

16 June 2023

Care and Support Economy Taskforce
Department of the Prime Minister and Cabinet

By: upload

Draft National Care and Support Economy Strategy 2023

Thank you for the opportunity to comment on the draft *National Care and Support Economy Strategy 2023*. As providers of family and community services across Australia (including for children and young people, veterans and older people), we experience first-hand many of the workforce and service delivery challenges identified in the draft Strategy, and are keen to engage with Government in achieving its goals. In this submission, we highlight the human rights implications of the draft Strategy, and also focus on ways in which the Commonwealth Government can be an enabler of productivity gains.

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 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 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
- poverty
- status as users of care and support
- disability and longstanding health restrictions (including poor mental health)
- intimate partner violence, abuse or neglect as an older person, and/or child maltreatment
- family separation
- being an adult informal carer for a child or other adult
- being a young person caring for a child or an adult
- housing insecurity and instability
- employment precarity, unemployment and under-employment
- misuse of alcohol and other drugs, or who have experienced gambling harms
- people who come from culturally and linguistically diverse backgrounds (including people who have chosen to migrate and people who have sought refuge)
- people affected by complex grief and trauma, intergenerational trauma, intersecting disadvantage and polyvictimisation
- survivors of institutional abuse
- people experiencing homelessness or housing precarity
- people who identify as members of the LGBTIQ+ communities, and
- younger and older people.

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, 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.

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. As acknowledged by the draft Strategy, 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, 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

¹ Klein et al, 2021, p 63.

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

³ See Evaluate, 2022, p 6.

of caring, which emerged from the pandemic.⁴ Relationships Australia is 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 are also powerful influences on the value society places on the work. The Strategy should recognise this expressly.

Principle 5 - 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.⁵

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).⁶ Relationships Australia is a foundation member of the Ending Loneliness Together network⁷ and has, since 2013, been the custodian of Neighbours Every Day,⁸ 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

⁴ See eg Klein et al, 2021, pp 59, 63-64. The ABS has found that 'The most common reason women were unavailable 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 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).

⁶ 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

⁷ 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

⁸ 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.

Principle 6 – 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-makers appear less likely to recognise that relationships can also be the cause of homelessness, loss of employment and long-term health conditions.

Respectful, healthy and fulfilling relationships are not merely a side effect of other social and environmental factors but can also be the cause of them. 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 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,⁹ we 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 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, and
- allow government and other funders to prioritise areas for funding.

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 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

⁹ Dated 31 January 2023, and located at <https://relationships.org.au/what-we-do/#advocacy> .

Persons Australia, so that the scourge and shame of ageism come to be matters of merely historic curiosity, no longer a battle to be fought. The draft Strategy notes that 'Government investment needs to be sustainable and ensure fairness both to current and future generations.'¹⁰

Principle 8 Government can and should enable - not inhibit - productivity gains

The unique resources and powers of Government should be harnessed to enable, not inhibit, productivity gains by ensuring that regulatory and compliance settings are:

- aimed at objectives co-designed with users, to ensure that they are objectives valued by users
- simple to use and streamlined, with any burdens of government silos borne by government, not displaced onto service users or providers
- periodically reviewed for salience (ie not 'set and forget'), and
- overseen by regulators which are sufficiently resourced to prevent capture and promote genuine independence in performing their functions.

Recommendations

Recommendation 1

The Strategy should explicitly acknowledge that ageism and ableism, as well as gendered beliefs, about those to whom care and support is provided, affect how Australia values work in the care and support economy.

Recommendation 2

To eradicate ageism and ableism:

- develop and maintain ongoing public awareness and education campaigns to refute ageist and ableist beliefs and discrimination across care support, health, education and employment, social and cultural domains
- 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.¹¹

¹⁰ At p 43.

¹¹ 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

Recommendation 3

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

Recommendation 4

Extend cross-portfolio coordination beyond the care and support sectors focussed on by this draft, to broader social services, including families and communities and family relationships services.

