NSW Carers (Recognition) Act 2010

Implementation guidelines for public sector agencies
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Introduction

These guidelines will assist relevant staff within public sector agencies to understand and implement the NSW Carers (Recognition) Act 2010 (the Act). The Act places obligations on all public sector agencies in relation to carers.

The NSW Department of Family and Community Services (FACS) is responsible for leading the implementation of the Act throughout the public sector.

Implementation of the Act will raise awareness of the significant contribution carers make to the person they care for and to the NSW community.

The Act recognises the 850,000 carers in NSW in a number of ways, including:

- the establishment of the NSW Carers Advisory Council to promote the interests of carers and to provide advice to the NSW Government on legislation, policy, and other matters that have a significant impact on carers
- the creation of the NSW Carers Charter, with 13 principles for recognising carers (found at Schedule 1 of the Act).

How to use these guidelines

The guidelines are laid out in five sections, with each section relating to an obligation under the Act. Sections 1-3 contain the obligations of all public sector agencies and Sections 4-5 relate to human service agencies.

Each section contains icons, as detailed in the key to the right. The icons provide you with necessary information about the obligation, steps your agency can undertake to meet the obligation and either examples of how it has been done elsewhere or samples that you can use within your agency.

Attached to these guidelines is a package of resources. These resources can be distributed freely amongst staff, can be made available on your intranet site and can be reproduced as required. We have also included a team meeting pack, which managers can use to guide discussion with their staff about carers and the Act.

Icon key

- Valuable information
- The ‘to do’ list
- Policy into practice
Carers

Carers are people who provide ongoing, unpaid support to relatives or friends who need help with everyday aspects of life because of their disability, chronic illness, mental illness, dementia or ageing.

Carers come from all cultural backgrounds, can be any age, male or female. Each caring situation is unique, and each carer has individual needs. Carers can be family members, friends, housemates or neighbours. There are many who do not realise they are a carer.

A person is not a carer just because they live with or are related to the person who needs care.

A person is not considered to be a carer if:

- they care for a child who does not have a disability or chronic illness
- they care for someone who needs help because of a short term condition or illness, such as a broken leg
- they care for someone as a formal volunteer, paid employee or as part of education or training.

Your agency may provide services to people who are carers. Your agency may provide services to people who are supported by carers.

It is almost certain that within your agency, there are staff members who are carers.

Broader definitions of a carer can be found in industrial awards, other legislation and internal human resources policies.

While the unique experience of each carer must be acknowledged, there are some challenges that broadly impact on particular groups of carers and are important to understand.
Aboriginal carers
The Aboriginal people of NSW experience high levels of chronic health problems, including diabetes, kidney disease, cardiovascular disease and mental health problems. Aboriginal people are up to three times more likely to report high or very high levels of psychological distress.¹

These high levels of health problems correspond to additional demands upon Aboriginal families providing care. A high proportion of Aboriginal carers provide care for multiple people. In addition, many Aboriginal carers have to contend with significant disadvantage across a range of socioeconomic measures. This generally intensifies the pressure faced by those carers.

Young carers
There are more than 100,000 young carers (carers aged under 25) in NSW. This is likely to be underestimated as data regarding carers under the age of 15 is not collected. Whilst being a young carer can provide positive experiences, the child or young person will also experience significant challenges, in particular to their education, psycho-social development and emotional wellbeing. Further information about young carers is provided in Section 1.

Carers from culturally and linguistically diverse backgrounds
The experience of carers is significantly informed by their cultural background. The meaning attached to the carer role differs between cultures, with many languages having no equivalent term. Culture can create certain expectations around, for example, who should undertake the caring role and the use of support services. Culture informs carers’ understanding, experience of and response to disability, physical and mental illness, and ageing.

Some important factors which can compound the carers experience include their proficiency in the English language, literacy levels, the time since migration and experiences of loss or trauma pre-migration or associated with migration itself.

In general, the strategies that are discussed throughout these guidelines will also support these groups of carers. Where possible, additional specific information has been provided.

Public sector agencies

Under the Act, a public sector agency means any of the following:

- a division of the Government Service
- an area health network or statutory health corporation (within the meaning of the *Health Services Act 1997*)
- the NSW Police Force
- a NSW Government agency or other authority of the State
- a local council
- a State owned corporation.

The Act, when referring to public sector agencies, also refers to ‘agents of the agency’. An agent is an entity authorised to act on behalf of your agency with third parties and your agency remains legally responsible for what the agent does.

This could include, for example, contractors engaged by your agency to provide a service to people who are direct clients of your agency.

‘Agent of the agency’ does not generally refer to an entity funded to provide a service to their own clients under their own name.
Obligation

A public sector agency must take all reasonable steps to ensure that the members of staff and agents of the agency have an awareness and understanding of the NSW Carers Charter.

The NSW Carers Charter contains 13 principles to guide agencies’ interactions with carers and outline how carers in NSW should be treated. The Charter must also be considered when developing policies that impact on carers.

The principles of the NSW Carers Charter are outlined below, as well as some explanation as to why the principle is important. These principles are taken directly from Schedule 1 of the Act. A plain English version is available in the Resource Pack.

a) The valuable social and economic contribution that carers make to the community and the persons for whom they care should be recognised and supported.

Carers make an enormous contribution to NSW, often at great personal cost. They support people to remain in their own home, provide individualised, loving and flexible care, support independence, maintain family structures and relationships, and offer a quality of care not easily replicated in institutional settings. This is a significant social contribution which ensures the wellbeing of the most vulnerable members of the NSW community.

Their contribution in economic terms in 2010 amounted to about $11 billion. This is what it would cost to replace the care currently provided by carers across the state with formal services.

Due to my inability to continue my work, our family has lost my income of around $900,000 over the last 10 years, excluding superannuation contributions. Simultaneously our family has paid nearly $400,000 for equipment, therapy and services for their child with physical disability.

