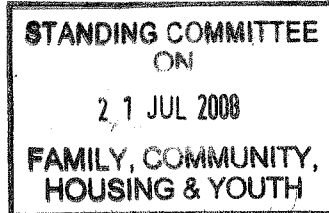


CARERS ACTION NETWORK, NEWCASTLE/LAKE MACQUARIE.

18TH July, 2008



Committee Secretary,
Standing Committee on Family, Community, Housing & Youth,
PO Box 6021,
House of Representatives,
Parliament House,
CANBERRA ACT 2600

Dear Ms/Sir,

Enclosed is the submission from Carers Action Network.
Emailing was unsuccessful. Could you please email me the correct
Address so that the submission can be sent electronically.

Our organization was very pleased to be able to contribute to
the Standing Committee's inquiry.

Yours faithfully,

A handwritten signature in cursive script that reads "J Webb".

Jenny Webb (President)
22A Hall Street Merewether NSW 2291
Email: webbphcy@hunterlink.net.au
Phone/Fax: (02) 4963 4265

**CARERS ACTION NETWORK, NEWCASTLE & LAKE
MACQUARIE**

*PO Box 335,
New Lambton NSW 2305*

Committee Secretary,
Standing Committee on Family, Community, Housing & Youth,
PO Box 6021
House of Representatives
Parliament House
CANBERRA ACT 2600

Dear Ms/Sir,

I wish to make a submission to the House of Representatives Standing Committee on Family, Community, Housing and Youth's inquiry into Better Support for Carers.

The Carers Action Network met on 18th June, 2008, and the eight members who represent carers of frail aged people, palliative care, acquired brain injury and people with dementia, discussed the submission and decided on the following response.

The Carers feel that their role as carers is misunderstood and not valued by the community. The contributions of Carers maintain the social fabric of our Australian Society, where all Australians can feel proud of the lifestyle of many disabled and frail aged people who need assistance to live in the community. The voluntary, loyal services of carers save the governments money. Their loyalty and satisfaction in achieving comfort and security for the person/s they care for, should be celebrated. Caring often leads to social isolation especially carers of people with dementia, mental illness or acquired brain injury. Even family members stop visiting as the status of carers in society changes with caring and limits all planning decisions especially holidays and social gatherings

Financially carers are struggling because the cost of activities for disabled are a drain on funds e.g. user-pays system of services for

people with transport especially for wheelchair dependent people an added cost.

Carers value the annual bonus which enables them to plan their needs e.g. large electricity accounts, a new refrigerator, new orthotics or shoes for family. However, recipients of Carers Allowance receive \$1,600 while carers who reach Aged Pension age are transferred swiftly by Centrelink to the aged pension and receive a bonus of \$1000 and they are still carers. This is felt by carers to be AGE DISCRIMINATION as their expenses do not become any lower.

Carers of terminally ill people in rental accommodation are faced with the harsh need to shift to cheaper accommodation when the person who they care for, dies, and with only a single pension, they can no longer afford to pay rental of their home.

The Pharmaceutical Benefits Scheme discriminates against carers receiving an aged pension and living with their disabled adult child. The Safety Net limit is restricted to one recipient, even on shared Medicare cards.

Aged discrimination again.

Carers of adult children with disability, worry about their own future and that of the person who they care for, especially for accommodation with services and supervision. Needed is planned, flexible, supported accommodation with budget supervision especially for people with acquired brain injury.

The things that stress – **“LIFE SUCKS”**.

New Carers require information from hospitals as at present carers are not considered or involved in discharge plans. Carer's shock and grief need to be acknowledged and carers assisted to deal with this reality. For acquired brain injury people, social workers need education on the possible implications of addictive behaviour which often accompanies the acquired brain injury. Alcohol and pot smoking leads to difficult antisocial behaviours which unfortunately carers have to live with.

Young carers need case workers who can identify needs and provide assistance so that young carers are not struggling with problems which prevent them having some choices in their life. Mentors who are local and acceptable to the family (a big ask) may be able to accept and befriend young carers who are caring for their parents or grandparents with the aim of providing young carers with the ability to lead a balanced life and have skills for their future employment and social interactions.

Indigenous carers require training and education to enable them to access the existing system of services.

Indigenous groups who do not have a history of trading and accepting marriage partners with another group/s, will not interact with the unknown group. In Kempsey, with mixed clans there are 4 entrances to the Midwifery centre so that the groups do not have contact. In the small inland country town of our visitor, there is a homogenous group of indigenous people who have intermarried with local anglo-saxon people and share caring roles.

Thank you for taking my views into consideration as part of the committee's inquiry. I look forward to reviewing any recommendations you make to improve life for carers in Australia.

Jennifer Webb (President)
22A Hall Street, Merewether NSW 2291
Email: webbphcy@hunterlink.net.au
Phone/Fax:(02) 4963 4265

