

NSW Carers Action Plan 2007–2012



NSW HEALTH

NSW DEPARTMENT OF HEALTH

73 Miller Street
North Sydney NSW 2060

Tel. (02) 9391 9000

Fax. (02) 9391 9101

TTY. (02) 9391 9900

www.health.nsw.gov.au

This work is copyright. It may be reproduced in whole or in part for study training purposes subject to the inclusion of an acknowledgement of the source. It may not be reproduced for commercial usage or sale. Reproduction for purposes other than those indicated above, requires written permission from the NSW Department of Health.

© NSW Department of Health 2007

SHPN: 060189

ISBN: 1741870305

For further copies of this document please contact:

Better Health Centre — Publications Warehouse
Locked Mail Bag 5003
Gladesville NSW 2111

Tel. (02) 9816 0452

Fax. (02) 9816 0492

E-mail. bhc@doh.health.nsw.gov.au

**Further copies of this document can be downloaded
from the NSW Health website:**

<http://www.health.nsw.gov.au>

January 2007

NSW Carers Action Plan 2007–2012

The NSW Carers Action Plan outlines the NSW Government's commitment to carers over the next 5 years.



1. Foreword	1
2. Introduction	3
2.1 What is the caring role?	3
2.2 Who provides care?	3
2.3 The value and impact of care	4
2.4 Carer Supports in NSW	4
2.5 NSW Carers Program	4
2.6 What makes a difference?	5
3. NSW Carers Action Plan	7
3.1 Vision	7
3.2 Principles	7
3.3 Priorities for Action	7
4. Priorities for action	9
4.1 Priority for Action: Carers are recognised, respected and valued	10
4.2 Priority for Action: Hidden carers are identified and supported	12
4.3 Priority for Action: Services for carers and the people they care are improved	14
4.4 Priority for Action: Carers are partners in care	16
4.5 Priority for Action: Carers are supported to combine caring and work	18
5. Implementing the plan	19
6. Summary table	20

1. Foreword

More than one in ten members of the NSW community are carers — dedicated citizens making an unsung yet indispensable contribution to our social fabric.

While caring for those you know and love is immensely rewarding, it can also be a frustrating and isolated journey.

That is why carers need care too. They need to know they are not alone. That their service is valued by the community. And that practical help is available to make their journey that little bit easier.

The NSW Carers Action Plan outlines the NSW Government's five-year commitment to do these things.

Our plan includes significant new support for those living with mental illness and physical disabilities, as well as expanding measures to support carers such as the NSW Carers Program.

Our plan also recognises that support for carers crosses a range of policy areas such as ageing, community support, health, education, transport, employment and industrial relations.

The NSW Carers Action Plan therefore reflects a more connected approach that draws all these areas together.

But beyond all the specific measures in this Action Plan lies one clear and consistent philosophy: that carers must not be taken for granted. And the best way to acknowledge and honour our carers is to offer them more support and better support.

They can't do it alone — and under this Plan — they won't have to do it alone.



Morris Iemma MP
Premier



*Better support for families
and carers has significant
long-term benefits for the
whole community, not just
those being cared for.*

Morris Iemma MP

2. Introduction

2.1 What is the caring role?

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.

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.

Carers provide assistance to others including frail older people, people with disabilities, people with mental health disorders, people with alcohol or other drug dependency, people with dementia, people with a terminal illness, people living with HIV/AIDS, and people with a chronic illness.

2.2 Who provides care?

748,000 people in NSW are carers. Over one half of carers who provide the majority of ongoing assistance to a person provide at least twenty hours of care a week. A third of them have been caring for at least ten years and over seventy per cent of carers are women. Carers have lower incomes, are less likely to be employed and if they are, work part time.

Caring relationships are unique, complex, diverse and change over time. People may be cared for by a network of carers and carers may care for more than one person.

Two trends are emerging that are likely to have an impact on the numbers of available carers in the future. These are increased demand from ageing of the population and the reduced supply of carers through the increasing proportion of women working outside the home.

It is difficult to predict the future, but it is likely that the numbers of carers will increase (but at a slower rate than those needing care), there will possibly be more male carers and depending on future policies and responses, possibly more carers who combine work and care and more collective community responsibility for caring.

The national ABS Survey of Disability Ageing and Carers (SDAC) found that in NSW:

- 748,000 people in NSW are carers, representing 11% of the population
- 20% are primary carers
- Carers are in all age groups. However, primary carers are most likely to be 45 years of age and over
- 72% of primary carers are women
- Of all primary carers, 91% were caring for a close family member, 40% of care for a partner, 29% for a child and 32% for other
- Caring tends to be a long-term commitment. 33% of primary carers report that they have been caring for at least 10 years, and a further 26% for at least 5 years (national figures)
- Over one half of primary carers provide at least 20 hours of care a week
- 36% of primary carers are employed, and of these, 54% are employed part time
- Carers tend to have lower incomes than the rest of the population and more than half rely on government pensions and allowances as their principal source of income.

2.3 The value and impact of care

Carers improve the quality of life of the person they care for and enable them to remain in the community. As well as the enormous social contribution, the economic value of caring has been increasingly recognised.

While caring can be a positive experience and provide a sense of satisfaction it is well established that caring can have a negative impact on carers' physical health, emotional wellbeing and financial security. The impact increases as the intensity of caring increases.

2.4 Carer Supports in NSW

NSW carers receive support from family, friends, other carers, and volunteers as well as from formal services provided through non-government organisations and government agencies. Some services directly support carers, while others indirectly benefit carers through support given to the care recipient.

The range of formal support services available include:

- information
- services for the person needing care
- respite
- counselling
- benefits and entitlements
- skills development
- advocacy
- support groups
- training for service providers on working with carers.

These services are funded under a range of programs provided by the NSW Government and/or the Australian Government. The Australian Government plays a significant role through its sole responsibility for income support for carers (Carers Payment and Carers Allowance) and for information and support provided through programs such as the National Respite for Carers Program, the National Carers Counselling Program and Commonwealth Carelink Centres.

Further support for carers and the people they care for is provided through jointly funded programs such as the Home and Community Care Program and the Commonwealth, State and Territory Disability Services Agreement. The NSW Government also has a role in enhancing carer recognition, education and support through its contribution to mental health and disability services, NSW funded Carers Program and through the whole of government initiatives outlined in this NSW Carers Action Plan.

