# Contents

1. Foreword from Ministers ........................................... 5
2. Overview ..................................................................... 7
3. Australian Government Department Acronyms .............. 10
4. Priority Action Sheets .............................................. 11
   - PRIORITY 1 - RECOGNITION AND RESPECT .................. 11
   - PRIORITY 2 - INFORMATION AND ACCESS .................. 14
   - PRIORITY 3 - ECONOMIC SECURITY ......................... 18
   - PRIORITY 4 - SERVICES FOR CARERS ..................... 21
   - PRIORITY 5 - EDUCATION AND TRAINING ................ 25
   - PRIORITY 6 - HEALTH AND WELLBEING .................. 28
We are pleased to deliver the first Action Plan (2011-2014) for the National Carer Strategy, which was delivered in August 2011.

It affirms the Australian Government’s commitment to doing the hard work to assist the 2.6 million carers in Australia who give up their time, energy and resources to assist people in need of support.

It demonstrates the Government’s desire to work with carers and key peak organisations to identify practical actions that can be undertaken to improve the lives of carers and the people they care for.

The first Action Plan moves beyond setting the vision and the direction. It includes two action sheets for each of the six priority areas in the National Carer Strategy.

These action sheets will be the “score card” to track the success of the Government’s work in ensuring carers have the rights, choices and opportunities to participate in work, social and community life.

This first Action Plan sets out practical actions with timeframes and individual agency responsibilities for the period 2011 to 2014. Many of these actions are designed to make sure that broader reform agendas consider and support the crucial role of carers in the care and support system.

Over the next three years, agencies will report to us on their achievements against this first Action Plan and we will table that report to relevant Commonwealth Standing Councils each year.
The first Action Plan complements and builds on similar action plans that have been developed by many of the states and territories.

Supporting carers is everyone’s business and the Australian Government will continue to work with all levels of government, non-government organisations, businesses and individuals to improve the lives of carers.

The Hon Jenny Macklin MP
Minister for Families,
Community Services
and Indigenous Affairs
Minister for Disability Reform

The Hon Tanya Plibersek MP
Minister for Health

Senator the Hon Jan McLucas
Parliamentary Secretary to
the Prime Minister
Parliamentary Secretary for
Disabilities and Carers

The Hon Mark Butler MP
Minister for Mental Health and Ageing
Minister for Social Inclusion
Minister Assisting the Prime Minister on Mental Health Reform
2
Overview

This document is a companion to the National Carer Strategy Implementation Plan, which outlines how the National Carer Strategy will be implemented through an action based approach of three year plans. Over time, these plans will drive the change needed to provide carers with the rights, choices, opportunities and capabilities to participate in work, family and community life.

**Action Plan 1 (2011-2014) - Short term practical actions**

A summary outline for the first Action Plan (2011-2014) is provided in Diagram A (Page 9).

The first part of this outline identifies the vision, aim, priority areas, policy directions and areas for future action contained in the National Carer Strategy. The new additions, which form the Action Plan for 2011-2014 include:

- **Practical actions** – these are actions that will be undertaken against each of the policy directions and areas for future action identified in the National Carer Strategy;
- **Influencing actions** – these are actions under the disability, mental health, aged care, service delivery and health services reforms that link into the action areas under the National Carer Strategy; and
- **Outcome Indicators** – these are the indicators that will measure the success of the National Carer Strategy at the priority level.
Action sheets

Action sheets have been developed for each of the policy directions the Government committed to as part of the National Carer Strategy (pages 11 – 30). These sheets contain:

- **Practical actions** for 2011-2014, including how the areas for action will be achieved, by whom within the Australian Government and when;
- **Influencing actions** for 2011-2014, including how the areas for action will influence broader Australian Government reform agendas and who will be responsible; and
- **Outcome Indicators** to measure progress at the outcome level.

These action sheets are the “score card” for the Government’s practical commitment to carers. They will measure the success of the National Carer Strategy in the shorter term.

The Australian Government department or agency responsible for completing each practical and influencing action is included on the action sheets.
**NATIONAL CARER STRATEGY - FIRST ACTION PLAN (2011-2014)**

**Diagram A**

**Vision:** Carers in Australia are valued and respected by society. They have rights, choices, opportunities and capabilities to participate in economic, social and community life.

**Aim:** To respond to the diverse and changing needs of carers with services and supports that are coordinated, flexible, appropriate, affordable, inclusive and sustainable.

