

Carers in South Western Sydney

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Health
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Demographic and health characteristics

Carers provide unpaid care and support to family members and friends who have a disability, mental illness, chronic condition, terminal illness, an alcohol or other drug issue or who are frail aged.

The *2012 Survey of Disability, Ageing and Carers (SDAC)* estimated that almost 2.7 million Australians identify as carers, and of these, around 770,000 (29%) as primary carers.¹ It found:

- Almost 75,000 carers were aged less than 15 years
- Primary carers were significantly more likely to have a disability themselves (37%) compared with 16% of people living in households who were not in a caring role
- Male primary carers were more likely to be affected by disability than female primary carers (45% compared with 34%)
- Around 18,600 male and 43,300 female primary carers themselves had a profound or severe core activity limitation
- The majority of primary carers (83%) reside in the same household as the person for whom they provided the most care. Two thirds of primary carers who did not live in the same household as the main recipient of care were caring for a parent (67%).
- Females made up the majority of carers i.e. 70% of primary carers and 56% of carers overall
- The proportion of Australian carers generally increased with age until the age of 65 years, from 1.7% of people aged less than 15 years to 22% of those aged 55-64 years. From 65 years, the proportion of female carers declined and the proportion of male carers continued to increase.

Caring can have a significant impact on a person's employment. Overall, in 2012, the labour force participation rate for primary carers (42%) and carers (63%) was lower than for non-carers aged 15 years or more (69%). In 2012, 58% of primary carers providing less than 20 hours of care/week were in the workforce and only 27% of those who spent 40 hours or more per week caring. Proportionally, carers were more likely than non-carers to have household incomes in the lowest quintiles for gross household income in 2012 (65% of primary carers compared with 36% of non-carers).

A report for Carers Australia estimated that informal carers provided 1.9 billion hours of care in 2015, with a replacement value of informal care in Australia of \$60.3 billion. It reported that the propensity to provide care has been declining across almost all carers since 2003, regardless of gender, except for female carers aged 55+ years. Over the next decade, the situation is predicted to deteriorate with demand for informal care set to significantly outstrip supply. Population ageing, smaller family sizes, rising female workforce participation and increased participation of an older workforce were contributing factors.²

A report on carers from culturally and linguistically diverse backgrounds in 2013 identified factors which acted as barriers to access to carer support services included terminology, cultural and religious rules and obligations, lack of health literacy, cultural appropriateness of the service and lack of awareness about services available. Quality and effectiveness was hampered by the lack of a single service delivery model, difficulty ethno-specific services have in responding to all diverse communities and the time taken in maintaining partnerships.³

There is considerable evidence that caring has a considerable effect on the health of carers:

- Carers are at greater risk of mental health problems and lower energy levels than the general population⁴
- Carers have higher levels of depression and stress than non-carers⁵
- Of carers of a person with a core activity limitation, 38.8% indicated that their wellbeing had changed, 72.5% were not satisfied with their caring role, 36.5% indicated that they feel weary and lack energy, 11.7% felt angry or resentful of their role, 27.6% felt worried or depressed and 27.5% reported that their sleep was frequently interrupted⁶

- Carers of people at end of life were more likely to have poor health if they perceived they did not get enough support from health services and if the deceased family member did not die in the carer's preferred place of death.⁷

Consultations with carers indicate that they require information (diagnostic, prognostic and where to obtain help), improved communication with professionals, relief from stress, respite care, training and practical support.⁸