Recommendation 5

Amend Goal 2.6 to include sexuality as a characteristic of which workplaces should be inclusive. Many LGBTIQ+ clients fear that, should they need institutional care, they will need to 're-closet'.

Recommendation 6

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

Recommendation 7

Streamline regulatory, reporting and compliance mechanisms across the Commonwealth, and work towards streamlining across states and territories.

Recommendation 8

Counter stigmatisation of care and support users and providers through:

- mandating how Government talks within and outside government about how service users and service providers 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

publicly endorse a new UN Convention on the Human Rights of Older Persons. See <http://www.rightsofolderpersons.org.au/>.

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/what-we-do/#advocacy>

- engaging in authentic co-design 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).

Recommendation 9

Move to longer term funding arrangements with appropriate accountability and transparency mechanisms.

Recommendation 10

Develop a strategic research plan.

Recommendation 11

Align Budget Process Rules to support broader Government policies around coordination and prevention.

Discussion

Human rights – ageism, ableism and the care and support economy

Ending stigma, ageism, ableism and gendered beliefs is a precondition for sustained productivity gains in the care and support economy. In our practice experience, service users are stigmatised through ageist, ableist and gendered beliefs, processes and systems. It is unsurprising that such stigmas are also experienced by those who provide services. Acknowledging that '[S]ocietal valuation of a profession is not something governments can mandate from the top down,'¹³ governments can nevertheless do much through practical steps which show how it values the work done in the care and support economy, including through wage and pricing policy, workforce planning and professionalisation. These are traversed in the draft Strategy. Such steps, however, will not produce the enduring social transformation that is necessary to ensure that the economy can attract and retain suitably qualified staff to provide sustainable services. Towards this end, government can, and should:

- mandate how *it* talks within and outside government about how service users and service providers 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 impact of service provision

¹³ At p 32.

- engage in authentic co-design at all phases of legislation and policy development, and service delivery, and
- commit to strengths-based service delivery, which prioritises enablement and empowerment (for example, by full committing Australia to supported, rather than substitute, decision-making, which will have implications for the care and support economy).

Market models

Cochrane, Holmes & Ibrahim (2021) have argued that

Residential aged care in Australia has become increasingly market driven since the major reforms of 1997. The aims of increased marketisation include providing residents with greater choice, higher quality services, and increasing providers' efficiency and innovation. However, marketisation is not meeting these aims, predominantly due to asymmetries of knowledge and power between residents and aged care providers. These asymmetries arise from inadequate provision of information, geographic disparities, urgency for care as needs arise acutely, and issues surrounding safety, including cultural safety. We propose a human rights framework, supported by responsive regulation, to overcome the failings of the current system and deliver an improved aged care system which is fit for purpose.

It remains a genuine question whether market-centred solutions, premised on a range of assumptions around bargaining power, supply and demand, and the real life capacity of service users to exercise choice and control, can ever work for situations in which asymmetries of power and knowledge are intractable. Relationships Australia acknowledges that the draft Strategy identifies a range of limitations of market-centred approaches, but notes that the value of these has yet to be fully grappled with in policy development.

Marketisation of aged and disability service provision has led to legislative and regulatory frameworks based on consumer rights rather than human rights. Consumer rights and protections are important, but they are not capable of providing a robust normative framework within which a service user's fullest personhood is reliably acknowledged and respected. Relationships Australia welcomes the emphasis in the draft Strategy of choice and control being at the centre (p 15), and the acknowledgement of the impact that thin markets have on choice and control (pp 16-17). We are unconvinced, however, that even the best market stewardship by Government can successfully and sustainably overcome the challenges identified by the draft Strategy (for example, in rural and remote communities, or that 'transfer trauma' is a real impediment for service users in any form of residential care, for example, to exercise a right to shift between providers). We acknowledge an implicit nod to transfer trauma at p 44, in the reference to the importance of stability, as well as quality; there needs however to be a more meaningful engagement with the intractable limits on the utility of market-based models in the care and support sector.

Marketisation of care and support requires that policy design, service delivery, compliance and evaluation have been significantly defined by, and been awkwardly retrofitted to accord with, managerialist economics. We welcome the Strategy's reference to working towards outcomes rather than process-driven inputs.

