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**NSW Government Submission**

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To the

**Parliament of Australia  
House of Representatives Standing Committee on Family,  
Community, Housing and Youth**

**Inquiry into Better Support for Carers**

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## **1. INTRODUCTION**

### **1.1 TERMS OF REFERENCE OF COMMONWEALTH PARLIAMENTARY INQUIRY**

Carers play a vital role in sustaining Australia's current system of community-based person-centred care. However, they are often at increased risk of becoming socially isolated from their peers and disconnected from mainstream employment. Many carers also have significantly worse health outcomes than the general population (both in terms of physical health and psychological wellbeing) and endure problematic access to services and support. Carers also often face increased financial pressures, having limited opportunities to accrue savings, accumulate superannuation and save for retirement.

To obtain an improved understanding of the challenges facing carers and their support needs, the Committee will inquire into and report on:

- the role and contribution of carers in society and how this should be recognised;
- the barriers to social and economic participation for carers, with a particular focus on helping carers to find and/or retain employment;
- the practical measures required to better support carers, including key priorities for action; and
- strategies to assist carers to access the same range of opportunities and choices as the wider community, including strategies to increase the capacity for carers to make choices within their caring roles, transition into and out of caring, and effectively plan for the future.

In examining each of these issues, the committee will also inquire into the specific needs of particular groups within the caring population including new carers, younger carers, older carers, Indigenous carers and those with multiple care responsibilities.

For the purpose of this Inquiry carers are defined as "individuals providing unpaid support for others with ongoing needs due to a long-term medical condition, a mental illness, a disability or frailty".

## **2. RESPONSE FROM THE NSW GOVERNMENT**

### **2.1 ABOUT CARERS AND CARING**

Caring is a core part of human reciprocal relationships and a normal part of life. Most people expect to provide care to others and receive care themselves during their lives. While caring includes many activities that are part of everyday life, some people need high levels of care over intensive or long periods, due to disability or illness. It is often family members who respond to this need for additional assistance and support, with a sense of family responsibility and emotional obligation being key reasons for taking on a caring role.<sup>1</sup>

A carer is a family member, friend, neighbour or other community member who provides care and assistance to another person, often in a regular and sustained

manner, without payment other than in some cases a pension or benefit such as Carer Payment or Carer Allowance.

Other terms used to describe the caring role include 'informal care', 'unpaid care', and in America, 'caregiving'. There are additional descriptions to further define carers, such as a primary carer, which serves to identify the person who provides the majority of ongoing, unpaid assistance.

Other points to consider about carers and the people they care for are:

- Caring relationships are complex and diverse and can change over time;
- Support needs also change over time;
- People may be cared for by a network of carers and a carer may care for more than one person;
- Two thirds of people who are caring may not identify with the term 'carer' so are "hidden";
- These "hidden" carers may not always be aware of supports available; and
- The role of caring for is not necessarily full-time or continuous. For example, the needs of people with mental illness can fluctuate over time.

Caring is a two-way relationship. Both the carer and the person receiving care have individual needs. At the same time they are intricately linked – support for the person needing care will benefit the carer and vice versa. Recognition of carers does not diminish the focus on people who require care. However, it must also be acknowledged that the interests of the family or carers and the interests of the person needing care do not always coincide.<sup>2</sup>

Caring can be a positive experience when the family member or carer experiences personal growth and life satisfaction for themselves because of helping someone. Caring can also have enormous social and economic value. However, there are also unintended negative consequences with studies confirming the economic costs of caring, including loss of productivity and opportunity costs.<sup>3</sup>

Research has also confirmed the adverse affects of caring on emotional wellbeing, physical health and financial circumstances of carers.<sup>4</sup> The enormous stress that carers of people with dementia experience is well-documented.<sup>5</sup> Carers can experience family tension and conflict, and physical and emotional overload because of their role, especially if they do not have access to practical support, recognition and understanding.

## **2.2 CARERS OF PEOPLE WITH A MENTAL ILLNESS**

About 10% of all carers are providing care and support to a person with a mental illness. Since many people fulfilling this role do not readily identify themselves as a "carer" this is likely to be a significant under-estimate. These people are often referred to as "hidden" carers.

