, and many families are becoming reliant on dual incomes, it remains to be seen if women will continue to fulfil caring roles to the same degree in the future.⁸

AIHW (2009) also identifies a number of other social pressures that may threaten Australia's informal supply of carers into the future. These include changes to family dynamics and structures, such as an increased proportion of people living alone, increased childlessness and continuing high rates of divorce and family breakdown. As a result, many people who may need care will have fewer family members to call on to provide it. In addition, increased mobility of family members often means that children are less likely to be living near their ageing parents, and therefore less able to provide care.⁹

Carers' social contribution

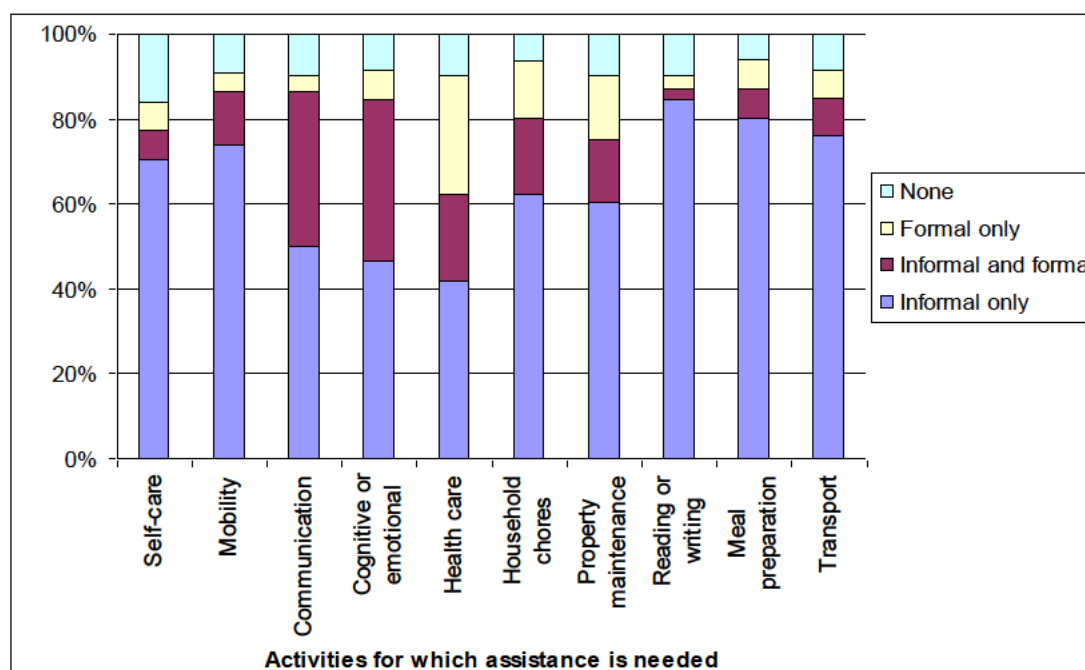
Carers make a key social contribution to society, supporting many people to remain in their own homes and reach their full potential. Carers Australia and the University of Canberra (2008) illustrate some of the benefits carers provide to assist people who need care to:

- remain at home, in a familiar environment, with people they love and who have their interests at the centre of their considerations
- receive care in a highly individualised, loving and flexible way
- be supported to maximise their life and independence in the community
- preserve their family structures and relationships
- experience a quality of care not always possible in institutional settings.¹⁰

According to SDAC (2009), an estimated 1.1 million people living in households with a severe or profound limitation in one of the core activities of communication, mobility or self-care, need assistance with at least one of a number of specified activities. Of these people, 92.3 per cent receive help from a carer.¹¹

Areas where carers are most likely to be the sole providers of assistance include reading or writing (84.3 per cent), meal preparation (80.2 per cent), transport (76.0 per cent), mobility (74.1 per cent), and self care (70.5 per cent).¹²

Figure 4: Type of assistance received by people with a severe or profound limitation needing assistance with specified activities