There is also an internal inconsistency in the ongoing reliance on market-centred models and the expectation that providers will freely share, adopt and adapt innovations (see p 47). In previous submissions about the Department of Social Services' Families and Communities programmes,¹⁴ we have suggested that Government support collaboration to deliver improved outcomes through:

- encouraging collaborative relationships to coalesce organically around specialist and complementary service providers, geographic location or other binding factors
- not affording one provider an anti-competitive asymmetrical advantage over one or more other collaborators
- not imposing extra layers of management and compliance activity at the expense of resources directed to service provision, and
- appropriate ministerial oversight.

Informal / unpaid carers

1.4million (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>)¹⁵

Relationships Australia welcomes the attention, in the draft Strategy, to unpaid and informal carers, as well as to the effect that caring can have on education and employment participation. Relationships Australia provides a range of services to carers, including young people who undertake caring for adults or other children and young people.¹⁶ We consider that carers play a crucial role not only in 'sustaining the viability of the care and support economy' (p 25) but in sustaining the economy as a whole.

In working with carers of all ages, we see that caring can have serious impacts on caregivers' capacity to maintain social connection, and to participate in Australia's cultural, recreational and political life. These are not trivial impacts for individuals and families directly concerned, but also deny our broader community access to the full social and cultural resources that could be available if we appropriately valued and supported unpaid and informal carers. Relationships Australia looks forward to shortly providing a submission to the inquiry into the Carers Recognition Act, announced on 15 June 2023, in which we will traverse in more detail issues arising for our clients and staff with caring responsibilities.

¹⁴ See our submissions to DSS, 2018 and 2021, located at <https://relationships.org.au/what-we-do/#advocacy>

¹⁵ 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 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.

¹⁶ For example, the Young Carers Connect programme, run by Relationships Australia Canberra and Region in partnership with the Young Carers Team at Carers Australia.

However, we take this opportunity to draw to your attention Recommendation 7 of our submission to the inquiry into poverty undertaken by the Senate Standing Committee on Community Affairs, which was that 'That the Australian Government legislate to pay the superannuation guarantee contribution for carers, in recognition of the costs that carers save the taxpayer.'¹⁷

Government should enable, not inhibit, productivity growth

Forced and artificial competition

Relationships Australia welcomes the acknowledgements, throughout the draft Strategy, of ways in which governments can inadvertently hinder high quality, dignified and person-centred service provision, as well as productivity growth to sustain the care and support economy. We have, in previous submissions, noted the deleterious effects of funding and service models that frame providers (and provider sectors) as being in constant competition, while also insisting on open collaboration. We are heartened to see Government acknowledgement of such anomalies; for example:

Government programs are, in effect, competing with each other to secure services for their target cohorts. For example, the policy and program settings for the NDIS and aged care, especially the pricing of services, put pressure on the market for veterans' services. The unintended consequence of this misaligned pricing can be underservicing of the veteran population. Therefore, market stewardship strategies for care and support services need to consider the flow on effects to other sectors which will require enhanced coordination across government departments. (p 45)

Relationships Australia invites Government to consider whether enhanced coordination should extend beyond the care and support sectors focussed on by this draft, to broader social services, including families and communities and family relationships services (see Recommendation 4).

Short-term funding models

The draft Strategy affirms the importance of stability and continuity of care and support. Government funding rules and processes, however, can hinder (and sometimes inadvertently halt) that for service users. A common example is through short-term funding arrangements. In social services, three year funding arrangements are not uncommon. For governments, they align conveniently with Budget (and electoral) cycles. For service providers struggling to maintain continuity of service to highly vulnerable, often traumatised clients, short-term funding is debilitating. Sitting behind therapeutic disruptions are difficulties in maintaining suitable premises through tenancy arrangements, maintaining IP and software licences, and appropriately equipping offices. Frequently recurring funding uncertainty poses governance threats to non profit organisations which must comply with prudential and regulatory requirements to their boards' satisfaction. That satisfaction is not achievable by advising an outcome by email while grant contracts make their way through the labyrinthine and opaque Community Grants Hub (as well as departmental and ministerial approval processes). Funding is approved or withheld at

¹⁷ Available at <https://relationships.org.au/what-we-do/#advocacy>.

the last possible moment. It is a depressingly frequent experience, too, that we lose employees in February, March and April because we cannot guarantee ongoing funding past 30 June.