Carers in south western Sydney

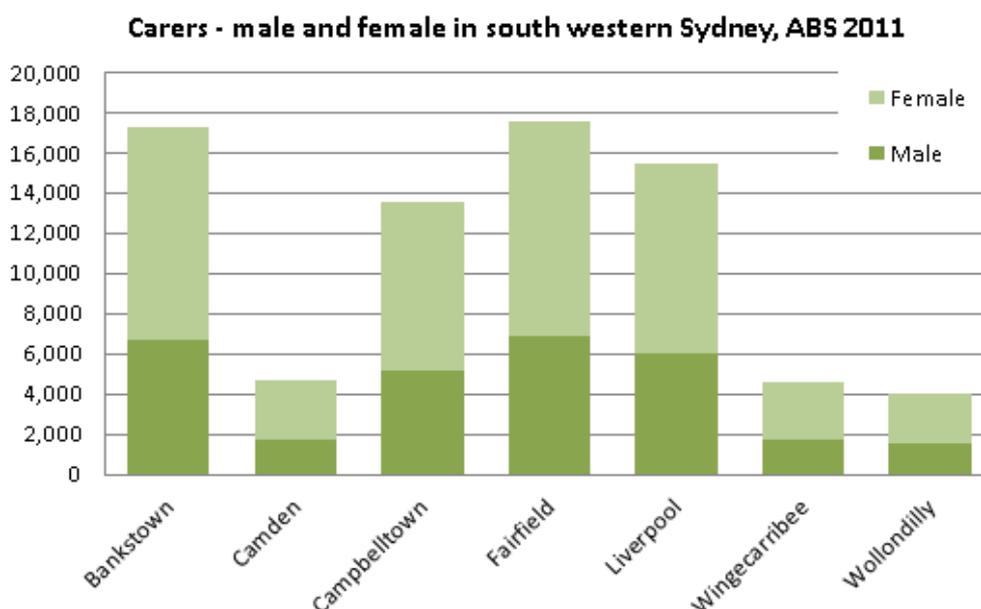
Of the 840,160 residents in south western Sydney who completed the Australian Bureau of Statistics Census in 2011, approximately 77,104 people (9.2%) indicated that they provided unpaid care, help or assistance to family members or others because of a disability, a long term illness or problems relating to old age.⁹ This includes people in receipt of a Carer Allowance or Carer Payment (but excludes work undertaken through a voluntary organisation or group).

The table following shows the number and proportion of carers in each local government area (LGA) in south western Sydney. Fairfield and Bankstown LGAs had the largest number of carers. Although the absolute size of the Camden and Wingecarribee populations are very different they have a similar number of carers, with the highest proportion of carers in south western Sydney in Wingecarribee LGA, reflecting the older age profile of the Wingecarribee community.

Table 1: Carers in south western Sydney, 2011

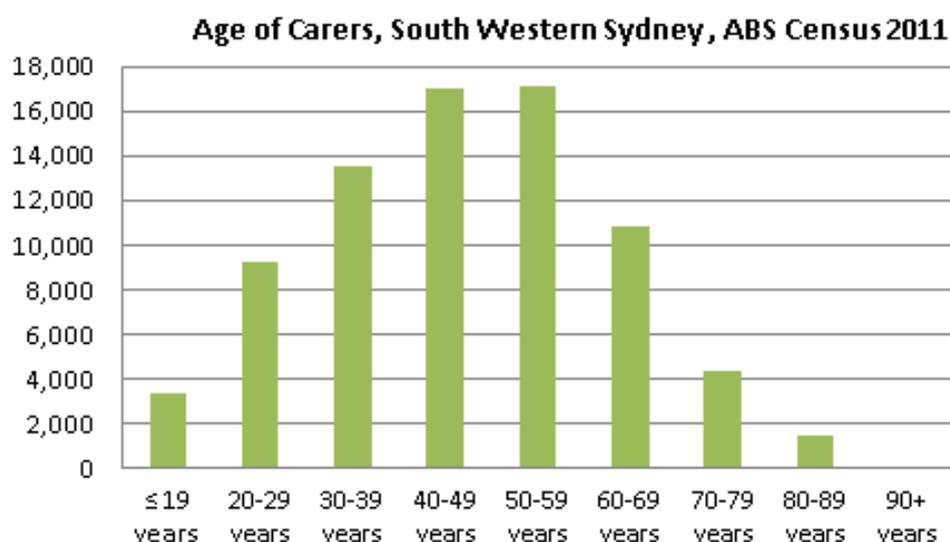
LGA	Carers	SWSLHD Population	% carers
Bankstown	17,268	182,353	9.5%
Camden	4,673	56,721	8.2%
Campbelltown	13,556	145,969	9.3%
Fairfield	17,520	187,768	9.3%
Liverpool	15,486	180,144	8.6%
Wingecarribee	4,598	44,397	10.4%
Wollondilly	4,003	43,258	9.3%

As indicated in the following diagram and reflecting national trends, south western Sydney carers were more likely to be female (61.6%).



The majority of carers in south western Sydney were of working age, with 73.7% of carers aged 20-59 years and a further 21.9% aged 60 years and older. Reflecting demographic differences across the District, approximately 36% of carers in Wingecarribee LGA were 60+ years, followed by Bankstown and Wollondilly LGAs (23.6% and 23% respectively).