Working with people with a mental illness and supporting their families and carers is pivotal to achieving strong outcomes in mental health care. A separate section has been included to reflect the significant amount of work being undertaken within mental health services in NSW to support carers of people with a mental illness.

The NSW Government recognises that anyone can be a carer of people with a mental illness. The carer's journey may be for short or long periods, or only

occasionally. Those who do provide care to someone need reliable information, expert advice, understanding, support, and a break from the caring role. Issues carers face and the phases of the caring journey are well documented in the Carer Life Course Framework (Appendix 3).

The provision of support and education to families and carers can assist them to address their own health and wellbeing needs. Studies show that supporting families and carers contributes to:

- A more optimistic outlook about the family's role in treatment;<sup>6</sup>
- Increased family/carers sense of control and their ability to manage situations;<sup>7</sup>
- Reduced tension and worry in families and improving their quality of life;<sup>8</sup> and
- Increased support networks available to families and carers in time of need.<sup>9</sup>

A recovery approach has a positive impact on families and carers, as well as consumers. It offers consumers, families and carers scope for an active role in treatment, research, social and vocational functioning, and personal growth, which can lead to positive outcomes for all concerned. It has been demonstrated that when consumers have more optimistic attitudes and expectations there is an improvement in the course of their illness, and greater social and vocational outcomes. Research has also found that when families and carers are involved in the treatment process, relapse rates are reduced significantly.

Families and carers are recognised as having unique expertise, understanding and ability to support a person with a mental illness. Their direct experience and close observation in their caring role brings an additional perspective to clinical care. Family and carers need to be involved in treatment planning for consumers wherever possible. They may need to be equipped with additional knowledge and skills to confidently support the consumer. Involving families and carers in determining mental health practices and priorities can contribute to improving mental health service delivery and service outcomes.

Providing supports and services to families and carers can also be more economical for the community. For example, a United States study<sup>10</sup> found that during the second year of treatment, for every \$1 spent on family psycho-education, \$34 was saved in hospital costs. The study found an average net savings of \$US4,300 per patient, per year over a two year period, and the authors predict that savings ratios of 1:10 can be routinely achieved.

### **2.3 CARERS AND WORK**

Carers are more likely to be unemployed or not participating in the workforce than non-carers. Carers are less likely to be working full-time than the Australian average (42%) with the rate of full-time work among primary carers is less than half that of the general population. Conversely, primary carers are more likely to be in part-time work.<sup>11</sup> The cost of care is a significant factor in leading carers to reduce their working hours or consider leaving employment.<sup>12</sup>

Access Economics reported that around 36% of primary carers who were unemployed or not in the labour force expressed a desire to return to work, especially on a part time basis.

'Interruptions to women's paid employment are frequent, of varying duration, and are inevitable throughout the life course. Due to 'carer' obligations – children and elderly, or ill relatives – the only realistic option for most women is part-time and/or casual paid work for certain periods. Women who are sole parents are particularly disadvantaged. As a direct result of absence from the paid workforce, apart from the loss of lifetime income and superannuation, women also suffer from deterioration of their marketable skills and impaired promotional patterns. These disadvantages are compounded when combined with other factors such as low skill levels; non-English speaking backgrounds resulting in poor language and literacy; Aboriginality and the effects of acute or chronic disability.'

D. Olsberg, Submission to Australian Government Productivity Commission (2005)

Similarly they found the opportunity cost of time devoted to informal care, measured as reduction in paid employment, is estimated to be \$4.9 billion.<sup>13</sup>

Many carers have to give up or reduce their working hours, miss out on career or job opportunities, manage on lower incomes, and struggle to save for the future. Women are particularly disadvantaged in their ability to accumulate retirement savings.

## **2.4 FINANCIAL PRESSURES**

Financial pressures on carers arise from both reduced income and increased costs. Additional regular costs borne by carers often include medical expenses, support services, equipment, aids and appliances, and transport. Financial pressures add to the burden of care, and can be important factors in determining families' care decisions.

## **3. NSW GOVERNMENT COMMITMENT TO CARERS**

The 2005 Review of the Carers Statement led to the development of the vision, principles and priorities for action contained in the *NSW Carers Action Plan 2007 – 2012*. The NSW Government released the NSW Carers Action Plan on 20 March 2007.

