



Submission on the
Job Capacity Assessment Program

February 2008

This submission was prepared by: Toni Cannon, Senior Policy Officer, Carers Queensland and Ben Ilsley, Policy Adviser, Carers Victoria

Title: **CA Submission on the Job Capacity Assessment Program**

Date: February 2008

On behalf of: Carers Australia and the Network of Carers Associations
Unit 1, 16 Napier Close

DEAKIN ACT 2600

Telephone: 02 6122 9900

Facsimile: 02 6122 9999

Email: caa@carersaustralia.com.au

Website: www.carersaustralia.com.au

Table of Contents

Executive Summary	1
Recommendations	2
About Carers Australia	3
About Australia’s Carers	3
Carers and the Job Capacity Assessment Program	4
Carers assisting people with disability or illness through a JCA	4
Support for previously expressed concerns about JCAs	5
Carers’ concerns regarding the person’s JCA outcomes	6
Carers undergoing a JCA	6
Carers and paid employment	6
Carers’ current workforce participation	7
Carers’ barriers to employment	7
Carers and income support	8
JCA’s ability to identify and respond to carers.....	8
Carers concerns about the outcomes of JCAs	9
Appropriate support to carers	9
Referrals to employment support for carers	9
Job capacity account funds for carers	10
Conclusion	10
References	11

Executive Summary

Australia's 2.6 million carers provide unpaid care and support to family members and friends who have a disability, mental illness, chronic condition, terminal illness or who are frail.

Carers are an integral part of Australia's health system and are the foundation of our aged, disability and community care. Governments rely heavily on carers' willingness and ability to provide care. This care is estimated to be valued at over \$30 billion annually.

Carers may provide support to people with disability or illness in their involvement with Centrelink and/or in their search for, and participation in, paid employment. This includes assistance with Job Capacity Assessments (JCA).

Carers Australia is a member of The Welfare to Work Reform Collaboration that has raised issues concerning Job Capacity Assessments (JCAs) from the perspective of the person with disability or illness. These issues are re-iterated.

Our submission also focuses on issues with the JCA from a carer's perspective.

It is vital that the JCA process allows for the involvement of the carer, where appropriate. The involvement of carers to advocate for or a person with disability or illness can result in better data gathering that will, in turn, result in improved outcomes for the people involved. This is crucial as the information obtained through a JCA is utilised in decisions about capacity to work, supports required and, importantly, eligibility for income support.

Carers might also undergo a JCA themselves as a jobseeker or claimant/recipient of Centrelink Payments.

Carers, particularly primary carers, experience significantly lower levels of workforce participation compared to those who are not currently caring.

Many carers currently not in employment would like to return to work with appropriate support. However, in returning to paid work carers may face significant barriers associated with their caring role.

While carers face barriers shared with other disadvantaged job seekers, some of these barriers are likely to be felt even more acutely by carers. Carers also have significant additional barriers that are not experienced by other jobseekers. The most significant barrier that carers are likely to face is their caring responsibilities and associated issues such as lack of time and energy, lack of carer-friendly workplaces to accommodate their caring responsibilities and few alternative care options for the person that they support. Carers also have some specific strengths that enable them to better respond to some barriers.

JCAs are supposed to provide a comprehensive assessment of clients' barriers to workforce participation and the interventions and assistance needed to help improve their current and future work capacity. However, JCAs are severely deficient in that they do not explore the nature or extent of caring responsibilities.

The complexity of the caring role and the impact of the role on the carer's employment options means an appropriately tailored approach is needed to support carers back to work. Those carers who would like to participate in employment, would benefit from referral to active and personalised employment assistance that addresses the barriers associated with caring and supports them to market their unique strengths to employers.

Carers, like most people, experience considerable economic, social and psychological benefits as a consequence of paid employment. Carers also have much to offer to businesses and the community due to their skills,

knowledge and experience. Their employment, in turn, benefits the broader economy – especially in the current climate of labour and skills shortages.

The challenge therefore is to offer carers opportunities and incentives to balance work with caring so that those carers who wish to return to paid work are able to do so.

Current employment programs are often not designed with a full appreciation of the demands of the caring role and the unpaid work that carers already perform in the community. If the government is fully committed to supporting carers back into paid employment it is clearly critical that the design and delivery of employment programs acknowledges the reality of the caring role and responds accordingly.

