

A.O.G 10/7/08

Submission No. 675
(Inq into better support for carers)

CARER SUPPORT NETWORK of SA

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

Dear Secretary,

We wish to make a submission to the House of Representatives Standing Committee into Better Support for Carers.

We are a group of separately incorporated agencies which are funded to provide Carer Support services and we would like to thank you for the opportunity to contribute to the Inquiry.

Between us we provide support to 85% of the State's Carers who are in need of support programs. If you are interested to hear from us further we would be pleased to provide information to the Inquiry in person when you are visiting Adelaide. You can make contact with us through:

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Yours sincerely,

Gary Voigt
Carers Link, Barossa

Maria Ross
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Janis Haynes
South Coast Carer Support

Steve Lowe
Country North Community Services



on behalf of the Network.

Bette Bradtke
Carer Support and Respite Centre

2.7.08



CARER SUPPORT NETWORK of SA

**Submission to the House of Representatives Standing Committee
on
Family, Community, Housing and Youth
*Inquiry into better support for Carers***

Preamble:

The Carer Support Network of SA is a group of agencies funded through the HACCC program whose purpose is to provide support programs to Carers. The Network covers metropolitan Adelaide, the Barossa Valley, the Clare Valley, Fleurieu Peninsula, and York Peninsula.

Between the 5 agencies, we provide support to 85% of the Carers in South Australia. We are in a unique position to provide information to the Inquiry because we are so closely connected to Carers and we can see the impact on them of:

- Service gaps
- Inadequate access to respite
- Failing health of themselves
- Families breaking up because of the burden of care – particularly in younger families
- Blame shifting between state and commonwealth government
- Bizarre funding arrangements where access for funds is dependent not on the needs of the Carer but on the illness or disability of the Care Recipient
- A health and education system which fails to recognise the impact of Caring on Carers

Many Carers are in crisis and they describe their lives in “survival” language rather than in language which reflects health and wellbeing. Some lurch from one episode of respite to another, with support programs barely able to cover their needs in between.

The health outcomes for Carers are significantly lower than for their non –Carer counterparts when compared by age and gender and the Inquiry will receive documentation from other sources about recent research which has been undertaken.

Funding overall does not reflect the constancy of the Caring role. Most funding is for short term, emergency responses and fails to allow Carers to plan ahead.

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Summary of Recommendations:

It is recommended that:

Public awareness

- Public awareness campaigns are funded and conducted nationally about:
 - The financial contribution that Carers make to our society (billions of dollars per year)
 - The role of Carers and what they do – legitimise their role by providing information throughout public media about their levels of skills and knowledge
- Education Departments provide awareness training to their students about Carers and Young Carers, and also develop programs for young carers in their schools
- National legislation is developed similar to that enacted in South Australia
- That a Review be held into the financial situation for Carers with a view to establishing long term practical ways to assist Carers to avoid the inevitable slide into poverty which currently exists for most Carers.

Ideas for overcoming social and economic barriers:

- Provide funds for the Carer Support Model (description of model is attached) which has an emphasis on helping Carers to stay/become connected to community. These funds are specifically for Carer Support activities, not respite. Respite is different and funded separately through the Commonwealth Respite and Carelink Centres.
- Pay Carers (who are unable to return to work) the basic wage including superannuation – this is cheaper than placing the Care Recipient in residential care.
- Raise awareness and provide financial incentives to employers so they are able to develop flexible models of employment for Carers.
- Extend the Young Carers at Risk program to provide funds for tutoring, computer access, and access to planned and regular respite so they can participate fully in school life.
- Fund planned and regular respite services, in addition to the current emergency, short term and occasional respite provided through the Commonwealth Respite and Carelink Centres.
- Fund and provide bridging courses for Carers who have left professions so they can “catch up” if they have been out of the work force for an extended time.
- Develop Training programs where accreditation is given to Carers for the knowledge and skills they have developed in their Caring roles.

