



Australian Government
Department of Veterans' Affairs

National Carer Support Services

Carer Awareness Training Self paced learning

1 - Learning Guide

for

Department of Veterans' Affairs (DVA) contracted providers

Time required up to 3 hours

Developed by Carers Victoria

September 2013

Overview of training

◆ About this self-paced training package

- This workbook has been developed to provide training opportunities for DVA contracted providers
- It has been adapted from the face to face training package
- It has been designed for use by staff and management
- It provides an alternative form of training for those people who were unable to attend the face to face Carer Awareness Training such as providers based in rural and regional areas

◆ Rationale for the training and topic areas

- This training is being provided to raise awareness (not in-depth training in the legislation) of carers as defined by the *Carer Recognition Act 2010* (the Act), their issues and needs
- To raise awareness of the Act
- To raise awareness about compliance with the Act
- To raise awareness of the National Carer Strategy (NCS)

◆ How to use this self-paced package

1 - Learning Guide provides information under various topic headings and tells you when to refer to the workbook and which question or activity to answer. It also has an appendix at the back of the workbook which provides reading materials individuals should read when prompted by the notation in the learning guide. Web links to the relevant legislation have been provided on page 3.

2 - Workbook provides a series of questions and activities to be completed that will assist in enhancing knowledge and understanding about the topic areas covered in the learning guide. Complete your responses before referring to the answer book.

3 - Answer book provides responses for the questions and activities completed in the Workbook. It is advised that you answer all the questions and complete all the activities in the Workbook before referring to the Answer book. If referring directly to the answer book immediately after answering each question, try to resist looking at the answers to questions you have not yet answered.

Handouts provide additional information that should be referred to when prompted by the notation in the learning guide. Handouts are:

- "Caring" the facts
- Peak bodies reference sheet

◆ Topic areas & timing

It is anticipated that this training will take **up to 3 hours to complete**.

A time estimate has been provided for each of the three parts to enable you to plan your time.

To maximise the learning opportunities it is advisable to complete the training in one session.

However if this is not possible it is suggested that you complete Part 1 in one session, and then combine Parts 2 & 3 into another session where possible.

This training session has been divided into three parts:

Part 1: Profile of the carers at whom the Act is directed **(70 minutes)**

Part 2: Implications for organisations and staff – valuing care relationships in work practices **(25 minutes)**

Part 3: Legislation and policy – the Act and the National Carer Strategy (NCS) **(50 minutes)**

◆ Why is the training relevant?

This training is relevant to the following agencies or individuals working within those organisations as they need to comply with the legislation:

- Public Service Agencies (PSA's) covered by this Act are those Agencies within the meaning of the Public Service Act 1999
- Public Service Care Agencies – such as Department of Veterans' Affairs (DVA)
- Associated Providers – such as DVA contracted providers

◆ Optional Resources:

- The following documents will be referred to during the training and the relevant sections referred to have been reproduced within this Learning guide.
- Relevant parts of the legislation have been reproduced for you in this learning guide.

- Access the appropriate legislation in hard copy (if available in your workplace) or on-line via the following hyperlinks:
 - *Carer Recognition Act 2010 (Act)*
 - *Carer Recognition Act 2010 Guidelines (Guidelines)*
 - *National Carer Strategy (NCS)*
- The full links can be found on page 30.

◆ **Acknowledgments**

- This training program acknowledges that participants may already have existing knowledge about carers and caring issues but that the level of knowledge may differ between the individuals using this self-paced learning workbook.
- Some individuals may have worked extensively with carers over a long period of time, others may be new into their roles, or may have limited exposure to carers.
- Levels of experience in working with carers within the veteran and ex-service community may also differ between individuals.
- Some participants may be unpaid family carers in their personal lives but this training is for professional development.
- This training does not attract Professional Development points.

Gauge existing knowledge

Workbook Question 1:

Go to page 2 of the [Self-paced Learning Workbook](#) and answer question 1 (parts a, b, & c) '*Gauging existing knowledge*' before proceeding through the training.

This will begin the process of exploring your knowledge of carers and the legislation.

When you have completed your answers please continue onto Part 1 of the training.

Part I: Profile of the carers

(70 minutes)

This section explores the following topic areas

1. Definition: Who is a carer?
2. What issues do carers face?
3. Carers in the veteran context
4. Major carer issue - loss and grief
5. Barriers for carers in using services
6. Supports for carers

Introduction to this session

In order to understand why the legislation has been formulated, it is necessary to understand who carers are and what their experience might be like.

Understanding the carer and care recipient as a joint unit – the care relationship – is an important step in understanding the importance of the Act.

Note:

The ***Carer Recognition Act 2010*** may be referred to throughout this training as **The Act**. The ***Carer Recognition Act 2010 Guidelines*** may be referred to as **the Guidelines**.

The carer and care recipient share a relationship and a history together and while the illness/condition may be present in one person's body or mind, its effects are felt by both carer and care recipient, but the affect may be different for each.

1. Definition: Who is a carer?

Workbook Question 2:

Go to the page 2 of the workbook and answer question 2 'Who is a carer?'

After answering question 2 read on.

The term "carer" is used in many different contexts. It is important that you understand that for the purposes of this training, the term "carer" means *unpaid family carer* – not paid employees such as direct care workers.

Refer to the definition of carer in the [Carer Recognition Act](#).

This definition is also stated in the [National Carer Strategy \(NCS\)](#) under the heading 'Who is a carer', and covers the following points:

Who is a carer (according to the Act)

An individual who provides personal care, support and assistance to another individual who needs it because that other individual:

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

It is also important to understand who is **not** a carer under the Act.

