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25 July 2023

Committee Secretary
House of Representatives Standing Committee on Social Policy and Legal Affairs
PO Box 6021
Parliament House
Canberra ACT 2600

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Inquiry into the *Carer Recognition Act 2010* (Cth)

Thank you for the opportunity to make a submission to the Committee's inquiry into the *Carer Recognition Act 2010* (Cth).

The work of Relationships Australia

We are an Australian 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 choices, 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, 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. Through our programs, we work with people to enhance relationships within families, whether or not the family is together, with friends and colleagues, and across communities. Relationships Australia believes that violence, coercion, control and inequality are unacceptable. We respect the rights of all people, in all their diversity, to live life fully within their families and communities with dignity and safety, and to enjoy healthy relationships. Relationships Australia is committed to:

- ensuring that social and financial disadvantage are not barriers to accessing services
- working in rural and remote areas, recognising that there are fewer resources available to people in these areas, and that they live with pressures, complexities and uncertainties not experienced by those living in cities and regional centres
- collaborating with other local and peak body organisations to deliver a spectrum of prevention, early and tertiary intervention programs with older people, men, women, young people and children. We recognise that a complex suite of supports (for example, drug and alcohol services, family support programs, mental health services, gambling help services, and public housing) is often needed by people engaging with our services, and
- contributing our practice insights and skills to better inform research, policy development, and service provision.

Framing principles of this submission

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, but actually, the economy and society are dependent on their unpaid labour, yet 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 recently 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,

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

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 which we hoped would transform the policy landscape in these areas.[4] Relationships Australia was heartened by the acknowledgement, in the draft Strategy, 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

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

[3] See Evaluate, 2022, p 6.

[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.

- 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 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

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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/AGuideto-Measuring-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.

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.

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, as providers as well as users. 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.

Recommendations

Recommendation 1

The Committee hold public hearings inviting unpaid carers to contribute to the Inquiry, offering appropriate supports to ensure the wellbeing and safety of carers during and after proceedings. [

Recommendation 2

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

Recommendation 3

Amend the Act to:

- progress beyond ‘recognising’ unpaid carers to ‘recognising *and valuing*’ unpaid carers.
- expressly promote inclusion of carer lived experience in leadership, policy-making , service design and evaluation
- 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 4

Fund the superannuation guarantee contribution for carers, in recognition of the costs that carers save the taxpayer.[10]

Recommendation 5

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

Recommendation 6

Amend the Act so that it expressly binds all public service agencies, and omit the definition of 'public service care agency'.

Recommendation 7

Develop, in partnership with carers and their advocacy organisations, an overarching and integrated national strategy for recognising, valuing and supporting all carers, complemented by focused strategies addressing the circumstances of particular groups of carers. This would complement Recommendation 2.

Recommendation 8

Focused strategies for unpaid carers should be aimed at supporting them to participate to the fullest extent in:

- education and employment, and
- social, cultural, political and recreational activities.

(See also Recommendation 4 of the 2009 Report.)

Recommendation 9

Noting Recommendation 1 in the 2009 Report, continue to build on existing data collection and research by developing, within the national strategy mentioned in Recommendations 7 and 8, 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)
- 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)

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[10] 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

- 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[11]
- 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 10

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

Recommendation 11

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 legislation, policy and media:
    - without stigma, without moral judgement, or othering
    - without recourse to medicalising, criminalising, institutionalising or technocratic stereotypes, and
    - 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:
    - individuals
    - families, and
    - the broader community
- engaging in authentic co-design with unpaid carers at all phases of legislation and policy development, and service delivery, and

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

- 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:
    - 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
    - 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
    - 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.[12]

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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[12] 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 15

That the Committee identify recommendations from the 2009 Report which are yet to be implemented, but which remain salient.

Discussion

Developments since the *Who Cares…?* Report ('the 2009 Report') and passage of the Act

There have been numerous, and multi-faceted, developments in the policy, legislation and service delivery landscape since the 2009 Report. Developments of particular note include:

- the establishment of the National Disability Insurance Scheme
- greater understanding of the nature and prevalence of abuse and neglect of older people (including by unpaid carers), including through a national study conducted by the Australian Institute of Family Studies (Qu et al, 2021), which also identified needs for further research to better understand (among other things):
    - drivers of perpetration
    - self-neglect
    - the nature and prevalence of abuse and neglect among older people living with impaired cognition, and
    - the nature and prevalence of abuse and neglect among older people living in institutional settings
- establishment of Commonwealth-funded services for older people experiencing abuse and neglect, as well as a Knowledge Hub for givers and users of care, and a *National Plan to Respond to the Abuse of Older Australians 2019-2023* (currently being evaluated to inform, we understand, development of a new National Plan)
- the establishment and final report of the Royal Commission into Aged Care Quality and Safety, leading to increasingly urgent calls for a human rights-based approach to aged care, including through de-institutionalisation
- vocalised fears of being institutionalised in older age; particularly (but not only) among survivors of institutional child sexual abuse, members of the Stolen Generation, Forgotten Australians and LGBTIQ+ people
- increasing concern about the financial viability of residential aged care in its current format, centred in market-based theories which have shown to be not fit for purpose
- the establishment of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (ongoing)
- a series of consultations about law reform about enduring powers of attorney and a national register of these instruments, and
- increased awareness and understanding of trauma, including intergenerational trauma, and trauma related to dispossession and colonisation.

What we know about informal / unpaid carers

Recent research undertaken by Relationships Australia found that

> 1.4 million (or 7.1% of Australians) identified themselves as a carer and an overwhelming 77.9% reported facing pressures in their important relationship, with 43.9% citing mental health and 37.1% citing money problems. Disturbingly, carers were more likely than the general population to experience multiple pressures at once. (Relationships Indicators, Fact Sheet on Carers, https://relationships.org.au/wp-content/uploads/Carers.pdf)[13]

These findings align with data from the Australian Bureau of Statistics, gathered through the Census and disability and carer surveys.[14] Relationships Australia provides a range of services to carers.[15] We consider that carers play a crucial role not only in 'sustaining the viability of the care and support economy' (p 25 of the draft strategy for the care and support economy) but also in sustaining the economy as a whole. Despite this, carers are at heightened risk of living in poverty.[16] In this regard, we refer the Committee to our submission to the inquiry by the Senate Standing Committee on Community Affairs into the nature and extent of poverty in Australia.[17] In working with carers of all ages, we see that caring can have serious adverse effects on caregivers' capacity to maintain social connection, and to participate in Australia's cultural, recreational and political life, as well as in employment and education. These are significant impacts for individuals and families directly concerned. They also deny our broader community access to the full social, cultural and economic resources that could be available if we appropriately valued and tangibly supported unpaid and informal carers.

Relationships Australia welcomed the acknowledgement, in the draft strategy for the care and support economy, that '[p]oor understanding of the economic and social impacts of care and support systems mean that we can undervalue social infrastructure'.[18] This is related to the absence of meaningful language with which to talk about these systems, and is equally relevant to the work of unpaid carers. It is very difficult to make a robust policy or political case for ongoing investment in the absence of a vocabulary with which to convey the impact of these systems and an evidence base that identifies services that are most effective. The utility of the Act in providing meaningful recognition of carers

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[13] Relationship Indicators is the only nationally representative survey that captures the state of Australia's relationships, and the effect that these relationships have on our wellbeing. The Relationships Indicators survey was previously run from 1998-2011. In response to the enormous effects of the Covid-19 pandemic and other challenges in recent years, Relationships Australia recognised a shift in Australia and was interested in gaining a better understanding of the state of relationships at a national level. Relationships Australia decided to reinvigorate the project with a renewed focus on research design and method, releasing the results in November 2022.

[14] See also Winter & Haddock, 2023.

[15] For example, the Young Carers Connect programme, run by Relationships Australia Canberra and Region in partnership with the Young Carers Team at Carers Australia.

[16] See, eg, Hill et al, 2011; Evaluate, 2022; ABS, 2019; ABS, 2020.

[17] Which can be found at https://relationships.org.au/research/#advocacy

[18] Relationships Australia provided a submission to the Department of the Prime Minister and Cabinet about the draft strategy, which can be found at https://relationships.org.au/research/#advocacy

could be much enhanced by using it as a vehicle to disseminate a vocabulary in which to assess and articulate the value of what carers do and to encourage an APS-wide culture of supporting carers.

Integration of policy, legislation and programmes for carers

Relationships Australia is concerned that policy, legislation and programmes for carers might be fragmented across different portfolios, depending on factors including:

- whether the person to whom the care is provided is a child or young person, a person of any age with disability, or an older person
- the nature of the relationship between the carer and the person for whom they are caring
- whether care is given in the home or in an institutional setting, and
- whether the carer is a paid carer, participating in the care and support economy, or an unpaid carer.

