

**CARER LEGISLATION
IN THE AUSTRALIAN CAPITAL TERRITORY (ACT)**



**Authors:
Dee McGrath CEO, Carers ACT
Annemarie Ashton, Policy Advisor, Carers ACT**

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ABSTRACT:

The Australian Capital Territory has a population of 320,000, 43,000 are family Carers.

In 2003 a Carers Policy was developed by the ACT Government in consultation with the wider community. The policy covers the period 2003-08 with numerous actions to be taken by government, service providers and others.

In 2004 the ACT government commenced a further community consultation to determine the need to develop specific legislation to formally recognize Carers.

Many of the recommendations resultant from the consultation process are policy related while others will be legislated through a number of existing Acts such as:

- Discrimination Act 1991
- Guardianship and Management of Property Act 1991
- Human Rights Commissioners Act 2005.

The Carers Recognition Legislation Amendment Bill will be an Act to amend laws in relation to Carers and for other purposes. The aim is to formally recognize Carers and their needs as partners in the provision of care for people who are frail, chronically ill or have a disability. The legislation also aims to improve the culture of service providers by involving and partnering with Carers in delivery of Carer services and support.

It is anticipated this Bill will be addressed in the ACT Legislative Assembly in December 2006.

Dee McGrath, CEO, Carers ACT, Australia. deem@carersact.asn.au;
www.carersact.asn.au

CARERS LEGISLATION IN THE AUSTRALIAN CAPITAL TERRITORY

Snapshot of Australian Carers

There are 20.8 million people living in Australia of which 458,500 are Indigenous Australians. According to the Australian Bureau of Statistics' Disability, Ageing and Carers Report (2003) there are 2.6 million Carers in Australia, which translates to approximately 1 in 5 households or 1 in 8 Australians. Nearly 500,000 Australians are primary Carers, i.e. those individuals who provide the most care to disabled or frail aged people. Similar to many other countries, Australian researchers have discovered that 71% of primary Carers are women.

The majority of primary Carers (75%) are aged less than 65 years, and the largest proportion of this group is aged between 45-54 years. About the same percentage of primary Carers also care for a child, spouse or parent, giving rise to the term 'sandwich generation' in recognition of cross-generational care responsibilities. The ABS study also revealed a substantial number of Young Carers in the Australian community. Over 170,700 Australians under 18 years and 348,700 under 26 years were identified as Young Carers. Of these, 41,400 under 18 years and 90,200 under 26 years are primary Carers. The average age of a young Carer is 12.13 years.

Australia is facing a number of challenges in its current and future provision of health and community services. The rise of the 'sandwich generation' has been created by two major factors: many Australians are living far longer than previous generations, and the demographic spike of the post World War II 'baby boom' will soon impact as its members are now reaching retirement age.

This situation is complicated by a current boom in Australia, which has seen a severe skills shortage across many industries. The booming economy has created a situation of almost full employment, making it hard for employers to fill vacant positions, especially in 'service industry' positions such as domestic, nursing and personal care. On an individual basis, Carers are often faced with a difficult situation, as economic pressures demand an income beyond welfare, yet the personal commitment of providing care may prevent active participation in the workforce. Other issues such as the drought and climate change are key problems in Australia, requiring significant time and attention from both state and Federal governments, effectively pushing Carer issues lower on the political agenda.

Profile of the Australian Capital Territory

Australia uses a federal model of government and is comprised of six states and two territories. The Australian Capital Territory (ACT) was established in 1911 to create a capital for the newly federated country of Australia. It measures just 2330 square kilometres (900 square miles), 53 per cent of which remains as natural parkland or reserve. The ACT is almost 300 kilometres from Sydney and some 650 kilometres from Melbourne.

After achieving self-government in 1989, Canberra, the urban centre of the ACT, is now a modern city of 320,000 people. National government remains its main industry, but private sector employment has expanded and includes production of sophisticated scientific and communications equipment and computer software. Despite it being the national seat of government, Canberra is a graceful and industrious city, surrounded by an enviable natural environment.

