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Peter ([00:53](#)):

Hello, I'm Peter Gee. Did you know that one in six Tasmanians are a carer? The carer provides unpaid support to a family member, friend, or neighbor with disability, mentally ill health, chronic or life-limiting illness, or who are frail or aged, or have alcohol or drug dependence. As you'll hear, their stories can be challenging and heartbreaking, but also inspiring and heartwarming. This 1 in 6 podcast is presented by Care2Serve, part of the Carers Tasmania Group. Care2Serve is the Tasmanian provider of Carer Gateway, an Australian government program offering free services and support for family and friend carers.

Oli ([01:41](#)):

Hi, I'm Oli. I live in Sorell, near Hobart, and I care for my mum who has cancer and my wife who has some physical disabilities and mental health conditions.

Peter ([01:55](#)):

Oli, thanks very much for talking to us today. I guess this is a little bit out of the ordinary. You are away from your caring duties for a while and having a chat to us. What would your average day entail?

Oli ([02:08](#)):

It's the question I get a lot. To be honest, every day is pretty different, especially in terms of things with my wife are quite dynamic. Some day's a lot more difficult for them than others, whereas with mum, it's pretty much... It's a bit more, I guess, predictable. I mean, my dad helps out with caring for her as well. I would say he probably does the bulk of it, at least the practical stuff. She's just finished radiation, she's doing five weeks of radiation and had to go to the hospital every weekday. That's about a half hour drive. Obviously, her mobility has not been great either, so that was a bit of a big deal for her to be getting in and out of the house and up to the hospital every day.

Peter ([03:05](#)):

You are doing the transport?

Oli ([03:08](#)):

Not so much. My dad usually would take her just because I'm often at work when her appointments are, but I did sort of help out with that a few times. It is a bit of an adventure. Funnily enough, the actual treatment only takes about 15, 20 minutes, but there's a lot of stuff that happens around that with getting out of the house, getting into the car, waiting for the orderly to come with a wheelchair when we get to the hospital, and all those sorts of things. It does sort of take a big chunk out of your day. So, that's something that I do try and help dad with when I can, because it is a big responsibility.

[\(03:53\)](#):

Yeah. And then, she'll be starting chemo next year. That will be not as frequent and a bit of a different situation, but yeah. And then, I guess day to day, there's also a lot of emotional things. Obviously, cancer is a very emotional situation. Mum's never really been a sickly person, so it's been a pretty big shift for her being involved in the health system so much and talking to so many doctors and taking a lot of medication. She's never taken anything in her life.

Peter [\(04:28\)](#):

A lot for her to take in if she's not used to that. Are you there sort of taking notes when you are with her? "Did you remember this mum? Yeah, he said you got to do that," that part of the deal?

Oli [\(04:39\)](#):

Yeah. Definitely at the very start before she was diagnosed, she had been in a lot of pain and the GP was saying, "We're sort of past the point of me being able to manage this, where I recommend that you go to the hospital." Of course, at that time, there were no support people or visitors in the emergency department and they were sort of saying, "Oh, well, go home. Follow up with your GP." Mum, I guess her attitude has been, "Well, the doctor went to school, they know what they're doing. They wouldn't just say that for no reason." Whereas I've been involved in the medical system quite a bit, and I know that doctors obviously have a really difficult job, and sometimes things get missed and sometimes things get misunderstood. You do have the right to say, "Actually, I don't think that's right."

Peter [\(05:38\)](#):

Okay. You are sort of interpreting your mother a little bit.

Oli [\(05:41\)](#):

Yeah. I do the same with my wife a lot. Yeah, I went into pick her up from the emergency department and I was like, "Well, can I just double check this is the plan?" They said, "Yep, well, you're going to follow up with the GP." And I was like, "Well, that doesn't make a lot of sense because the GP sent us here, so I'm not sure. He's out of his depth. He said to come and see this specialist as an inpatient, so I'm not really sure why this is happening." They were like, "Oh, oh well, in that case..." And so, she ended up being admitted. She was in the hospital for five weeks, and it was only in the last week that they actually found the cancer.