Our services to people engaging with the disability Royal Commission currently face a funding cliff on 30 December. Members of this cohort tend to have experienced disconnected and fragmented services over many years, and we are deeply concerned about their wellbeing should ongoing arrangements not be made for these clients.

New services, including those set up to deliver pilots, face additional challenges. They must acquire suitable (often customised) premises, set up offices, recruit skilled staff and then build not only public awareness of, but also public trust in, the service. We have faced issues where piloted services then receive a final evaluation report after ridiculously short periods of operation (ie 12-18 months), which simply cannot be said to provide governments with sufficient data or insights on which to make informed decisions about rollout. In addition, priority populations such as those in remote communities tell governments and service providers that rapid rotation of short term pilots (understandably) undermine their willingness to trust services and deter help-seeking.

We have recently seen some encouraging indications that the Commonwealth is coming to understand the adverse impact on service users of short term funding models. We invite Government to consider how this can be made standard practice – with, of course, appropriate mechanisms for accountability and transparency. We further invite Government to consider whether there are more efficient ways of ensuring probity and accountability than the Community Grants Hub, which is an obstacle to productivity not only among providers, but also to officials who are doing their best to ensure that vulnerable clients retain access to high quality and stable services.

Treatment of future savings and cross-portfolio savings

We understand that Budget Process Rules curtail consideration of future savings to offset costs of proposed Budget measures and generally preclude cross-portfolio offsets. Such approaches undermine the achievement of goals in primary and secondary prevention, and have a chilling effect on the range and ambitions of NPPs put to Ministers by their Departments. They also appear to be contrary to the emphasis on cross-portfolio coordination in the draft Strategy - and in a range of other related policy documents (eg the National Plan to Stop Violence Against Women and Children 2022-2032). Accordingly, Relationships Australia urges Government to ensure that Budget Process Rules support (or at least do not undermine) broader Government policy intentions.

Data collection

Accurate, timely and fit for purpose data collection, analysis and dissemination are key enablers of productivity growth. No service provider has resources to waste on providing services that do not meet the needs of their clients. Similarly, it is a matter of vital interest to providers that we can access data analytics that will enable us to continuously improve our service offering. It is a matter of vital interest to service users and the broader community to be able to see and understand the impact that services have. Investment in powerful and accessible data collection and analysis infrastructure will enable Government to make a substantial practical contribution to productivity growth in the care and support economy by supporting informed decisions by providers.

Research needs

Relationships Australia welcomes the acknowledgement that '[p]oor understanding of the economic and social impacts of care and support systems mean that we can undervalue social infrastructure' (p 11). This is related to the absence of meaningful language with which to talk about these systems. We acknowledge that 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. Development of a strategic research plan to accompany the other plans sitting within this Strategy would support achievement of Government's objectives.

We also welcome the Budget announcement of funding for an Australian Centre for Evaluation, which will complement data collection and ongoing research.

Regulatory settings

We support work undertaken by Government to reflect on regulatory settings that are responsive¹⁸ and support the objectives valued by service users, the community and governments. Relationships Australia welcomes the acknowledgement that 'the burden of regulatory reporting has a negative impact on the quality of care and support, and the experience of workers,'¹⁹ and proposed regulatory harmonisation through a Regulatory Review Plan (p 49). The current regulatory burden – and its impact on those who bear it - is exacerbated when it seems (or becomes apparent) that the reporting essentially goes nowhere and does nothing to enable continuous improvement of service provision. It becomes the kind of ritualistic 'tick a box' compliance that was rightly deplored by witnesses to the aged care Royal Commission (see, for example, the evidence of Professor Ron Paterson ONZM).