Recommendations

Carers Australia recommends:

- *The development of a Carer Participation Policy for JCAs that encourages the involvement of carers of people with disability or illness – especially those with impaired capacity. The policy needs to positively address privacy and confidentiality issues.*
- *The introduction of a JSCI factor that identifies, in a timely fashion, caring responsibilities and the associated risk of long-term unemployment.*
- *That the JCA sensitively identify and examine the extent and nature of people's caring responsibilities and the impact that the role has on a person's ability to participate in paid employment so that appropriate support can be provided to carers.*
- *Carers' barriers to employment are accurately assessed and accounted for in the assistance provided through Employment Service Providers.*
- *The design of the Employment Service System acknowledges the reality of the caring role and responds accordingly in terms of the both the outcomes sought and the strategies employed.*

About Carers Australia

Carers Australia is the peak body for family carers in Australia. Its vision is 'Caring is accepted as a shared community responsibility'. Its mission is 'Leading change and action with and for carers'.

Its members are the state and territory Carers Associations (the Network of Carers Associations) that deliver specialist information, advisory and counselling services to carers in almost 60 sites around Australia. Carers Australia is informed about carer issues through its member Carers Associations and its participation in national and international forums.

Carers Australia believes all carers are entitled to the same rights, choices and opportunities as other Australians in order to enjoy optimum health, social and economic wellbeing and to participate in family, social and community life, employment and education. Unfortunately, research clearly indicates that many carers are disadvantaged socially, physically and economically.

About Australia's Carers

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

There are 2.6 million carers in Australia.

Each caring situation is unique. Some carers need to assist with the tasks of daily living, and are responsible for feeding, bathing, toileting, dressing wounds, administering medication, and managing incontinence and other conditions. Others care for people who are fairly independent, but need supervision or help with their employment, finances and transport. Carers also provide emotional support for some of the most vulnerable and isolated members of society.

Carers are the major providers of care in the community. Two thirds of all support for people with disabilities, chronic mental or physical illnesses or the frail aged is provided by carersⁱ. This assistance supports many people with disabilities and illnesses to continue to live in the community.

The government relies heavily on carers' willingness and ability to provide care. In excess of \$30 billion dollars would be required to replace the care that Australian's provideⁱⁱ. The reliance on unpaid care continues to grow as the population ages and there is an increase in the rate of disabilityⁱⁱⁱ.

Without adequate support, caring often has many direct costs for the carer – it can adversely effect their financial position, employment and education prospects, health and wellbeing, and their ability to participate in social and community life. These personal costs often go unrecognised.

Carers and the Job Capacity Assessment Program

Carers are likely to be involved with Job Capacity Assessments/Accounts in two main ways. As:

- providers of support to people with illnesses or disabilities who are claiming or receiving Centrelink payments or are jobseekers
- claimants or recipients of Centrelink payments or jobseekers themselves.

Carers assisting people with disability or illness through a JCA

Carers are the major providers of support and assistance to people with disability or illnesses. Carers may provide assistance to people with disability or illness in their involvement with Centrelink and/or in their search for, and participation in, paid employment. This assistance can occur in a formal capacity such as a Centrelink nominee or, more likely in 'unofficial' support and advocacy roles.

The type of assistance provided by carers to the person they support when they are undergoing a JCA might include the obtaining of evidence through relevant documentation, collating this evidence, transport to the appointment, assistance with communication and the provision of vital information that the person may not have the capacity to provide etc.

As the information obtained through a JCA is utilised in decisions about capacity to work, supports required and, importantly, eligibility for income support, it is vital that the process allows for involvement of the carer to discuss the person's support needs. The involvement of carers in the process to advocate for or with person can result in better data gathering concerning the person with disability/illness. This will result in improved outcomes for the person involved.

It's also important that the carer is involved to discuss their ability to assist the person in their search for, or maintenance of, employment. Assumptions should not be made about the availability or willingness of the carer to provide necessary support without first discussing it with them.

However, a clear role for the carer is not articulated within the JCA process. As a consequence, carers and assessors appear uncertain about how the carer can be effectively involved in the JCA of the person that they support. The Guidelines suggest that the involvement of carers will be accepted^{iv}. However, their involvement appears to rely on the referring agency. Carers are not actively encouraged to participate in the process through the material publicly available. Nor is a participation policy for carers expressly provided.

A clear and transparent participation policy to encourage the involvement of carers would assist in the provision of accurate information. The program clearly requires a participation policy for carers when the carer is acting in an official capacity (say as nominee, administrator etc) or in a less formal or legally sanctioned capacity. The policy should seek to resolve relevant privacy and confidentiality issues in a positive fashion.