Peter [\(06:23\)](#):

What type of cancer is it?

Oli [\(06:25\)](#):

Endometrial stage III. Yeah, it's-

Peter [\(06:29\)](#):

She's put up with some pain for a while, I would've thought.

Oli [\(06:32\)](#):

Yep. She was in pain for probably a month or two before she went to the hospital. But before that, she was having other symptoms that she just put off or brushed off as menopause. I guess that's something

that she's a very busy person, she's a manager at her job. She's not one to just go to the doctor for, quote, unquote, no reason.

Peter (06:58):

Men aren't the only ones that sort of ignore their own personal health issues.

Oli (07:02):

Yeah. She's sort of just assumed that it was just normal and it would go away eventually, and obviously it didn't. Yeah. That sucks.

Peter (07:23):

We might come back to your mother's situation, we will shortly, but your own, you mentioned work, you're juggling that as well and you're studying also?

Oli (07:33):

Yes. I only work part-time, I do about nine hours a week, and then I'm also at uni doing one or two subjects this semester. Part of that is my own health issues and also just caring responsibilities as well. It does take up a lot of your time. My wife can't drive because of their Tourettes, and so I am the taxi. Yeah, the public transport where we live is not great, but also I think that they find it helpful that I'm in appointments as well. Same sort of stuff like, "When you say are you in pain, do you mean more pain than usual?" Or, "What's the baseline pain?" Things like that, that can get sort of lost in translation and just being able to be supportive in those appointments is really important.

Peter (08:41):

Do you find that your work and study commitments when there's time, that's when you do them?

Oli (08:51):

Yeah. I requested to work part-time instead of casual because I need to know when I'm working, so that I can schedule things around that obviously.

Peter (09:02):

Was your employer happy about that?

Oli (09:04):

Yeah, they've actually been really good. I am entitled to carer's leave, which is good, because not all employers have that option or are happy to give you your leave that you're entitled to, which is a shame. But yeah, they've been really good with allowing me to take time off when I need to and have been actually really supportive. Because I've had workplaces before where they're just like, "Oh, you take too much time off. You need to-

Peter (09:32):

What work is it?

Oli (09:34):

I work in a supermarket. There are jobs that are much less or that are quite low stakes jobs, but they're still like, "Oh, you must have 100% attendance or you're a bad employee, and we'll just stop scheduling you." Which is really, I mean, it's not okay, but it's very frustrating when you have to juggle those things, or they make you feel bad for needing to take time off.

Peter ([10:02](#)):

I get the impression you might be a pretty good employee when you're there. Do they lean on you to do more shifts still?

Oli ([10:11](#)):

There was a time not long after I finished training that they sort of were like, "Oh, can you do a bit more?" I sort of had to say, "Look, no, I really can't." But yeah, I'll pick up an extra shift here and there. It just depends what's going on in the week and how everyone's going.

Peter ([10:32](#)):

Do you ever get phone calls when you are at work from your wife or your mother or your dad? "Come, your mum's... This has happens, can you help?" Can you get away?

Oli ([10:44](#)):

Not so much at this job. It hasn't really been an issue yet because I do such short shifts. It's usually not too big of an issue. But there have been previous work places where I've had to say, "Look, I actually have to go right now, because stuff is not going well and I need to go home."

Peter ([11:04](#)):

Did you feel comfortable in telling them that? Because some people, if their work is a little bit tenuous, the relationship might... I'll just try and suck it up for another hour or so.

Oli ([11:18](#)):

Yeah, it's a struggle. Some employers are really, I guess, supportive of it and they understand that people have lives outside of work, and if you have to go, you have to go.

Peter ([11:32](#)):

Would you advise people when they take a new job to make that clear to their employer off the bat?

