



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON ECONOMY AND GENDER AND ECONOMIC EQUALITY
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Submission Cover sheet

Inquiry into Unpaid Work

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Appendix

Australian Human Rights Commission, Submission to the Department of Prime Minister and Cabinet on the draft National Care and Support Economy Strategy 2023 (10 July 2023)

1. Introduction

The Australian Human Rights Commission (the Commission) welcomes the opportunity to make this submission to the Department of the Prime Minister and Cabinet on the draft National Care and Support Economy Strategy 2023 (Strategy). The draft Strategy is an important means to open a national conversation about care, particularly as the need for care increases as the general population ages. The past three years since the advent of COVID-19 have thrown the importance of a well-supported care economy into sharp relief, and we commend the attention given to this critical issue.

The Commission acknowledges the draft Strategy's engagement with the Wiyi Yani U Thangani Report (2020) (WYUT Report) in drafting this document. Although the Commission holds a number of portfolios that broadly engage with the care and support economy, including disability discrimination, age discrimination, and children's rights, this submission focuses on furthering the evidence provided in the Wiyi Yani U Thangani project. This submission also presents research led by the Australian National University¹⁶ which was developed based on and in ongoing collaboration with the Wiyi Yani U Thangani project.

Recognising the value and extent of care and support performed by First Nations women and girls is central to the Wiyi Yani U Thangani project as they are deeply involved in care. They carry knowledge about sustaining existence, they do the backbone work of society – caring for children, family and Country – and are at the forefront of driving economic and social change.ⁱ Recognising this economy of care and investing in the services, goods and resources to ensure women are supported, healthy and self-determined, is vital to advancing societal health and wellbeing.

The Commission also commends the Australian Government's recently announced Inquiry into the recognition of unpaid carers, and commitment to reform the *Carer Recognition Act 2010*. We commend the explicit commitment to understanding the needs of First Nations carers among other specific cohorts, and to ensure a focus on gender equity in reforming the Act. It is critical that these reforms recognise the true scope and complexity of care through a First Nations women's lens so that unpaid care can be accurately measured and adequately funded. In conjunction with the draft Strategy, it is hoped that action will emerge to reconstruct the care and support economy into a system that truly values the full extent of care work, and which ends cycles of harm and disadvantage that unsustainable levels of unpaid and informal care place on the lives of women and girls.

¹⁶ This work is in collaboration with ANU's Crawford School of Public Policy and Centre for Aboriginal Economic Policy Research, as well as the University of Queensland.

Although the draft Strategy identifies some of the key elements to improving the care and support economy, it falls short of the vision set out in the Wiyi Yani U Thangani project to effectively recognise and value the full spectrum of women's care work. This approach considers the development and establishment of comprehensive wrap-around care infrastructure that promotes collective wellbeing and empowers First Nations women in line with a First Nations holistic understanding of care. The draft Strategy makes a valuable attempt to recognise the unique role of First Nations people and their conceptions of care but it does not go far enough and, as such, risks underserving an extremely vulnerable population. Continuing to marginalise First Nations women's care work and knowledges perpetuates discrimination and systemic harms, with downstream consequences of increased negative experiences in the child protection, justice and health sectors.

Care and support are essential to supporting human rights in Australia, as Klein describes, 'care is an essential part of life; it grows peoples, nourishes peoples, and no one can live without it'.ⁱⁱ We must, therefore, continue to ensure respect for the full spectrum of human rights – which are all interconnected – In order to create the supportive and enabling environment necessary for every individual to live a dignified life. When individuals and communities are supported and listened to, they are in turn able to participate in the economy and the economic benefits for all of society are multiple and widespread.ⁱⁱⁱ

To adequately capture this understanding of care, systemic change work needs to take place immediately, reflecting and responding to lived experiences of First Nations women and adapting to change. Key to this change is a reorientation of the Strategy away from a market-based approach to care to a holistic understanding that centres individual and collective experiences of care.

