Relationships Australia®

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1 November 2024

Mode of delivery: NationalCarerStrategy@dss.gov.au

National Carer Strategy – Response to Discussion Paper, October 2024

Thank you for the opportunity to make a submission on the National Carer Strategy. Relationships Australia welcomes the extensive work that has been done to reflect stakeholder feedback, including recommendations in our previous submissions, including by:

- recognising the effects of intersecting circumstances of disadvantage, exclusion and marginalisation (Recommendation 3 of our 2023 submission to the Parliamentary inquiry into the *Carer Recognition Act 2010* (Cth) ('the Act'))
- acknowledging, in the draft Strategy, the importance of supporting unpaid carers to participate to the fullest extent that they wish in education, employment, and social, cultural, political and recreational activities
- acknowledging the need for better data collection about carers, their needs, wishes and responsibilities (including carers belonging to specific cohorts), and
- promoting the inclusion of carer lived experience in leadership, policy-making, service design, data collection, measurement and evaluation.

Recommendations

Recommendation 1

Relationships Australia renews its commitment to the recommendations made in the 2023 submission from Relationships Australia National Office to the Inquiry into the Act, set out in Appendix A to this submission.

In relation to the Draft National Carer Strategy, the supporting Discussion paper and Survey Questions, Relationships Australia makes the following additional recommendations:

Recommendation 2

That the term 'care recipient' be substituted by an alternative that better recognises the continuation of the primary relationship between an unpaid carer and their loved one.

Recommendation 3

That policy responsibility for all carers be brought within a single agency; preferably, one of the central agencies, (and that the National Carer Strategy be an overarching Strategy, applying to all unpaid and paid carers, supported by tailored sub-Strategies reflecting the circumstances, needs and aspirations of each cohort.

Recommendation 4

That the Strategy prioritise the development and implementation of ‘person centred’ systems which engage carers at their convenience, rather than the convenience of governments.

Recommendation 5

That the authority of the Strategy is leveraged to drive political commitment across all Australian Governments to harmonise laws relating to enduring powers of attorney.

Recommendation 6

That the authority of the Strategy is leveraged to drive political commitment to embedding supported decision-making, protecting the agency and dignity of supported persons while empowering carers to carry out their responsibilities in engaging with services such as health care providers.

Recommendation 7

That the authority of the Strategy is leveraged to much more broadly and actively promote the Carer Gateway.

Recommendation 8

That the authority of the Strategy is leveraged to promote geographic equity and the timely availability of safe, trustworthy, and specialised support services for carers.

Recommendation 9

That service navigation support and case workers be established and resourced to offer a continuum of support, based on the needs and circumstances of individual carers.

Recommendation 10

That Medicare support General Practitioners to agree on tailored health care plans for carers, recognising the unequal health care and self-care opportunities and outcomes for carers. These could be made either in face to face or telehealth appointments.

Recommendation 11

That education, health and other settings with which children and young people come into contact have access to ways to proactively identify young carers and link them with tailored supports, including peer-based supports.

Recommendation 12

That Government supports the establishment, nationwide, of camps and other similar forms of respite for young carers

Recommendation 13

That the National Carer Strategy should be anchored in a ‘no disadvantage’ Vision, explicitly committing Australia to a society in which carers experience opportunities and outcomes equal to persons who are not carers, *and* experience no disadvantage, relative to persons who are not carers, in relation to:

- civil, social, cultural and political participation
- education and employment participation and outcomes
- health care and health outcomes, and
- financial outcomes.

Recommendation 14

That the Strategy be complemented by a well-resourced and widely-promoted public information and awareness campaign.

Recommendation 15

That governments work to ensure that accessible and high quality respite services are available to all carers. Accessibility includes considerations of location, cultural safety, and being trauma informed.

Recommendation 16

That social workers, whether employed within hospitals, or by service providers engaged by PHNs to work within hospitals, are supported to engage with not only the person being treated, but also carers, to provide a continuum of service navigation and case management support.

Recommendation 17

That, where funded by governments, peer supports groups have access to specialised facilitation services.

Recommendation 18

That Australian governments take proactive steps to address data gaps.

Recommendation 19

That carers have access to supports that are:

- accessible, regardless of a carer’s location or whether they have access to reliable, private internet services
- trauma-informed
- culturally responsive, and
- person-centred.