Carefully designed, discerning reporting could be a powerful tool in addressing some of the market distortions and service shortfalls identified in the draft Strategy. But, across a range of portfolios including health and aged care, social services and law and justice, Government persistently denies itself the exercise of that power by reliance on outdated reporting requirements and reporting systems. In doing so, Government also denies service users the benefit of quality assurance and ongoing improvement that could be supported by transparent, timely, efficient and salient reporting. DEX is an egregious example of long-term insistence on using reporting and data collection systems that are not fit for purpose, opaque to service providers and users, unreasonably burdensome, and subject to variable interpretation by officials. Service providers are continually told that DEX collects important data generating significant insights. Yet at a recent briefing, DEX officials could point only to basic demographic data. Emerging technologies and willingness in the sector create opportunities to enhance service provision and ease reporting burdens while maintaining accountability and transparency.

Conclusion

The draft Strategy is a thoughtful and welcome step towards implementing recommendations made by the Senate Select Committee on Work and Care. Thank you for the opportunity to comment upon it; we

¹⁸ As defined in the work of Professor John Braithwaite; see <http://johnbraithwaite.com/responsive-regulation/>

¹⁹ At p 48; see also p 35.

would also warmly welcome opportunities to be involved in ongoing policy development, and intends to make a submission to the inquiry into potential reform of the *Carers Recognition Act 2010* (Cth). 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 Officer, Dr Susan Cochrane, at scochrane@relationships.org.au. Alternatively, you can contact us by telephone at 02 6162 9300.

Kind regards

A handwritten signature in black ink, appearing to read 'Nick Tebbey', with a stylized flourish at the end.

Nick Tebbey
National Executive Officer

REFERENCES

- Acierno, R., Hernandez, M. A., Amstadter, A. B., Resnick, H. S., Steve, K., Muzzy, W., & Kilpatrick, D. G. (2010). Prevalence and correlates of emotional, physical, sexual and financial abuse and potential neglect in the United States: The National Elder Mistreatment Study. *American Journal of Public Health*, 100(2), 292–297.
- ACOSS. (nd) <https://povertyandinequality.acoss.org.au/>
- Australian Bureau of Statistics. (2020) Disability, Ageing and Carers, Australia: Summary of Findings. <https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/latest-release> [accessed 17 January 2023]
- Australian Bureau of Statistics. (2020-21). *Barriers and Incentives to Labour Force Participation, Australia*. ABS. <https://www.abs.gov.au/statistics/labour/employment-and-unemployment/barriers-and-incentives-labour-force-participation-australia/latest-release>. [accessed 17 January 2023]
- Australian Human Rights Commission. (2016). Willing to Work: National Inquiry into Employment Discrimination Against Older Australians and Australians with Disability. <https://humanrights.gov.au/our-work/disability-rights/publications/willing-work-national-inquiry-employment-discrimination>
- Australian Institute of Health and Welfare (2019). Social isolation and loneliness. <https://www.aihw.gov.au/reports/australias-welfare/socialisolation-and-loneliness>
- Bindley K, Lewis J, Travaglia J, DiGiacomo M. Caring and Grieving in the Context of Social and Structural Inequity: Experiences of Australian Carers With Social Welfare Needs. *Qualitative Health Research*. 2022;32(1):64-79. doi:[10.1177/10497323211046875](https://doi.org/10.1177/10497323211046875)
- Blaxland M, 2010, 'Mothers and mutual obligation: policy reforming the good mother', in Goodwin S; Huppertz K (ed.), *The Good Mother: Contemporary Motherhoods in Australia*, Sydney University Press, Sydney, pp. 131 - 151, <http://purl.library.usyd.edu.au/sup/9781920899530>
- Calati, R., Ferrari, C., Brittner, M., Oasi, O., Olié, E., Carvalho, A. F., & Courtet, P. (2019). Suicidal thoughts and behaviors and social isolation: A narrative review of the literature. *Journal of Affective Disorders*, 245, 653-667.
- Cass, B, Hill, T & Thomson, C 2013, *Care to work?: expanding choice and access to workforce participation for mature aged women carers*, Australian National University, Canberra. http://crawford.anu.edu.au/public_policy_community/content/doc/Cass%20paper%2028-11.pdf . [accessed 12 January 2023]
- Cochrane S F, Holmes A L & Ibrahim J. (2021) Progressing Towards a Freer Market in Australian Residential Aged Care. *Social Policy and Society* 22(1). 69-93. Doi:[10.1017/S1474746421000786](https://doi.org/10.1017/S1474746421000786)
- Dean, A. (2019) Elder Abuse: Key Issues and Emerging Evidence. CFCA Paper No. 51. <https://aifs.gov.au/cfca/publications/cfca-paper/elder-abuse>
- Evaluate (for Carers Australia) (2022) Caring Costs Us: The Economic Impact on Lifetime Income and Retirement Savings of Informal Carers. <https://www.carersaustralia.com.au/wp->

