



Response to the Our Healthcare Future

Advancing Tasmania's Health

Exposure Draft – June 2022

July 2022

About Carers Tasmania

Carers Tasmania is the Peak Body representing the more than 80,000 informal carers (hereafter carers) in the state.

Carers Tasmania's vision is for an Australia that values and supports carers.

Our mission is to work to improve the health, wellbeing, resilience and financial security of carers and to ensure that caring is a shared responsibility of family, community and the government.

Our values drive everything we think, say, and do.

- **Carers first** – we listen to what carers need, commit to their desired action plan, and deliver results that matter most to carers
- **Care in all we do** – we care for our work, about each other, about Tasmania's family and friend carers, and the bigger world we all share
- **Integrity always** – we are transparent, act ethically, own when things don't go to plan and do what we say we will
- **Quality every time** – we don't accept 'good enough' because carers deserve our very best every time
- **Speed that matters** – we are agile and don't put off what can be done today.

These values represent how we engage with and serve carers, how we work with each other, and our commitment to the broader community.

Carers Tasmania encourages partnership with government and the health and community sectors to enhance service provision and improve the conditions for family carers through policy development, research and advocacy.

Carers Tasmania has offices in Moonah, Launceston and Burnie.

Please direct any enquiries about this report to:

David Brennan
Chief Executive Officer
Phone: (03) 6144 3700
Email: ceo@carerstasmania.org

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Background

Carers Tasmania acknowledge the Aboriginal and Torres Strait Islander peoples as the traditional owners of the land of lutruwita/Tasmania and we pay our respects to Elders past and present. We acknowledge and support people of all genders, sexualities, cultural beliefs, and abilities and understand that carers in Tasmania, whilst sharing the common theme of caring for a family member or friend, are diverse individuals with varying beliefs, experiences, and identities.

Carers Tasmania is the Peak Body representing the more than 80,000 informal carers in the state.

Carers provide unpaid care and support to someone with disability, mental ill health, a chronic or life limiting condition, alcohol or drug dependence or who are frail or aged. Carers are predominantly family members, but may also be friends, neighbours, or colleagues.

Informal carers are not to be confused with paid support workers who are often called 'carers', with the difference being that support workers are fully employed and remunerated with all the benefits of employment. On the contrary, informal carers perform their caring duties without remuneration, other than minimal carer payments and allowances from the Australian Government. The term 'informal carers' also does not automatically include kinship or foster carers, unless they care for a child with disability, mental ill health or a condition as noted above.

In addition to representing carers through the Peak Body activities, Carers Tasmania provides support to carers living in Tasmania through its service delivery arm, Care2Serve. The Commonwealth Carer Gateway program is delivered through Care2Serve, as are other supports and services, such as Tasmanian Government's Home and Community Care program. The Carer Gateway program provides a range of services and supports for carers which are designed to build resilience, increase wellbeing, improve quality of life, and sustain carers to effectively continue their caring roles. The available supports include the provision of information, advice and referrals, holistic identification of carer strengths and needs through a carer support planning process, professional counselling, peer support, and coaching which aims to support carers in achieving specific goals.

In addition, Care2Serve has capacity to fund certain instances of planned, practical support services such as, but not limited to, in home respite, personal care, domestic assistance, and meal preparation. Care2Serve may also fund various items such as laptops to assist carers who are studying or trying to enter the workforce. Care2Serve also coordinate the provision of emergency support during instances where a carer may be unable to provide the care that they usually do, resulting from unexpected illness or injury for the carer.

Introduction

Carers Tasmania welcomes the opportunity to provide feedback on the *Our Healthcare Future: Advancing Tasmania's Health – Exposure Draft 2022*,¹ (*the draft*). We acknowledge the commitment from the Tasmanian Government towards advancing health services for all Tasmanians through strategies such as *Our Healthcare Future*,² the *Healthy Tasmania Five Year Strategic Plan*³ and various funding commitments.

Health is a shared responsibility which must be prioritised by government, community, and individuals. Good health is also a human right which has been described by the UN Committee on Economic Social and Cultural Rights:

*“Health is a fundamental human right indispensable for the exercise of other human rights and every human is entitled to the enjoyment of the highest attainable standard of health conducive to living a life in dignity.”*⁴

Tasmania ranks poorly in health areas compared with the rest of Australia, so improving health services in Tasmania to achieve higher standards of health is vitally important. The draft has an overall focus on the following areas:

- Better and more accessible community care
- Strengthening prevention
- Partnering with consumers and clinicians
- Building the health workforce
- Delivering the health infrastructure of the future
- Strengthening Tasmania's pandemic response

Furthermore, it is stated that the Tasmanian health system will be:

- Consumer-centred
- Collaborative
- Innovative
- Integrated
- Equitable
- Evidence-based

The draft aims to ensure that people in Tasmania receive the *“right care, in the right time, at the right place”*. Carers play a significant role in supporting this to occur, therefore, to ensure best outcomes for all, carers must be supported too.

