

TASMANIAN CARER ACTION PLAN

2017 – 2020



TABLE OF CONTENTS

Acronyms	2
Introduction	3
Acknowledgements	3
Definition of Carer	5
Actions	7
Objective 1: Increase the level of recognition of carers.	8
Objective 2: Improve the level of support and services to carers.	10
Objective 3: Involve carers in the development and evaluation of policies, programs and services that affect them and their caring role.	14
Implementation	17
Working Together	18
Consultation Summary	20
References	22

ACRONYMS

CIRG	Carer Issues Reference Group
DHHS	Department of Health and Human Services
DoE	Department of Education
DPAC	Department of Premier and Cabinet
DSS	Department of Social Services (Australian Government)
MHADD	Mental Health, Alcohol and Drug Directorate within DHHS
MHCTas	Mental Health Carers Tasmania
MP	Member of Parliament
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
SASS	Sexual Assault Support Services

INTRODUCTION

The *Tasmanian Carer Policy 2016* (Carer Policy) recognises the commitment of unpaid Tasmanian carers and supports them in their caring role, and their active participation in economic, social and community life for themselves and the people for whom they care. The *Tasmanian Carer Action Plan* (Action Plan) has been developed to implement the Carer Policy.

The Action Plan includes actions the Tasmanian Government is already taking to recognise and support carers in their community and work settings, and through the way it is delivering services. The Action Plan takes account of consultations that included an online community survey, written submissions, face-to-face forums conducted by Carers Tasmania, and Government department consultations.

The Actions in the Action Plan respond to issues identified during consultations and cover existing, ongoing and new actions. They fall under the three objectives of the Carer Policy.

ACKNOWLEDGEMENTS

The Government acknowledges the extensive work of Carers Tasmania in consulting a diverse range of carers across the State. The Sexual Assault Support Service and Mental Health Carers Tasmania (MHCTas) in consultation with its members, also provided written feedback.



DEFINITION OF CARER

The Carer Policy defines a carer as:

1. A person who provides, in a non-contractual and unpaid capacity, ongoing care or assistance to another person who, because of disability, ageing conditions such as frailty, mental illness, chronic illness or pain, requires assistance with everyday tasks.
2. A grandparent who is a carer of his or her grandchild if:
 - a) the child lives with the grandparent; and
 - b) the grandparent is the primary caregiver and decision maker for the child.However, if a child's parent or parents remain the primary caregivers and decision makers for the child, the child's grandparent is not the child's carer only because:
 - a) the grandparent cares for the child while the child's parent or parents are working; or
 - b) the child, together with the child's parents, lives with the grandparent.
3. For the purpose of this Policy, a person is not a carer:
 - a) simply because they are the spouse, parent, guardian or relative of a person who requires care; or
 - b) if the person provides care or assistance as a volunteer for a voluntary organisation.



OBJECTIVES



ONE – INCREASE THE LEVEL OF RECOGNITION OF CARERS

While rewarding, caring for others can be a demanding and difficult role that has many challenges. Research shows that carers have higher levels of depression, financial strain and social isolation than the average Australian¹.

Carers make a significant contribution to the health and wellbeing of Tasmanians in need of support and assistance. They deserve recognition for what they do in our communities and the value they have in our society.

Carers are usually friends or family of the person in need and are often their main care-givers. They may not be easily identifiable, and therefore may not be known to carer agencies and services, or receive support for their caring role.

Children and young people who are carers can be at particular risk of not being recognised and treated as people who are providing care.



TWO – IMPROVE THE LEVEL OF SUPPORT AND SERVICES TO CARERS

In a long term study of the Australian Unity wellbeing index, the low levels of wellbeing among carers is noted as a significant concern². To care safely and maintain their own physical and mental health and wellbeing, carers need information, support, respect and recognition from the professionals with whom they are in contact. Receiving information, support, respect and recognition within their work and social settings can be equally important.

Carers need support to balance their work and caring roles or to return to work if they have lost employment due to caring. After their caring responsibilities have ended, carers may need help to rebuild a life of their own and reconnect with other family members, education, work or a social life.