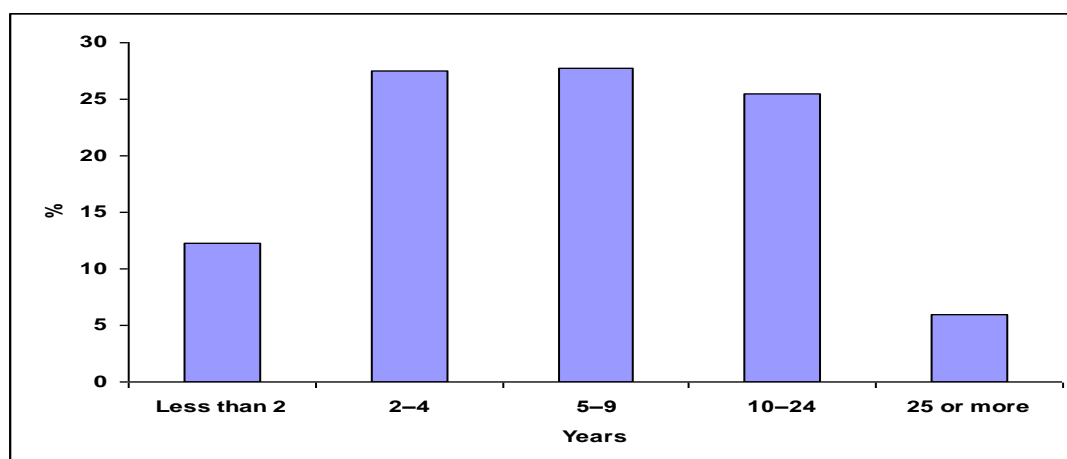
Source: FaHCSIA analysis of 2009 Survey of Disability, Ageing and Carers Confidentialised Unit Record File

Figure 4 illustrates some of the activities with which carers provide assistance to people with a severe or profound core activity limitation living in households.

Providing such wide-ranging assistance requires a substantial investment of time from primary carers. SDAC (2009) estimates that more than half (53.3 per cent) of all primary carers spend 20 or more hours per week actively caring, including 34.9 per cent that spend 40 or more hours providing assistance.¹³

Figure 5 illustrates the long-term commitment of caring. Over a quarter of carers have provided care for a person with disability, or someone who is frail aged, for between 10 and 24 years. A further quarter of carers provide care for between five and nine years.¹⁴

Figure 5: Length of caring commitment



Source: SDAC (2009)

Carers as partners in care

Many studies report that health and community professionals do not recognise carers as partners in care and in the delivery of treatment plans. This is a cause of frustration and anxiety for carers. At the same time, it is a complex legislative area raising many issues about balancing the needs of carers, the people for whom they care and service providers.¹⁵

The Australian Government recognises the need to consider carers as partners with other care providers as part of the *Carer Recognition Act 2010*. In New South Wales, the Northern Territory, Queensland, South Australia and Western Australia, carer recognition legislation sets out a Carers Charter. Each Charter gives direction to state and territory government agencies and service providers on how to treat carers and how to involve carers in the delivery of services. In Tasmania, the *Charter of Health Rights and Responsibilities* includes a section on the rights of carers when dealing with health service providers.

Hidden carers

Official estimates may under-represent the number of carers in Australia. This is partly due to limitations with SDAC's definition of carer; as it does not capture young primary carers (aged less than 15 years), or carers who undertake an episodic role which lasts for periods of six months or less. It is also because 'many people view their caring as a normal part of life, of being a wife, husband, sibling, or even a friend, and never think of themselves as carers and are thus isolated without support.'¹⁶

The House of Representatives Standing Committee on Family, Community, Housing and Youth (2009) identifies the following reasons why certain carer groups may not self identify:

- young carers are more likely to see the assistance they provide as an integral part of normal family life and often feel identifying as a carer would reflect badly on their family
- ageing parent carers have cared for a long time and do not identify as a carer because they have never engaged with formal services
- carers of people with mental illness are often reluctant to identify as carers due to stigmas associated with mental illness
- language difficulties may also discourage or prevent carers from culturally and linguistically diverse backgrounds from identifying as a carer.¹⁷

Priority 2: Information and access

Research highlights that carers find it difficult to locate relevant and reliable information about the service delivery system and find it hard to access existing services and supports.

Information

The House of Representatives Standing Committee on Family, Community, Housing and Youth (2009) cites numerous examples of carers' frustrations about the barriers they face in accessing information:

- 'there is a broad range of information available for carers, however dissemination of this information is very fragmented'¹⁸
- 'it is very difficult to access information – you ring one department and get passed to another department'¹⁹
- 'information provision is random and may be around at a time when it has little significance'.²⁰

Young carers, older carers, Indigenous carers, carers from culturally and linguistically diverse backgrounds and carers living in regional, rural and remote areas face particular difficulties accessing information.

