Young carers: Social policy impacts of the caring responsibilities of children and young adults

Final Report

Social Policy Research Centre
University of New South Wales
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Figure 3.23 Proportion of young people aged 20-24 years providing unpaid care of another

identify the extent to which the promotion and provision of appropriate, accessible and affordable support services would assist in removing/reducing the barriers to education, training, employment and social participation

formulate a cost/benefit analysis of the costs of caring for young carers (at the time of caregiving and potentially through later adult years) with respect to impacts on participation in education, employment and receipt of market income;

engage in knowledge transfer with all relevant organisations, policy makers and service providers, especially the NSW and South Australian governments, Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), Carers Associations, schools, as well as young carers and their families. The purpose is to provide evidence to inform development of policies and services across Government departments and across government/NGO provider sectors to facilitate whole of government and cross-sectoral policies and services.

This Project includes a number of research strands:

a review of the literature;

quantitative analysis of ABS Census of Population and Housing 2006;

interviews and group activities with young carers and young adult carers;

interviews with people receiving care from a young person;

focus groups with policy makers and service providers;

and an audit of policies and services relevant to young people who provide care.

Ethics approval was received from the University of New South Wales Human Research Ethics Committee (HREC 07243) to conduct all aspects of the research.

Literature review

The literature review examined emerging themes, theory and evidence relating to young carers and young adult carers in Australia and internationally. This component provided a vital starting point for considering gaps in research, developing theoretical frameworks, and helped identify issues to be explored both in the quantitative and qualitative survey research and in the audit of policies and services.

The available research explores the demographic characteristics, family circumstances and needs of young carers. Key themes to emerge in the review are:

Young carers are more likely live in lone parent, low resource households and a higher rate of caring is found in young people from Indigenous and culturally and linguistically diverse backgrounds.

In the SDAC data, young women and men have similar rates of caring overall, but young women are more likely to be primary carers, defined by the ABS as those carers providing the most informal assistance to a person with one or more disabilities. This suggests that there are social and cultural expectations drawing more young women than young men into informal care, expectations associated with gender differentiated practices of care itself as well as differences in participation in tertiary education and labour force participation.

that working with the whole of family approach was complex and time consuming, often beyond the boundaries of existing resources.

Future priorities for policy consideration identified by participants included focusing on:

support. This approach would facilitate the early identification of young carers,

1 Introduction

1.1 Background and objectives

This reportoutlinesthe key findings of

have become a growing focus of research, public policy, and human services, especially in the UK and Australia.

Th

1.2 Overview of research study

In the first strand of research, team members held focus groups with policy makers and service providers in order to develop a better understanding of the issues, challenges and best practices relating to the diverse needs of young carers (aged up to 17 years) and young adult carers (aged 18-25 years) from different cultural backgrounds, and living in different locations across Australia. Seven focus groups were conducted involving a total of 47 policy makers and service providers in New South Wales and South Australia. Three focus groups were held in Adelaide, two in central Sydney, one in south western Sydney and one in Dubbo.

The second strand of research was a literature review on emerging themes, theory and evidence relating to young carers and young adult carers in Australia and internationally. This component provided a vital starting point for considering gaps in research, developing theoretical frameworks, and helped identify issues to be explored both in the quantitative and qualitative survey research and in the audit of policies and services.

The third strand involved an analysis of the ABS Census of Population and Housing 2006 in order to identify rates of caring and the circumstances of young carers and young potential carers (aged 15-24, an age range necessarily determined by the data available from the Census); family composition; the nature of the care provided; \RXQJ FDUHUV¶ SDUWLFLSDWLRQ LQ HGXFDWLRQ DQG HPSOR\PHQW DQG UHVRXUFHV $OVR LGHQWLILHG ZHUH \RXQJ FDUHUV¶ use of health and community services; and young carers' participation in education and employment and F

DQG \RXQJ DGXOW participation in education, employment and social activities with friends, and their future aspirations. The data collected from the interviews was complemented by an online questionnaire that all participants were asked to complete. Also, there were three activity sessions carried out with young carers in South Australia and New South Wales, which utilised a more participatory method for OHDUQLQJ DERXW \RXQJ FDUHUV¶ H[SHULHQFH

The team also conducted an audit of policies, including legislative frameworks, services and programs of direct relevance to young carers. A comprehensive audit of the number and types of services in all Australian jurisdictions was made and analysed

are typically participating in further education and training, entering the labour force, forming independent households and entering into intimate relationships, or at least have aspirations to make these significant life transitions. Therefore young adu carers have support needs similar to but also different from those of children or adolescent carers on the one hand, and older adult carers on the other.

Until a few years ago, policy and research had largely subsumed young adult carers within the group of adult carers. Recent studies focusing on young adult carers in the UK and Australia (Dearden and Becker, 2000; Yeandle and Buckner, 2007; Becker and Becker, 2008a; Hill et al., 2009) have found that they experience difficulties in achieving educational qualifications or regular employment. This may compound the financial constraints that many of their families face and in particular may limit their future employment opportunities. Caring may also F R Q V W U D L Q W K H \ R X Q J D G X lives and their ability to leave home and form autonomous households. Unpublished local studies conducted by UK carers projects, summarised by Becker and Becker (2008b), highlight the lack of age-specific support services. Many young adult carers feel they have outgrown services for adolescent, school-aged carers, but are too young for adult carer services, which they perceive as directed at middle-aged people caring for aged parents.

While young carers of all ages (including young adult carers) identify constraints that their caring responsibilities place on them, studies have also shown that many are committed to their caring and derive pride and satisfaction from it. However, young carers consistently identify the need for more support services for themselves and the people they care for (e.g. Cass et al., 2009; Moore and McArthur, 2007; Becker and Becker, 2008b). Australian research has found that the majority of carers under the age of 25 whose care recipients needed assistance did not use formal services (Bittman et al., 2004; Thomson et al., 2005). The reasons given by carers include: P D Q \ \ R X Q J S H R S O H S U R Y L G L Q J L Q I R U P D O F D U H G R Q R that they do not need formal services. Other young carers however indicate that the reasons for not using formal services reside in the characteristics of the services themselves and the rules determining their allocation: nature of services may not match their particular needs; services may not be available, or have convenient hours of operation, or may not be affordable. The reasons given in the literature for young carers having greater difficulty accessing services than older carers include: service providers lack awareness about their specific needs as young people and their families

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3 Young carers: geographical analysis of rates, pathways into and impacts of caring[1]

3.1 Introduction

The following section reports on data analysis using the ABS Census of Population and Housing (Census) 2006. Customised data were purchased from the ABS in

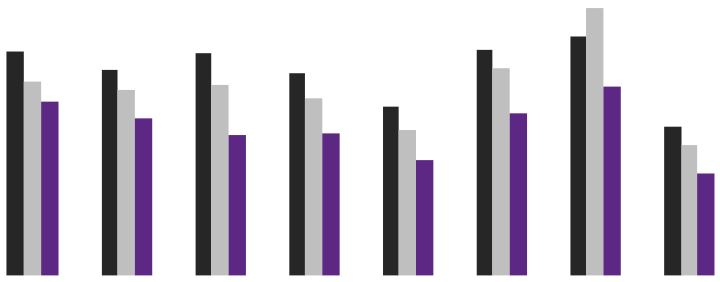
The undercount of young carers in the Census compared with the SDAC:
the population of young carers identified in the Census is about half the size of that estimated by SDAC. This result is most likely due to the different method of data collection and the different questions used to identify carers. So it is likely that the prevalence rates of caring identified in the Census are a minimum.