Demographic trends and modelling show the demand for informal care is increasing at a faster rate than its supply³. Being responsive to the needs of carers and care recipients alike will be important to help address this, including offering greater flexibility in working arrangements to accommodate workers' caring responsibilities and employment preferences, and encouraging use and awareness of carer support services that alleviate the impact of caring⁴.



THREE – INVOLVE CARERS IN THE DEVELOPMENT AND EVALUATION OF POLICIES, PROGRAMS AND SERVICES THAT AFFECT THEM AND THEIR CARING ROLE

It can be difficult for carers to contribute to the development and evaluation of policies, programs and services that affect them and their caring role. Their busy caring responsibilities can make it difficult to attend forums or take part in surveys that seek to hear their opinions and ideas. These responsibilities can also make it difficult for them to keep pace with and respond to the changing nature of how services and programs are provided to them as carers and to the person for whom they care.

In client-centred service delivery, decisions about the support provided to the client can affect their carer, and often require the carer's support and cooperation. The involvement of the carer can benefit the service provider, as carers have a unique insight and first-hand knowledge of the needs and requirements of the person receiving care. In turn, the person receiving services can benefit from having their carer as part of a strong, trusting and well-informed care team. This outcome is at its best when the individual needs and circumstances of both the client and the carer are respected and taken into account.

¹ Ranmuthugala 2009, cited in Deloitte Access Economics, 2015, p27.

² Australian Unity, p18.

³ Deloitte Access Economics, p28.

⁴ See also *The Statement for Australia's Carers*, containing ten key principles that set out how carers should be treated and considered in policy, program and delivery settings. The Statement forms part of the *Carer Recognition Act 2010*.



Objective One

INCREASE THE LEVEL OF RECOGNITION OF CARERS

What the consultation told us:

- Carers want greater awareness and recognition of who they are and what they do, the reality of the caring role, and the diversity of caring roles and requirements:
 - o across government (departments and Members of Parliament (MP));
 - o in the community;
 - o in the community sector;
 - o by employers of carers;
 - o in hospitals and health services; and
 - o in schools.
- Some carers are concerned the definition of carer in the current Carer Policy is worded in a way that is confusing and leaves them feeling excluded and unrecognised.

What we are currently doing:

Through the Department of Premier and Cabinet (DPAC), the Government funds Carers Tasmania to promote awareness and recognition of carers, and to provide support services for carers.

Through the Department of Health and Human Services (DHHS), the Government funds MHCTas to provide information to carers of people with

mental illness and build their capacity to participate and advocate. This Government funding also supports MHCTas' systemic advocacy roles, including engaging family/carer representatives in mental health initiatives and committees. The Mental Health, Alcohol and Drug Directorate (MHADD) in DHHS promotes carer organisations to its staff, and to clinical services within its areas of responsibility (Mental Health Services, Alcohol and Drug Services, Forensic Mental Health Services and Correctional Primary Health). This is done through the Senior Consumer and Carer Liaison Consultant role, and by family/carer representatives engaged within services.

Government departments actively promote support available to carers to their staff. This includes induction packages, staff newsletters, and management training to ensure that managers and colleagues are aware of their rights as carers, responsibilities of employees with caring responsibilities and where to find resources to support them.

Several departments take part in Carers Week to promote carer awareness and recognition, and are proactive in expanding the scope and nature of these activities. For example, DHHS is developing case studies of employees and clients with caring responsibilities to raise awareness of the role of carers and the support available to them in the workplace.

As the employer of one of the largest workforces in the state, the Tasmanian State Service's Diversity and Inclusion Policy and Framework applies to all Tasmanian State Service employees and officers. The Framework provides contemporary resources and support for employees and officers who are carers, and those who work with and supervise them. This work is undertaken by DPAC's State Service Management Office (SSMO).