Carer for child with a physical disability

2 Carers Australia, University of Canberra (2008) Carers Virtual Summit 2020: Don’t Wait: Carers say listen and act now
b) Carers’ health and wellbeing are to be given due consideration.

Carers experience the lowest levels of wellbeing of any demographic group in Australia. Carers are more likely to experience depression and chronic pain than the rest of the population. Carers will often neglect their own health and wellbeing, due mostly to the requirements of the caring role, including a lack of time and support to attend to their own health needs. The caring role can often have a detrimental effect on carer health and wellbeing, for example, through repetitive lifting of the care recipient, sleep deprivation and stress and anxiety.

Every day I have to wash due to my son’s incontinence ... my health is deteriorating, I have arthritis, have had 2 hip operations in the last 10 years and I’m only 49. I have diabetes, chronic fatigue syndrome, scoliosis, lordosis and depression.

Carer for 16 year old son with a disability

Apart from the isolation and loneliness I was experiencing, like many carers I experienced anxiety and depression, trauma and grief as a direct result of the caring role. Whilst these conditions are considered mental illnesses in their own right, they are a fundamental part of the lived experience for carers.

Carer for family member with a mental illness

c) The views and needs of carers and the views, needs and best interests of the persons for whom they care must be taken into account in the assessment, planning, delivery and review of services provided to persons who are cared for.

Carers build a significant amount of knowledge and experience regarding the person they provide care for. They have a vested interest in seeing the best possible outcomes for them. By using this knowledge to plan and deliver services, agencies can ensure that they provide a high standard of service that continues to improve.

d) Carers should be referred to, and made aware of, appropriate services to assist carers in their caring role. Such referrals should be made after an assessment of the needs of carers or as part of the assessment or provision of services to the person being cared for.

Services that are available to support carers include respite, counselling, case management, information and education, support groups and social activities. Public sector staff can assist in making carers aware of any service that may assist them in their caring role, regardless of whether those services are specialised or mainstream.

Each carer’s need for service will differ, and carers needs change over time, making assessment very important. Carers should have the opportunity to take part in assessment, but their decision not to take part should also be respected.

There is an incredible maze of carers services, recreational, respite, post school options, advocacy, specialists, specialist medical experts etc that are very difficult to navigate. Basically the only way you find out about services your family member maybe eligible for is through word of mouth which is extremely frustrating and distressing especially when you learn of a service that may have benefited the person you care for years too late to make any difference.  

Carer for 14 year old son with complex needs

e) The relationship between carers and the persons for whom they care should be respected.

In most situations, the relationship between the carer and the person they care for is of great importance to each of them. That relationship must be valued and nurtured, particularly in service provision. Carers are parents, spouses, partners, sisters, brothers, children and friends and they should be given the opportunity to maintain and enjoy those relationships, without the relationship being completely subsumed by the caring role.

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Assumptions should not be made about the nature of these relationships. Supporting these relationships could include, for example, providing opportunities for family holidays and outings, and respecting the privacy and intimacy of couples in service provision.

f) Carers are to be acknowledged and recognised as having their own individual needs within and beyond their caring role. This acknowledgement and recognition is to take into consideration Aboriginal or Torres Strait Islander culture, age, disability, religion, socio-economic status, cultural differences, gender identification and place of residence.

Carers, like all others, have aspirations, interests and needs that are separate to their caring role. They have relationships, culturally and religiously significant events, health, education and financial needs that are separate to the caring role. Most carers report that the caring role impacts on their relationships with other family members and friends.10

At present, we rely on grandparents and paid babysitters for ‘time out’. For busy working parents with the stress that this sort of diagnosis brings, this is essential. I can’t imagine having to go through this without my husband’s support - and it’s so important that we do take time to be with each other. Without, we cannot support our family emotionally.11

Carer for child with a serious medical condition

Carers suffer significant social isolation which can inhibit their ability to address their own needs and enjoy other activities. This is further compounded by the financial difficulties encountered by many carers.

As indicated earlier we are financially virtually destitute, just attempting to survive and keep up payments like our mortgage etc. There are a few days every fortnight, when we do not eat.12

Carer for wife with high care needs

Carers who are satisfied with the amount of leisure time they have also have higher levels of wellbeing.13

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Section 1

11

Children and young people who are carers have the same rights as all children and young people.

Young carers grow up quickly and many learn to live with an unusual level of responsibility for their age. The majority of young carers live with care recipients who are also their parents. Young carers are often mature beyond their years. Those providing care for a parent may find that normal parent/child roles have been reversed. Being a carer at a young age has the potential to impact on the individual rights of that child or young person, as identified in the United Nations Convention on the Rights of the Child.

In addition, young carers and their families generally do not know what services and supports are available to help them with their caring role. Even if they are aware of services, they may not have the skills and knowledge required to access them. Many report that they do not receive respite or other carer support.

Eighteen year old Angelina has been caring for her mum, who has a degenerative spinal disease, since she was ten years old. She shops, prepares meals, does the housework and emotionally supports her mum. Her move to full time home schooling, whilst partly a result of her caring responsibilities, resulted in her caring responsibilities increasing:

“I often found myself feeling more and more stressed, anxious and frustrated about what was happening at home. I had less and less time for myself and felt very tired and drained both physically and emotionally. I regularly had trouble handing in my assignments on time as there were so many interruptions. This also was very frustrating, even though mum couldn’t help being unwell.

I found myself needing support, but there was no one that I could talk to at that time. I felt that no one would understand what I was going through, and I was too ashamed to talk to my own family about what was going on for me because I felt that they didn’t need to be burdened with my worries and frustrations. This continued on for many years.”

Two years ago Angelina saw an advertisement in a magazine that made her realise that she is a young carer. Her fear of the unknown and desire to protect her family meant she did not call the advertised number. It was only after an aged care assessor visited her grandmother and informed her and her mum about young carers that Angelina felt able to call.

14 NSW Department of Family and Community Services Identifying and supporting young carers
A guide for service providers, October 2011
Angelina benefited from speaking to someone and being referred for help with the housework, peer support, tutoring and counselling.