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Summary of Recommendations: (cont)

Suggestions for practical measures to better support Carers

- Implement the “In Control” system here which operates in the UK and other countries. This would work much better for us if we could have some control of the funding which is allocated. There are a few isolated examples of Carers who have been successful in getting control of the funds.
- Allocate a Carer’s Card to every Carer which would provide access to a whole range of Government provided services/taxes.
- Implement the basic wage for Carers who are unable to return to work because of the intensity of their caring load
- Create a National Office for Carers which could oversee services, support and funding through a network of State-based Offices for Carers
- State Governments should all have an Office for Carers as in SA and this should link to the Federal Office. However, reconsideration of the current role of the Office for Carers needs to occur with a view towards:
 - Taking the Office for Carers out of the Office for Ageing and make it a distinct and separate entity within the Department for Families and Communities
 - Reallocating all funds which are identified for Carers services to be managed through Office for Carers. This will remove the current conflict of interest in the funding which is created by the immersion of the Office for Carers within Ageing.
- Conduct a full Review of the role of Centrelink with Carers with a view to:
 - creating a Department or Unit within Centrelink specifically for Carers.
 - streamlining the current system, eligibility requirements etc.
 - changing the attitudes of staff so that Carers are treated respectfully as contributors to our social system, not as bludgers
- Refocus funding for Carer Support and Carer Respite so that the guidelines relate to the Carer’s needs and are not based on age or disability of the Care Recipient. ie simplify access to funding

Ideas for assisting Carers to access opportunities and to increase their choices

- Fund and roll out the Carer Support Model nationally.
- Provide funding for programs to assist Carers who have relinquished care:
 - For Carers whose Care Recipient is in residential Care, the caring load can still continue. Funding needs to recognise the particular pressures that these Carers are still experiencing.



CARER SUPPORT NETWORK of SA

Summary of Recommendations (cont)

- Carers whose Carer Recipient has died, need support to re-enter the mainstream community, to make friends again, to develop a social life and to retrain if they want to re-join the work force
- Develop Service Models for Aboriginal families which recognise the unique impact of the Caring load in many Aboriginal families.

The Terms of Reference:

1. The role and contribution of Carers in society and how this should be managed.

- 1.1. Carers are alienated from the mainstream on a daily basis. They report that there are many areas where they feel excluded and their role either diminished or not understood.
- 1.2. Carers are **workers** – they are not “welfare recipients” ie not retired, not unemployed, not disabled. Many object to being called Carers because it belies the breadth and depth of their knowledge/skills and of the contribution they make to our society.
- 1.3. There is strong support by Carers in SA of the Carer’s Recognition Act which makes it unlawful for a government agency or a government-funded agency to exclude a Carer from the decision making process where that decision is likely to have an impact on the life of the Carer. However, even with this legislation in place, the awareness raising amongst professionals has been slow.
- 1.4. Generally speaking, there is an appalling level of awareness within our society of the impact of Caring. The financial, social, medical impacts are often profound and result in poverty, social isolation and poor health of the Carer. Doctors, teachers, health workers, and above all – Centrelink workers, have poor understanding of what a day in the life of a Carer looks like.
- 1.5. The Centrelink system is a nightmare for many Carers. Most resent the condescending and suspicious attitudes they receive by Centrelink staff. The entire system of allowances, reviews and eligibility requirements is often referred to by Carers as “insulting”. They are highly skilled in their own right, working 100 hours a week, have no sick or holiday pay – they work hard – and they rightly feel angry that they are treated as though they are trying to rip off the system. Many report that many Centrelink staff do not know how their own system works and Carers are then financially disadvantaged because they have not received correct information.

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The Terms of Reference: (cont)

- 1.6. Carers save the State and Commonwealth governments billions of dollars and yet there is no recognition of this fact in any of the areas where Carers interface with the financial, health, education or welfare systems.
- 1.7. Carers find it difficult to find their way around and through the maze of services, advice, and information available. In South Australia they have been very appreciative of the creation of the Office for Carers. However, this needs to be leadership on a National basis.
- 1.8. Generally, the term "Carer" itself has problems. Many paid workers are now called Carers or Care Workers and this results in confusion between paid and unpaid Carers. It also highlights a discrepancy in how society views Carers. A paid Care worker is often not as skilled or knowledgeable as the unpaid Carer and it is not uncommon for Carers to tell us that they feel unable to access Respite Care because of the poor skills, knowledge and attitudes of the paid care workers. Sometimes, Care workers do not have the level of English which is needed to understand the needs of the Care Recipient and this leaves the Carer feeling unconfident about the level of care being provided and awkward because it is a very sensitive matter to raise with the Agency providing the Care Worker
- 1.9. Carers report that because of the low level of education/skill required to be a care worker, and the low wages, there is a high turnover of staff. Carers need to have a level of consistency in the care workers provided so that they can be confident about the level of care being provided.
- 1.10. Young Carers – 1 in 15 young people is a Carer with some as young as 5 years old.

