

*Response to questions
taken on notice by Carers
Australia on 28 August
2012, received 12
September 2012.*

Senate Standing Committee on Education, Employment and Workplace Relations: References Committee

At the Committee's hearing of Tuesday 28 August 2012, the Chair of the Committee and Senator McKenzie asked the representatives of Carers Australia if they could provide information on the number of young carers, including numbers younger than 18 years.

The information provided below is taken from the Australian Bureau of Statistics' *Survey of Disability, Ageing and Carers 2009* (SDAC). The SDAC defines a carer as a person of any age who provides any informal assistance, in terms of help or supervision, to persons with disabilities or long-term conditions or persons who are elderly. This assistance has to be ongoing, or likely to be ongoing, for at least six months. Assistance to a person in a different household relates to 'everyday types of activities', without specific information on the activities. Where the care recipient lives in the same household, the assistance is for one or more of the following activities: cognition or emotion; communication; health care; household chores; meal preparation; mobility; property maintenance; reading or writing; self-care; or transport.

SDAC presents the estimates of the number of carers by age group, including those less than 18 years and 18-24 years. In Australia, carers who are younger than 25 are generally considered 'young carers'.

Young carer population estimates, Australia 2009

	Total young carers
Under 18	
Male	77,300
Female	75,200
Persons	152,500
18-24	
Male	78,000
Female	74,300
Persons	152,300
Under 25	
Male	155,300
Female	149,500
Persons	304,800

Carers Australia

September 2012

Sequence of actions for Carer transition

- Carer's first contact with Centrelink after the carer grieving period or after the person being cared for goes into institutional care "to be flagged" by Centrelink, as this is a very critical first step in a Carer's transition process. When it happened to me I had to actually tell the Centrelink staff I had been a Carer for 17.5 years and please respect that. It should be supportive and not have demanding requirements of any kind as it would be too daunting during the transition and grieving process of a Carer. A set back at this point could be extremely damaging to the Carers health and wellbeing.
- First appointment at Centrelink should be in a private area/office, with staff appropriately experienced/trained and from that part of Centrelink which deals with Carers. Allowances should be made for Carers who may still be in an emotional state, such as grief and loss. The ability to accept too much will vary from person to person so sensitivity at this point is critical.
- A carer may not know what to do next after caring, feeling lost and isolated, especially after a long term caring situation, as they would have been totally focused on their caring 24/7. A separate stream/pathway through the Centrelink and employment service systems for Carers in transition is required, as there is no appropriate provider to assist in this regard to provide understanding with a slow and steady personal development program to assist Carers to reconnect to a mainstream lifestyle.
- Income loss of approximately 60%, as the Carer goes from a two income (pension) situation down to one and then being further reduced to the Newstart allowance only. This is the cause of a great deal of stress at a vulnerable time and adds to the burden of the Carer who is already going through a difficult transition.
- Carers having difficulty with the transition need time to settle down and level out after many years of caring. The need to constantly report and to meet job seeker requirements needs to be waived (grant exemption from work requirements) for an appropriate period of time, pending the individual Carer's ability to recover, needs, etc. Assessment to be made by an appropriate combination of known support services such as the family doctor, who would be the most familiar with the Carer's role and responsibilities whilst caring and/or a counselor chosen by the Carer. At this point counseling could be suggested when the Carer stabilises emotionally. In my case I could not contemplate the idea for 8-10 months. All along I knew I would need to talk to someone when I felt I was at that stage. I think the individual Carer can only know this for themselves.

- After the Carer has settled enough and feels up to it, Carer specific counselling should be available on an as needed basis and not limited to six sessions as is current practice. This can take quite a lengthy period of time as the Carer needs to overcome such things as possible hyper vigilance, mental and physical exhaustion and interrupted sleep over many years; it is very much a mental and physical condition. This will enable the Carer to take a step by step approach to building themselves up to a point where they feel they will be able to slowly re-enter mainstream life, study and/or a work environment. By this I mean part time work or study in conjunction with counseling to build the carer up and to guide them through this period.
- I feel this would be best done without the pressure to meet normal Newstart work requirements, as I feel those pressures would only set back the Carer's recovery/rehabilitation etc!
- A slow and steady approach to retraining, starting with short courses, one day etc, In my case one day courses to renew my former industry qualifications, White Card (Site Induction card), Boiler Operators (BO) High Risk licence renewal, Elevated Work Platform high risk licence, all my former trade qualifications that had either changed or expired during my Caring time!
Before my Caring responsibilities, I was in a local sporting club, running the bar voluntarily. Now I would require the Responsible Serving of Alcohol (RSA in Vic), to take part in this activity again. Renewing these community connections would also assist.
All of these above mentioned short courses would have helped me to re-enter mainstream work/life slowly and steadily and to establish confidence, exposure to study in a formal setting and to be in and around people again. I feel this would assist the Carer transition greatly. Timing of courses to be paced within the capabilities of the recovering Carer. I feel it would be best conducted in conjunction with Carer counseling. Some Carers might prefer their doctor or other options for this. I feel flexibility as to whoever the Carer is comfortable discussing these issues with, is of the utmost importance.

Kind Regards,

Terry Stroud.