### **3.1 NSW STATE PLAN AND STATE HEALTH PLAN**

The NSW Government's commitment to supporting carers is reflected in both the NSW State Plan and NSW State Health Plan. The NSW State Plan target F5 *reduced avoidable hospital admissions* and NSW State Health Plan Strategic Direction 3 *strengthen primary health and continuing care in the community* both seek to reduce, by 15% over five years, hospital admissions for Aboriginal and non-Aboriginal people who should not need to come to hospital or can be treated in the community. This will be achieved through early intervention and prevention and better access to community based services.

The plans state that the NSW Government will respond to the growth in demand for programs to support carers of people with health needs, including those requiring care for mental illness, disability or dementia. Support will include education, training,

individual and peer support to families. It will also recognise the important role carers play in a patient's journey through the health care system and in providing support for people to live in the community rather than being admitted to hospital.

The State Health Plan seeks to improve outcomes in mental health by reducing readmissions within 28 days to the same mental health facility and reducing suspected suicides by patients in hospital, on leave or within 7 days of contact with a mental health service. It also increases the number of mental health clinicians so patients have greater access, opens new acute units to increase access to acute mental health beds and increases the proportion of Housing and Accommodation Support Initiative (HASI) places filled.

### **3.2 NSW CARERS ACTION PLAN 2007 - 2012**

The NSW Government is committed to contributing to carers achieving a quality of life for themselves and the people they care for. In the context of their caring role, carers in NSW are:

- Supported to achieve physical and emotional wellbeing and to participate in work and community life;
- Valued as key contributors to community wellbeing and as key partners and providers of care; and
- Considered in the development of public policy in NSW.

The whole of government *NSW Carers Action Plan 2007 – 2012* (Appendix 4) describes the next five years of action to be taken by the NSW Government. The NSW Carers Action Plan builds on the *1999 NSW Carers Statement*, the NSW Carers Program and *Stronger Together: A new direction for disability services 2006 – 2016*.

The five priorities for the NSW Government in relation to carers are:

- 1. Carers are recognised, respected and valued** – strategies to increase the respect and recognition of carers to demonstrate their role is valued and to ensure they are not invisible or taken for granted.
- 2. Hidden carers are identified and supported** – strategies to identify and reach hidden carers so their needs can be assessed and they can be provided with timely information and linked to support. Reaching hidden carers earlier can reduce the negative impacts of caring on their own health and wellbeing and prevent crises. Hidden carers include carers who have specific needs or face additional barriers, such as ageing carers, carers from culturally and linguistically diverse (CALD) backgrounds, young carers and Aboriginal carers, and are the specific focus under this priority area. Hidden carers may not identify with the term 'carer', be unaware of supports available or cannot access a service appropriate to their needs.
- 3. Services for carers and the people they care for are improved** – strategies to improve services for carers and the people they care for that focus on affordability, accessibility, flexibility, cultural competency and quality.
- 4. Carers are partners in care** – strategies that improve the interaction between carers and public agencies and that focus on carers as partners in care.

**5. Carers are supported to combine caring and work** – strategies that support carers to combine caring and work including mechanisms that promote family friendly practices in the workplace and the provision of flexible services to support working carers.

Under each priority area there are various strategies that will contribute to improving the quality of life for carers and the people they care for. Some of the strategies being prioritised by the NSW Government under the NSW Carers Action Plan are discussed in more detail below.

To increase recognition, respect and the value afforded to carers, NSW Health has enhanced the capacity of Area Health Services (AHS) to identify carers, raise carer awareness and encourage carers to be viewed as partners in health care. AHS Carer Support Services work to improve the responsiveness to carers across the health system and are currently co-ordinating the development of AHS Carer Action Plans.

Ageing carers of people with a disability will benefit from increased respite to give them a break, as well as recognition of their need to plan for the future. This has been a joint initiative of Commonwealth and State/Territory Governments.

Carers from CALD backgrounds will benefit from strengthened policies and programs to support the provision of culturally appropriate information and culturally competent service delivery. Recurrent funding for statewide NGO carer grants has been expanded to allow inclusion of specific initiatives aimed at Aboriginal and CALD carers. The development and implementation of new carer programs specifically targeting Aboriginal and CALD carers are in progress.