Second ± as a predominantly self

Figure 3.1 Proportion of young people who are carers by age, sex and State/Territory, 2006 (per cent)

Source: ABS Census of Population and Housing 2006 (unpublished data)

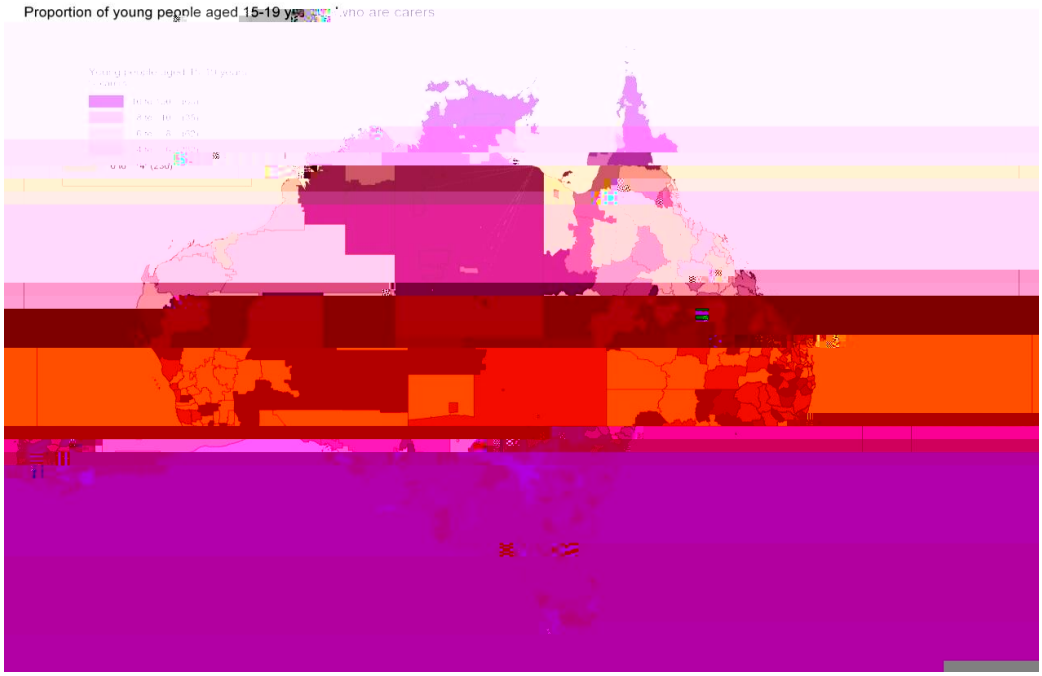
Figure 3.2 Proportion of young people who are potential carers by age, sex and State/Territory, 2006 (per cent)



Source: ABS Census of Population and Housing 2006 (unpublished data)

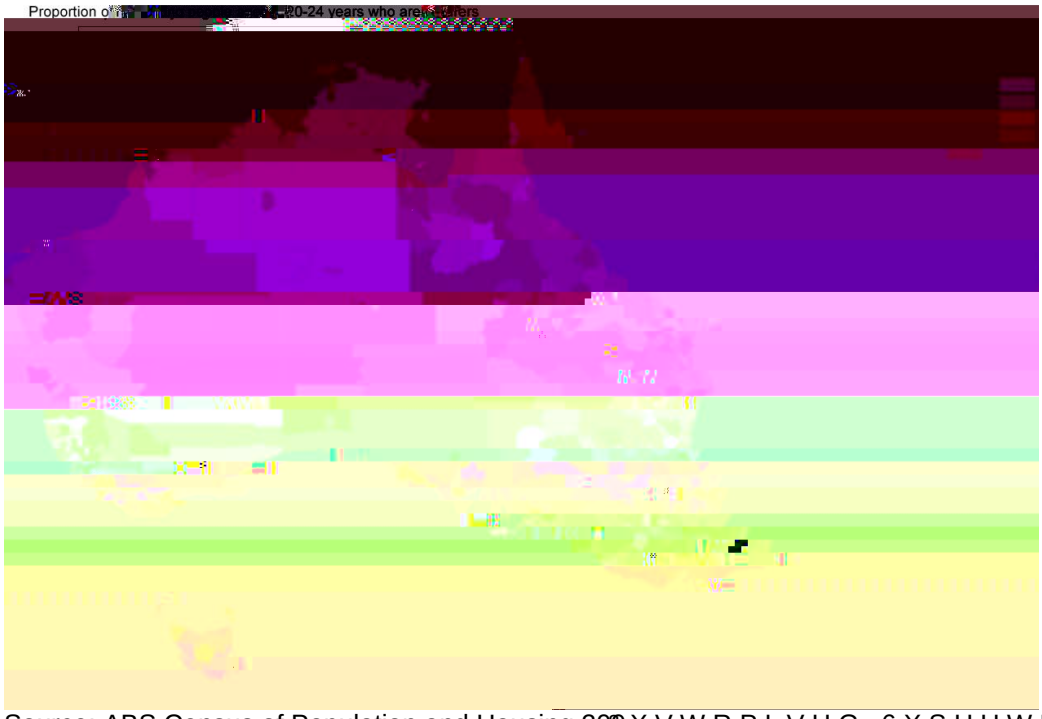
Table 3.1 Proportion of young people who are carers and potential carers by age,

Figure 3.3 Proportion of young people aged 15-19 years who are carers by Local Government Areas, 2006



Source: ABS Census of Population and Housing, Cat. No. 2068.0 (customised spreadsheets available at www.abs.gov.au)

Figure 3.4 Proportion of young people aged 20-24 years who are carers by Local Government Areas, 2006



Source: ABS Census of Population and Housing 2006 (customised spreadsheets available at www.abs.gov.au)

Table 3.2 Proportion of young people who are Indigenous by carer status, age, sex and State/Territory, 2006 (per cent)

	Male 15-19			Female 15-19		Male 20-24		Female 20-24	
	Carers	Potential carers	Noncarers	Carers					

Y

Table 3.3 Proportion of young people who are of CALD background by age, sex, carer status and State/Territory, 2006 (per cent)

Figure 3.11 and Figure 3.12 show the proportion of young carers and potential carers in LGAs who speak a language other than English at home while Figure 3.13 describes the same data for some major cities. LGAs with a relatively high proportion (over 50 per cent) of young carers who spoke a language other than English at home were in Melbourne, Sydney and Adelaide.

Figure

Figure 3.15 shows the proportion of young carers and potential carers living in lone parent households in LGAs across Australia. Comparing the major cities and regional areas indicates that:

A number of major cities (Sydney, Melbourne and Darwin) had no LGAs with a relatively high proportion (over 25 per cent) of young carers living in lone parent households. However, other cities (Hobart, Adelaide, Perth and Brisbane) had areas where over 25 per cent of young carers lived in lone parent households. The rates of living in lone parent households varied across the regional and remote areas with some areas in all States and Territories having high rates above (25 per cent).

The findings for young potential carers were more mixed with nearly all cities containing LGAs with over 25 per cent of young potential carers living in lone parent households. In most States and territories except the Northern Territory, some LGAs in regional and remote areas also had relatively high rates of lone parent households among the young potential carer population.

