

# Care2Plan

## Carer's Planning Guide



If you are providing care and support to a family member or friend with disability, mental ill health, ongoing health issue, terminal illness, alcohol or other drug dependence or who is frail aged, then this booklet is for you.



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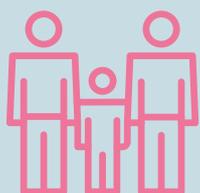


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# Introduction

**Anyone,  
anytime,  
can become  
a carer...**

Caring roles rarely start as a plan, but as an act of love for someone with disability, mental ill health, chronic or life limiting illness, someone frail aged or has alcohol or other drug dependence. In most cases, caring is for a family member (approx. 96%) but can also be for a friend or neighbour.



**Every caring role is different and how carers come to that role can be quite varied. Caring roles may be:**

- Episodic, such as caring for someone with mental ill health or degenerative conditions, for example Dementia
- Lifelong, such as being a parent of a child with disability or caring for someone with chronic illness
- Short-term, for example an injury, illness or end-of-life care



**Caring roles include a range of varied activities, such as helping:**

- Prepare meals, doing housework or gardening so that everything is ok at home
- Make or get to appointments, filling prescriptions, or doing shopping
- Get out of bed (or reminding them to), shower, getting dressed and monitoring medications
- Pay bills, organise finances, and help with budgeting
- Engage in social activities and stay positive, spending time with them





Caring roles can often be demanding.  
*The 2020 National Carers Survey* found:

- Most that responded cared for more than 40-hours per week, with more than half caring for over 20-years.
- Many carers reported experiencing high psychological distress and one-third noted that they never get time for themselves.
- Approximately 25% noted that they have had to spend more money than they had in the year before the survey.
- Many carers are so busy with their caring roles that they don't have time to plan for the future or start to address the challenges that they face in the here and now.

This booklet is a concise resource for you to use to work through some of the financial, legal and emergency planning challenges. It is intended to be practical with places to write down thoughts. Whilst it will help you figure out next steps, it does not replace formal processes you may need to work through.

If you would like support using this workbook, Carer Gateway can help you. Carer Gateway coaches can help you work out your goals and support you to implement them.





# Using this booklet

Caring roles mean juggling a lot of different responsibilities for the person for whom you care, for yourself, and for your family and friends. At times it can feel overwhelming to manage it all and to figure out how to work your way through challenges. You can use this booklet at your own pace or can work through it with a Carer Gateway coach. If you would like support, please call 1800 422 737 (and select 1 from the menu).

## Solutions focus

Peace campaigner Archbishop Desmond Tutu once said that 'there is only one way to eat an elephant: a bit at a time.' By this he meant the life challenges can seem overwhelming and daunting but can be overcome over-time by taking on just a piece at a time. This means having a focus on solutions, not on the problem.

This booklet uses a solutions focus to help you work through planning for the future. In short, this means:



- Challenges can sometimes be reframed as solutions (in other words, finding the silver lining in every cloud)
- Finding a solution is far more empowering than knowing that the challenge is there and what it is
- Identifying goals that will help solve the challenge, writing down the steps, and then putting your plans into action

## Reframing

Reframing is a useful way to think about challenges. This means thinking about the same challenge from a different angle or perspective. Reframing can help you feel far more in control.

<p><b>I really can't see a way to have time for myself. All my day is taken up caring for my partner</b></p>	<p>What would it take for me to find 15 minutes for myself every day?</p> <p>I might not be able to change everything, but I have the power to start with something smaller that will help me feel better</p> <p>What activities could my partner be doing that means I have some time for me?</p>
<p><b>I am finding less and less time to spend with my friends. I feel so alone now</b></p>	<p>What other ways could I connect with my friends that won't impact on my caring role?</p> <p>Could I find friends in the same situation as me?</p>
<p><b>I have such a big load on my shoulders and no one else in my family can take it all on if something happens to me</b></p>	<p>What if everyone in the family had to look after one small part of caring so the future was ok if something happens?</p> <p>What if I write down everything so that at least my family can cope if I am not here.</p>



### Some useful tips to reframe can be:

- Focus on what you can do and less on what may be out of your control
- If things feel overwhelming, break it down into smaller achievable steps
- Imagine the future and what steps can help you reach that goal
- Remember when things went well & how that impacts the current challenge
- See problems as challenges with solutions

### It all starts with a plan

Once you are using a solutions focus, the next step is to develop and implement a plan. Your plans could be for small actions you want to take or could be for something big you want to change. No matter the size of the plan, the approach is similar.

It may not feel as though you have time to write down goals and have a plan, know where to start or even that you are not sure how to do it. SMART goals are an easy, straight forward way to take control of what you want to change.

**“If you have a goal, write it down. If you do not write it down, you do not have a goal – you have a wish”**

Steve Marshall



Specific



Measurable



Attainable



Realistic



Timely

SMART goals are used to help make plans. Using this approach helps you really think through what you can do and by when.

## There are five parts to a SMART goal. Let's use an example of having difficulty paying the electricity bill.



Specific

**What do you really want to achieve? What would it look and feel like in detail?**

When setting SMART goals be as clear and specific as you can. For example, if you can't pay the electricity bill, don't write 'I don't have enough money.' Instead, try 'the new power bill is \$550 but I can only pay \$400 towards it and will need a way to pay off the rest.' Your goal might then be to 'pay off \$150 of the electricity bill before the next bill is due in three months.'



Measurable

**How would you measure your goal? How will you be able to tell when you have achieved your goal?**

You may measure your goal by writing down you will pay \$50 per month for two months and then \$15 per week for the final month.



Attainable

**List what you will need to achieve your goal, such as time, knowledge, finances, skills, other people etc**

You may need the information on how to ask for a payment plan to pay off your electricity bill and how to apply. You may need help from someone else to complete the process or perhaps there is an additional cost to paying off your bill.



Realistic

**Can your goal be achieved in the timeframe you have set and with the time, skills etc you have?**

Perhaps you can take money from a different part of your family budget and pay the electricity bill sooner, but would that mean having less money for other bills or groceries? Is three months enough time to pay it off and manage your overall budget?



Timely

**Set the date and time you will start and finish your goal**

When will you make your first payment in your plan and on what dates will other payments be made? What date will you finish?

### Your Goal

**Your SMART goal may end up something like this:**

I will pay the electricity bill with an upfront payment of \$400 and three monthly instalments of \$50 on the second Tuesday of each month starting 13 October until 12 January.





# Carer Gateway



**Carer Gateway is the Australian Government's national carer hub. Carer Gateway provides carers with a single access point for information, and supports.**

**Anyone providing unpaid practical and emotional support to someone with disability, chronic or life limiting illness, mental ill health, frail aged or has alcohol or other drug dependence is eligible for support through Carer Gateway.**

**Carer Gateway provides a range of services to support carers in their caring roles, including in-person across Tasmania, via phone or online.**

## Supports in Tasmania

Carers can access support through specialist, friendly staff on the phone via video connection or face-to-face Monday-Friday 8am-5pm.

When you access Carer Gateway, it all starts with a conversation to check-in on your wellbeing, as a carer. This process is a great way for you to discuss supports that can most help you in your caring role, including many of the topics in this booklet. To start your thinking, check the section **How is your wellbeing as a carer?**, then to have this conversation, call 1800 422 737 (and press 1 from the menu to speak to the team).

<p><b>Counselling</b></p> <p>Talking confidentially with someone outside of your caring situation about the emotional challenges</p>	<p><b>Connection with other carers</b></p> <p>Using a mix of facilitated and casual connection options with other carers just like you</p>	<p> <b>Emergency respite</b></p> <p>A 24/7 service for when something happens that needs urgent attention within 72-hours</p>
<p><b>Carer directed packages</b></p> <p>Focused support to carers most in need, such as planned respite or in-home support</p>	<p> <b>One-off financial supports</b></p> <p>Help to purchase a product or service that is linked to supporting your caring role</p>	<p><b>Residential respite booking support</b></p> <p>Coordination of booking respite in residential aged care facilities for someone over 65 years old</p>
<p> <b>Carer support planning</b></p> <p>Understanding how you are travelling in your caring role and helping you develop goals to support you</p>	<p><b>Individual coaching</b></p> <p>Working one-on-one with someone to develop or to implement goals to help you in your caring role</p>	<p><b>Information, advice and referrals</b></p> <p>Support to understand the maze of services and help to connect to those that needed in your caring role</p>

## Cost of supports

There is no cost for any Carer Gateway services. However, you may be asked to contribute up to 15% of the cost of financial supports, such as a one-off purchases, in-home supports, or planned respite. This will be discussed at the time of organising supports for you.



