

PERSONAL SUBMISSION – Dianne Stewart

Draft Model for the delivery of carer support services

I found the 42-page draft document was unwieldy and appeared to be directed at service providers. I fear that many family carers would simply not have the time to read and review a document of this size.

As a carer for my husband, I have concerns that regional hubs might become another “Centrelink” – not a place where carers can share their concerns with staff who understand what they’re going through and offer meaningful assistance, but a place where you take a number and wait your turn to be served. To provide a service that is “valued by carers” setting up centres where they feel appreciated and supported is paramount.

It seems to me that the draft model falls short in addressing some of the 10 key principles stated in the Carer Recognition Act 2010, in particular points 4 and 5:

4. Carers should be supported to enjoy optimum health and social wellbeing and to participate in family, social and community life.
5. Carers should be acknowledged as individuals with their own needs within and beyond the caring role.

Respite is intrinsically a carer need which is being eroded by including it in care recipient funding. If there must be a choice between the care recipient’s needs and the caregiver’s needs based on funding available, the former inevitably takes priority. This is contrary to the guidelines in the Carer Recognition Act (see above). Respite should be funded as a carer benefit with adequate time allowed for carers to relax and recharge while their responsibilities are taken on by trained and trusted professionals.

In Section 3 “Program Overview” the focus is on a National Education and Training Initiative. The prime training objective seems to be ensuring that carers continue in their caring role. While carers do need access to information and assistance in learning the practical aspects of their caring duties, it is too simplistic to expect that carers can be trained to continue in their caring role merely by building their capacity and resilience. Carers need time away from their role, involvement in the community as individuals, with social and recreational opportunities. Carers are not robots or machines. They have human needs just like everybody else.

Being a family carer is not a 9-5 job with weekends off, public holidays and vacations; it is usually a 24/7 responsibility. The Carer Payment is not even at the level of the minimum wage, sometimes the care recipient has challenging behaviours, and the carer may have their own health issues which need to be considered. In fact, if carers are in receipt of the aged pension, their only financial recognition is the Carer Allowance at the current rate of \$123.50 per fortnight.

The model also assumes that supporting carers to attain formal care qualifications will make a difference (presumably after their unpaid caring work comes to an end). That may be the case, but as caring is usually a job that happens because of circumstances, many carers would not want to continue doing that kind of work once their personal commitment is over. The skills that people already possess, or acquire from being a carer are wideranging and could set them up for the same

work choices as the general population. The mistake is in assuming unpaid caregivers will fill a void in the paid workforce, because they are experienced.

Under the heading “National Service Infrastructure Program” the shared carer record could be seen by carers as unnecessarily intrusive: “their use of support services, and outcomes measured; and/or controls for any online account the carer may have”. By what standards would the outcome be measured? Once again, the model fails to acknowledge that caring is a unique job – one that is very low paid, requiring person centred care with long hours and often high stress levels – with carers often referred to as “welfare recipients” when in fact they work longer hours than most people in paid employment. Carers do not receive welfare for sitting idle – they are being underpaid for what may be a very difficult and exhausting job (and often for more than one person). It is very unfair that carers who look after two people only receive the one Carer Payment – with an additional Carer Allowance, and that is a very small amount of money.

The face of carers in Australia is changing. People who consider taking on a caring role are now more likely to be well educated, aspirational and working in a career. Whilst I do not doubt the love and care that exists in most families, increasing numbers of potential carers are very aware of other options and that the sacrifices you need to make as a carer are not necessarily the way they want to go. In addition, statistics tell us that contemporary families are likely to be blended, step, de facto, same sex or sole parented, which can result in split loyalties and resources.

At the same time, we are in the process of wideranging reforms to Aged Care and the rollout of the National Disability Insurance Scheme. These programs are based on the ideal of people receiving services and support so they can remain in their own homes. Although support workers can and do perform many necessary tasks, the role of family carer remains fundamental to the success of these reforms.

So now it is even more important that carers are recognised, supported and appropriately rewarded for the essential services they provide.



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