It is pleasing to see that carers have been considered and included throughout some aspects of the draft. We have provided feedback on areas that we felt the need to advocate further to ensure that carers are not just named in this document and

¹ <https://www.health.tas.gov.au/sites/default/files/2022-06/Advancing%20Tasmania%27s%20Health%20Strategy%20-%20Exposure%20Draft%20-%20Our%20Healthcare%20Future.pdf>

² <https://www.health.tas.gov.au/about/what-we-do/strategic-programs-and-initiatives/our-healthcare-future#advancing-tasmanias-health>

³ https://www.health.tas.gov.au/sites/default/files/2022-03/Healthy_Tasmania_Five-Year_Strategic_Plan_2022%E2%80%932026_DoHTasmania2022.pdf

⁴ https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=E/C.12/2000/4&Lang=en

provided lip service, but instead are identified and supported, further increasing their ability to continue caring effectively. We acknowledge the significant contributions that carers make to the Tasmanian community, particularly in terms of supporting the health and wellbeing of the Tasmanians they provide care for.

Key statistics about carers in Tasmania

The Australian Bureau of Statistics 2018 Survey of Disability, Ageing and Carers (SDAC)⁵ revealed that there were 80,100 carers in Tasmania, representing 15.5% of the Tasmanian population. Of these carers, females accounted for 41,400 (51.7%) and males accounted for 38,000 (47.4%). The report also found that there were 6,200 (11.6%) young carers aged under 25 years in Tasmania.

Carers often face many layers of disadvantage, including emotional stress, physical burden, poor educational or employment outcomes, social isolation, and financial stress. These types of disadvantage are particularly relevant for carers in Tasmania.

When compared against the rest of Australia, Tasmania has been found to have greater socio-economic disadvantage.⁶ Services Australia reported that in Tasmania, 16,843 carers received the Carer Allowance and 9,228 received the Carer Payment for the period 1 April to 30 June 2020.⁷ The *Caring Costs Us* report⁸ found that on average, carers in Australia will lose \$392,500 in lifetime earnings up to the age of 76 and will have lost \$175,000 in superannuation by the age of 67. In addition, some carers will lose substantially more depending on the duration of time spent in a caring role, and the age they first become a carer. The study also found the Carer Payment to be significantly lower than most weekly earnings for singles and couples in Australia and that the value of the Carer Allowance has significantly decreased since it was first introduced.

These statistics clearly demonstrate that carers in Tasmania regularly experience significant financial disadvantage and often have poor economic security. Financial disadvantage may reduce the ability for carers to access adequate health supports for themselves, or they may go without so they can afford to pay for health products and services for the people they care for.

Despite providing care for their loved ones, more than half of carers in Tasmania have a disability themselves which they may require support for. Furthermore, the rates of chronic health conditions, such as arthritis, asthma, cancer, heart, stroke, osteoporosis, and vascular disease were found to be higher in Tasmania in 2017-18 compared with the rest of the nation,⁹ therefore increasing the likelihood that carers

⁵ Australian Bureau of Statistics (2021) 44300DO006_2018 Disability, Ageing and Carers, Australia: Tasmania, 2018. Released at 11:30am Wednesday 5 February 2020

⁶ Australian Bureau of Statistics, "Census of Population and Housing: General Community Profile, Australia, 2016, Cat No 2001.0

⁷ DSS Payment Demographic Data – (Published Quarterly). Retrieved from: <https://data.gov.au/data/dataset/dss-payment-demographic-data>

⁸ <https://www.carersaustralia.com.au/wp-content/uploads/2022/04/Final-Economic-impact-income-and-retirement-Evaluate-Report-March-2022.pdf>

⁹ Australian Bureau of Statistics (2018). <https://www.abs.gov.au/articles/higher-rates-chronic-healthconditions-tasmania>

may have one or more chronic health conditions themselves. In addition, more than 90,000 Tasmanians are currently living with a mental health-related condition.¹⁰