Young carers, generally accepted to be carers under the age of 25 years, often encounter particular difficulty completing their secondary education, maintaining social networks and getting into paid employment. These restraints come on top of the issues often encountered by other carers, such as isolation and feelings of helplessness. Young carers will benefit from continuation of the Young Carers Project and development of government agency strategies to support them in a coordinated cross agency approach, consistent with the principles of the NSW Government youth policy.

Carers frequently report that without access to appropriate respite they are not given the freedom to make choices in their life, such as choosing to combine caring and work. The expansion of respite services, including flexible respite, centre based respite, post school programs for people with a disability and day programs as detailed in the *NSW Carers Action Plan* and *Stronger Together: A new direction for disability services in NSW 2006-2016*, is therefore a priority for action.

Including carers as partners in care relies upon the identification of carers as a key stakeholder group for consultation and engagement in the development of relevant government policies. Translated resources, expansion of training to family and carers, development of family sensitive mental health services and involving families and carers in assessment, care planning and discharge planning are all strategies to include carers as partners in care.

Improving web-based links to information on workplace flexibility for employees with caring responsibilities and developing tools to increase workplace flexibility in the NGO and private sectors will also support carers to combine caring and work.



### **3.2.1 The NSW Family and Carer Mental Health Program**

A significant component of the NSW Carers Action Plan is the expansion of the Family and Carers Mental Health Program. More than \$20 million over five years is being spent on enhancing the three key platforms of the program – Area Health Services, NGOs, and generic carer services. Funding has been allocated to the two major service delivery platforms of the program – the Area Health Services and the four key NGOs. Four specialist NGOs are delivering family and carer support through education, training, individual support and advocacy services within the Area Health Services. Each NGO has entered into a mandated partnership with their Area Health Service (see Appendix 1).

#### Area Health Services

The mental health service is often the first point of contact for a family or carer when a relative or friend experiences an episode of mental illness. Promoting a family and carer friendly environment is the first step in engaging family and carers in the treatment process. Initiatives under the Family and Carer Mental Health Program have targeted attitudinal and practice change within clinical mental health services as the first key plank of this service model.

Under the Family and Carer Mental Health Program, Area Health Services now employ specialist staff to facilitate changes needed to make mental health services more family/carer friendly. These family and carer specialists will coordinate local training and resource development and provide specialist clinical consultative advice and support about family intervention.

Many mental health inpatient services have already designated a space for families with toys and comfortable surroundings where patients can visit with their relatives and carers and family meetings can occur. Others have introduced a practitioner checklist for inclusion in client files to ensure families and carers are included and formed sector working parties to facilitate change management processes and policies around consumer and carer participation.

Key statements relating to working with families and carers have been included in job descriptions. Performance appraisal formats now include key performance indicators relating to families and carers. Some Area Health Service executives now receive regular reports on the implementation and outcomes of the family and carer mental health program to ensure the program retains high-level support and is a continuing priority.

#### Direct support services through NGOs

The second key initiative is the funding of direct support services for families and carers through NGOs. Four agencies are currently funded to provide these new or enhanced services across the state. They will deliver the following services/supports to family members and carers of people with a mental illness:

- Education and training packages which teach families and carers about mental illness and its management, and help to build coping skills and resilience;
- Individual support and advocacy services for families and carers of people with a mental illness; and
- Assistance to establish peer support groups.

Education packages for families and carers have already been developed and used extensively across NSW. These will form the backbone of carer education and training initiatives. For example:

- The Mental Illness Fellowship of Australia information sheets;
- Well Ways and Eight Stages of Healing programs offered through Schizophrenia Fellowship;
- SMILES, a package for young carers;
- Parramatta Mission's Holding onto Hope program; and
- Mental Health First Aid.

The specific needs of families and carers from Aboriginal and Torres Strait Islander and culturally and linguistically diverse communities will best be addressed through partnerships with other organisations which already have connections with these communities. Using innovative models such as Men's Sheds which act as a portal for other services may also provide better access for these groups.

A key role for the NGOs will be to provide support and information to families and carers during the early stages of diagnosis and treatment. Families and carers have highlighted this as a significant need.

#### Generic Family and Carers Programs

The third key plank of the Family and Carer Mental Health Program relates to improving access for family and carers of people with a mental illness to existing mainstream carer programs.

