



**Australian Government**  
**Department of Veterans' Affairs**

## **National Carer Support Services**

# **Carer Awareness Training Self-paced learning**

## **3 - Answer Book**

for

**Department of Veterans' Affairs (DVA) contracted providers**

**Time required - 3 hour session**

**Developed by Carers Victoria**

**September 2013**

**Question 1: Gauging existing knowledge**

No responses have been provided to question 1 as this is about the individual's prior training/knowledge and the organisations they represent.

**Question 2: Who is a carer?**

*A carer is an individual who provides personal care, support and assistance to another individual who needs it because that other individual:*

- Has a disability;
- Has a medical condition (including a terminal or chronic illness);
- Has a mental illness; or
- Is frail and aged.

**Question 3: Who is not a carer?**

*An individual is not a carer merely because he or she:*

- a) Is the spouse, de facto partner, parent, child or other relative of an individual, or is the guardian of an individual; or
- b) Lives with an individual who requires care.

In both a) and b) the individual may live with a person who needs care but that individual may not provide the care to them. For instance the individual may be a boarder in the house. They could be a couple who are separated but living together under the one roof but who do not interact with each other. You may be able to think of other examples that you are aware of.

- a) *Imagine for a moment that your partner has gastro and you took care of them over the weekend – are you their carer?*

Answer is **no**

- b) *Imagine that your child has tonsillitis and you look after them during this illness – are you their carer?*

Answer is **no**

In these two examples, although you would have provided aspects of care, this would be considered a normal part of the spousal or parenting relationship. This differs from the care provided by 'carers' in that the care provided by carers:

- goes above and beyond what would normally be expected of the relationship

- is provided in order to assist with those aspects of daily living that the person is unable to do for themselves as a result of a chronic or terminal illness, mental illness, disability or aged frailty
- assists the person requiring care to stay in their own home for as long as possible.

**Question 4: Carers and the veteran context**

No responses have been provided to question 4 as this is about your individual experiences and observations.

However, one issue that service providers often comment on is the importance of timing when working with veterans. For example when the worker arrives early or late at the home of a veteran it can create problems. It's helpful to understand that during their training and war experiences timing would have been crucial and lives could be lost if not adhered to. Their training and experiences are very strongly entrenched and often permeate throughout life. For this reason timing holds its importance and in general, veterans will expect you to arrive at the pre-arranged time eg at 2.00pm, not 2.10pm.

The background reading provided for you in the Learning Guide outlines some veteran specific issues that you might find helpful.

**Activity 1: Impact of caring worksheet**

Below are some identified difficulties and positives about caring. Have a look at the list below to see how it compares with yours.

<b>What is difficult about caring?</b>	<b>What is positive about caring?</b>
Isolation and feeling 'alone' in the care role	New skills - such as manual handling, personal care, etc
Care recipient doesn't recognise/ acknowledge/or have insight into the carer's role or need for assistance	Increased confidence to handle things such as taking over the family finances
Loss of sense of self identity & replacement with 'carer'	Enhanced emotional connection
Managing strong emotions such as anger, frustration, etc	Having the person at home

<b>What is difficult about caring?</b>	<b>What is positive about caring?</b>
Loss of life style, future plans and dream	Keeping the person happy and safe
Loss of, and/or changes to the relationship	Pleasure in the act of giving to the cared for person
No time for self – interests, hobbies, self care	Recognition and development of skills, knowledge, confidence, and strengths
Loss of friends, social and support networks	Opportunity to create new friendships and support networks
Guilt - about their feelings, situation, the illness	Recognising own strengths and resilience
Stress	Sense of achievement
Loss of financial security/ability to work	Fulfilling duty/vow
Learning about the condition and what to expect – can be overwhelming for some	Learning about the condition and what to expect – this can be comforting for some
Service system – knowing what is available, navigating the system, red tape	Satisfaction about providing quality care on a one to one basis for an extended period
Dealing with effects and adjustments on other family members	Sharing the care responsibility with family, friends and service providers
Little public recognition – from society, friends or family	Feeling valued and or needed
Making tough decisions about care requirements eg residential care or respite	Recognition of ability to make tough decisions and to adapt to changes

**Question 5: Carer loss and grief**

**a) What losses might carers experience?**

- Loss of independence;
- Loss of friends & social networks;
- Economic security – loss of paid employment & extra medical expenses
- Changes to the relationship and or personality of the person they care for;
- Dreams and future plans may be disrupted or lost altogether;
- Changes to lifestyle, status, intimacy, self-esteem;
- Loss of spontaneity – due to the demands of the illness, health condition, medical regimes.