<table>
<thead>
<tr>
<th>Priority Areas</th>
<th>Policy Directions</th>
<th>Areas for Action</th>
<th>Practical Actions 2011-2014</th>
<th>Outcomes Indicator</th>
<th>Reform Agenda Influencing Actions 2011-2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recognition and Respect</strong></td>
<td>1.1 Provide $1.6 million to fund a national awareness campaign to raise awareness of carers and encourage them to seek assistance and support.</td>
<td>1</td>
<td>1. Provide $1.6 million to fund a national awareness campaign to raise awareness of carers and encourage them to seek assistance and support.</td>
<td>The recognition of carers, and understanding of the caring role, is improved.</td>
<td>National Disability Insurance Scheme, Aged Care, Health and Hospital Reforms, National Disability Strategy, National Disability Agreement, Mental Health Reform.</td>
</tr>
<tr>
<td><strong>Information and Access</strong></td>
<td>2.2 Address the information needs of carers who need particular support such as older carers, young carers, Indigenous carers, carers from culturally and linguistically diverse backgrounds and carers living in rural, regional and remote areas.</td>
<td>2</td>
<td>2.2 Address the information needs of carers who need particular support such as older carers, young carers, Indigenous carers, carers from culturally and linguistically diverse backgrounds and carers living in rural, regional and remote areas.</td>
<td>Carers’ access to appropriate and timely information is improved.</td>
<td>National Disability Insurance Scheme, Aged Care, Health and Hospital Reforms, National Disability Strategy, National Disability Agreement, Mental Health Reform.</td>
</tr>
<tr>
<td><strong>Economic Security</strong></td>
<td>3.1 Provide $2.9 million over four years for fairer access to the Carer Supplement.</td>
<td>3</td>
<td>3.1 Provide $2.9 million over four years for fairer access to the Carer Supplement.</td>
<td>Economic security and labour force participation of carers is increased.</td>
<td>National Disability Insurance Scheme, Aged Care, Health and Hospital Reforms, National Disability Strategy, National Disability Agreement, Mental Health Reform.</td>
</tr>
<tr>
<td><strong>Services for Carers</strong></td>
<td>4.1 Provide $1.1 million over five years to double Family Mental Health Support Services.</td>
<td>4</td>
<td>4.1 Provide $1.1 million over five years to double Family Mental Health Support Services.</td>
<td>The percentage of carers who receive support/training in their caring role and participate in formal education and training is increased.</td>
<td>National Disability Insurance Scheme, Aged Care, Health and Hospital Reforms, National Disability Strategy, National Disability Agreement, Mental Health Reform.</td>
</tr>
<tr>
<td><strong>Education and Training</strong></td>
<td>5.1 Examine and identify gaps in programs and services that support carers to gain the skills they need to commence, maintain and cease their caring role.</td>
<td>5</td>
<td>5.1 Examine and identify gaps in programs and services that support carers to gain the skills they need to commence, maintain and cease their caring role.</td>
<td>An increase in the reported health and wellbeing of carers and capacity to participate in the community is achieved.</td>
<td>National Disability Insurance Scheme, Aged Care, Health and Hospital Reforms, National Disability Strategy, National Disability Agreement, Mental Health Reform.</td>
</tr>
<tr>
<td><strong>Health and Wellbeing</strong></td>
<td>6.1 Increase awareness among general practitioners and other front line staff of the physical and emotional health of carers.</td>
<td>6</td>
<td>6.1 Increase awareness among general practitioners and other front line staff of the physical and emotional health of carers.</td>
<td></td>
<td>National Disability Insurance Scheme, Aged Care, Health and Hospital Reforms, National Disability Strategy, National Disability Agreement, Mental Health Reform.</td>
</tr>
</tbody>
</table>
Australian Government Department Acronyms

ABS       Australian Bureau of Statistics
AGD       Attorney-General’s Department
APSC      Australian Public Service Commission
DBCDE     Department of Broadband, Communications and the Digital Economy
DEEWR     Department of Education, Employment and Workplace Relations
DHS       Department of Human Services
DIISRTE   Department of Industry, Innovation, Science, Research and Tertiary Education
DoHA      Department of Health and Ageing
DRALGAS   Department of Regional Australia, Local Government, Arts and Sport
DVA       Department of Veterans’ Affairs
FaHCSIA   Department of Families, Housing, Community Services and Indigenous Affairs
Priority Action Sheets

Priority 1 Action Sheet: Recognition and Respect

POLICY DIRECTION #1
Strengthen awareness and understanding of the valuable role of carers and their rights as individuals

Why
We want to ensure that carers feel valued and visible and for everyone in the community to recognise, acknowledge, support and respect their significant contribution.

Areas for Action

1.1 Provide $1.6 million to fund a national awareness campaign to raise awareness of carers and encourage them to seek assistance and support.

1.2 Work with peak bodies, community care, mental health services and allied health professionals to help them identify and support people who do not see themselves as carers.

1.3 Promote the principles of the Carer Recognition Act 2010 to Australian Public Service agencies and funded service providers.