Carers ACT: Supporting Family Carers in the Australian Capital Territory

Carers ACT is a not-for-profit Incorporated Association. It was founded by five local families in 1991 to support Carers and to provide representation to government on the views of Carers. The organisation has since grown to substantial size, with an established reputation for offering quality support to the estimated 43,000 Carers in the ACT. It is also the peak body for Carers in the ACT, working as a voice to government, to convey the diverse needs and views of ACT Carers. The delivery of Carer support and services remains a core activity, and is funded by both the Australian and the ACT Governments. Carers ACT currently offers over twenty three programs, including counselling, information, respite, education and training, and specialist support services to assist Carers with complex needs. Specialist programs include: Culturally and Linguistically Diverse Carers, Indigenous Carers, Young Carers, Flexible Families Program, Employed Carers and Mature Age Carers.

The creation and maintenance of strong community links and service partnerships is an essential part of effective representation. Carers ACT has developed a diverse range of ongoing relationships with other service providers, community groups, business and industry, researchers and the academic community. Carers ACT is also affiliated within the Australian network of Carer Associations. The national network is comprised of a Carers Association within each state or territory and a national body for representation at a Federal level. Links to international Carer networks continue to be advanced through participation and representation via a number of forums.



Carer Legislation in Australia and the World

Recent years have seen a move towards providing legislation for and about Carers in a number of different countries across the world. This legislation has been driven by a number of factors: activism by Carer Networks for increased recognition and protection for Carers; the shift from models of institutional care to community care provision of services, and the looming demographic challenge of a hugely increased frail aged population as the 'Baby Boomers' reach their seventies, eighties and nineties. However, it remains a matter for debate as to whether Carers legislation actually gives Carers rights that will effectively improve or support their position.

The United Kingdom, for example, has passed three Acts of Parliament specifically for Carers. The *Carers (Recognition and Services) Act 1995* gave "all those who provide 'regular and substantial care' the right to an assessment by a local authority of their ability to care and to continue caring" (Robinson, 2002, p. 170). The *Carers and Disabled Children Act 2000* extended the right to assessment for adults, and extended the right to 16 and 17 year old young people, as well as to parents of children with disabilities. It also "empowers, but does not require, local authorities to: supply services directly to the Carer ... make direct payments to Carers for services that meet their assessed needs ... [and] run voucher schemes for respite care" (Coaldrake, 2004a, p. 19). The *Health and Social Care Act 2001* allows Carers "to receive direct payment ... instead of the care provided by social services" (BMA, 2007, n.p.).

The federated model of government in Australia constitutionally determines the responsibilities of the Commonwealth in respect to the responsibilities of each of the states or territories. The Australian Government does fund a number of national Carer programs, which provide information, referral and respite services to Carers, and directly provides Carer-support payments to eligible Carers nationally via the Centrelink system. It also jointly funds Home and Community Care (HACC) services with each of the states to provide community care services to people not living in residential care facilities. The actual provision of health, disability, community and education services remains the primary responsibility of individual states and territories.

To date, there is no national Carer recognition legislation, such as exists in the United Kingdom. However, Carer recognition legislation has recently been passed in the states of Western Australia and South Australia, in the Northern Territory, and, most recently, in the Australian Capital Territory (ACT).