The work of Relationships Australia

Relationships Australia is a federation of community-based, not-for-profit organisations with no religious affiliations. Our services are for all members of the community, regardless of religious belief, age, gender, sexual orientation, lifestyle choice, cultural background or economic circumstances. Relationships Australia provides a range of services, including counselling, dispute resolution, children's services, services for victims and perpetrators of family violence, services for older people, and relationship and professional education. We aim to support all people in Australia to live with positive and respectful relationships, and believe that people have the capacity to change how they relate to others.

Relationships Australia has provided family relationships services for 75 years. Our State and Territory organisations, along with our consortium partners, operate approximately one third of the Family Relationship Centres (FRCs) across the country. In addition, Relationships Australia Queensland operates the national Family Relationships Advice Line and the Telephone Dispute Resolution Service.

The core of our work is relationships – through our programs, we work with people to enhance not only family relationships, but also relationships with friends, colleagues, and across communities. Relationships Australia believes that violence, coercion, control and inequality are unacceptable. We respect the rights of all people to live life fully within their families and communities with dignity and safety, and to enjoy healthy relationships. These principles underpin our work.

Framing Principles for Submission

This submission is framed against the context of the Relationships Australia National Office submissions to:

- the 2023 Parliamentary Inquiry into the Act, and
- the 2023 consultation by the Department of the Prime Minister and Cabinet about a draft National Care and Support Economy Strategy.

These submissions are available at https://www.relationships.org.au/research/#advocacy

Principle 1 - Commitment to human rights

Relationships Australia contextualises its services, research and advocacy within imperatives to strengthen connections between people, scaffolded by a robust commitment to human rights. Relationships Australia recognises the indivisibility and universality of human rights and the inherent and equal freedom and dignity of all.

Principle 2 – Commitment to inclusive and universally accessible services

Our clients (and our staff) face escalating hardship and precarity, rent and mortgage stress, and financial barriers to accessing other goods and services that are necessary to flourish. These include basic health care (including dental and mental health care and preventive health measures), physical, social and cultural activities, educational and employment opportunities, and good quality fresh food. Since the onset of the Covid-19 pandemic, many people have experienced these kinds of difficulties for the first time. But there are many others for whom the pandemic merely exacerbated longstanding structural inequalities, barriers and scarcities. For them, the situation is exponentially worse. In this context, Relationships Australia is committed to universal accessibility of services, as well as inclusive and culturally safe services. Our clients (and staff) experience stigma, marginalisation and exclusion arising from diverse circumstances and positionalities, including:

- ‘postcode injustice’ in accessing health, justice and other social services, as well as social, cultural, economic and political opportunities
- poverty
- status as users of care and support
- disability and longstanding health restrictions (including poor mental health)
- being an adult informal carer for a child or other adult
- being a young person caring for a child or an adult
- intimate partner violence, abuse or neglect as an older person, and/or child maltreatment
- family separation
- housing insecurity and instability
- employment precarity, unemployment and under-employment
- misuse of alcohol and other drugs, or experience of gambling harms
- having come from culturally and linguistically diverse backgrounds (including people who have chosen to migrate and people who have sought refuge
- effects of complex grief and trauma, intergenerational trauma, intersecting disadvantage and polyvictimisation
- being survivors of institutional abuse
- experiencing homelessness or housing precarity, and
- identification as members of the LGBTIQ+ communities.

None of these circumstances, experiences and positionalities exists at the level of an individual or family. They become barriers to full enjoyment of human rights and full participation in economic, cultural, political, and social life through the operation of broader systemic and structural factors including:

- legal, political and bureaucratic frameworks
- beliefs and expectations that are reflected in decision-making structures (such as legislatures, courts and tribunals)
- policy settings that inform programme administration, and
- biases or prejudices that persist across society and that are reflected in arts, culture, media and entertainment.