Oli ([11:41](#)):

Yeah, I think... That's a tricky question, especially with casual and part-time work. I mean, it's not legal to discriminate against people in the hiring process, but it does happen having to say, "Look, I might need to leave work early." Sometimes, it's not exactly what a lot of employers want to hear. But I do think that at some point early on, it's an important discussion to have and say if this is the reason that it might need to happen and if I do get a phone call, how can we make this work for all of us so that I'm not leaving you caught short, but I'm also able to fulfill my caring role and make sure that everyone's safe. Yeah.

Peter ([12:34](#)):

It's an even-handed relationship.

Oli ([12:36](#)):

Yeah.

Peter ([12:38](#)):

Tell us a bit about your wife. When did you meet?

Oli ([12:42](#)):

It was about this time four years ago. We went to the same uni.

Peter ([12:51](#)):

You were born and bred in Tassie, but you were up in Queensland this stage?

Oli ([12:54](#)):

Yes. I was born in Bundaberg, which is north of Brisbane. We moved to Northern Tasmania, myself and my parents, when I was five, and then came down south when I was about eight. When I finished school, I went back to Queensland to go to USQ rather than UTAS, and just be close to my extended family that I haven't seen for a while and stuff like that. Yeah, that was a good opportunity, but it's good that I'm back, I think. I'm glad to be back here now.

Peter ([13:32](#)):

Your wife, Relm, she was happy to come back?

Oli ([13:38](#)):

Yeah.

Peter ([13:39](#)):

They were happy to come back?

Oli ([13:39](#)):

We had talked a lot through a lot of our relationship about moving to a different state, moving somewhere a bit cooler.

Peter ([13:57](#)):

In every sense of the word, Tassie's cooler than Queensland.

Oli ([14:00](#)):

Yeah. And then, we had the opportunity to get our own place with the help of my parents, and we were like, "Well, this is the opportunity we've been waiting for, so let's do it." Yeah. Everything just sort of fell into place. I mean, yeah, the way rental prices were going in our area. Our landlord at the time wanted to increase our rent quite a bit on our next lease, and so we... Yeah, things-

Peter ([14:32](#)):

This is the opportunity to head south.

Oli ([14:34](#)):

Yeah, just good timing.

Peter ([14:36](#)):

You mentioned Relm's health issues, PTSD among them, Tourettes you mentioned. That prevents someone from driving, does it?

Oli ([14:45](#)):

Not always. It depends on severity of tics and types of tics as well. But yeah, unfortunately, they did have an incident on the way to work crashing our car, and so that was pretty upsetting obviously.

Peter ([15:06](#)):

You said you are not driving anymore?

Oli ([15:09](#)):

Look, I might have suggested that perhaps we shelve the license for a bit. They have found medication that's really helpful, but unfortunately you legally can't drive on that medication, so that sucks, but yeah.

Peter ([15:28](#)):

You mentioned the support that you have to give Relm. Do they get nervous? Can we sort the pronoun out? Well, you identify as LGBTIQ+. I suppose Relm does as well. Yeah. Should we refer to them as them, they?

Oli ([15:52](#)):

Yeah. Relm's non-binary, yeah.

Peter ([15:54](#)):

Yeah. They get anxious when you are not around?

Oli ([16:00](#)):

At times, yeah. I think it can be difficult with the unknowns, I think is a big problem. If I'm going out to work, it's like, "Okay. Well, I'm working from, I don't know, 3:00 to 6:00, so I'll be home at quarter past 6:00." And then if I get caught up staying late, and obviously I can't always check my phone and be like, "Hey, I'm staying late because I'm doing stuff." And so, they'll be like, "Oh my God, something bad's happened. Why..."

Peter ([16:38](#)):

You think the worst.