<content/uploads/2022/04/Final-Economic-impact-income-and-retirement-Evaluate-Report-March-2022.pdf> [accessed 15 January 2023]

Faulkner, N, Zhao, K, Borg, K & Smith, L. The Inclusive Australia Social Inclusion Index: 2022 Report.

Green, C, Dickinson, H, Carey G & Joyce A. (2022) Barriers to policy action on social determinants of health for people with disability in Australia, *Disability & Society*, 37:2, 206-230, DOI: 10.1080/09687599.2020.1815523

Hamby, S., Smith, A., Mitchell, K., & Turner, H. (2016). Poly-victimization and resilience portfolios: Trends in violence research that can enhance the understanding and prevention of elder abuse. *Journal of Elder Abuse & Neglect*, 28(4/5), 217–234. doi:10.1080/08946566.2016.1232182

Hawkey, L C, Zheng, B, Song, X, Negative financial shock increases loneliness in older adults, 2006–2016: Reduced effect during the Great Recession (2008–2010), *Social Science & Medicine*, Volume 255, 2020, <https://doi.org/10.1016/j.socscimed.2020.113000>.

Heinrich L & Gullone E (2006). The clinical significance of loneliness: A literature review. *Clinical Psychology Review* 26:695–718.

Hergenrather, K. C., Zeglin, R. J., McGuire-Kuletz, M., & Rhodes, S. D. (2015). Employment as a social determinant of health: a review of longitudinal studies exploring the relationship between employment status and mental health. *Rehabilitation Research, Policy, and Education*, 29(3), 261-290.

Hill, A. O., Bourne, A., McNair, R., Carman, M. & Lyons, A. (2020). Private Lives 3: The health and wellbeing of LGBTIQ people in Australia. ARCSHS Monograph Series No. 122. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University

Hill, T, Thomson, C & Cass, B. (2011) The costs of caring and the living standards of carers. Social Policy Research Paper No. 43. Social Policy Research Centre, University of New South Wales.

Holt-Lunstad J, Smith T, Baker M, Harris T & Stephenson D (2015). Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review. *Perspectives on Psychological Science* 10:227–37.

Hunter, B. (2012). Is Indigenous poverty different from other poverty?. 10.22459/CAEPR32.11.2012.10

Klein E, Cook K, Maury S, Bowey K. An exploratory study examining the changes to Australia's social security system during COVID-19 lockdown measures. *Aust J Soc Issues*. 2022 57(1):51-69. doi: 10.1002/ajs4.196. Epub 2021 Nov 14. PMID: 34898752; PMCID: PMC8652978.

Mance, P. (2018). Is Australia experiencing an epidemic of loneliness? Findings from 16 waves of the Household Income and Labour Dynamics Survey.

https://relationships.org.au/pdfs/copy_of_Anepidemicofloneliness20012017.pdf

Markham, F & Biddle, N. (2018) Income, Poverty and Inequality. Centre for Aboriginal Economic Policy Research, Australian National University. CAEPR 2016. Census Paper No. 2.