It should be noted that there are a range of programs in NSW that support paid carers such as foster carers. This Action Plan does not refer to people who are paid to care.

2.5 NSW Carers Program

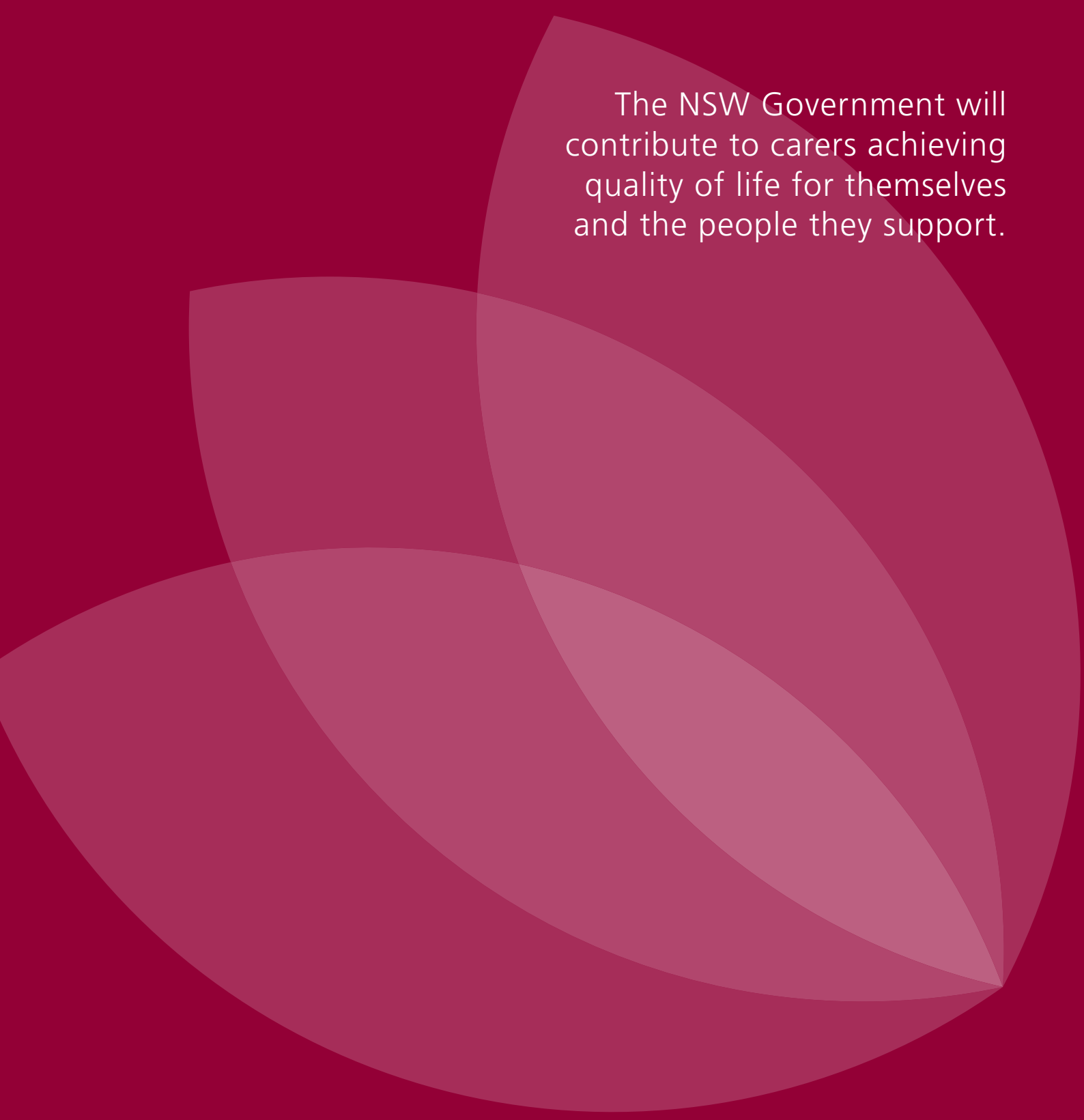
The NSW Carers Program was developed in 2000 in the context of existing services and programs. The program has four components:

- general support for carers
 - Area Health Service Carer Support Services
 - local carer grants
 - statewide carer grants
 - funding to Carers NSW
- support for carers of people with a mental illness
- support for young carers
- a cross agency action plan that allocated \$1 million to one-off initiatives aimed at improving awareness about and responsiveness to carers among both mainstream and care-related services.

2.6 What makes a difference?

The challenge is to enable all carers to experience caring in a positive way and to minimise the negative consequences that can impact on the lives of carers. Research and reports from carers point to the following as helpful:

- respect and recognition
- support from family, friends, neighbours and mutual support from other carers
- being able to balance work and caring
- relevant information
- emotional support
- respite
- education and training
- services that are flexible and appropriate
- increased financial assistance.



The NSW Government will contribute to carers achieving quality of life for themselves and the people they support.

3. NSW Carers Action Plan

Supporting carers is the responsibility of all levels of governments and the community as a whole. The NSW Government will contribute to carers achieving quality of life for themselves and the people they support through a commitment to the principles and key priority areas below. The vision, principles and priorities for action have been developed in response to issues raised through the development of a background paper as part of the Review of the 1999 Carers Statement. This paper is available at www.health.nsw.gov.au.

This action plan describes the next five years of action to be taken by the NSW Government. The 1999 NSW Carers Statement was the first step towards recognising and supporting the valuable work of carers in NSW and the NSW Carers Program is another significant step. The growth in disability services through *Stronger Together* and in mental health services are major achievements that have significant benefit to families and carers. The NSW Carers Action Plan builds on these achievements and brings NSW closer in reaching the vision it has for carers.