Carers Victoria (2005) identifies that Indigenous carers in remote communities are particularly disadvantaged with the lack information about available supports and are likely to experience high fears and mistrust of mainstream services.²¹

Older carers face different challenges with their information needs. The current ageing population includes the first significant population of people with disabilities who are growing older with the rest of the population.²² Longer life expectancies for many people with disabilities mean that increasing numbers of ageing parent carers need to plan for their son or daughter's future care.²³ Available evidence suggests that current future planning support services are fragmented and provided on an ad hoc basis across jurisdictions, with many older carers stating they do not know where to go to obtain assistance and information about planning for the future.²⁴

Young carers also experience difficulties in locating and accessing information about services and supports. The young carer *Bring It* report (2008) highlights the barriers that young carers face in obtaining information and support at both the local and national level.²⁵

Cass et al (2009) further assert that even when support services are available, young carers and their families do not know who to contact, or how to go about accessing the supports. Geographical remoteness, or growing up in regional and remote areas, compounds young carers' information difficulties.²⁶

Access to services and supports

Information difficulties mean that many carers often miss out on gaining access to services and supports. AIHW (2009) reports that 53 per cent of all primary carers do not receive support (from formal or informal sources) in their role as a carer and nearly one quarter of all primary carers want more assistance. Carers who care for a child with disability aged under 15 years are more likely than carers of people who are frail aged to report that they need more assistance as a carer; and carers who do not live with the person for whom they care report wanting more assistance.²⁷

The House of Representatives Standing Committee on Family, Community, Housing and Youth (2009) highlights the difficulties of many carers accessing services and supports and the confusion and stress they face. This complexity of service delivery arrangements derives from a number of factors:

- the linked but different needs of carers and care receivers
- the multiple portfolio and program areas across all levels of government that are involved in the funding and administration of community care services
- the separate service systems which provide assistance to carers and care receivers, namely the community care, aged care, disability, community mental health and veterans' care services
- the involvement of government, not-for-profit and for-profit organisations in the delivery of services to carers and care receivers.²⁸

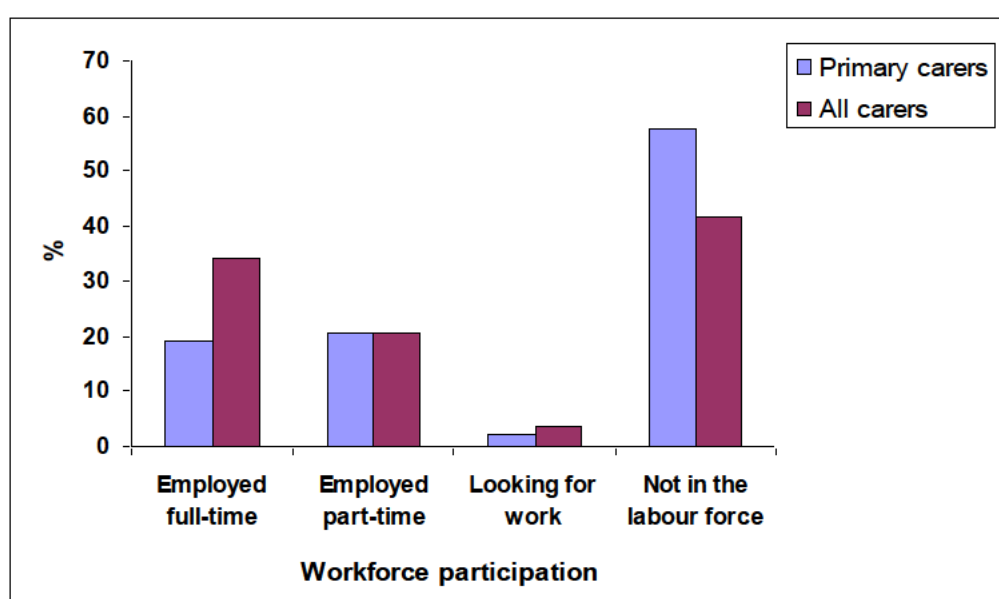
Priority 3: Economic security

Research affirms that caring has an adverse effect on carers' participation in paid work and their financial wellbeing. Although many carers would like to engage in paid work, they are unable to do so because of the difficulties they face in balancing work with their caring responsibilities. As a result, many carers are reliant on the income support system.

Economic participation

It is well established that carers have lower rates of workforce participation than non-carers. Among primary carers, 40.2 per cent are employed, compared to 60.9 per cent among non-primary carers and 66.2 per cent among non-carers.²⁹

Figure 6: Carers' workforce participation



Source: SDAC (2009)

Figure 6 highlights the work patterns of all carers and primary carers. Using SDAC (2009) it identifies that 57.7 per cent of primary carers are not in the workforce, compared to 41.7 per cent of all carers. Primary carers are also less likely to be working full time – only 19.4 per cent of primary carers work full time compared to 34.0 per cent of all carers. The proportion of primary carers and all carers working part time is similar – 20.8 per cent of primary carers work part time compared to 20.6 per cent of all carers.³⁰

The impacts of caring on workforce participation disproportionately affect female carers. According to FaHCSIA analysis of the 2009 SDAC Confidentialised Unit Record File (CURF), among carers aged 15 or over, female carers are less likely than male carers to be in paid work (52.4 per cent compared to 58.0 per cent). Among those who are employed, female carers are more likely than male carers to work part time (54.7 per cent compared to 19.1 per cent).