Who is not a carer (according to the Act)

An individual is not a carer in respect of care, support and assistance he or she provides:

- under contract of service or a contract for the provision of services; or
- in the course of doing voluntary work for a charitable, welfare or community organisation; or
- as part of the requirements of a course of education or training.

To avoid doubt, an individual is not a carer merely because he or she:

- is the spouse, de facto partner, parent, child or other relative of an individual, or is the guardian of an individual; or
- lives with an individual who requires care.

Workbook Question 3:

Go to the page 3 of the workbook and answer question 3 parts a, b, c & d '*Who is not a carer?*'

Be aware:

- Who is not a carer is particularly relevant within the veteran and ex-service community as many spouses consider themselves to be carers for their veteran husbands/wives but the veteran may not acknowledge them as their carer or even that they need care. This is because many veterans suffer from mental health conditions as a result of their exposure to traumatic events and experiences.
- Sometimes individuals lack self-awareness and underestimate the level of care required and/or provided to them. This is often the case when the individual has a mental health condition or illness.
- Sometimes the individual will be in denial about the type and level of care they require. For example: It is not unusual to hear veterans say

“there’s nothing wrong with me”, but in truth they may have an illness such as Post Traumatic Stress Disorder, that results in them needing quite a lot of care either chronically or episodically.

Workbook Question 4:

Go to page 3 of the workbook and answer question 4 ‘*Carers and the veteran context*’.

2. What issues do carers face?

Workbook Activity 1:

Go to pages 4 of the workbook and complete the ‘Impact of caring’ worksheet.

3. Carers and the veteran context

Carers within the veteran community face the same issues as carers within the general community, but this is often compounded by the unique circumstances associated with the veteran or ex-service person’s Defence Force training, service, lifestyles and experiences.

Regardless of which arm of the Defence Force an individual joins (Army, Navy, Air Force, or Reserves) there are commonalities for the individuals that will have lasting impacts not only during their time of service but throughout their lives.

Military training transforms the individual “*from civilian to soldier*” and involves preparation for living and working in high risk, dangerous environments.

A core feature involves a very strong association with past experiences and a strong attachment to the “mates” they have served with. This involves fundamental changes to how veterans view their world, and themselves.

Veterans were designated a Special Needs Group under the *Aged Care Act (1997)* in 2000 and was first applied in the Aged Care Approvals Round (ACAR) in 2001.

Special needs status is based on:

- the rapid ageing of the veteran population;
- their service, sacrifice and hardship; and
- their unique cultural identity.

The *Aged Care Act 1997* definition recognises the impact that Defence service has on the member as well as the member’s partner, widow or widower as well as their needs.

Background reading:

'Veteran Specific Issues' provides more information about the veteran experience and Defence context.

4. Carer health and wellbeing stats

Handout:

Read 'Caring' the facts' handout and note the following:

Key statistics:

- 'Carers have the lowest wellbeing of any large group measured by the Australian Unity Wellbeing Index'
- 'Carers often ignore their own health and are 40% more likely to suffer from a chronic health condition (Deakin University, 2007).
- There are 2.6 million unpaid carers across Australia
- The economic worth if replaced by health professionals is \$40.9 billion annually

5. Major carer issue: loss and grief

Setting the context:

Loss and grief is being singled out as a key 'carer issue' because carer loss and grief is so often unrecognised and unacknowledged, not only by service providers, but also by family members, friends and carers themselves.

The carer may not even recognise their emotions as stemming from grief as the situation is ongoing and gradually becomes "the norm".

For many carers, the loss and grief is like the tip of the iceberg – so much that is going on emotionally is below the surface and not visible or obvious to themselves or others.

Exploring loss and grief:

The following information has been taken from the Carers Victoria publication:

['An un-recognised grief: loss and grief issues for carers – workers guide'](#).

- The book provides a good understanding into the carer's experience of loss and grief and is available for purchase from Carers Victoria at a cost of \$13.00 per copy.
- Carers Victoria can be contacted by phone on 03 9396 9500.

As you explore the following information about loss and grief, keep the following two points in mind as additional triggers may be associated with Defence service in particular:

- Losses associated with Defence service, training, deployments, war related experiences, disruptions to family life and relationships and the long term effects noted earlier are likely to be additional factors for carers within the veteran and Defence communities.
- Many carers are often living in stressful circumstances with 24 hour responsibility for the person they care for and the loss and grief they experience can impact significantly on them.

Triggers:

Carers not only express grief as tears and sadness, but also as a range of strong emotions including anger and frustration.

Strong emotions can be triggered by many situations and events including what seem like normal everyday events, but that may be the 'last straw' for the carer, for example:

- a paid care worker turning up late;
- a different paid care worker coming at short notice or unexpectedly;
- the kettle blowing up; or
- a leaking tap that they are unable to fix.

Other events can add further pressures to the situation and act as triggers for strong emotions, for example:

- important dates eg anniversaries, birthdays, special events, ANZAC Day
- when the need to use residential respite arises especially if it is the first (or second) time; and
- when the carer needs to consider permanently placing the person they care for into a residential care facility.

Characteristics of Carer Loss and Grief

The following list outlines some of the characteristics of loss & grief:

- No definite starting point
- No final loss
- Chronic sorrow
- Episodic or recurring grief
- Ambiguous grief

- Cumulative loss
- Anticipatory loss
- Disenfranchised grief

Think about what each characteristic might mean then read appendix 1 for more details.

See Appendix 1:

[Characteristics of Carer Loss & Grief](#)

Workbook Question 5:

[Go to the page 5 of the workbook and answer question 5 parts a & b 'Carer loss and grief'.](#)

Responding to Carer Loss and Grief - General Principles

Carers face many challenges in their lives, and listening to what is happening for them and how they are coping (or not coping), enables professional staff to be more compassionate, understanding and effective and therefore be in a better position to provide appropriate support and referrals.