Young Carers have a particularly difficult time. Many young Carers are "hidden". They feel that they can't identify themselves as Carers because they are then bullied or teased at school. Teachers will often punish a young person who regularly arrives late to school, rather than sensitively check out if something is happening at home which is causing the young person to be late.

Young Carers have lower educational outcomes than their non-Caring counterparts and as a result, their entire life options are negatively impacted on because of their Caring role.

Young Carers become socially isolated because they are unable to participate in recreational and social activities outside school hours. Sleep overs, school camps, sport, music and all the other aspects of normal school life are off limits to many young Carers.

Young Carers develop a wisdom beyond their years as they need to deal with issues normally undertaken by an adult – eg looking after a parent with a mental illness, dispensing medication, learning resuscitation techniques etc.. This "older" attitude then means that they have little in common with their peers.



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The Terms of Reference: (cont)

Ideas for recognising Carers:

Public awareness campaigns about:

- The financial contribution that Carers make to our society (billions of dollars per year)
- The role of Carers and what they do – legitimise their role by providing information throughout public media about their levels of skills and knowledge.

Develop national legislation similar to that enacted in South Australia.

Education Department to provide awareness to their students about Carers and Young Carers, and to develop programs for Young Carers in their schools to ensure that they can stay connected to education.

2. The barriers to social and economic participation for Carers, with a particular focus on helping Carers to find and/or retain employment

Financial impact

- 2.1. Most Carers are in the role because of a catastrophic physical or emotional event. It is almost always not something which is planned for. Families are usually in crisis when they become aware that a person is going to need Care. There are profound grief and loss issues to manage and Carers need high quality support and counselling at this time.
- 2.2. Because of the urgency which is often involved in becoming a Carer, their financial situation quickly becomes acute. Many people are forced to give up work and people who have had Superannuation and investments quickly find themselves on a downward financial spiral with almost no chance of reversing the situation. Superannuation funds are quickly used as houses are modified, equipment is bought, cars are upgraded and so on.
- 2.3. Families often lose their houses as they can no longer afford the mortgage. They down grade or move to rental accommodation at a time when they can least afford to be subjected to the vagaries of the housing rental market.

Social impact

- 2.4. Friendships become difficult to maintain because the needs of the Carer Recipient become paramount. Friends often don't understand the impact of the Caring role and many Carers tell us that their primary friendships are then with other Carers.
- 2.5. Sporting or recreational activities are lost. Holidays become an impossibility because it is just too difficult to arrange respite, find suitable locations, arrange appropriate travel options and so on.

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The Terms of Reference (cont)

Impact on employment

- 2.6. Carers develop specialised skills and knowledge because of their Caring role yet there is currently no recognition of this.
- 2.7. Carers who have work find it very difficult to retain that work because of inflexibility in the work place and the lack of high quality care. Carers need employers to keep work open for them to support them through the early times while there is crisis and adjustment needed. Then, once the situation has settled down (but some never do) the Carer needs to be able to work flexible hours and have flexible tasks which are able to fit around the unpredictable nature of Caring.
- 2.8. Carers also need support to return to the work place after a long absence. Accreditation of some sort for the knowledge and skills they have built up as a Carer could be very beneficial to Carers. Examples could include Carers moving towards careers in nursing, physiotherapy, teaching or occupational therapy etc.

Other barriers

- 2.9. A major issue preventing Carers from participating in the workforce is the lack of suitable care for the Care Recipient. Currently, respite funded through Federal programs is for emergency, short term or occasional respite. Carers need access to **planned and regular** respite.
- 2.10 Carers report that the current system of paid in-home care workers is unreliable and of low quality. We hear incidents on a regular basis of the care worker being late or not turning up, not having the skill set required to provide good care, or not having an appropriate attitude towards the Care Recipient. Under these circumstances it become impossible for the Carer to be able to depend on reliable care and plan for their future participation in the workforce.
- 2.11 There is inadequate overnight respite available – either in home or out of home. The problem is that there is inadequate residential care available, and the quality is low.

