6 November 2012

Family Carers Consultation
Ministry of Health
PO Box 5013
Wellington

By email: familycarersconsult@moh.govt.nz

Dear Sir / Madam

Consultation on Paying Family Carers to Provide Disability Support

The New Zealand Medical Association (NZMA) is New Zealand’s largest medical organisation and has a pan professional membership. We have more than 5,000 members who come from all areas of medicine including specialists, general practitioners, doctors-in-training and medical students.

The NZMA aims to provide leadership of the medical profession, and promote:

- professional unity and values, and
- the health of all New Zealanders.

The key roles of the NZMA are to:

- provide advocacy on behalf of doctors and their patients
- provide support and services to members and their practices
- publish and maintain the Code of Ethics for the profession
- publish the New Zealand Medical Journal

The NZMA fully endorses the Government’s vision for carers that: New Zealand Aotearoa is a society that values individuals, families, whanau or aiga who support other who need help with everyday living.

We also support The New Zealand Disability Strategy and note in particular Objective 15: Value families, whanau and people providing ongoing support. This includes improving the support and choices for those who support disabled people and examining matters around responsibility for caring, payment for caring and how to further recognise and value the caring role.

1 The New Zealand Carers’ Strategy and Five-year Action Plan 2008 Ministry of Social Development
2 The New Zealand Disability Strategy : Making a World of Difference Whakanui Oranga Ministry of Health 2001
However the current policy that disallows payment to family members for the provision of care that would otherwise need to be undertaken by a paid carer runs counter to the Government’s vision for carers and the principles enshrined in the New Zealand Disability Strategy.

NZMA is therefore pleased that the Government has decided against appealing the Court of Appeal decision\(^3\) in the family carers’ case. The Appeal Court decision confirms the rulings of both the Human Rights Review Tribunal and the High Court that the current policy not to pay family members to care for disabled members of the family is discriminatory.

We are however concerned that the consultation document does not build on these core principles and the broader principles of social justice and equity and instead seeks to find avenues to limit eligibility and payment for family members providing care.

**How can we ensure good outcomes for the disabled person and their family under a policy allowing family carers to be paid?**

The NZMA’s view is that the answer to this question as the same as the answer to the question “how do you ensure good outcomes for the disabled person generally?” The same mechanisms to ensure quality of paid care should apply equally whether the carer is a family member or someone external to the family.

The question itself implies a concern that family members will be driven by pecuniary advantage to take on care responsibilities that they are either ill equipped or unmotivated to provide safely and in a competent manner. This ignores the fact that in most cases these family members are already carrying a significant proportion of the care burden for the disabled person.

There will always be a risk of poor care and even abuse and it should be acknowledged that such risks already exist in both home-based an institutional settings. To suggest however that there is a likelihood that such risks will increase because those already providing care are paid for that care is unsubstantiated and disrespectful to the families involved.

**Should eligibility for payment be targeted?**

Eligibility should be exclusively based on the needs of the disabled person. If the disabled person can be cared for safely at home, hours of care and intensity of care become the determining factors. Assessing the required level of care, regardless of who provides that care, is consistent with the two step NASC system currently operating: Needs Assessment followed by Service Coordination.

If targeting is considered then it must be targeting in relationship to the provision of paid care regardless of who the carer is. If eligibility is limited because the carer is a relative then the Ministry continues to discriminate on the basis of family status.

\(^3\) Ministry of Health v Atkinson [2012] NCA 184 (14 May 2012)
How should family carers be paid?

A simple approach, and one that offers full parity between family and non family carers, is to have everyone paid in the same way i.e. as an employed carer.

The NZMA acknowledges that carers are not employed by the Ministry or NASC organisations but by disability support service providers who hold government contracts.

An employment model may therefore be difficult to operate as the government could not require a service provider to employ a family member and employment in this way may not be everyone’s choice.

A better model may therefore be one of a direct payment or allowance but this must be commensurate with that of a paid employee.

What should family carers be paid for?

The NZMA understands the need to consider those activities normally undertaken in the family home (e.g. house cleaning and meal preparation) and whether these activities should form part of the care requirements and therefore the paid care of the disabled person. The consultation document also discusses the society’s expectation that families do have some responsibility to care for family members who cannot fully care for themselves.

Just where the balance lies will depend greatly on individual circumstances and is a discussion that already takes place through the NASC processes. The primary matter to be resolved is, when it is determined that the disabled person requires care services, family members are not discriminated against by being excluded from being paid for those services.

Should a new family carers payment be established through the welfare system?

The NZMA is ultimately of the view that the mechanism for payment and which agency makes the payment is a matter for Government to decide. However, regardless of which options are pursued the principle however that family members must not be discriminated against due to family status must stand.

What can the Government afford?

While NZMA understands the necessity of constraining growth in public spending in the current economic environment, in this particular case there is a clear wrong that needs to be put right. It is unfair to ask the families and disability sector groups who are responding to this consultation to ‘vote’ on budgetary options and trade-offs. This is a matter for the Government to determine.

Yours sincerely

Dr Paul Ockelford
Chair, NZMA