The Australian Institute of Family Studies (AIFS) (2008) details the main barriers preventing female carers from engaging in paid work in Figure 7. In order of priority they comprise no alternative care arrangements, disruptions to the arrangement of the person being care for, difficulties in arranging working hours, age, loss of skills from being out of work, and the costs of alternative care.³¹

Figure 7: Main employment barriers identified by female carers not in the workforce

Other
No di

Source: AIFS (2008)

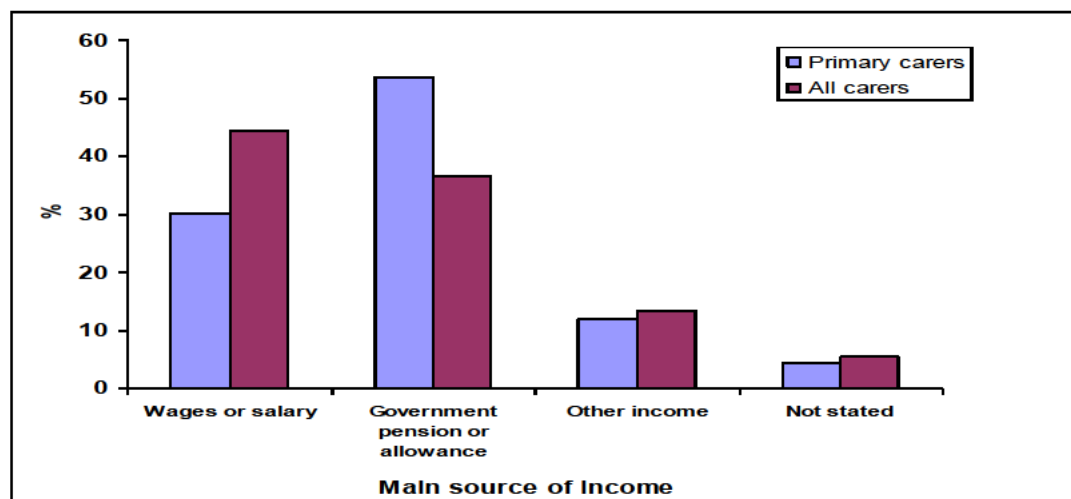
Income support

Carers' lowered workforce participation rates contribute to an increased reliance on the income support system for ongoing financial support. The Australian Government is responsible for the income support system which provides financial support through carer payments, including Carer Payment and Carer Allowance.

Carer Payment is an income support payment available to carers who are unable to support themselves through substantial workforce participation due to the demands of their caring role. Carer Payment is paid at the social security pension rate. Carer Allowance is a supplementary payment available to carers who provide daily care and attention in a private home to a person who has disability, severe medical condition or who is frail aged.

Figure 8 illustrates that 36.7 per cent of all carers, and 53.6 per cent of primary carers receive their main source of cash income from Australian Government pensions.³²

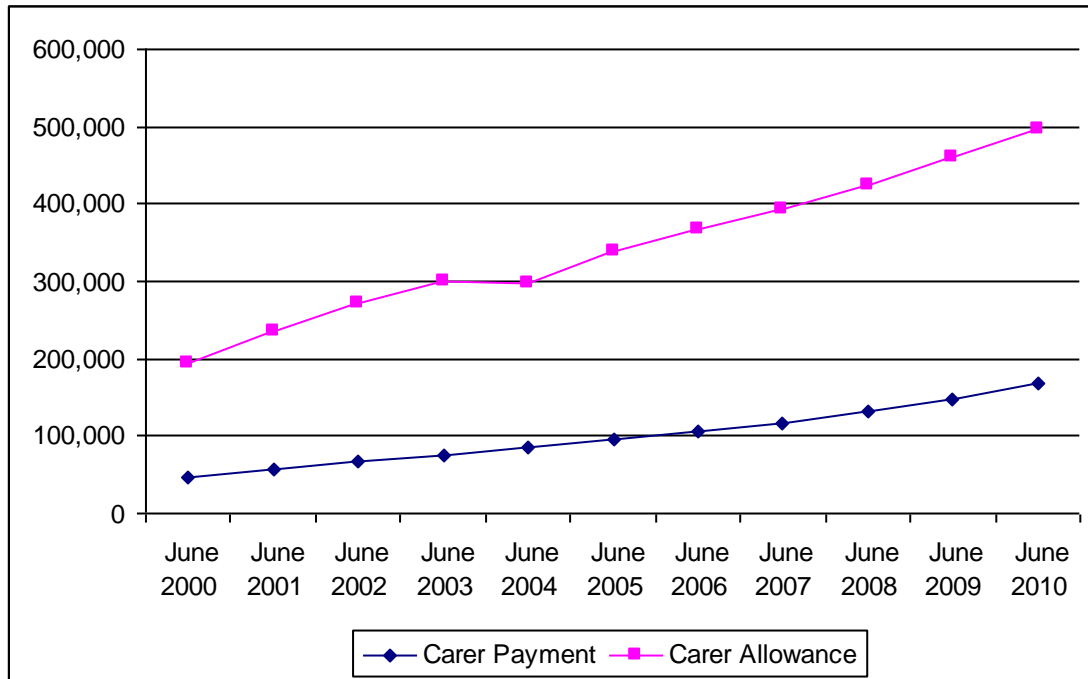
Figure 8: Primary carers' main source of income