## Online support

Some carers prefer to access digital supports online, which includes:

<p><b>Connection with carers</b></p> <p>Carers discuss shared topics on a moderated community forum</p>	<p><b>Counselling</b></p> <p>Telephone counselling (Monday-Friday 8am-5pm) through the national counselling service</p>
<p><b>Individual coaching</b></p> <p>Self-paced modules that cover different topic areas for carers</p>	<p><b>Training</b></p> <p>Short training modules are available on the Carer Gateway website</p>

## Tasmania's Carer Gateway service provider

Care2Serve is the statewide Carer Gateway service provider for Tasmania. Care2Serve is service arm of Carers Tasmania.

Care2Serve and Carers Tasmania have offices in Moonah, Burnie and Launceston.

## Contact Carer Gateway



Monday-Friday  
8am-5pm



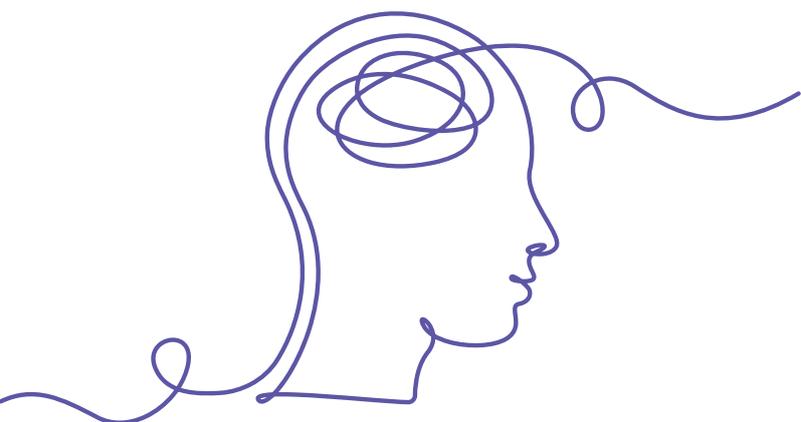
1800 422 737



[carergateway.gov.au](http://carergateway.gov.au)

# 4

**Caring for  
your own  
wellbeing**



## What is stress?

Stress is the normal response of the body and brain when demands are placed on it.

These demands can be physical e.g. running or lifting, they can be mental e.g. remembering appointments, making a difficult decision or they can be emotional e.g. feeling elated or feeling angry. Arousal is another word that is used to describe stress in the body. Our bodies are designed for short periods of stress/arousal followed by relaxing back to our base level when the stressor is finished.

## How does your body respond to stress?

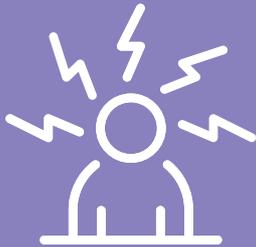
The body's normal response to stress includes:

- Adrenaline levels rise initially
- Heart rate rises
- Breathing speeds up
- Digestion slows down
- Sugar and fats pour into the blood stream to provide fuel or energy
- Muscle tension
- Increased perspiration
- Desire to go to the toilet (to lighten the load)
- Blood thickens
- Cortisol levels increase

When the stress is over, the body returns to normal levels and digestion resumes.

## When stress becomes overwhelming (either temporary or long-term)

Our bodies do not cope well with continual or long-term stress that overwhelm us. We call this chronic stress. Chronic stress affects your body, mood and behaviour.

On your body...	On your mood...	On your behaviour...
<ul style="list-style-type: none"> <li>Headache</li> <li>Muscle tension or pain</li> <li>Fatigue</li> <li>Chest pain</li> <li>Change in sex drive</li> <li>Stomach upset</li> <li>Sleep problems</li> <li>Depressed immune system</li> </ul>	<ul style="list-style-type: none"> <li>Anxiety</li> <li>Restlessness</li> <li>Lack of motivation or focus</li> <li>Irritability or anger</li> <li>Sadness or depression</li> </ul> 	<ul style="list-style-type: none"> <li>Overeating or undereating</li> <li>Drug or alcohol abuse</li> <li>Tobacco or other stimulant use</li> <li>Angry outbursts</li> <li>Social withdrawal</li> </ul>

Symptoms of stress may be affecting your health without you even noticing it. You may think that the nagging headache you have been having is related to a virus that is going round.... Stress may be the cause!

Stress can affect your body, thoughts, emotions and your behaviour and if you can learn to recognise the symptoms, you can learn to manage your stress levels before they cause long-term damage. Stress levels that are not managed adequately can contribute to major health problems like diabetes, heart disease, high blood pressure and/or obesity.



## Compassion fatigue

Caring for another person comes with some stress, though also has its rewards. The level of ongoing stress depends on the frequency and nature of the demands and the duration of those demands, couple with the mindset of the person providing the care.

When stress from the caring role becomes overwhelming, it is often called Compassion Fatigue, Carer Burnout or Caregiver Burnout.

## Potential causes of compassion fatigue

- **Role confusion** – Often times it is difficult to establish and separate your role as a carer from the role of being a spouse, a child or a friend
- **Lack of control** – Due to having to manage and organise everything for the person, some carers can become frustrated by the lack of money, resources and skills in effectively planning for the care and needs of their loved one
- **Unrealistic expectations** – Sometimes carers expect to have a positive effect on not only the health, but the happiness of the person they care for. This is not always the case and can be especially disappointing if the person they care for suffers from Dementia, mental ill health, or degenerative disease. Above all, we cannot be responsible for anyone else's happiness
- **Unreasonable demands** – Sometimes we place unreasonable demands on ourselves, in part because we think that providing care is exclusively our responsibility
- **Not recognising illness** – Carers don't always recognise that they may be suffering from fatigue (or do not want to admit that they think they are) and if left untreated, this can lead to you becoming really ill and being unable to provide care to your loved one. This mostly happens because many caregivers feel so guilty if they 'dare' spend time on themselves and end up neglecting their own physical, emotional and spiritual health.



## How compassion fatigue shows up in your life

### On your body...

Sleep difficulties

Changes in your  
appetite and gaining  
or losing weight

Exhaustion

Frequently becoming ill  
or getting every virus or  
bug that goes around

Craving and eating  
sugary food

### On your mood...

Loss of interest in  
things or activities you  
previously enjoyed

Feeling irritable

Thinking thoughts of  
self-harm

Feeling low or down

Exhausted



### On your behaviour...

Withdrawal from  
family & loved ones

Flying off the handle  
quickly

Hurting the person  
you care for

Not keeping up with  
paperwork, medical or  
legal requirements

Disregarding your  
own needs

## Reducing or minimising fatigue from your caring role

There are some simple and practical steps you can take to reduce or minimise carer fatigue.

Rest, eat right, and try to exercise

Educate yourself about the illness or condition of your loved one – the more you know and understand about the condition, the more effective and prepared you will be in your caring role

*Don't forget about yourself*

Remember that taking care of yourself is not a luxury, but a necessity and that you are worth it!

Try to be realistic about your loved one's illness

Talk to professionals, e.g. Carer Gateway, Dementia Australia, Headway or your GP

*Join a support group*

Accept your emotions – negative feelings like frustration and anger towards the person you care for, are completely normal!

**Know your limits and stay within them**

Set yourself realistic goals and delegate some tasks or duties to others if possible

Attending counselling services can equip you with more effective coping strategies, stress management techniques and provide a safe, confidential space for you to 'vent'

**Take advantage of available services such as respite care**

What's important is that you find some time to diffuse those feelings; remove yourself for a few minutes and do some deep, slow breathing until you feel calmer

Talk to someone you trust



**Record your progress using the Stress Management Self-Help Checklist.**



## Gratitude Journal

Sometimes looking for the silver lining in every situation is a really helpful way of reducing stress. Identifying things around you for which to have gratitude is a good option.