1.4 Identify key legislation and policy to review to improve the recognition of carers.

How/When/Who

Practical Actions 2011-2014

• Distribute the letter from the Australian Public Service Commissioner to all agencies to raise awareness of the Carer Recognition Act 2010 and to ensure compliance with obligations (complete by December 2011). Lead: APSC
• Ensure Australian Public Service Care Agencies report on their compliance with the Carer Recognition Act 2010 in their annual reports commencing 2011-2012 (complete by November 2012). Lead: FaHCSIA

• Develop a comprehensive list of Commonwealth legislation and policy that impacts on carers (complete by June 2012) and prioritise pieces of legislation for review in order to better recognise the role of carers (complete by December 2013). Lead: FaHCSIA

• Provide funding of $346,000 to develop and deliver a training package to DVA-contracted service providers via the National Carers Support Service, to ensure compliance with the Carer Recognition Act 2010 and the Statement of Australia’s Carers (complete by June 2013). Lead: DVA

• Amend the Aged Care Principles 1997 to include people in the lesbian, gay, bisexual, transgender and intersex (LGBTI) community as a special needs group, to further enable access to appropriate care suitable to their needs (complete by June 2012). Lead: DoHA

• Develop and implement a $1.6 million National Carer Awareness Campaign (complete by June 2013) to raise community awareness of the role of carers and the significant contribution they make to society and target ‘hidden carers’ who may be unaware that they are carers and of the support available to them (including from culturally and linguistically diverse and Indigenous backgrounds). Lead: FaHCSIA

• Evaluate the effectiveness of the $1.6 million National Carer Awareness Campaign (complete by June 2014). Lead: FaHCSIA

• Provide funding of over $1 million for Carers Week activities from 2011-2017 to celebrate and raise community awareness of the role of carers and the significant contribution they make to society (ongoing). Lead: DoHA

• Evaluate the effectiveness of Carers Week awareness campaigns each year, particularly in regard to identifying carers that do not self identify (ongoing). Lead: DoHA

• Develop best practice guidelines to help mainstream service providers better identify hidden carers (complete by December 2013). Lead: FaHCSIA, DoHA, DHS

• Raise awareness of the role and needs of carers living in regional, rural and remote areas through the Regional Development Australia network, the Local Government network and the MyRegion website (ongoing). Lead: DRALGAS

Influencing Actions

• Oversee new projects that identify practical ways to prepare the disability sector and workforce, and people with disability and their families and carers to move to a new way of delivering disability services through the National Disability Insurance Scheme. Lead: FaHCSIA

• Ensure that the Commonwealth Carers Forum continues to raise awareness of carers’ needs throughout Australian Government agencies and that relevant reform agendas across the disability, mental health, health and aged care systems acknowledge the value and contribution of carers. Lead: FaHCSIA

Indicator

The recognition of carers, and understanding of the caring role, is improved.
POLICY DIRECTION #2
Ensure that carers are engaged as partners in care

Why
We want carers to be able to participate in decisions that impact on them and the person they are caring for. We want health and community care professionals to recognise and involve carers where appropriate in planning care options and the delivery of services for the person they care for.

Areas for Action
1.5 Promote the importance and value of involving carers as partners in care to health and community care professionals.
1.6 Promote service models that effectively involve carers as partners in the provision of care.
1.7 Increase awareness and acknowledge the role, skill and experience of carers in reforms to health, disability, aged care, mental health and education and training systems.

How/When/Who

Practical Actions 2011-2014

- Ensure Australian Public Service Care Agencies update relevant program guidelines and standards so that they refer to the Carer Recognition Act 2010 and the Statement for Australia’s Carers (complete by December 2013). Lead: FaHCSIA
- Promote the importance of involving carers as partners in care through the $1.6 million National Carer Awareness Campaign (complete by June 2013). Lead: FaHCSIA
- Provide parents and carers with a funding allocation of up to $12,000 under the Helping Children with Autism and Better Start for Children with Disability initiative to purchase early intervention services that meet the needs of their child and family (commence from 1 July 2011). Lead: FaHCSIA

Influencing Actions

- Ensure that assessment processes and service models that are developed as part of aged care and mental health reforms, and a National Disability Insurance Scheme, include the need to actively involve carers as partners in the provision of care. Lead: FaHCSIA, DoHA

Indicator
The recognition of carers, and understanding of the caring role, is improved.
Priority 2 Action Sheet: Information and Access

POLICY DIRECTION #1
Provide access to up-to-date and relevant information so carers can make informed decisions

Why
We want carers to be able to gain the information they need to make decisions about support options as quickly and easily as possible. We want carers to be able to access highly visible and responsive support services.

Areas for Action

2.2 Address the information needs of carers who need particular support such as older carers, young carers, Indigenous carers, carers from culturally and linguistically diverse backgrounds, and carers living in regional, rural and remote areas.

2.3 Educate agencies that are the first point of contact for carers – such as health, community and school-based professionals – about how to quickly link carers with appropriate and relevant information.