“I have just turned eighteen and finished my HSC. I am now enrolled in university to study a Bachelor of social science (Psychology) and I hope to one day become a Psychologist so that I can help other people that are in need.”  

Although Angelina was not primarily caring for her grandmother, the worker who attended her grandmother made an enormous difference to Angelina’s life. Angelina was enabled to get the support and services required to uphold her right to education.

h) Children and young people who are carers face additional difficulties and burdens and should be supported in overcoming these difficulties and burdens.

Young carers who do not receive adequate support in their caring role may find that every aspect of their life is affected. Some of the challenges include:

- absences from school resulting in disruption to school work and social networks
- difficulty completing homework or putting enough effort into school work
- difficulty doing normal things with peers, such as spontaneously going out with friends
- difficulty ‘fitting in’ with peers who have different experiences and expectations
- difficulty with bullying at school because of their caring role and/or the particular illness or disability of the person they care for
- additional personal stress because of high expectations from family members or themselves, combined with pressure to keep family ‘worries’ private.

My friends know [that I’m a young carer] but they don’t understand. They say “My aunty’s got a disability” or “I know someone like that” but they don’t really understand what it’s like for me. What’s really going on. They think they do but it’s different. They don’t know what it’s like to care for someone, to worry and to always have to look after him. The whole pressure.16

12 year old young carer

The impacts of being a young carer can have long term consequences.

I resigned from my career in my early 20s and cared for her full-time through most of my 20s, probably for about four or five years. During that time my friends continued to grow in their careers and enjoy life in their 20s, whereas I moved away from Sydney to care for her. My financial situation suffered. I was not able to save money during that time. ... I still struggle now to catch up with everybody else. In my 20s I basically was not earning any money, so it is really difficult for me now financially. I am only just starting to get it together now in my early 30s.17

Young carer for mother

i) Carers should have the same rights choices and opportunities as other Australians.

Like all Australians, carers are entitled, among other things, to fully participate in community life, to work and secure their financial security, to be free from discrimination and to live in safety. The reality for many carers is that their access to these rights and opportunities can be limited.

I find it difficult financially because we were in our 40s when my husband became sick and could not work anymore. We were not able to work to retirement age and retire with superannuation, which was always our intention. I also had to give up my job to care for my husband. So we not only lost his wage but mine as well. I was earning more per week 12 years ago, than I get a fortnight now.18

Carer for husband with heart condition and mental illness

16 Tim Moore, Ros Morrow, Morag McArthur, Debbie Noble-Carr and Jamie Gray, Reading, Writing and Responsibility: Young carers and education Australian Catholic University 2006, pg44
The things that stress me about being a carer the most are that you have to be there all the time. There is no time for yourself, if you manage to fit in ‘me’ time it is for a very limited time.\textsuperscript{19}

Carer for husband with kidney failure

\textbf{j)} Carers choices in their caring role should be supported and recognised, including the recognition of carers in the assessment, planning, delivery and review of services that impact on carers and their role as carers.

Agencies that provide services to carers and the people they care for need to provide opportunities for carers’ choices to be included and recognised at all stages of service provision. Carers are not a homogenous group and young carers, Aboriginal carers, female carers, carers from culturally and linguistically diverse backgrounds and carers with a disability require responses that recognise their specific situation. Additional supports may be required in order to ensure that these carers are able to meaningfully participate at all levels of service delivery.

\textbf{k)} The additional difficulties faced by remote and rurally based carers caused by isolation should be recognised and acknowledged.

Carers in rural and remote areas of NSW may find there are fewer services and therefore a lack of choice in services both for the carer and for the person they are caring for.

In small communities there can be a real or perceived lack of privacy and confidentiality when accessing services. Carers may feel that there is a stigma associated with using services, particularly counselling and self help groups.

The effects of severe rural recession, for example, economic hardship, and job loss, may exacerbate the impacts of caring, such as reduced income and social isolation.

\textit{We have had to travel over 700km each way weekly for appropriate and necessary support. I feel for those who can’t afford to do this.}\textsuperscript{20}

Carer for person with a mental illness


I) Support for carers should be timely, responsive, appropriate and accessible.

Although services are available to carers trying to access those services is akin to being in an ever increasing maze with illegible signposts so that the carer never really knows where to go or in which direction to take. To add to this mix the carer, in this case myself, is physically exhausted and emotionally spent.21

Carer for elderly mother

Getting access to services is a challenge. I work full time, and between the national helpline and local council it involved many phone calls, I didn't know where to go. I felt helpless, no one would take responsibility.22

Carer for elderly father

Carers manage until they cannot manage. We cannot afford to then say, 'Oh, but we haven’t got the services today or tomorrow; how does next week or next month suit you?' because carers are at breaking point and they are not very good at putting their hands up and asking for help.23

Service provider

m) Carers’ unique knowledge and experience should be acknowledged and recognised.

Carers are the experts in what they do and often are the experts when it comes to the people they care for. Listening to carers, seeking their input and using their knowledge will assist in providing the most appropriate support and services, both for carers and the people they care for. It also serves to validate and recognise carers.

Over the past 29 years I have become my husband’s physiotherapist as necessary to keep his muscles from total atrophy, podiatrist and manicurist as due to poor balance he cannot manage such tasks, his wound nurse, as wheelchair living is an occupational hazard for tissue tearing; pressure care specialist, as the body loses muscle the pressure areas on the bottom and the feet become susceptible to pressure sores; case manager for keeping track of care workers who come to the home to carry out personal care routines and this means filling in when they don’t arrive, educating ... on the new or re instituted treatments; negotiator for access to care or respite care. Overnight care includes re positioning due to pain in my husband’s legs, assisting with bladder/bowel functions as necessary ... I act therefore as a para-professional, with a wider range of skills than they, as I have to act in such a wide variety of roles whereas their skills are compartmentalised.\textsuperscript{24}

Carer of husband with degenerative neurological condition

\textbf{Place the Carers Charter posters} in prominent places around your agency offices and outlets. If you require more copies of the posters, email nswcarersact@facs.nsw.gov.au

Encourage your managers to \textbf{use the team meeting pack} to talk about carers and the Carers Charter within team meetings and other appropriate forums.