The ACT legislative model differs to the other state models in that it is not a specified Carer Recognition Act. Instead, the *Carers Recognition Legislation Amendment Act 2006* recognizes the special role of Carers and amends specific provisions within the following Acts:

- *The Discrimination Act 1991*
- *The Guardianship and Management of Property Act 1991*; and
- *The Human Rights Commission Act 2005*

Existing ACT Legislation Affecting Carers Prior to the *Carers Recognition Legislation Amendment Act 2006*

Existing legislative provisions, before the passing of the *Carers Recognition Legislation Amendment Act 2006*, included the following rights:

- to be consulted about some decisions under the *Guardian and Management of Property Act 1991*
- to act on behalf of the person cared for in making complaints under the *Community and Health Services Complaints Act 1993*
- not to be discriminated against as a Carer under the *Discrimination Act 1991*
- to make decisions on behalf of the person cared for when exercising a power of attorney or appointed as a guardian or manager under *Guardianship and Management of Property Act 1991*
- to get information under the *Freedom of Information Act 1989*. However, there are significant legislative restrictions, under the *Health Records (Privacy and Access) Act 1997*, that prevent a Carer from accessing health and personal information about the person cared for, without their direct consent.

Other ACT legislation also contained a number of rights relating to services. These include the right:

- to ensure that health, disability and aged services are of a particular standard
- to make complaints under the *Community and Health Services Complaints Act 1993* about services to the Carer and on behalf of the person cared for
- to complain to the Ombudsman about the 'administrative actions' of ACT agencies
- to obtain information on services under the *Freedom of Information Act 1989*.

All legislation within the ACT is “now subject to the *Human Rights Act 2004*” (Coaldrake, 2004a, p. 8). The ACT Government has also committed to establishment of a Human Rights and Service Review Commission, which aims to consolidate the services currently provided by the Human Rights Commissioner, Discrimination Commissioner, Health Services Commissioner, Disability Commissioner and Community Services Commissioner. The Government’s intent is outlined in *The Right System for Rights Protection – ACT Government Position Paper on the System of Statutory Oversight in the ACT*. Coaldrake’s (2004b) *Report on Review of Carers Legislation in the ACT*, commissioned by the ACT Department of Disability, Housing and Community Services, refers to additional provisions in the proposed Human Rights and Services Review Commission. It is anticipated that these provisions propose “to address specifically Carers’ issues” (Coaldrake, 2004b, p. 6), particularly relating to complaints about services.

Catalyst for Carer Legislation in the Australian Capital Territory

In December 2003, the ACT Government released the *Caring for Carers Policy* with the aim to better acknowledge and support family Carers in the ACT. This was subsequently followed by the release of a *Caring for Carers in the ACT – A Plan for Action 2004-08* outlining thirty-four actions for the ACT Government to progress over this period to achieve the objectives of the Caring for Carers Policy. The Action Plan included commitments to review the current legislative position of Carers in the ACT and identify areas for legislative reform, with a view to amending existing ACT legislation or creating a Carers Act.

In late 2004, the Government engaged the legal firm, Minter Ellison Consulting, to review, in consultation with the community, whether Carers have sufficient legislative rights under ACT legislation, what new rights, if any, they should have and what legislation specifically for Carers might achieve.

The consultant’s report on Review of Carers Legislation in the ACT was released in January 2005 for public comment on its findings and recommendations. A further fifteen written submissions were received from individual Carers, community and Government agencies. There was overall support for the report which found that there was no broad based support – nor a demonstrated need – for a stand-alone Carers Act in the ACT. However, the report did recommend the development of an amendment bill to amend some existing Acts so that they better support Carers, as well as a range of non-legislative actions to facilitate greater use by Carers of relevant legislative rights.

The ACT Government was largely in agreement of the report and supported the development of a Carer Recognition Bill to amend specific existing legislation. Amendments aimed to recognise Carers, who provide significant amounts of care for a person being cared for, and to promote the sharing of caring responsibilities amongst a number of people.

Core Principles of the *Caring For Carers Policy*:

The Caring for Carers Policy (2003, p.2) states its core principles as:

1. Carers have the right to decide whether to take on or continue the role of care and are supported in their choices.
2. The health and well being of carers is supported through services and programs that are flexible and responsive to individual needs and circumstances.
3. Resources are available to provide timely and adequate assistance to carers.
4. Affordable services of a high standard are available to people who need care, complementing the role of the carer.
5. The critical contribution of carers is recognized, valued and promoted in the community.
6. The care and the person receiving care are regarded as a partnership, in which each person has rights and responsibilities.
7. Organisations welcome and support carer participation at all levels of decision making, with respect for the rights and choices of people receiving care.