Principle 3 – An expanded understanding of diverse ways of being and knowing

Our commitment to human rights necessarily includes a commitment to respecting epistemologies beyond conventional Western ways of being, thinking and doing. Of acute importance is a commitment to respecting epistemologies and experiences of Aboriginal and Torres Strait Islander people as foundational to policy and programme development, as well as service delivery. For example, connection to Country, and the context-specific experiences of kinship, for example, do not countenance the hyper-individualism that pervades Western assumptions about distribution of resources and obligations between the Western nation-state and individual taxpayers, and among individual taxpayers. Centring the epistemologies and experiences of Aboriginal and Torres Strait Islander people is a necessary (although not sufficient) step in achieving the targets in the National Agreement on Closing the Gap, as well as preventing entry into poverty, ameliorating its effects, and hastening transitions out of poverty. This Principle also requires a commitment to valuing lived experience, including through incorporating the expertise from lived experience at all stages of policy, legislation and service design, implementation and evaluation.

Principle 4 – An expanded understanding of valued and valuable work

> …a major and enduring flaw in Australian social security [is] its inability to recognise various productive activities people undertake – including unpaid care work, which is largely undertaken by women (Blaxland, 2010).

People receiving social security payments are accused of being dependent on welfare. While our economy and society are dependent on their unpaid labour, these same people are denied an economic floor upon which they can survive.[1]

Our society should re-frame how caring roles – paid and unpaid – are recognised and valued in our social, economic and political infrastructure. The *Carer Recognition Act 2010* (Cth) ('the Act') is intended to raise awareness and recognition of unpaid carers. Relationships Australia commented on a draft Strategy for the care and support economy. The draft acknowledged that the historic devaluation of caring work derives from, and persists by virtue of, devaluation of women and their contributions to society.[2] Disturbingly, despite recent advances in how women are treated in society, as well as the passage of the Act, the value placed on caring roles has in real terms diminished.[3]

However, our economic, social and political institutions now have the opportunity to build on experience and insights about the true value of caring, which emerged from the pandemic and

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[1] Klein et al, 2021, p 63.

[2] Caring roles remain predominantly gendered; see, eg, ABS, 2020.

[3] See Evaluate, 2022, p 6.

which we hoped would transform the policy landscape in these areas.[4] Relationships Australia was heartened by the acknowledgement, in the draft Strategy released by the Department of the Prime Minister and Cabinet, of the pernicious and still ubiquitous gendered influences that affect how we value the work of caring, and the work of those who undertake it. We further submit that gendered, ageist and ableist beliefs about those to whom care is provided strongly influence the value society places on the work. Both the Act and the draft Strategy should recognise this expressly.

Principle 5 – Relationships are integral to understanding and measuring wellbeing

Relationships Australia believes that relationships are integral to the human experience. Therefore, understanding the health of these relationships is indispensable in developing a holistic and intelligible view of wellbeing in policy and programme development. Relationships are, however, more often positioned as secondary, or arising from other social and environmental measures of health and wellbeing. For example, it is understood that a person's relationships may be affected by being unhoused, experiencing long-term health concerns, or lack of employment. Policy design and service delivery must reflect the reality that relationships can also be the cause of homelessness, loss of employment and long-term health conditions, and engage with treating the causes, not simply the effects. Our research and practice experience demonstrates that supporting people to develop and maintain respectful relationships can in fact lead to improvements in employment, education, housing, health and other domain measures. While relationships may be captured through, or mediated by, other variables, including a discrete measure in 'Wellbeing Budgets' will support Government and researchers to differentiate the direction of these effects and more appropriately develop effective policy and programme responses. In our submission to Treasury in the 'Measuring What Matters' consultation,[5] Relationships Australia suggested that including relationships in the wellbeing measure would allow the government to:

- measure the health of relationships generally
- better understand the economy and society by differentiating the effect of strong and reliable relationships on other wellbeing domains
- develop more appropriate, inclusive and successful policy responses to economic, social and environmental issues
- inform service design, especially in the family and relationship sectors, with strong cascading effects in other domains (including health, employment and education participation, justice and social and cultural participation), and
- allow government and other funders to prioritise areas for funding. Government has accepted the proposition, put forward in our submission, that …relationships are integral

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[4] See eg Klein et al, 2021, pp 59, 63-64. The ABS has found that 'The most common reason women were unavailable to start a job or work more hours within four weeks was 'Caring for children', while for men it was 'Long-term sickness or disability': ABS, 2020-2021.

[5] Dated 31 January 2023, and located at https://relationships.org.au/research/#advocacy.