Oli ([16:38](#)):

I think all of us are sort of prone to that, but I think it's just really... Yeah, it does stress them out. Yeah, that can be a bit of a strain, I guess, for both of us, because in the back of my head, I'm like, "Oh, I need to finish this so I can say that I'm running late." And then, obviously, they're getting stressed and I don't want them to be upset.

Peter ([17:19](#)):

Being LGBTIQ+, any issues in terms of accessing carer networks that you think might be specific to people in that community?

Oli ([17:31](#)):

I'll be honest, I've been pretty lucky in terms of not having too many issues. I think one sort of major sticking point has been when we've had support services come into the house and they don't necessarily understand what it means to be non-binary and pronouns and stuff. Some of that could be not having that communicated ahead of time, and some of it could just be individuals not really having a grasp of it. That's pretty common across every sector. Yeah. I remember in when we were back in Queensland, the Carer Gateway up there, which is not Care2Serve, it's a different organisation that runs it. So, I was caring for another person at the time who was living with us, and a support worker came and she said, "Oh, I was told I was coming to a mum and two kids." I was like, "That's not at all the situation." But yeah, I guess there just wasn't a button for the situation that was going on.

Peter ([18:43](#)):

An easy category to fit you into.

Oli ([18:45](#)):

Yeah. I mean, that's not necessarily just an LGBTQ thing. There are many types of caring relationships thing and a lot of... I'm getting a bit off topic, but being classed as a young carer, I went to some... Well, they were called in-person peer support, but it was peak COVID, so it was on Zoom. The sessions that I was going to, I was the oldest person by about three years, and everyone else was caring for either their siblings or their parents. Most of them-

Peter ([19:24](#)):

No on partner?

Oli ([19:25](#)):

No. Most of them were in New South Wales as well, and were finishing school or starting uni. I was like, "Yeah, we are not really in the same kind of life stage." That was another thing that was a bit strange, was having those support services that weren't quite aligned with my situation. But yeah, I was able to do an in-person peer support group, I think the next year, which was also young carers but there was other people who were caring for. I mean, there was one person who was caring for her husband, and that was just really nice being able to meet other young people who were about my age and also in the same situation.

Peter ([20:18](#)):

How have you found Care2Serve and the Carer Gateway in Tasmania? Are they sensitive, and are the services that they provide you aligned to your situation, do you think?

Oli ([20:28](#)):

Yeah, it's been really good. My parents are already have a cleaner come in before all this happened. They already had that sorted, and that it's a common thing that you get offered through Carer Gateway is cleaning. We sort of said, "No, we don't really need that, but having-

Peter ([20:46](#)):

Well, at least you can do it.

Oli ([20:51](#)):

Because we had already had that sort of covered, it was an existing expense, it wasn't really a big deal. But what we were able to do is have a support worker come in, especially when mum first came home from hospital, it was really good because she was still not very well and having a lot of trouble with getting in and out of bed and stuff like that. And so, having someone else who could come in and help her with that sort of stuff, while I had to go to work or dad had to go to work or whatever, was really helpful.

([21:23](#)):

And then, as she's been able to be more independent, we've still had someone coming in a bit less frequently just to help with things, like getting on top of the laundry. Because strangely enough, your laundry load increases threefold when you have cancer. I don't know what that's about. There just seems to be always extra. I don't know. Sometimes she'll get a fever and she gets very sweaty and she has to change her clothes a lot or the bedsheets, and it's just lots of-

Peter ([21:51](#)):

That's not something you really took into account.

Oli ([21:51](#)):

Yeah. It's a weird little thing that you don't think about is you always think side effects of medication and going to the hospital a lot, going to the doctor a lot and all of that. You don't really think about laundry. So, that's been really good is having someone come in who's able to just do things that cleaners don't do, putting the washing on and folding the sheets and making the bed and all that stuff, so that dad and I have time in our lives to do normal things as well.

Peter ([22:26](#)):

With your mother's endometrial cancer, you've found yourself having to take care of her personal needs and stuff that a son, daughter, whatever wouldn't normally have to do for their mother. How has that been?