The draft Strategy raises points across a range of areas relevant to the Wiyi Yani U Thangani project. This submission will focus on several salient areas which emerged through our national consultation processes, presenting the following key arguments to address gaps in the draft Strategy and refocus care and support on the full spectrum of care, as articulated by First Nations women and girls:

- **Investing in care and support as a safeguard of human rights presents economic benefits in addition to positive social, cultural and environmental outcomes.** Strengthening supports for a productive and adequate care and support economy provides greater possibility of realising rights to health, education, safety, and cultural rights, among others. Through adequate measures that alleviate barriers to accessing care promotes rights to non-discrimination and equality. The realisation of these rights creates the foundations for a healthy and strong society and economy.
- **Expanding the concept of care in the draft Strategy to include First Nations women's holistic understanding of collective care would produce a more productive and sustainable care and support economy.** Systemic invisibility and ongoing reluctance by policy-makers to see and understand First Nations peoples' unpaid and informal care work limits the ability of the draft Strategy to produce a productive and sustainable care and support economy. This exclusion must be addressed for the strategy to be equitable, to avoid expropriation of First Nations women's labour and to reflect a commitment to First Nations rights.

- **A sustainable and functional care and support economy requires systemic reform refocusing on the experiences and needs of First Nations women.** Building strong foundations for the care and support economy through local investment in the people who are already performing care, and who deeply understand the needs of their communities, mitigates downstream issues. This reflects the draft Strategy's goal of shifting unpaid care workers into the formal economy and supports the informal economy to function sustainably and productively to the benefit of (and beyond) the formal economy.

While the evidence provided for this submission reflects the experiences of First Nations women, as was the focus of the WYUT Report, many aspects of these experiences are shared by others. Culturally and linguistically diverse women, including migrants and refugees experience much of the same exclusion and challenges navigating care and support systems as First Nations providers and receivers of care. Similarly, men and boys are also impacted by the care economy in diverse ways and these experiences should not be lost within discussions of the care economy. By acknowledging and embracing First Nations women's perspective on care and their experiences and barriers within the care sector, there is an opportunity to develop more effective and sustainable models of caring infrastructure that can positively impact the wider Australian society.

Recommendations

The following recommendations will enable the draft Strategy to meet its goals and objectives more effectively and build a care and support economy that is responsive to the needs and experiences of all people across Australia. The recommendations relate to tangible areas within the current draft Strategy that can be actioned or strengthened.

Recommendation 1: Recognise the central role of informal care arrangements on the care economy, particularly for First Nations people, by broadening the definition of care to reflect First Nations conceptions of care

The Strategy should:

- 1.1 Broaden the definition of carer and support worker and recognise the full spectrum of care, including collective care models, performed by women across the informal and formal economy, and consider building on this work through the development of a dedicated First Nations action plans.
- 1.2 Include actions that work towards broadening the definition of care applied in relevant legislation including the Carer Recognition Act 2010 (Cth), Sex Discrimination Act 1984 (Cth) and the Fair Work Act 2009 (Cth) to encompass carers and support workers that are unpaid, perform collective caring and support responsibilities and those informally recognised in the economy, including domestic work and duties performed by paid carers that go beyond their formal duties.

The Department of the Prime Minister and Cabinet in coordinating the Strategy should:

- 1.3 Collaborate with the emerging research and expertise from Australian National and forthcoming Wiyi Yani U Thangani First Nations Gender Justice Institute and draw on this knowledge in the care and support space to inform effective policy.

Recommendation 2: Develop tools and strategies to measure care using this broader definition

The Strategy should:

- 2.1 In its evaluation, measurement and governance frameworks, broaden measurement of care through the use of qualitative indicators that go beyond market logic to include values that express the lived experiences, needs and aspirations of First Nations women, communities and families.
- 2.2 Use existing mechanisms such as the Census, ABS time use survey, National Disability Data Asset and Disability Strategy Outcomes Framework to better capture the full spectrum of care and support undertaken by First Nations women and communities. Disaggregate this data to understand the lived experiences of carers, including by age, education, socio-economic status, and disability.
- 2.3 Include actions that work towards increasing award wages and reform superannuation schemes for all formal and informal care workers, ensuring that all care workers are appropriately remunerated for the value of work produced.
- 2.4 Use a human rights-based approach, emphasising the value that safeguarding human rights have in building a strong and productive economy and healthy society.