Low income and low resource households

One of the factors identified in the literature on young carers is that their circumstances are often framed by lower economic resources and financial disadvantage. Lack of income and economic resources may reduce the possibilities

Income provides one measure of available resources to purchase support for the caring role, however, financial disadvantage may be compounded if the family also has low levels of resources and does not own or is not in a position to purchase a home. Figure 3.17, Figure 3.18 and Table 3.7 explore households with two measures of low levels of resources, which include households with both low levels of income (less than $250 per week equalivalised income) and who are not home owners or purchasers. It is evident that in most States and Territories, young potential carers in the age group 15-19 years have higher rates of disadvantage than young carers, whereas in the older age group, 20-24 years, young carers generally (except in Northern Territory) have higher rates of disadvantage than young potential carers.

Figure 3.17

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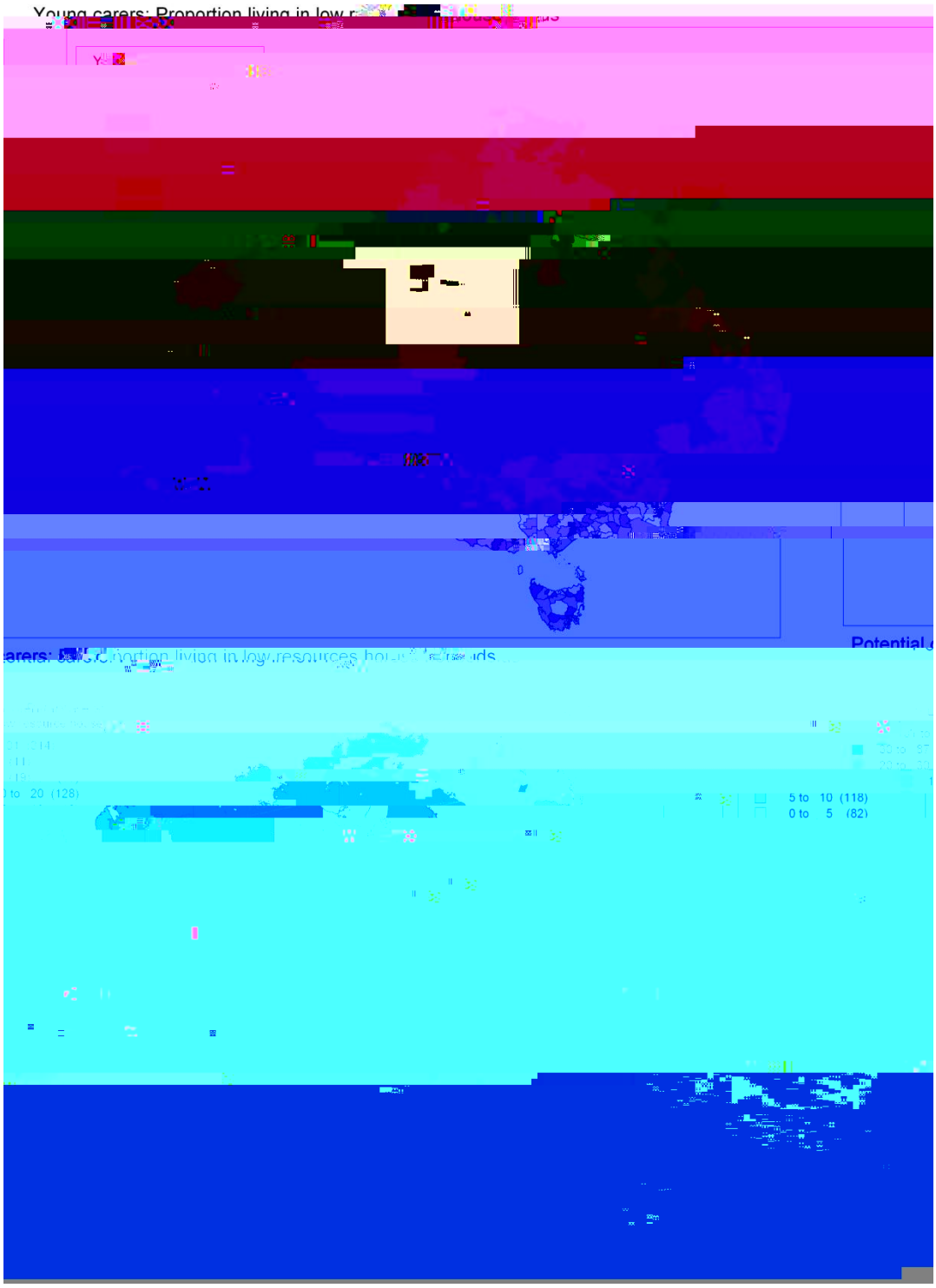
Figure 3.19 shows the rates of relative disadvantage for young carers with respect to living in low resource households. Comparison between major cities and other areas shows that:

- High rates (over 30 per cent) of young carers living in low resource households, that is, in a household where the equalivalised income was less than $250 per week and the home was not owned or being purchased, were found in the remote areas of Northern Territory, Western Australia and South Australia and regional Victoria (Thamarrurr, Mornington, Tiwi Islands, Walangeri Ngumpinku, Halls Creek, Yarrabah, Kunbarllanjnja, Unincorporated Northern Territory, Anangu Pitjantjatjara and Derby West Kimberley).

- In the major cities most LGAs have fewer than 20 per cent of young carers living in low resource areas. However, in some inner city LGAs in Sydney, Melbourne, and Adelaide between 20 and 30 per cent of young carers lived in

Figure 3.19 Proportion of young carers and potential carers living in low resource households by Local Government Areas, 2006



Source: ABS Census of Population and Housing, customised data supplied by AIHW

3.5 What do young carers do?

The literature shows that young carers take on a wide range of tasks and responsibilities – ranging from personal care and additional domestic tasks to home maintenance and transport. The extent of their contributions to the household and their responsibilities will depend on their specific care situation. The Census 2006, for the first time, asked about individual contributions to unpaid domestic work and to unpaid child care for other people. Figure 3.20 and Figure 3.21 below show the proportion of young people who provide 15 hours or more per week of domestic work by carer status, age and sex. The patterns are similar in all States and Territories. In both age groups, young carers are around two to three times as likely as potential carers and non-carers to undertake 15 hours or more per week of domestic work. In both age groups, higher rates of domestic work are found for female young carers than male young carers. Young carers, males and females, in the older age group (20-24 years) are more likely to provide a significant contribution to domestic work than young carers in the younger age group (15-19 years). In particular, in the 20-24 years age group, between 25-35 per cent of young female carers provided 15 hours or more per week of domestic work compared with around 10-15 per cent of young women who were non-carers in this age group.

Figure 3.22 and Figure 3.23 also suggest that young carers are much more likely to take on child care roles than either potential carers or their non-carer peers. Contrary to the finding for domestic work, young carers in the age group 15-19 years were more likely than carers in the 20-24 years age group to be providing child care. However, once again, young female carers in both age groups were more likely than male young carers to be taking on this (perhaps) additional caring role. It should be noted that the Census data do not permit a distinction between child care for a child with a disability or illness as compared to child care for another child without such conditions.