3.1 Vision

The NSW Government will contribute to carers achieving quality of life for themselves and the people they support. In the context of their caring role, carers will be:

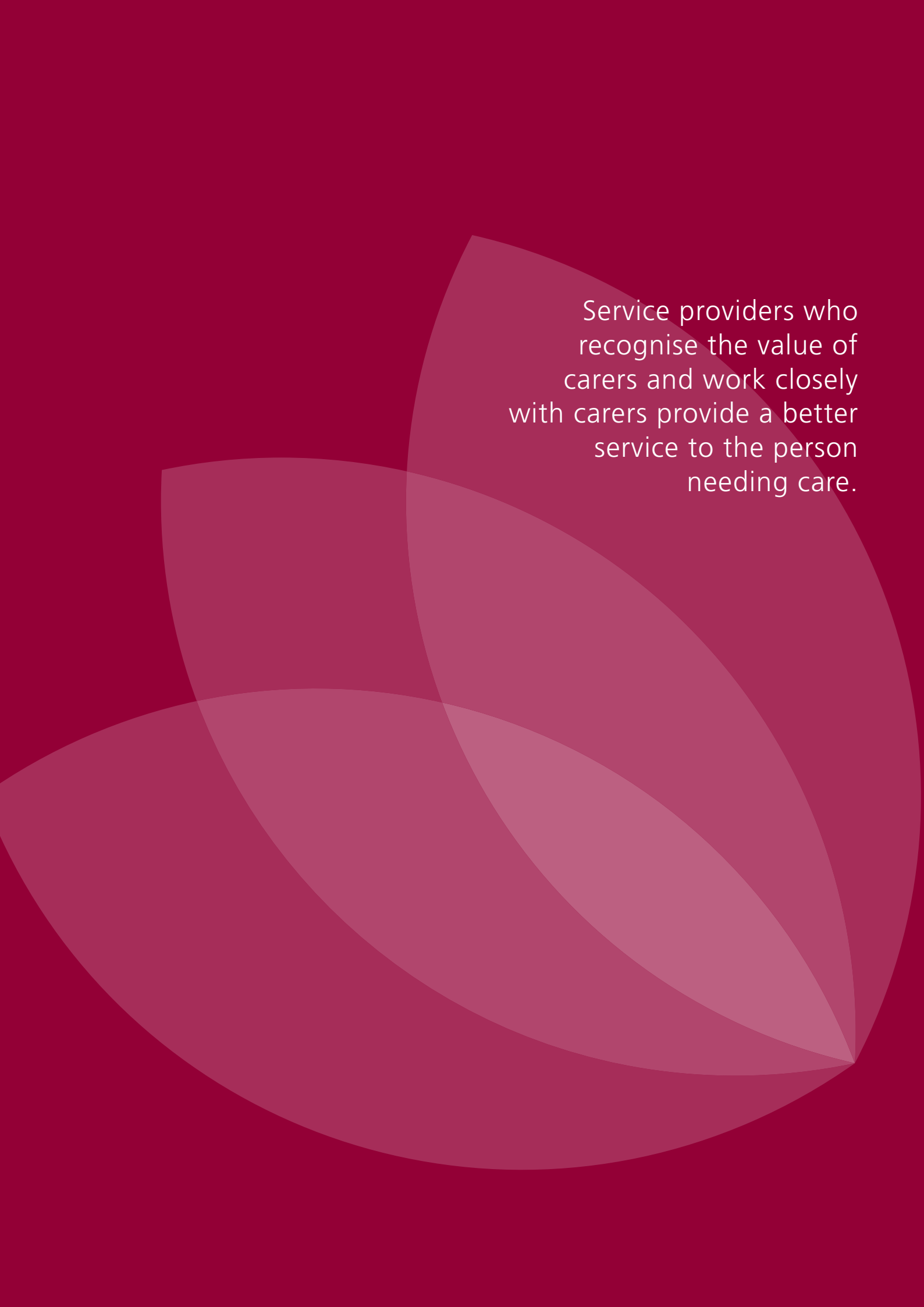
- supported to achieve physical and emotional wellbeing and to participate in work and community life
- valued as key contributors to community wellbeing and as key partners and providers of care
- considered in the development of public policy in NSW.

3.2 Principles

- Carers' physical, emotional and career needs are identified, acknowledged and responded to.
- Carers are supported by quality services that are affordable, flexible, culturally competent, coordinated, accessible and available.
- Strategies are developed to identify and support people who do not identify as carers and who may be disadvantaged by social, cultural or economic circumstances or location.
- Carers are able to exercise choice in their role as a carer and are supported in transitioning from caring when this is necessary.
- Caring relationships are recognised as diverse, dynamic, complex, with changing needs over time.
- Carers are recognised, valued and respected.
- Carers have access to information, resources and opportunities to develop their skills to provide quality care.
- Carers are included in every stage of assessment and care planning with the agreement of the care recipient and are consulted in the planning, delivery and review of services that impact on their role.
- Carers are supported by family friendly policies in the workplace.

3.3 Priorities for Action

1. Carers are recognised, respected and valued.
2. Hidden carers are identified and supported.
3. Services for carers and the people they care for are improved.
4. Carers are partners in care.
5. Carers are supported to combine caring and work.



Service providers who recognise the value of carers and work closely with carers provide a better service to the person needing care.

4. Priorities for Action

The following priorities for action are fundamental to improving the quality of life for carers and the people they care for. The strategies under each priority area will be either the collective responsibility of all NSW Government agencies or will be implemented by the most relevant government agency. Strategies that are the responsibility of the Australian Government have been included where NSW agencies will play a role in guiding implementation in NSW.

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.

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.



4.1

Priority for Action: Carers are recognised, respected and valued

4.1.1 Why do we need action?

Carers are valuable contributors to community life. They improve the quality of life of the person they care for and enable them to remain in the community and reduce the demand for health care and other support services. The value of unpaid care far exceeds the expenditure on formal services.

However, carers report that they often feel “invisible” or taken for granted. In the 2003 Survey of Disability, Ageing and Carers (SDAC), only 25.7% of primary carers felt satisfied with their caring role and 29% felt that caring had adversely affected their health.

Carers sometimes don't recognise themselves as carers and can miss out on financial, practical and emotional support.

4.1.2 Who will benefit?

Respecting, recognising and valuing carers improves the lives of carers, the people they care for and benefits the whole of society. Strategies that demonstrate that carers are valued can help to make the caring role a more positive experience.

Service providers who recognise the value of carers and work closely with carers provide a better service to the person needing care (See priority 4.4).

