

Carers Tasmania



“Caring clarity”

Tasmania’s Response to
the Future Program for
Family Based Care Out of
Home Care Foundations
Project

As the Peak Body for Carers in Tasmania, Carers Tasmania welcomes the opportunity to provide feedback on the Discussion Paper Series: A Future Program for Family Based Care Out of Home Care Project.

Carers Tasmania defines a carer as a person who is providing, or who has provided unpaid care and support for family members or friends who are living with a disability, mental illness, chronic condition or terminal illness, an alcohol or other drug issue, or who are frail aged.

Carers Tasmania does not provide support to foster carers providing out of home care, but will provide support to kinship carers with legal arrangements in place when they are caring for a child with extra needs under the above definition.

It would be common for a family member or friend who may later taken on a formal and legal responsibility for a child to have being working hard to provide care and support in complex circumstances for a significant amount of time. It is for this reason Carers Tasmania wishes to share some of its expertise in this consultation.

The Tasmanian Government launched its first Tasmanian Carer Policy in 2013, and it was refreshed in 2016, to reflect current sector reforms. 'Carer –aware' culture is certainly increasing, but still in its relative infancy.

Two key concerns Carers Tasmania which require addressing to improve the plight of carers is the definition of carer, and their routine identification, which in turn ensures they are considered and included in services for the person they care, as appropriate, and provided with support in their own right.

The language used in the conceptual framework for A Future Program for Family Based Care Out of Home Care Foundations Project is the language used to describe caring. Clarity in this would ensure Government doesn't "muddy the waters" further.

Carers Tasmania works tirelessly to raise awareness about Tasmania's 85,503 carers, many of whom remain hidden and without support; often because they don't think the word carer refers to them.

Paid support workers are often referred to as carers and this is part of the problem. Carers Tasmania recommends therefore, that those providing this more formal carer are always referred to as foster and kinship carer, to ensure this is as clear as possible.

The current definition of carer used in the Tasmanian Carer Policy 2016 is:

A person who provides, in a non-contractual and unpaid capacity, ongoing care or assistance to another person who, because of a disability, aging conditions such as frailty, mental illness, chronic illness or pain, requires assistance with everyday tasks.

2. Also, a grandparent is a carer of his or her grandchild if –

- a) the child lives with the grandparent; and
- b) the grandparent is the primary caregiver and decision maker for the child.

3. However, if a child's parent or parents remain the primary caregivers and decision makers for the child, the child's grandparent is not the child's carer only because –
- a) the grandparent cares for the child while the child's parent or parents are working;
 - or
 - b) the child, together with the child's parents, lives with the grandparent.

Changes to the definition could be included to differentiate between those providing formal out of home care and those in informal arrangements.

The current definition could also be adjusted to include caring for a family member or friend with an alcohol or other drug addiction. This could have some influence on the trajectory of carers (and perhaps those they care for) who are supporting loved ones with addiction and their children before they reach the child safety system.

Carers Tasmania is pleased to see the degree of support suggested in the Future Program for Family Based Care Out of Home Care Foundations Project, particularly to equip them to provide adequate care to children impacted by trauma.

Again, an early intervention approach to carers prior to reaching the child safety system, where they could be provided with the skills to provide therapeutic relationship based care to children in their care, may be beneficial. Further to this, a holistic family therapy with their adult children whom may also be in their care may be beneficial. In the long term, this approach may be more cost effective. A proactive approach could also involve Communities Tasmania's new Strong Families Safe Kids Advice line being adequately equipped with 'carer awareness' and referral pathways so those in caring roles are routinely identified and referred to Carers Tasmania for support. Part of Carers Tasmania's role in supporting Government could be to provide this training to staff.

Support Carers Tasmania would provide, once referred would focus on the needs of the carer, including emotional support and opportunities to work on communication, self care and resilience, as well support to navigate services and referral pathways for themselves as well as the person they are caring for. Carers can become members of the organisation, ensuring they are continually provided with information to equip them in their caring role, along with opportunities to participate in workshops and peer support.

Carer identification in this referral service would also involve identifying children in caring roles for their parents or siblings, and referring them through to Carers Tasmania's Young Carer program.

Conclusion

Whilst not directly supporting carers of children in out of home care, Carers Tasmania requests these suggestions be considered in the hope of linking service systems and raising carer awareness.