\textbf{Prepare an article} about carers and the Carers Charter for your staff newsletter, circular or similar (see next page).

Find out how to \textbf{identify and support young carers} at www.youngcarers.nsw.gov.au

Encourage your staff to \textbf{access education about carers}, including that provided by FACS and by Carers NSW. There are also private providers who can provide education about carers.

\textbf{Encourage and promote the Companion Card NSW} among entertainment, leisure and recreation venues/activities and services. Visit www.nswcompanioncard.org.au

Below is a sample article you could adapt for your staff newsletter, circular or similar.

Act (and actions) to recognise carers

In May 2010, the NSW government introduced legislation to raise awareness of the role and valuable contribution of the approximately 850,000 carers in NSW.

Since the introduction of this legislation – the NSW Carers (Recognition) Act 2010 – all NSW Government agencies must now consider the needs of carers, whether they are our staff, our customers or the carers of our customers.

Carers are the family members, friends or neighbours who are caring for people who need help with daily activities because of a disability, long-term or life-limiting illness, mental illness, dementia or ageing. Carers do not get paid for the help they provide but may in some instances receive a Centrelink payment. We all probably know a carer and most people can expect to both provide and receive care in their lifetime.

As new policies that impact on carers are developed, the NSW Government will benefit from having the direct input of carers or their representatives throughout the policy development process. The 13 principles of the NSW Carers Charter will provide further guidance on the issues of importance to carers that need to be considered during the development of human resource policies.

Carers will benefit from the awareness and recognition offered to them as our staff become aware of and understand the principles of the NSW Carers Charter and begin to reflect them in their interactions with carers. The Act also recognises staff members who are carers (also known as working carers) and promotes issues to consider in supporting them and making it easier for them to combine caring with employment. All staff are encouraged to become familiar with the NSW Carers Charter.

In the coming months, resources and education will be made available to staff to help us understand the implications of this important legislation. More information can also be found at www.facs.nsw.gov.au

We all have a chance to recognise and better support our colleagues who are carers and the carers and clients accessing our services.
Section 2 Consultation

Obligation
A public sector agency must consult with such bodies representing carers as the agency considers appropriate when developing policies that impact on carers.

Public sector agencies are required to consult with appropriate individuals, organisations or bodies that represent carers when developing any policies that will impact on carers. This section looks at what a policy is, the types of policies that you will need to consult on and the process for consulting with relevant bodies.

2.1 What is policy?
In its broadest sense, policy encompasses everything that government says, does or does not do, and how they do it.

Policy is an ongoing activity involving decision making, monitoring, research and information gathering, analysis and evaluation, consultation and advice which can occur at any time, in any order. Each phase may occur several times during the policy development process.

By consulting with carer representatives when developing policies that may impact on carers, government agencies can develop policies that support and recognise carers.

2.2 Do I need to consult?
Every public sector agency is likely to develop policies that impact on carers from time to time and will therefore need to consult with individuals, organisations or bodies representing carers during that process.

Policies that can affect carers include, but are not limited to, those relating to eligibility and access to services for carers and the people they care for. Access to services for carers or the people they care for could include:

- fees or costs associated with the service
- transport
- the frequency or days that services are provided
- the location that services are provided
- physical access to service outlets, including hours of opening.
Human resource policies relating to recruitment and conditions of employment will, of course, impact on staff who are carers. The likelihood that these policies may significantly affect staff who are carers means that these policies must be developed following consideration of the NSW Carers Charter (see Section 3).

2.3 What is effective consultation?

Effective consultation is open, responsive, transparent and accountable, with information being both given and received. The aim of consultation under the Act is to make sure that carers have real input into policies that are likely to impact on them.

There are a range of different consultation styles. You should choose a style that is appropriate and proportional to the policy issue you have identified, the number of affected carers, the level of interest of carers, and the time and resources available.

Consultation may be one-off or ongoing and can be one or more of the following:

- asking an appropriate organisation or body to review the policy and provide written feedback and comments
- facilitating focus group(s) with carers
- liaising with a Carer Employee Network or policy advisory group containing carers
- attending at local carer support group meeting(s)
- survey with carers and/or staff who are carers
- meeting(s) with staff who are carers.

Effective consultation will generally offer the guarantee that appropriate input will be taken on board, even when the input is contrary to what you wanted or expected.

In order to consult effectively, you will need to tell the consultation participants the parameters of the consultation – that is, which elements they can impact and which are fixed. They should be kept informed after consultation of the impact their involvement had and why any specific feedback was not used.
Information should be provided in an accessible format to those being consulted, and you must allow enough time for a considered response to be given. Opportunities should also be provided for discussion of the proposed policy, including any questions, prior to the provision of feedback. This feedback should not be confused with endorsement of the proposed policy.

2.4 What is participation?

Participation (or consumer participation) refers to the process of involving consumers, clients, customers, the community or, in this case, carers, in decision-making about planning, policy development, priority setting and delivery of services.

Consultation is only one type of participation. Other types of participation (see Figure 1) use joint problem solving, joint decision making and joint responsibility.