Source: SDAC (2009)

The number of carers receiving Carer Allowance and/or Carer Payment has increased significantly in recent years. The number of Carer Allowance recipients has grown from 194,887 in June 2000 to 495,733 in June 2010. The number of Carer Payment recipients has increased from 47,550 in June 2000 to 168,913 in June 2010. The growth in these payments can be attributed to increasing need (largely due to the ageing population and a greater demand for home based care), better awareness of these benefits and changes to eligibility criteria for the payments.³³ These increases are illustrated in Figure 9.

Figure 9: Carer Allowance and Carer Payment recipients 2000 – 2010



Source: FaHCSIA Annual Reports

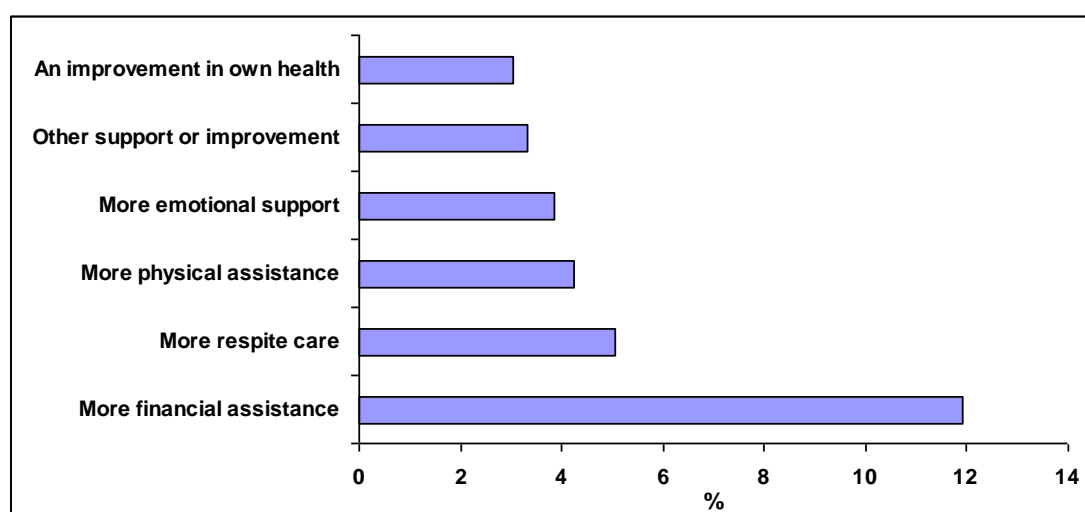
Priority 4: Services for carers

Research affirms carers need services that are accessible, affordable, flexible and responsive to their individual needs and changing circumstances. This includes when they start caring, when they temporarily move out and back into caring and when their caring role ends.

Support services

According to FaHCSIA analysis of the 2009 SDAC CURF, the main unmet source of support for primary carers is most commonly financial assistance, followed by more respite care, more physical assistance and more emotional support.

Figure 10: Main unmet source of support for primary carers



Source: FaHCSIA analysis of 2009 Survey of Disability, Ageing and Carers Confidentialised Unit Record File

Two services of importance to carers are respite and in-home assistance. The House of Representatives Standing Committee on Family, Community, Housing and Youth (2009) highlights the importance of respite and demonstrates that carers want more access to appropriate, affordable, timely and regularly planned respite, as well as emergency respite when required. It concludes that current respite services are unable to meet the need from carers for both emergency and short term respite as well as for planned, regular, respite services.³⁴

The House of Representatives Standing Committee on Family, Community, Housing and Youth (2009) identifies that the main types of in-home assistance include domestic assistance, assistance with personal care for the person being cared for, and assistance with general care and maintenance of the home and garden. As with respite, carers' demands for in-home assistance far exceed supply and when available, the levels of assistance are not adequate.³⁵

Carers and their representative organisations advocate for alternative methods of service funding that enable carers greater control over services for themselves and the people they care for. As noted by the House of Representatives Standing Committee on Family, Community, Housing and Youth (2009) there are variations of these methods, often referred to as individualised funding, already in place in a number of jurisdictions across Australia and internationally.³⁶

Carers' data and information

AIHW (2009) illustrates the complexity of capturing data about carers. The diversity of care relationships is complicated because carers may care for more than one person, care recipients may have more than one carer, and carers themselves may be care recipients. Program data is often program specific and does not provide a ready picture of how carers change over time.³⁷

As previously noted, there are also limitations with the SDAC definition of carer and the survey does not capture data on young primary carers aged less than 15 years and carers who provide episodic care.