Domestic work

Figure 3.20 Proportion of young people aged 15-19 years undertaking 15 or more hours per week of domestic work by sex, carer status and State/Territory , 2006 (per cent)

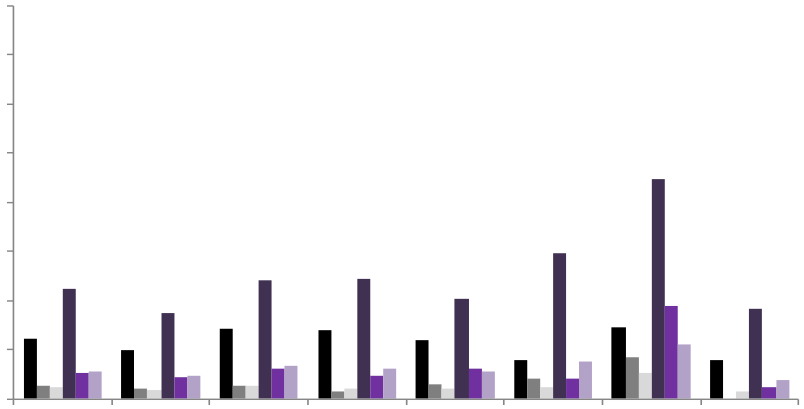


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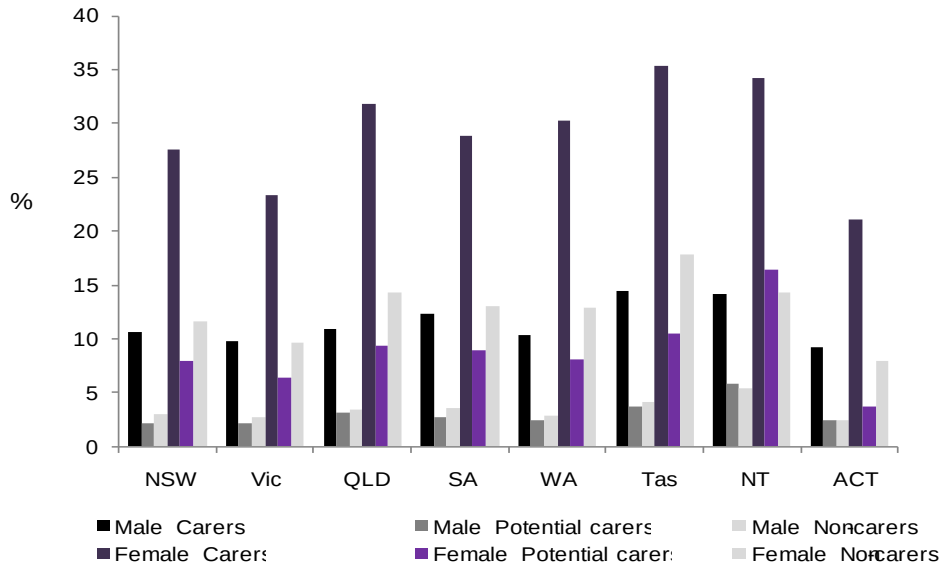
Figure 3.21 Proportion of young people aged 20-24 years undertaking 15 or more hours per week of domestic work by sex, carer status and State/Territory , 2006 (per cent)



Source: ABS Census RI 3RSXODWLRQ DQG +RXVLQJ &XVWRPLVHG 6XSHUV

Child care

Figure 3.22 Proportion of young people aged 20-24 years providing unpaid care

Figure 3.24 Proportion of young people aged 15-19 years in study by sex, carer status and State/Territory , 2006 (per cent)

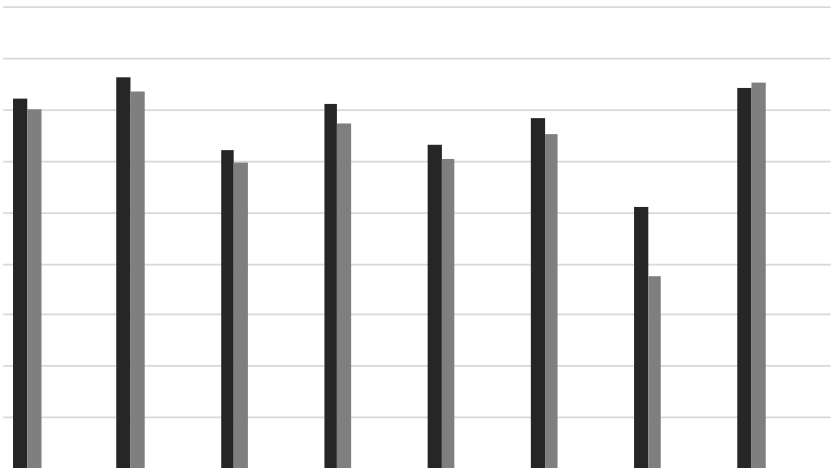


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Figure 3.25 Proportion of young people aged 20-24 years in study by sex, carer status and State/Territory, 2006 (per cent)

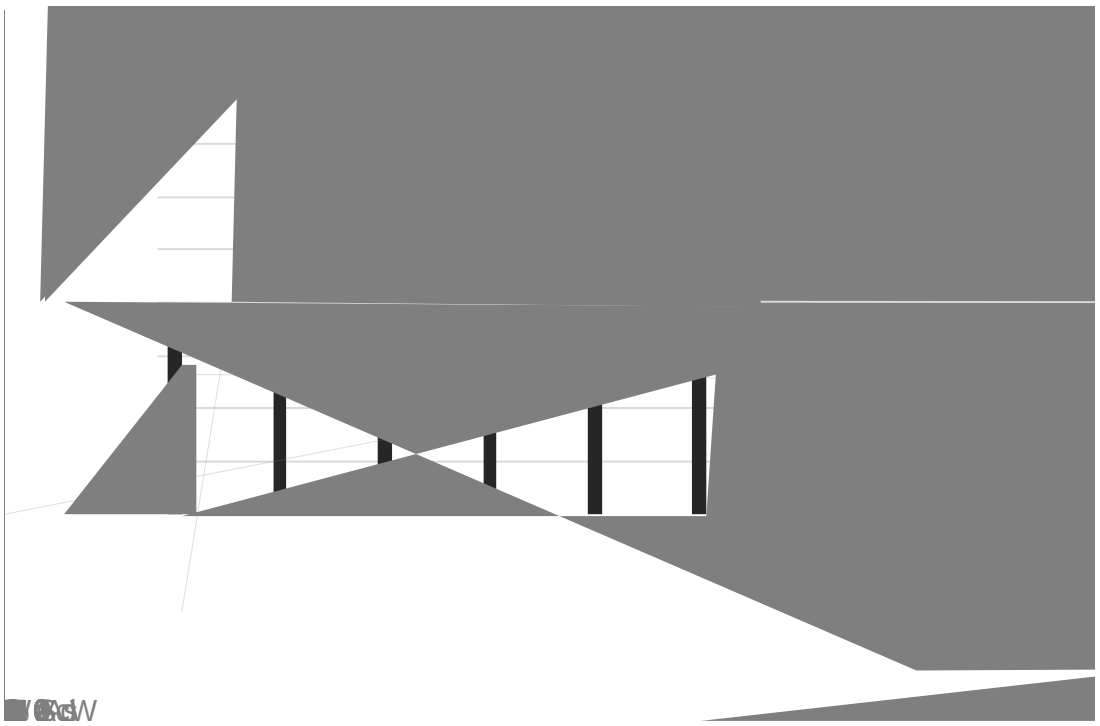

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Table 3.8 Proportion of young people in study by age, sex, carer status and State/Territory (per cent)

QueensQueens

	15-19 years						20-24 years					
	Male			Female			Male			Female		
	Carers	Potential carers	Non-carers	Carers	Potential carers	Non-carers	Carers	Potential carers	Non-carers	Carers	Potential carers	Non-carers
New South Wales	72.4	70.3	75.6	73.0	75.6	78.2	35.7	28.2	35.8	35.1	33.1	37.6
Victoria	76.3	73.6	78.8	78.6	80.9	82.7	38.1	29.6	37.9	37.4	36.5	40.3
Queensland	62.3	59.9	64.1	64.4								

Figure 3.28 shows the gaps in participation in study for young carers and potential carers compared with non-carers by LGAs. The gap is calculated by subtracting the education participation rate for young carers or potential carers from the education participation rate for non-carers, so that larger negative numbers are indicative of greater carer or potential carer disadvantage.