How/When/Who

Practical Actions 2011-2014

- Undertake a review of current information sources available for different carer groups and identify information gaps (complete by December 2012). Lead: FaHCSIA, DoHA
- Address the information needs of older carers, young carers, carers of people with mental illness, carers from culturally and linguistically diverse backgrounds, Indigenous carers, and carers from rural, regional and remote areas, through the $1.6 million National Carer Awareness Campaign (complete by June 2013). Lead: FaHCSIA
- Continue to roll out the National Broadband Network to enable carers to benefit from improved access to information and support services, online interactive learning and training options, employment opportunities through teleworking and increased connectedness within the community (ongoing). Lead: DBCDE
- Explore alternative stakeholder engagement options to target carers who might not be linked in with payments and services to which they are entitled (complete by June 2013). Lead: DHS
- Establish new referral processes to ensure new recipients of Carer Payment or Carer Allowance are linked in with Carers Australia and its network of state and territory associations (commence from June 2013). Lead: DHS
• Provide $8.8 million to Respite Support for Carers of Young People with Severe or Profound Disability to facilitate access to information, respite care and other support or assistance appropriate to the individual needs and circumstances of carers and care recipients (complete by June 2012). Lead: FaHCSIA

• Publish the evaluation of the Respite Support for Carers of Young People with Severe or Profound Disability program to ensure that the program is well targeted to provide short-term, emergency respite for carers whose needs are not being met through existing state or territory initiatives (complete by June 2012). Lead: FaHCSIA

• Publish a stocktake paper on programs and services that provide future planning support for carers of people with disability (complete by June 2012). Lead: FaHCSIA

• Publish the evaluation of the Australian Disability Enterprise Transition to Retirement Pilot to help understand and document retirement and ageing issues faced by Australian Disability Enterprise employees and their families and carers (complete by June 2012). Lead: FaHCSIA

• Publish the evaluation of the MyTime Peer Support Groups for Parents of Young Children with Disability program (complete by June 2013). Lead: FaHCSIA

• Publish the evaluation of the Helping Children with Autism package and Autism Specific Early Learning and Care Centres (complete by August 2012). Lead: FaHCSIA

• Establish Aboriginal Liaison Officers under the Helping Children with Autism (HCWA) package to liaise with HCWA partner agencies, facilitate communication and problem solving with relevant Indigenous organisations and communities, and to facilitate sharing of effective strategies and products for increasing the knowledge of Indigenous families and communities between HCWA partners (commence from 2012). Lead: FaHCSIA

• Publish the evaluation of the Better Start for Children with Disability initiative (complete by December 2013). Lead: FaHCSIA

Influencing Actions

• Review the Carer Support Kit to reflect service delivery changes as part of the aged care reforms. Lead: DoHA

• Consider the needs of Indigenous carers when improving access to disability and mental health supports. Lead: FaHCSIA, DoHA

• Consider the need to create a primary source of information for carers when making improvements to websites as part of the aged care reforms and a National Disability Insurance Scheme. Lead: FaHCSIA, DoHA

• Consider the needs of carers when planning for the retirement of Australian Disability Enterprise employees. Lead: FaHCSIA

• Consider the individual needs and circumstances of carers when planning respite support for carers of young people with severe or profound disability. Lead: FaHCSIA

Indicator

Carers’ access to appropriate and timely information and services is improved.
POLICY DIRECTION #2
Improve access to existing services and supports

Why
We want carers to be able to easily access the services and supports that they need and recognise the importance of having their need for individual support assessed.

Areas for Action

2.1 & 2.4 Progress the implementation of a new ‘front end’ for aged care services that will improve information, intake and assessment.

How/When/Who

Practical Actions 2011-2014

• Establish a Gateway for aged care to assist older Australians and their carers in finding information and to better navigate the aged care system through a national call centre and MyAged Care website (commence from 2013). Lead: DoHA
• Establish a network of Carer Support Centres to complement the new MyAged Care website and the national call centre (complete by December 2015). Lead: DoHA
• Under the Living Longer Living Better aged care reform package funding is provided to implement reforms to improve information and access to older Australians and their carers (commence from July 2012). Lead: DoHA
• Trial Consumer Directed Care in residential aged care to provide older people and their carers with greater participation in the delivery of their care (complete by December 2014). Lead: DoHA
• Provide new types of home care packages (and an increased number of packages) (commence from July 2013). Lead: DoHA
• Build better health connections through funding of $80.2 million including $58.5 million to promote better practice and partnerships and $21.7 million to support specialist palliative care and advance care planning advice to aged care providers and General Practitioners caring for aged care recipients (commence from July 2012). Lead: DoHA
• Highlight information pathways to improve carers’ understanding of available carer services and supports through the $1.6 million National Carer Awareness Campaign (complete by June 2013). Lead: FaHCSIA
• Fund the Young Carers Project Survey on Facebook to collect information from 1,000 young mental health carers about their role, what supports are available to them, and the appropriateness of these supports (complete by June 2012). Lead: FaHCSIA
• Ensure veterans and their carers are assessed for respite services available through the Veterans’ Home Care Program (ongoing). Lead: DVA
Influencing Actions

- Identify clear processes for frontline staff to refer carers to aged care and disability service gateways. Lead: DoHA
- Ensure that information gateways for aged care and disability services are complementary and do not create service delivery gaps or disadvantage for carers. Lead: DoHA, FaHCSIA
- Enhance access to information for carers (including children) and professionals who work with them where a parent experiences mental illness, through the Children of Parents with a Mental Illness initiative. Lead: DoHA

Indicator

Carers’ access to appropriate and timely information and services is improved.
Priority 3 Action Sheet: Economic Security

POLICY DIRECTION #1
Improve supports so carers have more options to participate in paid work

Why
We want carers, who have the capacity, to balance their caring role with paid work. We recognise that carers have lower labour force participation rates than non-carers and that it is also important to assist carers to return to paid work when their caring role ends.