Priority 5: Education and training

Research demonstrates that caring impacts on carers' ability to participate in education and training opportunities. Carer groups also highlight the need to better prepare carers with the skills and knowledge to undertake their role.

Education and training opportunities

The House of Representatives Standing Committee on Family, Community, Housing and Youth (2009) highlights that the intensity of the caring role, and the absence of alternative care arrangements for people being cared for, restricts the opportunity for many carers to partake in education.³⁸

Although access to education is important for carers of all ages, evidence affirms that young carers experience particular difficulties. Young carers are at risk of leaving school early and have lower rates of educational attainment than non-carers. Carers Australia (2008) identifies that four per cent of primary carers between the ages of 15 to 25 years remain in education compared to 23 per cent of young people in the same age group.³⁹

Moore et al (2006) identify some of the difficulties young carers experience at school. This includes a belief of young carers that the pressures of caring impact negatively on academic achievement.⁴⁰

Skills and knowledge for caring

Carers South Australia (2008) identifies carers need training and skills across a range of areas including their role and responsibilities, disabilities and illnesses, manual handling, carer personal care and health and well being, communication and relationships, and negotiation and advocacy skills.⁴¹

The House of Representatives Standing Committee on Family, Community, Housing and Youth (2009) investigates some of the skills carers need for caring. These include skills in relation to accessing and understanding information on legal and financial issues, skills to manage complex care needs, skills in developing relations, safety skills and skills in managing concerning behaviours.⁴²

Priority 6: Health and wellbeing

Research demonstrates that whilst caring may be personally rewarding, carers experience poorer physical and mental health than the general population, have fewer social connections, and find it difficult to balance caring with family life and community participation.

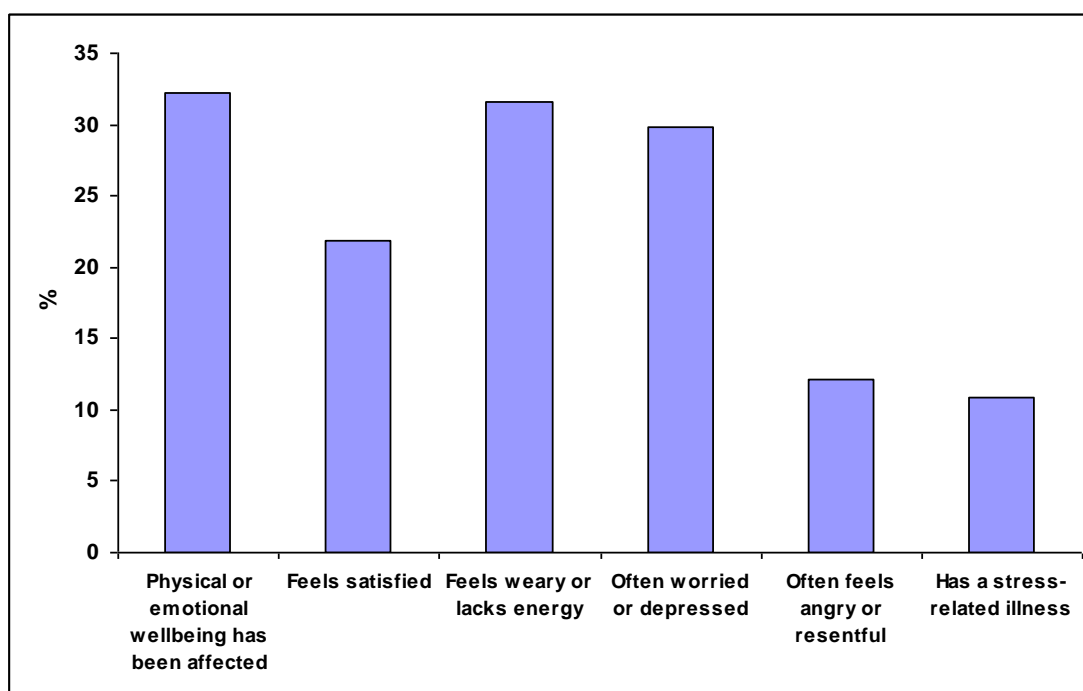
Carers' health and wellbeing

AIFS (2008) reports that many carers experience positive benefits from caring, such as good family functioning and better outcomes for the person with a disability and other household members.⁴³