For the young carer map, darker shades of purple indicate a greater disadvantage in terms of lower rates of education vis a vis non-carers, and the blue areas indicate areas where young carers actually have higher rates of participation in education than their non carer peers. Young carers had lower rates of participation in study in around 74 per cent of LGAs under consideration. For the potential carers, darker grey/black areas indicate areas of highest disadvantage where increased areas indicate areas where young potential carers were more likely than their non-carers counterparts to be in study. Young potential carers were more disadvantaged than non-carers with respect to education in around 37 per cent of the LGAs considered.

There were no clear patterns of disadvantage or advantage for young carers and potential carers when comparing the city LGAs with those in the regions. In Sydney for example, no LGAs had a young carer disadvantage over 10 per cent, although a number had a 5-10 percentage point disadvantage (Auburn, Canterbury, Botany Bay, + X Q W H U Randwick, Manly and Sutherland Shire). In a number of LGAs in Sydney in the more affluent areas, young carers were more likely to participate in education than their non-carer peers (1-20 percentage points North Sydney, Lane Cove, 1-5 percentage points Warringah, Mosman and Waverley)

In regional New South Wales, there were a number of areas of significantly higher carer disadvantage (a -20 percentage point gap) and these in

Figure 3.28

Employment rates

Participation in employment may pose additional challenges for young carers compared with their non-carer peers. Young carers may find it difficult to work specific hours or in specific locations with longer travel times between home and work.

Figure 3.29, Figure 3.30 and Table 3.9 below indicate the proportion of young people who are employed by carer status, age and sex in each State/Territory. Between 25 to 60 per cent of young people in the 15-19 years age group were employed compared with 30 to 85 percent of young people in the 20-24 years age group. Potential carers had the lowest rates of participation in employment in the 15-19 years age group and among young men aged 20-24 years. For young women aged 20-24 years, young carers had lower rates of participation in employment than potential carers and non carers in a number of States/Territories. In the 15-19 years age group in a number of States, male young carers had lower rates of employment than female young carers. However, in the 20-24 years age group, female young carers had lower rates of employment than male young carers in all States and Territories. This gendered element among the older age group (20-24 years) is further emphasised in the finding that the gap between carers and non-carers was higher for young women than young men in nearly all States and Territories (Figure 3.31 and Figure 3.32). In the younger age group (15-19 years) young female potential carers were more disadvantaged (bp9(g)10er

Figure 3.30 Proportion of young people aged 20–24 years in employment, by sex, carer status and State/Territory , 2006 (per cent)

Figure 3.31 Gaps between carers, potential carers and non-carers aged 15-19

Y

Gaps in unemployment rates

The gaps in unemployment rates between young carers, potential carers and non carers are described in Figure 3.36 and Figure 3.37. The gaps were generally highest for young male carers in the 15–19 years age group in most States and Territories, except for Tasmania and the Northern Territory.

Figure 3.36 Gaps in unemployment rates between carers, potential carers and non-carers aged 15–19 years by sex and State/Territory, 2006

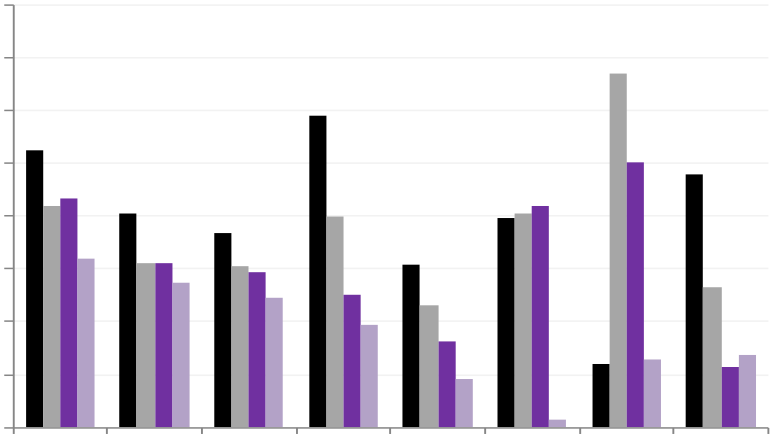

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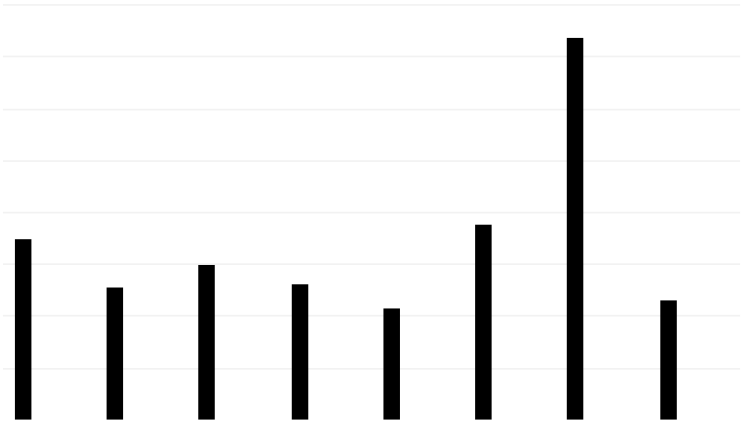
Figure 3.37 Gaps in unemployment rates between carers, potential carers and non-carers aged 20–24 years by sex and State/Territory, 2006