Areas for Action

3.1 Provide $2.9 million over four years for fairer access to the Carer Supplement.

3.2 Increase opportunities for carers who are seeking support to remain in the workforce, re-enter the workforce, or increase their participation in the workforce by extending the Demonstration Day Respite pilot, which was due to cease on 30 June 2011, to allow time to evaluate the effectiveness of long day respite options for employed carers.

3.3 Consult with stakeholders on expanding the right to request flexible working arrangements under the *Fair Work Act 2009*.

3.4 Address barriers and disincentives for carers to volunteer into employment services.

How/When/Who

Practical Actions 2011-2014

- Carers who have been in receipt of income support (including Carer Payment) for two or more years, who could not work because of substantial caring responsibilities, continue to be eligible for the Wage Connect Subsidy when registered with an Employment Services Provider (commence from 1 January 2012). Lead: DEEWR

- Continue funding Job Services Australia which provides a single entry point to a broad range of services that can assist carers, to find and keep a job (ongoing). Lead: DEEWR

- Extend the Demonstration Day Respite pilot program for two years from 2012 and complete evaluation of the effectiveness of long day respite options for employed carers by 2013. Lead: DoHA

- Release Australia’s new National Human Rights Action Plan that includes assistance to carers and comprises initiatives including a review of Commonwealth legal barriers to participation by older persons in the workforce or other productive work, including mature age carers (complete in December 2012). Lead: AGD
• Undertake consultations about introducing amendments that would broaden the rights of carers to request flexible working arrangements under the *Fair Work Act 2009* (complete by December 2012). Lead: DEEWR

• Pending the outcomes of the *Fair Work Act 2009* consultations, and the Parliamentary timetable, introduce possible amendments to the Act (complete by June 2013). Lead: DEEWR

• Develop information for employers and employees to support the passage of any amendments to the right to request flexible working arrangements (complete by June 2013). Lead: DEEWR

• Introduce legislation for fairer access to Carer Supplement in the Autumn 2012 Parliamentary sittings (complete by June 2012). Lead: FaHCSIA

• Commence rollout of the new $2.9 million funding for the Carer Supplement (commence from July 2012). Lead: FaHCSIA, DHS

• Provide carers with a better understanding of the supports available to them through the $1.6 million National Carer Awareness Campaign (complete by June 2013). Lead: FaHCSIA

• Guide the research project with the University of New South Wales which is aimed at understanding the impacts of social inclusion on carers (complete by June 2014). Lead: DEEWR

**Influencing Actions**

• Ensure the needs of all relevant parties, including employers, employees and carers are considered as part of the review of the *Fair Work Act 2009*. Lead: DEEWR

• Ensure carers rights are protected and they are able to access support that will assist them to participate in the workforce. Lead: AGD

• Consider how the development of supports for people with disabilities under a National Disability Insurance Scheme will also take account of the individual circumstances of their carers and encourage and enable carers to maintain attachment with the paid workforce. Lead: FaHCSIA

**Indicator**

Increased economic security and labour force participation of carers.

**POLICY DIRECTION #2**

Ensure the income support system continues to provide adequate support

**Why**

We want the income support system to provide adequate financial support for carers who cannot work, or are restricted in their workforce participation, because of their caring responsibilities.
Areas for Action

3.5 Provide $42.6 million over four years to extend automatic eligibility for the Carer Allowance (child) for carers of children with Type 1 Diabetes aged between 10 and 16 years.

3.6 Provide $10.3 million over four years to continue the Carer Adjustment Payment from 1 July 2012.

3.7 Provide $2.1 million over four years for fairer access to the Bereavement Payment.

How/When/Who

Practical Actions 2011-2014

- Introduce legislation to ensure fairer access to bereavement payments (complete by June 2012). Lead: FaHCSIA
- Commence rollout of the new $2.1 million in funding for bereavement payments (commence from 1 July 2012). Lead: FaHCSIA, DHS
- Commence rollout of the new $10.3 million in funding to continue the Carer Adjustment Payment (commence from 1 July 2012). Lead: FaHCSIA
- Commence rollout and implementation of the new $42.6 million in funding to extend the Carer Allowance (child) to carers of children with Type 1 Diabetes aged between 10 and 16 years (commence from September 2011 with eligible carers backdated to 1 July 2011). Lead: FaHCSIA, DHS
- Progressively implement fairer and more sustainable financing arrangements to ensure that older Australians will continue to be able to access the care they need, when they need it (ongoing). Lead: DoHA
- Provide more choice about how people pay for residential aged care accommodation costs by allowing all residents to pay through a fully refundable lump sum or rental style periodic payment or a combination of both (commence from July 2014). Lead: DoHA
- Highlight pathways for carers to access information and support from the income support system through the $1.6 million National Carer Awareness Campaign (complete by June 2013). Lead: FaHCSIA

Influencing Actions

- Consider mechanisms for ensuring carers are aware of income support for carers. Lead: FaHCSIA, DHS

Indicator

Increased economic security and labour force participation of carers.
Priority 4 Action Sheet: Services for Carers

POLICY DIRECTION #1
Support services for carers respond to individual circumstances

Why
We want support services for carers to be flexible, timely and responsive to their individual needs and the changing circumstances of the care relationship.