> to the human experience and therefore understanding the health of these relationships is part of a holistic view of wellbeing.[6]

Principle 6 - Commitment to promoting social connection and addressing loneliness as a serious public health risk

Policy, regulatory and service interventions that strengthen connections and reduce isolation are the most promising and feasible avenues for reducing the risk of abuse and exploitation of people who face structural and systemic barriers to their full participation in society. For example:

> Social support has emerged as one of the strongest protective factors identified in elder abuse studies… Social support in response to social isolation and poor quality relationships has also been identified as a promising focus of intervention because, unlike some other risk factors (eg disability, cognitive impairment), there is greater potential to improve the negative effects of social isolation.[7]

Loneliness is a complex social problem and a public health concern. It stems from dissatisfaction with our relationships, a lack of positive and respectful relationships, or both of these, and is often caused by experiences of exclusion due to structural and systemic social realities that form obstacles to participation in social, economic, cultural and political life. As a public health concern (Heinrich & Gullone, 2006; Holt-Lunstad et al, 2015; Mance, 2018; AIHW, 2019), loneliness has been linked to physical health risks such as being equivalent to smoking 15 cigarettes a day and an increased risk of heart disease (Valtorta, 2016). Loneliness is a precursor to poorer mental health outcomes, including increased suicidality (Calati et al, 2019; McClelland et al, 2020; Mushtaq, 2014). Relationships Australia is a foundation member of the Ending Loneliness Together network[8] and has, since 2013, been the custodian of Neighbours Every Day,[9] the primary purpose of which is to equip and empower individuals to build sustainable, respectful relationships with those around them. It is an evidence-based campaign aimed at reducing loneliness by raising awareness and, importantly, providing tools to combat social isolation. People who provide unpaid care are at heightened risk of loneliness, and its co-morbidities.

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[6] See Measuring What Matters – Australia's First Wellbeing Framework, p 55.

[7] See Dean, CFCA 51, 20, Box 7, citing the United States of America population study described in Acierno et al, (2017); citing also Hamby et al (2016); Pillemer et al (2016).

[8] The campaign Ending Loneliness Together has released a guide that explains how community organisations can use validated scales to measure loneliness: https://endingloneliness.com.au/wp-content/uploads/2021/08/AGuidetoMeasuring-Loneliness-for-Community-Organisations_Ending-Loneliness-Together.pdf

[9] Neighbours Every Day is an evidence-based campaign, evaluated by the Australian National University, aimed at reducing loneliness by raising awareness and, importantly, providing tools to combat social isolation. With adequate resourcing, we are confident that Neighbours Every Day could be scaled to reach a greater number of Australians, in all communities and at all stages of the life course.

Principle 7 – Intergenerational stewardship and equity

Fairness to future generations should not be viewed through a reductionist fiscal lens. Relationships Australia takes seriously obligations of stewardship for future generations, which transcend the national balance sheet and require us to invest in social infrastructure (tangible and intangible). Future generations will benefit from a society that values and respects its unpaid carers and its care and support economy; many of them will be part of that economy,. Recognising this, Relationships Australia is actively involved in campaigns against ageism such as EveryAGE Counts and Rights of Older Persons Australia, so that the scourge and shame of ageism come to be matters of historic curiosity, no longer a battle to be fought.

Responding to Questions

Unnumbered question – Do you use the term carer? (Discussion Paper, p 5)

Relationships Australia acknowledges the Government's efforts to be sensitive to, and reflect, divergent use of language around the caring role; in particular, the use of the word 'carer' can be problematic and offensive to some, for the reasons canvassed in the Strategy and supporting materials.

Against this background, Relationships Australia **recommends** that the Department of Social Services follow the lead of the Department of Health and Aged Care (in the Aged Care Bill 2024) in moving away from the term 'care recipient', which is reductive, passive and undermines the agency and dignity of persons to whom care is given. It flattens and obscures the complexities and lived realities of the relationships that the Strategy otherwise aptly recognises by referring to the not uncommon lack of self-recognition that one has become a carer – as well as being a daughter, a husband, a parent. Use of the term 'care recipient' fails, too, to acknowledge that one can be receiving care while continuing to make real, valuable and cherished contributions to the life of the person giving care. For example, there is not a bright line separating the day a father is diagnosed with Alzheimer's Disease from the day before. His role as a father continues, although fathering capacity will fluctuate, sometimes hour by hour. The day after diagnosis is not a day when he abruptly ceases to parent in a way valued by his children, providing emotional support, domestic advice, and much else, although his need for assistance across a range of domains increased and intensified over time.

