

6 August 2021

The Hon Michelle Landry MP  
Assistant Minister for Children and Families  
C/- Australian Government Department of Social Services  
Canberra, ACT 2601  
Via email: [NationalFrameworkfeedback@dss.gov.au](mailto:NationalFrameworkfeedback@dss.gov.au)

Dear Assistant Minister

**RE: Response to implementing the successor plan to the National Framework for Protecting Australia's Children 2009-2020**

Carers Australia welcomes the opportunity to comment on the 'Implementing the successor plan to the National Framework for Protecting Australia's Children 2009-2020' Consultation paper (Consultation paper) through the Department of Social Services. Broadly, we agree with the guiding principles<sup>1</sup> of access to universal and targeted services, trauma informed, culturally safe and responsive approaches, a commitment to excellence in practice and policy development, a focus on Aboriginal and Torres Strait Islander children and families, the need to listen and respond to the voice of children and young people, and the voice of those who care for them, and accountable governments and services.

Carers Australia is the national peak body representing the diversity of the 2.65 million Australians who provide unpaid care and support to family members and friends with a disability, chronic condition, mental illness or disorder, drug or alcohol problem, terminal illness, or who are frail aged. In collaboration with our members, the peak carer organisations in each state and territory, we collectively form the National Carer Network and are an established infrastructure that represent the views of carers at the national level. This response has also been informed by our experience with the Better Start Registration and Information Service (RIS), where Carers Australia and the National Carer Network have been involved in implementing the Australian Government's Better Start for Children with Disability Initiative<sup>2</sup> since 2011.

I applaud the stated importance of capturing the views, experience and understanding of child safety and wellbeing of priority groups, including through co-designing the first implementation plan. **However, it is our view that a missing critical component is the voice of carers and I request an additional targeted consultation by Anne Hollonds, the National Children's Commissioner, with Carers Australia and the National Carers Network in order to inform the first implementation plan.** This would allow further exploration of issues raised in this letter to assist in determining responses that support children and families to be safe and free from harm and neglect and, where possible, to stay together.

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<sup>1</sup> Consultation Paper, p.9

<sup>2</sup> Australian Government, Department of Social Services 'Helping Children with Autism (HCWA) and Better Start for Children with Disability (Better Start)' [[webpage](#)]

At this point, it is important to highlight that when Carers Australia use the term ‘carer’ this is referring to a carer (which may include kinship carers) per the definition of carer in the *Carer Recognition Act 2010*<sup>3</sup> (Commonwealth) (the Act) being:

“An individual who provides personal care, support and assistance to another individual who needs it because that other individual:

- (a) has a disability; or
- (b) has a medical condition (including a terminal or chronic illness); or
- (c) has a mental illness; or
- (d) is frail and aged.”

Note the Act also states “an individual is not a carer in respect of care, support and assistance provided under a contract of service or a contract for the provision of services; or in the course of doing voluntary work for a charitable, welfare or community organisation; or as part of the requirements of a course of education or training”. In addition, “to avoid doubt, an individual is not a carer merely because he or she is the spouse, de facto partner, parent, child or other relative of an individual, or is the guardian of an individual; or lives with an individual who requires care”.

This is a critical distinction to make as it does not encompass paid care workers, foster carers, voluntary carers, or out-of-home carers which are all referenced in the Consultation paper. Unclear references to ‘carers’ can often confuse different groups of people who provide care and the broader community, which can be misleading and undermine policy responses. It is for this reason clear definitions and consistent use of terminology related to ‘carers’ in the Framework, Implementation Plan and any associated materials is essential.

I also draw attention to the 235,000 ‘young carers’ aged 11-25 years, or approximately 1 in 11 of Australia’s 2.65 million carers<sup>4</sup> that are often a hidden yet highly vulnerable population. Further, 12% of carers that support someone with a mental illness are aged between 15 and 25 years.<sup>5</sup> Carers Australia highlight that all young carers are at increased risk of mental health issues and disengagement from school or education opportunities due to caring responsibilities. Many young carers report that due to their care responsibilities they experience:<sup>6</sup>

- A lack of sleep, ongoing stress and mental health issues which affects their motivation or ability to get up in the morning or go to school,
- A restriction in achieving their potential or build a sense of belonging, and
- The inability to socialise with friends or participate in extra-curricular activities.

Regarding issues of safety, there are also specific considerations if the carer who is experiencing family violence is a young carer. This can include a lack of recognition of their caring role and its impact, not being identified by services they interact with and potential barriers of fear, especially in regard to homelessness, other siblings or not wanting child service involvement. The Implementation Plan must

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<sup>3</sup> Australian Government, *Carer Recognition Act 2010*, No.123,2010 [[accessed online](#)]

<sup>4</sup> Australian Government, Australian Bureau of Statistics, ‘Survey of Disability, Ageing and Carers 2018’ [[accessed online](#)]

<sup>5</sup> Australian Government, Productivity Commission – Mental Health Final Report (p.257, Volume 2) [[accessed online](#)]

<sup>6</sup> ‘No space in my brain to learn - Young carers and their engagement with education: an analysis of applications to the Carers Australia bursary program 2017-2018’. University of South Australia for Carers Australia [[accessed online](#)]

consider the specific requirements of young carers, both in the context of the young carer as an individual, and within their caring role.