Areas for Action

4.1 Provide $61 million over five years to double Family Mental Health Support Services.

4.2 Provide $54.3 million over five years to expand mental health respite services. This will give up to 1,100 carers and families of people with a mental illness greater access to flexible respite support services.

4.3 Improve carer support programs to promote access to timely and appropriate respite arrangements.

4.4 Test and support different models of consumer-directed carer support to provide more control and flexibility over the use of available funding.

4.5 Ensure consideration of the needs of carers in the development and introduction of the new ‘front end’ to aged care.

How/When/Who

Practical Actions 2011-2014

- Provide $54.8 million over five years under the Living Longer Living Better aged care reform package to expand and reform carer support services including both emergency and planned respite care currently funded under the National Respite for Carers Program and increased carer counselling (commence from July 2012). Lead: DoHA

- Work with consumers and providers to shape the establishment of Carer Support Centres and innovative and flexible models of respite delivery that will enable carers and care recipients to have greater choice and control in how respite services are delivered (commence from July 2013). Lead: DoHA

- Work with consumers and providers to streamline existing respite care programs which will become an important component of the new Home Support Program (commence from July 2012). Lead: DoHA

- Review respite for carers in the context of aged care reforms to improve flexibility and coverage (complete by June 2014). Lead: DoHA

- Provide $22.6 million in 2011-2012 for veterans and their carers for in-home respite and emergency short term home relief respite services (complete by June 2012). Lead: DVA
• Provide respite and age-appropriate support to young carers through the Young Carers Respite and Information Services Program (ongoing). Lead: FaHCSIA

• Provide $192 million over five years to address access to information and aged care services that are sensitive to the diverse needs of people from CALD backgrounds, people who are homeless or at risk of being homeless, people who are care leavers and people from the lesbian, bisexual, transgender and intersex (LBGTI) community, their families and carers (commence from July 2012). Lead: DoHA

• Provide funding of $25.9 million over three years, to deliver the National Dementia Support Program which comprises the National Dementia Helpline and referral service; advice, counselling and support services; early intervention programs; education and training; awareness raising services; and support for people with special needs including the National Cross Cultural Dementia Network and activities for Aboriginal and Torres Strait Islander people (complete by June 2013). Lead: DoHA

• Develop a new National Framework for Action on Dementia, which will contribute to current and future work being undertaken to tackle dementia, improve the quality of life for people with dementia and reduce the care responsibility for their carers and family (commence from 2012). Lead: DoHA

• Continue the roll-out of Commonwealth mental health programs (commence from January 2012). Lead: DoHA

• Commence the progressive roll-out of extended mental health respite services (commence from September 2012). Lead: FaHCSIA

• Fund Carers Australia and state and territory carer associations to deliver the registration and information service of the Better Start for Children with Disability initiative to provide early intervention funding to parents and carers of children with disability (commence from July 2011). Lead: FaHCSIA

• Examine mental health respite programs to identify opportunities for improving coverage through reforming program design and delivery arrangements (complete by June 2013). Lead: DoHA

• Highlight information pathways to improve carers’ understanding of available carer services and supports available to carers through the $1.6 million National Carer Awareness Campaign (complete by June 2013). Lead: FaHCSIA

Influencing Actions

• Consider how the development of supports for people with disabilities under a National Disability Insurance Scheme will also take account of the individual circumstances of their carers. Lead: FaHCSIA

• Ensure recognition and support of carers, and that their needs are considered, in the development of the Australian Government’s response to the Productivity Commission report Caring for Older Australians. Lead: FaHCSIA, DoHA

• Monitor aged care, mental health and disability reforms to ensure changes to carer support programs are complementary and do not create any service delivery gaps. Lead: FaHCSIA

• Use the outcomes of the evaluation of the consumer directed care initiative to influence service models developed under the aged care reforms. Lead: DoHA
Indicator
An increase in carers supported with appropriate, timely and accessible services.

POLICY DIRECTION #2
Improve data to inform future policy, program and service delivery

Why
We want to obtain comprehensive data on carers to improve planning and targeted support services for carers.

Areas for Action

4.6 Work with the Australian Bureau of Statistics, state and territory governments and other research institutions to improve information, data and research about carers.

4.7 Work with state and territory governments to develop more robust national indicators for the measurement of outcomes for carers.