Accordingly, Relationships Australia recommends that the term 'care recipient' be substituted by an alternative that better recognises the continuation of the primary relationship between an unpaid carer and their loved one, notwithstanding the addition of a 'secondary' role as a carer; for example, 'assisted' or 'supported' person. (**Recommendation 2**)

Unnumbered question – Is the idea of a primary carer helpful? (Discussion Paper, p 5)

Yes. The concept reflects the frequent reality that one person is often the main source of help and the 'first point of contact' for third parties. It can be of practical value even in the absence of a formal instrument conferring authority (such as holding an enduring power of attorney). Lots of things can crop up that do not need someone to hold a recognised legal status, but do need someone to be the first port of call for service providers (eg scheduling food delivery services, cleaning services etc).

Importantly, too, the idea of a primary carer explicitly makes room for the collaborative effort that can also emerge when someone starts to need support. It provides a useful framework within which these efforts can be recognised and valued.

Unnumbered question – What are the opportunities to improve your day-to-day life through this strategy? (Discussion Paper, p 11)

The Strategy offers a range of opportunities to improve the day-to-day life of carers by:

- reducing fragmentation;[10] this potential would be enhanced by bringing responsibility for all carers, paid and unpaid, within a single portfolio; pursuing a dichotomy between unpaid carers (Department of Social Services as a line department) and paid carers (the Department of the Prime Minister &Cabinet, as one of the central agencies) perpetuates, frankly, a hierarchy that innately undermines the intent of the Strategy to value unpaid carers, while also obscuring the very real role that unpaid carers play in alleviating pressures on the Federal budget; accordingly, Relationships Australia **recommends** that policy responsibility for all carers be brought within one of the central agencies (albeit with separate strategies) (**Recommendation 3**)
- reducing the administrative burden on carers, which can amount to another full time job; this includes being on hold for government agencies and their contractors; being able to respond immediately to messages from agencies and contractors to expect a call in 'three minutes'; completing complex and often confusing administrative tasks to apply for services or to satisfy compliance requirements. Relationships Australia **recommends** that the Strategy prioritise the development and implementation of 'person centred' systems which engage carers at their convenience, rather than the convenience of government (**Recommendation 4**)
- reducing 'barriers to entry' for support, through embedding 'no wrong door' approaches that are person-centred, trauma-sensitive, and culturally sensitive; for example, government websites are often difficult to navigate even for carers who have English as a

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[10] The Discussion Paper states that 'The Strategy will create an enduring vision for Australia's carers and their families…..It aims to streamline and coordinate across commonwealth departments to support better collaboration and coordination functions.' (p 8) A better option is to reduce the number of Commonwealth departments involved.

first language and have experience with government systems, processes and terminology

- leveraging the authority of the Strategy to drive political commitment across all Australian Governments to harmonise laws relating to enduring powers of attorney; this would have a protective effect against abuse and exploitation, while empowering carers who exercise responsibilities under such instruments in their engagement with vital third party services (eg banks and other essential services). Despite broad agreement that this is a vital reform with human rights and commercial implications, its achievement has languished disgracefully at the bottom of SCAG agendas for over two decades (**Recommendation 5**)
- leveraging the authority of the Strategy to drive political commitment to embedding supported decision-making, protecting the agency and dignity of supported persons while empowering carers to carry out their responsibilities in engaging with services such as health care (**Recommendation 6**); lack of recognition of the role, knowledge and expertise of carers leads to silencing of the voice of supported persons when carers' perspectives are, for example, dismissed or minimised by doctors and other professionals. Yet carers can tell a lot about their loved ones' will, preferences and needs if they are given the space to do so
- leveraging the authority of the Strategy to much more broadly and energetically promote the Carer Gateway (**Recommendation 7**); the fact that, as at 30 June 2023, only 6% of (known) carers in Australia had registered with it points to a serious communications failure (Discussion Paper, p 10),[11] and undermines the statement, at p 13, that 'If a carer or care recipient needs help, often there is a range of specialised support available…', and
- leveraging the authority of the Strategy to promote geographic equity and the timely availability of safe, trustworthy, and specialised support services for carers; the lived experience of carers is at odds with the claim at p 13 (**Recommendation 8**).