Carers are the backbone of the Tasmanian community who despite often reporting they feel invisible, provide invaluable and unpaid supports, with many tasks directly relating to health care such as:

- Medication management, prompting or administration
- Personal care and/or wound care
- Meal preparation and feeding
- Organising and transporting or accompanying to appointments
- Understanding health information
- Prompting physical activity and supporting mobility
- Emotional support
- Supporting or de-escalating certain behaviours

Being a carer is not a 9-5 job, in fact carers are there when the doctors, specialists, nurses and other care providers cannot be. Often, carers don't have professional training in many of these areas as they usually don't plan to become a 'carer', instead it is something that just happens. Anyone, anytime can become a carer and caring roles often begin due to an unplanned medical event. Whilst some carers do have backgrounds in nursing or other medical professions, but for the majority of people, the transition into a caring role can be a steep learning experience resulting in carer stress and sometimes burnout.

We seek for carers to be specifically noted in the population characteristics as they are themselves a vulnerable cohort, whilst supporting others at high-risk. Placing carers as a priority group will increase identification, recognition, and referral to supports, which in turn will also further support the person being cared for by maintaining carer wellbeing and resilience.

Discharge planning

We note that the draft refers to discharge planning practices throughout Tasmanian hospitals.

We would like to reflect upon a letter we sent in December 2021 to the Hon Jeremy Rockliff MHA as Minister for Health and then also in April 2022 to the Hon Nic Street MHA as Minister for Community Services and Development. This letter was intended to raise concerns about inappropriate and problematic hospital discharge experiences that carers had expressed their concerns and frustrations about. The letter provided real scenarios, highlighting the following key issues:

- Barriers to effective discharge planning for patients and their carers need to be identified and addressed. Barriers can include differences in the presentation of patients (particularly with dementia) in hospital compared to at home due to being in an unfamiliar environment
- Transitional care planning is not routinely or consistently applied to patients

¹⁰ <https://www.primaryhealthtas.com.au/for-health-professionals/programs/mental-health/>

- Staff shortages resulting in patients being discharged without appropriate discharge planning and the necessary in home or residential respite supports and services in place
- Patients and their carers are not equal partners in decision making
- Tasmania is under-supplied with respite and rehabilitation beds
- Demand for inpatient rehabilitation and respite services is increasingly having major implications for sub-acute care needs
- Increasing demand for rehabilitation and respite services as a result of the ageing population and greater survival rates for people with complex needs
- Pressure on the number of available hospital beds as a consequence of significant gaps in community-based service provision (respite beds)
- Poor coordination and linkages vital to integrated care across the continuum of inpatient, outpatient, and community
- Rehabilitation and respite services seem not to be fully developed across the continuum of care in each region
- Variances in access to services depending upon the funding status of the person and the region of domicile

It is critical that changes are implemented to ensure continuation of informal care as an integral component of Tasmania's health care sector. In addition, the key issues mentioned must be addressed.

The draft touches on how Tasmania's healthcare system will respond to future need and notes that *"preventative health is also important to help reduce demand for health services"*. This is especially relevant to be mindful of in the context of discharge planning, as this is a crucial opportunity to prevent further decline by implementing the correct type and amounts of supports for a person when they leave hospital. If important post admission supports are missed, the person being discharged, and often the carer, are at risk of further decline.

We seek for a strong commitment to the routine identification of carers across the Tasmanian healthcare system, followed by prompt referral for carer supports. If the carer is well supported, they may be better able to support the person needing care. Implementing routine identification and referral of carers is truly a preventative measure as it provides opportunity to prevent undue distress and risk of health decline for both the carer and care recipient. Further to this, we seek for discharge planners to take a coordinated approach towards discharge planning. For example, all patients with a carer must be identified and the carer referred promptly to the Carer Gateway.

All patients must be assessed for the discharge services that may be required such as transitional care planning and their carers must be appropriately informed. Many carers have reported experiencing a hospital discharge for either themselves or the person they care for without a transitional care plan being implemented despite additional care being required post discharge. In these situations, carers are more often than not the person left to provide this additional care and they may not understand the full extent of what supports are needed for optimum recovery or they may not have the physical ability to provide the level of support required.

For example, an elderly man may be discharged from hospital without any support being organised as his wife is his carer. He may require personal care, however if his wife is elderly too, she may not be physically able to assist him with this. It must not be assumed that all carers are able to provide all necessary supports safely and effectively without assistance from formal services post discharge.