Recommendation: *The development of a Carer Participation Policy for JCAs that encourages the involvement of carers of people with disability or illness – especially those with impaired capacity.*

Support for previously expressed concerns about JCAs

Carers Australia is a member of The Welfare to Work Reform Collaboration, a group of key disability organisations, employment agencies, service providers, health groups, consumers, carers, policy experts and other stakeholders that have met recently to determine a shared position with regard to reforming the Welfare to Work system. In the context of this work, this group has raised issues relevant to Job Capacity Assessments (JCAs)^v. We support the issues raised, in particular:

- That the process intended to assess the level and intensity of supports needed to help someone gain and retain employment is separated from the process intended to assess income support. Currently this is not the case, and people are reluctant to engage with a JCA for fear of jeopardizing their Disability Support Pension (DSP) or concerns that they will not be able to comply with the reporting or other requirements.
- Current assessment practices place an onus on the client to disclose their disability or mental illness in order to receive the supports necessary to obtain and retain employment. Our society frequently judges or discriminates against those with a disability or mental illness and many have had poor experiences of disclosure and so may be reluctant to do so again.
- Assessors undertaking JCAs should have qualifications or training relevant to the needs of the particular client and there is flexibility in the system to match assessors with the individual needs of their clients.
- Assessors require specialist knowledge not just in particular disabilities or illnesses but the impacts of these conditions in occupational settings. Mainstream psychology, occupational therapy or social work training do not provide this knowledge or practice experience so specialist training would need to be provided. For example, in assessing appropriate employment supports for people with mental illness, it is essential to utilise assessment skills and practices that:
 - understand the impacts of medication on functioning and lifestyle.
 - understand the impacts of mental illness on one's social context and how this, in turn may affect occupational performance and needs. For example, mental illness may affect housing stability, lifestyle, sleeping patterns, relationships, physical health etc.
 - assessment of a person's skills rather than their mental health symptoms or diagnosis. Social and employment skills are a much more reliable predictor of employment capability than symptoms and there is not a direct correlation between mental health diagnosis or "wellness" and functioning in an employment setting. This is partly because functioning and skills are usually context based and not always automatically transferred from one setting in someone's life to another.
 - understanding of the impacts of stigma on disclosure of mental illness. Disclosure or its lack can affect help seeking and relationships within the employment setting, support services and families.
 - understanding of the episodic nature of mental illness and how this affects functioning, confidence, motivation and disclosure.
- Given that client motivation and choice to seek employment is an important predictor of favourable outcomes, any negative consequences for non attendance may be seen as a disincentive and so be counter productive. It is important that people are not penalized for non attendance due to the direct impacts of their disability or mental illness such as clinical commitments or a lack of organization or motivation.
- The JCA is less appropriate for people with episodic conditions, in particular mental illness, as it does not take into account a fluctuating ability to work and long term support requirements. People may be motivated to find employment but fearful that their mental health will deteriorate at some unknown time in

the future, making the continuation of their employment problematic. If the possible loss of employment due to deterioration in mental health also leads to loss of income support or a change in job seeking obligations, then this combination may act as a deterrent to engaging with the employment support systems.

- The JCA process can exacerbate conditions such as mental illness.
- Client choice is a crucial component of successful employment support outcomes. There is strong evidence that employment support services are more effective when eligibility of that service is based on the choice of the person^{vi}. JCA practice runs counter to this.
- Referral pathways to appropriate Employment Programs (PSP, DEN, VRS, JN) following a JCA should result in equitable access to appropriate support. For example, capped places in DEN services complicate the assessment and referral process.
- Employment supports must recognize that the retention of employment by people with mental illness or disability may be more difficult than obtaining it. Services need to be sufficiently flexible and long-term to provide appropriate support.

Carers' concerns regarding the person's JCA outcomes

Outcomes of the JCA are significant for both the person and/or their carer. Possible outcomes include loss of income for the person with a disability or illness (e.g. through a move from DSP to NSA) and/or an increase in their costs (e.g. loss of Health Care Card discounted medication can be of particular concern for people with a mental illness). This may then also impact on the carer's financial position either because of shared living costs or because the carer might support the person financially.

Activity requirements such as those associated with NSA may have an adverse effect on a person's disability or mental health. This, in turn, can increase the support and care required from carers.

Furthermore, carers' eligibility for Carer Payments are jeopardised through the person's participation in paid work i.e. if the person they support does not receive government income support payments. However, carers care load may not decrease because a person is in employment. Their care load may in fact increase because of the additional responsibilities that may be associated with attaining and maintaining the person with disability in employment.