The common denominator is credible, reliable and widely publicised information and advice about what is available to support a carer and the person they support, which can be anything from day to day assistance with medication management, to working out what assistive technology can offer, to regular respite care. Overall, knowledgeable and approachable systems navigators and case workers are key enablers of getting the right help, at the right time, in person-centred ways.

Unnumbered question – Have changes in service systems affected you as a carer? (Discussion Paper, p 12)

Nil response.

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[11] See also numbered questions 4 and 5 at p 16 of the Discussion Paper.

Unnumbered question – What could make things easier for carers to get their needs met when interacting with provider services or with government processes? (Discussion Paper, p 12)

In addition to the preceding recommendations, Relationships Australia also **recommends** the establishment and embedding of service navigation support and case workers to offer a continuum of support, based on the needs and circumstances of individual carers. (**Recommendation 9**)

Relationships Australia **recommends** that Medicare support General Practitioners to agree on tailored health care plans for carers, recognising the unequal health care and self-care opportunities and outcomes for carers. These could be made either in face to face or telehealth appointments. (**Recommendation 10**)

Relationships Australia **recommends** that education, health and other settings with which children and young people come into contact have access to ways to proactively identify young carers and link them with tailored supports, including peer-based supports. Young carers and their families can often, due to stigma, shame and fears of child removal, go to great lengths to obscure the caring role that young people assume. (**Recommendation 11**) A further specific recommendation is that Government supports the establishment, nation wide, of camps and other similar forms of respite for young carers (**Recommendation 12**).

Numbered Question 1 What principles do you think should be in a National Carer Strategy?

Relationships Australia **recommends** that the National Carer Strategy should:

- be an overarching Strategy, applying to all unpaid and paid carers, supported by tailored sub-Strategies reflecting the circumstances, needs and aspirations of each cohort (**Recommendation 3**)
- be anchored in a 'no disadvantage' Vision, explicitly committing Australia to a society in which carers experience opportunities and outcomes equal to persons who are not carers, *and* experience no disadvantage, relative to persons who are not carers, in relation to:
    - civil, social, cultural and political participation
    - education and employment participation and outcomes
    - health care and health outcomes, and
    - financial outcomes. (**Recommendation 13**)

Numbered Question 2 What does your caring role involve or look like for you?

Nil response.

Numbered Question 3 What additional supports and/or skills do you need or would you like to develop to assist or support you in your caring role?

Nil response

Numbered Question 4(a) Do you know how to find and access carer supports?

As canvassed above, the very low engagement among carers identifiable through DEX data indicates poor knowledge of the Carer Gateway; this was also demonstrated at the virtual focus group attended by our National Policy Manager, Dr Susan Cochrane, in her personal capacity. It is not unreasonable to infer that knowledge of carer supports is similarly low among carers who are not identifiable through that data. Yet the Gateway does provide useful information and starting points for carers. Relationships Australia **recommends** that the Strategy be complemented by a well-resourced and widely-promoted public information and awareness campaign. (**Recommendation 14**)

Numbered Question 4(b) Have you used carer supports or services in the past?

Nil response.

Numbered Question 5 If you have accessed these services, what has worked for you or where have you experienced challenges?

It can be very challenging to locate and access timely and high quality respite services. Many carers will avoid using respite services following poor experiences either in securing or in using the services; others are precluded by geographic inequity in the availability of respite services. Relationships Australia **recommends** that governments work to ensure that accessible and high quality respite services are available to all carers. Accessibility includes considerations of location, cultural safety, and being trauma-informed. (**Recommendation 15**).

Hospital social workers are excellent sources of knowledge and expertise. Some hospitals are very proactive in terms of making sure that social workers engage early (sometimes pre-admission) with not only the person being treated, but also carers. This is a function that should be supported, whether it is carried out by social workers employed within hospitals, or by service providers engaged by PHNs to work within hospitals to provide a continuum of service navigation and case management support (**Recommendation 16**).

Numbered Questions 6 – 11

Nil response.