4.1.3 What will we build on?

- 1999 NSW Government Carers Statement.
- Recurrent funding to Carers NSW in their peak body role as advocates for carers in NSW, from NSW Health.
- Recurrent funding to Carers NSW to support the organisation in supporting carers of older people and people with a disability in NSW, from DADHC.
- Annual initiatives in Carers Week to celebrate the role of carers, increase identification of carers and promote the range of available supports.
- Local Area Health Services initiatives that identify carers and raise awareness of carers.
- Consideration of carers in the provision of social housing.
- Existing policies and programs.

4.1.4 What will we do now?

- Independently evaluate the five year NSW Carers Action Plan through the promulgation of an evaluation framework.
- Give a greater recognition of the role of families and carers through proposed changes to the Mental Health Act, by increasing their access to patient information and giving them more say in the treatment of the patients they are caring for.
- Increase funding for carer recognition in Carers Week.
- Increase Carers NSW's funding and expand their role to develop the capacity of Non Government Organisations (NGOs) in NSW to respond to carers.
- Enhance the capacity of Area Health Services Carer Support Services to identify carers, raise carer awareness and respond to local carers' needs.
- Commit government agencies to incorporating the needs of carers in the development of policies and programs.
- Develop innovative housing options that can support older people to be located with carers and near family support and improve policies that allow older people needing live-in carers to be allocated suitable housing.
- Develop shared access and support to social housing for people most in need, including people with disabilities and their carers.

4.1.5 How will we know we have made a difference?

- Increase in carer satisfaction with the caring role (SDAC).
- Reduction in carer reports of caring affecting their health (SDAC).
- Positive media coverage of Carers Week and caring issues.
- Increased number of policies that include analysis of the impact on carers.
- Increased number of policies and programs that include a response to carer needs.
- Increased number of social housing tenants who are carers that have access to appropriate housing and support.



4.2

Priority for Action: Hidden carers are identified and supported

4.2.1 Why do we need action?

While many carers are well supported by family and friends and feel they have no need for formal services, there are carers who are isolated, providing significant amounts of care and are not receiving support either from formal services or from other carers, family and friends.

'Hidden' carers may not identify with the term 'carer', be unaware of supports available or cannot access a service appropriate to their needs. Reaching 'hidden' carers earlier can reduce the negative impact of caring on their own health and wellbeing and prevent crises.

The focus here is to reach carers who have specific needs or face additional barriers. These include ageing carers, carers from culturally and linguistically diverse (CALD) backgrounds, young carers and Aboriginal carers.

4.2.2 Who will benefit?

Ageing carers of people with a disability will benefit from increased respite and recognition of their need to plan for the future.

Carers from CALD backgrounds will benefit from increased carer information, education and support that are culturally appropriate.

Parents who need care will be supported in their parenting role so that their children do not take on inappropriate levels of caring responsibilities. Young carers will be supported to increase their social and educational opportunities.

Aboriginal carers will benefit from increased carer information, education and support that acknowledges the extended nature of family and community relationships and is sensitive to the hesitancy about mainstream services based on past experiences.

4.2.3 What will we build on?

- Culturally appropriate information and culturally competent services developed through existing policies and programs that support carers and the people they care for.
- Additional respite services for ageing carers of people with a disability.
- Support for young carers.
- The Children of Parents with a Mental Illness (COPMI) kit, a resource to support professionals working with mentally ill parents by providing them with a comprehensive range of age appropriate parenting resources.
- The NSW Integrated Perinatal and Infant Care (IPC) Guidelines for improving perinatal mental health outcomes and IPC Strategic Framework for mental health services support the early identification of mentally ill parents to promote optimal parental wellbeing and the care and protection of young children.
- NGOs initiatives to reach CALD, Aboriginal and young carers.
- Events in Carers Week targeting CALD communities and Aboriginal carers (Koori Carer Yarning).
- Research through the Australian Research Council (ARC) — *Identifying Isolated Carers* (Carers Program Cross Agency Action Plan).
- Transcultural Mental Health program working with CALD families and carers.
- Policies, programs and resources in schools that promote and protect the social and emotional wellbeing of students and assist in identifying and supporting young carers.
- Current intake systems that identify clients and their carers.

4.2.4 What will we do now?

- Strengthen policies and programs to support the provision of culturally appropriate information and culturally competent service delivery.
- Implement the next phase of the respite for ageing carers of people with a disability initiative.
- Host a series of Roundtable discussions about issues for specific hidden groups.
- Increase recurrent funding for statewide carer grants to NGOs, including specific Aboriginal and CALD initiatives.
- Continue funding the Young Carers Project.
- Continue the development of the NSW COPMI and IPC Strategic Plans to support professionals working with mentally ill parents by providing them with a comprehensive range of age appropriate parenting resources and promoting optimal mental health of children.
- Implement government agency strategies to support young carers in a coordinated cross agency approach, consistent with the principles of the NSW Government youth policy.
- Support further research initiatives that increase understanding of how best to support hidden carers.
- Develop a professional learning module for school counsellors around the needs of young carers who support parents with mental health issues.
- Incorporate the needs of young carers into the review of the NSW Department of Education Student Welfare Policy.
- Include carers' needs in the assessment process for shared access to social housing and support.

- Identify carers in admission forms for acute care.
- Work with the Australian Government to develop and implement datasets for service provision that identify carers and assess carers' needs.

4.2.5 How will we know we have made a difference?

- Increase in provision of services for CALD, young, Aboriginal and ageing carers.
- Number of CALD, Aboriginal, young and ageing carers who are identified and supported through shared access to social housing and support.



4.3

Priority for Action: Services for carers and the people they care are improved

4.3.1 Why do we need action?

Carers need support from services that address their needs and the needs of the person they are caring for. In many respects, the needs of carers and care recipients are interdependent.

Many formal services are currently provided without being tailored to the specific needs of the carer or the care recipient or services are unable to meet current demand. Services need to be available, affordable, accessible, flexible, culturally competent, and of high quality.

While respite care is highly valued by carers, the demand for more respite may be masking the lack of a range of other service options.

Linking carers to support is not restricted to formal services. Strategies can be put in place to extend the support provided to carers from other family members, their wider social network, other carers, employers and local communities.

4.3.2 Who will benefit?

Carers who have access to flexible, appropriate services are more likely to be able to continue to care at the same time as being able to balance their needs, the needs of other family members with the needs of the person requiring care.

Supporting carers can reduce the health care and support costs for both the carer and the person being cared for and improve the quality of life of both.