Government departments that work directly with carer clients undertake activities to promote carer awareness and recognition. The Department of Education (DoE) helps to raise awareness within its organisation and the community of the needs and priorities of student carers. It produces brochures and website material containing relevant information such as contact details for support organisations. Following the implementation of the *Education Act 2016*, DoE has developed an Attendance Policy and Process that directs schools to contact parents and/or independent students following a student's unexplained absence from school. This may identify that caring responsibilities are the reason for the absence, and allow the school to provide appropriate supports for the student to minimise absences and enable regular attendance at school.



“

Caring is an isolating role, you lose track of family, friends, and the rest of the community.

– attendee at National Carers Week 2016 Forum, Tasmania

”

Actions:

No.	Action	Agency
I.1	Support Carers Tasmania and MHCTas to raise community awareness of carers, including the valuable contribution they make and the challenges they face.	DPAC and DHHS
I.2	Organise annual Department sponsored events during Carers Week to recognise employees who have caring responsibilities and celebrate the carers in the community.	DHHS
I.3	Promote Carers Week on the DPAC website and encourage other departments to also promote Carers Week.	DPAC
I.4	Implement the DoE <i>Attendance Policy and Process</i> to help schools identify when caring responsibilities are the reason for a student's unexplained absence from school.	DoE
I.5	Review the definition of carer in the Carer Policy, in consultation with key agencies and community organisations, so all carers affected by the Carer Policy see themselves and their role in the definition.	DPAC
I.6	As part of the Diversity and Inclusion Policy and Framework, monitor activities that promote awareness of caring responsibilities Tasmanian State Service employees and officers may have.	DPAC
I.7	Work with frontline Government services that engage with carers to explore how they can embed awareness of carer needs, and how these differ across diverse groups of carers.	DPAC



Objective Two

IMPROVE THE LEVEL OF SUPPORT AND SERVICES TO CARERS

What the consultation told us:

Carers expressed a need for more specific support services, independent of those for whom they care. In particular, carers said they would like more information about and access to respite and opportunities to spend time with other carers.

Carers also felt that mainstream services they engage with could better understand and be more responsive to their needs by considering them, offering them support, information, and referral to services.

What we are currently doing:

In acknowledging that many of the key payments and services provided to carers are delivered by the Australian Government and the community sector, the Tasmanian Government will continue to work collaboratively to improve outcomes for Tasmanian carers and those for whom they care.

As an employer, the Tasmanian State Service is committed to having a diverse workforce and to building inclusive workplaces where all employees feel welcomed, safe and supported. Tasmanian State Service employees have access to leave provisions to assist with caring responsibilities. Employees

may be able to negotiate flexible work arrangements. A State Service employee who is providing support to a person who is a member of the employee's immediate family or household and who is, or has been, experiencing family violence, may also be granted personal leave.

The State Service has an Employee Assistance Program that offers confidential counselling sessions for employees and officers regarding personal, family or work related issues. This work is led by DPAC's SSMO.

DPAC administers the Tasmanian Companion Card Program, which entitles eligible people with life-long disability who need a carer to participate in community activities to a free ticket for their companion carer to participating venues and events. Government cultural events and venues, like the Tasmanian Museum and Art Gallery and events held by Arts Tasmania and Screen Tasmania also encourage and support the use of the Companion Card. The Companion Card program is increasingly doing on-site assessments, providing a more accessible face-to-face approach for applicants seeking acceptance to the program, particularly regional applicants.

The number of new Companion Cards issued to Tasmanians with lifelong disability who require a companion carer to participate in community

activities has increased steadily over the past five years from – 180 new cards in 2012-13 to 290 new cards in 2016-17. Much of the increase can be attributed to improved awareness of the program and the introduction of the National Disability Insurance Scheme (NDIS), which has increased funding to enable more participation in community events by people with lifelong disability.

In addition to its work promoting carer awareness and recognition, MHADD in DHHS continues to deliver a number of initiatives to strengthen and improve the delivery of carer supports and services, including:

- providing overarching policy and training to public mental health services to work effectively with carers of people with a mental illness (implementation of A Practical Guide for Working with Carers of People with a Mental Illness 2016);
- supporting clinical services to work in partnership with family members and carers in clinical practice, policy, planning and evaluation; and
- providing ongoing funding to the National Mental Health Consumer and Carer Forum to provide state representation from a mental health carer lived experience into national systemic advocacy and policy development (www.nmhccf.org.au).