Your brain is a predictive machine. When you focus on something specific, your brain will selectively ignore anything that doesn't match.

Have you ever lost something, such as your keys, and searched high and low and when you finally found them, they are sitting in an obvious place and you can't understand how you missed them? This is an example of how your brain focused on the lost keys and ignored the image of your keys in plain sight.

We can use this part of our brain and use it to feel better about our situation by flipping the focus to gratitude. This can be as simple as saying to yourself: 'right now, I am grateful for ...' (and fill in the blank).

Gratitude is the appreciation of what is valuable and meaningful, and is a general state of thankfulness or appreciation.

Having a grateful disposition is associated with great physical and mental well-being. Grateful people experience more positive emotions, feel better about themselves, are less depressed and are more satisfied with life in general.

## How to keep a gratitude journal

### HERE ARE SOME PROVEN TIPS FOR KEEPING A GRATITUDE JOURNAL

- **Write it down.** Don't just make a list in your head. Write about the people and things you are grateful for in your life. Keep a record so you can review it.
- **Be specific.** The more specific you are the better. For example, 'I am grateful that my children are healthy and doing well in school, and that I have a loving relationship with someone who truly cares for me' is better than 'I am grateful for my family'.
- **Focus on people.** Focusing on people to whom you are grateful is more effective than writing about things.
- **Deeper is better.** Elaborating in detail about a particular thing for which you are grateful is more beneficial than making a shallow list of many things.
- **Savour surprises.** Recording events that were unexpected or surprising tend to elicit stronger feelings of gratitude.
- **Set your intention.** Your motivation to be happier plays an important part in your development of gratitude. Like many things in life the more you engage the more you will get out of it – if you just 'go through the motions' it will be less effective.
- **Be consistent.** Once you have set your intention to record things you are grateful for honour your intention by sticking to it. Set aside fifteen minutes at a specific time of the day to complete your journal.
- **Don't overdo it.** Writing occasionally (1-3 times per week) has been shown to be more effective than writing daily.

Perhaps you are so overwhelmed you feel as though you have nothing to be grateful for or maybe you are just not sure where to start. Here are some prompts to help you.

1. What was the best thing that happened today?
2. Who do you want to say 'thank you' to?
3. Who is someone that helps you?
4. Who is your best friend and why?
5. What is the best thing that ever happened to you?
6. What is your favourite thing to do at home?
7. Name someone that you feel grateful for
8. What do you like to do with your family and why?
9. What is something that makes you happy?
10. Think of an item you use every day and write it a thank you note
11. How was today better than yesterday?

## 3 Things I am Grateful for Today

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

# MY DAILY GRATITUDE JOURNAL

Date \_\_\_\_\_

**5** Things I'm grateful for:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**4** Things I'm grateful for:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**3** Things I'm grateful for:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**2** Things I'm grateful for:

1. \_\_\_\_\_
2. \_\_\_\_\_

**I** Amazing thing that happened this week:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Gratitude Journal examples

Your journal can be anyway you want it to be.

YOU CAN DRAW AND DOODLE, USE BULLET POINTS, LONG SENTENCES OR JUST KEY WORDS. JUST ANYTHING THAT WORKS FOR YOU.

The internet has many fantastic examples of how you can approach your journal. Google them and you may be surprised what you find, but you will surely come across one that works for you or perhaps you can join a few ideas together to create a journal that is uniquely you!

## Set some goals

Take a few minutes to jot down some clear goals that are achievable and will help you reduce stress and increase your wellbeing. They could be simple goals, such as walking around the block each day, or could be longer-term, such as achieving a level of particular fitness.

Remember to be clear when setting each goal. For example; I want to lose 10kg and participate in the community 5km fun run on 25 November.

Goal or Action	Expected Completion Date	Actual Completion Date

Call

**1800 422 737**

(and press 1 from the menu)  
to ask about having a  
carer coach work with  
you on your goals.







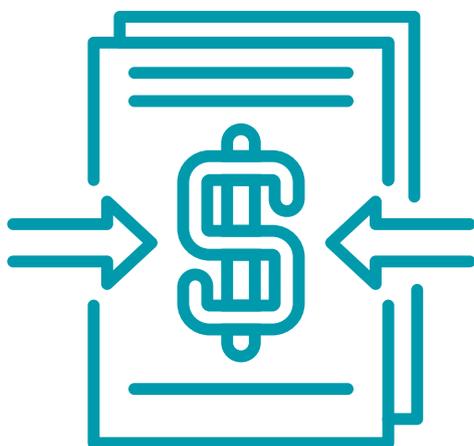
# Budgeting and finance

The demands of some caring roles can have an impact on your personal finances. Some carers have to change work arrangements, whilst others access Centrelink payments to support them in their caring roles. Carers often note increased costs of caring for someone, such as running errands, taking them to appointments, and equipment purchases.

This section provides practical templates and information to help you with budgeting and managing finances.

## Budget

The monthly budget is a good place to start to understand where money is allocated in your budget. Income and expenses will be different for everyone depending on caring roles, levels of care, types of income etc.



# Monthly Budget

	TOTAL ESTIMATED COST
	ESTIMATED COST
<b>HOUSING</b>	
Mortgage or rent	
Second mortgage or rent	
Phone/Internet	
Electricity	
Gas	
Water and sewer	
Rates	
Waste removal	
Maintenance or repairs	
Supplies	
Other	
<b>SUBTOTALS</b>	
<b>TRANSPORTATION</b>	
Vehicle 1 payment	
Vehicle 2 payment	
Bus/taxi/Uber	
Insurance	
Registration	
Petrol	
Maintenance	
Other	
<b>SUBTOTALS</b>	
<b>FOOD</b>	
Groceries	
Dining out	
Other	
<b>SUBTOTALS</b>	
<b>FAMILY</b>	
Medical	
Clothing	
School fees	
School supplies	
Professional fees/membership	
Lunch money	
Child care	
Pets	
Toys/games	
Other	
<b>SUBTOTALS</b>	

ESTIMATED MONTHLY INCOME	
Income 1 (after Tax)	
Income 2 (after Tax)	
Extra income	
Total monthly income	
Estimated balance (Estimated income minus expenses)	
	<b>ESTIMATED COST</b>
<b>ENTERTAINMENT</b>	
Streaming TV (Netflix etc)	
Cinema	
Concerts	
Sporting events	
Live theatre	
Other	
<b>SUBTOTALS</b>	
<b>LOANS</b>	
Personal	
Car	
Credit cards	
<b>SUBTOTALS</b>	
<b>SAVINGS OR INVESTMENTS</b>	
Superannuation	
Investments	
Other	
<b>OTHER</b>	
Legal costs	
Gifts and Donations	
<b>SUBTOTALS</b>	
<b>PERSONAL CARE</b>	
Other health	
Hair/nails	
Clothing	
Dry cleaning	
Gym	
Organisational fees	
Other	
<b>SUBTOTALS</b>	
<b>INSURANCE</b>	
Home	
Health	
Life	
Other	
<b>SUBTOTALS</b>	





## RESOURCES

- 1 The Australian Government Money Smart website ([Moneysmart.gov.au](http://Moneysmart.gov.au)) is a great place to find out about managing money, setting up a budget and knowing who to turn to when things get tough.

For many people, creating a budget is a useful way to manage their money and to be more aware of their spending. The [Moneysmart.gov.au](http://Moneysmart.gov.au) website has a good online tool to help you get started. There are also great Apps for your smartphone and tablet that can be downloaded for free from the App stores.

- 2 In Tasmania, Anglicare offers Financial Counselling. See here [www.anglicare-tas.org.au/financial-counselling/](http://www.anglicare-tas.org.au/financial-counselling/)  
This is a free service to Tasmanians experiencing financial stress to help manage their current debt.

Most government departments and utility companies such as Aurora, Australian Tax Office, TasGas, TasWater etc have procedures to help customers with their bills when they are experiencing financial difficulties. Check their website or give them a call to ask for more information.