The Department of the Prime Minister and Cabinet in coordinating the Strategy should:

- 2.5 Ensure that development of monitoring and evaluation frameworks are co-designed with multiple stakeholders and communities including peak organisations such as SNAICC.
- 2.6 Engage with current research and expertise, including the WYUT project, to understand what a system of effective remuneration and support of care may look like so that measurement and evaluation adequately captures the full extent of care performed across the formal and informal economy.

Recommendation 3: Take a systems mapping and systems change approach to supporting the full spectrum of care services and provision, from early intervention and prevention through to acute and crisis response forms of care

The Strategy should:

- 3.1 Draw on existing systems mapping approaches (as discussed in section 4.1) to map the complex systems around care, and draw on this evidence to identify priorities for policy change and funding.

- 3.2 Align and cooperate with other policy frameworks, specifically First Nations policy, including Closing the Gap, Aboriginal and Torres Strait Islander actions plans across National Strategies, the Wiyi Yani U Thangani Implementation Framework and the Wiyi Yani U Thangani Framework for Action (in development) to achieve collective goals and priorities. The Gender Equality framework should also be prioritised.
- 3.3 Engage with the Wiyi Yani U Thangani Implementation Framework, drawing on the systems change approach, as well as the actions and recommendations to move systems from punitive and uncaring to effective and supportive care services.

Recommendation 4: Refocus policy reforms on investing in prevention and early intervention services

The Strategy should:

- 4.1 Include actions to invest in respite and vicarious trauma supports and counselling for women and other community members leading trauma recovery and healing work.
- 4.2 Include actions to increase coverage and capacity across Australia of First Nations women, children and family specialist services and community-controlled holistic approaches and programs to support access to care and support, and employ carers and support workers in their local communities.
- 4.3 Increase the spread of care and support services across Australia, ensuring that regional and remote areas are adequately supported.

Recommendation 5: Urgently reform social supports and the social security payment system

The Strategy should:

- 5.1 Include actions that work towards ending and replacing all punitive social security, including burdensome reporting requirements for childcare and parenting payments, with enabling financial supports that simplify eligibility and reporting ensuring no women are left out. Ensure that these changes apply to new support payment programs such the voluntary replacement program for ParentsNext in July 2024.
- 5.2 Include actions that work towards amending the Social Security Act to include mandatory application of an intersectional gender and trauma-informed lens to account for factors such as family violence, the needs of women and children with disabilities, remoteness and access to services.
- 5.3 Include actions that work towards ensure new remote community programs, building on the outcomes of the New Jobs Program trial provide adequate recognition and support of the full extent and complexity of care work perform across communities, including collective care.

The Department of the Prime Minister and Cabinet in coordinating the Strategy should:

- 5.4 Ensure First Nations women and girls are central to economic policy reform related to care work with a view to shifting policies from neglecting women's needs and creating burdens on their lives to supporting them and investing in their capabilities.

Recommendation 6: Invest in the First Nations led care sector

The Strategy should:

- 6.1 Appropriately acknowledge a culturally-safe and responsive continuum of training through to employment in both the community controlled sector and mainstream care services. In parallel to training pathways the community-controlled sector must be invested into both provide training and employ First Nations people.
- 6.2 Include actions that support access to training and skills-development for women across all sectors and outside formal employment, with appropriate wrap-around supports. This also includes supports for women providing unpaid work and, if interested, pathways to qualifications and employment.
- 6.3 Include actions that enhance provisions for workplaces to create culturally-safe and empowering environments engaged in proactive recruitment and promotion that offer women flexible work, training, education and career opportunities and uphold principles of anti-discrimination and inclusivity. This should include building First Nations gender justice principles, as defined in the Wiyi Yani U Thangani project into workplace policy
- 6.4 Adequately and sustainability invest in Aboriginal and Torres Strait Islander community-controlled services and programs, and expand the coverage across Australia of programs enabling cultural reconnection and strengthening identity.
- 6.5 Include actions to improve preferencing of Aboriginal community-controlled organisations (ACCOS) in funding processes, and remove regulatory requirements that make ACCOS unable to compete in funding processes.
- 6.6 Include actions to develop mechanisms to support women's leadership in delivering care and support across communities, and to address issues of community-wide harms, family violence and those pertaining to child protection.
- 6.7 Action recommendations in SNAICC's *Stronger ACCOs, Stronger families* report and the Wiyi Yani U Thangani Implementation Framework to support and strengthen ACCOS within the child and family sector, extending across the care and support economy.