Oli ([22:45](#)):

Yeah, I think for both of us, it's been a bit odd. Because, I mean, yeah, by the time she got out of hospital, mum was like, "Everyone's seen it. There's enough people coming and looking around and catching me in the toilet and all of that, so I don't really care anymore." But I was like, "Well, it's good for you, but I'm not quite there yet." I don't know. I'm not a particularly squeamish person though, so it's not too bad, but...

Peter ([23:14](#)):

When you got to help your mother with toileting though, that must be something that you didn't think you were signing up for.

Oli ([23:21](#)):

Yeah, it's not awesome. I mean, yeah, she's been able to be a lot more independent with that now, and we've been able to come up with tools. I was able to do a bit of research, and went and got some absorbent pads and stuff to put on the bed and chairs and on the floor and all of that sort of thing to avoid the situations before they happen, which has been really helpful. Even things like continence wipes and foams and stuff have actually been really good just for protecting the skin and all of that. It sort of prevents problems from happening, because yeah, it's something that people don't know a lot about, I think. You sort of think of incontinence as being an old person's problem and it's not easy to get good information about it, especially when you're already sick and you can't concentrate on things. I mean, that was something that I was able to take on pretty easily and take that load off, and prevent further problems down the track.

Peter ([24:36](#)):

Did the Carer Gateway give you those tools? Did they say, "Look, you're going to find this, this and this"?

Oli ([24:39](#)):

The Carer Gateway is probably more focused on practical support, although in saying that, I did get to go on a young carers retreat earlier this year, which was really nice, just to have a bit of a break and meet some people.

Peter ([24:58](#)):

You actually talked to people. This was mainly respite for you, was it?

Oli ([25:03](#)):

Yeah.

Peter ([25:03](#)):

While you were enjoying that break from home, you were learning stuff from others in a similar situation?

Oli ([25:09](#)):

Yeah. They have the CHIME framework, which is... I forget what it stands for, but it's a framework-

Peter ([25:16](#)):

An acronym for something, is it? Okay.

Oli ([25:17](#)):

Yeah, it's an acronym that's sort of designed to help you learn self-care skills and all that sort of thing, and being able to talk to other people about their experiences and also having a support worker coming in to make sure everything's okay while I'm gone was really good as well.

Peter ([25:40](#)):

That was not just with your mother, but that was with Relm, your wife, as well?

Oli ([25:43](#)):

Yeah.

Peter (25:44):

Did they report back to you, or if you didn't hear anything, you knew everything was okay?

Oli (25:48):

Yeah, pretty much. Yeah, pretty much no news is good news. Yeah.

Peter (25:55):

Were you able to divorce yourself while you're in respite like that from the home situation and just be an individual?

Oli (26:02):

Yeah. It is definitely good to have that time away and better to have... It's a lot easier to have that when you know that someone else is there and checking in, rather than just going off on your own.

Peter (26:18):

Because you're always feeling a little bit guilty that you're away?

Oli (26:20):

Yeah. The support workers have been really, really good in general. Yeah, everyone's been really helpful, everyone's been really kind, and yeah, it's good to know that there's trustworthy people that can take over and give you a bit of a break.

Peter (26:57):

What about for your mother and Relm? Have they found those people, someone that they want to come into the home when you are not there?

Oli (27:04):

Yeah. There's one support worker in particular that we always say, "Is she available? Can she come over this weekend?" Yeah, she's super awesome. But yeah, on the whole, they've been really pleased with the support workers that have come in and it's been really good. They've mostly been able to get the same one or two people in each time.

Peter (27:29):

Do you think that's important if you possibly can get the familiarisation?

Oli (27:32):

Yeah, I think especially when you're quite vulnerable and you're dealing with really personal issues, you don't want a parade of people coming in and you have to explain every time this is what I need. Even just like, "Oh, this is how the washing machine works." You don't want to have to explain that every single time. So, it's been really good that we've been able to get the same people.