**b) How might carers express their grief?**

- Anger
- Frustration
- Tears
- Resentment
- Guilt
- Self-criticism
- Feeling out of control
- Depression

**Question 6: Barriers to service uptake**

*What barriers might exist to using these services?*

Practical barriers include, but not limited to:

- *Geographic limitations – specific services not available in a particular area;*
- *Services may not cater to a family's particular condition or needs;*
- *Cost may be an issue;*
- *Hours of availability of services may not be suitable;*
- *Language needs are unmet;*
- *Cultural - Veterans are a special needs groups (as previously noted).*

Emotional barriers include, but not limited to:

- Carers don't know what they don't know – they might not know what is available, what questions to ask or who to approach;

- Carers can be at the mercy of the person they speak to and may or may not be provided with the information they need (eg sometimes the information will be forthcoming and at other times only the direct question will be answered);
- Carers have had a bad experience in the past ;
- The carer may be driven by someone else's bad experience (eg a friend or neighbour);
- They may be reluctant to use respite because they fear the "old" model of "institutional care";
- The care recipient will not accept outside help;
- Carers may be reluctant to share the care - they may feel it is their sole responsibility;
- Other family members may disagree about care coming into the home;
- The carer may think that accepting help would be a sign that they are not coping (rather than seeing asking for and accepting help as a strength);
- How receptive they are to using services may depend on whether it is crisis driven or whether they have had time to consider their needs and plan ahead;
- If crisis driven, some carers might feel a sense of relief at the decisions being taken out of their hands, but for others this situation could add to their stress levels and intensify their feelings of loss, grief, guilt and reduce their own sense of wellbeing.

**Question 7:            Using the relationships diagram**

*How do you think that an understanding of the relationships triangle between carer, client (care recipient) and service provider might enable you to comply with the Act and work more effectively with carers?*

Responses might include the following:

- Enhanced communication with carers
- Better understanding and support of the client / carer relationship
- More effective partnerships between service providers and family carers leading to better outcomes for clients (care recipient)
- Avoidance of or easier resolution of conflict or complaints through an understanding of the different experiences and realities for each and through strong working relationships
- Enhanced satisfaction within the work role

**Question 8: The 10 Principles – Statement for Australia’s Carers**

- a) *When you read through the 10 Principles in the Carer Recognition Act (2010) which of the Principles held the most meaning for you?*
- b) *Why did you choose this particular Principle(s) - what made it more meaningful?*

No responses have been provided to question 8 as this is about your own thoughts on the 10 Principles.

**Activity 2: 6 Priority Areas**

*This activity provides an opportunity to think about what you and your organisation are already doing and what you think could be done better to comply with the 6 Priority Areas.*

*You might have ideas about things that you or your organisation are not currently doing but that you think it could. Put those ideas in the ‘wish list’ section below.*

No responses have been provided to question 8 as this is about your own thoughts on the 6 Priority Areas.

More information on the 6 Principles in Appendix 4.

**Activity 3: Testing your knowledge quiz**

According to the *Carer Recognition Act 2010* and the Guidelines the following answers are **True** or **False**. The reason for each answer has been noted below each question.

No	Question	True	False
1	A carer could be a husband looking after his wife who has gastro.  <b>This would be considered to be something that could be expected within the relationship</b>		<b>False</b>
2	A carer is a paid worker who goes into the home to provide personal care.  <b>Carer refers to unpaid carers not paid employees.</b>		<b>False</b>

No	Question	True	False
3	<p>A carer could experience grief when planning to put the person for whom they care into residential respite.</p> <p><b>It is quite common for carers to experience grief at this time.</b></p>	<b>True</b>	
4	<p>Carers are usually good at addressing their own needs.</p> <p><b>Some are but many are not. Instead they address the needs of the person they care for and neglect their own health and wellbeing needs.</b></p>		<b>False</b>
5	<p>Carers usually take on the caring role because of the relationship they have with the person who requires the care.</p> <p><b>The relationship is what connects the carer and care recipient. In some cases it will be a good and loving relationship, but in others it may not be.</b></p>	<b>True</b>	
6	<p>The <i>Carer Recognition Act 2010</i> is based on <b>25</b> Principles to do with recognition and respect for carers.</p> <p><b>The Act is based on 10 Principles</b></p>		<b>False</b>
7	<p>Only management need comply with the Carer Recognition Act</p> <p><b>Organisations, management &amp; staff need to comply.</b></p>		<b>False</b>
8	<p>Under the legislation, PSA stands for Partially Sourced Additions.</p> <p><b>PSA stands for Public Service Agencies.</b></p>		<b>False</b>
9	<p>Paid support workers should not pass on relevant information to the family carer.</p> <p><b>Relevant information can be passed on to carers.</b></p>		<b>False</b>

No	Question	True	False
10	<p>'Carer Friendly Practice' requires an extra allocation of time and resources for support workers.</p> <p><b>Carer friendly practice generally requires extra thought rather than added workload.</b></p>		<b>False</b>