Ideas for overcoming social and economic barriers:

Provide funds for the Carer Support model (description of model is attached) which has an emphasis on helping Carers to stay/become connected to community.

Pay Carers (who are unable to return to work) the basic wage including superannuation – this is still cheaper than placing the Care Recipient in residential care.

Raise awareness and provide some financial incentives to employers so they are able to develop flexible models of employment for Carers.

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The Terms of Reference (cont)

Extend the Young Carers at Risk program to provide funds for tutoring, computer access, and regular respite so they can participate fully in school life.

Fund planned and regular respite services, in addition to the current emergency, short term and occasional respite provided through the Commonwealth Carelink and Respite Centres.

Fund and provide bridging courses for Carers who have left professions so they can "catch up" if they have been out of the work force for an extended time.

3. Practical measures required to better support Carers.

- 3.1. Carers need to be able to access services and systems more easily. Currently there is a myriad of services, with a massive range of eligibility guidelines, assessment criteria and Carers feel worn out trying to negotiate their way through the systems.
- 3.2. Centrelink is a nightmare! Carers regularly report how they feel demeaned and patronised when they go to Centrelink offices. They find the paperwork intrusive and excessive. Some report that they are required to fill in forms even if their child attends a school camp for one night! This level of scrutiny is based on the assumption that Carers are in some way trying to get more out of the system than they are entitled to. Carers report that they find this insulting.
- 3.3. The eligibility criteria for Carers with Centrelink is cumbersome, complicated and overwhelming. Many of the allowances are not logical eg allowances change according to birthdays not according to needs. Carers who have children with profound disabilities regularly receive forms asking if their child's disability is improved or no longer exists. This is very upsetting for Carers and is insensitive.
- 3.4. Carers are workers. They are not retirees, they are not unemployed. They work hard for long hours. They want to be treated as partners by the system which is there to support them and the Care Recipient.
- 3.5. Carers need more options within the system to be in control of the funding which is allocated for the person they care for. Many Carers are frustrated that the system is not flexible enough for their circumstance. There are numerous examples world-wide and in Australia where Carers are given the notional allocation of funds for the Care Recipient and they are then in charge of deciding what support and services should be purchased. A Carer recently told one of our agencies that she has access to \$8,000 worth of services for her son. The agency which previously provided service to him received \$15,000. Yet she is able to access more support and services for \$8,000 than she could when the service had full control of the funds. (she does not receive the actual funds, rather she determines how the funds are spent – this works well for her)

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The Terms of Reference(cont)

- 3.6. Carers save the community billions of dollars a year, yet they work for much less than the basic wage. Many Carers work more than 100 hours a week, have no sick pay, no annual leave, no long service leave, no superannuation, no lunch breaks. They are on permanent 24 hour on-call to the person they care for. They are exhausted and their health outcomes are compromised.
- 3.7. Funded programs are usually allocated according to the needs of the Care Recipient. For example, a Mental Health program for Carers over 55 years of age whose Care Recipient has a mental illness, programs funded as “pilot” in a specific geographic area which is available only to a small section of the population, a program for Planning in Partnership for the future which is available only to elderly Carers etc. This type of restriction on access makes it very difficult for agencies and Cares to respond to the needs of Carers. Carers have needs irrespective of the situation of the person they care for. The current arrangements whereby funds are provided according to the needs of the Care Recipient or according to the age of the Carer results in Carers with high needs being unable to access services.
- 3.8. In South Australia, the HACC program is administered by the Office for the Ageing and the Office for Carers is located within the Office for the Ageing. This creates the impression that Carers are all aged. The HACC Project Officers regularly insist that Support Programs are for aged Carers, not for parents of children with disabilities. It is a mess, trying to sort out all the Department’s eligibility requirements . For us, what matters is this – a Carer in need has come through our door. S/he needs support to access information, to connect with other Carers, to be able to access respite so s/he can have a break. We need funding arrangements which reflect the reality of the Carer’s situation – not arrangements which are tied up in State/Commonwealth territorial disputes and complicated eligibility criteria that have no bearing on the reality of Carer’s lives.

Suggestions for practical measures to better support Carers

Implement the “In Control” system here which operates in the UK and other countries. This would work much better for us if we could have some control of the funding which is allocated. There are a few isolated examples of Carers who have been successful in getting control of the funds.