Carer support can be viewed as an early intervention measure that prevents or delays the use of more intensive and costly care models. Strengthening families and carers through support benefits the whole society.

4.3.3 What will we build on?

- The range of community services for older people and people with a disability, including respite.
- The existing range of respite services for carers of older people and people with a disability.
- The range of health services — universal, adapted (universal services modified to increase accessibility) or specialist services provided by Area Health Services.
- The Provision of Aids and Appliances for Disabled People Program (PADP).
- Transport assistance for frail older people, people with a disability, carers, others who are transport disadvantaged, patients in isolated areas, and parents of babies in rural areas requiring follow up diagnostic audiology services.
- Expansion of the Isolated Patients Transport Assistance Scheme to reduce the distance limit from 200 to 100 km and increase the mileage rate from 12.7 to 15 cents per km.
- The NSW Carers Program.
- The range of support services for families and carers of people with a mental illness through the Family and Carer Mental Health Program.
- Social housing provided in conjunction with support services.

4.3.4 What will we do now?

- Through *Stronger Together, A New Direction for Disability Services in NSW 2006–2016*:
 - Increase the number of flexible respite packages by 2010/11
 - Extend centre based respite for people with complex health care needs
 - Expand the level of funded support for post-school programs for people with a disability
 - Expand day programs
 - Enhance supports for parents and other carers, such as training and intensive support.
- Develop the Family and Carer Mental Health Program Framework and expand the Family and Carer Mental Health Program, to enhance the partnership between the Area Health Services and NGOs to:
 - Introduce changes within the Mental Health Services across all Area Health Services to make these services more family sensitive and to involve families and carers in the assessment, care planning and discharge planning
 - Expand the support services to families and carers of people with a mental illness across NSW, including education, training, individual support services and peer support groups.

- Increase the responsiveness of health services to carers' needs and implement local carer initiatives for specific populations.
- Develop guidelines to ensure that carers are more effectively consulted in determining the equipment needs of the person they are caring for.
- Assist households with complex housing needs and develop new service models for identified client groups.
- Support isolated carers living in social housing through outreach and coordination of carer specific activities.

4.3.5 How will we know we have made a difference?

- Greater number of people receiving flexible respite packages.
- Greater number of people with complex health care needs accessing centre based respite.
- Greater number of people supported through post school programs.
- Increased minimum hours of support for people in Community Participation programs.
- Greater number of people supported through day programs receiving higher level of support.
- Greater numbers of mental health carers attending carer groups/courses.
- Increased access to appropriate housing and support for carers living in social housing.



4.4

Priority for Action: Carers are partners in care

4.4.1 Why do we need action?

Carers play a crucial role as care partners. They are often experts in the care of the person requiring care and can assist with care planning and delivery, with the agreement of the care recipient. However, carers report that they are often not consulted.

Timely provision of information, education and training of carers empowers carers, increases resilience and coping skills and provides direct health benefits to carers and the person requiring care.

Service providers can identify carers, assess their needs and link them to appropriate support. Support needs change over time and support is particularly important at transitional points.

Staff education is a crucial part of changing the culture from focusing solely on the client/patient/consumer and developing carer friendly services.

Working with carers not only improves the quality of life of the carer but also has beneficial health outcomes for the person being cared for.

4.4.2 Who will benefit?

Carers, care recipients and service providers all benefit when carers are partners in care.

Service providers benefit from training about working with carers.

Provision of information, education and training for carers is cost effective and assists in demand management.

Consulting carers in the planning, delivery and review of services benefits service quality.

Eligible carers and care recipients benefit through social housing provision and support.

4.4.3 What will we build on?

- Carer Support Services in each Area Health Service and at the Children's Hospital at Westmead.
- Early Childhood Intervention Co-ordination Program, providing information, training and support for families with children 0–6 years of age with a disability.
- The range of carer information sessions, seminars, workshops and training programs provided through NGOs funded under local and statewide carer grants.
- Information provided through NGOs and local government to people with a disability, or frail older people, their families and carers.
- Carers NSW bi-annual conference for health professionals.
- *Working with Families* — DADHC Community Support Team staff initiative.
- Family and Carer Mental Health Program, family sensitive component and support services component.
- *Working with Families* — Mental Health Initiative.
- *Working with Carers* — training package for community care workers.
- The Family and Carers Training (FACT) resource for community workers who do not specialise in drugs and alcohol and a takeaway resource for families.
- The Aboriginal Family and Carers Training (AFACT) Project — a workers kit and a family comic magazine to assist workers and families to cope with issues of drugs and alcohol.

- Training for family and carers of those using illicit drugs via the Heroin Overdose Prevention and Education (HOPE) program for families and carers.
- Training for Ambulance Officers who respond to overdose call-outs and make contact with the patient and their family.
- Current consumer participation and engagement policies.

4.4.4 What will we do?

- Increase the responsiveness of Area Health Services to work with carers and to respond to local carers' needs.
- Identify carers as a key stakeholder group for consultation and engagement in the development of relevant government policies.
- Expand the bi-annual conference about carers to target community care providers as well as health professionals.
- Develop family sensitive mental health services and involve families and carers in assessment, care planning and discharge planning.
- Promote and disseminate the *Working with Carers* package.
- Increase the capacity of family and carers from a multilingual and Aboriginal background cope with the issue of drugs and alcohol through translation of resources.
- Expand training to family and carers under the Heroin Overdose Prevention and Management Strategy to include harm from alcohol and a range of illicit drugs.

4.4.5 How will we know we have made a difference?

- Increased number of carer representatives actively participating in policy development and review.
- Increased number of carer initiatives in Area Health Services.
- Increased percentage of carers reporting positive experience in their contacts with the Area Health Services.
- Increased numbers of carers attending carers training.
- Increased number of health and community care service providers attending Carers NSW's bi-annual conference.



4.5

Priority for Action: Carers are supported to combine caring and work

4.5.1 Why do we need action?

Carers are more likely to be unemployed or not participating in the workforce than non-carers. If they are working, it is more likely to be in part-time work. Many carers who are not in the labour force would like to return to work.

Many carers 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.

4.5.2 Who will benefit?

Carers who can successfully balance work and care can benefit from work as a source of self-esteem, satisfaction and social networks and an external focus and balance. Paid employment is associated with fewer health problems and with higher life satisfaction.