The Australian Unity Wellbeing Index Survey (2007), which investigates the collective wellbeing of carers, highlights some of the negative impacts of caring:

- carers have the lowest collective wellbeing of any population group investigated up to that point by the researchers, with the wellbeing of carers who live with the person requiring care being the lowest ever recorded for a large group of people
- carers have an average stress rating that is classified as moderate depression
- carers are more likely to experience chronic pain than is normal
- carers are highly likely to be carrying an injury.⁴⁴

Figure 11: Primary carer's reports of emotional and physical effects of caring



Note: respondents may experience more than one of these effects

Source: FaHCSIA analysis of 2009 Survey of Disability, Ageing and Carers Confidentialised Unit Record File

Figure 11, based on FaHCSIA analysis of the 2009 SDAC CURF, illustrates the impact that caring has on primary carers' emotional wellbeing. Among primary carers, 32.2 per cent indicate that their physical or emotional well-being has changed, 31.6 feel weary or lacking in energy, and 29.8 per cent are frequently worried or depressed, due to the caring role. (Primary carers may have indicated more than one type of impact).

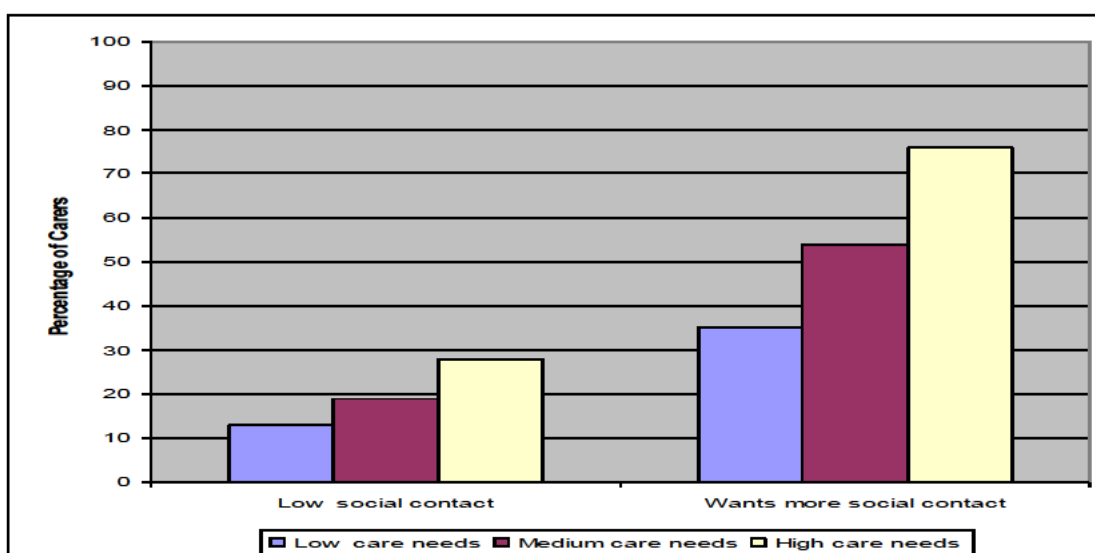
Carers also experience higher rates of disability than the general population. SDAC (2009) illustrates that among people aged 15 and over living in households, primary carers are more likely to report having a disability (39.3 per cent) than all carers (33.5 per cent) and non-carers (18.3 per cent).⁴⁵

Social and community life

FaHCSIA analysis of the 2009 SDAC CURF also indicates some of the social challenges that carers face, with 32.9 per cent of carers feeling that they have lost touch with friends, or that their circle of friends has changed since taking on the caring role.

AIFS (2007) found that carers who are caring for a person with disability with high care needs are 1.9 times more likely to have low face-to-face social contact. Figure 12 further illustrates that low face-to-face social contact is highest for those who care for a person with disability with high care needs (27.3 per cent) compared to medium (18.8 per cent) and low care needs (14.6 per cent).⁴⁶

Figure 12: Carers' face to face social contact with friends and relatives outside of the household and care needs of the person with disability.