Young people may not identify as carers or may not be identified by professionals or other community members as carers. In south western Sydney, there are approximately 3,400 young carers (4.4% of all carers) who are less than 19 years of age. The diagram following profiles the age of carers in south western Sydney, with detailed data provided in Appendix A.



As with national data, employment can be impacted by caring and this is reflected in the profile of south western Sydney carers. Almost 38,000 south western Sydney carers (or 49%) were employed on a part or full time basis. Carers living in Camden LGA were most likely to be employed (65%) and were least likely to be employed in Fairfield LGA (40%). This will have implications for when they can visit the person they care for and be contacted by phone.

Levels of disadvantage compound, with socioeconomic disadvantage, cultural background and personal health problems adding additional burdens to carers.

About 1.5% of south western Sydney carers identified as Aboriginal people and/or Torres Strait Islanders. This is slightly below their representation in the broader community and may reflect family and cultural values and understanding of the term “carers” where the person may not identify as a “carer” even though they may be caring for one or more people.¹⁰ Similar values can be found in other cultures.

Approximately 10.4% of south western Sydney carers indicated that they have poor English skills. Carers in Fairfield LGA were most likely to report poor English skill (22.5%), followed by carers in Bankstown and Liverpool LGAs (11.5% and 10.3% respectively). This reflects the multicultural diversity of south western Sydney.

Policy in relation to carers

The *NSW Carers (Recognition) Act*¹¹ requires the public sector, including NSW Health staff, to:

- Be aware of, and understand the [NSW Carers Charter](#)
- Consult with carers, or organisations that represent carers, on policy that may affect them
- Have human resource policy that caters to and considers the needs of the workforce who are carers.

The *NSW Carers Strategy 2014-2019*¹² seeks to improve the position of carers in NSW. The Strategy's vision is that carers and caring are respected and valued, carers have the time and energy to care for themselves and carers have the same rights, choices and opportunities as other members of the community. The Strategy focuses on five areas: employment and education; carer health and wellbeing; information and community awareness; carer engagement; and improving the evidence base.

For SWLHD staff, Family and Community Services Leave, Personal/Carers Leave and flexible work practices are available to support carers and are outlined in [Policy Directive Leave Matters](#) for the NSW Health Service.

Carer support in SWSLHD

SWSLHD operates a [Carers Program](#) to support carers directly and also to support staff to effectively work with carers.

Various carer support programs operate across the District in areas such as aged care, disability, mental health and cancer.

SWSLHD also supports people to access carer support programs operated by other government agencies and the non-government sector, including financial assistance and respite.

For Health staff working with Carers

As outlined in the *NSW Carers Charter*, actions which staff can take to support carers include:

- Recognise the contribution carers make. Support them and the people they care for.
- Be mindful of carers' health and wellbeing
- Listen to carers, and the people they care for
- Respect and support carers' choices, knowledge and experience
- Find out what support and services carers need and refer them to those services
- Respect the relationship between carers and those they care for
- Recognise that all carers are different
- Acknowledge that carers have needs and interests beyond their caring role
- Young carers have the same rights as all children and young people
- Help young carers overcome any disadvantage they face
- Carers should have the same rights, choices and opportunities as all Australians
- Take into account the additional difficulties faced by carers in rural and remote areas
- Support for carers should be easy to access and available when needed.

Resources

More information is available from:

- [Carers NSW](#)
- [The Australian Government Department of Human Services](#)
- [The NSW Department of Family and Community Services](#)
- [SWSLHD Carers Program](#)

Appendix A

Table A1: Age of Carers in South Western Sydney (ABS Census 2011)

Geographical Area	Age of Carers			Proportion of Carers		
	≤ 19 yrs	20 - 59 years	≥ 60 years	≤ 19 yrs	20 - 59 years	≥ 60 years
Bankstown	706	12,488	4,076	29.9%	72.3%	23.6%
Camden	176	3,524	971	29.6%	75.4%	20.8%
Campbelltown	593	10,115	2,850	30.4%	74.6%	21.0%
Fairfield	863	12,996	3,661	29.9%	74.2%	20.9%
Liverpool	769	11,967	2,751	26.3%	77.3%	17.8%
Wingecarribee	151	2,799	1,645	40.6%	60.9%	35.8%
Wollondilly	152	2,929	922	35.7%	73.2%	23.0%
SWSLHD	3,410	56,818	16,876	30.0%	73.7%	21.9%

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