A Carer’s Card to be allocated to every Carer which would provide concessions for a whole host of Government provided services/taxes.

Implement the basic wage for Carers as outlined in a previous section

Create a national Office for Carers which could oversee services, support and funding for Carers across Australia

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The Terms of Reference(cont)

Conduct a full Review of the role of Centrelink with Carers with a view to:

- creating a Department or Unit within Centrelink specifically for Carers.
- streamlining the current system, eligibility requirements etc.
- changing the attitudes of staff so that Carers are treated respectfully as contributors to our social system, not as bludgers

Funding for Carer Support and Carer Respite needs to be completely refocussed so that the guidelines relate to the Carer's needs and are not based on age or disability of the Care Recipient.

State Governments should all have an Office for Carers along the lines of the SA one and this should link to the Federal Office. However, reconsideration of the current role of the Office for Carers needs to occur with a view towards:

- Taking the Office for Carers out of the Office for Ageing and make it a distinct and separate entity within the Department for Families and Communities
- Reallocating all funds which are identified for Carers services to be managed through Office for Carers. This will remove the current conflict of interest in the funding which is created by the immersion of the Office for Carers within Ageing.

4. 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.

4.1. It has been raised in other sections of this submission how isolated Carers can become and how this impacts on their health and well being. Not only is the individual health of the Carer compromised by the caring role, the whole family is impacted upon. The Carers who manage best in their roles are those who are able to maintain or develop strong resilience, keep themselves well informed, are able to maintain social contacts and can address their own health and wellbeing needs.

4.2. Currently, the Commonwealth Respite and Carelink Centres provide respite which is emergency, short term and occasional. Respite is NOT support. It certainly is needed as part of a support package, but respite is only respite! Carers need access to regular, planned respite so they can access other types of support which can result in them being able to participate more in the community, accessing opportunities and making decisions about their futures.

4.3. In South Australia, the Carer Support Network has developed a service model which Carers have regularly praised as providing them with the tools they need in order to:

- Get the information they need
- Develop resilience
- Be in contact with other Carers
- Develop coping strategies

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The Terms of Reference(cont)

- Develop ways of looking after their own health and well-being
- Maintain their marital and parental relationships
- Be partners with us in helping them to plan for the future

It is called the Carer Support Model and it places the Carer in the “driving seat”. The Carer determines the priorities, the Carer determines the activities, the Carer determines the level of support.

4.4 Carers whose loved one goes into residential care are in a unique position. Many still provide a high level of Caring yet they are excluded as a target group by the funding bodies - both State and Federal. This is a serious current anomaly and needs to be addressed. Carers who provide Care in this situation are providing meals, taking the Care Recipient on outings, doing washing, providing social support, helping to ensure the Care Recipient doesn't lose skills learnt at home, and so on. It is unreasonable for them to be excluded from support services at this time because of a bureaucratic consideration that they are no longer Carers. Anyone who has been in this situation knows full well that these Carers are still Carers!

4.5 Carers whose Care Recipient has passed away are another group who are excluded by funding bodies. However, most Carers need a considerable time for re-adjustment once the Care Recipient has passed away. They have experienced social isolation, have usually left work, many have lost contact with previous friends and family. Their entire frame of reference to society has been through the needs of the person they have cared for. Carers in this situation need time and support to transition to another phase of their lives without Caring responsibilities. They need time to grieve, time to adjust, time to think about their futures, time to re-establish priorities. These Carers need to be included by funding bodies for services. The Carer Support Model is able to assist retired Carers but currently, the funding bodies do not consider retired Carers as part of their target group for support.

4.6 Aboriginal Carers have unique needs. Many Carers in the Aboriginal community would not define themselves as Carers because it is “just what we do”. However, there are many families where there are multiple care needs, and the families are experiencing other factors which have impacted into the Aboriginal community as a result of dispossession, the stolen generation, and social and racial alienation from the mainstream community.

Ideas for assisting Carers to access opportunities and to increase their choices

The Carer Support Model should be funded federally and rolled out nationally.

Carers whose Care Recipient is in residential care and where the Carer continues to provide support need to be able to continue to access support and services as a Carer and not be excluded by the funding bodies



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The Terms of Reference:

Carers who have experienced the passing away of their Care Recipient need to be able to remain connected with Carer Support services in order to facilitate their transition to the next phase of their lives.