- 3 Many Australian Banks/Financial institutions now have support available for customers experiencing Financial Hardship. See your bank's website or call to ask for further information.

Centrelink, NDIS and MyAgedCare provide financial/services support to you and/or Care recipients. See their websites here to see if you are eligible.

[www.servicesaustralia.gov.au/individuals/carers](http://www.servicesaustralia.gov.au/individuals/carers)  
[www.ndis.gov.au/](http://www.ndis.gov.au/)  
[www.myagedcare.gov.au/](http://www.myagedcare.gov.au/)

Also, Centrelink, has Financial Hardship support available for Australians whether you are currently receiving support or not. See this link for further information.

[www.servicesaustralia.gov.au/individuals/topics/severe-financial-hardship-provisions/28686](http://www.servicesaustralia.gov.au/individuals/topics/severe-financial-hardship-provisions/28686)

- 4 Debt Management businesses. There are many fee-for-service businesses (for debts \$10,000 or more) in Australia who offer similar services as above but will charge a fee related to their services. Before you engage their support be sure you understand how their services work and the fees you may incur.

For smaller debts to department stores, shops etc contact their finance or accounts department to discuss extending repayments.

N.I.L.S is an organization that provides No Interest small loans for people on low income. This is their website for further information [www.nils.com.au/](http://www.nils.com.au/)

**Dealing with Debt Collectors.**  
 Debt collectors are commercial services that businesses may use to recover outstanding debt from customers. If you are approached by a Debt Collector, it is important to contact a service like Anglicare (above) rather than avoid or lie. Financial Counselling services will help you with advice and advocacy when dealing with Debt Collectors.

Care2Serve may also be able to support you with information and in some ways financially in regards to your caring role. This could include support with payment for emergency respite care, a one off practical support item or a carer directed package that can directly assist with an aspect of your caring role. Contact Care2serve - Carers Gateway for further information. [www.care2serve.com.au/carers-gateway/](http://www.care2serve.com.au/carers-gateway/) (Care2Serve - Carer Gateway)

Informal support is when you can identify individual or groups from your networks (family, friends, acquaintances, and social groups) that can help you with information, advice, support, small loans, referrals or just being there for you when you experience financial strain.

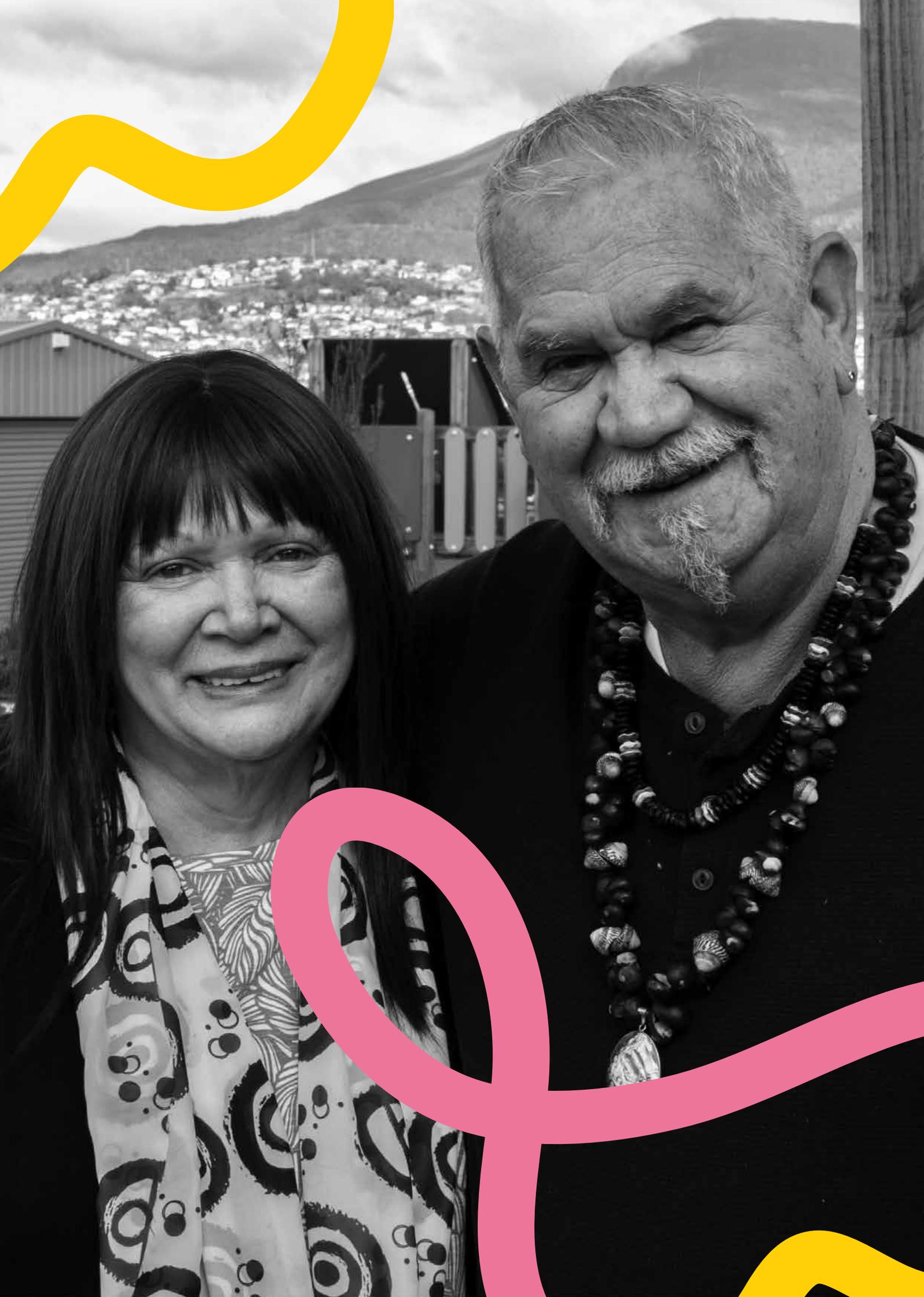
Call  
**1800 422 737**  
 (and press 1 from the menu) to work one-on-one with a carer coach to help you set goals and to action the goals you set.

### Set some goals

Now you have information about budgets and finances, think about taking a few minutes to jot down some goals for yourself.

Remember, through Carer Gateway you can work one-on-one with a carer coach. They will help you think through options and help you set goals and to action the goals you set. Call 1800 422 737 (and press 1 from the menu) to talk to a Carer Support Officer.

Goal or Action	Expected Completion Date	Actual Completion Date



# 6

## Planning for the future

**Demands on your caring roles can change and at times unexpectedly either to you or who you care for. Of course, we never expect that it will happen but when it does, if we are not prepared, it can be a cause of high anxiety and stress. Planning ahead can give you a greater sense of control and improved wellbeing knowing that everything is covered if something does happen.**

**This section will give you information and templates to help with such things as:**

- Medical Goals of Care Plan (MGOC)
- Advance Care Directives (ACD)
- Enduring Guardianship
- Power of Attorney
- Emergency care planning
- Legal planning

These have been summarised for you. As things can change from time to time, always double check when you complete any of them.

**If you use these tools, remember to:**

- Get them photocopied
- Keep a copy in a safe place at home
- Take a copy with you when you go out with the person you care for
- Share copies with family and/or friends that need to know or may back you up if something happens
- Give copies to emergency contacts
- Give copies to your GP or other health professionals that need the information.

## An overview of future planning options

### Medical Goals of Care Plan (MGOC)

#### WHAT IS IT?

Medical Assessment of appropriate treatment or limitations of treatment (incl NFR), on admission to hospital & during hospital stay, and for patients in community settings where limitation of treatment is requested or appropriate.