Numbered Question 12 What do you consider are the biggest opportunities to improve the lives of carers and the people they are supporting?

Relationships Australia considers that embedding the no disadvantage principle (see **Recommendation 13**) across all government legislation, policy and programmes would drive the fullest possible realisation of the overall Vision to value and support carers.

Incorporation of a no disadvantage principle in the Vision would provide a framework for specific and achievable measures that would have an immediate positive impact of carers, such as:

- payment of the superannuation guarantee levy and provision of the CARITO (see Appendix A), and
- establishment of service navigation and case management supports, as recommended above.

Numbered Question 13 Have you accessed peer supports? What did you find beneficial, or can you identify areas for improvement?

Peer supports can be a vital component, providing a diverse array of advice, help, validation and connection. By their nature, they can be tailored to the needs of specific communities and cohorts. As noted above, Relationships Australia supports camps as one form of valuable peer support for young carers (see **Recommendation 12**). Some peer groups may also benefit by access to skilled facilitators, to empower and support safe and supportive engagement (eg setting norms and holding space in ways that are trauma-informed). Relationships Australia has extensive experience in providing such support to a range of peer support groups, and recommends that, where funded by governments, peer supports groups have access to specialised facilitation services (**Recommendation 17**).

Numbered Questions 14-16 Reflecting on the diversity of carers

The Discussion Paper acknowledges the gaps in knowledge of who carers are, how they see themselves and their roles, and the impacts of caring. The Paper further acknowledges gaps in relation to specific cohorts. Relationships Australia **recommends** that Australian governments take proactive steps to address these data gaps (**Recommendation 18**). What data we do have, however, provides ample justification for ensuring that carers have access to supports that are:

- accessible, regardless of a carer’s location or whether they have access to reliable, private internet services
- trauma-informed
- culturally responsive, and
- person-centred. (**Recommendation 19**)

Numbered Questions 17 – 19

Nil response.

Conclusion

Thank you again for the opportunity to be involved in the development of the National Carer Strategy and, more broadly, in the development of policies and programmes that afford concrete recognition of the critical role of unpaid carers in enabling Australia's economy and society to flourish.

Please do not hesitate to contact me to discuss further any aspect of this submission, at ntebbey@relationships.org.au. If I am unavailable, please contact our National Policy Manager, Dr Susan Cochrane, at scochrane@relationships.org.au.

Kind regards

Nick Tebbey
National Executive Officer

APPENDIX A

RECOMMENDATIONS TO THE 2023 PARLIAMENTARY INQUIRY INTO THE *CARER RECOGNITION ACT 2010* (CTH)

Recommendation 1

Integrate policy, legislation and programmes for all carers (paid and unpaid, and regardless of setting) within a single Government department, to address fragmentation and siloing.

Recommendation 2

Amend the Act to:

- progress beyond ‘recognising’ unpaid carers to ‘recognising and valuing’ unpaid carers
- acknowledge explicitly that ageism and ableism, as well as gendered beliefs, about those to whom care and support is provided, affect whether and how we recognise and value unpaid carers, and
- include a statement reflecting the intersectionality of carer identities and recognising that discrimination, racism, ageism, sexism and ableism can contribute to poor health outcomes among carers.

Recommendation 3

Fund the superannuation guarantee contribution for carers, in recognition of the costs that carers save the taxpayer.[12]

Recommendation 4

Introduce a Carers’ Income Tax Offset (CARITO) to be credited against income tax, in recognition of the value of their unpaid caring work.

Recommendation 5

Amend the *Carer Recognition Act 2010* (Cth) to expressly bind all Commonwealth public service agencies, and omit the definition of ‘public service care agency’.

Recommendation 6

Develop, in partnership with carers and their advocacy organisations, an overarching and integrated national strategy for recognising, valuing and supporting *all* carers (paid and unpaid), complemented by focused strategies addressing the circumstances of particular groups of carers. This would complement Recommendation 1.