Carer Legislation: A Legal Right or Moral Issue?

A central dilemma for all legislators, is the issue of whether the word of the law in practice will reflect the aspiration or intent behind its creation. Coaldrake (2004a, p. 6) notes that “a distinction is traditionally made between ‘legal’ rights and ‘moral’ rights, the former being legally enforceable” such as those created by legislation. However, a moral right describes “what are essentially aspirational statements that express a desired or intended outcome” (Coaldrake, 2004a, p. 6). The first core principle of the Caring for Carers Policy is discussed as one such example. That is, while it may be stated that the carer has a right to choose or not to choose to care, Coaldrake argues that this is essentially a reflection of the moral view that everyone has freedom of choice, and therefore is not suitable for legislation, as it is not legally enforceable.

Carers ACT is aware that Carers place significant value on issues of recognition and choice. It is potentially arguable that Coaldrake has either misrepresented or misunderstood the meaning of Carers' requests for such a provision within legislation. Freedom of choice to provide or not to provide care is only possible when other options for care exist. Clearly to have such a right enshrined in legislation places an obligation on the government to provide viable and equivalent alternative options should the Carer refuse to care. Therefore, it is in the government's interest to represent this issue as an aspirational or moral issue rather than a question of legislative reform which may prove costly in the long-term. As Winch (2006, p. 6) contends "the predicted demographic trends of the ageing population have caused alarm for policy makers ... this has changed the position of carers from that of shadowy helpmeets to caregivers recast within a specific political and ethical relationship".

There is no point in refusing to correct an inequitable situation solely on the basis of an unknown potential cost. As Alter and Patterson (2006, p. 88) state "when the stakes of programs are high, it may be appropriate for legislators to seek an early, independent assessment of likely outcomes". While the Minter Ellison Consultancy did conduct a public consultation process, producing a discussion paper and review, the ACT government did not commission any other research into the long-term economic and social implications of implementing a Carers Act or the costs of not implementing a full reform of services in light of pressures from an ageing population.

The Caring for Carers Policy assertion that Carers have the 'right to choose to care' also ignores the social and legal sanctions that may be imposed if an individual refuses or resists taking on the role of Carer. As Winch (2006, p. 12) maintains "if a Carer refuses to use services that are deemed necessary for the ongoing well-being of both the Carer and the care recipient, this is seen as a cause for concern for service providers". The lack of provision of viable alternatives to community care places considerable pressure on Carers to continue care at all costs. The moral dilemma then progresses to a legal issue as "refusal of services and withdrawal from the support network is a potential indicator of the risk of neglect ... Carers who refuse to care may be charged with neglect" (Winch, 2006 p. 12). In fact, in some states in Australia, refusal to care may even lead relevant authorities to "decide to assess the mental competence of the Carer" (Winch, 2006, p. 13). The social structures that surround caring also inhibit rejection of the role. Caring is often portrayed as a 'natural' consequence of life, especially for women. People who reject that role risk social condemnation. For example, consider the negative connotations which surround the commonly used term 'putting someone into a home', which implies concepts of abandonment, defeat or indifference.

Findings of Consultation in Developing Legislation

In the course of the public consultation process, Carers raised a number of concerns regarding the impact of Caring and the lack of recognition and effective support. Their concerns were aligned with the needs and concerns that Carers ACT had submitted in its written submission to the review, and had long advocated for on behalf of its members and clients. Key issues for Carers included:

- Lack of recognition of the importance of the Carer role and the contribution they make, both individually and collectively.
- Lack of support services for Carers and the people they care for and the need for greater flexibility and choice in how services are provided.
- Impact of caring on the Carers health and well-being in the short-term and the long-term, (this includes impact on employment, finances, physical welfare, privacy and personal independence).
- Lack of awareness of the existing services and supports that are available including understanding how existing legislation affects them.
- Difficulties Carers face (legal and bureaucratic) in accessing information about the person being cared for, especially in health and financial matters.
- The need for greater flexibility in working conditions and for workplaces to support Carers in effectively balancing work commitments alongside their caring role.