How/When/Who

Practical Actions 2011-2014

- Provide funding of $9.1 million over five years to establish an aged care Data Clearinghouse and to expand the Survey of Disability, Ageing and Carers (commence from August 2012). Lead: DoHA

- Determine baseline data for reporting against the National Carer Strategy from the 2009 Survey of Disability, Ageing and Carers (complete by December 2013). Lead: FaHCSIA

- Increase the frequency of the Survey of Disability, Ageing and Carers to every three years (commence from 2012 to 2018). Lead: ABS

- Consider including questions to identify children with caring responsibilities in the National Survey on the Social Engagement and Emotional Development of Children aged 8 to 14 years (complete by July 2013). Lead: DEEWR

- Develop new outcome indicators for carers that are in line with the National Disability Agreement performance framework agreed by the Council of Australian Governments (complete by December 2013). Lead: FaHCSIA

- Provide funding of $19.4 million over five years to promote and support dissemination of research findings across the aged care sector to support improvements in care delivery (commence from July 2012). Lead: DoHA

- Release the Indigenous Carers report compiled by the Social Policy Research Centre (complete by December 2012). Lead: FaHCSIA
Influencing Actions

- Ensure data systems developed for the new front end to aged care and a National Disability Insurance Scheme collect data on carers and that this data is collected in a consistent manner. Lead: FaHCSIA, DoHA
- Investigate opportunities for research to support better outcomes for carers of people with disability under the National Disability Agreement Research and Development Agenda. Lead: FaHCSIA

Indicator

An increase in carers supported with appropriate, timely and accessible services.
Priority 5 Action Sheet: Education and Training

POLICY DIRECTION #1
Carers have the skills and knowledge to undertake the caring role

Why
We want carers to have the necessary practical skills and knowledge they need to undertake both their caring role and to look after themselves.

Areas for Action

5.1 Examine and identify gaps in programs and services that support carers to gain the skills they need to commence, maintain and cease their caring role.

5.2 Work with Community Service and Health Industry Skills Council to identify ways to address the skills development needs of carers.

How/When/Who

Practical Actions 2011-2014

• Provide $10 million in 2012-13 under the National Disability Insurance Scheme to support initiatives that would identify practical ways to prepare people with disability and their carers, the disability sector and workforce to transition to the National Disability Insurance Scheme (commence from July 2012). Lead: FaHCSIA

• Provide $30.8 million over five years to increase the capacity of the National Aged Care Advocacy Program to support older people and families to better understand and exercise their rights and to expand the Community Visitors Scheme; to provide more social support to older Australians living in the community and in residential care (commence from July 2012). Lead: DoHA

• Provide $24.4 million to assist older Australians with diverse needs to access aged care services specific to their needs by improving the skills and knowledge of aged care providers to meet their care needs, including through staff training and access to expert assistance (commence from July 2012). Lead: DoHA

• Conduct research into programs and services that support carers to gain the skills and knowledge they need to commence, maintain and transition out of caring and identify any service gaps or unmet need in this area (complete by June 2013). Lead: FaHCSIA, DoHA

• Work with Community Service and Health Industry Skills Council to identify ways to address the skills development needs of carers (commence in 2013). Lead: DIISRTE
Influencing Actions

- Develop assessment processes as part of the aged care and mental health reforms that consider the need for carers to access services and supports to help them gain the skills and knowledge they need to undertake their role, and to sustain them in that role. Lead: DoHA
- Consider how the development of supports for people with disabilities under a National Disability Insurance Scheme will consider the need for carers to access services and supports to help them gain the skills and knowledge they need to undertake their role, and to sustain them in that role. Lead: FaHCSIA

Indicator

An increase in the percentage of carers who receive support/training in their caring role and participate in formal education and training.

POLICY DIRECTION #2
Carers are supported to undertake education and training opportunities

Why

We want carers to have opportunities to finish their education and for those that have the capacity, to balance their caring role with further education and training opportunities so that they are able to reach their full potential and participate in society.

Areas for Action

5.3 Explore ways to meet the needs of people with caring responsibilities who do not formally identify as carers and develop greater flexibility in educational settings.

5.4 Consider the needs of carers in reforms to education, training and skills development initiatives.

5.5 Improve awareness and understanding among education and training providers of the impact of caring responsibilities on students.
How/When/Who

Practical Actions 2011-2014

• Highlight the caring responsibilities of students to education and training providers through the $1.6 million National Carer Awareness Campaign (complete by June 2013). Lead: FaHCSIA

• Fund Carers Australia to develop the *Young Carers in Education (Supporting rural and remote young carers)* booklet to raise awareness of the unique challenges faced by young carers living in rural/remote areas (complete by March 2012). Lead: DEEWR

• Provide individualised case management support services to young carers who have disengaged or at risk of disengaging from education through the Youth Connections Program (commence from 2011). Lead: DEEWR

• Provide pastoral care and early intervention for schools, students and their families and carers, and the local community through the National School Chaplaincy and Student Welfare Program (commence from January 2012). Lead: DEEWR