Read through the notes in Appendix 2 which provides effective strategies to assist in responding appropriately to signs of loss and grief.

See Appendix 2:

[Responding to Carer Loss and Greif - General Principles](#)

6. Barriers to service uptake

Carers are often reluctant to use the services that have been put in place to assist them, such as respite, home care, etc, and this is particularly true of the veteran and ex-service community.

Barriers can often be viewed as two types - practical and emotional.

Workbook Question 6:

[Go to the page 5 of the workbook and answer question 6 'Barriers to service uptake'.](#)

Overcoming barriers

- While it can sometimes be difficult to overcome some of these barriers, being mindful of how difficult it can be for carers to use services can assist in opening up conversations with carers.

- Carers may have some reluctance to begin with but often find great benefit once they begin using the services. Understanding their particular concerns offers opportunities to allay those concerns and provide appropriate information and referrals.

If providing printed or verbal information, encourage the carer to contact that organisation to find out what services might be available to them.

- Do not make promises on behalf of another organisation.

7. Supports for carers

National Network of Carer Associations:

There is a Carer Association in each state and territory that can be contacted on **1800 242 636**.

This is a free call from land lines but a charge applies if calling from a mobile phone.

The Carer Associations provide:

- Carer information and advisory service with experienced staff who will listen and provide information and support to assist carers in their caring role;
- Counseling for carers;
- Information about a range of local services for carers; and
- Carer education (some Carer Associations provide educational workshops for carers and/or service providers).

Contact the Carer Association in your state to find out more about the services they provide.

Information about the State and Territory Carer Associations can also be found through the [Carers Australia website](#).

Translation service

The Translating and Interpreting Service (TIS) National can be contacted on **131 450** (local call costs apply) for those needing an interpreting service.

Other supports

This Peak Bodies Reference Sheet has been developed to provide a brief overview of some key national organisations that might be useful in your work role.

Space has been provided for you to add local resources at a later time.

Take particular note of the following organisations for carers in the veteran / ex-service community:

- The Carer Associations
- The Partners of Veterans Association (PVA)
- Returned and Services League of Australia Limited (RSL)
- Other veteran specific organizations

Handout 2

[Peak Bodies Reference Sheet.](#)

Congratulations!

You have completed Part 1 of the training and might like to take a short break before commencing Part 2.

Part 2: Implications for organizations

Valuing care relationships in work practices

(30 minutes)

This section contains the following material related to Carer friendly practice principles (use as handout)

- 1. Relationship – Carer & Care recipient**
- 2. Relationships triangle – carer, client & service provider**
- 3. Implications for using the triangle in your work practice**
- 4. Carer friendly practice principles**

Please remember that the term Service Provider is used as a collective term that includes Assessment Agency staff.

1. Relationships – Carer & Care Recipient

Carers play an important role in the life of clients (care recipients). They share a history and existing personal relationship with each other.

Like all relationships those between carer and the person being cared for (care recipient) may be any number of things including loving, tumultuous, strained, companionable, and dedicated, and affectionate. The relationship and involvement with each other is not static nor is it one way.

The involvement of service providers introduces a third party into this carer / care recipient relationship. This can be visualised as a triangle in which each person has their own perspective and their own role to play. How each party approaches this will in part be influenced by their own history, values, beliefs, and lived experiences.

In addition, service providers will be working within professional protocols and boundaries.

Sometimes carers feel 'invisible and excluded' when not acknowledged or consulted by service providers. This may not be the intention of the service provider. In addition such feelings can be intensified when this occurs within the person's own home.

For example the service provider may quickly say "How are you" to the carer while quickly moving on to the care recipient and may not really be interested in the answer.

Acknowledging and valuing carers is very important. They are the ones who will continue to care for the person who needs the care long after the service provider leaves.

This situation can be addressed with carer friendly practices, which is inherent in the Act, covered by **Part 3**.

2. Relationships triangle – Carer, Client & Service Provider

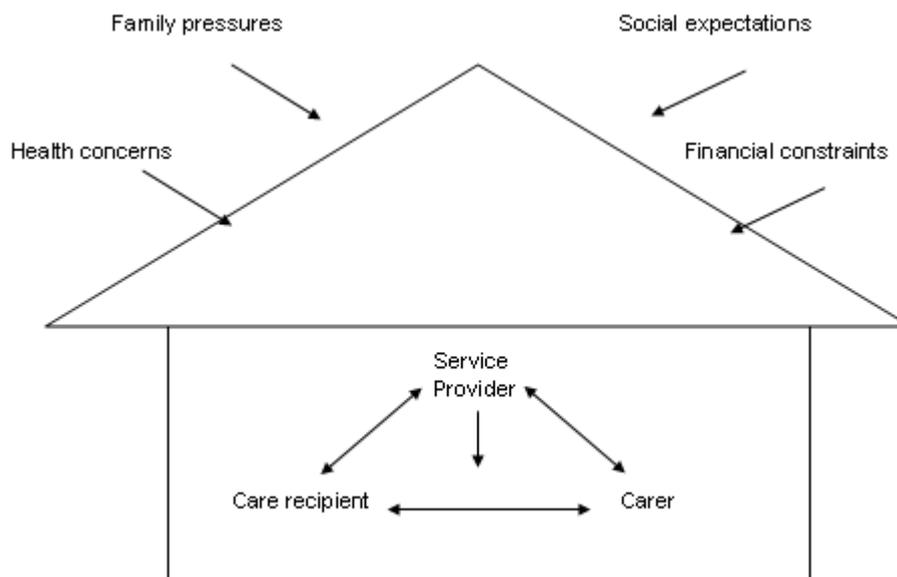
The following diagram expresses the importance of including the carer in discussions about service delivery. The carer will be affected by any decisions that are made in regard to the care recipient for whom they care.