Following the public consultation process, the Coaldrake (2004b, p.5) report advised “against a separate, stand-alone ‘rights-based’ legislation for which there was neither broad-based support nor a demonstrated need”. It was considered that needs and concerns could be better addressed through non-legislative reforms, such as better policy, more resources, improved service design, more research, better information, education and awareness-raising in the community.

The report proposed that the new Carer Recognition Bill consider amending legislation and be used to:

- strengthen recognition of Carers;
- achieve greater consistency in the definition of Carer across existing legislation inclusive definition of Carer which recognizes the fact that a single person will often have more than one Carer providing them with support.
- enhance the effectiveness of proposed and existing legislation where it deals with the rights of Carers and their need for support and in some cases extend existing rights.
- provide more effective access to complaints mechanisms and redress.

The conclusion was that it is not appropriate to take a comprehensive rights based approach to access to support and services because the service delivery arrangements are not designed around statutory entitlements nor are they capable of responding to a legal rights approach. However, key research conducted by Statham and Aldgate (2003, p. 150) into the impact of the United Kingdom's *Children Act 1989* contends that issues of policy and service delivery "were foreshadowed in the key themes" of the legislation, and that the Act had worked as a catalyst for implementing systematic change in both policy and practice.

The findings of this research confirm the effectiveness of a single charter based on a comprehensive structure and philosophy of sound principle. For example, the Carers Act in Western Australia incorporates a comprehensive system of community involvement to oversee and consult on the implementation of the Act and the non-legislative reforms that will inevitably flow on from it. The ACT Government did not propose a charter approach, and there is subsequently no avenue for community involvement in driving policy change for the non-legislative reforms identified.

The Core Amendments

The *Carers Recognition Legislation Amendment Act 2006* contains the following core amendments:

- Development of a new definition of Carer (reflecting that Carers can care for more than one person) is now incorporated consistently throughout the various Acts.
- Carers have been added to people who need to be consulted as part of decision making under the *Discrimination Act 1991*.
- *Human Rights Commission Act 2005* – Recommendation: No victimization of Carer or person cared for, irrespective of which lodges a complaint, and of the recipient of the service to which the complaint relates.
- Amendments to the *Guardianship and Management of Property Act 1991* recognize the Carer relationship in the context of the appointment of a guardian or manager, and support rights of appearance before the Tribunal responsible for making such decisions.
- Amendments to the *Human Rights Commission Act 2005* will now allow for young Carers to lodge a complaint with the Human Rights commission on behalf of a dependent person, and will also recognise the Carer relationship on equal terms with that of a 'near' relative for the purposes of the *Discrimination Act 1991*.



Legislative Impact on Carers in the Community

As a relatively recent Act, the impact of the *Carers Recognition Legislation Amendment Act 2006* is yet to be formally assessed. The short and long-term impact of legislation may “depend considerably on implementation decisions that follow enactment of the law, and it may be difficult to predict these choices beforehand” (Alter et. al., 2006, p. 80).

Members and clients providing feedback to Carers ACT have generally responded positively to the recognition that they now receive under the new legislation. For example, a Carer for a Vietnam Veteran stated, “*The legislative reforms goes beyond the ACT Carers Policy in that we are formally recognized in the eyes of the law. It’s a giant leap forward*”. This comment is also supported by international research, which has stated “in line with other authors ... we also found that recognition of the caring role was very important to many Carers” (Robinson et. al., 2002, p. 178).