Specific funds should be targeted for designing service models for Aboriginal families which take a holistic approach to their cultural, social and emotional wellbeing. These service models need to be able to work with the entire family within their context and not provide “bits and pieces” of support or respite. There are already support models operating in a range of Aboriginal locations which work within a family context and these could be examined with a view towards their appropriateness for Carer Support.



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ATTACHMENT: The Carer Support Model:

Practice Principles:

Our over-arching principle is to be mindful that our organisation and services need to be carer-driven and carer- focussed.

Administration

Carers are at the centre of our business. This means that:

- Carers form a majority of the membership of the Board of Management
- Carers hold all of the executive positions of the Board (Chair, Secretary and Treasurer)
- A separate Carers Advisory Committee advises the CEO. This group is chaired by a Carer who is also a Board member

Communication

- A comprehensive Newsletter is sent to all registered Carers on a regular basis. This Newsletter contains a Calendar and descriptive information about support and services which are available.
- Carers are able to communicate directly with the organisation by phone, walk-in, electronically (email) and through Websites.

Service provision:

The Carers support model has the following characteristics

- The focus is firmly on the Carer and their health and wellbeing
- Services are designed to help overcome the isolation and disconnectedness that Carers can feel within their role
- The Carer is supported to develop resilience in their caring role
- Carers are linked with other Carers so that they can help to increase their connectedness
- Information is provided that is relevant to their caring role and which will help them to access the services/support/information/skills training they need
- Carers are partners in service provision –they are not referred to as clients, costumers or any other titles that infer a dependence or subservience in their relationship with us.
- Carers are the experts on defining their needs, therefore we listen to what Carers say they need and we understand that our role is to facilitate meeting that need
- A range of Support activities are "strengths based" and are designed to assist the Carer to give expression to their own personal interests separate to their role as a Carer

Respite Care:

Carer Support programs cannot be delivered without the Carer having access to high quality respite care for the care recipient. Where possible, Carer Support funds should be co-located with Carer Respite funds which in effect creates a one-stop-shop for Carer Support. This ensures that when Carers book into a support activity they are able to access respite care for the person they care for.



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Examples of Support Programs

Information Packs

Every person who registers with the Support Network is sent an Information Pack containing:

- The range of services and support available from the Centre
- A copy of the latest Newsletter.

Follow up of new referrals

Within a month of their initial contact, each Carer receives a follow up phone call to check:

- Their well-being
- The level of satisfaction with the service they received
- Whether they have received the information pack
- If they are aware of the full range of services and support available to them
- If they have any questions

The follow up is done by specifically trained volunteers. The volunteers are/have usually been Carers themselves and where possible, the volunteer is matched to the person they phone (eg a volunteer who has experience of caring for a child with a disability will phone parents who have a child with a disability or developmental delay)

One to one support

This is available by phone or in person depending on the needs of the Carer. Depending on the wishes of the Carer those calls could occur as frequently as weekly.

Where a Carer needs longer term one to one support which involves counselling, the Carer is referred to a Carers Counselling Service provided by other organisations funded specifically for that purpose.

2 – 4 day Breaks

The Breaks are designed to give the Carers a much needed break as well as providing the opportunity for them to develop friendships with other Carers.

Everything is “laid on” for the Carers on these Breaks so that they do not need to worry about any of the organising. CS&RC ensures that the locations are inviting, there are good amenities, good food and comfortable rooms. Outings are organised during the breaks which Carers can choose to participate in or not.

Carers choose their own levels of engagement during these Breaks. If a Carer needs to spend the entire time resting and spending time alone then that is also OK.

Whole of Day Activities

The day activities are designed to give Carers a break, help connect them with other Carers and to also provide time out, recreation and fun. Carers feedback strongly drives these activities. Examples include

- Trips to the Monarto Zoo, Hahndorf, Barossa Valley, Victor Harbour,
- Dolphin Cruises at Port Adelaide

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Examples of Support Programs (cont)

- Pampering Day
- Theme days – eg War museum tours followed by lunch and “two up” on Anzac Day, St Valentine’s Day, Easter, Christmas, etc

Half Day Activities

Carers who are not comfortable to leave the Care Recipient for a whole day are able to join other Carers for:

- Lunches at a whole range of different restaurants and hotels – held every 2-3 weeks
- 4 seasons activities – once a quarter half day activity which is themed to the season of the year
- A range of half day activities also encourage the Carer to bring the Care Recipient if they would like to
- Some weekend activities which are organised by the organisation but which Carers attend independently

Courses – 2 hours per session

- Information sessions are offered to all new Carers. These 4 – 5 module courses include visiting specialists from organisations such as the Guardianship Board, Public Trustee, Alzheimers Association, Disabilities SA.
- Courses on Back Care,
- One-offs from Alzmeimers Assoc, Mental Health etc
- Relationship support for parents of children with disabilities or developmental delay

Carer Group Meetings

To break down the isolation of caring, opportunities are provided for Carers to spend time with other Carers who identify with their feelings and the issues they face.

Carer Groups provide a mix of information and expertise through the shared experience of others. The groups provide Carers with a sense of fellowship, fun and a chance to share their frustrations to lessen their stress levels.

Carers are encouraged to provide direction for their groups, whilst staff ensure that all participants have the opportunity to contribute, and to feel comfortable and welcome. Volunteers also assist with Carer Support Groups.

Examples of current ongoing support groups include:

- Planning in Partnership – assisting ageing Carers to make long terms plans for and with the adult son or daughter who needs Care into the future
- Specific groups for male Carers, parent Carers and young Carers
- Regional based support groups across the Regions
- Groups for people caring for a person with a mental illness
- Carers who are no longer performing the caring role but who have formed close friendships with other Carers along the way



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Examples of Support Programs (cont)

Family Camps

Weekend family Camps are planned to provide an opportunity for the families of children who have a disability to spend time together. The objective of the camps is to provide a non-threatening, fun environment that is able to include fathers, who rarely have an opportunity to share time with other fathers in a similar circumstance.

It also provides an opportunity for the siblings of children who have a disability to meet other families and realise that other children are in a similar situation to themselves. For the children who have a disability it provides time to be part of a stimulating family activities.

Children and young people in a Caring Role (aged 5 – 25)

Recognising that many children are in a caring role in families (1 in 15) programs for young people have been established at each organisation in the Carer Support Network.

The goal of the program is to provide Young Carers with opportunities to develop personal skills, knowledge and relationships that support them to make positive life choices.

Male Programs

A program for male carers provides opportunities for men to spend time together to discuss their caring roles and to get support from other men. Male Carers are at particularly high risk of being isolated as they are smaller in number than women in the caring role and are not as well connected socially as women tend to be.

The programs provide educational sessions and courses on topics of interest including helping them to focus on their own health and wellbeing.

Male Carers support groups occur in different locations across the regions and there are also two Men's Sheds which are supported by our organisations.

Parents Programs

Parents of children who have a disability or a developmental delay are in highly stressful situations. Not only are they a Carer, but they may also be working and have other children. Most of the Carers are mothers, many of whom have had to leave careers in order to become a full time Carer, so they have an extra sense of loss.

Support groups are held for parents according to the ages of their children (0-5 and 5 – 8).

Working Carers

Organisations in the Carer Support Network have recently begun to hold a range of events designed specifically (but not exclusively) for working Carers. These activities occur on weekends and at nights. Mostly they are "unhosted" and this has occurred at the request of the Carers themselves.



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Examples of Support Programs (cont)

Because most of the activities occur out of hours, the working Carer is also able to attend with their partner.

Examples so far include:

- Movie nights – during summer in the Botanic Gardens
- Table for 6 – held monthly and simultaneously in different Restaurants in different locations.
- Day trips – using “mainstream” tourist infrastructure which is hired specifically for the purpose

Although these are “unhosted”, the Carers are still able to access Respite and Transport.

Culturally and Linguistically Diverse carers

All Carers irrespective of their backgrounds are able to access the full range of services from Carer Support Network members. However, some Carers are more comfortable to be supported by people from their own cultural group. We work in close collaboration with community services organisations from eleven different communities including the Latvian, German, Cambodian, Italian, Greek, Vietnamese, and Dutch communities.

We provide funding and practical support to these communities so that they are able to conduct information sessions, activities and cultural days for Carers in order to help keep them connected to their communities.

Massages

All Carers are able to access subsidised massages. We have identified a range of massage therapists who each receive a subsidy to provide up to 10 free massages for Carers.