Carers undergoing a JCA

Carers might also undergo a JCA themselves as a jobseeker or claimant/recipient of Centrelink Payments.

Carers and paid employment

Carers Australia agrees with the Government's position, expressed in its Social Inclusion Agenda, that all members of the community "should be able to realise their full potential and have the opportunity to build a rewarding social and economic life...^{vii}" We also recognise that "[w]orkforce participation is a foundation of social inclusion; it creates opportunities for financial independence and personal fulfilment."^{viii}

Carers, like most people, experience considerable economic, social and psychological benefits as a consequence of paid employment^{ix}. Carers also have much to offer to businesses and the community due to their skills, knowledge and experience. Their employment, in turn, benefits the broader economy.

Of course, carers are already legitimately working and contributing to society – in an unpaid capacity. Over one third (37%) of primary carers spent on average 40 hours or more per week providing care and 18% spent 20 to 39

hours per week^x. It is estimated that Australia's carers provided 1.2 billion hours of care in 2005^{xi}. The cost to replace this care with formal services is more than \$30 billion dollars per year.^{xii}

It is obviously important for the government that this care continues. However, it's also important for the economy that carers are engaged in the paid workforce. With chronic labour and skills shortages and an ageing population, Australia simply cannot afford for potential workers to be excluded from the workforce. It is important for the economy and the wellbeing of carers that those carers who are able to participate, are engaged in the paid workforce. The challenge, therefore, is to offer carers opportunities and incentives to balance work with caring so that those carers who would like to return to paid work are able to do so.

Carers' current workforce participation

Carers currently experience significantly lower levels of workforce participation compared to people who are not currently caring. The labour force participation rate for primary carers is only 39%^{xiii}. Only 56% of all carers are in the paid workforce compared to 68% of people without caring responsibilities^{xiv}. Given there are 1.8 million carers of workforce age in Australia, the population affected is considerable^{xv}.

Importantly, in an environment of skills shortages, carers are also a significant group of skilled workers that are underutilised in our present economy. Almost half (47.9%) of carers have a qualification at certificate level or above, only marginally below that of non carers (50.8%)^{xvi}.

Many carers currently not in employment would like to return to work with appropriate support^{xvii}. However, in returning to paid work carers may face significant barriers associated with their caring role.

Carers' barriers to employment

While carers face barriers shared with other disadvantaged job seekers, some of these barriers are likely to be felt even more acutely by carers. These include:

- poor physical health^{xviii}
- limited social and job networks^{xix}
- poor career motivation^{xx} and
- debilitating emotional states associated with caring such as depression^{xxi} and grief.

Carers also have significant additional barriers that are not experienced by other jobseekers. The most significant barrier that carers are likely to face is their caring responsibilities and associated issues such as lack of time and energy, lack of carer-friendly workplaces to accommodate their caring responsibilities and few alternative care options for the person that they support^{xxii}.

Carers also have some specific strengths that enable them to better respond to some barriers.

These issues, often experienced in combination, must be accurately assessed and accounted for in the assistance provided to return to return to paid employment.

Without appropriate assistance, these barriers effectively exclude many carers from the workforce. Presently, the government accepts little responsibility for mitigating these barriers. This results in carers' exclusion from the workforce and their social exclusion.

Carers and income support

Two thirds of primary carers receive some kind of Australian government pension, payment or allowance. For 55% of primary carers this was their main income source^{xxiii}.

The most common types of income support payments received by primary carers are:

- carer payment (19%)
- aged pension (17%)
- parenting payment (10%) and
- disability support pension (6%)^{xxiv}.

Obviously then, carers access a range of income support payments. Of particular note is the, not insignificant, number of carers on Parenting Payment and Disability Support Pension given that these payments were the focus of the Welfare to Work measures and their associated relevance for JCAs.

JCAs ability to identify and respond to carers

JCAs are supposed to provide a comprehensive assessment of clients' barriers to workforce participation and the interventions and assistance needed to help improve their current and future work capacity.

However, JCA's ability to identify and therefore assist carers is compromised by the fact that the JCA process does not explore the extent or nature of people's caring responsibilities. In the section of the Guidelines where weightings are given to determine the impact of personal factors on a persons' ability to work, caring responsibilities are not considered to have any weighting^{xxv}. As a consequence, carers' significant barriers to participation are not recognised. The JCA Guidelines stated that this is because carer responsibilities are identified through the Job Seeker Classification Instrument (JSCI). But it is arguable as to whether the JSCI identifies the type and level of a person's care responsibilities and how barriers associated with these responsibilities might be overcome. It has been noted that the accuracy of the score on the JSCI is a function of the accuracy of the information that job seekers volunteer, staffs' ability to maximise job seeker disclosure and accurately record this information, and the predictive power of the factors that make up the instrument^{xxvi}. The ability of the JSCI to identify carers is compromised on all accounts due to the often hidden nature of care responsibilities and the stigma associated with illness or disability.