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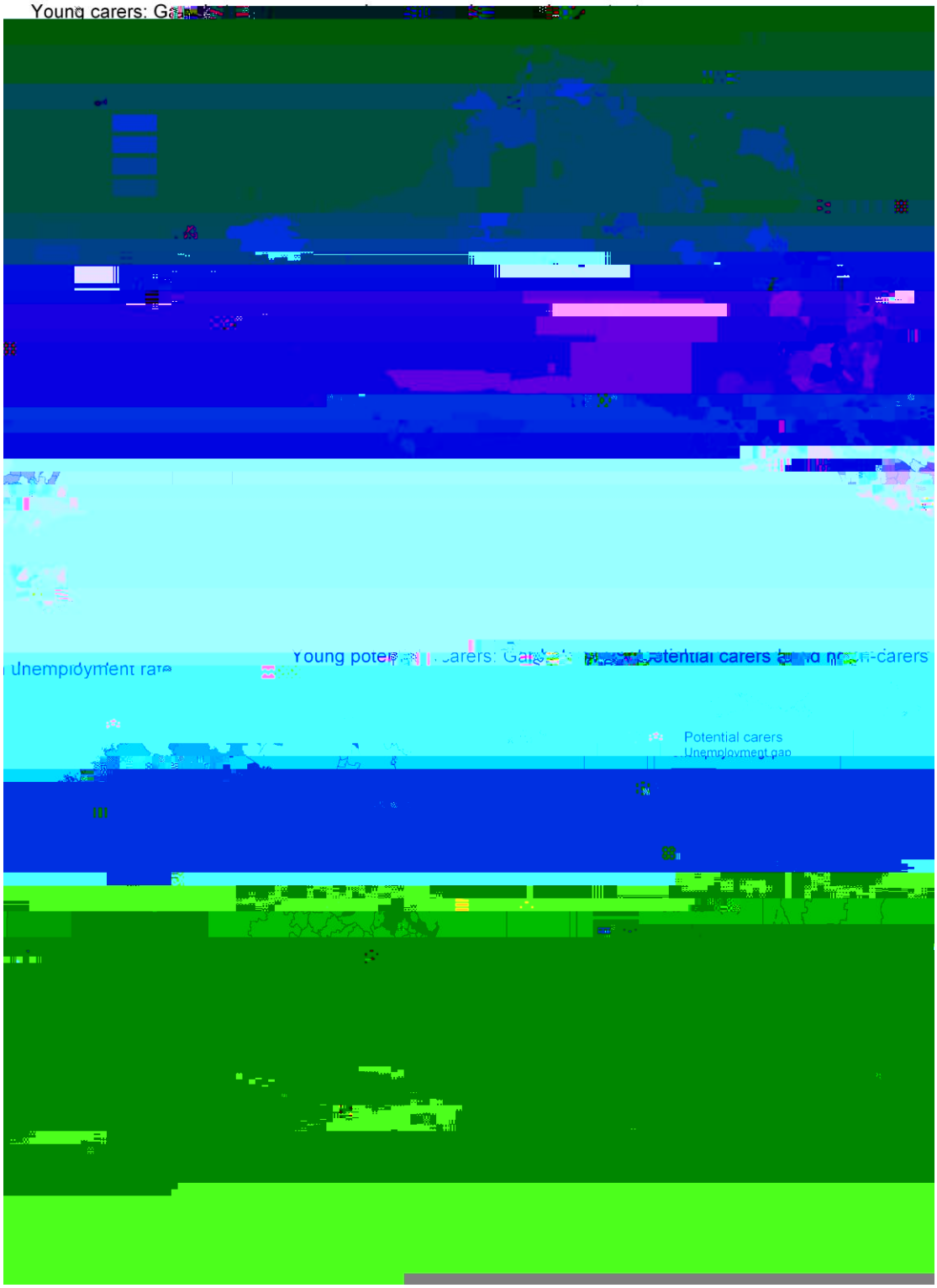
Gaps in unemployment rates by Local Government Areas

Figure 3.38 shows the variations in gaps in unemployment between young carers and potential carers and non-carers for LGAs in Australia. Gaps are calculated by subtracting the unemployment rates of non-carers from the unemployment rates of

Figure 3.38 Gaps in unemployment rates by Local Government Areas, 2006



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Non-participation in employment or education

Table 4.2: Demographic data and data on care situation from online young carer questionnaire

	Young Carer (no. = 22)	Young Adult Carer (no. = 11)	Total (%)
Born in Australia	22	10[1]	100
One or both parents born overseas	9	4	39
Speak language other than English at home	2	1	9
Aboriginal or Torres Strait Islander	3	0	9
Self reported income[2]:			
Reasonably or very comfortab	11	3	44
µ - X V W J H W W L Q J D O R	10	8	56
Who they provide care fo[3]			
Parent	15		
Sibling			
Other family membe			

Sense of Identity

The experiences of participants had diverse impacts on their perception of themselves as a

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FDUH RI \RXUVHOI VR \RX OHDUQ WR WDNH F 0 I \RXV

³<RX GRQ¶W NQRZ ZKDW WR GR <RX FDQ HLWKHU JI
VR ,¶P WLUHG RI EHLQJ DQJU\ VR ,¶P MXVW DW WKH

³«OLNH IRU PH WU\LQJ WR XQGHUVWDQG P\ FDULQ
deconstUXFWHG LW DQG WR D SRLQW ZKHUH ,¶YH MXVW
male)

>&RPPHQWLQJ RQ EHLQJ WHDVHG RQ WKH VWUHHW Z
WKDW DW OHDVW , KDYH D UHODWLRQVKLS ZLWK P\
male)

There were important findings about the impacts that caring have on different aspects of the SDUWLFLSDQWV¶ OLYHV PRVW VSHFLILFDOO\ HGXFDWLR aspirations.

Education

Education was an important issue for the participants because the large majority (30/33) of all young carers and young adult carers who were interviewed were participating in some form of education. Generally, younger participants expressed less concern over the effects of caring on their education, while young adult participants talked about their coping strategies to manage care and education or expressed their frustration with the difficulties of balancing their education and caring tasks. A small number of young adult carers expressed strong views about the need to improve awareness about, and support for, young carers in the HGXFDWLRQ V\VWHP LQ RUGHU WR µFRXQW WKHP LQ¶

Participants occasionally talked about having to hand in assignments late, but more often indicated that they had a routine to help them manage school and did. Most said their WHDFKHUV GLG QRW NQRZ WKH\ ZHUH \RXQJ FDUHUV DQ know because they did not want to be treated differently. A few participants mentioned they separated the spheres of care and school and used school as an escape from home life. However, other participants found it difficult because they were always thinking about the person they cared for when they were at school.

Young adult carers were more likely to talk about the difficulty in balancing care and learning that might be to their advantage for teachers or university and TAFE tutors and instructors to know about their caring role. They were also able to reflect on the differences between their high school and university or TAFE experience, indicating that one was easier or harder to manage. While some found university or TAFE more difficult to manage because of the increased workload, others found it easier to balance because the system was more flexible and teachers were more understanding than in their high school experience.

There were a few participants who had very strong feelings about the inadequacy of the school system in catering for young carers. A few commented on changing schools and the vast differences in treatment which they experienced from bad to good. They advocated IOH[LEOH RSWLRQV IRU \RXQJ FDUHUV LQ HGXFDWLRQ SU get left behind.

³2QH RI WKH LPSRUWDQW WKLQJV LQ WHUPV RI HGXF WKHP LQ « LQ WKH LU RQH RI WKH WKLQJV WKDW IRXQG DW\ H ROG VFKRRO LV WKDW WKH\ ZHUH YHU\ QDUURZ PLQ LQWR WKH V\VWHP WKHQ \RX FRXOGQ¶W SDUWLFL FRXOGQ¶W JHW DQ HGXFDWLRQ 6R WKH VFKRRO , GLIIHUHQW LW WDNHV WKDW LQWR DFFRXQW´ <$& IHP

limited to school, and whether their friends knew about their caring role, and a few expressed concerns about being teased if all their peers knew.

The responses from the questionnaire confirm that the consequences of caring on young adult FDUHUV¶ VRFLDO OLYHV DUH JUHDWHU WKDQ IRU \RXQJ F respond that they were involved in social and community activities than did the young adults; one out of the 11 young adult respondents indicated they were active in these areas.

As mentioned, the majority of young carers and young adult carers talked about having support from friends, however many still indicated that their friends could never fully understand their responsibilities. This led many participants to talk about valued friendships which they formed at young carer camps and through young carer groups, where one

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was their priority, it is interesting to note that some care recipients indicated that their child education was their priority.