The most recent Action Plan<sup>7</sup> under the Framework does not mention carers, and the Consultation paper references carers as “parents/carers” only in the context of those with disability. I highlight that carers can have a significant role in providing and supporting the safety of children with disability *as well as* children with mental illness, chronic conditions or terminal illness, noting the presence of comorbidity.

More broadly, I argue that the very nature of being a carer places the family within the priority group of “children and families with multiple and complex needs<sup>8</sup>.” The Consultation paper raises that families with multiple and complex needs are likely to be experiencing at least one or more issues, including family and domestic violence, parental mental health issues, and drug and alcohol use, where child protection services in ‘crisis mode’ triage families and refer those not at the highest risk to services that may not have capacity to address the needs of these families. Not all carers will possess the necessary skills, capacity or knowledge to address the needs of the person being care for, or the resources to access education, support and training in support of their caring role. Further in 2018<sup>9</sup>:

- 50.2% of all carers lived in a household in the lowest two equivalised gross income quintiles, twice that of non-carers (25.6%).
- Women represented seven in ten primary carers (71.8%) with an average age of 54 years
- 27.1% of primary carers provided care to their child
- 34.3% of those caring for their child said they ‘had no other choice’

Providing care can be rewarding yet demanding and socially isolating, where carers have among the lowest levels of wellbeing of any group of Australians and are at a greater risk of negative physical and mental health effects<sup>10</sup>. A distressed or exhausted carer is not well-placed to support their care recipient, child or otherwise, noting carers have their own care needs, may be in multiple care relationships, and be balancing their caring role with employment and/or education commitments.

It is also essential to highlight that early referral and timely access to respite services, planned and emergency, are critical to many carers’ own health and wellbeing and can, in many cases, mean the difference between a carer being able to provide care and support or having no alternative but to seek other accommodation options, ceasing employment or risk further strain on the carer and wider family. This is noting cessation of funding for previous programs such as Mental Health Carer Respite Services, difficulty accessing respite, particularly community-based cottage respite, through the Carer Gateway and My Aged Care, and very limited access to carer respite via the NDIS. Greater availability of respite will mean that carers can have regular breaks that allow them to attend to other responsibilities or to sustain their personal health and wellbeing which in turn will sustain and support the caring relationship.

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<sup>7</sup> Australian Government, Department of Social Services ‘Fourth Action Plan 2018-2020: Supporting families, communities and organisations to keep children safe’ 2018 [[accessed online](#)]

<sup>8</sup> Consultation Paper, p.6

<sup>9</sup> Australian Government, Australian Bureau of Statistics, ‘Survey of Disability, Ageing and Carers 2018 [[accessed online](#)]

<sup>10</sup> Deloitte Access Economics (2020) ‘The value of informal care in 2020’ for Carers Australia [[accessed online](#)]

Carers Australia highlight systems across setting and sectors, including early childhood education and care, domestic violence, drug and alcohol, domestic violence, justice, housing, and employment service, need to proactively identify carers and include carers in appropriate discussions or decision-making. We agree that:

- Not every family with multiple risk factors present will result in child maltreatment
- The exposure to risk factors is cumulative, resulting in children being at a heightened risk
- A greater emphasis should be placed on intensive family support and the needs of the whole family and their unique circumstances.
- Priority should be given to shift the balance from incidence driven and stigmatising investigations.
- There can be challenges at the interface between Commonwealth and state and territory services posed by siloed decision making and inadequate co-ordination

This includes improving responses where a care relationship is identified to improve referral pathways to carer-specific supports. The Consultation paper also states ‘some children, parents and/or carers with disability may need additional supports, including through the NDIS to ensure they can stay safe and thriving at home or in out-of-home care’<sup>11</sup>. It is important to consider that not all children with a disability or carers with a disability are eligible for an NDIS package.

Lastly, I do acknowledge sensitivities related to carers as perpetrators of abuse towards children, which is another reason for Carers Australia and the National Carer Network wish to be included in targeted consultation as a next step in this important process. We are in a unique position as the issues faced by carers and the people they care for are multi-faceted and sit across multiple government portfolios. As the peak body for carers in Australia, we have a demonstrated history of facilitating efficient and effective consultation between the Australian government and the Carers Australia constituency through policy development, consultation, representation, information dissemination and governance.

Ultimately, Carers Australia want to work in collaboration to ensure children reach their full potential by growing up in safe and caring homes, free from harm and neglect. We are looking forward to continuing involvement in development of the Implementation Plan.

Sincerely



Liz Callaghan

Chief Executive Officer

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<sup>11</sup> Consultation Paper, p.5