Medical Goals of Care should be assessed as either:

- A. Curative
- B. Restorative with specific limitations of treatment
- C. Palliative
- D. Comfort measures for dying patients



<p><b>WHO WRITES IT?</b></p> <p>Medical staff only. Should be discussed with patient (Person Concerned) or their representative, other staff as appropriate, and MGOC should be consistent with wished expressed in an ACD.</p>	<p><b>WHEN IS IT USED?</b></p> <p>At any time, to communicate planned treatment limitations to others (eg ambulance, other doctors or care staff). May be initiated or altered by GP or outpatient specialist.</p>	<p><b>WHY?</b></p> <p>To ensure that people do not receive treatment which is unlikely to have any benefit, or which is considered burdensome by wither the patient, their substitute decision maker, or their treating team.</p>
<p><b>VALIDITY</b></p> <p>Plan should be reviewed when clinical conditions change, patient wishes change, or at next hospital admission.</p>	<p><b>RESPONSIBILITY OF DOCTORS</b></p> <p>To consider the clinical situation &amp; make a recommendation to the patient, (or person responsible/enduring guardian) re treatment limitations (if any).</p>	<p><b>ROLE OF PERSON RESPONSIBLE</b></p> <p>If patient lacks capacity to discuss &amp; understand the clinical assessment of likely outcomes of treatment and the goals of care with treating doctors.</p>
<p><b>RESPONSIBILITY OF RESIDENTIAL AGED CARE FACILITY</b></p> <p>To discuss with GP the MGOC plan regarding future treatment decisions and plans for emergencies. For staff to have knowledge &amp; understanding of MGOC for each resident.</p>	<p><b>LEGALITY</b></p> <p>All patients have the right to refuse treatment they consider burdensome. Doctors can legally refuse to provide treatment they consider to be futile. MGOC form is bar-coded for digital (public hospital) patient record.</p>	<p><b>WHO SHOULD HAVE ONE IN WHAT SITUATIONS</b></p> <p>All patients admitted to public hospitals. All patients for whom limitations of treatment apply in community settings. For electronic copies of the MGOC form go to: <a href="http://www.primaryhealthtas.com.au">www.primaryhealthtas.com.au</a></p>

Source: Tasmanian Department of Health, Tasmanian Public Trustee, Tasmanian Legal Aid, Australian Government Carer Gateway

## Advance Care Directive (ACD)

### WHAT IS IT?

Individuals ('Person Concerned') own (written) wishes regarding health care decisions if lacking capacity at some future time. The discussion about preferences and direction regarding treatment and care decisions with Person/s responsible and others is vital component of this process. Written document provides clarity and accountability, though verbal reporting by persons/s responsible regarding expressed wishes should be accepted.

### WHO WRITES IT?

Persons Concerned completes the ACD form to express their own wishes. Person/s responsible may complete the form to guide decisions and consider options for future care if person concerned already lacks decision making capacity.

### WHEN IS IT USED?

Only when Person Concerned lacks capacity to participate in decision-making. Should guide decision making by treating staff and person responsible (or enduring guardian).

### WHY?

To ensure people receive care that is consistent with their expressed wishes. Person responsible advocates on behalf of person who lacks capacity that wishes are respected, gives or refuses consent.

### VALIDITY

On-going and enduring if person concerned lacks capacity.

### RESPONSIBILITY OF DOCTORS

To consider the wishes expressed in ACD & to discuss with person responsible what the outcomes of any proposed treatments might be & whether it accords with the ACD.

### ROLE OF PERSON RESPONSIBLE

To speak on behalf of the Person Concerned to ensure their expressed wishes are followed if the person concerned lacks capacity to participate in decisions about their care.

### RESPONSIBILITY OF RESIDENTIAL AGED CARE FACILITY

To understand the wishes expressed in the ACD regarding treatments, possible outcomes to be avoided & to ensure that the person responsible agrees regarding emergency decision making.

### LEGALITY

Common law status (tested interstate court cases). Barcoded versions can be scanned into digital medical records at public hospitals in Tasmania. Otherwise, can be kept in patient notes.



### WHO SHOULD HAVE ONE IN WHAT SITUATIONS

Most appropriate for people with families who understand & are in agreement with the wishes & decisions of Person Concerned, agree re substitute decision maker, &/or who agree together re decisions for person who already lacks capacity. For electronic copies of the ACD form go to:

[www.primaryhealthtas.com.au](http://www.primaryhealthtas.com.au)

Source: Tasmanian Department of Health, Tasmanian Public Trustee, Tasmanian Legal Aid, Australian Government Carer Gateway

## An overview of future planning options

### Enduring Guardianship

<b>WHAT IS IT?</b> Appointment of a substitute decision maker who is empowered to give consent if person concerned lacks capacity. The document may or may not include specific comments re treatment and care preferences.		
<b>WHO WRITES IT?</b> ONLY person concerned and ONLY if they have capacity at time of appointment.	<b>WHEN IS IT USED?</b> Only when person concerned lacks capacity to participate in decision making. Enduring guardian has legal right to give or refuse consent to treatment.	<b>WHY?</b> To ensure people receive care that is consistent with their expressed wishes. Enduring guardian has legal right to give or refuse consent to treatment.
<b>VALIDITY</b> On-going and enduring if person concerned lacks capacity.	<b>RESPONSIBILITY OF DOCTORS</b> To discuss with the enduring guardian (if patient lacks capacity) and advise re care and treatment decisions.	<b>ROLE OF PERSON RESPONSIBLE</b> To speak on behalf of the person concerned to ensure that their wishes are followed. An enduring guardian's decision over-rides all other family/ friends.
<b>RESPONSIBILITY OF RESIDENTIAL AGED CARE FACILITY</b> To discuss with the enduring guardian what they understand to be the resident's wishes regarding treatment and care decisions.	<b>LEGALITY</b> Statutory law in Tasmania makes a document legal when it is witnessed by two people and lodged with the Guardianship and Administration Board patient record.	<b>WHO SHOULD HAVE ONE IN WHAT SITUATIONS</b> Most appropriate for people with fractured families, 'conflicts of interest', or where agreement about appropriate decision maker, treatment, and care unlikely to be harmonious, especially in crisis decision making situations.

Source: Tasmanian Department of Health, Tasmanian Public Trustee, Tasmanian Legal Aid, Australian Government Carer Gateway



## Power of Attorney

<b>WHAT IS IT?</b> A legal document in which you appoint another person to make property and financial decisions for you.		
<b>WHO WRITES IT?</b> A solicitor usually prepares the Power of Attorney. This could be Legal Aid, the Public Trustee or your own solicitor.  You can also complete this yourself. Forms can be accessed here -  <a href="https://dpipwe.tas.gov.au/land-tasmania/land-titles-office/power-of-attorney-forms">https://dpipwe.tas.gov.au/land-tasmania/land-titles-office/power-of-attorney-forms</a>	<b>WHEN IS IT USED?</b> If you suddenly are incapable of managing your financial affairs due to illness or injury, your attorney can register your enduring power of attorney for you. They will then begin acting to protect your financial interests. Another reason might also be that you simply no longer want the responsibility of managing your financial affairs.	<b>WHY?</b> To help people manage and protect the financial and property interests. 
<b>VALIDITY</b> An enduring power of attorney begins to operate after being registered at the Land Titles Office.	<b>RESPONSIBILITY OF DOCTORS</b> To verify mental capacity to enter into the Power of Attorney, but only if this was in question or challenged.	<b>ROLE OF PERSON RESPONSIBLE</b> To deal only with the management of your financial affairs, not lifestyle or medical decisions.
<b>RESPONSIBILITY OF RESIDENTIAL AGED CARE FACILITY</b> To verify if someone has a Power of Attorney for a resident and if so, to ensure that the person holding the Power of Attorney is the decision-maker for financial matters.	<b>LEGALITY</b> A Power of Attorney must be registered with the Land Titles Office before it comes into legal effect.	<b>WHO SHOULD HAVE ONE IN WHAT SITUATIONS</b> Relevant for anyone wanting to plan ahead for a time when they may not have the capacity to make decisions but want to protect their financial interests.

Source: Tasmanian Department of Health, Tasmanian Public Trustee, Tasmanian Legal Aid, Australian Government Carer Gateway

## Emergency Care Plan

### WHAT IS IT?

An emergency care plan has all the information about the person you care for in one place, so you can get it quickly and easily.

### WHO WRITES IT?

Carers are able to write their own Emergency Care Plan.