Recommendation: *The introduction of a JSCI factor that identifies, in a timely fashion, caring responsibilities and the associated risk of long-term unemployment.*

Carers often do not identify as having care responsibilities. Many people providing care may not consider themselves to be a 'carer'. They may consider their caring role as merely a facet of their relationship to their loved one and see their actions as part of their role of parent, partner, child, friend etc. Rather than relying on carers to identify themselves, it's important to ascertain a person's caring role by asking questions that identifies any relevant responsibilities. In making such enquiries, it is important to be mindful of the fact that people who might be in a caring role might not feel comfortable in talking about their caring responsibilities. This might be so for a number of reasons such as stigma associated with disability or mental illness.

Recommendation: *That the JCA sensitively identify and examine the extent and nature of people's caring responsibilities and the impact that the role has on a person's ability to participate in paid employment so that appropriate support can be provided to carers.*

Carers concerns about the outcomes of JCAs

JCAs influence the income support payments carers receive and/or a determination concerning carer's capacity to participate in paid employment. As a result of these assessments, carers can also be set activity requirements without appropriate support for their caring role. This, in turn, can contribute to suspensions for failing to fulfil activity requirements thereby severely disadvantaging carers.

Appropriate support to carers

Related to the JCA, is the support available following an assessment. The assessment process can not be viewed in isolation. It must be undertaken with the purpose of achieving a positive outcome post-assessment.

Caring has many direct consequences for the carer, usually in relation to their health and wellbeing, their financial position, their employment and education prospects, and their ability to participate in social and community life.

The complexity of the caring role and the impact of the role on the carer means an appropriately tailored approach is needed to support carers back to work.

For those carers who would like to participate in employment, referral to active and personalised employment assistance that addresses the barriers associated with caring would also be useful – irrespective of whether the carer received an activity based payment such as Newstart or a 'passive' payment such as Carer Payment.

Importantly, for carers, the ability and capacity of Employment Service Providers to appropriately assist carers is limited. However, many Job Network Members, including those with specific programs for carers such as Employment Preparation Programs, are not adequately equipped to assist carers to overcome their specific barriers to employment or to market their unique strengths to employers.

Recommendation: Carers' barriers to employment are accurately assessed and accounted for in the assistance provided through Employment Service Providers.

Referrals to employment support for carers

Current Employment Programs, including Employment Preparation Services, are not designed with a full appreciation of the demands of the caring role and the unpaid work that carers already perform for the community.

The experience of Carers Queensland's Momentum Program, Australia's only carer-specific Employment Service Provider, is instructive. It highlights the complexity and additional challenges carers face in their attempt to combine their caring role with paid work. Learnings from the program demonstrate that carers generally require increased preparation time to return to work due to the additional challenges they face. For example, few affordable alternative care options exist that would facilitate carers participation in the paid workforce. It is not as simple or cheap as accessing child care. Carers must source these or other alternative care options and this takes additional time and effort. As another example, carers may have experienced the bereavement of their loved one for whom they were caring. Understandably, this may stymie their return to work.

These are but a few examples of how the design and delivery of current employment programs is not responsive to carers situations. If the government is fully committed to supporting carers back into paid employment it is clearly critical that the design and delivery of employment programs acknowledges the reality of the caring role and responds accordingly in terms of the both the outcomes sought and the strategies employed.

Recommendation: *The design of the Employment Service System acknowledges the reality of the caring role and responds accordingly in terms of the both the outcomes sought and the strategies employed.*

Job capacity account funds for carers

If carer's roles are identified, the support provided to them through the Job Capacity Account Fund or the programs to which they are referred following their assessment are not necessarily able to provide carers with appropriate assistance to return to the workforce.

The Job Capacity Accounts are often short-term and do not provide the ongoing support that carers may require to return to work as identified in the discussion on appropriate employment support.

Conclusion

In summary, Carers Australia recommends that the JCA process recognises the role of the carer in supporting people with disabilities or illnesses through a JCA (and beyond).

In addition, that the JCA process identifies and responds appropriately to carers who undergo a JCA and face considerable barriers in their return to paid work.

