



**LEGISLATIVE ASSEMBLY**  
FOR THE AUSTRALIAN CAPITAL TERRITORY

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STANDING COMMITTEE ON HEALTH AND COMMUNITY WELLBEING  
Mr Johnathan Davis MLA (Chair), Mr James Milligan MLA (Deputy Chair),  
Mr Michael Pettersson MLA

## Submission Cover Sheet

### Inquiry into Carers Recognition Bill 2021

**Submission Number:** 05 - Canberra Mental Health Forum

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## Review of the Carers Recognition Bill 2021

### Standing committee on Health and Community Wellbeing

#### Submission - 26 July 2021

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Canberra Mental Health Forum (CMHF) thanks the Standing Committee for Health and Community Wellbeing for the opportunity to provide support and comments on the Carers Recognition Bill 2021 (the Bill). The Canberra Mental Health Forum is an independent community group with lived experience advocating for improved mental health services. We are an active group of carers, consumers, people with work experience in mental health services or policy development.

At the outset we support individuals receiving care their rights to be recognised and realised, and have a productive, healthy, and safe life. We also advocate for the rights of carers, as individuals, to a productive, healthy, and safe life. Without the realisation of the care recipient's wellbeing, the carer's wellbeing also frequently suffers. Sharing information and co-design of services and programs, as partners in care, improves wellbeing for people receiving care and carers. Therefore, being a partner in care is advocated as a positive strategy such as models of [Triangles of care](#) in the mental health field.

It would be helpful to acknowledge in the Explanatory Memorandum that for some people the term 'carer' is not recognised although they perform the role, and hence may not access services or support. Frequently with changing staff in agencies, a carer is the main point of continuity for people receiving care. At times, supported decision-making and advocacy may assist individuals to live an independent life. In particular we support part 4 in the proposed Bill relating to *Obligations relating to care relationship principles*. This aligns, in part with the Productivity Commission into Mental Health ([Productivity Commission's Mental Health Inquiry Report, Volume 1, No. 95 \(30 June 2020\)](#)) recommending additional psychosocial support (Recommendation 18):

*...participation of the consumer's family or carer actively sought to add to the value and effectiveness of the clinical or support service;" and embracing the concept of the personal recovery of an individual within their family, carer, community and cultural context, rather than a narrow focus on clinical recovery...* (Refer also Consumers and Carers Fact Sheet, 2020) ([Productivity Commission Mental Health Report, 2020](#))

We believe the ACT Carer Recognition Bill 2021 is a very positive step in recognising the valuable role of carers, however, consider some amendments would aid clarity and scope (refer Table 1 below). We provide some general points requesting clarification on scope and inclusions/exclusions; definitions; terminology; issues around transition of care such as discharge planning; and annual reporting. We also highlight broader concerns including:

1. The Bill only focusses on individual carers, without recognising or promoting the contribution carers, as a group, can make to policy, planning, evaluation, education/training of staff;
2. The need to ensure there is sufficient workforce funding to meet the obligation to support carers and to meet the obligations in the Bill.

**Table 1. Suggested amendments to Carers Recognition Bill 2021.**

	Section of the Act	Feedback and/or observations (+/-) If you consider this section of the Act would benefit from change	What and how you would change the Act?
1	Explanatory Memorandum	Recognise as carers those that might not identify as such, including bereaved carers	Reference within Explanatory Memorandum of broader scope of 'carers'. Recommend improved communication about the role.
2	Part 2 Objects and important concepts	S. 7(a,b,c,d) and Dictionary: the meaning of 'care and carer support agency' are unclear. The term 'support' is unclear. There is confusion as to whether hospital treatment is included, or medical treatment. The term 'agency' is confusing.	Provide examples of inclusions or exclusions.  Amend Section 7 and Dictionary. Separate meaning of 'care support agency', and 'carer support agency'.
3		Inclusions/exclusions of 'support agencies' Need a definition of support, support agency. The current descriptors are self referencing and circular to other sections in the Bill.	Amend Dictionary
4		Given doctors and psychologists can be funded under Medicare are these included? NDIS inclusions, child support agencies? Psychologists in an agency compared to private practice?,	Clarify with further examples
5	Part 3 – Care relationship principles	8 Care relationship principles - treatment of carers – include under 8.1.e Importance of safety, given some carers concerns regarding supporting family members where harm is possible or has occurred.	Amend to <i>Have their social wellbeing, <b>safety</b> and health recognised in matters relating to the care relationship</i>
6		8: (1) (h) (ii) a carer ..... need to also include the options of <b>choice</b> – given issues around safety and age of some carers that may no longer to be able to support those receiving care.	<i>8: (1) (h) (ii) a carer ... should have their <b>choices, safety</b> and views considered in the assessment., planning, delivery, management and review of support services, programs or policies relating to the carer and the care relationship.</i>
7		No recognition of former carers. For example, where a carer is bereaved and can provide insight into system improvements. Coroners' reports highlight often longstanding inadequacies.	Add Part 3. 8 (1) (n) <i>If the carer is a bereaved carer – be provided with appropriate support services; and</i> (i) <i>Have their views considered in the assessment, planning, management and review of support services, programs or policies relating to carers and the care relationship</i>
8	Part 4 – Obligations relating to care relationship principles	S. 10 1 b Planning – eg need inclusion of transitions from care – eg Discharge planning – key gap	Amend Part 4. 10(1)(b) <i>The agency and its employees and agents uphold the care relationship principles in <b>system planning</b> – including assessing, planning, delivering, managing or reviewing support services, programs and policies in relations to people in care</i>

	Section of the Act	Feedback and/or observations (+/-) If you consider this section of the Act would benefit from change	What and how you would change the Act?
			<i>relationships, and when transitioning from their care.</i>
9		S. 10 2 a (i) – needs change to wording and meaning of ‘receiving support services’. As currently worded it doesn’t align with intent of Explanatory Memorandum. It is to relate to the care recipient and the carer	Amend to <i>carers interacting with support services</i>
10		S. 10 2 a (ii) this only specifies one group: an <i>entity representing carers</i> ; this should be amended to more inclusive of those with lived experience- for example a group representing multicultural carers, separate to a foster carers group.	Amend to <i>representative carer groups</i>
11	Schedule 1 New Carers Recognition Regulation:	S. 4 Annual reporting – include additional examples par (c and d) including reference to a carer experience survey. This is part of the Mandatory Reporting of health care standards, however carers report not having been involved in such surveys.	Include reference in Examples par (d) <i>1 providing a summary of carer experience survey outcomes</i>