### WHEN IS IT USED?

An Emergency Care Plan makes it easy for someone to take over from you in a hurry. The plan is also useful if someone else will be providing care for a while, or if you need to talk with someone such as a health care professional.

### WHY?

To help other family members or friends understand all aspects of your caring role.

### VALIDITY

No registration is required. This is a personal plan that brings all your details into one place.

### RESPONSIBILITY OF DOCTORS

Other than providing the details of the GP used by the person you care for, doctors play no role in completing an Emergency Care Plan.

### ROLE OF PERSON RESPONSIBLE

To ensure all related caring information is in one document for others to pick-up and run with if something happens to you.

### RESPONSIBILITY OF RESIDENTIAL AGED CARE FACILITY

No specific role to play.

### LEGALITY

No legal certification or registration is required.

### WHO SHOULD HAVE ONE IN WHAT SITUATIONS

All carers should have a plan in place to future-plan for emergencies.

Source: Tasmanian Department of Health, Tasmanian Public Trustee, Tasmanian Legal Aid, Australian Government Carer Gateway



## ADVANCE CARE DIRECTIVE (TASMANIA)

(Tick  as appropriate, format date as DD/MM/YYYY)



Making an Advance Care Directive (ACD) allows you to decide now, or to guide, what health care and treatment you receive, in the future, if you lose the ability to make and communicate such decisions yourself.

You can include in your ACD:

- 1. Information about your values or wishes, which can guide a person making a decision about your health care; and**
- 2. Specific treatments you refuse and in what circumstances.**

It is recommended that you discuss your future health concerns and treatments with your doctor or a health professional and discuss your wishes with significant people like your family and close friends.

For further guidance see the Advance Care Directive Information Sheet.

You must have the ability to make your own health care and treatment decisions to complete an ACD.

**This is the Advance Care Directive for YOU - the person making the directive.**

Print Name:

Date of Birth: DD / MM / YYYY

Address:

### Section I. My Values and Wishes

The values and wishes you express here can guide a person making a decision about your health care. For example, you can include information about the following:

- *What is important to me for my health care*
- *What gives me quality of life and makes my life worth living*
- *What is important to me if I am nearing death*
- *My preferred place of care and place to die*
- *Any reasons for refusing certain treatment (for example, cultural or religious beliefs)*
- *If you are Aboriginal and/or Torres Strait Islander, what else is important to you*



## ADVANCE CARE DIRECTIVE (TASMANIA)



FT021550

**If you are unable to complete or sign this form** it may be written by someone else fully directed by you

Print Name:

Relationship to you:

Signature:

Date: DD / MM / YYYY

### Witness (Optional)

There is no requirement to have this form witnessed. However, if it is witnessed it may be more likely that it will be recognised and followed by others. It is preferable for witnesses:

- To be over 18
- Unrelated to you
- Not be the person who has assisted you in completing this form
- Not be beneficiaries in your will

I/we certify that the person has signed this directive freely and voluntarily in our presence.

Print Name:

Print Name:

Signature:

Signature:

Address:

Address:

Date: DD / MM / YYYY

Date: DD / MM / YYYY

### Interpreter / Translator Statement

If an interpreter / translator is used when this document is completed or witnessed, they must sign as follows:

Print name of interpreter/translator:

I assisted with interpretation / translation of this document from English to / from

\_\_\_\_\_, a language I am proficient in.

Signature of interpreter / translator:

Date: DD / MM / YYYY

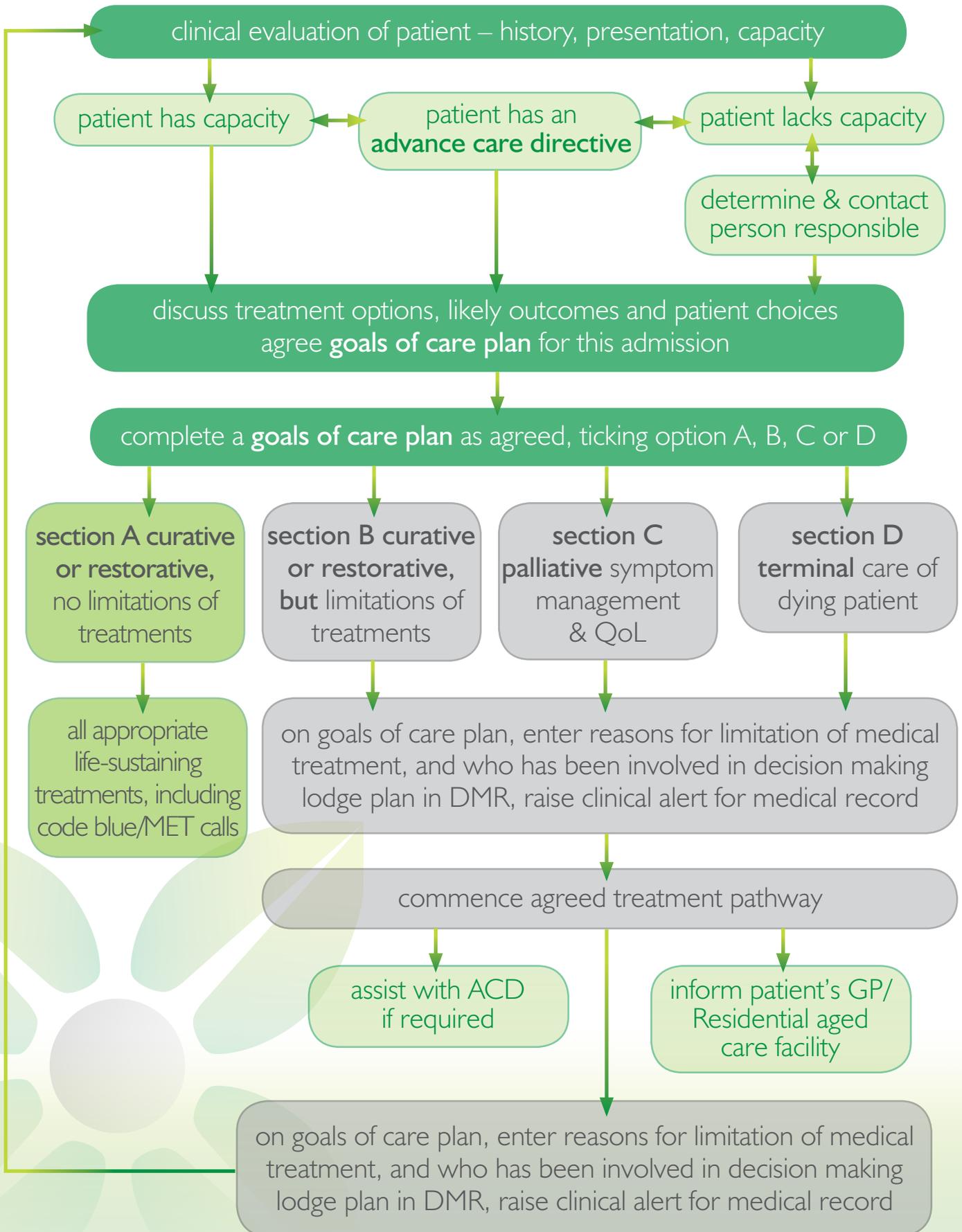
NAATI number (if applicable):

### What to do with this form

- Keep the original with you in an easily accessible place in your home
- Give a copy to important people such as your family or friends, General Practitioner, your local hospital and others involved in your health care
- If an ambulance is called show them this form
- Upload to My Health Record through MyGov if available

**Abbreviation Key:** NAATI National Accreditation Authority for Translators and Interpreters |

# implementing goals of care plan





## MEDICAL GOALS OF CARE (GOC) PLAN

FACILITY: \_\_\_\_\_

- Southern Region   
  Northern Region   
  North West Region

PT ID								
SURNAME.....		D.O.B.....						
OTHER NAMES.....								
ADDRESS.....								



FT176800

This form is to communicate the medical decision for appropriate treatment goals of care for this patient. Choose A, B, C or D. If changes are made, this form must be crossed through, marked void and a new form completed.