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[12] This reflects Recommendation 7 in the Relationships Australia submission to the inquiry by the Senate Standing Committee on Community Affairs into the nature and extent of poverty, available at https://relationships.org.au/research/#advocacy

Recommendation 7

Continue to build on existing data collection and research by developing, within the national strategy mentioned in Recommendations 1 and 6, a research plan to build an evidence base that traverses:

- quantitative evidence about the number of carers, and prevalence among specific cohorts (eg as described in the Terms of Reference; see also Recommendation 36 of the 2009 report by the House of Representatives Standing Committee on Family, Community, Housing and Youth ('the 2009 Report')
- quantitative evidence of the contribution of unpaid care to the economy
- profiles and specific needs of First Nations carers (see also Recommendations 31 and 32 of the 2009 Report)
- circumstances in which people become unpaid carers (including social, economic and cultural drivers)
- the monetary value of work undertaken by unpaid carers
- the contemporary financial costs to households where one or more family member is an unpaid carer (this is broader than Recommendation 23 of the 2009 Report)
- whether, how, and how often, carers access support (and barriers to accessing supports
- accessibility of respite care (see Recommendation 33 of the 2009 Report
- kinds of support accessed by carers
- carers' experiences of flexible employment and education (see, eg, Recommendations 38-45 of the 2009 Report)
- carer's unmet health needs, including psychosocial needs[13]
- the effectiveness of APS employment practices in supporting carers
- kinds of support that are desired but unavailable, and
- the availability and effectiveness of interventions to promote social inclusion of carers and those for whom they care.

Recommendation 8

In developing a new human rights framework for Australia, recognise status as an unpaid carer to be a protected attribute.

Recommendation 9

Counter stigmatisation of care and support users and providers through:

- a national community education campaign as recommended in Recommendation 2 of the 2009 Report
- mandating how Government talks within and outside government about service users and service providers (including unpaid carers who receive income support) in

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[13] See also Winter & Haddock, 2023, and the recommendations therein.

legislation, policy and media: o without stigma, without moral judgement, or othering o without recourse to medicalising, criminalising, institutionalising or technocratic stereotypes, and o with full appreciation of intrinsic dignity, human rights and full moral and legal personhood

- developing and implementing a public, human-rights based language through which governments measure and report on impact of care and support services, including unpaid care and support, on: o individuals o families, and o the broader community
- engaging in authentic co-design with unpaid carers at all phases of legislation and policy development, and service delivery, and
- committing to strengths-based service delivery, which prioritises enablement and empowerment (for example, by fully committing Australia to supported, rather than substitute, decision-making); this is likely to have an impact on unpaid carers.

Recommendation 12

To eradicate ageism and ableism which drive lack of recognition and valuing of unpaid carers:

- develop and maintain ongoing public awareness and education campaigns to refute ageist and ableist beliefs and discrimination across unpaid and paid care support, health, education and employment, social and cultural domains, and raise awareness of different cohorts of unpaid carers (eg unpaid carers who are also participating in the labour market)
- develop young carer resources and posters in partnership with young carer organisations and young carers themselves, to be displayed wherever young people gather and using salient media, to help young carers identify whether they need support and how to get it, and
- support and commit to working towards the adoption of a United Nations Convention on the Human Rights of Older Persons by: o ensuring the involvement of civil society organisations in the drafting, designing and negotiation of the instrument, particularly organisations that represent older persons and diverse communities of older persons o engaging with the Human Rights Council, the Open-ended Working Group and other relevant bodies to urgently move forward the agenda for drafting and adoption of a new treaty on the human rights of older persons, and o supporting the Australian Human Rights Commission's involvement in the discussion concerning a future convention on the rights of the older persons, both at the international and at the domestic level.[14]

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[14] This recommendation reflects the call to action made by Rights of Older Persons Australia (ROPA), of which Relationships Australia is a member. ROPA is comprised of those civil society organisations, individual supporters and advocates who publicly endorse a new UN Convention on the Human Rights of Older Persons. See http://www.rightsofolderpersons.org.au/

Recommendation 13

Recognise the public health importance of promoting connection and reducing loneliness, including by prioritising universal access to services which promote social connection for co-morbidities of loneliness, including low cost high impact interventions to facilitate social connection.

Recommendation 14

Implement long-standing agenda items for Australian Attorneys-General to reform laws relating to enduring powers of attorney and establish a national register, in concert with also providing training and education to donees of such powers, elevating public awareness of advance planning and implementing the National Decision-Making Principles proposed by the ALRC in Report 124 (2014).

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