The *Shared Transfer of Care document*,¹¹ for which Primary Health Tasmania led the development of, is a great resource which lists the following as core principles to achieve effective shared transfer of care:

- **Person- and family-centred care.** A person and their family and/or carers collaborate with service providers to receive services that place the person at the centre of their health and wellbeing
- **Evidence-based, quality services.** Professionals and people work together using the best available evidence and their individual expertise to make shared decisions
- **Equity in access to care.** Access to services and support that meet the needs of a person
- **A strengths-based approach.** The focus is to engage with the person to identify their capabilities and so achieve their goals
- **Strong linkages and coordination across sectors.** Providers work together using a coordinated and integrated approach to service delivery, with respectful communication as the key
- **Interdisciplinary approach.** A person receives support that involves the different services they need for holistic care

COVID-19 and strengthening Tasmania's pandemic response

In early 2022, we conducted an online survey to explore the impact of Covid on carers in Tasmania.¹² The survey received over 300 responses and found that informal carers in Tasmania had been significantly impacted by the opening of the Tasmanian borders in December 2021. The survey found:

- 60% of carers said they have no other family members who could assist at short notice
- 61% reported their daily living expenses had increased since the borders opened
- 79% of respondents said they felt emotionally drained, with 43% indicating they felt lonely and unsupported
- 59.5% of carers chose to preventatively self-isolate to protect the person for whom they care
- 29% found accessing RAT tests very difficult
- 54.4% of carers who responded reported that they were caring for someone with an ongoing medical condition or a life limiting illness
- 43% reported they kept up to date about COVID through TV/radio, one quarter through websites and 19% through social media

¹¹ <https://www.primaryhealthtas.com.au/wp-content/uploads/2018/06/Guidelines-for-Shared-Transfer-of-Care.pdf>

¹² <https://www.carerstas.org/wp-content/uploads/2017/06/Carers-Tasmania-COVID-Impact-Survey-2022-Report-.pdf>

Alarming, more than half of carers reported they had experienced some difficulties in obtaining GP appointments, with 41.8% of carers expressing that it had been more difficult, and 11.8% reporting that it had been almost impossible. As previously highlighted, many carers in Tasmania have chronic health conditions or disability themselves for which they require GP or specialist support in addition to their caring role responsibilities.

We note that the draft refers to the *State-wide Elective Surgery Four-Year Plan 2021-2025* and the *State-wide Outpatient Plan* which aim to provide a roadmap for the delivery of effective and sustainable state-wide elective surgery and a commitment to increased health system capacity. Our COVID survey found that 15.3% of carers had experienced medical or specialist appointments for themselves or the person(s) they care for being cancelled with no rescheduled date. We are hopeful that the plans for elective surgery and outpatients will specifically address, resolve, and prevent these issues.

We hope that planning will also aim to minimise delayed appointments in any future pandemic events. Although they are not emergencies, specialist appointments are crucial for maintaining and improving wellbeing. Furthermore, results from specialist appointments often determine the type of supports available to a person, particularly for those who require an assessment to enable them access to support. For example, significant and specific evidence is required in the process of NDIS applications. People will not be assessed as eligible to receive NDIS supports without the required evidence, therefore whilst they wait for this evidence, they will not be able to receive the supports that they potentially could through the NDIS. This places themselves and their carers at risk of poor outcomes across a number of areas.

We also seek for carers to be identified as a priority cohort so that throughout any future pandemic or similar experience, they have clear pathways to access supports for themselves and those for whom they provide care.

Consumer role

Consumer and carer involvement in the co-design and evaluation of services is critical to ensure that services can effectively meet the needs of consumers. We note that the draft describes Tasmania as having an active consumer engagement sector, with the definition encompassing consumers, unpaid carers and support people, along with family and friends.

Carers have been identified as being key in the makeup of consumer roles. We are pleased to observe that our recommendation from our *'Response to the Establishing a State-wide Clinical Senate for Tasmania'*¹³ has been considered wherein we requested that carers or a carer be included within the Clinical Senate membership. *The Terms of Reference for the Tasmanian Health Senate*¹⁴ does now refer to a place for carers on the senate, which is applauded. This aligns with the draft Carer Recognition Bill 2022,¹⁵ which specifies that "*Carers should be consulted in relation*

¹³ <https://www.carerstas.org/wp-content/uploads/2017/06/Carers-Tasmania-Response-to-the-Our-Healthcare-Future-Establishing-a-Statewide-Clinical-Senate-for-Tasmania-2021.pdf>

¹⁴ https://www.health.tas.gov.au/sites/default/files/2022-05/tasmanian_health_senate_-_terms_of_reference.pdf

¹⁵ https://www.parliament.tas.gov.au/Bills/Bills2022/pdf/33_of_2022.pdf

to the development and evaluation of policies and programs, and the provision of resources, in so far as those policies, programs and resources affect their role as carers”.