References

- i Australian Institute of Health and Welfare (2001) Australia's welfare 2001. Cat. No. AUS 24. Canberra: Australian Institute of Health and Welfare.
- ii Access Economics (2005) The economic value of informal care, Report for Carers Australia. Canberra.
- iii NATSEM (2004) Who's going to care? Informal care and an ageing population, report prepared for Carers Australia. Canberra.
- iv Job Capacity Assessment Service Providers Guidelines. Accessed on 21/2/08 at:
http://www.aph.gov.au/Senate/committee/fapa_ctte/estimates/bud_0607/human_services/hs25.doc
- Note: we acknowledge that this is Version 1 of the Guidelines and likely to be out of date. However, we were unable to obtain a subsequent version of the Guidelines from the Department.
- v See, for example, The Welfare to Work Reform Collaboration (2008) Reforming Welfare to Work: The Key Priorities. Accessed on 24/2/08 at:
<http://www.mhca.org.au/documents/MHCAworkreformHR.pdf>
- vi Bond, G.R., et al. (2001) Implementing supported employment as an evidence based practice. *Psychiatric Services*, 52, pp 313-322
- vii Australian Labor Party (2007). *An Australian Social Inclusion Agenda*, Canberra
- viii Ibid
- ix Centre for Social Inclusion (2006) Caring for sick and disabled children: Parents' experiences of combining work and care. Accessed on 13/2/08 at: <http://www.acecarers.org.uk/Resources/Research/CaringForSickandDisabledChildren-Report.pdf>
- x Australian Bureau of Statistics. *Australian Social Trends* Cat. No. 4102.0. Accessed on 21/2/08 at:
<http://www.abs.gov.au/Ausstats/abs@.nsf/94713ad445ff1425ca25682000192af2/e8b04ea9a311fa45ca25703b0080ccb7!OpenDocument>
- xi Access Economics (2005) *The Economic Value of Informal Care*, Report by Access Economics for Carers Australia
- xii Ibid
- xiii Australian Bureau of Statistics (2004) *Disability, ageing and carers: Summary of findings*. Cat. No. 4430.0. Canberra: Australian Bureau of Statistics.
- xiv Australian Bureau of Statistics (2004) *Disability, ageing and carers: Summary of findings*. Cat. No. 4430.0. Canberra: Australian Bureau of Statistics.
- xv Ibid
- xvi Carers Australia (2004), *Fact Sheet*, p. 3 (relying on data from the ABS (2003) *Survey of Disability Ageing and Caring* www.carersaustralia.com.au)
- xvii Ibid
- xviii See, for Gill T, Jury H, Avery J, Warmington R, Stacey A, Taylor A. (2007) *The Health and Wellbeing of Adult Family Carers in South Australia: An Epidemiological Analysis 1994 - 2004*. Population Research and Outcome Studies Unit, Department of Health: Adelaide.
- xix Edwards B, Higgins, D.J, Zmijewski N. (2007) *The families caring for a person with a disability study and the social lives of carers*. *Family Matters* Issue 76. Australian Institute of Family Studies: Melbourne.
- xx Taskforce on Care Costs (2007) *The hidden face of care: Combining work and care responsibilities for the aged and people with a disability*. Access on 8/2/08 at: http://www.tocc.org.au/media/Final_TOCC_2007_Report_The_Hidden_Face_of_Care_16_Nov_2007.pdf
- xxi Deakin University and Carers Australia (2007) *Australian Unity Wellbeing Index*, Survey 17.1, report 17.1, Accessed on 14/2/08 at: http://acqol.deakin.edu.au/index_wellbeing/Survey_17.1.pdf
- xxii Ibid
- xxiii Australian Bureau of Statistics. *Australian Social Trends* Cat. No. 4102.0. Accessed on 21/2/08 at:
<http://www.abs.gov.au/Ausstats/abs@.nsf/94713ad445ff1425ca25682000192af2/e8b04ea9a311fa45ca25703b0080ccb7!OpenDocument>
- xxiv Ibid
- xxv Job Capacity Assessment Service Providers Guidelines. Accessed on 21/2/08 at:
http://www.aph.gov.au/Senate/committee/fapa_ctte/estimates/bud_0607/human_services/hs25.doc
- xxvi Department of Employment and Workplace Relations (2002) Accessed on 25/2/08 at: <http://www.workplace.gov.au/NR/rdonlyres/B4A73802-1D3B-45CC-87E9-862D89BAF13B/0/jn3.pdf>