MHADD supported the 2017 International Initiative on Mental Health Leadership (IIMHL) Exchange, with the Directorate's Senior Consumer and Carer Liaison Consultant hosting an international leadership exchange in Launceston. Delegates explored the concept of Family and Carer Leadership in Mental Health and presented a synopsis of the exchange to the IIMHL Conference in Sydney.

The Disability and Community Services Branch in DHHS continues to fund services that support grandparents (or relative carers) who are the primary carers for their grandchildren. These services are provided via funding agreements with community partners Baptcare and Mission Australia.

Activities related to this program include:

- brief intervention or short term support to assist adjusting to the role of being a primary carer;
- providing information, advice and referral, especially during the initial period during which they have taken on the role of primary carer;
- providing access to family support services, where required, to enable brief intervention and episodic support to address family conflict and other interpersonal tensions;
- managing brokerage funds that grandparent or relative carers are able to access to cover the cost of essential items and support activities; and
- providing a range of group based activities or information sessions.

Tasmanian Home and Community Care (HACC) work with carer peak bodies to identify gaps in services; plan services and programs; and fund services that:

- provide information and counselling to carers;
- provide respite for carers; and
- enable carers to escort family members using HACC community transport.

DoE recognises the impact that wellbeing has on the success of Tasmania's children and young people as learners. While support staff, targeted programs and flexible learning opportunities can benefit all students, they provide valuable support to student carers:

- DoE has established the Child and Student Wellbeing Unit and has allocated \$1.6 million over four years to improve wellbeing and educational outcomes for children and young people in Tasmanian Government schools. As a priority it will deliver a *Child and Student Wellbeing Strategy* to identify actions to address gaps and improve wellbeing through primary prevention, early intervention and targeted support.
- In Tasmanian Government schools, support staff include support teachers, school psychologists, speech and language pathologists, and social workers who can help to identify and support specific needs (e.g. emotional and developmental) and may also refer students to other professional supports if required.

- DoE uses data to identify possible student disengagement early and to initiate prompt restorative action through successful re-engagement programs and flexible learning opportunities.

Through the Government's policy for training and workforce development, *Investing in Skills for Growth*, the Department of State Growth works with vulnerable Tasmanians to participate in the workforce and build their employability skills. This includes offering work readiness programs that target skills development to real needs of workplaces and create pathways through to qualifications for Tasmanians facing barriers to training and employment.

The Training and Work Pathways Program funds innovative projects that enhance vocational education and training and employment options for disadvantaged Tasmanians, and expand and sustain learning opportunities. These projects can include training, research related to vocational pathways, and brokering partnerships between community organisations, industry, employers and training organisations to meet the needs of Tasmanians facing barriers.

Tasmanians with caring responsibilities are an identified target group within this program.



The paradox of being: when you most need to engage with external support, you have the least internal resources to do so.

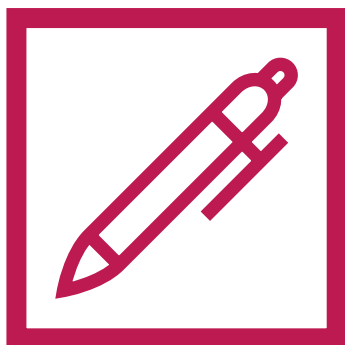
– mental health carer



Actions:

No.	Action	Agency
2.1	On an annual basis, continue to work with Carers Tasmania and other key carer support organisations to find ways to ensure carers know about available supports and services.	DPAC and DHHS
2.2	Ensure Tasmanian State Service employees/officers with caring responsibilities and their colleagues have access to contemporary and relevant resources that support flexible workplaces.	DPAC
2.3	Develop a Carers' Toolkit for Tasmanian State Service employees, officers and managers that provides guidance about work arrangements and support.	DPAC
2.4	Work with the CIRG to identify gaps and avenues for better promotion of supports that are available to carers.	DPAC
2.5	Continue to administer and expand the Companion Card program.	DPAC
2.6	Develop a <i>Child and Student Wellbeing Strategy</i> for release in 2018.	DoE
2.7	Provide additional professional support staff (14.8 additional Full Time Equivalents over four years) to support the health, wellbeing and learning needs of Tasmanian students, including student carers. This includes \$6.9 million over four years for additional speech and language pathologists, school psychologists, and social workers in Tasmanian Government schools.	DoE
2.8	Build and extend successful student re-engagement programs delivered by DoE. \$5 million is allocated over four years.	DoE
2.9	Seek advice from the CIRG on how information that is timely, simple and free of jargon can reach carers.	DPAC
2.10	Through Tasmania's <i>Active Ageing Plan 2017-2022</i> fund the Council on the Ageing Tasmania to deliver initiatives to improve digital inclusion for older Tasmanians.	DPAC
2.11	Continue to recognise carers as a target group within the Training and Work Pathways Program, which aims to expand and sustain learning opportunities and employment options for disadvantaged Tasmanians.	State Growth





Objective Three

INVOLVE CARERS IN THE DEVELOPMENT AND EVALUATION OF POLICIES, PROGRAMS AND SERVICES THAT AFFECT THEM AND THEIR CARING ROLE

What the consultation told us:

Throughout the community consultations, carers expressed a desire to engage more with government departments and decision makers. Carers wanted engagement to be meaningful, genuine, flexible and accessible. Carers also wanted to have their voices heard in their own right, not just in regards to the person they care for.

What we are currently doing:

The Government engages with carers through a number of mechanisms. The Government supports Carers Tasmania and MHCTas to represent the views of carers on an ongoing basis. A key component of the funding provided to these organisations is to consult with carers and inform government on how services are provided and policies are developed and implemented. These organisations are building the capacity of carers to engage directly with government and service providers. They are assisting government to communicate with people who can provide input into relevant policy, project and service development.

The Tasmanian Government actively consults carers and carer support organisations on specific projects, and seeks their representation on working groups and committees. For example, MHADD has consulted with Carers Tasmania and MHCTas to implement the Rethink Mental Health Strategy, a long-term plan for better mental health in Tasmania. It has also convened the Autism Advisory Panel, which includes carer representatives. The Panel provides recommendations to the Minister for Human Services on a long term strategy for Autism to give consideration to awareness, education and practical help for carers.

Carer representatives sit on the Premier's Disability Advisory Council (PDAC) and the Minister's Disability Advisory Council (MDAC), and present their views and perspectives on issues affecting people with disability for whom they care.

The Government also acknowledges the value of lived experience, with MHADD employing a Senior Consumer and Carer Liaison Consultant with lived experience to provide ongoing support and advice to public Mental Health Services, Alcohol and Drugs Services, Forensic Mental

Health Services and Correctional Primary Health about working in partnership with carers.

The Australian Government delivers many programs and services to carers. It is leading the implementation of national reforms that affect carers, including the NDIS, My Aged Care and changes to the delivery of carer support services. Therefore, it is important the Tasmanian Government understands how these reforms impact Tasmania carers.

Through the CIRG established in August 2017, the Tasmanian Government has committed to collaborating and sharing information with Australian Government departments responsible for supporting carers, the National Disability Insurance Agency (NDIA) as well as Carers Tasmania and MHCTas which represent the views of carers. DHHS, through Disability and Community Services, also engages closely with the NDIA over transition to the NDIS, and its impact on people with disability and their carers.