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<tr>
<th>Information</th>
<th>Consultation</th>
<th>Partnership</th>
<th>Delegation</th>
<th>Control</th>
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<tbody>
<tr>
<td>Conveys facts and educates</td>
<td>Used to get people’s views and ideas to improve policy</td>
<td>Joint decisions are made, a process is agreed and the outcomes are collectively owned</td>
<td>Control for decision making is given to consumers, carers and/or community within specified guidelines</td>
<td>Decision-making power is handed directly to consumers, carers and community members</td>
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<td>Not participation as the information flow is one way</td>
<td>It is only participation if information received makes or changes policy</td>
<td>Often involves advisory boards and committees that provide advice over a long period of time</td>
<td>Ensures policy options are made at arm’s length from government</td>
<td>The objective is to hand control of decisions to the people affected by those decisions</td>
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<td>Often supports or invites participation</td>
<td>Increases acceptance of policy</td>
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Figure 1: Types of participation Adapted from: Victorian Government Department of Human Services (2006) Doing it with us not for us, Melbourne, Victoria, Australia.
All types of participation are used throughout the public sector. When carers participate fully in the policy process, better and more relevant decisions are made. Participation of carers will lead to a public sector that is more reflective of the Carers Charter and to better outcomes for carers and the people they care for.

Effective participation requires that participants receive the necessary support throughout the process to ensure they are able to provide real input.

Only when trust, participation and cooperation have been achieved between those consulting and those being consulted has the consultation process been successful.

When your agency is developing or reviewing policy, use the following checklist. Any ‘yes’ response will require you to consult with bodies that represent carers.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes / No</th>
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<tr>
<td>Are carers a target group of the policy?</td>
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<td>For more information, see Carers, page 4.</td>
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<tr>
<td>Are people with a disability, long-term or life-limiting illness, mental illness, dementia or ageing* people a target group of the policy?</td>
<td></td>
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<tr>
<td><em>ageing means over 65 years for non-Aboriginal or over 45 years</em> for Aboriginal people.</td>
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<tr>
<td>Are staff or volunteers (who may also be carers) a target group of the policy?</td>
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<td>Note: if it is a Human Resource policy, consideration will also need to be given to the Carers Charter (see also Section 3).</td>
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<td>Will the policy change access to or eligibility for services for carers or people with a disability, long-term or life-limiting illness, mental illness, dementia or ageing, or staff or volunteers?</td>
<td></td>
</tr>
<tr>
<td>Is the policy likely to have a significant impact on carers or the people they care for (positive or negative)?</td>
<td></td>
</tr>
</tbody>
</table>

25 In recognition of the shorter life expectancies, higher mortality rates at all ages and earlier ageing experiences of Aboriginal and Torres Strait Islander people, ageing Aboriginal and Torres Strait Islander persons are deemed to be aged 45 years and over.
Establish a Carer Employee Network or policy advisory group that is comprised of or includes carer representatives. This will mitigate the risk of consultation fatigue if the same external individuals, organisations or bodies are consulted multiple times about different policies.

Give special consideration to the following groups of carers:
- Aboriginal carers
- Carers from culturally and linguistically diverse communities
- Carers with a disability
- Young carers
- Ageing carers.

When required, use translations, interpreters and other communication aids.

For external consultation, contact Carers NSW. Carers NSW is the peak organisation for carers in NSW. Carers NSW is an association for relatives and friends caring for people with a disability, mental illness, drug and alcohol dependencies, chronic condition, terminal illness or who are frail.

Carers NSW can provide advice about all carers including older carers, young carers, Aboriginal carers and carers from a culturally and linguistically diverse background. Depending on the policy and level of consultation required, Carers NSW may provide feedback directly or refer you to a more suitable individual, organisation or body.

Carers NSW can be contacted by phoning (02) 9280 4744 or by email to contact@carersnsw.asn.au.

Research other organisations. You may prefer to approach other peak organisations for specific conditions related to disability, mental illness, chronic illness, terminal illness and ageing. An internet search will generally provide you with an association or organisation that represents particular conditions. When you require a culturally-specific response consider contacting a culturally-specific peak organisation.

Consult with Aboriginal organisations:
- Aboriginal Health and Medical Research Council
- Aboriginal Child, Family and Community Care State Secretariat (NSW)
- NSW Aboriginal Land Council
- Aboriginal Legal Service.
Learn about the NSW Carers Advisory Council. The NSW Carers Advisory Council has been established under the Carers (Recognition) Act 2010 to advance the interests of carers and to provide advice to the NSW Government on legislation, policy, and other matters that have a significant impact on carers. Chaired by the Minister for Disability Services, this is a high level body.

The Carers Advisory Council may be an appropriate body to consult with if the policy being developed is significant and will impact on a range of carers statewide.

Further information about the Carers Advisory Council is available at www.facs.nsw.gov.au or by email to nswcacinfo@facs.nsw.gov.au.

View the Consultative Arrangement Policy and Guidelines at www.dpc.nsw.gov.au or phone the contact person named for information, advice and assistance.

Effective consultation in a public sector organisation - The Children’s Hospital at Westmead

The Family Advisory Council (Council) is made up of families and carers whose children are current or past patients of the Children’s Hospital at Westmead (CHW). The majority of members care for children with a disability or long term illness. The Council is supported by the CHW staff. The Director for Clinical Governance is the Council’s executive sponsor.

The Council is the formal mechanism for a partnership between families/carers and staff with a focus on providing a family/carer perspective on planning, policy, programs, service development and improvement at CHW.

The Council meets monthly to discuss issues that families/carers feel are important and, ultimately, to improve the hospital experience for children and families. The Council has been involved in significant projects, including the design of the children’s playground, the redesign of the Emergency Department, the upgrade of security systems within the hospital and the restructure of parking fees.

The hospital understands that parents and carers are the experts on their children while doctors and nurses are the experts on healthcare. Bringing these two perspectives together through the Family Advisory Council guarantees better outcomes for staff, children and their family members and carers.
Obligation

A public sector agency’s internal human resource policies, so far as they may significantly affect the role of a staff member of the agency as a carer, are to be developed having due regard to the NSW Carers Charter.

Although it is unclear how many public sector staff are carers, it is safe to assume that every agency and local council has employees who are carers. The public sector is attractive to carers due to the relative stability of employment and the access, in many cases, to flexible working conditions.