Source AIFS (2007)

Social isolation is also a significant factor impacting on the lives of ageing parent carers. Anglicare (2010) paints a picture of this isolation:

- more than one in four carers with partners feel that they receive no support from their partner (though this may be affected by the partner's age, disability or health issues)
- 17 per cent say they receive no support at all from friends
- 17 per cent say they receive no support from their family
- one in four consider they receive no professional support from outside services.⁴⁷

Endnotes

- ¹ Australian Bureau of Statistics (ABS), 2009, *Disability, Ageing and Carers, Australia: Summary of Findings*, cat.no.4430.0
- ² ABS 2009, see 1
- ³ ABS 2009, see 1
- ⁴ ABS 2009, see 1
- ⁵ Access Economics, 2010, *The economic value of informal care in 2010*, p1
- ⁶ Price Waterhouse Coopers, 2009, *Disability Investment Group: National Disability Insurance Scheme Final Report*, p1
- ⁷ Australian Institute of Health and Welfare (AIHW), 2009, *Australia's Welfare 2009*, p190
- ⁸ AIHW 2009, see 7
- ⁹ AIHW 2009, see 7
- ¹⁰ Carers Australia, University of Canberra, 2008, *Carers Virtual Summit 2020: Don't Wait: Carers say listen and act now*, pp3-4
- ¹¹ ABS 2009, see 1
- ¹² FaHCSIA analysis of 2009 Survey of Disability, Ageing and Carers Confidentialised Unit Record File,
- ¹³ ABS 2009, see 1
- ¹⁴ ABS 2009, see 1
- ¹⁵ House of Representatives (HOR) Standing Committee on Family, Community, Housing and Youth, 2009, *Who Cares? Report on the inquiry into better support for carers*, p.109
- ¹⁶ HOR Standing Committee on Family, Community, Housing and Youth 2009, see 15, p20
- ¹⁷ HOR Standing Committee on Family, Community, Housing and Youth 2009, see 15, pp19 - 23
- ¹⁸ HOR Standing Committee on Family, Community, Housing and Youth 2009, see 15, p73
- ¹⁹ HOR Standing Committee on Family, Community, Housing and Youth 2009, see 15, p75
- ²⁰ HOR Standing Committee on Family, Community, Housing and Youth 2009, see 15, p73
- ²¹ Carers Victoria, 2005, *Be with us, feel with us, act with us, counselling and support for Indigenous Carers*, Section 5
- ²² Bigby, C, 2002. *Ageing with a lifelong disability: Challenges formation includes the first significant population of people with disabilities who are growing older with the rest of the population*
- ²³ King, S., Nsiah, J., McDowell, C. and Bellamy, J, 2010, *Care to live or live to care? An insight into the experiences of ageing parent carers*, Anglicare Diocese of Sydney
- ²⁴ Bigby & Fyffe, 2009; Keyzer & Carney, 2009; Laragy, 2007
- ²⁵ Carers Australia, 2008, *Final Report: Bring It! Young Carers Forum 26 – 27 November 2008*, p9
- ²⁶ Cass, Smyth, Hill, Blaxland, Hamilton, 2009, *Social Policy Research Paper No. 38, Young carers in Australia: understanding the advantages and disadvantages of their care giving*, University of New South Wales
- ²⁷ AIHW 2009, see 7, p232
- ²⁸ HOR Standing Committee on Family, Community, Housing and Youth 2009, see 15, pp156-7
- ²⁹ ABS 2009, see 1
- ³⁰ ABS 2009, see 1
- ³¹ Australian Institute of Family Studies (AIFS), 2008, *Research Report no.16: The nature and impact of caring for family members with a disability in Australia*, p106
- ³² ABS 2009, see 1
- ³³ AIHW 2009, see 7, p 204
- ³⁴ HOR Standing Committee on Family, Community, Housing and Youth 2009, see 15 p168
- ³⁵ HOR Standing Committee on Family, Community, Housing and Youth 2009, see 15 p177
- ³⁶ HOR Standing Committee on Family, Community, Housing and Youth 2009, see 15 pp185-86
- ³⁷ AIHW 2009, see 7, p228
- ³⁸ HOR Standing Committee on Family, Community, Housing and Youth 2009, see 15 p226
- ³⁹ Carers Australia, 2008, *Young Carers Research Project: Final Report*, Department of Family and Community Services 2002 cited in Bring It! Young Carers Forum – October 2008, *Background Paper: A literature review Young Carers and Education*, p2
- ⁴⁰ Institute of Child Protection Studies, 2006, *Research report: reading, writing and responsibility: young carers and education*, p15
- ⁴¹ Carers SA (2008), Submission 684 to the HOR Standing Committee on Family, Housing Community and Youth 2009, p25
- ⁴² HOR Standing Committee on Family, Community, Housing and Youth 2009, see 15, p91
- ⁴³ AIFS 2008, see 32, p37
- ⁴⁴ Australian Unity Wellbeing Index, 2007, Survey 17.1 *The Wellbeing of Australians – Carer Health and Wellbeing*
- ⁴⁵ ABS 2009, see 1
- ⁴⁶ AIFS, 2007, *Families caring for a person with disability study and the social lives of carers*, p13
- ⁴⁷ Anglicare, 2010, *Care to live, or live to care*, p10