There is a strong business case for introducing carer friendly work practices. Carer friendly organisations benefit from a reduction in staff turnover and absences and from an increase in loyalty and commitment. Flexible work arrangements can assist in the recruitment and retention of a productive workforce.

4.5.3 What will we build on?

- *Anti Discrimination Amendment (Carers Responsibility) Act 2000.*
- Award Test Case 1996 — Carers entitlement to accrued sick leave.
- Family Provisions Test Case decision — Carers leave expanded to include emergencies.
- Education program to increase workplace flexibility for carers — Office of Industrial Relations (OIR).

- Australian Research Council project — Negotiating Employment and Carers.
- *Working Carers Gateway* <http://www.workingcarers.org.au> providing Web-based information and support for employed carers.
- *DADHC's Employees as Carers Project* — examination of employment practices for staff with caring responsibilities.

4.5.4 What will we do?

- Assist all public sector agencies to apply existing policies to mature aged employees with caring responsibilities.
- Develop tools to increase workplace flexibility in the NGO and private sector.
- Work with the Australian Government in progressing the Council of Australian Governments (COAG) human capital reforms relating to enhancing workforce participation and productivity.
- Investigate ways to improve Web-based links to information for employers and employees managing workplace flexibility for workers with caring responsibilities, building on the *Working Carers Gateway*.

4.5.5 How will we know we have made a difference?

- Increase in family/carer friendly practices in government agencies, NGOs and the private sector.
- Increase in working carers reporting improved support to combine care and work.

5. Implementing the plan

Responsibility for implementing the NSW Carers Action Plan lies with a number of government agencies. These are listed in the table at Attachment 1. Each organisation will have responsibility for monitoring their performance against the stated indicators.

An evaluation framework will be developed for the NSW Carers Action Plan and conducted over the life of the plan.

Annual evaluation reports will be reviewed by the Human Services Chief Executive Officers Forum, through the Human Services Senior Officers Group.

6. Summary table



1. Priority for Action: Carers are recognised, respected and valued

What we will build on	What we will do	Agency responsible
1999 NSW Government Carers Statement.	Independently evaluate the five year NSW Carers Action Plan through the promulgation of an evaluation framework (\$90k per year over 5 years).	NSW Health with all agencies contributing
Support for annual Carers Week initiatives, since 2002.	Continue funding Carers Week activities.	DADHC (HACC)
\$323k recurrent funding to Carers NSW for peak body role (NSW Health). \$511.6k recurrent funding to Carers NSW to support the organisation in supporting carers of older people and people with a disability in NSW (DADHC).	Increase funding to Carers NSW to \$556k recurrently to develop the capacity of NGOs in NSW to respond to carers.	NSW Health
Local Area Health Service initiatives to identify carers and raise carer awareness through Carer Support Services, funded \$2.4m per annum.	Provide project funds through Carer Support Services to identify carers, raise carer awareness and respond to local carers' needs.	NSW Health
Recognition of carers in social housing, through: <ul style="list-style-type: none"> the provision of one extra bedroom for a carer to stay when short term support is required an exception to the Department's income eligibility rule when an applicant requires a live-in carer the exemption of the <i>Carers Allowance</i> in determining income eligibility for public housing partnership models which assist carers sustain their caring role, such as <i>Neighbour Aid (Social Support) Pilot Project</i> in Gladesville, Waterloo, Redfern and Surry Hills. 	Develop shared access and support to social housing for people most in need, including people with disabilities and their carers, under the Housing and Human Services Accord.	NSW Department of Housing (DoH)
Existing policies and programs.	Commit government agencies to incorporating the needs of carers in the development of policies and programs.	All



2. Priority for Action: Hidden carers are identified and supported

What we will build on	What we will do	Agency responsible
Culturally appropriate information and culturally competent services, such as \$100k in funding to Carers NSW to translate Carer Fact Sheets in 10 community languages (2006 the HACC Program — DADHC) and Transcultural Mental Health program working with CALD family and carers (NSW Health).	Strengthen policies and programs to support the provision of culturally appropriate information and culturally competent service delivery.	All
Expansion of respite services for ageing carers of people with a disability through flexible respite packages, under a bilateral agreement with the Australian Government. The first phase of the initiative has commenced with the funding of 2373 flexible respite packages over a three-year period.	Provide the infrastructure for other models of respite including centre-based respite. \$48m over 3 years 2005/06–2007/08. Recurrent funding from 2008/09 will be \$15m.	DADHC — joint initiative of NSW and Australian Governments (NSW contributing half of funds)
Recognition of older parent carers as a group of carers with particular needs.	Host a Roundtable meeting to consider evidence from research and practice about the needs of older parent carers.	DADHC
\$811k in funding to 10 NGOs for statewide carer grants.	Expand recurrent NGO carer grants to a total \$1.275m recurrent to include specific Aboriginal and CALD initiatives (\$464k).	NSW Health
Events in Carers Week targeting CALD and Aboriginal carers (Koori Carer Yarning).	Host Roundtable discussions about CALD and Aboriginal carer issues.	DADHC/NSW Health
Research through the Australian Research Council (ARC) — Identifying Isolated Carers (Carers cross agency action plan).	Support further research initiatives that increase understanding of how best to support hidden carers.	All
The Young Carers Project (\$207.3k recurrent — DADHC).	Continue funding the Young Carers Project. Develop and implement government agency strategies to support young carers in a coordinated cross agency approach, consistent with the principles of the NSW Government's youth policy (\$200k one off from NSW Carers Program).	DADHC All
Resources for principals, school counsellors, year advisors — <i>Being a carer, Being a student, Being a kid: supporting students who are carers</i> and anti-bullying resource — <i>Taking Action, Keeping Safe</i> .	Development of a professional learning module for school counsellors around the needs of young carers who support parents with mental health issues.	DET



What we will build on	What we will do	Agency responsible
Policies and programs in schools that promote and protect the social and emotional wellbeing of students — Student Welfare Policy, anti-bullying plan for school, school counsellors, <i>Mind Matters</i> , and <i>School Link</i> .	Needs of young carers to be incorporated into the review of the NSW DET Student Welfare Policy.	DET
Intake systems that identify clients and their carers.	<p>Work with the Australian Government to develop and implement datasets for service provision that identify carers and assess carers' needs.</p> <p>Include carers needs in the assessment process for shared access to social housing and support.</p> <p>Identify carers in admission forms for acute care.</p>	<p>Relevant agencies</p> <p>(DoH, under the Accord)</p> <p>NSW Health</p>