While carers have very individual needs and aspirations, there are powerful structural and systemic factors that influence all carers and affect the quality of their lives. These are gendered, ageist and ableist stigma, stereotypes and prejudices that lead to, *inter alia*, the lack of visibility and lack of specific supports for unpaid carers, and poor pay and conditions for paid carers. These structural and systemic factors are more likely to be effectively addressed from an integrated perspective with cohesive leadership, rather than by discrete responses from disparate portfolio agencies. Equally, accountability measures for achieving outcomes to improve the lives of carers will be more effective if not dispersed across multiple portfolios.

An integrated policy approach is likely to identify synergies between unpaid and paid carers. This should not be surprising; people often receive support from both paid and unpaid carers. Integration would offer opportunities for sharing vital skills and expertise. For example, many unpaid carers assume their roles with no training in health care (or, indeed, elementary first aid). Yet they may well be responsible for meeting diverse health care needs in those for whom they care, including by providing complex forms of support and assistance. For example, they may benefit from accessing training offered to workers in the care and support economy in occupational health and safety risks, such as in manual handling or managing vicarious trauma. This would be consistent with Recommendation 10 of the 2009 Report.

Further, appropriately integrated data collection would assist with infrastructure and workforce planning. The 2009 Report identified workforce shortages, including in regional and remote locations. Workforce shortages for paid care continue to drive ‘postcode injustice’ in accessing services, and have profound impacts on unpaid carers. Integrated data collection would assist in planning and programme development.[19] Integrated data collection should, of course, accommodate collection of data that is specifically relevant to different groups of carers.

We note Recommendation 5 of the 2009 Report, that a national office for carers be established within the Department of the Prime Minister and Cabinet. If that would lead to siloed leadership on policies

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[19] See also Recommendation 30 of the 2009 Report.

and programmes affecting carers, then Relationships Australia would not support implementation of such a recommendation. Nomination of a lead Minister for both unpaid and paid carers should be considered, as should portfolio consolidation as suggested by Recommendation 6 of the 2009 Report.

The Object of the Act

The Inquiry focuses on the Object of the Act, which is '…to increase recognition and awareness of carers and to acknowledge the valuable contribution they make to society.' (section 3) In her Second Reading Speech, the then Minister for Families, Housing, Community Services and Indigenous Affairs, the Hon Jenny Macklin AC, provided some background to the Act:

> We are determined to give carers the acknowledgement of their role that they have asked for — and which they so clearly deserve. Last year, carers told us that they wanted greater acknowledgement and increased recognition. This message came through loud and clear when the House of Representatives Standing Committee on Family, Community, Housing and Youth tabled its report, *Who Cares … ? Report on the inquiry into better support for carers*.

The Bill was part of a package of measures – including financial measures - intended to 'improve the lives of carers.' One way in which the Government sought to effect cultural shift was by leveraging its responsibility for the Australian Public Service by imposing on public service agencies a range of obligations in respect of:

- management of their staff
- dealings with 'associated providers' (as defined in the Act), and
- reporting on compliance with the Act in annual reports.

None of these obligations is in any way enforceable; there are no consequences for non-compliance.

The existence of the Act could perhaps be regarded as increasing recognition and awareness of carers. However, it appears that even the extremely modest aspirations of raising awareness through the exemplar of the Australian Public Service remain unmet. A scan of some departmental annual reports from 2021-2022 yielded the following:

- explicit and detailed reporting against the Act by the Department of Social Services, the Department of Health and Ageing, and by Services Australia (the Australian Taxation Office mentions the Act but considers that section 8, which imposes reporting obligations, does not apply to it because it is not 'responsible for the development, implementation, provision or evaluation of care supports')

- detailed reporting by Treasury - but with the Act only mentioned in the Glossary (definition of a 'public service care agency')

- explicit though cursory reporting by the Attorney-General's Department

- reporting in relation to carers only by proxy, against Australia's Disability Strategy (ie not in relation to the Act) – by the Department of the Prime Minister and Cabinet, and the Department of Infrastructure, Transport, Regional Development and Communications

- no reference to the Act, but reference to an Ability and Carers Network, by the Department of Education, Skills and Employment, and
- silence from the Department of Finance, the Department of Defence and the Department of Foreign Affairs and Trade.

This patchy compliance suggests that the Act has not been influential in raising awareness even within the limited sphere of the APS, let alone across the community. The imposition of consequences should be considered, at the very least for the reporting requirements. Further, the reporting obligations should apply to all public service agencies.