Relationship diagrams have been used in different ways by various authors.

- Our interpretation places the relationship within the context of the family home. This is where the care relationship occurs and where the services are provided.
- Even if the care recipient resides in a permanent residential care facility it is important to recognise that this has now become their home and their relationship with their carer continues, although there will be significant changes to both the care role and relationship as a result.

The interconnectedness of the relationships highlights the importance of clients, carers and service providers:

- working together in partnership
- communicating effectively with one another
- trying to understand one another's perspective



What the diagram represents:

- The house represents the carer and care recipient's home where the services are provided.

- The arrow leading from the service provider to the arrow below (that runs between the care recipient and carer) represents the service provider's interaction with and the support of the care relationship.
- The arrows leading from the service provider to the care recipient and carer represents service provision (including assessments) and indicating it affects both.
- For a successful outcome it is important for the service provider to communicate effectively with both carer and care recipient or the relationship could be compromised.
- The arrows pointing toward the roof of the house represent pressures placed on the care relationships from other sources eg other family members, friends, work, community, medical practitioners, social expectations, etc.

Workbook Question 7:

[Go to the page 6 of the workbook and answer question 7 'Using the relationships diagram'.](#)

3. Implications for using the triangle in your work practice

Understanding the relationships triangle can assist in assessing work practices to ensure they take into account all parties (persons) involved.

Enhanced understanding of the different relationships and how they interact with each other enables organisations and individuals to explore how they currently communicate with the carers and care recipients with whom they come into contact. This can then be used to assess whether current work practices are supportive of the carer and care recipient relationship. Greater awareness of some of the added pressures that might be adding to the challenges of the carer role offers opportunities to provide information about other supports and services that might be helpful.

4. Carer friendly practice principles

The following "*carer friendly practice principles*" are based on feedback from caring families and formal care-providers to the Service Provider education team at Carers Victoria, and are reproduced with permission from Carers Victoria.

Using carer friendly practices can assist organisations and staff in overcoming some of the barriers to service use.

Carer friendly practice principles include:

- Thoroughly assess the entire situation in context, considering such things as family, social support networks, characteristics of the disability/condition and equity issues.

- Adopt a non-judgemental approach, avoiding stereotypical assumptions about people on grounds such as age, sex or ethnic background.
- Take into account cultural and language differences particularly in relation to assessment, treatment and information.
- Listen to and acknowledge carers' experience and concerns.
- Develop services that are flexible and responsive to carers' needs, for example, after hours, weekend, or on call services.
- Recognise there is a relationship, distinct and complex, between the carer and the person with special needs.
- Don't assume that someone at home will automatically be able to provide care or that they do so without back-up support and resources.
- Where possible, offer choices to the caregiver, such as different options for respite care.
- Involve carers in decision-making.
- Keep well-informed of appropriate services and other helpful resources for carers.
- Encourage carers to acknowledge their own needs and to take steps to improve their health and wellbeing.
- Be aware of issues to do with loss and grief.
- Emphasize that caring is a community responsibility.
- Acknowledge the changing nature of the care requirements and care provision, and how it evolves over time.
- Introduce services and new workers gradually using a timely step by step approach so that it does not overwhelm the carer. Remember they are gradually entrusting aspects of their care role to the organisation and workers.
- Ensure carers are aware of the complaints process and that the organisation welcomes their feedback, both positive and negative, as it enables issues to be addressed in a timely manner and assists in the continuous improvement of the supports and services offered.

Incorporating carer friendly practice principles into your work practice can also assist in complying with the 10 principles of the [Carer Recognition Act \(2010\)](#)

Congratulations!

You have completed Part 2 of the training and might like to take a short break before commencing Part 3.

Part 3: Legislation and policy

(60 minutes)

This section covers the following topics:

1. History – National carer recognition framework
2. Carer Recognition Act 2010 (includes ‘Statement for Australian Carers’)
3. National Carer Strategy (includes six priority areas for action)
4. Context for Legislation: Social Inclusion Statement
5. Carer Recognition Act Guidelines
6. Who has to comply with carer legislation?
7. What are the obligations for the Australian Public Service Agencies (APSA’s)?

This part of the training focuses on the legislation and is designed to raise awareness of it, but does not provide in-depth training. Familiarisation with the legislation will help organisations and individuals to ensure they meet their obligations for compliance under the Act.

1. History – National carer recognition framework

On 19 October 2009 the Hon Jenny Macklin, the then Minister for Families, Housing, Community Services and Indigenous Affairs announced the Commonwealth Government would be leading the development of a national carer recognition framework comprising:

- Commonwealth carer recognition legislation
- National Carer Strategy.

The ***Carer Recognition Act 2010 (the Act)*** came into effect on 18 November 2010, and is the first element of the Australian Government’s commitment to deliver the framework and compliments carer recognition already in place in some states and territories.

The Act establishes:

- A broad and encompassing definition of ‘carer’
- The *Statement for Australia’s Carers*
- Responsibilities, reporting and consultation arrangements for certain Australian Public Service (APS) agencies.

The Guidelines (to the Act) informs APS Agencies and Associated Providers about:

- Their responsibilities under the Act

- How the responsibilities can be met in the context of policy, program and service delivery.

DVA is a Australian Public Service Care Agency (APS Agency) and VHC Service Providers and Assessment Agencies are Associated Providers.

2. The Carer Recognition Act 2010

Now that you have enhanced your understanding of carers and some of the issues facing them, you have a context for looking at the actual legislation.