Actions:

No.	Action	Agency
3.1	Continue to fund and work with community sector organisations to build carer capacity and opportunities for carers to engage with government (departments and Ministers/MPs).	DPAC and DHHS
3.2	Coordinate the CIRG to ensure that the Tasmanian and Australian Governments, and key carer support and advocacy bodies, can share information and respond collaboratively to key issues affecting Tasmanian carers.	DPAC
3.3	Audit how government engages with carers, to identify opportunities to better promote the accessibility of existing engagement mechanisms, and highlight areas that require more engagement.	DPAC
3.4	Coordinate the PDAC and the MDAC with ongoing membership from carer representatives.	DPAC and DHHS

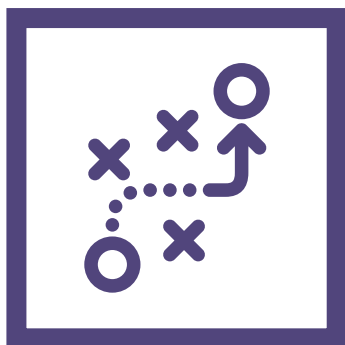
“

To feel important
enough to be
listened to with the
wisdom we have
learnt over the years
being a Carer

– mental health carer

”





IMPLEMENTATION

Governance:

The Premier, as Minister with responsibility for the carers portfolio, oversees the Carer Policy and the Action Plan. DPAC will coordinate and monitor implementation of this Action Plan.

The Tasmanian Government recognises the key role of the Australian Government in delivering carer support services and leading the implementation of key national reforms affecting carers.

The CIRG will provide the platform to communicate and collaborate with Australian Government representatives throughout the implementation of the Action Plan.

Implementation and reporting:

The Action Plan is a living document. The Tasmanian Government will take a flexible and contemporary approach to implementing actions over time to ensure that they respond to the best available evidence, particularly in a time of rapid change for the social services sector, at state and Australian Government levels.

The CIRG will help inform responses to emerging issues and opportunities affecting the Action Plan's objectives.

DPAC will prepare an annual implementation/progress report to the Premier, outlining achievements and identifying next steps.

DPAC will publish this report on its website and promote it through the CIRG.

Monitoring and evaluation:

During the implementation of the Action Plan, the Tasmanian Government will continue to consult with Carers Tasmania, MHCTas and the sector to understand how it is contributing to positive outcomes for Tasmanian carers.



WORKING TOGETHER

Many unpaid carers are caring within a service framework such as disability support services and aged care. However, much of the informal caring happens in the community and is underpinned by informal support networks. While it is important that the formal or organisational care system responds to the needs of carers and those they care for, it is equally important to build and maintain communities and informal networks of care that are also responsive as well as resilient and sustainable. When both the formal and informal systems recognise the role carers have and their value to the community, they can help carers under stress, provide support early before vulnerability leads to isolation or loss of support, help carers to find balance in their lives, and be resilient against crisis situations.

While the State Government has a role to play in providing support to carers, the Australian Government provides all carer payments and allowances, and either directly delivers or funds the delivery of a wide range of carer support services. The community sector also supports carers through services and advocacy.

Department of Social Services

The Australian Government's Department of Social Services (DSS) works to improve the independence and participation of carers in community and economic life by providing targeted supports and services for people with disability and carers. Almost 2.7 million Australians care for someone with disability, a medical condition, mental illness or someone who is frail due to age. The Australian Government helps carers to be engaged in the community, participate in the workforce and stay healthy while continuing their caring role.

A new Integrated Plan for Carer Support Services is being developed to better recognise, support and sustain the vital work of unpaid carers. The first stage of this plan was the establishment of Carer Gateway, a new national website and phone service to help carers access information and support.

DSS offers a number of programs specifically for carers including:

- respite and information services for young carers up to 25 years of age;
- immediate and short term respite for carers of young people with a severe or profound disability;

- flexible respite and support options for carers of people with severe mental illness/psychiatric disability and carers of people with an intellectual disability; and
- specialist information, advice and assistance for carers.

A number of DSS programs will transition to the NDIS as it rolls out across Australia.

Department of Health

The Australian Government's Department of Health has a diverse set of responsibilities, but throughout there is a common purpose, which is reflected in the Department's vision statement: Better health and wellbeing for all Australians, now and for future generations.

The Department aims to achieve this vision through strengthening evidence-based policy advice, improving program management, research, regulation and partnerships with other government departments, consumers and stakeholders.

The Department provides information, tools and resources to support the aged care sector through evidence-based policy, well targeted programs, and best practice regulation.



