

## **New Carer Integrated Support**

### **GENERAL COMMENTS**

#### **Duration of care as an important factor:**

Carers can be of long standing duration such as with the case of a child born with a disability or relatively short term such as with a family member developing dementia or similar, late in life. Although these two groups of carers share heavy responsibilities, they are quite separate in their needs and support requirements.

Respectfully I submit many carers in my situation who have been caring for a son or daughter for 40 years and over, would not be interested in counselling, peer support or preventative strategies. The time has gone for that – we want a quantifiable outcome of respite or some type of break.

#### **The “no money” for respite mantra:**

Many submissions viewed clearly identify a total lack of help for many carers – where is all this money going? All I have heard for years is the mantra “there is no money for respite”. I have not been “hidden” (as described in the discussion paper) as I have had full contact with disability organisations as well as formal advisory disability roles. Too much brokerage and mark ups between disability organisations has to stop as the money is not filtering down to the actual carers for respite. I am past retirement age, still working part time and yet I am still being asked “is this respite (request) for an emergency?”

#### **Duplication of resources, information and infrastructure:**

Carer organisations have infrastructure funded by the Government and it is duplicated over and over again. Additionally, the internet age has arrived and thus information concerning health issues, stress etc is already available and known by long standing carers using a computer. To be funding organisations which just replicate soft electronic information is quite wrong – there are resources and information already available. Surveys, feedback and reviews should be left to the research university sector which is experienced in these areas.

### **SPECIFIC FEEDBACK:**

**Intake:** Central intake process similar to MyAgedCare so that carers are not repeating their information over and over again to different parties. Telephone registration can be an effective and speedy mechanism.

#### **Education:**

It depends upon what the education program is about. For example if a person needs information concerning the care recipient such as autism, Alzheimer’s etc, (the delivery of care focus) then education can be provided in both hard copy and online format as well as face to face mode. For an

older generation of carers, the face to face format for education is possibly the most viable option and should be continued

- On the other hand, life- long carers usually source relevant information concerning their child's disability to better equip them to cope and address their child's needs; this is usually done very early on with the child is at school. Life- long carers learn on the job such that "resilience" for example, is already well understood, if not well developed.
- Then the question has to be asked – can education be later translated into employment? A younger generation of carers may access training relevant to disability if it articulated into Certificate courses under the VET sector. No carers should not be placed in a position where they are impeded to re-join the workforce if they so desire.
- With much publicity surrounding what appears to be a short fall in number of qualified support workers available to support the roll out of the NDIS, younger parents could be encouraged to enrol into formal training from Cert III onwards to seek part time or casual work if that is a career option of their choice. These carers have a unique experience and their skills should be recognised.
- Self –paced learning modules, both on line and hard copy can be developed by the TAFE sector in each State or Territory or alternatively private providers in the VET sector who have knowledge of teaching and learning, rather than carer organisations who only provide generic materials (and thus there is no articulation).
- The New Enterprise Incentive Scheme could be specifically tailored to carers who wish to create and sustain their own businesses whilst carrying on their caring role. Many young mothers in this internet age are technically skilled to create opportunities for themselves if given the right assistance.

### **Financial Support**

- Financial Support as described can be modelled upon the NDIS concept of choice and control for the individual. Any suggestion that carers are too stressed, worn out or too whatever to manage or organise money, decries the very nature and responsibility of the role we currently carry on.
- As carers well know, Centrelink requires a declaration to be made regarding reporting, similarly with any taxation return, this declaration is made, thus use of funds can be underpinned by this accountability mechanism.
- Direct payment system is certainly to be commended and will produce more cost effective outcomes

### **Counselling**

Here again, there are two separate types of carers, the long term and short term – counselling for life long carers is, in many cases, only useful early on.

- I believe that telephone counselling is inappropriate and
- that allied mental health services are better managed through a GP and Medicare, rather than large scale funding across the not for profit sector.