However, carers need and deserve more than appreciative rhetoric which asserts that they are recognised and valued, but which carefully refrains from articulating what that value is. Rhetoric alone will not improve the lives of carers, or make them feel less alone or isolated. To this end, Relationships Australia recommends the development of a national strategy to support unpaid carers which at least complements the proposed strategy for the care and support economy; preferably, Government would establish an overarching and fully integrated strategy for all carers, with more focused plans sitting beneath.

A strategy for unpaid carers should include meaningful, practical and measurable steps that do more than simply ‘recognise’, but that value and empower carers in their own right (and not only as part of the caring dyad). Such a strategy should also informed by an understanding of the social determinants of health, and should prioritise the well-documented health needs of carers. We understand that Suicide Prevention Australia will make a submission to the Committee, and urge the Committee to engage with the issues raised by that organisation. Further, the development of wellbeing budgets offers the opportunity and challenge to develop a language in which to talk about the value of unpaid care, and its contribution – as an essential enabler – to the Australian economy.

Human rights – ageism, ableism, sexism and care-giving

In our practice experience, carers (and those for whom they care) are stigmatised through ageist, ableist and gendered beliefs, processes and systems. Government can do much through practical steps which show how it recognises and values the work done by carers. It should, for example:

- mandate how *it* talks within and outside government about service users and service providers (including unpaid carers who receive income support) in legislation, policy and media:
    - without stigma, without moral judgement, or othering
    - without recourse to medicalising, criminalising, institutionalising or technocratic stereotypes
    - with full appreciation of intrinsic dignity, human rights and full moral and legal personhood
- develop and implement a human-rights based language through which governments measure and report on the impact of service provision through unpaid care and support, on:
    - individuals
    - families, and
    - the broader community

- engage with carers in authentic co-design at all phases of legislation and policy development, service delivery and evaluation, and
- commit to strengths-based service delivery, which prioritises enablement and empowerment.

Support for unpaid carers

The 2009 Report made a range of recommendations that would assist carers, but which have not yet realised their full potential. These include:

- Recommendation 8 – locally based peer support carer groups
- Recommendation 11 – case management care or care coordination for carers and care receivers, and
- Recommendation 22 – a dedicated Carer/Disability Unit, within what is currently Services Australia, to provide specialist advice to carers and care receivers.

The Committee should refer to these and other recommendations in the 2009 Report in developing a suite of recommendations to support unpaid carers.

Concrete steps towards improving the lives of carers for older people – international reform

An international convention on the rights of older people is also vitally important in publicly valuing those who provide unpaid care to older people. There is ample evidence demonstrating the links between the well-being of carers and the well-being of those for whom they care. This might play out, for example, in implementing the investment stream, proposed by the Royal Commission into Aged Care Quality and Safety, by funding home modifications, assistive technology, respite care and social supports to support the capacity of the carer to stay at home and continue to care for their loved one, while maintaining their own physical and mental health and well-being. We note that AIFS identified physical health problems as the most common issue experienced by perpetrators of neglect of older people.[20]

Concrete steps towards improving the lives of carers – domestic law reform

In developing concrete measures to assist unpaid carers, Government should accelerate law reform relating to powers of attorney and a national register of powers of attorney. This has been on agenda for ministerial councils of Attorneys-General since 2003 (and was the subject of Recommendations 15 and 16 of the 2009 Report), and Relationships Australia is deeply concerned that a measure which Attorneys-General have approved multiple times continues to be kicked down the road and de-prioritised relative to (apparently) everything else. This ongoing de-prioritisation is, in fact, a vivid example of structural ageism and ableism.

While these law reforms are generally characterised as measures to prevent financial abuse, long-awaited implementation would be a concrete and substantive step that would assist carers to perform their functions under enduring powers by enabling them and third parties to be confident in the legal basis of their actions. This should be complemented by also implementing Australian Law Reform Commission recommendations to:

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[20] See Qu et al, 2021.

- provide training and guidance to donees of these powers (see ALRC Report 131)
- elevating public awareness of the desirability of advance planning (see ALRC Report 131), and
- implement the ALRC's proposed National Decision-Making Principles, which would support carers by offering them greater clarity in the scope and purpose of their roles (see ALRC Report 124).

Conclusion

Thank you for the opportunity to contribute to this inquiry and to support recognition of an often unseen and poorly understood group in our community. We would also warmly welcome opportunities to be involved in ongoing policy development. Should you wish to discuss any aspect of this submission in more detail, please do not hesitate to contact me at ntebbey@relationships.org.au, or our National Policy Manager, Dr Susan Cochrane, at scochrane@relationships.org.au. Alternatively, you can contact us by telephone at 02 6162 9300.

Kind regards

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