It manages My Aged Care (www.myagedcare.gov.au), which is the main entry point to the aged care system in Australia. My Aged Care aims to make it easier for older people, their families and carers to access information on ageing and aged care, have their needs assessed and be supported to find and access services.

Carers Tasmania

Carers Tasmania is dedicated to improving the quality of life of the estimated 84,000 family carers living in Tasmania.

Carers Tasmania provides a statewide service to carers in Tasmania through a freecall information and advisory telephone line, as well as counselling services, therapeutic groups and education and training to assist carers in their caring role.

As part of a national network of Carer Associations, Carers Tasmania works to raise awareness and understanding of carer needs and issues with both decision makers and the general public – with carers being at the forefront of everything they do.

Mental Health Carers Tasmania

MHCTas promotes and improves the wellbeing of carers of people affected by mental ill health by providing support, advocacy and education.

MHCTas provides systemic advocacy from a carer/family perspective drawing upon lived experience and champions the needs and aspirations of mental health carers.

MHCTas provides input into state and national research, policy review and development with the aim of improving mental health services and the wellbeing of carers. MHCTas represents the views and experience of mental health carers to state mental health services, including at the policy level.

MHCTas also provides links to organisations which provide support and services for carers of people affected by mental ill health: advocacy, counselling, clinical care, education and training, outreach service, peer support, suicide bereavement, recreational programs, and residential care and respite.

National Disability Insurance Agency

The NDIS is ensuring that people with disability are given every opportunity to make their own decisions and exercise choice and control.

The NDIA recognises that the role of families and carers is often essential in supporting people with disability to realise their goals and is including them in discussions about supports.

The NDIS is providing information, referral and linkage to ensure families and carers are able to access supports in the community to assist them in their role.

Families and carers are partners in the support for people with disability and provide help and support that cannot be provided by formal services or paid support workers. One of the core aims of the NDIS is to better support families and carers in their caring role.



CONSULTATION SUMMARY

Carers Tasmania Face to Face Consultations

A consistent theme through conversations and consultations held with carers across Tasmania is that carers feel that the general community, and those in decision making roles, have limited understanding of a carer's day to day experience and how hard this can be. Feedback suggests a carer's experience needs to be heard in a carer's own words. Suggestions for the best ways to achieve this were diverse and ranged from those in decision making roles having face to face contact with carers, through to carer participation at all levels of government service provision.

Discussions with carers considered the meaning of 'awareness' and 'recognition'. Carers understood 'awareness' to be that the majority of the community would have a general understanding about what it meant to be an unpaid carer. Most carers felt that 'recognition' was not a matter of wanting a 'pat on the back', because that is not a carer's motivation in providing care. Carers saw 'recognition' as meaning that the community and Government departments would routinely identify them. Once identified, carers then want acknowledgement for the role they play, and inclusion as an important member of a team

providing care in the community and to some of Tasmania's most vulnerable people.

Carers know there can be challenges in this, particularly when the person they care for feels a strong need for privacy; does not acknowledge or understand the significant role the carer is performing; and does not give consent for their involvement when asked. While having full respect and understanding for the challenges this can pose, carers would still like mechanisms for working together with Government services for the benefit of the person who they care for. Carers would like respect and understanding for their role regardless, and an understanding of the consequences providing such care can have on the carer.

Carers reported that their needs and those of the person they care for are inextricably linked. Often a carer's first thought when asked about their needs, is that if the person they care for was well supported, their needs would be minimal. That said, carers indicated they would ideally like Government departments to respond to a carer's needs separate from the needs of the person they care for in order to sustain them in their roles. The need for more respite services was mentioned in every consultation.

There were some comments from carers that many community

members do not feel comfortable identifying as a carer. Reasons cited included stigma, mistrust of service providers, and not wanting the person they care for to feel uncomfortable or ashamed of their need for their care. One carer explained that separating people into the carer and person being cared for suggests an unequal relationship.

While understanding in the community was definitely seen as a need, most carers thought that increasing understanding within Government was a good first goal, and that this would flow onto the community. Carers saw an opportunity for Government to lead by example, by ensuring routine and consistent procedures across Government departments for identifying and supporting carers.