The program also works in partnership with other NSW Government mental health initiatives such as the Rehabilitation and Recovery Program, the Housing and Accommodation Support Initiative (HASI), Specialist Mental Health Services for Older People, Aboriginal Mental Health, Child and Adolescent Mental Health, and Multicultural Mental Health as well as increases in non-acute and acute inpatient units. Strong links between these initiatives, new Commonwealth programs and existing mental health and generic health services, will result in a multi-faceted mental health service network for NSW.

#### **Mental Health Act 2007**

This greater recognition of the Carer journey is reflected in the *Mental Health Act 2007*, passed by parliament in June 2007 after extensive community consultation. For the first time in NSW, the new Act includes the notion of a "primary carer". This Act enables a consumer to nominate a person to receive information; identifies what sort of information must be provided; and requires health services to take reasonable steps to involve the primary carer, along with other agencies, in discharge planning discussions.

Significant privacy constraints on involving families and carers in treatment and care planning are outlined in privacy law as well as the new Act. The new Act, however, clearly supports and describes family and carer involvement, and signals closer collaboration between health professionals, families and carers, and consumers.

### **3.3 NSW HEALTH PATIENT SURVEY**

In 2007 NSW Health conducted a Patient Survey to gain information from patients across NSW about their experiences with health care services. The survey is one of several strategies being used by NSW Health to gain a complete picture of patient and carer experience and link this feedback to service improvement. Other strategies include patient and carers' interviews and the MH-CoPES survey of mental health consumers.

The public health organisations that participated in the survey included the eight Area Health Services and Children's Hospital at Westmead. NSW Justice Health and the NSW Ambulance Service carry out separate customer survey and benchmarking activities with other like-organisations.

In June 2007, 216,575 surveys were posted to patients in NSW who received inpatient and non-inpatient services in nine service categories (including oncology) during February, 2007.

A response rate of almost 38% was achieved, or 74,659 completed and returned questionnaires. Each of the nine surveys asked questions about the eight dimensions of care that patients' value, including family and friends.

Patients continually addressed the role of family and friends in the patient experience, and often expressed concern about the impact illness has on family and friends. Family dimensions of patient-centred care were identified as follows:

- Providing accommodations for family and friends;
- Involving family and close friends in decision making;
- Supporting family members as caregivers; and
- Recognising the needs of family and friends.

## **4. POTENTIAL NATIONAL FRAMEWORK**

Support for carers crosses a range of State and Commonwealth policy and program areas. An important starting point for a coordinated and strategic approach to carer support would be the development of a national carers policy framework.

In addition, the NSW Government further identifies the following Commonwealth Government policy and program areas as having the potential to further contribute to improving the quality of life experienced by carers and the people they care for:

1. Taxation and income support;
2. Recognition and promotion of the integral role that General Practitioners (GPs) are in the position to play with regards to carers; and
3. Continuation of Commonwealth national mental health funding.

The Commonwealth's involvement is critical to the success and viability of the NSW Family and Carer Mental Health Program. Of the program's three key components, the Commonwealth plays an important role in component one (Family-friendly Area Health Services) and component three (provision of support via generic carer services). Commonwealth National Mental Health Plan 3 monies funded, for example, the specialist Area Health Service family and carer positions (generally two in each Area) in component one. Retaining these specialist positions is dependent on continued Commonwealth National Mental Health Plan funding. The Commonwealth's respite, counselling and other services are integral to the generic carer services third component of the Family and Carer Mental Health Program.

## **5. RECOMMENDATIONS**

### **1. That the Commonwealth takes on a national carers policy role.**

Carer support crosses a range of policy areas such as health, ageing, community support, welfare, income support, taxation and employment. A number of government portfolios impact on carers. While the health and community care systems provide the majority of formal support there are other public policy and program areas that influence opportunities for carers and the people they care for. For example, the employment opportunities of people with disabilities directly impacts on the lives of carers. An important starting point for a coordinated and strategic approach to carer support would be the development of a national carer policy framework.

### **2. That the Commonwealth provide greater income support and financial incentives for carers.**

The Inquiry's terms of reference (TOR) note that "carers often face increased financial pressures, having limited opportunities to accrue savings, accumulate superannuation and save for retirement". The TOR also refer to the "barriers to social and economic participation for carers".