Similarly, some carers reported that they made sure that their son or daughter made time for their friends and had a social life.

The most common way in which caring was experienced through expressed concern that their illness or disability would take away from the young carer's childhood. Several care recipients talked about wanting to make sure their family had as normal a life as possible; for example,

"We

perspectives. The main areas of analysis included young SHRSpathways into caring, their identification with being a young carer, the relationship with their care recipient, and impacts of caregiving on various areas of their life.

Through this analysis we were able to gain a better understanding of the positive and negative LPSDFWV RI FDULQJ RQ WKHVH \RXQJ SHRSOH¶V OLYHV KH caring role, and how they perceived the potential consequences in the future. Overall, there were similar LWLHV DQG GLIIHUHQFHV EHWZHHQ \RXQJ FDUHUV and perspectives. The level of divergence in the responses of the two age groups varied across the different areas of their lives. For example, young adult carers were better able reflect on their pathway into caring, the changing nature and intensity of caring tasks, and the

5 Analysis of focus groups with policy makers and service providers

and young adult carers). A number of young people interviewed noted that young carers were at a greater risk of becoming disengaged from education and that completion of further education at university and TAFE was most likely to be affected (See Section 4). A number of participants in the focus groups explicitly stated that flexible and individualised education options for young carers were essential to keep young carers engaged with education. Similarly, a few young carers talked about moving to new schools, which were more accommodating to their caring needs.

Mental health

Young carers may be at risk of experiencing poor mental health. Focus group participants felt that \ R X Q J F D U H U V P H Q W D O K H D O W K P D \ E H adversely affected by a number of factors, including the stress of the caring role, fatigue and social isolation from peers and friendship groups. Some raised concerns that the impact of caring on mental health might have potential long term consequences as young carers may develop mental health problems which persist into adulthood. It is interesting to note that these findings align with concerns raised in interviews with young adult carers, where deteriorating mental health was raised as a concern by those who experienced physical and mental strain due to long durations and intense caring responsibilities.

Groups at greater risk or with increased need for services

Participants

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5.4 Gaps in support and services for young carers

Overall shortage of services for young carers

Participants noted that there were insufficient servi for care recipients and that their family

Respondents also noted that:

- The understanding of what constitutes ³family´ must be flexible and broad when working with Indigenous families;
- It is beneficial to keep parents informed about the support work being undertaken with a young carer; and
- Commonly there is a need for education within the family (both for the parents and the young carer) about the kind of work that young carers do. This allows for recognition within the family of the young caring role.

Two different interpretations of this approach were mentioned.

- Whole of family, in which the workers engage with the entire family of the young carer, while retaining a focus on the young carer as the primary client. One worker FDOOHG WKLV DQ µLQGLYLGXDO KROLVWLF¶ DSSURDF
- Engaging with parents to ensure that they understand and endorse the support being offered to the young carer. These workers were also concerned to keep the young carer at the centre of the engagement.

Some participants expressed concern that if the whole family were involved, the young carer may not express their needs strongly in comparison to other family members, including the care recipient. They therefore felt that services for young carers are best provided to the young person outside of their family context. The reasons for this position included:

- It is important for young carers to have time away from their family;
- Young carers need to spend time in an environment that focuses on them rather than the care recipient or other members of the family;
- Young carers need time to be a young person;
- Young carers need time to think about themselves; and
- Young carers will speak more freely if their family is not involved.

All of these best practices identified by the service providers and policy makers were also raised during interviews with young people providing care. Among those listed above, the importance of flexLELOLW\ DQG PHHWLQJ the needs of the person for whom they provide care were the most common issues raised by young people.

Supporting Indigenous young carers

Only a small number of focus group participants had direct experience working with Indigenous young carers. Participants said that few Indigenous young carers use young carer services. In addition, a number of participants said they were not aware of any specific Indigenous services for young carers. Some participants felt that Indigenous young carers are PRUH OLNHO\ WR UHPDLQ µKLGGHQ¶ WKDQ RWKHU \RXQJ their caring duties as a regular part of family life which is embedded in the collective responsibilities of their kin network and community. Nonetheless, those with experience working with Indigenous young carers said that good practice would include:

- whole of family support that recognises diverse family forms;

employing Aboriginal workers to work with Aboriginal families;

mentoring programs, which allow more flexibility;

persistence, as this is necessary to develop trust and to make contact with people who have complex lives;

in education is seen as vital, the connectedness of a young carer to the school community was also seen as important, particularly in keeping up friendships and the school-related sporting and recreational activities which school friendships usually entail. Schools are a central site for assistance and support for young carers, and many young carers see their school time as ³UHVSLWHí family responsibilities. One focus group participant noted that there QHHGHG WR EH JXLGDQFH school options and pathways.¶ SRVW

Identification and awareness

Better identification of young carers was seen as important, so that service providers and parents can identify the roles and responsibilities of the young people who provide care, and so that young people themselves can start to identify their caring role and approach services for help and support. Regarding the wider community, it was suggested that there needs to be improved community awareness of young carers and their responsibilities.

Increased funding

An increase in funding and staff to implement the options identified for young carer support was needed as participants argued that there was no point raising awareness about young carers unless a supportive services infrastructure is available.

Particular groups of young carers were identified as missing out on support services, namely:

- Young adult carers aged 18-25;
- Children whose parents have problematic drug use, including alcohol;
- Indigenous young carers;
- Young carers in rural areas; and
- Young carers of people with mental illness.

The priorities identified by the service providers and policy makers aligned closely with the concerns and issues raised by young carers themselves.

6 The audit of carer policies and services[3]

6.1 Introduction

As outlined earlier, young people have a

placed upon a young person to provide care. Preventative services may preclude negative impacts of caring responsibilities by providing adequate support to the family when a

identify any additional sources of information about policies and services in their jurisdiction.

In addition the New South Wales Interagency Steering Committee and Carers Australia provided comments on the New South Wales and Commonwealth audits respectively.

Due to a lack of resources, the policy audits of programs and services in other states and territories were not subject to the same validation process and were therefore not included in the analysis using the analytical framework. The main focus of analysis below is therefore based on the Commonwealth, New South Wales and South Australian audits.

6.4 Results

Policies

Overall the audit found that the legislative frameworks are not consistent across the states and territories (see Table 6.1). The two main policy instruments are Carers Recognition Acts and Carers Action Plans, introduced at different times. The first state to introduce a Carers Recognition Act was Western Australia (2004) followed by South Australia (2005). More recently in 2010 the Carers (Recognition) Act 2010 and the Carer Recognition Act 2010 were passed by the New South Wales parliament and the Commonwealth parliament respectively. Tasmania and Victoria are the only states without carers legislation. All states and territories have developed and implemented Carers Action plans with the exception of Tasmania and

Table 6.1: Carer Recognition Acts and Charters

State/Territory	Carer Recognition Act	Carer Action plan or charter
Commonwealth	Carers Recognition Act 2010	National Carer Strategy 2011
New South Wales	Carers Recognition Act 2010	NSW Carers Action Plan 2007-2012 NSW Carers Charter 2010
Victoria	-	Disability services Carers Action Plan 2006
Queensland	Carers Recognition Act 2008	Carer Recognition Policy 2007 Carer Action Plan 2008-2010
South Australia	Carer Recognition Act 2005	SA Carers Charter, SA Carers Policy 2006, Plan for South Australian Carers, 2009
Western Australia	Carer Recognition Act 2004	Carers Charter
Tasmania	-	-
Northern Territory	Carer Recognition Act 2006	-
Australian Capital Territory	Carers Recognition Legislation Amendment Act 2006	Caring for Carers Policy 2004-07