McClelland, H., Evans, J. J., Nowland, R., Ferguson, E., & O'Connor, R. C. (2020). Loneliness as a predictor of suicidal ideation and behaviour: a systematic review and meta-analysis of prospective studies. *Journal of Affective Disorders*, 274, 880-896.

McNamara, P. (2015). Young people at risk of lifelong poverty: Youth homelessness in Australia. In *Theoretical and Empirical Insights into Child and Family Poverty* 217

- Mills, A., Ng, S., Finnis, J., Grutzner, K., & Raman, B. (2020). Hidden in plain sight: the impact of the COVID-19 response on mature-age low-income people in Australia.
- Mushtaq, R. (2014). Relationship Between Loneliness, Psychiatric Disorders and Physical Health? A Review on the Psychological Aspects of Loneliness. *Journal of Clinical and Diagnostic Research*.
- Naidoo, Y; valentine, k & Adamson, E (2022) Australian experiences of poverty: risk precarity and uncertainty during COVID-19 Australian Council of Social Service (ACOSS) and UNSW Sydney
- Park, S. (2017). Digital inequalities in rural Australia: A double jeopardy of remoteness and social exclusion. *Journal of Rural Studies*, 54. 339-407. doi.org/10.1016/j.jrurstud.2015.12.018
- Parliament of Australia. *Inquiry into homelessness in Australia: Final Report*, 2021.
- Pillemer, K., Burnes, D., Rifn, C., & Lachs, M. S. (2016). Elder abuse: Global situation, risk factors, and prevention strategies. *Gerontologist*, 56, S194–S205. doi:10.1093/geront/gnw00
- Quilter-Pinner, H and Hochlaf, D (2019) *There is an alternative: Ending austerity in the UK*, IPPR. <http://www.ippr.org/research/publications/there-is-an-alternative-ending-austerity-in-the-uk>
- Ross, R T & Mikalauskas, A. (1996). Income poverty among Indigenous families with children: estimates from the 1991 Census. Centre for Aboriginal Economic Policy Research, Australian National University. No. 110/1996
- Royal Commission into Institutional Responses to Child Sexual Abuse. (2017) Final Report. Volume 3 – Impacts.
- Royal Commission into Aged Care Quality and Safety. (2021) Final Report: Care, Dignity and Respect.
- Senate Select Committee on Work and Care. (2023) Final Report.
- Senate Standing Committee on Community Affairs. (2020) Adequacy of Newstart and related payments and alternative mechanisms to determine the level of income support payments in Australia. https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Newstartrelatedpayments/Report [accessed 17 January 2023]
- Stock, Corlyon et al, Personal Relationships and Poverty: An Evidence and Policy Review, a report prepared for the Joseph Rowntree Foundation by the Tavistock Institute of Human Relations, 2014
- Thomas J, Barraket J, Parkinson S, Wilson C, Holcombe-James I, Kennedy J, Mannell K, Brydon A (2021). Australian Digital Inclusion Index: 2021. Melbourne: RMIT, Swinburne University of Technology, and Telstra. DOI: 10.25916/phgw-b725 <https://www.digitalinclusionindex.org.au/digital-inclusion-the-australian-context-in-2021/> [accessed 18 January 2023]
- Valtorta, N., Kanaan, M., Gilbody, S., Ronzi, S., & Hanratty, B. (2016). Loneliness and social isolation as risk factors for coronary heart disease and stroke: systematic review and meta-analysis of longitudinal observational studies. *Heart*, 102(13), 1009-1016.
- Venn, D & Hunter, B. (2018) Poverty Transitions in Non-remote Indigenous Households: The Role of Labour Market and Household Dynamics. 21(1) *Australian Journal of Labour Economics*. 21-44
- Warren, D, Low Income and Poverty Dynamics - Implications for Child Outcomes. Social Policy Research Paper Number 47 (2017). Available at <https://www.dss.gov.au/publications-articles/research->

[publications/social-policy-research-paper-series/social-policyresearch-paper-number-47-low-income-and-poverty-dynamics-implications-for-child-outcomes](#)

World Health Organization and World Bank Group. (2011) World report on disability.