Formal services that support people with a disability and older people living in the community complement the support provided by their carers. Enabling carers to continue to provide this care requires a range of measures, including appropriate financial support and incentives. The ageing of the population and labour market pressures mean that more people are caring and more people (particularly women) are managing the dual demands of work and caring. It is in the community's broader interest to ensure that caring is a financially viable option – to ensure that choosing to care does not unreasonably compromise an individual or family's current or future economic security or connection to the workforce.

It is hoped that both this Inquiry and the Australian Government's Review, *Australia's Future Tax System*, will include consideration of the particular needs of carers in relation to national income support measures (in particular Carer Payment and Carer Allowance), and to incentives/barriers to remaining in or re-entering the workforce. Income support strategies need to be accessible to carers in Aboriginal and CALD communities.

Financial pressures on carers arise from both reduced income and increased costs. Additional regular costs borne by carers often include medical expenses, support services, equipment, aids and appliances, and transport. Financial pressures add to the burden of care, and can be important factors in determining families' care decisions, and should be included in consideration of options to better support carers.

### **3. That the Commonwealth support carers to balance work and caring through greater flexibility of community care programs.**

A particular issue in relation to workforce engagement is access for carers to flexible work arrangements which can support them to manage both employment and caring. National programs that support carers to remain in or return to work and to negotiate flexible working conditions need to be explored.

**4. Carers to maintain their physical and mental health and well being and consult carers in the care plans of the people they care for (with the person's consent).**

Carers need to be encouraged not to ignore their own physical and mental health needs. General Practitioners could play a significant role in this area. The recently released UK carers strategy *Carers at the heart of 21st-century families and communities* is piloting annual health checks for carers.

Carers are experts in the care of the person they are caring for and can provide important information for diagnosis, care planning and delivery. The feasibility of remunerating General Practitioners for carer consultations needs to be explored.

Increased funding to the National Carer Counselling Program would assist carers in maintaining their emotional wellbeing.

**5. That the Commonwealth consider the results of carer initiatives in other programs.**

Innovative carer support is being carried out in a range of programs outside of direct carer programs. For example, the Dementia Caring Pilot under the National Dementia Initiative provided crucial practical training sessions for carers. The skills enhancement sessions could be broadened to include all carers.

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# Appendix 1: Family and Carer Mental Health Program Service Model

## AREA HEALTH SERVICES Family/carer friendly mental health services

- Provide general information about mental illness
- Help navigating the mental health system
- Inform family and carers of their Rights and Responsibilities
- Assessment of Family and Carer Needs
- Referral to other services involve carers and families in assessment, treatment and discharge planning
- Intensive family support
- Carer participation in service planning and development
- Workforce development
- Service network planning and support



## NGOs Mental health family and carer support programs

- Education and training programs
- Planning and infrastructure for peer support groups
- Individual Support and Advocacy



## Generic family and carer supports and programs

- Counselling
- Respite
- Financial support
- Carer Support Officers
- Planning ahead