3. Priority for Action: Services for carers and the people they care are improved

The range of respite services funded through HACC and CSTDA (over \$150m recurrent).	<p>Significant increases in flexible respite places under DADHC's <i>Stronger Together</i> initiative (CSTDA).</p> <p>Increases in recurrent funding in each of the five years from 2006/07–2010/11 for:</p> <ul style="list-style-type: none"> • respite services for families with a child with a disability (\$28.4m over the five years) • respite services for adults with a disability (\$33.4m over the five years). <p>Increased centre based respite for people with complex health care needs (<i>Stronger Together</i> — an increase in recurrent funding of \$1.3m from 2006/07). This represents an injection of funding over the five years from 2006/07–2010/11 of \$6.5m.</p>	<p>DADHC</p> <p>DADHC</p>
The range of community services for older people and people with a disability.	<p>Expand the level of funded support for post-school programs for people with a disability under DADHC's <i>Stronger Together</i> initiative (CSTDA), which provides increases in recurrent funding in each of the five years from 2006/07–2010/11, (\$235.3m over the five years from 2006/07–2010/11).</p> <p>Expand day programs under DADHC's <i>Stronger Together</i> initiative (CSTDA) through increases in recurrent funding in each of the five years from 2006/07–2010/11 — (\$33.3m over the five years).</p>	<p>DADHC</p> <p>DADHC</p>



What we will build on	What we will do	Agency responsible
<p>The range of support for children and young people with a disability and their families, including DADHC's new intensive family support services, new children's caseworker consultant positions.</p>	<p>Enhanced supports for parents and other carers, including training and intensive support for parents, including families with children with challenging behaviours.</p> <p>DADHC's <i>Stronger Together</i> initiative provides progressively increased recurrent funding from 2006/07 to 2010/11 (\$40.8m over the five years).</p>	<p>DADHC</p>
<p>The range of health services — health promotion, primary and community health, hospitals, post acute, in home and palliative care (provided by Area Health Services).</p>	<p>Enhance Area Health Services Carer Support Services' capacity to increase the responsiveness of the health service to carers' needs and implement local initiatives.</p>	<p>NSW Health</p>
<p>The Provision of Aids and Appliances Program for Disabled People (PADP), (\$23m — 2006/07).</p>	<p>Develop guidelines to ensure that carers are more effectively consulted in determining the equipment needs of the person they are caring for.</p>	<p>NSW Health</p>
<p>The Family and Carer Mental Health Program — support services for families and carers through NGOs (\$1.9m per annum), complementing the \$1.7m to Area Health Services to implement the family sensitive component.</p>	<p>Increase support services to family and carers through NGOs (\$3m recurrently).</p>	<p>NSW Health</p>
<p>Direct support to carers through NGOs funded under local carer grants (\$3.7m one off in total — including \$708k for 2006/07 commitments) and statewide carer grants (\$811k recurrent).</p>	<p>Expand recurrent statewide NGO carer grants, including specific Aboriginal and CALD initiatives to \$1.275m recurrently.</p> <p>Provide project funds through Carer Support Services to identify carers, raise carer awareness and respond to local carers' needs.</p>	<p>NSW Health</p>
<p>Support to carers through the provision of social housing provided in conjunction with support services, under the NSW Government's <i>Reshaping Public Housing</i> reforms and the <i>Housing and Human Services Accord</i>.</p>	<p>Through the Accord, assist households with complex housing needs and develop new service models for the following client groups:</p> <ul style="list-style-type: none"> • Homeless people • Older people • Young people with a disability • Young people under 20 years without family supports • Families with children • Unemployed or very low waged adult households. <p>Support isolated carers living in social housing through outreach and coordination of carer specific activities. (\$150k per year for 2 years from the NSW Carers Program).</p>	<p>DoH</p>



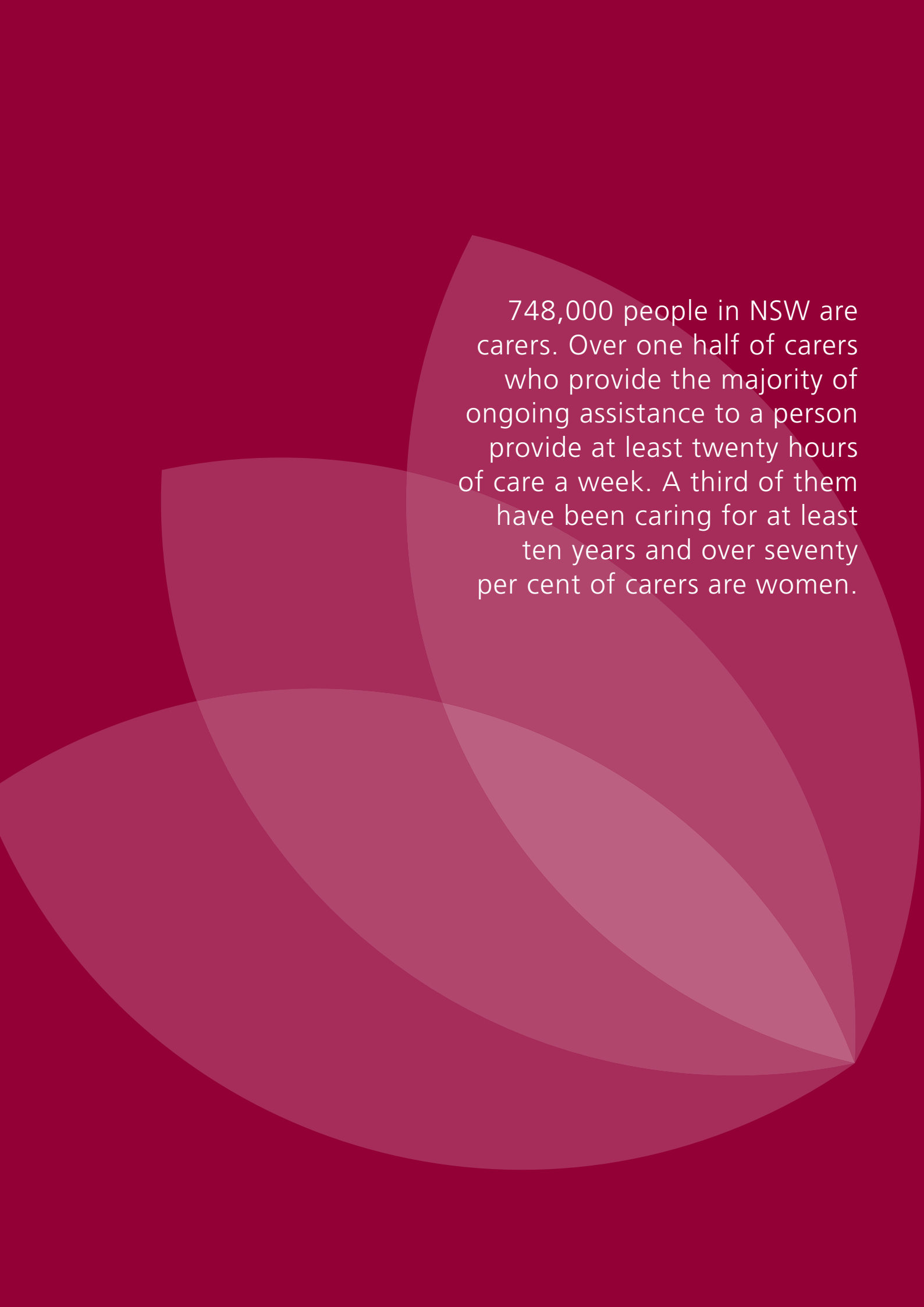
4. Priority for Action: Carers are partners in care