**DIAGNOSIS:**

NO LIMITATION OF TREATMENT:	Hospital	Community
<b>A. The goal of care is CURATIVE or RESTORATIVE. Treatment aim is PROLONGING LIFE</b> <input type="checkbox"/> For CPR and all appropriate life-sustaining treatments →	CODE BLUE	For full resuscitation

LIMITATION OF MEDICAL TREATMENT:
<input type="checkbox"/> Patient has an advanced care directive and / or has requested the following treatment limitations: Please specify:

<b>B. The goal of care is CURATIVE or RESTORATIVE with limitations:</b> <input type="checkbox"/> NOT FOR CPR but is for all respiratory support measures → <input type="checkbox"/> NOT FOR CPR or INTUBATION but is for other active management → Specific notes:	For CODE BLUE and MET calls  For MET calls NOT for CODE BLUE	For treatment and transfer to hospital
---	--	--

<b>C. The goal of care is PALLIATIVE. Treatment aim is quality of life</b> <input type="checkbox"/> NOT FOR CPR OR INTUBATION → Specific notes:	MET call <input type="checkbox"/> YES  MET call <input type="checkbox"/> NO	Contact GP for planning
---	---	-------------------------

<b>D. The goal of care is COMFORT DURING THE DYING PROCESS</b> <input type="checkbox"/> NOT FOR CPR or INTUBATION →	For terminal care NOT for CODE BLUE NOT for MET	
--	---	--

Reason for limitation of medical treatment:	<input type="checkbox"/> medical grounds	<input type="checkbox"/> patient wishes
---	--	---

Discussed with:	<input type="checkbox"/> patient	<input type="checkbox"/> person responsible
-----------------	----------------------------------	---

PRINT DOCTOR'S NAME:	DESIGNATION:
----------------------	--------------

SIGNATURE:	DATE: DD / MM / YYYY
------------	----------------------

GP / consultant responsible: PRINT NAME	GP / consultant informed: <input type="checkbox"/> YES <input type="checkbox"/> NO
---	--

This form is endorsed for ambulance transfer, and for the home or care facility.

Abbreviation key:	CPR = cardio-pulmonary resuscitation	GP = general practitioner	MET = medical emergency team
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GOALS OF CARE PLAN

THS-TAS-S 97748 7/15 FRP 4/2002 JULY 15 M10

## PROCEDURE FOR COMPLETING A GOALS OF CARE (GOC) FORM

### MEDICAL ASSESSMENT

A clinical evaluation of the patient's situation to one of the three goals of care categories: curative / restorative, palliative or dying (terminal). The following may be helpful to ask, especially if limitations are being considered (after MJA 2005; 183:230-1):

1. Is the diagnosis correct?
2. Does the patient have capacity and not wish to have certain or all treatments, or if lacking capacity, has an advance directive or person responsible stating this?
3. Is medical treatment likely to prolong life or improve quality of life? Does the treatment carry a far greater risk of complications than possible benefits?
4. Has sufficient time elapsed to be reasonably confident that there is no reasonable prospect of substantial improvement or recovery?
5. Should another medical opinion be obtained?
6. Has the patient or the person responsible been advised of the above? Have they had a chance to express their opinions?
7. Has the patient's general practitioner been involved?

### IMPLEMENTATION

1. Tick the box on the form that best describes the goals of care for the patient at this time.
  - A. **CURATIVE or RESTORATIVE** – if no treatment limitations are required tick box A. Refusal of a single treatment, such as blood products, in the context of otherwise full active treatment should be documented in the first line under limitations of medical treatment.
  - B. **CURATIVE or RESTORATIVE** with limitations – If in hospital, limitations to code blue or MET calls can be further documented. If in the community, the patient is for active treatment and transfer to a hospital if appropriate.
  - C. **PALLIATIVE** – The treatment aim is quality of life. If in hospital limitations to MET calls can be further documented. If in the community the GP can be contacted for further direction in management.
  - D. **DYING** – The treatment aim is comfort while the patient is dying. The prognosis is hours to days.
2. The details of the GOC discussions should be clearly documented in the patient's current progress notes.
3. The ultimate responsibility for treatment decisions including cessation of life-prolonging medical treatment and deployment of palliative and terminal care is a medical one and not the responsibility of the patient or person responsible.
4. The GOC form should not be completed by an intern.
5. The completed GOC form is filed in the current admission record, in the alerts section.
6. If the GOC change, the old form should be crossed out, marked VOID and a new form signed.
7. On discharge, a copy of the form can be sent with the patient or to the GP with the discharge summary if appropriate.
8. On discharge, the GOC form is scanned into the alerts section of the Digital Medical Record.
9. The Tasmanian Ambulance Service will recognise and act in accordance to the GOC form.
10. General practitioners or specialists may complete a GOC plan for ongoing care in the community and this form can be sent with the patient to the hospital if required.
11. Day patients who are low risk are not required to have a GOC form completed.



# Emergency care plan

**1800 422 737**  
[www.carergateway.gov.au](http://www.carergateway.gov.au)

# Emergency care plan

An emergency care plan has all the information about the person you care for in one place, so you can get it quickly and easily.

An emergency care plan makes it easy for someone to take over from you in a hurry.

## Instructions

### 1. Fill in your emergency care plan

- It should have all the information someone else would need to know to look after the person you care for
- If you need to add more information, you can write it on extra pages and keep them with your plan
- If you need help filling in your emergency care plan, call Carer Gateway on **1800 422 737**

### 2. Save your emergency care plan

If you have downloaded the plan and filled it in:

- Save the plan to your computer or phone
- Print out copies of the plan

If you have asked for a printed copy of the plan and filled it in:

- Use a photocopier to make copies of the plan
- Keep a copy of the plan somewhere safe and easy to see in your home
- Take a copy with you when you leave home or travel with the person you care for

### 3. Share your emergency care plan

- You can give people a printed copy or email it to them if you have saved it on your computer
- Give a copy to each of your emergency contacts
- Give a copy to your doctor, and anyone else who may need to know what to do

# Emergency contacts

## My details

---

Name

Relationship to the person I care for

Address

Phone

## Details of the person I care for

---

Name

Age

Address

Phone

Language spoken

Person's condition, illness or disability

## My emergency contacts

---

Name

Phone

Name

Phone

Name

Phone

## If something happens to me

---

I would like my emergency contacts to

My emergency financial arrangements are

# Care needs

## Care routine

---

The person I care for needs:

- Full time care
- Regular visits
- Meals only

The person I care for needs help with:

- Getting meals
- Going to the toilet
- Showering/bathing
- Taking medicine
- Getting out of bed/moving around
- Mental health/emotional issues

When do they need help (what is their usual routine)

Food and diet, likes and dislikes, food allergies

Behaviours, calming strategies

## Home and community care services

---

Organisation/service provided

Phone

Organisation/service provided

Phone

Organisation/service provided

Phone

## Other information

---

Please attach extra notes if more space is needed

# Medical information and contacts

## Medicines

---

Medicine allergies

Medicines, dose/timing, special instructions

## Health information

---

Medicare number

Ambulance fund/Registration number

Health insurance fund/Registration number

Medic-Alert number

Safety Net number

Concession card type

## Doctor

---

Name

Address

Phone

## Pharmacist

---

Name

Address

Phone

## Health professional/hospital

---

Organisation/service provided

Address

Phone



## Notes

Use this space to include any other important information

## Carer emergency card

A carer emergency card is a card you can carry in your wallet to let people know that you care for someone.

It's a good idea to carry an emergency card to make sure the person you care for will be looked after if something happens to you.

The person you care for should also carry a card in their wallet to let people know they are being cared for by you.