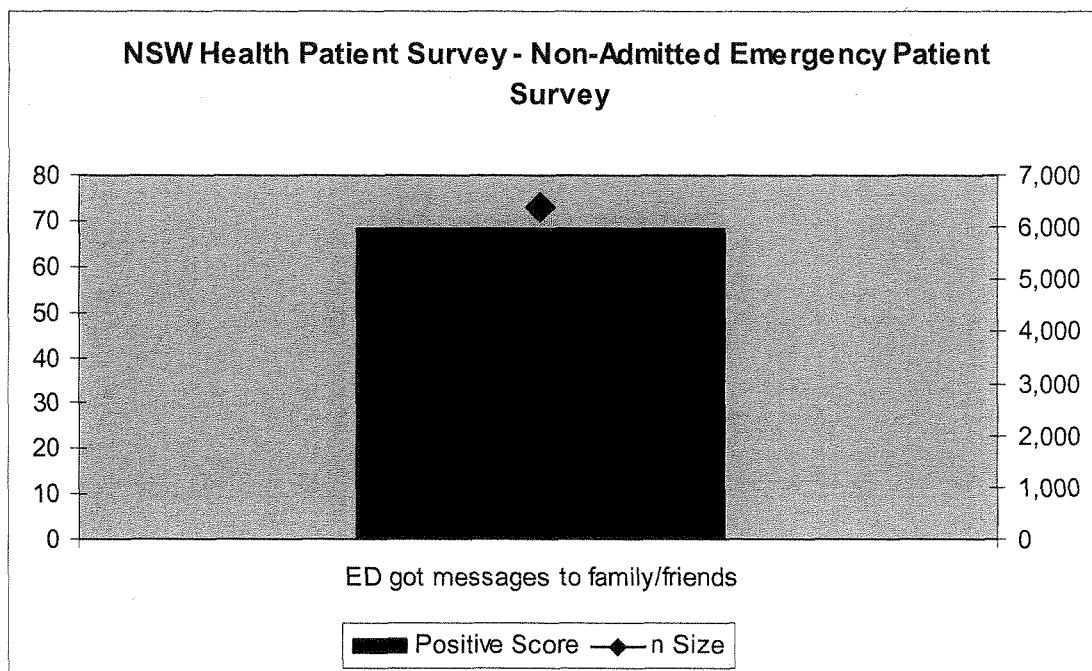
NSW HEALTH and ARAFMI NSW

\* CARER S COMPASS reproduced with permission of the King's Fund, UK

## Appendix 2: New South Wales Health Patient Survey 2007 - Results by Patient Category

### QUESTION SCORING - POSITIVE SCORES

This report provides the findings of the Patient Survey using Positive Scores. Positive Scores are a type of proportional metric that summarises performance using percentages of "optimal" responses out of the total number of responses to an item. Note, that the Positive score calculation does not include "not-applicable" responses in the total count. For example, for a question where 80 respondents out of 100 respondents indicated an "optimal" response and an additional five respondents indicated the question did not apply to them, the Positive Score would be 84.2%.

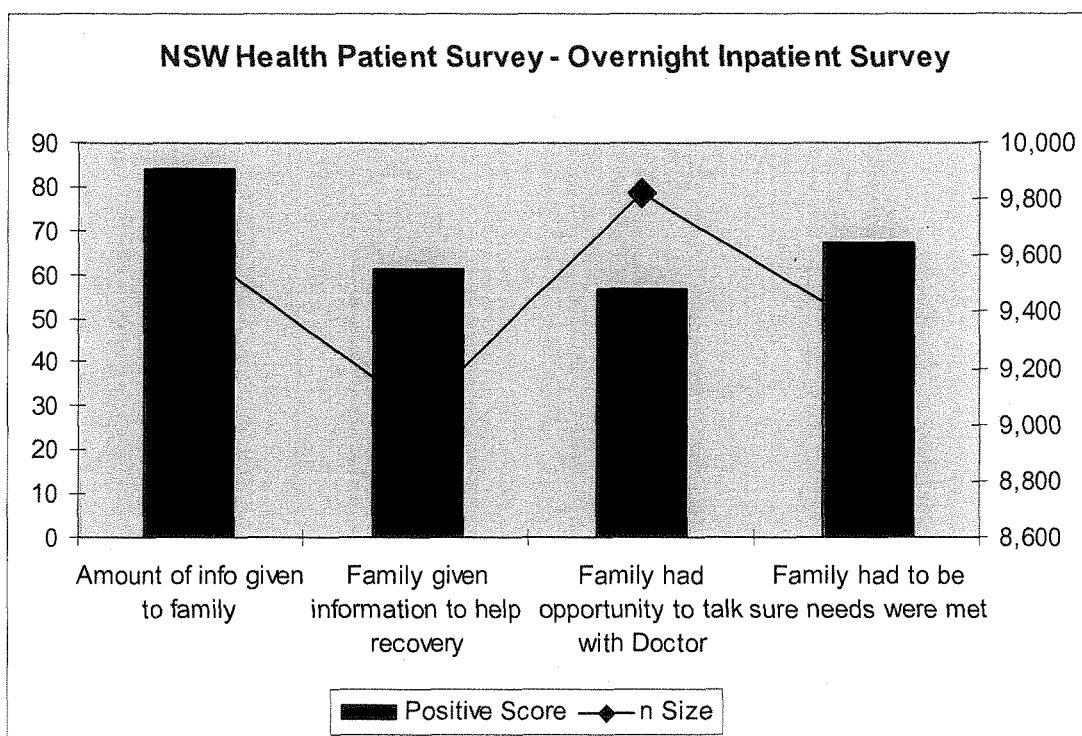


**Figure 1:**

In the Non-Admitted Patient survey, there were 6,407 respondents. Of these, 68.19% answered positively when asked the question: "ED got messages to family/friends".