The caring role can have a negative impact on carers’ participation in the workforce. Compared to non-carers, carers are less likely to be employed, and are more likely to reduce their hours of work or leave work. In NSW, the workforce participation rate for carers is 54 per cent compared to 79 per cent for non-carers. The rate of full-time workforce participation for carers is 35 per cent compared to 45 per cent for non-carers - among primary carers, full-time participation is less than half that of non-carers at 21 per cent. There are gender differences too, with female carers being less likely than males to be in paid work and more likely to work part-time.

The likelihood of taking on a caring role increases with age. Three quarters of all carers in NSW are of working age (between 18 and 65) and for those who combine work and caring responsibilities, juggling the competing demands of work and caring is often a stressful experience.

As the peak age for caring is between 45-65 years, it is likely that many working carers in this age group are at risk of giving up work in order to meet their caring responsibilities. This represents a significant loss to employers, as these working carers will have invaluable knowledge, skills and experience.

The views of employees with caring responsibilities provide important insights into their experience of balancing work and caring. Research has demonstrated that employees with caring responsibilities:

- felt undervalued and their experiences misunderstood by employers and co-workers

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Australian Government: Canberra
27 Australia’s Welfare 2009 pg220
28 Australian Bureau of Statistics (2009) Survey on Disability Ageing and Carers, Canberra ACT, Australia:
Australian Bureau of Statistics Cat. No. 4430.0
experienced a mismatch between their need for workplace flexibility and workplace practices

experienced significant difficulties in balancing their work and caring responsibilities

felt support services were inadequate and fractured across different levels of government and between government departments.

Initiatives most likely to assist carers to balance work and care include:

- greater recognition of the role of carers both in the workplace and in the community generally
- greater access to flexible work practices and greater consistency in implementation by managers
- enhanced access to, and quality of, support services.

One of the most significant challenges for both carers and employers is achieving true flexibility in working arrangements. Many carers have demands placed upon them that they cannot predict. They may support people whose conditions are episodic in nature, including mental health conditions and many illnesses where the care required can vary greatly from one day to the next.

Supporting these staff can be achieved through flexibility, planning and understanding that these carers may not always be able to give notice of their leave requirements. This can be achieved, for example, by creating contingency plans for sudden absences, allowing staff to bank hours in periods of low care or make up time after hours during periods of high care.

3.1 Why develop human resource policies that support staff with caring responsibilities?

In recent years carer participation in the workforce has become a critical social policy issue due to a number of demographic and workplace trends. As the population of employees with care responsibilities grows, there is a growing tension between the increasing demand for people to participate in the workforce and the increasing demand to fulfil a caring role at various stages in life. This is compounded by the demographic trend of an ageing population.
Some of the key issues include:

- increasing demands for people to balance work/care due to:
  - fewer young people entering work as a result of lower fertility rates
  - more people requiring care due to increased life expectancy, an ageing population and more people living with chronic health and disability
  - community expectations and public policy initiatives supporting people to live independently in the community rather than in institutions

- fewer people being available to fulfil a caring role due to:
  - more women participating in the workforce
  - greater social mobility and dispersal of families and individuals
  - higher rates of relationship breakdown.

As the major employer and provider/funder of services to the community, the NSW public sector has a very strong interest in the impact of these workplace and demographic trends in NSW.

Public sector agencies with human resource policies that reflect the NSW Carers Charter and promote a carer friendly culture will be best prepared to meet the needs of a growing proportion of staff with caring responsibilities and to support them to balance the competing demands of work and their caring responsibilities.

In addition, these agencies will:

- be better placed to attract and retain staff
- have an increased recruitment pool to draw from
- improve staff loyalty and morale
- improve workforce diversity management – including carers under a workplace diversity strategy will benefit other target groups
- improve community engagement through the creation of a workforce that reflects the NSW community.

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29 Australian Institute of Health and Welfare (AIHW) (2009), Australia’s Welfare 2009
3.2 Human resource policy

While agencies may choose to develop a standalone human resource policy aimed at staff with caring responsibilities, they should also ensure that existing policies are reviewed. Where required, these policies should be further developed with consideration to the principles in the NSW Carers Charter.

Existing human resource policies that are likely to affect the role of staff with caring responsibilities include, but are not limited to:

- equity and diversity policies
- equal opportunity policies
- anti-discrimination policies
- flexible workplace policies
- leave entitlement policies.

3.3 Developing workplace policies to support staff with caring responsibilities

Human resource policies provide the foundation for successful workplace relations and provide employees with important information about the agency’s and employees’ rights and responsibilities, including legislated entitlements and/or policy commitments to flexible work practices. Human resource policies also play an important role in promoting the agency’s organisational culture.

Points to consider when developing and reviewing internal human resource policies to reflect the Act and NSW Carers Charter include:

- Have you identified all internal human resource policies in your agency that impact upon carers?
- Does the policy contain a clear definition of a carer (section 5 of the Act)?
- Does the policy recognise and acknowledge the valuable contribution that employees with caring responsibilities make to the agency and the impact caring may have on them and their participation in the workforce?
- Does the policy recognise the diversity of its employees with caring responsibilities including those from Aboriginal, Torres Strait Islander and other culturally and linguistically diverse backgrounds?
Does the policy reflect and make reference to the principles of the NSW Carers Charter considered relevant to the workplace environment?

Does the policy confirm the legal rights of employees with caring responsibilities and employer’s responsibilities and other workplace policy initiatives that support flexible work arrangements?

Does the policy confirm the role and responsibilities of employees and employer?

### 3.4 Creating carer friendly work culture through policies

The successful implementation of human resource policies and practices that support working carers will be influenced by the culture of the agency. Organisational messages that acknowledge the demographic trends impacting upon the workforce and are inclusive are likely to positively influence the way working carers are perceived and treated within the agency.\(^{31}\)

Inclusive organisational messages commit to supporting the diverse needs of all staff throughout different life stages rather than focusing on working carers as a distinct group requiring special treatment. Equity and diversity policies, plans or frameworks provide an important means by which such messages can be effectively promoted across the whole agency.