What we will build on	What we will do	Agency responsible
Carer Support Services in each Area Health Service and at the Children's Hospital at Westmead (\$2.4m per annum).	Enhance Carer Support Services' capacity to increase the responsiveness of the health service to working with carers.	NSW Health
The Family and Carer Mental Health Program (\$1.7m allocated to Area Health Services to implement the family sensitive component, complementing the support services component that have been provided by NGOs — \$1.9m).	Develop family sensitive mental health services and involve families and carers in assessment, care planning and discharge planning.	NSW Health
The Family and Carers Training (FACT) resource to assist workers in the community who do not specialise in drugs and alcohol, work with families and carers when they present at their service.	Increase the capacity of family and carers from a multilingual and Aboriginal background to cope with the issue of drugs and alcohol. Translate the FACT "family and friends" booklet into Chinese, Vietnamese, Turkish, Serbian, Croatian and Arabic.	DoCS provided funding for translations NSW Health
The Aboriginal Family and Carers Training (AFACT) Project — a workers kit and a family comic magazine to assist workers and families to cope with issues of drugs and alcohol in the Aboriginal community.	Develop resources for Aboriginal families and carers (\$192k).	NSW Health
The Heroin Overdose Prevention and Management Strategy — training for family and carers of those using illicit drugs through Australian Red Cross (ARC) via the Heroin Overdose Prevention and Education (HOPE) program for families and carers and NSW Ambulance Service (AS) for its Ambulance Officers who respond to overdose call-outs and make contact with the patient and their family.	Broaden training to include harm from alcohol and a range of illicit drugs. (ARC = \$170k, AS = \$80k for 2006/07)	NSW Health
Carer information sessions, seminars, workshops and training programs provided through NGOs funded under local and statewide carer grants.	Provide project funds through Area Health Services Carer Support Services to respond to local carers' needs, based on regional cross agency carer action plans.	NSW Health
Existing consumer engagement policies.	Identify carers as a key stakeholder group for consultation and engagement in the development of relevant government policies.	All
Carers NSW bi-annual conference for health professionals.	Fund Carers NSW to target community care providers and health professionals for the bi-annual conference.	NSW Health
Working with families/carers training <ul style="list-style-type: none"> • <i>Working with Families</i> — DADHC Community Support Team • <i>Working with Families</i> — Mental Health Initiative (Health) • <i>Working with Carers</i> — training package for community care workers 	Promote and disseminate the <i>Working with Carers</i> package.	DADHC



5. Priority for Action: Carers are supported to combine caring and work

What we will build on	What we will do	Agency responsible
<i>Anti Discrimination Amendment (Carers Responsibility) Act 2000.</i>	Monitor Tribunal decisions.	OIR
Family Provisions Test Case decision — carers leave expanded December 2005.		NSW IRC
Employees as Carers Project (DADHC). NSW Public Sector Retirement Intentions survey of employees (2005)	Work with agencies throughout 2006/07 to assist them to implement existing flexible employment policy to support mature aged employees, including those with caring responsibilities. Identify gaps in existing policies and report by end 2006 on areas of potential new policy development. The Mature Workforce Policy and Guidelines (last issued in August 1998) will be updated as part of this project.	Premier's Dept All
Education program to increase workplace flexibility for carers.	Develop tools to increase carers' workplace flexibility in the NGO and private sector through: <ul style="list-style-type: none"> • undertaking research in industries currently reliant on mature-aged employees • expanding the scope of current Workplace Flexibility seminars • developing a new seminar to help employees with carer responsibilities negotiate workplace flexibility • developing an online tool to help employers and employees to manage and negotiate workplace flexibility • developing an online tool to help employers and employees to manage and negotiate workplace flexibility • expanding the OIR's telephone advisory service to assist employers and employees implement and manage workplace flexibility • developing factsheets and exploring alternative media to support above \$160k one off from the NSW Carers Program). 	OIR
Australian Research Council project — Negotiating Employment and Carers.	Disseminate evidence for policy development that supports carers in the workplace.	DADHC, Premier's, OIR, NSW Health
<i>Working Carers Gateway</i> http://www.workingcarers.org.au providing Web-based information and support for employed carers.	Investigate ways to improve Web-based links to information for employers and employees managing workplace flexibility for workers with caring responsibilities, building on the <i>Working Carers Gateway</i> .	OIR & NSW Health
	Work with the Australian Government in progressing the COAG Human Capital reforms.	All



748,000 people in NSW are carers. Over one half of carers who provide the majority of ongoing assistance to a person provide at least twenty hours of care a week. A third of them have been caring for at least ten years and over seventy per cent of carers are women.