Yet, while recognition is important to many Carers, it is not the only issue of importance. To date, there has been little done to inform or educate Carers about any change in rights and/or responsibilities under the new legislation. As Robinson and Williams (2002, p. 174) discovered, a targeted program of education aimed at those impacted upon by the legislation is essential to avoid “a general picture of confusion and a lack of clarity about the purpose [of the new laws]”. Indeed, they found that activation of the provisions of the 1995 Carers Act in the United Kingdom was often dependent upon the Carer taking the initiative to get services to comply.

It is also vital that service providers be educated as to their new obligations to include Carers ‘in their own right’ as part of service provision, assessment and complaint. A study into the impact of the 1995 Carers Act in the United Kingdom discovered that for senior managers in service provision “the Carers Act had significantly raised awareness of Carers’ issues, but that it had, at that point, made little difference to the number of Carers receiving assessments” (Robinson, et. al., 2002, p. 173). Legislation only succeeds in its intent, when it is implemented through the development of effective policies and procedures.



The legislation does deliver some key improvements to Carers circumstances. The amendments give Carers who care for more than one person greater general recognition for their role and the greater potential impact of decision-making processes. A consistent definition in the *Human Rights Commission Act 2005*, and the *Guardianship and Management of Property Act 1991* and *Discrimination Act 1991* gives Carers the right to make a complaint about services provided to them or their care recipient, and the right to be consulted in decisions about any appointment of guardianship concerning the care recipient. For Example: Mr. B has dementia and requires constant care. Mr B's brother (who is also his legal guardian), his niece and a close family friend share his care. Under the new legislative provisions, each person must be given notice of an inquiry in relation to a matter affecting Mr. B.

However, for many Carers in the Australian Capital Territory, the limitations of the recent legislation are readily apparent when applied to an everyday situation. For example, consider a Carer who works part-time but cares for a husband with dementia. The legislation does not enable an independent assessment of her needs, or measure the impact of the care situation on either herself or her husband. There is no provision under the legislation to assist with improving work conditions for Carers, and she may be soon forced to withdraw from the workforce due to the increased needs of her husband.

Mental Health concerns and issues of privacy are also critical areas of concern to Carers which are unmet by the *Carers Recognition Legislation Amendment Act 2006*. Yet to be addressed are legislative changes to *Health Records (Privacy & Access Act) 1997* and the *Mental Health (Treatment and Care) Act 1994*. The Government Response to the Report on Review of Carers Legislation in the ACT (2005) says consideration will be given to further amendments after the completion of the Federal review of the National Health Privacy Code. This will assist in addressing the issue of disclosure of personal health information to Carers where consumer cannot give or withholds consent.

This perspective implies that consumer has been deemed 'incompetent'. In many cases Carers see this as too late in the consultation/treatment process, and require the Mental Health Tribunal to consider consulting the primary carer before making a mental health order. Carers seek and believe disclosure at an earlier stage is preferable (before incompetence) thus preventing (or reducing) prolongation of treatment, potential danger to carer, customer and/or community and expensive involvement of other agencies, eg Police. A positive legislative affirmation to allow discussion and disclosure would facilitate the planned educational program on information sharing and gathering for health professionals and perhaps remove some misapprehensions regarding privacy provisions amongst professionals. (*J. Wilkinson, Carer, ACT*)

Consider the following example. A fifty-eight year old mother with English as second language cares for her twenty-five year old schizophrenic son at home. Frequently the son will stop or reduce his medication, and then shows well known (to his mother) symptoms of approaching psychosis. An appointment with the consulting psychiatrist is arranged, and the mother attends with her son who feigns 'wellness'. The psychiatrist excludes or ignores mother during the consultation. The true position concerning medication remains unclear to the doctor, who does not change prescriptions or seek treatment order. The son returns home, becomes psychotic, and assaults his mother. Police attend and the son is eventually hospitalised for ten days. The mother requires medical attention and is now seriously considering evicting her son to Public Housing, where no supervision or monitoring of his condition available. It is clear that the son's right to privacy has been preserved, but at what cost to his Carer and to the community?