[Access the appropriate legislation in hard copy \(if available in your workplace\) or on-line via the following hyperlinks:](#)

- [Carer Recognition Act 2010 \(Act\)](#)
- [Carer Recognition Act 2010 Guidelines \(Guidelines\)](#)
- [National Carer Strategy \(NCS\)](#)

The Act:

- Acknowledges the important role in supporting family members, friends and neighbours to live at home and remain connected to their communities.
- Formally acknowledges the valuable social and economic contribution made by carers and complements carer recognition legislation already in place in some states and territories.
- Is intended to increase recognition and consideration of carers and drive cultural and attitudinal change throughout APS agencies and associated providers, and as a result the community as a whole.
- Provides a definition of carer for the purposes of this Act, but does not exclude or override other definitions of carer that exist in other legislation, eg state and territory laws, the Fair Work Act 2009, etc.

Agencies and individuals should ensure they meet their obligations under this Act and also under other legislation covering carers.

This training focuses on the Commonwealth Legislation but be aware that each State and Territory also has its own carer legislation (with the current exception of Tasmania) in addition to the Commonwealth Act.

3. Carer Recognition Act 2010 (the Act) – 10 Principles

[See Appendix 3:](#)

[Statement for Australia's Carers: 10 Principles](#)

Take a few minutes to read each of the 10 principles contained in the Act and think about what each of them means to you.

The following question will assist with familiarisation with these Principles, and their relevance to your work role.

Workbook Question 8:

Go to the page 6 of the workbook and answer question 8 a & b 'The 10 Principles – Statement for Australia's Carers'.

The Act is intended to increase recognition and consideration of carers and drive cultural and attitudinal change throughout APS agencies and associated providers and these Principles can be viewed as an important vehicle for achieving this.

4. National Carer Strategy: 6 priority areas:

Each of the 6 priority areas outlined in the **National Carer Strategy** has 2 policy directions.

See Appendix 4:

[National Carer Strategy: 6 Priority Areas and Policy Directions](#)

Workbook Activity 2:

[Go to page 7 of the workbook and complete the '6 Priority Areas' worksheet.](#)

You might like to forward the ideas you have noted during this activity to your manager for consideration.

5. Context for Legislation: Social Inclusion Statement

Social Inclusion Statement: A Stronger, Fairer Australia:

The statement is available at the [following link](#).

This statement sets out the government's plan for achieving greater social inclusion and carers are included as one of the six priority areas.

Time does not allow for inclusion in this session but the website provides a broader context that you may find interesting and want to read through at another time.

6. Carer Recognition Act 2010 Guidelines

The Carer Recognition Act 2010 Guidelines are a guide for Australian Public Service Agencies for the implementation of the Carer Recognition Act 2010. This document explains the aim of each obligation and provides practical examples of how agencies can meet these obligations.

7. Who has to comply with the carer Legislation

See Appendix 5:

Compliance with the Act

The information in appendix 5 provides answers to the following 4 questions and some parts of it have been simplified for easier understanding for the purpose of this training session. You can refer to the Act for the exact wording.

Q: Who has to comply?

- PSA's covered by this Act are those Agencies within the meaning of the *Public Service Act 1999*
- Public Service Care Agencies - DVA
- Associated Providers - VHC Assessment Agencies and Service Providers

8. What are the obligations for Public Service Agencies

The Act specifies the obligations of PSA's covered by the Act

What are the obligations?

- Awareness and understanding of the Statement for Australia's Carers
- Agencies should develop their human resources policies, so far as they may significantly affect an employee's caring role, having regard to the Statement for Australian Carers
- Take all practical measures to reflect the Statement for Australian Carers
- Each public service care agency is to consult carers, or bodies representing carers, when developing or evaluating care supports
- Public Service Care Agencies must report annually on their compliance with the Act and what they have done to achieve the outcomes under each of the obligations. The report must be included in the agency's annual reports.
- Public Service Care Agency must decide whether funding agreements with Associated Providers of care supports will specify compliance with the obligations.

Q: Are there limits on the Legislation?

- The Act does not create legally enforceable rights or duties

Q: What about state and territory legislation?

- This training session focuses on the Commonwealth legislation but participants, managers and staff, should also consult relevant state or territory legislation.
- The framework for those states and territories that have carer legislation is similar, but there may be some slight differences.

After reading through the information in appendix 5, take a few minutes to think about the material you have covered throughout the training session and then complete the following activity.

Workbook Activity 3:

Go to page 8 of the workbook and complete the 'Testing your knowledge quiz'.

Conclusion

Part 1 explored the carer experience through a range of topic areas:

- Who is a carer as defined by the Carer Recognition Act 2010
- Some of the issues affecting carers and their needs
- Caring in the veteran context
- Key carer statistics
- Loss and grief
- Barriers to service uptake and how to overcome these barriers
- Support for carers

Part 2 explored relationships from the perspective of services being delivered within the home and included:

- The relationship between the carer and care recipient
- The relationships triangle which introduced service providers into the carer and care recipient relationship
- Understanding the relationships and the added pressures that occur for carers
- Consideration of the implications of the relationships triangle in your work
- Carer friendly practices and how they can enhance your work role

Part 3 provided awareness of the carer legislation with a focus on:

- The National Carer Recognition Framework (brief overview)
- The Carer Recognition Act 2010 and the 10 Principles
- The National Carer Strategy and the 6 Priority Areas
- The Carer Recognition Act 2010 Guidelines
- Compliance with the Act – who has to comply and what are the obligations for Public Service Agencies , Public Service Care Agencies (such as DVA) and the Associated Providers (such as DVA contracted providers) covered by this Act

Congratulations you have now completed the Carer Awareness Training.

We hope you found this an enjoyable experience. To check your responses to the questions and activities refer to The Answer book.

We trust this training package has raised your awareness and understanding of carers and the carer legislation and will serve as an ongoing reference for you.

