SUBMISSION – SERVICE CONCEPT FOR AUSTRALIAN CARERS

CDRC TRIAL - as a carer who was fortunate to participate in the trial of CDRC's and continue on for 4 years, I cannot speak too highly of these packages. The funding ($4,200 pa) from my CDRC (yes, a package for me – and that recognition, alone, was a huge morale boost) made such a difference to our lives.

This was apart from my husband's CHSP, which focused on his disability needs and from which I only benefitted indirectly.

The organisation in Adelaide (Carer Support) that managed the funding encouraged me to think creatively to get the most benefit out of my package as a carer.

I was able to purchase much needed equipment (recliner chair, taps replaced to more user friendly styles) pay for transport when travelling with my husband, pay for his respite thus providing me with time out, cover the cost of paid care workers to take him to appointments or provide in-home respite, have difficult domestic jobs done by commercial providers, and so on.

I can honestly say that this injection of CDRC funding, with me choosing how to spend it to meet my needs at the time, enabled me to care for much longer than I had anticipated.

INTERVENTION - I understand that the term Intervention is widely used, but I feel that "Intervention" has connotations of interrupting to correct something that is inherently wrong.

I would like to see the focus of intervention more on the carer's welfare and needs. Is the intervention wholly to assist carers (and by implication their loved ones)? Or is it to cement the current system of unpaid carers working 24/7 to save the government $60 Bn pa it would otherwise need to find?

Education, information, support and all the other listed ingredients of intervention are important. They help carers to become more confident in the role, and relieve the stress of feeling overwhelmed by something that is bigger than they can handle.

But also important is the desire of a person in a caring role to be part of mainstream society - time out for recreation, to study or work towards their own goals, to attend to other family members, maintain social or religious links – and to retain an identity of their own.

Intervention should also allow for the carer, if they so feel, to decide that they would like to hand that role over to somebody else and be assisted to find alternative ways that the care recipient can be looked after.

There should be no "shame" attached to someone who, for whatever reason, decides that they want to relinquish their role as a full time carer.

I cite Professor Gillian Triggs (President of the Australian Human Rights Commission) as an example of someone who made this very tough decision. Her profoundly disabled daughter lived happily with a caring foster family while still having close ties, as Gillian decided to put time into her other children, family and maintaining employment.

With Aged Care, assistance out of funds in the CHSP should extend to paying for a commercial advocate, to find suitable residential care when the time comes.

ALLOWABLE EXPENDITURE – as above, it would be helpful if the cost of finding an appropriate residential placement could be met out of the care recipient's funding.

As far as carer priorities go, carers should also be financially supported to study in areas not related to their caring role. This enables them to become work ready when their caring role ceases (or find paid- employed while still caring).

The social aspect of study is also a positive, as is exposure to the wider world, because caring can be a very lonely experience.

There should be more flexibility in how funds can be used. To someone in the non-caring world, funds to purchase a computer or digital tv may seem frivolous. But to someone living on a carer payment/allowance, it may be the only way they are able to upgrade to what are essentials in the 21st century.

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