It is also important highlight that Action 2.6 of the Tasmanian Carer Action Plan¹⁶ is to “*Review the Tasmanian Consumer and Carer Participation Framework to improve engagement with consumers and carers*” and Action 2.8 refers to the development of clinical guidelines for working with carers. We are eager to understand what progress has been made on these actions and how carers have or will be invited to participate throughout both the framework review and the development of clinical guidelines for working with consumers and carers.

Strategic ambitions

We support the broad strategic ambitions which are key areas of focus to enable achievement of the vision. The draft states that “*the Tasmanian Government will establish better ways to work more closely with the Australian Government, Primary Health Tasmania, other relevant bodies, and the community care sector.*”¹⁷

Furthermore, the draft refers to the recent example of the development of the GP after hours support initiative to support patients urgently requiring care after hours. We recommend that the Carer Gateway be considered, included, and promoted in the same way as the Carer Gateway provides an emergency 24/7 service for instances where carers may face an unplanned event such as injury, illness or hospital admission which impacts their ability to provide continuity of support. This service is free of charge to carers and is a method to ensure the safety of care recipients is upheld in instances where a carer cannot complete caring duties as normal.

The additional commitments to expanding palliative care support are also pleasing. Care2Serve often hears from carers who are supporting someone at the end of their life and there is not enough support available when and where they require it. Everyone deserves the opportunity to die with dignity, but sadly this is not always granted due to lack of support and resources.

Health infrastructure

The draft refers to the development and implementation of a *Telehealth and Virtual Care Strategy* that will aim to provide high quality patient care across the state which will be supported by improvements in health infrastructure. Whilst we understand that a growing number of people have adapted to using telehealth options, particularly since the beginning of the pandemic, there are still many people living in Tasmania who will not have the digital literacy, technological skills or connectivity to use these methods effectively or at all. In 2018, Tasmania was ranked as the second-most digitally disadvantaged State in Australia.¹⁸

¹⁶ https://www.communities.tas.gov.au/__data/assets/pdf_file/0023/173480/Supporting-our-Carers-Action-Plan-2021-24_-JULY-2021.pdf

¹⁷ <https://www.health.tas.gov.au/sites/default/files/2022-06/Advancing%20Tasmania%27s%20Health%20Strategy%20-%20Exposure%20Draft%20-%20Our%20Healthcare%20Future.pdf>

¹⁸ ABS 2071.0 – Census of Population and Housing: Reflecting Australia Stories from the Census, 2016, Canberra, 6 November 2018.

Furthermore, it would be interesting to understand specifically how the Tasmanian Government intends to address cost barrier for those who are financially disadvantaged and may struggle to pay phone or internet bills. If carers are struggling to pay for the essentials, they will not be able to afford smart phones, laptops and other devices that may be required for telehealth purposes.

Clinical services planning

The draft refers to three regional Clinical Services Profiles which will detail planned activities and initiatives and take into consideration demographic and population health characteristics, local service usage, and the effectiveness of existing health pathways. Furthermore, the draft states that these profiles will form part of a long-term plan for healthcare in Tasmania which will be released by December 2022, and will include primary and preventative services, ambulatory care, acute and sub-acute care and mental health services.

We strongly encourage for Carer Gateway supports to be described in this plan, including how to refer or register with the Carer Gateway. These supports are highly relevant for family or friend carers and the people they care for who are engaged with the Tasmanian Health system. This is another way to inform staff and the wider community about services that are available and help support the aim of people in Tasmania to receive “*the right care, in the right time, at the right place*”.¹⁹

Building the health workforce

The draft aims to align Tasmania’s health workforce with the needs of the community, by ensuring an appropriate mix of generalist and specialist services. Whilst the right mix of appropriately skilled generalist and specialist professionals is crucial to ensure that the health needs of the community are effectively met, it is important that lived experience is not forgotten or dismissed.

Including the experience of consumers and carers aligns with the *Patient Will See You Now* framework²⁰ which aims to improve patient-centred care (PCC). The framework states that “*providing patient-centred care is an integral aim of health care organisations at State, National and International levels, and is a core priority of the Tasmanian Health Service*”.