Background Reading

Veteran specific issues

Carers within the veteran community face the same issues as carers within the general community, but this is often compounded by the unique circumstances associated with the veteran or ex-service person's Defence Force training, service, lifestyles, and experiences.

The Defence context

Regardless of which arm of the Defence Force an individual joins (Army, Navy, Air Force, or Reserves) there are commonalities for the individuals that will have lasting impacts not only during their time of service but throughout their lives.

Military training transforms the individual "*from civilian to soldier*" and involves preparation for living and working in high risk, dangerous environments.

Key features of this transformation include:

- Training for war and survival – development of an extremely strong sense of 'mateship' – they are trained to protect and "look after mates", and to kill when necessary.
- Mental and physical resilience & toughness.
- Controlled emotional reactions (learned behaviours that serve to protect and enable the individual to do what is necessary).
- Conditioned & instantaneous responses to stimuli (eg hypervigilance, pronounced anger response - reaching intense anger levels very quickly).
- Conditioned physical responses (eg responding instantaneously if approached from behind or touched while sleeping).
- A very structured and hierarchical mentality (eg giving and taking of orders, fanatical neatness - nothing out of place).
- An appearance of coping even when you're not (eg convincing self that "there's nothing wrong with me").

Add to the above:

- These experiences change the way a person sees themselves and their world and these changes can be profound.
- Connection to the past and the experiences associated with the past are extremely strong.
- Length and type of service may have different impacts and provide different support levels (eg contrast between long term careers, short term careers, and conscription / National Service).

- Extended periods away from home and family and support on:
- Training courses.
- Overseas deployments – in war zones, humanitarian or peace keeping missions.
- Service related injury, illness or trauma.
- Mental health issues – Posttraumatic stress disorder, anxiety disorders, depression as a result of service related experiences.
- Differing levels of support for individuals within and between units.
- Differing levels of access and or use of appropriate debriefing mechanisms (particularly for pre Gulf War veterans).
- Home-coming experiences may not always be ideal and have lasting consequences.
- Use of alcohol or other substances as a means of debriefing and/or coping (this was a sanctioned form of debriefing for many older veterans).
- Some veterans may have experiences as a prisoner of war (POW).
- The transition from “soldier to civilian” is an individual journey that occurs without a structured ‘de-programming’ component and many veterans struggle with this aspect of their life.

Long term effects can include:

- Higher rates of health risk factors including lack of exercise, obesity, long term use of cigarettes and alcohol.
- Hearing loss and sleep disturbance are common.
- More likely to experience short or long term illness, cancer, diseases of the digestive, nervous, circulatory and musculoskeletal systems, and mental health problems.
- Dementia is often compounded by war-related memories.
- Social and emotional isolation.
- Suspicion of others – eg perceptions of how the person may be judged due to their service and/or war experience.
- Emotional withdrawal – unable to show emotions or deal with those expressed by their carer, partner or family members.
- Denial – “there’s nothing wrong with me” is a common statement made by many veterans regardless of their actual mental or physical health status.

Impact of veteran specific issues on the carer

Carers of veterans often talk about “*walking on eggshells*”, particularly when they are caring for someone who has posttraumatic stress disorder or other anxiety disorder.

Carers often experience strong levels of guilt about:

- The health condition of the person they care for
- Addressing their own needs
- Taking time out for self-care activities

While a sense of guilt is common within the general community there is often an added compounding layer for carers of veterans which includes guilt about:

- The veteran’s war service and traumatic service experiences
- How that person may have been treated by society on return from active service or while on leave (eg the political climate surrounding the Vietnam War and its unpopularity)

Carers of veterans often say that the veteran often “issues orders” and that they feel they have to follow them, often without questioning them, to keep the peace

Extreme neatness is often cited by carers of veterans as causing intense anguish if something has been “left on the bench” or “placed the wrong way”

Maintaining family relationships while protecting children from the worst of the symptoms or behaviours is commonly cited by carers of veterans as presenting challenges

Some aspects of Defence service are unique to particular conflicts for instance:

Vietnam Veterans:

- Some were conscripted through National Service.
- It was an unpopular war and the first to be brought into our homes through television. It resulted in moratoriums, strikes, etc and many service men felt vilified by the public.
- It is not uncommon to hear Vietnam Veterans say they were particularly affected by the jungle environment and not always knowing who the enemy was as they often lived or hid amongst the villagers.
- Mental illness, particularly Posttraumatic Stress Disorder (PTSD), and other anxiety disorders are common, as is depression.
- Alcohol and substance use – as a means of coping and often as debriefing during service

Contemporary Veterans (post 1991):

- May be involved in multiple deployments in a variety of settings including war zones, peace keeping missions, border protection, and humanitarian work.
- Urban warfare in Afghanistan and Iraq can make it difficult to discern enemy from citizen.
- Complex issues are common and include depression, PTSD, acquired brain injury and lost limbs through improvised explosive devices (IED), small arms fire, etc.
- Communication between home and war zone is more instantaneous with technological communications such as skype, email, etc.

Appendix 1

Characteristics of Carer Loss and Grief

The following has been adapted from

[‘An un-recognised grief: loss and grief issues for carers – workers guide’](#).

- The book provides a good understanding into the carer’s experience of loss and grief and is available for purchase from Carers Victoria at a cost of \$13.00 per copy.
- Carers Victoria can be contacted by phone on 03 9396 9500.