The key intent of this obligation in the Act is to create a public sector that supports employees who are carers. The following strategies can help your agency achieve this:\(^{32}\)

**Understand your workplace** from a carers’ perspective:

- Review and analyse the demographics of your agency to gain a broad understanding of the needs of staff who are carers within your agency.
- Involve staff by conducting surveys or focus groups to assess their needs. Carers often have excellent ideas about how they could manage both their work and caring responsibilities into the future.

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■ Establish ongoing mechanisms to collect data to identify how many carers there are in the agency.

**Take action** to support your staff who are carers:

■ Actively promote your policies and flexible working arrangements. Create a culture where staff are encouraged to apply for these provisions.

■ Include the needs of carers in staff induction training.

■ Incorporate carers as a target group within your equity and diversity policy.

■ Raise awareness in job advertisements about the availability of flexible work practices and include information in staff induction.

■ Establish a Carer Employee Network or working committee to review and make recommendations about policy and practice changes and to provide a support structure for carers.

■ Educate and train managers about issues carers may face and flexible work practices that may help - for example conduct workshops, develop training packages, internal guidance, issuing briefings and/or informal mentoring services. Managers’ attitudes and actions are central to the successful implementation of policies that aim to support carers in the workplace.  

■ Use and promote the resources attached to these guidelines, as well as those available through Carers NSW and other organisations.

**Monitor and evaluate** your practices:

■ Consider piloting new policies before implementing to test their feasibility and effectiveness – this will also provide an opportunity to overcome any initial negativity towards the changes.

■ Monitor and evaluate the effectiveness of organisational changes.

■ Develop systems to monitor and evaluate flexible working requests, take up rates and consistency of practice among managers.

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Sample policy statements

The following policy statements can be used by agencies with or without further adaptation.

Equity and diversity policy

[Insert agency name] recognises the importance of supporting a workplace culture that values the diversity of its employees and promotes inclusive human resource practices.

Our employees are our most valuable asset. We are committed to creating a working environment in which each individual is respected and valued for the unique attributes and experiences they bring. We see our diversity as a strength that enables us to be both productive as a business, responsive to all of our staff and to the wider community within which we serve.

At [insert agency name] we treat each individual equally and with respect, regardless of gender, age, disability, sexual orientation, socio-economic status, race, language, beliefs, family or caring arrangements.

Flexible workplace policy

[Insert agency name] recognises the important role flexible work arrangements play in enabling us to meet our business objectives, including improved customer outcomes. Research shows that such structures improve loyalty and productivity of an organisation.

As well as promoting and upholding employee rights to access all legislated workplace entitlements, [insert agency name] is strongly committed to promoting flexible workplace arrangements, understanding that such arrangements provide mutual benefits for the organisation and employee.

[Insert agency name] recognises that the changing nature of work and personal life has placed a premium on policies and working cultures that support a work-life balance. We recognise, for example, that at different life stages employees may seek to balance their work with outside interests or responsibilities (e.g. study, parenting and family care responsibilities, community involvement) by using flexible work practices. We also recognise that over the life course these interests or responsibilities may vary and the type of flexibility desired may also vary. We are committed to accommodating flexible arrangements wherever reasonably possible, recognising that our employees’ commitment to work is crucial to our success.
Effective consultation in a public sector organisation – RailCorp

RailCorp established a staff Carers Network under their 2006 Equity and Diversity Governance Framework. It is one of several diversity networks. The Equity and Diversity Project Officer (Women and Carers) provides support to the Carers Network.

The Equity and Diversity Governance Framework provides the structure and processes for RailCorp to identify and address equity and diversity issues, including those faced by staff who are carers.

RailCorp uses the networks as a communication and consultation tool and to promote understanding of the diverse needs of staff. The Networks strengthen RailCorp recruitment strategies through representation at specific information days, expos and career markets.

The Carers Network provides a forum for members to:

- provide advice on relevant issues, such as human resource policies, programs and activities
- assist RailCorp to implement the Equity and Diversity Management Plan
- develop and implement staff workplace engagement strategies and help build a culture that supports equity, diversity and fair outcomes for all employees
- gain skills and knowledge that will help them personally and professionally
- provide advice about training and development for working carers
- provide advice about barriers to achieving equity in employment for carers and develop proposals for initiatives and/or events to promote employment equity for carers
- implement approved proposals as appropriate.

The Carers Network has achieved the following:

- RailCorp hosts an annual Carers Conference during Carers Week to enable staff to network with other carers and provides information about services and support to help them balance caring and employment.
- establishment of a Carers Register so that staff who are caring for an immediate family member or member of their household with a permanent or long term illness or disability does not need to continually provide medical evidence when sick leave is used for caring responsibilities.
RailCorp maintains membership of Carers NSW which provides training, education and other assistance to Network members.

oversaw the development of information kits about services, facilities, government assistance and rebates for people with child care or elder care responsibilities.

assisted in the review of the Flexible Work Practices Policy and Procedure Manual. The Equity and Diversity Unit subsequently delivered training sessions to managers and HR business partners on practical implementation of the manual in the workplace.

recommended delivery of Carers Responsibilities Training workshops to Human Resource Practitioners so they are kept up-to-date about policy and legislative reforms with regards to staff with caring responsibilities.

RailCorp has set criteria for staff who wish to become members of the Carers Network. They must be carers who demonstrate interest and commitment to the principles of equity and diversity, good interpersonal and communication skills, a broad understanding of RailCorp functions and a capacity to contribute to RailCorp’s equity and diversity objectives. Prospective members participate in an Expression of Interest process and have the support of at least two Carers Network members and their line manager. To be representative, membership of diversity networks encompasses a broad cross-section of the organisation in terms of occupation and grade/level. Membership is for a period of two years.
Human service agencies

The Act defines a human service agency as “a public sector agency that provides services directed at carers or persons being cared for by carers”.