Throughout the consultation carers generally expressed a strong desire to connect and be heard by Government. They felt that information and opportunities for input were limited.

Carers would like to contribute to decision making in all areas of Government that affect them, and would like carer involvement to be mandated on representative bodies, groups or committees that are convened on matters impacting on carers. Many carers who attended said they would be interested, willing and



comfortable to participate on working groups, with the caveat that they face transport and respite barriers that may require Government support.

Written Submissions

Submissions were received, from MHCTas, and SASS.

Mental Health Carers Tasmania

MHCTas undertook consultations with members and presented a submission outlining the challenges facing mental health carers and recommending government action to address the issues identified during consultations.

Mental health carers wanted to see an increase in awareness of mental health and mental health carers in schools, hospitals and the broader community. They felt that a cultural change is needed in Government around the value of carers and what they can bring to the table in contributing to better outcomes for the people who receive their care. They suggested that formal protocols be put in place

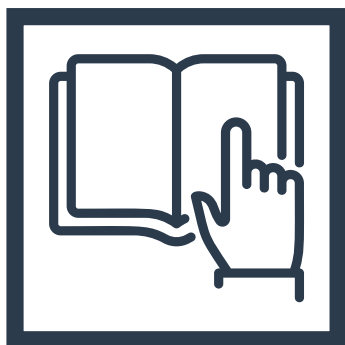
in Government departments and services for how to engage with, treat and involve carers in decision making. MHCTas reported that mental health carers wanted to see engagement and service approaches that were flexible, not 'one size fits all' models; and that many people want to talk face to face with staff if they need assistance. They felt staff needed to be easily accessible and able to respond to any issue with experience, sensitivity, confidentially, and when they didn't have the answers – make the time to find out.

MHCTas recommends that Government give consideration to ensuring that adequate resources are allocated to carer organisations and broader government service systems that carers frequently access. It also recommended that more resources be provided to address needs frequently identified in the mental health carer community, such as education and training, capacity building for carers to engage with government, and support for carers to gain employment.

Sexual Assault Support Service

The SASS submission focused primarily on the needs of grandparents who are the primary carers for their grandchildren, as the group of carers with whom SASS has most interaction. SASS highlighted that grandchildren in the care of their grandparents can often be in their care due to a range of complex factors including parental drug or alcohol issues, child neglect, sexual abuse, parent's mental illness and family violence – which can lead to trauma issues for the children.

SASS recommended that grandparent carers need help, support and resources to identify and manage the signs of trauma, and resultant problematic behaviour. The submission also highlighted that grandparent carers are now facing challenges associated with online safety and technology abuse, and may need additional and tailored support and education in how to engage with technology and social media.



REFERENCES

1. Australian Unity and Deakin University, 2015. *What makes us happy?* 3rd ed. Australian Unity. Available at: www.australianunity.com.au/~media/corporate/documents/other/what%20makes%20us%20happy%202015.ashx [Accessed 6 November 2017].
2. *Carer Recognition Act 2010*. Available at: www.legislation.gov.au/Details/C2010A00123 [Accessed 6 November 2017].
3. Deloitte Access Economics, 2015. *The economic value of informal care in Australia in 2015*, Carers Australia. Available at: www.carersaustralia.com.au/storage/Access%20Economics%20Report.pdf [Accessed 6 November 2017].



Department of Premier and Cabinet
Communities, Sport and Recreation

15 Murray St
HOBART TAS 7000

Phone: 1300 135 513
Email: csr@dpac.tas.gov.au
Visit: www.dpac.tas.gov.au

If you are deaf, hearing impaired or speech impaired,
you can contact us through the National Relay Service

TTY users phone 133 677
then ask for 03 6232 7133

Speak and Listen users phone 1300 555 727
then ask for 03 6232 7133

Internet relay users connect to the NRS
www.relayservice.com.au then ask for 03 6232 7133

Published December 2017

ISBN 978 0 7246 5737 1

Copyright State of Tasmania 2017