**Integrated Carer Support Service**

Southern Migrant and Refugee Centre (SMRC) welcomes the discussion paper and the opportunity to comment.

The support of carers is a vital element in the care of the elderly and disabled in our communities. The paper coherently underlines the stresses that caring can entail and the implications of this on the continuing care and support of the disabled and elderly. Our practice experience over many years in the delivery of support to carers of migrant and refugee background has recognised the need to offer support on a number of levels and at the same time to actively engage with a broad range of culturally diverse communities to not only provide a point of referral but also to inform and educate. Therefore, we are pleased to see a framework which emphasises the taking of an integrated approach in the delivery of carer support services. We support the key service objectives outlined in the paper.

At SMRC, we engage directly with communities and in particular the vast number of small CALD seniors' clubs to broadly inform and educate communities about aged care services, disability services and carer support services. We have an Access and Support worker (to be called Specialist Support under the new Commonwealth funding arrangements) who engages with clients, many of whom are newly arrived in Australia, to initially assess, inform, educate and then refer clients to appropriate services. We manage a Carer Support service which takes a broad approach to supporting carers, including peer support, activities and outings, specialist guest speakers to inform carers about a broad range of issues as well as providing the opportunity for one on one support. We also run a Centre based Saturday Respite Program, combining a Planned Activity Group (new called Active Wellbeing ) with an activity-based carer support group on Saturdays in an aged care setting designed to encourage carers to learn to be comfortable about periods of separation from their care recipient, thereby becoming more open to the possibility of respite. To demonstrate service integartion at SMRC, we offer the following case example:

***B attends the SMRC’s Saturday Respite Program. B is the carer for her mother. Her mother is not mobile, being wheelchair bound and also requires daily dialysis which B manages at home. During one of the care share (peer support) groups, B talked of her mother’s increasing needs and her current home care providers not taking into account her opinion as primary carer making decisions about her mother’s care. To assist B further a referral was made to our Access and Support Worker who visited B with an Interpreter. The worker checked documents held by B and determined that her mother had been approved by ACAS for packaged level 3-4 for nearly a year. B was completely unaware that she could get extra help through this package and that a package is different from a Council HACC program. Following this clarification, mother has been receiving packaged care.***

***During another care-share (peer support) discussion group, one of the other carers talked of the benefits of residential respite. B has been suffering with back issues mainly due to lifting her mom, but with more confidence in accessing services and the benefits she receives through those services, B enquired about residential respite services. To assist B make an informed decision, after negotiations with a Residential Aged care manager it was agreed that the facility manager would give a guided tour of the facility for B, her mother and a Turkish interpreter booked for this tour. B was very satisfied, and decided to access respite care for her mother later this year so she can go on a holiday. During the many years B has been caring for her mom this is the first time she has accessed residential respite.***

We note with interest the evidence that only a relatively small number of carers actually receive program support, that existing programs tend to be reactive and that there are large numbers of "hidden" carers whose support needs are never met. It has been our experience that too often carers in refugee and migrant communities, unaware of the available supports, struggle to provide care to their elderly or disabled relative, often for years and without support; we are aware of significant numbers of refugee young people who have been caring for a disabled parent to the detriment of their settlement, on-going education and future in Australia; we acknowledge and respect powerful cultural imperatives which see carers refusing to accept formalised in-home support or respite, but who nevertheless benefit greatly from peer support.

The discussion paper rightly emphasises the central role that GP's have in the lives of their patients (and hence carers) but noting that they are often difficult to "reach" with information, due largely to carer support program information being swamped by the plethora of all the health information they receive. We feel that by engaging with Primary Health Networks, and through them in their support of GP's, it would be possible to reach more "hidden carers" than is currently the case.

We are pleased to see specific acknowledgment of CALD carers and especially pleased to see acknowledgment of Awareness and Needs Identification services:

*"Some services such as Awareness and Needs Identification will need to be delivered at*

*both a national and a local level to help address access issues for these carers."*

We feel the case example give above demonstrates some of the difficulties CALD carers and care recipients face, not least the question of language support and lack of familiarity with systems. The emphasis on working with communities and community leaders is also reassuring:

"*Feedback...indicates that raising awareness through community leaders is essential in*

*order to reach carers in these communities."*

We would welcome contact with the Department to discuss service delivery to carers in a culturally diverse context and share the learnings from our experience.