The following NSW public sector agencies have been identified as providing a human service:

Principal departments
- Department of Family and Community Services
- Ministry of Health
- Department of Education and Communities
- Attorney General and Justice

Other bodies
- Local councils (limited to those that provide services directed at carers or persons being cared for by carers)
- Health Care Complaints Commission
- NSW Ombudsman
- Local Health Districts
- Lifetime Care and Support Authority
- Motor Accidents Authority
- WorkCover Authority

This list is not exhaustive and each agency must consider its own situation carefully.
Reflecting the NSW Carers Charter

Obligation
A human service agency must take all reasonable steps to ensure that the agency, and the members of staff and agents of the agency, take action to reflect the principles of the NSW Carers Charter.

To reflect their higher level of engagement with carers and those they care for, human service agencies must make every effort to incorporate the NSW Carers Charter into their core business. See Section 1 for greater detail about the NSW Carers Charter.

All human service agencies have a role in addressing the key themes that are covered in the NSW Carers Charter:

- Recognise and support carers’ valuable contribution to the people they care for and the NSW community.
- Include carers in decision-making; take into account their views and needs in assessment, planning, delivery and review of services for the person they are caring for.
- Carers’ health and wellbeing must be considered, and support should be responsive and appropriate, including making carers aware of services that will sustain them in their caring role. Where appropriate, assess their needs before referral.
- Recognise and support the choices carers make in their caring role.
- Consider carers’ diversity and their unique knowledge and experience.
- Recognise and acknowledge the additional difficulties faced by carers living in remote and rural locations and children and young people who are carers and support them to overcome them.
- Carers have the same rights, choices and opportunities as all others.

In order to meet these obligations, ideally agencies will have systems in place to identify when their clients might have a carer or be a carer. This is critical particularly at initial contact points, but is also during transitional times. For example, someone may enter a health facility without a carer but may require one when the time comes for discharge.

_We have been very impressed by the inclusion of us as carers by the team in an inpatient rehabilitation unit our son spent several months in._

Carer of son with mental illness

Agencies, in reflecting the Charter, should focus on their areas of service and expertise. For example, schools can meet the principles of the Charter by assessing the educational needs of young carers, taking into consideration the impact that a caring role may have on their educational needs and providing a supportive, flexible school environment where those needs can be met.

_Last year (in Yr 11) it was helpful that my teachers knew because if I was late for a deadline they would consider my home life and maybe give me more time to complete my work. Although this year I am being treated a bit more independently and left to my own, but that is probably good, because it is Year 12._

**Male young carer, 17 years**

Many of the principles outlined under the Charter are of themselves good practice principles. Ensuring that our agencies reflect them will lead to better service provision and better outcomes not only for carers, but for the people they care for.

**Place the Carers Charter poster** in prominent places around your agency offices and outlets. If you require more copies of the poster, email NSWcarersact@facs.nsw.gov.au.

Encourage your managers to _use the team meeting pack_ to talk about carers and the Carers Charter within team meetings and other appropriate forums.

**Prepare an article** about carers and the Carers Charter for your staff newsletter, circular or similar.

**Review your service charter**, if you have one, to ensure that it is reflective of the Carers Charter.

Find out how to _identify and support young carers_ at www.youngcarers.nsw.gov.au

Encourage your staff to _access the educational opportunities_ that are/will be available through the Department of Family and Community Services, Carers NSW or other appropriate providers.

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35 Tim Moore, Ros Morrow, Morag McArthur, Debbie Noble-Carr and Jamie Gray, *Reading, writing and responsibility: Young Carers and Education* Australian Catholic University 2006, pg56
Improve your data collection, intake or assessment processes to ensure that your staff can identify when clients are carers or have carers, and respond accordingly.

Supporting young carers – The Entrance Public School

The principal of The Entrance Public School actively assists young carers in her school by ensuring staff know how to identify young carers and that they support their needs.

These actions meet the Carers Charter Principles about young carers by ensuring young carers have the same right to education as other children and young people and by helping them to overcome any difficulties they face as a result of their caring role.

The principal has educated her faculty about young carers and taught them how to determine if a student is potentially a young carer. She advocates on behalf of young carers and supports their sometimes complex needs. The school has a dedicated teacher from the Learning Support Team responsible for working with young carers and arranging the required support.

The school also runs activities for families that give staff and teachers a chance to get to know the students and their families. In 2010 they were implementing a day care program for four year old children with disabilities to assist their transition to school. The Entrance Public School was recognised under the School or Carer Support Group category in the 2010 NSW Carers Awards.
Annual reporting

Obligation

A human service agency must prepare a report on its compliance with this Act in each reporting period. The report must be included in the agency’s annual report for the reporting period.

Annual reporting against the obligations in the Act is an important part of monitoring how the Act is being implemented across NSW. Over the coming years, the use of the Annual Reporting Template will build a story about the changes made for carers in NSW. The annual reporting template is simple and broad, giving agencies the opportunity to report on many aspects of their service and the actions they might have undertaken to support carers and to meet their obligations under the Act.

Part 1 of the template invites you to report on any education strategies you may have used to inform your staff about carers, the NSW Carers Charter or to improve the way they interact with carers. Your reporting could include anything related to awareness raising, forums, distribution of resources, more formal training and education provided either externally or internally, or any other related activities that your agency has undertaken. Part 1 covers the requirements outlined in Sections 1 and 4 of these guidelines.

Part 2 of the template asks about your consultation processes.

This is your opportunity to report on the obligations outlined in Section 2 of these guidelines. Your agency must consult with carers on any policy issues that affect carers. The reporting should cover, in brief, the policies that impacted on carers and how your agency went about consulting on the policy.

Lastly, Part 3 of the template asks you to report on how you support your staff who are carers. Part 3 relates to the obligation outlined under Section 3 of these guidelines.

Although we would like the template to be replicated in the Annual Reports, agencies can choose how to do this. It may be included in the main body or attached as an appendix. It might be included within divisional reports or within one overarching Departmental report. The main concern is that it accurately reflects the work that your agency has undertaken in this area.
Section 5