Question Text	Positive Score	n Size
ED got messages to family/friends	68.19	6,407





**Figure 2:**

In the Overnight Inpatient Survey, there were multiple questions relevant to carer. As such there are multiple responses to the questions and positive scores.

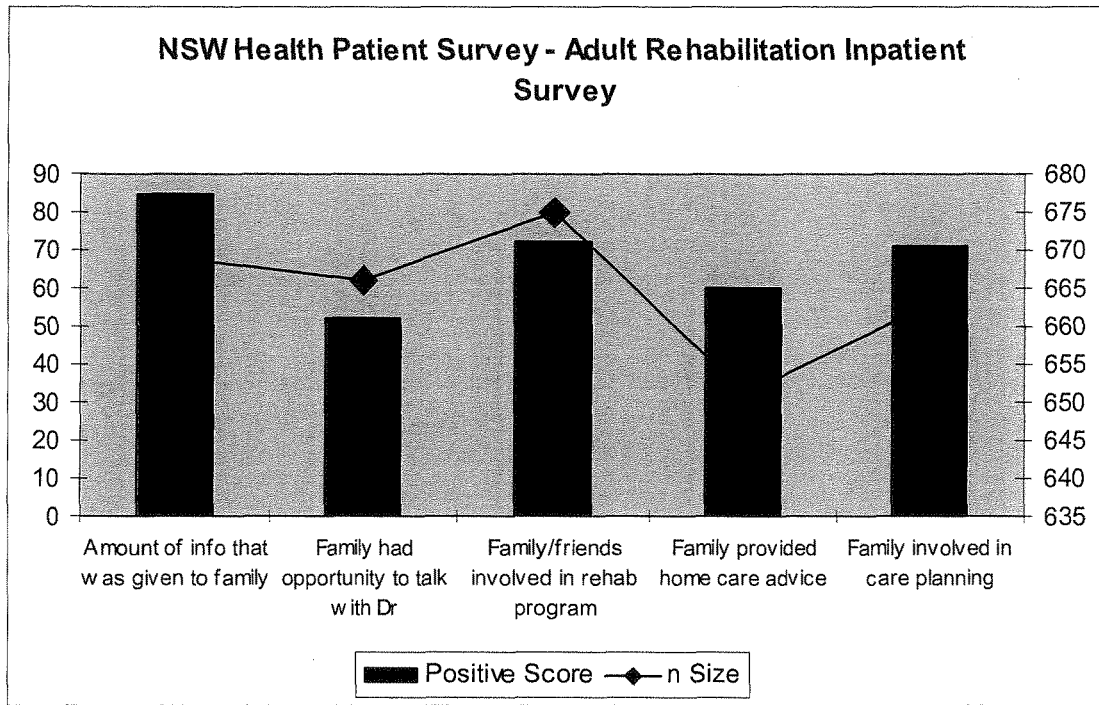
Question: "Amount of info given to family", there were 9,642 responses with 84.65% answering positively.

Question: "Family given information to help recovery", there were 9,051 responses with 61% answering positively.

Question: "Family had opportunity to talk with Doctor", there were 9,822 responses with 56.62% answering positively.

Question: "Family had to be sure needs were met", there were 9,336 responses with 67.29% answering positively.

Question Text	Positive Score	n Size
Amount of info given to family	84.25	9,642
Family given information to help recovery	61	9,051
Family had opportunity to talk with Doctor	56.67	9,822
Family had to be sure needs were met	67.29	9,336



**Figure 3:**

In the Adult Rehabilitation Inpatient Survey, there were multiple questions relevant to carer. As such there are multiple responses to the questions and positive scores.

Question Text	Positive Score	n Size
Amount of info that was given to family	84.59	669
Family had opportunity to talk with Dr	52.19	666
Family/friends involved in rehab program	71.89	675
Family provided home care advice	60.23	651
Family involved in care planning	70.79	663

Source: NSW Patient Survey 1<sup>st</sup> Feb 2007 Results

Search criteria: NRC Picker, MySolutions, e – Reports – word search “Family”.