A highly relevant example of including and utilising lived experience, such as consumer and carer experience in the health workforce, is through carer peer work roles. Carer Peer workers and consumer peer workers are currently utilised in the Adult Community Mental Health Services, the Hospital in the Home Program and the Acute Care Team. We hope that further roles similar to these will be implemented where relevant.

To assist with staff retention, it is important to ensure workplaces are aware and supportive of staff who may be in a caring role. The *Supporting Carers in the*

¹⁹ <https://www.health.tas.gov.au/sites/default/files/2022-06/Advancing%20Tasmania%27s%20Health%20Strategy%20-%20Exposure%20Draft%20-%20Our%20Healthcare%20Future.pdf>

²⁰ https://www.health.tas.gov.au/sites/default/files/2021-10/The_Patient_Will_See_You_Now_THS_Consumer_Engagement_Model_of_Care_DoHTasmania2019.pdf

*Tasmanian State Service*²¹ document is a helpful guide that should be introduced during induction. Ensuring that workplaces are carer aware, fits within the focus areas of “*enhancing culture and wellbeing, recruitment, and effective working arrangements*”, which form part of the Health Workforce 2040 strategy.²²

The following actions refer to the Tasmanian Carer Action Plan²³ and must be considered in terms of building the health workforce:

- **Action 2.3:** To review the TSS Workplace Flexibility Policy to support employees with caring responsibilities
- **Action 2.4:** To maintain and enhance flexible working arrangements in State Government agencies including the Carer Toolkit
- **Action 2.5:** Implement the outcomes of the State Service Review as they relate to employees with caring responsibilities

It is also imperative that pathways into vocational training are strengthened to support people who may wish to enter or re-enter the health workforce. For carers, they may have left the workforce to care for a loved one and decided to re-enter the workforce after their caring role ceases. Their qualifications, registrations and training may become out-of-date, and they may need additional supports to update these so they can re enter the workforce.

An example of an appropriate program which aims to support carers and people who have recently been a carer, into training or employment pathways is the Your Caring Way Program.²⁴ This is a vocational coaching program which aims to support carers or people who have recently been a carer back into education and training pathways to support their educational or employment goals. This program is an initiative of Carers Queensland which is run throughout Queensland, South Australia, and Tasmania. It is funded by the Department of Social Services as a pilot program. We are hopeful that programs such as this will continue to be funded and implemented in Tasmania to support carers or past carers to re-enter the workforce if they wish to.

Monitoring progress

We would encourage that as part of monitoring progress, that carers are identified and actions to support carers (as relevant to actions in the carer action plan) are reported on. The ‘*Monitoring Progress*’ section in the draft notes that the Tasmanian Population Health Survey and the State of Public Health Reports are used to describe and monitor the factors that influence health and wellbeing of Tasmanians. We encourage that carers be considered and reported on in future as they play a significant part in the health and wellbeing of Tasmanian people and their own health and wellbeing may be significantly impacted by their caring role. This recommendation would ensure alignment with the carers charter as drafted in the

²¹ https://www.dpac.tas.gov.au/__data/assets/pdf_file/0029/105689/Supporting_Carers_in_the_State_Service_-_Carers_Toolkit.PDF

²² https://www.health.tas.gov.au/sites/default/files/2021-12/Health_workforce2040_strategy_DoHTasmania2019.pdf

²³ https://www.communities.tas.gov.au/__data/assets/pdf_file/0023/173480/Supporting-our-Carers-Action-Plan-2021-24_-JULY-2021.pdf

²⁴ <https://yourcaringway.com.au/>

Carer Recognition Bill 2022,²⁵ and to enable this reporting, routine identification of carers is required.

Working together

The draft mentions that there will be various opportunities over the next six months whereby the Tasmanian community can participate in the development of the long-term plan. We are hopeful that there will be adequate opportunity for carers and consumers to participate and that these opportunities will be well advertised with adequate notice provided.

We recommend that routine identification and referral of carers be implemented throughout Tasmanian health settings and that Action 2.7 of the Tasmanian Carer Action plan, “*Support distribution of the Carers Tasmanian iCare book in THS hospitals*” is continued. These two actions align with the draft Carer Recognition Bill 2022, specifically action 3, which states that “*Carers should be empowered to access information and services that are relevant to them in their role as carers.*” By supporting and improving outcomes for carers, the people they care for may also be better supported.

²⁵ https://www.parliament.tas.gov.au/Bills/Bills2022/pdf/33_of_2022.pdf