• Request the National Skills Standards Council, the body established to provide advice to Ministers on the development and implementation of national standards for the regulation of vocational education and training (VET) and to endorse national training packages, to ensure that its 2012 review of the National VET Regulator Standards for Registered Training Organisations and the Australian Quality Training Framework takes a strong focus on assessment practices to strengthen regulation of assessment, including Recognition of Prior Learning (complete by 2013). Lead: DIISRTE

Influencing Actions

• Work with state and territory governments, and non-government education authorities to ensure that students with additional needs, including young carers, are supported and have the same opportunities as other students. Lead: DEEWR

• Ensure work to improve the skills development of carers and workforce capacity of care workers occurring as part of the aged care, health, mental health, community care and disability reforms are complementary. Lead: DIISRTE, FaHCSIA, DoHA

• Consider how the development of supports for people with disabilities under a National Disability Insurance Scheme will also take account of opportunities for carers to balance their caring role, to be able to reach their full potential and participate in society. Lead: FaHCSIA

Indicator

An increase in the percentage of carers who receive support/training in their caring role and participate in formal education and training.
Priority 6 Action Sheet: Health and Wellbeing

POLICY DIRECTION #1
Improve supports for the physical and emotional health and wellbeing of carers

Why
We want carers to be able to look after their health and wellbeing and to receive help to address their individual physical and emotional needs.

Areas for Action

6.1 Increase awareness among general practitioners and other front line staff of the physical and emotional health issues that carers may experience.

6.2 Make carers a priority in the Access to Allied Psychological Services program which enables general practitioners to refer patients to allied health professionals for psychological services.

6.3 Increase its share of public hospital funding to 45 per cent of all efficient growth in public hospital services from 2014-15 and to 50 per cent from 2017-18.

How/When/Who

Practical Actions 2011-2014

- Provide $14.5 million over five years to support multidisciplinary care for clients of both residential and home care services and improve access to General Practitioners through the use of video consultations (complete by June 2014). Lead: DoHA
- Provide initial funding for day clubs to give members of the veteran community an opportunity to integrate, socialise and participate in wider mainstream community activities (ongoing). Lead: DVA
- Encourage Medicare Locals to consider suitable service delivery models for carers diagnosed with mental illness (complete by June 2014). Lead: DoHA
- Highlight information pathways to services and supports that may assist carers’ physical and emotional health and provide carers with a sense of being valued and recognised through the $1.6 million National Carer Awareness Campaign (complete by June 2013). Lead: FaHCSIA

Influencing Actions

- Encourage initiatives that build stronger health and aged care connections to improve access to complex health care, including palliative and psycho-geriatric care. Lead: DoHA
Indicator
An increase in the reported health and wellbeing of carers and capacity to participate in the community.

POLICY DIRECTION #2
Give carers greater opportunities to participate in family, social and community life

Why
We want carers to have opportunities to increase their levels of social participation. We recognise that carers suffer from high levels of stress and that it is important that carers have a break from their caring role.

Areas for Action

6.4 Amend the scope of respite programs to be more creative and responsive to what carers and people being cared for want and need, including opportunities for carers to participate in social and community life.

6.5 Fund a young carer festival in each state and territory to give young carers an opportunity to have a break from their caring responsibilities and to relax, socialise and have fun with their peers.

6.6 Make locally based peer support groups a priority within existing community grant programs.

How/When/Who

Practical Actions 2011-2014

- Consider how the development of supports for people with disabilities under a National Disability Insurance Scheme will also take account of carers’ health and wellbeing (commence from July 2012). Lead: FaHCSIA
- Fund MyTime Peer Support Groups for Parents of Young Children with Disability throughout Australia to give parents and carers the opportunity to meet with others in similar circumstances, to socialise and to share information (complete by June 2013). Lead: FaHCSIA
- Highlight information pathways to improve carers’ understanding of available respite services through the National Carer Awareness Campaign (complete by June 2013). Lead: FaHCSIA
- Deliver a Young Carer Festival in each state and territory (complete by December 2012). Lead: FaHCSIA
• Expand the National Aboriginal and Torres Strait Islander Flexible Aged Care Program by an additional 200 aged care places to allow more Aboriginal and Torres Strait Islander people with complex high care needs to stay close to their home and country in culturally appropriate care (ongoing). Lead: DoHA

• Expand the Community Visitors Scheme to provide more social support to older Australians living in the community and in residential care (ongoing). Lead: DoHA

• Increase carer counselling to support their critical role in the aged care system (commence from July 2012). Lead: DoHA

• Review the Mental Health Respite Program to ensure they are flexible enough to enable carers to access respite so that they can participate in social and community life (complete by December 2011). Lead: FaHCSIA

Influencing Actions

• Consider how the development of supports for people with disabilities under a National Disability Insurance Scheme will also take account of carers’ health and wellbeing. Lead: FaHCSIA

• Monitor aged care, mental health and disability reform respite programs to ensure they do not create gaps and are complementary. Lead: FaHCSIA, DoHA

Indicator

An increase in the reported health and wellbeing of carers and capacity to participate in the community.