



**Laurie Hilgen, Director, Carers New Zealand
IDOP Presentation, 1 October 2008**

Kia ora, Talofa ... I bring you warm Pacific greetings from our carer movement in Aotearoa, New Zealand.

We thank Gail Hunt and the hosts of today's event for including the perspective of New Zealand, a small culturally diverse nation with a population of four million people and, according to our 2006 Census, 420,000 family carers.

I will be sharing with you the kaupapa, the history of Carers NZ, plus some of our recent policy progress, and our latest strategic priorities.

Dorothy McCaw and I established Carers NZ in 1993 when we were both caring for partners. Today Carers NZ is a national non-profit with a stakeholder network of 20,000 individuals and organisations.

In a small country it makes sense to work in unity, so rather than build a large operating structure ourselves, we focus on strategic outcomes through partnerships with other NGOs, government agencies, and commercial sponsors.

Carers' desire for political recognition was apparent from day one. But achieving this recognition has taken many years.

As in other countries, New Zealand's health and social services are structured to support the person receiving care. The needs of the wider family, whanau, or aiga were of secondary importance, if they were considered at all.

This is changing with advances such as our new Carers' Strategy, which was launched in April. I will tell you more about the Strategy in a minute.

During our early years Carers NZ survived precariously, fuelled not by money but by sheer passion and goodwill.

We received a lukewarm reception in the NGO sector, which felt that a national carer body was duplicating support other charities were already providing. We were seen as a competitor for both charitable and government funding, and for social mana, barriers that took years to break down.

After a decade of bridge-building, Carers NZ had secured its place as an advisor to various government agencies, but our country still lacked any defining carer legislation or policy. Unlike

Australia and the United Kingdom, there were no moves in New Zealand to introduce carer payments or to make carers a genuine priority in needs assessment.

And while there was plenty of innovation happening with ageing in place policy, de-institutionalisation, and community-based care, not enough thought was given to their impacts on family caregivers.

New Zealand had launched a number of government strategies and major policy platforms that referred to carers, but these were not sufficiently binding to ensure practical outcomes at a service level.

Clearly it was time for action.

We admired the UK's Carers' Strategy, introduced in 1999, and saw that something similar could fill the gaps that existed in New Zealand. But as a single NGO (albeit one with a substantial network of carers behind us) Carers NZ did not have the clout to call for a Carers' Strategy on its own.

Jill Pitkeathley provided sage advice, recommending that Carers NZ establish a national Carers Alliance as the UK had, with participation from across the non-profit sector.

Together we could make a united approach to the Government seeking a Carers' Strategy, and Carers NZ, as the national body for carers, would act as the Alliance's ongoing Secretariat.

Her suggestion, its success proven in the UK, made perfect sense. But given our early experiences with NGO peers, the prospect of establishing a New Zealand Carers Alliance was also daunting. NGOs tended to work in silos or tight-knit cliques. The concept of a broad NGO coalition was untried.

The first meeting of the Carers Alliance was held at Parliament in November 2004.

We had invited several dozen NGOs, and to our delight every one accepted our invitation, and turned up on the day. There are now 47 national NGO participants in the Alliance.

From its first meeting, there was unanimous agreement that family carers could no longer be treated as an afterthought in public policy or service delivery.

The Carers Alliance was duly formed, with support for Carers NZ to act as Secretariat.

At the end of that first meeting, Ruth Dyson, a senior Government Minister with portfolios important to carers, joined us and agreed to take our call for a Strategy to her Cabinet colleagues.

Her political support was critical.

She had championed New Zealand's Disability Strategy, and been instrumental in the introduction of the Health of Older People's Strategy.

The Minister well knew that while we supported and had input into these Strategies, they did not adequately address the needs of carers.

We commissioned a review of all existing government legislation and strategies, which proved our point. It was the best \$20,000 we have ever spent, providing evidence that clearly showed the gaps in government policy from a carer perspective.

To be frank, though, we did not expect miracles.

We knew that it had taken the UK Carers Alliance years to win political support for its Carers' Strategy. But we were fortunate. After just two years, Ruth Dyson announced the Government's intention to develop a Strategy, with a five year Action Plan, and that this would be done through a working partnership with the Carers Alliance.

The partnership model for the Carers' Strategy was unique. Never before had the Government developed a strategy on this basis. The usual process is for government to develop a policy or discussion document, then seek input from NGOs and the community. We were at the table from the beginning.

Public consultation for the Carers' Strategy began in July 2007 and ran for about 10 weeks, less than we would have liked, but it was the Government's intention to launch the Strategy in April 2008.

Unusually again, Carers NZ, as the Alliance's legal umbrella, was contracted by the Government to coordinate public consultation meetings and administer Alliance input into the Strategy's development.

We were all running like the wind, learning on the hoof, working outside our comfort zones, but united with a common purpose: to give every New Zealander the opportunity to have a say about what mattered to them in a Carers' Strategy.

We don't have time to explore this further, but I would like to say that this type of partnership can work very well, and I encourage other governments to be open to such arrangements. You can achieve quality outcomes a lot faster, and more cost-effectively, if you give NGOs the opportunity to be trusted partners. Some things didn't work well, but they were small in the scheme of things.

When we launched our Strategy in April with its first five year Action Plan, we were satisfied that we had achieved what those of us in the Carers Alliance refer to as 'a line in the sand'. It is a short document, to the point, with measurable actions specific government agencies must report against between now and 2013.

Two Alliance representatives will have a governance role and attend the across-government agency meetings at which Carers' Strategy progress will be reported. This level of accountability and governance was put in place by Ruth Dyson to ensure the Strategy delivers its Actions in their promised timeframes.

Is everything we wanted in the Carers' Strategy?

No, and some carers have criticised us for the lack of immediate outcomes in areas such as financial improvements. What we have got is a foundation that can be built on by the future leaders of New Zealand's carer movement, and by future governments.

Work on the Strategy's early actions began immediately. We don't have time to go through the actions but they fairly reflect the issues important to carers during the Strategy consultation.

Now that we have a Strategy, we need to ensure that momentum for carers continues to build.

In a few weeks New Zealand will have a general election, and we have made support for the Carers' Strategy the overriding theme in our election campaign. I am pleased to say that all of the political parties currently represented in Parliament have committed to the Strategy, and say they will build on its actions if they are part of the next government.

Whatever happens with politics, politicians and elections, our work to support carers day to day must also continue.

It is work that will never be done, with carer numbers growing and never enough resources to help them as fully as we would wish.

In New Zealand, where more than 60% of the population use the Internet and more than 70% use mobile telephones, our own strategic priority is to use what resources we have to do the greatest good for the greatest number of carers. To create something once, then share it freely many times.

We are creating our own media for carers, an unusual model again involving public, private, and NGO stakeholders.

Family Care magazine is produced quarterly, has a print run of 26,000 copies, and a readership of more than 100,000. Those numbers can foot it with every commercial publication in our country except for the women's magazines. The first issue of Older Family Care has just been launched and promises to be even more popular. We have also just launched Family Care Radio, a monthly one hour Internet show, and will soon introduce a new 'rich content' website to replace our existing legacy site.

Now we are developing partnerships for Family Care Television. This initiative will make its debut on the Internet, but our vision is for a 24/7 cable television channel for carers, to be piloted in New Zealand, then seeded to other countries.

There is so much all of us here today could say, but time is short. I wish each of you success with your own caregiving initiatives, and will leave you with the best piece of advice I was ever given, by Jill Pitkeathley of course, and it's an easy one to remember.

"Persevere."

Thank you.