### Instructions

1. Fill in the cards
2. Cut the cards out along the dotted lines
3. Fold the cards in half along the solid line
4. Put the carer card in your wallet
5. Give the other card to the person you care for, to put in their wallet or carry with them

 I am a carer	 In an emergency
<p>My name: _____</p> <p>I care for: _____</p> <p>Relationship to me: _____</p> <div style="display: flex; align-items: center;">  <p style="font-size: small;">Remember to update this card if your details change. Download a new card at <a href="http://www.carergateway.gov.au">www.carergateway.gov.au</a></p> </div>	<p><b>Please contact the person below</b> to make sure the person I care for is looked after</p> <p>Name: _____</p> <p>Relationship to me: _____</p> <p>Phone number: _____</p>

 I have a carer	 I have a carer
<p>My name: _____</p> <p>My carer: _____</p> <p>Their phone number: _____</p> <div style="display: flex; align-items: center;">  <p style="font-size: small;">Remember to update this card if your details change. Download a new card at <a href="http://www.carergateway.gov.au">www.carergateway.gov.au</a></p> </div>	<p>My condition/s: _____</p> <p>Care I require: _____</p> <p>Other information:</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

## Emergency Care Plan - Medical needs

**This worksheet is a good way to record extra medical information for you or the person you care for that will complement your Emergency Care Plan.**

List below anyone who has agreed to help with medical matters if needed:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**What medical information is important for these people to know about?**

Firstly, for you.

**First medical need (describe condition):**

1. \_\_\_\_\_  
\_\_\_\_\_

**Medical professional relating to the medical condition:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Second medical need (describe condition):**

2. \_\_\_\_\_  
\_\_\_\_\_

**Medical professional relating to the medical condition:**

---

---

---

*Second, for the person you care for (include information they may not be able to tell for themselves if you were not there to pass the information on):*

**First medical need (describe condition):**

**1.** 

---

---

---

**Medical professional relating to the medical condition:**

---

---

---

**Second medical need (describe condition):**

**2.** 

---

---

---

**Medical professional relating to the medical condition:**

---

---

---

**Make a list of medical, health or support services that are delivered in your home:**

Service	Who delivers it	How often	Contact name / Phone





## Legal Planning

Legal planning might not be something you think a lot about but depending on your caring role things can change quickly and perhaps this is something to give some attention.

Advanced Care Directives, Power of Attorney and Guardianship will all require you to have some legal support.

Having a plan to refer to can help when a legal matter arises, or preparation is needed beforehand, which is related to your caring role can greatly reduce stress later on.

To get an overview of some of the more relevant legal matters for Carers and Care Recipients please refer to the following online information from the Carers Gateway. This information is written in plain English and a little research now can increase your knowledge and ability to respond to such matters:

**[www.carergateway.gov.au/help-advice/legal-matters](http://www.carergateway.gov.au/help-advice/legal-matters)**

**[www.skills.carergateway.gov.au/](http://www.skills.carergateway.gov.au/)** then select "Carer Skills 4: Legal Issues"

There are a number of Tasmanian resources that are available to help you understand legal requirements better or to support you to complete them.

## Free legal advice and information

<b>Hobart Community Legal Service</b>	03 6223 2500	<a href="http://www.hobartlegal.org.au/">www.hobartlegal.org.au/</a>
<b>Launceston Community Legal Service</b>	03 6334 1577	<a href="http://www.lclc.net.au/">www.lclc.net.au/</a>
<b>North West Community Legal Centre</b>	03 6424 8720	<a href="http://www.nwclc.org.au/">www.nwclc.org.au/</a>
<b>Women's Legal Service Tasmania (Statewide)</b>	1800 682 468	<a href="http://www.womenslegaltas.org.au/">www.womenslegaltas.org.au/</a>
<b>Tasmanian Aboriginal Legal Service</b>	03 6281 3456	<a href="http://www.tals.net.au/">www.tals.net.au/</a>
<b>Legal Aid Tasmania</b>	03 6236 3800	<a href="http://www.legalaid.tas.gov.au/">www.legalaid.tas.gov.au/</a>
<b>Tasmanian Refugee Legal Service</b>	03 6169 9473	<a href="http://www.trls.org.au/">www.trls.org.au/</a>
<b>Find a Lawyer (fee for service)</b>	03 6234 4133	<a href="http://www.members.lst.org.au/members/search/people/">www.members.lst.org.au/members/search/people/</a>



## Legal advice and information about Housing and Accommodation

<b>Tenant's Union of Tasmania</b>	1300 652 641	<a href="http://www.tutas.org.au/">www.tutas.org.au/</a>
<b>Housing Tasmania</b>	1300 135 513	<a href="http://www.communities.tas.gov.au/housing/about/your_rights_and_responsibilities">www.communities.tas.gov.au/housing/about/your_rights_and_responsibilities</a>
<b>Real Estate Institute of Tasmania</b>	03 6223 4769	<a href="http://www.reit.com.au/Information/Renting-FAQ">www.reit.com.au/Information/Renting-FAQ</a>



## Government Services and Health

<b>Ombudsman Tasmania</b>	1800 001 170	<a href="http://www.ombudsman.tas.gov.au/">www.ombudsman.tas.gov.au/</a>
<b>Ombudsman</b> (Federal Government eg NDIS and Centrelink)	1300 362 072	<a href="http://www.ombudsman.gov.au/">www.ombudsman.gov.au/</a>
<b>Health Services</b>	1800 001 170	<a href="http://www.healthcomplaints.tas.gov.au/">www.healthcomplaints.tas.gov.au/</a>
<b>Aged Care Industry</b>	1800 951 822	<a href="http://www.agedcarequality.gov.au/">www.agedcarequality.gov.au/</a>
<b>The NDIS Quality and Safeguards Commission</b>	1800 035 544	<a href="http://www.ndiscommission.gov.au/participants">www.ndiscommission.gov.au/participants</a>
<b>Advocacy Tasmania</b>	1800 005 131	<a href="http://www.advocacytasmania.org.au/">www.advocacytasmania.org.au/</a>
<b>The Guardianship and Administration Board</b>	1300 799 625	<a href="http://www.guardianship.tas.gov.au/about_us">www.guardianship.tas.gov.au/about_us</a>
<b>Advanced Care Planning</b>	1300 208 582	<a href="http://www.advancecareplanning.org.au/">www.advancecareplanning.org.au/</a>



## Set some goals to plan for the future

Planning for the future is important for everyone, but especially if you are carer. Make a cup of coffee or tea and find a few minutes to write down your goals to put plans in place.

Goal or Action	Expected Completion Date	Actual Completion Date

You are not alone.  
 Carer Gateway coaches can work with you individually to define your goals and figure out how to implement.

Call 1800 422 737  
 (and press 1 from the menu).

# Going into Hospital?



If you or someone you care for has to go to hospital, the iCare Booklet will help you manage the process.

Call Carer Gateway for a copy 1800 422 737

## Access to Practical Supports:

### My Aged Care

If you are aged 65 years or older (or 50 years if you identify as Aboriginal or Torres Strait Islander) and need help at home, whilst out in the community or are thinking about aged care facilities, the first step is to contact My Aged care.

1800 200 422

[www.myagedcare.gov.au/](http://www.myagedcare.gov.au/)

### Mental Health Services Helpline (24/7)

If you need mental health advice, assessment, or referral for services, phone the Mental Health Service Helpline.

1800 332 388

[www.health.tas.gov.au/service\\_information/services\\_files/mental\\_health\\_services/mental\\_health\\_service\\_helpline](http://www.health.tas.gov.au/service_information/services_files/mental_health_services/mental_health_service_helpline)

### Tasmanian Community Care Referral Service

If you are under 65 and are frail or have ill health, you may be eligible for some in home support.

1300 769 699

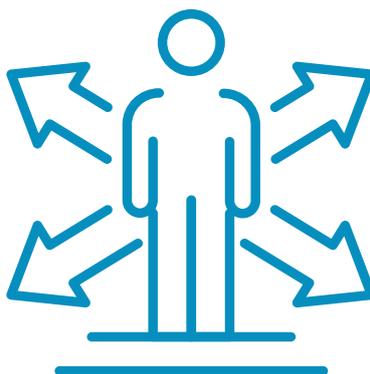
[www.health.tas.gov.au/service\\_information/service\\_delivery\\_points/tccrs](http://www.health.tas.gov.au/service_information/service_delivery_points/tccrs)

### NDIS

If you are aged up to 65 years and have a disability that is permanent or expected to be permanent, you may be eligible to access supports under the National Disability Insurance Scheme.

1800 800 110

[www.ndis.gov.au/](http://www.ndis.gov.au/)





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