Characteristics of carer loss and grief include the following:

- **No definite starting point**
 - Unlike bereavement, carer grief has no identifiable starting or finishing point.
- **No final loss**
 - The grief can be ongoing. Carers often talk about there not being any light at the end of the tunnel.
- **Chronic sorrow**
 - The grief could be so deep seated as to be part of day to day living and therefore not acknowledged.
- **Episodic or recurring grief**
 - The condition may improve briefly or the person may have some insight into their illness.
- **Ambiguous grief**
 - These losses are often unrecognised as they do not fit into our perception of grief. How can I grieve for someone who is still alive?
- **Cumulative loss**
 - Caring does not happen in isolation. New losses can tap into old losses. Carers can feel more vulnerable and overwhelmed when isolated or having experienced previous losses.
- **Anticipatory loss**
 - Unsure as to what the future holds for the carer recipient AND the carer.
- **Disenfranchised grief**
 - The stresses, isolation and other impacts of caring are often not recognised or understood by others. There may be no opportunity for public grieving or rituals.

Appendix 2

Responding to Carer Loss and Grief - General Principles

The following has been adapted from

[‘An un-recognised grief: loss and grief issues for carers – workers guide’](#).

- The book provides a good understanding into the carer’s experience of loss and grief and is available for purchase from Carers Victoria at a cost of \$13.00 per copy.
- Carers Victoria can be contacted by phone on 03 9396 9500.

General principles include:

- **Allow the carer to tell their story** - from whatever point of their journey they wish.
- **Listen with the heart** - seek to understand how it is for them.
- **Name the grief** - acknowledge the ambiguity of the losses and how hard it must be.
- **Allow adequate time** - for first and subsequent meetings.
- **Try not to judge** - or censor the carer’s experiences or feelings.
- **Avoid clichés and platitudes** - such as “I know how you feel”.
- **Be aware that the grieving person may need to tell and retell their story** - this is part of healing.
- **There may be times when you feel at a loss to know what to say** - don’t be afraid to say this or just to sit with the silences.
- **Provide as much information as possible** - about the illness or disability.
- **Resist the temptation to respond with a “fix it quick” approach** - it may be more helpful to clarify and reflect back what your understanding of what was said than to problem solve.
- **Encourage the carer to look after their own physical, mental and emotional health** - discuss health impacts of caring and try and develop some simple strategies aimed at carer well being.
- **Validate the grief** - as a normal reaction to the losses.
- **Be aware that individuals grieve differently** - avoid assumptions about how a person should react.
- **Home visits may be more suitable for offering emotional support to the carer** - ensure it is at a time and in a room where the carer can speak freely.

- **Respect the fact that the carer may take time to build up trust in you** - especially if they have had contact with lots of workers or bad service experiences.
- **Inform the carer** - about relevant support groups, relevant diseases specific organisations and specialist counselling services.
- **Affirm the good job the carer is doing** - share positive observations about the carer's skills and commitment.
- **If appropriate ask how loss, pain and disability are usually dealt with or ritualised in the carers family** - if the carer is from a culturally and linguistically diverse background ask how it is dealt with in their own culture.
- **Celebrate progress and milestones** - some carers may wish to use ritual to do this.
- **Try to finish your time with the carer on a hopeful note.**

Appendix 3

Statement for Australia's Carers:

10 principles are the cornerstone of the *Carer Recognition Act (2010)*:

1. All carers should have the same rights, choices and opportunities as other Australians, regardless of age, race, sex, disability, sexuality, religious or political beliefs, Aboriginal or Torres Strait Islander heritage, cultural or linguistic differences, socioeconomic status or locality.
2. Children and young people who are carers should have the same rights as all children and young people and should be supported to reach their full potential.
3. The valuable social and economic contribution that carers make to society should be recognised and supported.
4. Carers should be supported to enjoy optimum health and social wellbeing and to participate in family, social and community life.
5. Carers should be acknowledged as individuals with their own needs within and beyond the caring role.
6. The relationship between carers and the persons for whom they care should be recognised and respected.
7. Carers should be considered as partners with other care providers in the provision of care, acknowledging the unique knowledge and experience of carers.
8. Carers should be treated with dignity and respect.
9. Carers should be supported to achieve greater economic wellbeing and sustainability and, where appropriate, should have opportunities to participate in employment and education.
10. Support for carers should be timely, responsive, appropriate and accessible.

Source:

Reproduced from the Carer Recognition Act 2010

Appendix 4

National Carer Strategy: 6 priority areas & policy directions for action:

Priority area 1: Recognition and respect

Carers are recognised, valued, respected and have their rights protected

Policy direction 1

Strengthen awareness and understanding of the valuable role of carers and their rights as individuals:

Implications: those who develop and implement policies, programs and services for carers and the people they care for must be aware and consider the needs of carers.

Policy direction 2

Ensure that carers are engaged as partners in care.

Implications: health and community care professionals to involve carers as partners in the provision of formal care, from planning to service delivery.

Priority area 2: Information and access

Carers have access to appropriate and timely information which makes it easier for them to get support

Policy direction 1

Provide up-to-date and relevant information so carers can make informed decisions

Implications: agencies which are the first point of contact for carers, such as health, community and school-based professionals, need to quickly link carer with appropriate and relevant information.

Policy direction 2

Improve access to existing services and supports

Implications: services need to support carers to navigate the system and to make links across different systems eg aged care and mental health.

Priority area 3: Economic security:

Carers have economic security and opportunities to participate in paid work

Policy direction 1

Improve supports so carers have more options to participate in paid work

Implications: employers need to provide workplace flexibility to support those in caring roles, and where possible address barriers and disincentives for carers to volunteer into employment services.

Policy direction 2

Ensure the income support system continues to provide adequate support

Implications: mainly rest with government income support reforms rather than with service providers.

Priority area 4: Service for carers

Carers are supported with appropriate, timely and accessible services

Policy direction 1

Support services for carers respond to individual circumstances

Implications: support services need to be based around the care relationship as the service needs of both are linked. The services need to respond to changing circumstances. Eg in Veterans' Home Care.