Table 6.2: National programs and Services for Young Carers in Australia

Program name	Aims	Type of intervention/ support	Framework A-Assistance, M-Mitigation, P-Prevention
YOUNG CARERS			
Young Carer Respite Services (Young Carers Respite and Information Services Program)	To assist young carers to better manage and balance their educational and caring responsibilities.	A mix of services, both direct and indirect respite better meets Young Carers needs, is more age appropriate and fits the family situation, thus accessing 2 types of respite: Direct Respite – Young Carers can access flexible hours of in home respite Indirect Respite – that supports Young Carers, r	

Program name	Aims	Type of intervention/ support	Framework A-Assistance, M-Mitigation, P-Prevention
Programs (NCCP and Carers Advisory Service) are now known and operate as Carer Informatio Support Service	caring		

Health Institute

Policy or Program Name	Aims	Type of intervention or support	Framework
		Respite and Peer Support (Camps)	
Adventure Camps (Orange)	Group workon camp aimed at increasing self-esteem, coping skills and mental health literacy.	Peer Support; Respite (Camps) Counselling (Group activities)	A M
Connect for Kids	Provide information and support to children who have a family member living with a mental illness	Respite (Day activities) Information (Education/Resources) Peer Support (Group activities)	A M
Gaining Ground Program	Promote the mental health and well-being of children living with a parent affected by a mental health problem.	Respite; Peer Support (Camps) Counselling (Group Activities)	A M
Gaining Ground Adolescent Program	$LPV WR GHYHORS \RXQJ SHRSOH¶V UHVLOLHQFH DQG LQFUHDVH XQGHU illness	Information (Education) Peer Support; Resp766.42 452.02 0.47998 27.6 re f* -5(n)-6(g)7( )-3(c	

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Policy or Program Name	Aims	Type of intervention or support	Framework
In House Training Understanding & Supporting Carers Young carers (free)	To raise the recognition of the role and value of carers, and t build the capacity of both government and non government service providers to support and work with carers	Information (Education/Resources)	A

Policy or Program Name	Aims	Type of intervention or support	Framework
	achieving a year 12 or equivalent attainement		
FAMI Project (Families Affected by Mental Health Issues) (Northern Sydney Carer Support Service)	To support and promote the needs of children, young people (aged 0 ±18) and their families who have one or both parents with a mental illness, and promotes key messages of resilien DQG LQFUHDVHV WKH IDPLO\¶V FDS support they need	Information, Referral	A
YouthLinx ±Activity Groups	To promote peer interaction and the development of self-esteem, social and life skills for young people who may be socially isolated, anxious and have difficulty making or keeping friend (aged 11±16 years)	Peer support, Group conselling	A
Sibling specific			
Sibling chat rooms and information	To reduce isolation and provide a forum for sharing feelings	Moderated forums and information resources especially for siblings, pe support	A
The Siblings Network Project	Tell your story through screen or photogra hy	The project is calling young people from culturally diverse background and who have a sibling with a disability to come along and express themselves at this series of exciting and fun workshops. respite	A

Table 6.4: Programs and Services for Young Carers in South Australia

Commonwealth Respite and Carelink Centres in South Australia

The CRCC deliver a number of Programs which include both DoHA NRCP and also FaHCSIA funding.

Region	Auspice Body (Project Name)	Type of intervention or support	Framework
North West Country	Uniting Care Wesley Adelaide Inc (Commonwealth Carer Respite Centre) Seniors Information Services Inc (Commonwealth Carelink Centre)	Respite services (including access to 2 hour emergency respite) for Carers and Information services about home and community care services that assist people to stay in their homes	M A
North West Metro	Uniting Care Wesley Bowden Inc (Commonwealth Carer Respite Centre North West Metro Region) Seniors Information Services Inc (Commonwealth Carelink Centre)		M A
South and East Country	Carers Association SA Inc (Commonwealth Carer Respite Centre) Seniors Information Services Inc (Commonwealth Carelink Centre)		M A
South East Metro	Carer Support and Respite Centre Inc (Commonwealth Carer Respite Centre) Seniors Information Services Inc (Commonwealth Carelink Centre)		M A

Programs and Services for Youth Carers in South Australia

Program Name	Aims	Type of intervention or support	Framework
YOUNG CARERS			
Young Carer Respite Services (Young Carers Respite and Information Service Program)	To assist young carers to better manage and balance their educational and caring responsibilities.	A mix of services, both direct and indirect respite better meets Young Carers needs, is more age appropriate and fits the family situation, thus	

Program Name	Aims	Type of intervention or support	Framework
		Peer Support (Group Activities) Counselling (Individual)	
South Australian Network of Services for Young Carers (SANSYC)	Bring together service providers across SA working either directly or indirectly with young carers to work together in a cooperative and positive way.	Networking and information share opportunities Collaborative projects and events	A
Recognition of Community Learners	To acknowledge of young carers (and other community learn activities	Education	M
Special Provisions in Curriculum and Assessment	To provide alternative arrangements to students whose capa to participate is adversely affected (i.e. caring)	Education	M
YOUTH AT RISK			
Youth Pathways Baptist Care (SA) Inc	To assist the most-at-risk young people including young carers make a successful transition to through to completion of year (or its equivalent) and to further education, training or employment and active participation in the community	Counselling (Individual, Group activities) Peer Support	A M
Youth Connections	To offer support or alternative education for students who are disengD J H G R U ³ D W U L V N ´ R I G L V H Q J D achieving a year 12 or equivalent attainment	Education assistance	M
Youth Pathways in Rural South Australia Yorke Peninsula Employment	To provides services to the Yorke Peninsula, Lower North an Barossa region in SA and works in partnership with commun		

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for young carers, providing information, ideas and support. Young carer websites at both the federal and state/territory levels are popular with young carers. The federal and New South Wales websites together receive 3,000 hits a day (Carers Australia, n.

Prevention

Prevention strategies encompass a combination of support services for both the young carer and the person being cared for, ideally at the onset of illness or disability. The services required to achieve prevention differ across family situations, depending on the nature and severity of care needs and on the preferences or capacity of family members to offer informal support. In any case, prevention requires an approach that:

- strives for early identification and intervention;
- is personalised (an individual, case based approach);
- considers the needs of all family members (a whole of family approach);
- provides comprehensive information on policies and services;
- is an ongoing process, i.e. not time limited; and
- integrates service provision from different sectors such as education, health and disability (a collaborative approach).

3URJUDPV ZLWK VXFK HOHPHQWV DUH RIWHQ VHHQ DV EHVW SUDFWLFH LQ SUHYHQWDWLYH VHUYLFH SURYLVLRQ, though, preventative strategies are quite rare and underdeveloped. In individual cases prevention may happen, where adequate services are available to avoid the entrenchment of caring at a young age or to help a young carer reduce their responsibilities to manageable levels. But at program level, preventative programs incorporating the elements set out above as best practice in preventative services are limited.

Support that encompassed preventative aspects identified in the policy audit are not, in most cases, comprehensive strategies. They are programs that comprise one or more elements of a prevention approach. For example, the education programs and Raw Ene TJ Et at program level, 2

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