Peter (28:02):

You've accessed some counseling services as well from the Carer Gateway?

Oli (28:07):

Yeah. I mostly do phone counseling, which has been good. I do have a psychologist as well, but there was a period of time there where she was just booked out for a couple months. That was a bit of a bad timing, as is the way with...

Peter (28:27):

You couldn't get into her, so what did you do?

Oli (28:31):

I think it was around the time that mum was coming out of hospital and we were trying to organise a lot of things actually. The person I was speaking to at Care2Serve basically said, "Well, we're organising things, would you like to talk to a counselor?" I was like maybe, maybe not. Sometimes, it's a bit odd to... Yeah, I wasn't sure if it was going to be helpful, but yeah, he's really lovely and we've spoken on the phone a few times, and it's good to just have someone to debrief with who's a bit... He's a neutral kind of third party, really has no vested interest in hearing the sanitised version of anything. Yeah, it's been really good to be able to say... Even just to be like, "Okay. Well, this is what's happened this week. This is what's happening next week." And being able to organise things in your head.

Peter (29:41):

Just by talking to someone else. Yeah, that makes sense. What sort of format are these sessions in? Do you ring up? Do they ring you? Is there a time limit?

Oli (29:54):

Yeah, it's like a telehealth appointment. We set a time, he gives me a call, and we talk for about 45 minutes to an hour.

Peter (30:04):

How do you feel when the session ends? Do you feel lighter?

Oli (30:10):

Yeah, usually it's good. It's like, "Okay. I've got a bit of an affirmation for the day." Yeah, being able to sort of say, "Okay, well, I've sorted out my head space a little bit more and able to get things off my chest." It's like, "Okay. Well, I've had my little rant or whatever, I can move on and don't have to keep stewing over things."

Peter (30:42):

Speaking of changes, you've got a living arrangement alteration coming up with your own home. The spanking new home you're about to move into. Tell us about that.

Oli (30:52):

Yeah, that's something that has been in the works for a long time now. I don't know. I think it's going to be really interesting in the next few weeks to see how we sort of organise things. I'm still quite close to my parents' houses, it's five minutes away, so that's good.

Peter (31:10):

That's where you've been living since you and Relm moved back from Queensland?

Oli (31:14):

Yes. About 10 months now, we've been living there, which is 10 times longer than it was meant to be. I love my mum, I want her to be well, and I don't want my dad to have to do everything, but I think it's good to have a bit of separation for now.

Peter (31:43):

You are over the worst of the initial, because the diagnosis is relatively recent for your mum, so you happened to be in the house at the time. Was that a good thing?

Oli (31:54):

Yeah, I think it was probably a positive thing, because I was able to notice challenges as they were coming up. Yeah, like I said, I've been navigating the health system for a long time and know people who know people and all that sort of thing. So, it was good that I was able to sort of go, "Okay. Well, this is a thing that we can actually make it easier for you, so let's just organise that." I mean, yeah, people at the hospital really good with that as well. We had some help from the physios and OTs and social worker and everything, so that was really good. But I think now that we are past that problem solving phase, it's maybe a bit more in a maintenance situation. Yeah. I mean, I'll still probably end up going over there and driving her to appointments and stuff still, but I'm okay with that I think. Yeah.

Peter (33:00):

Did it with four people in the household become a little bit claustrophobic, and now you're splitting only five minutes apart?

Oli (33:08):

Yeah. I don't know. It wasn't too bad. The layout of the house was pretty convenient because there was a door that we could just have our half. Well, not really half, but our area of the house shut off, which was good for when I was like, "Oh my god, I just cannot deal with you right now." I'll just shut the door and like, "Okay, no one talk to me." But yeah, it wasn't too bad, but it's good to have our own space again. Yeah, we've been living together for most of our relationship, and so it was a bit strange to go back to almost share housing. Yeah.

