

The submission into unpaid caring requires a commonsense approach and a rationale that applies to everyone. For this the following is a series of with small contextual framework for you to consider.

- 1) Carer definition: To consider distance from the cared, include family in the definition and include patient wellbeing. Validation of the carer to be through a 720 degree process to verify them. Family carers are in some countries but family members are excluded from recognition. Proximity to the cared in a vast and decentralized country is difficult. Technology has changed many methods of caring. Care recipient rights and decisions are critical to defining a carer. Duties and responsibilities of a carer bound by legislation.
- 2) Carer recognition: Carers may want money and reward but mostly help. Many family carers are not asking for money. With the percentage of care giving coming from volunteers it is heartfelt to consider a rewards scheme. There is a more pressing issue of mental health of carers. Helping carers who are working 24/7 requires an innovative approach, use of technology and access to help 24/7. Cherry picking by providers about access to respite and appointments marginalizes non-verbal, remote and rural. Carers who are heartfelt, care because they want the best for the cared. Make it easy to help the carer.
- 3) Community volunteering: Carers in communities are supported through community health centres. Funding for these centres requires a national approach and with local adoption through council/local government. Education within community including shires, schools, businesses and family networks/communities will boost knowledge helping breakdown the stigma of poor health, ageing, disability.
- 4) Mental Health first aid: As carers provide they too have a need. Many organisations worldwide have processes in place to monitor mental health against trauma and work/volunteer related circumstances. A carer gateway was established but serves little purpose except for those who afford the time to access the services. There are vast amounts of call centers who offer 1800 numbers. Some are more effective than others. Education from various first contact points will assist. First contact soas the carer is provided assistance at time of initial contact like at a hospital/GP. Government rebates to cover this professional time.
- 5) Make caring more than health: Funding for carers can be within the community as it is a multi-departmental need. Volunteers are effective across all government departments. Volunteering Qld has a data base for emergency situations. The infrastructure is there.
- 6) The social isolation of carers creates a huge mental health burden. Recognizing then recruiting carers will assist to break this cycle. The social mainstream in society does not fully recognize the needs of this cohort. Education and communication will effect change. Making a difference in our communities through communication will help. When you or someone you know or love is ill or affected they often regress. Their carers often become tired and stressed from working 24/7. They cannot give any more of themselves. This has led to much mental health and the current system does not support this situation.