Policy direction 2

Improve data to inform future policy, program and service delivery

Implications: mainly government initiatives in data collecting, such as SDAC – the Australian Bureau of Statistics Survey of Disability, Ageing and Carers. However service providers need to be aware of diversity of care provided in the community, and those carers who do not formally identify as such.

Priority area 5: Education and training

Carers have the skills to undertake their role and opportunities to participate in formal education and training

Policy direction 1

Carers have the skills and knowledge to undertake the caring role

Implications: carers need practical skills (such as safe manual handling, medication administration) and advocacy skills to effectively negotiate with clinicians, service providers and support workers.

Policy direction 2

Carers are supported to undertake education and training opportunities

Implications: flexibility in educational, training and skills development so ensure carer participation.

Priority area 6: Health and well-being

The health and wellbeing of carers and their capacity to participate in social and community life is improved.

Policy direction 1

Improve supports for the physical and emotional health and wellbeing of carers

Implications: front line health and other support staff learn to recognise when carers are suffering from poor physical and emotional health and help them locate and obtain support.

Policy direction 2

Give carers greater opportunities to participate in family, social and community life

Implications: respite services need to be flexible and creative in their support, and community organisations recognise the need for carer respite.

Source:

Summarised from the Australian Government National Carer Strategy

Appendix 5

Compliance with the Act

Who has to comply with the carer legislation?

Public Service Agencies (PSA's)

- PSA's covered by this Act are those Agencies within the meaning of the Public Service Act 1999 which includes a Department, and Executive Agency, or a Statutory Agency collectively referred to as APS agencies.
- Public Service Care Agencies (eg Department of Veterans' Affairs (DVA)) are defined under the Act as those agencies that are responsible for the development, implementation, provision or evaluation of care supports.
- Care supports are defined as policies, programs or services that are directed to carers or the persons for whom they care.

Associated Providers:

- Associated Providers are people or bodies contracted or funded by public service care agencies to develop, implement, provide or evaluate care supports (policies, programs, services) directed to carers and the people they care for (eg VHC Assessment Agencies or VHC Service Providers).
- Contracts or funding arrangements entered into with a State or Territory Government are not included in the definition of associated provider.

What are the obligations for Public Service Agencies (PSA's)?

- awareness and understanding
- human resources policies
- additional obligations
- consultation
- annual reporting

Each obligation entails:

Awareness and understanding of the Statement for Australia's Carers (definitions as per section II of this training)

- Understanding of what a carer is as defined by the Act.
- Awareness of the principles in the Statement.

- If in a caring role, being more able to self-identify as a carer.

The obligation for each PSA is to take all practicable measure to ensure that its employees and agents have an awareness and understanding of the Statement for Australian Carers. The PSA's employees and contractors need to understand what a carer is, as defined by the Act, and if in a caring role, being more able to self-identify as a carer.

Agencies should develop their human resources policies, so far as they may significantly affect an employee's caring role, having regard to the Statement for Australian Carers

- Consult with employees with caring responsibilities.
- Ensure their needs are considered when developing human resource policy and practices.
- Collect statistics on incidence of employees who are carers.
- Develop guidelines for managers who have employees who are carers.
- Establish and raise awareness of Carer Support Groups and Employee Assistance Programs.
- Review workplace arrangements to ensure flexibility for carers.

Additional obligations of public service care agencies

Each Public Service Care agency is to take all practicable measures to ensure that it, and its employees and agents, take action to reflect the principles of the Statement for Australia's Carers in developing, implementing, providing or evaluating care supports.

Consultation

Each Public Service Care agency is to consult carers, or bodies representing carers, when developing or evaluating care supports. To meet this obligation they will need to demonstrate how they have included carers eg consultations, meetings, submissions in the policy development and evaluation process. It could include research, involving carers in policy development, developing a best practice model etc.

Annual Reporting

Public service care agencies must report annually on their compliance with the Act and what they have done to achieve the outcomes under each of the obligations. The report must be included in the agency's annual reports.

It is up to the Public Service Care agency to decide whether funding agreements with Associated Providers of care supports will specify compliance with the obligations.

There is no requirement for APS (Australian Public Service) agencies that are not public service care agencies to formally report on the compliance with the Act.

Limits on the Legislation

The Act does not create legally enforceable obligations. The Act specifies the limitations of this legislation but in essence:

- The Act does not create legally enforceable rights or duties.
- Public service agencies and associated providers must comply with the requirements of other Commonwealth, State and Territory laws.
- The Act is not intended to exclude similar State or Territory laws (for example State or Territory Carer legislation).

State and Territory Legislation

This training session focuses on federal legislation but participants, Managers and staff, should also consult relevant state or territory legislation.

The framework for those states and territories that have carer legislation is similar, but there may be some slight differences eg:

- Victoria – main difference: Legislation is directed at support of the ‘care relationship’ rather than ‘carer’.
- New South Wales – adds the following point to their ‘Carers Charter’ (which is similar to the ‘10 Principles’ in the national legislation): ‘The additional difficulties faced by remote and rurally based carers caused by isolation should be recognised and acknowledged.’
- Tasmania – currently does not have state carer legislation.

Hyperlinks

Carer Recognition Act 2010 (Act)

<http://www.comlaw.gov.au/Details/C2010A00123>

Carer Recognition Act 2010 Guidelines (Guidelines)

http://www.fahcsia.gov.au/sites/default/files/documents/07_2012/carers_recognition_act_0.pdf

National Carer Strategy (NCS)

http://www.fahcsia.gov.au/sites/default/files/documents/06_2012/national_carer_strategy.pdf

Carers Australia website.

<http://www.carersaustralia.com.au>

Social Inclusion Statement: A Stronger, Fairer Australia:

http://www.socialinclusion.gov.au/sites/www.socialinclusion.gov.au/files/publications/pdf/brochure_stronger_fairer_australia.pdf