Peter (33:46):

Does Relm like your mum and dad? Do they get on?

Oli (33:49):

Yeah.

Peter (33:50):

That helps.

Oli (33:51):

Yeah, it does. Yeah. I mean, it could have been a lot worse, but no, everyone gets along pretty well, so that's good.

Peter (34:01):

That's a positive, I'd say. It could have been a lot worse.

Oli (34:06):

Yeah.

Peter (34:07):

What do you envisage in 12 months time? Do you look ahead?

Oli (34:12):

No.

Peter (34:14):

Do you think that's a common thing with carers? You living day to day a little bit?

Oli (34:18):

I think so, because for a lot of things you never know what's coming. You never know when someone's going to end up back in hospital or things are going to deteriorate or get better, but I think you more think that it's going to get worse, not better. I don't know. I'm always maybe a week ahead, and part of that is just there's so much happening in a week that my brain can't process any further ahead.

Peter (35:00):

In conclusion, is there anything, if somebody's seen some parallels or heard some parallels today in our talk with their situation, do you feel qualified to give any advice?

Oli (35:15):

Oh my gosh. My biggest thing is put on your own oxygen mask before you help anyone else. Because if you are running yourself into the ground, there's only so long you can do that for before your body will force you to rest. If you have that happen with no warning, that's a real big problem for you and the person you're caring for. So, there's kind of two parts of that, which is, well, yeah, everyone says self-care, and that doesn't necessarily just mean having a bath. It means eating properly, drinking enough water.

Peter (35:51):

Have you crashed in that regard at some stage?

Oli (35:53):

Oh yeah. There was a time when I would have an iced coffee and a yogurt in the morning, and then that was it for the rest of the day until 8:00. That was not good. I just was so tired all the time, I had no energy to do anything. I mean, it's just really basic things, like making sure that you eat at least three times a day, so that you have the energy to do stuff and you're not just constantly fighting your brain

and your body telling you to slow down. It just gives you so much more endurance because 98% of caring is a marathon, not a sprint. I'm just saying all the cliches now. If you're not looking after your own body, how can you look after someone else's? Yeah, that's a big one for me.

Peter ([36:44](#)):

I think that's a wonderful analogy that when the oxygen masks drops, put it on your own face first.

Oli ([36:53](#)):

Yeah. The other part of that is having contingency plans, having things in place so that if you do get sick or injured or you can't care for your person in for whatever reason, that you have a way that someone else can take over for you. The Carer Gateway does have emergency respite services, and that's a really good thing, but it's also things like having contact details and medication lists and all of that in a place that someone can find it, so that, God forbid, there's an emergency, if a respite care needs to come in, they can actually have instructions and find out this is what I need to be doing and have that key information so that you're not trying to think of it. In a crisis situation, you're not going, "Oh my God, do I need to tell them where the meds are," and all of that sort of thing.

Peter ([37:47](#)):

Yeah. You can't afford just to have it in your head.

Oli ([37:51](#)):

Exactly.

Peter ([37:51](#)):

It needs to be somewhere that's accessible. Oli, it's been great talking to you. I'm sure our listeners will have got a lot out of it and hopefully taken some of your wisdom on board.

Oli ([38:06](#)):

Thanks for having me on.

Peter ([38:13](#)):

If you care for a family member or friend, Carer Gateway can help. Carer Gateway can support you to navigate the maze of supports, connect with other carers, talk to someone confidentially, yet help with your caring role, support with your goals and residential or emergency respite. All for free. Call 1 800 422 737 and press 1, or go to carergateway.gov.au. Carer Gateway is open Monday to Friday, 8:00 AM to 5:00 PM.

([38:47](#)):

If you've enjoyed this podcast, share it on your social media channels or tell a friend who could benefit from it and enjoy listening to it. I'm Peter Gee. Thanks for listening.