The Future for Carers in the Australian Capital Territory

The above arguments and examples, supported by international and Australian research, indicate that the *Carers Recognition Legislation Amendment Act 2006* has not achieved the aspirations of the core principles of the Caring for Carers Policy. Recognition of Carers, and of shared care responsibilities is indeed a step in the right direction, but many critical areas of Carer need remain unaddressed. The amended legislation does not give Carers rights to health assessments or services that support them directly, nor does it propose any amendment to legislation for greater flexibility in work place conditions for Carers.

An independent legal review of how the amended legislation impacts on Carers would greatly assist the development of non-legislative policies and procedures, and may also inform future amendments. Education on Carer rights and responsibilities, for both Carers and service providers is an essential component for enabling a systematic understanding of the impact of the legislation. It is also vital that a comprehensive campaign be conducted on behalf of Carers in the community, to influence review of the Health Records (Privacy & Access Act) 1997 and the Mental Health (Treatment and Care) Act to give Carers improved rights and involvement in decisions which have the potential to impact upon them in their caring role.

Future improvements for Carer situations in the Australian Capital Territory depend upon a need to address how the aspirations of the core principles of the Caring for Carers Policy can be incorporated into the Action Plan for 2008 and beyond. This would be particularly achieved by giving Carers more choice and opportunities to lead a more fulfilling life. This can be achieved by supporting their health and wellbeing through improving service provision; giving service providers stronger powers to enlist the help of health, housing and education authorities in providing support; giving Carers a right to information on choices available to them; and improving work place conditions to give greater flexibility to Carers in the workforce.

While has none of the legislation in Australia is as comprehensive as the UK legislation, it does offer improvements on glaring flaws in several existing Acts. Future amendments could certainly include placing a duty on service providers and government departments to include the following conditions into a Carers' assessment: to tell carers about their rights; to consider whether the Carer works or wishes to work, wishes to study or have some leisure activities, and to provide a real choice in options for care.

References

- ACT Government. (2003). *Caring for Carers policy*. Canberra, ACT: ACT Government.
- ACT Government. (2005). *Government response to the report on review of Carers legislation in the ACT*. Canberra, ACT: ACT Government.
- Alter, J., Patterson J. (2006). Using a crystal ball instead of a rear-view mirror: Helping state legislators assess future impacts of major federal legislation. *New Directions for Evaluation*, 112, Winter, 79-88.
- Australian Bureau of Statistics. (2003). *Disability, Ageing and Carers, Australia: Summary of Findings*. (ABS Catalogue No: 4430.0)
- BMA (2007). *Working with Carers: Guidelines for good practice*. [electronic version]. Downloaded 31/05/2007 from <http://www.bma.org.uk/ap.nsf/Content/carers~legislation>
- Coaldrake, M. (2004a). *Caring for Carers policy: Discussion paper on Carers and ACT legislation*. ACT: Minter Ellison Consulting.
- Coaldrake, M. (2004b). *Report on review of Carers legislation in the ACT: ACT Department of Disability, Housing and Community Services*. ACT: Minter Ellison Consulting.
- Robinson, C., Williams, V. (2002). Carers of people with learning disabilities, and their experience of the 1995 Carers Act. *British Journal of Social Work*, Mar, 32, 2, 169-183.
- Statham, J., Aldgate, J. (2003). From legislation to practice: Learning from the Children Act 1989 research programme. *Children and Society*, 17, 149-156.
- Winch, S. (2006). Constructing a morality of caring: Codes and values in Australian carer discourse. *Nursing Ethics*, 13, 1, 5-16.
- Wilkinson, J. Family Carer responding to Carers ACT to guide proposed changes to ACT Legislation.