The Department of the Prime Minister and Cabinet in coordinating the Strategy should:

- 6.8 Engage with First Nations women and leadership to design appropriate caring and carer support models.

2. Care as a Human Right

Human rights are universal legal guarantees which protect individuals and groups, regardless of their background and circumstances to ensure fundamental freedoms, entitlements and human dignity. All human rights are indivisible and interdependent, meaning that the exercise of one cannot fully be recognised without the support of others.^{iv}

The Commission encourages the use of a human rights approach to support a well-functioning care and support economy. Given the Strategy's awareness of the importance of non-discrimination in accessing services and equality of access, a human rights-based approach would strengthen these commitments and help to realise them.

Specifically, developing a resilient care and support economy and infrastructure is vital to safeguard the right to health contained within a number of human rights instruments to which Australia is party.^v The United Nations Declaration on Human Rights describes the right to health as:^{vi}

the right to a standard of living adequate for the health and wellbeing of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or lack of livelihood in circumstances beyond his control.

The United Nations Committee on Economic Social and Cultural Rights states that the right to health is a fundamental human right that is indispensable to the achievement of other human rights.^{vii} The Committee states that in order to attain this right, it is important that state parties promote equal access to public health and health care programs, services, facilities and goods that meet the needs of individuals, including those which are specialised for marginalised and disadvantaged populations, including women, children, First Nations peoples, people with disabilities, older people and people from culturally and linguistically diverse backgrounds, including migrants and refugees. It defines access to the right to health through four criteria:^{viii}

1. **Availability:** Public health and medical organisations, goods and services should be in sufficient quantity.
2. **Accessibility:** Medical organisations and health services should be accessible to all without any discrimination. Accessibility is assessed by four criteria: non-discrimination, physical accessibility, economic accessibility, access to information.
3. **Acceptability:** All medical organisations, goods and services must comply with the principles of medical ethics, take into account cultural characteristics, gender and age requirements, confidentiality.
4. **Quality:** Medical organisations, goods and services must be of adequate quality.

The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) further states that access to care and support must be culturally appropriate and include the right to practice health care that incorporates traditional knowledges and practices.^{ix} For First Nations peoples across Australia, care and support extends beyond the person, to Country and community, as respecting of Indigenous traditional ways of knowing, doing and being.^x The provision of First

Nations-led services, goods and programs that provide this care and support is integral to the rights to self-determination, identity and continuation of culture and language.^{xi} The rights to access culture and community organisations also applies to culturally and linguistically diverse communities where culture, language and religion are central to their identity.^{xii}

These criteria, in addition to the rights established in UNDRIP, provide a useful human rights-based framework that can be utilised by the Strategy to promote access to care and support services, facilities, and goods that is culturally safe and appropriate. Without the provision of adequate care and support services and goods, these rights are unable to be realised for population groups facing barriers through disability, age, language or other circumstances. Promoting these rights prompts the need for investment into Indigenous-led service delivery – requiring accessible and appropriate training, education and employment of Indigenous peoples in the care and support economy; and strengthening the role of community-controlled organisations providing culturally safe care and support. It may also give strength the Strategy’s accountability and evaluation frameworks in that adhering to these criteria provides the basis for services to function soundly.

Furthermore, a raft of human rights instruments, including the Convention on the Elimination of Discrimination against Women, the Convention on the Rights of the Child, and the Convention on the Rights of Persons with Disabilities emphasis the essential right to non-discrimination, equality and safety in accessing services and supports for a healthy life. These instruments call for measures to be taken for the full realisation of these rights, ensuring that those receiving and providing care are protected. As the Strategy acknowledges, insufficient, unsafe, and exclusionary workplaces hinder staff retention and undermine quality of care.

Although Australia is party to human rights architecture, these rights may be limited to be respected in principle rather than in Australian law. The Commission encourages the use of a human rights-based approach to strengthen policy and action to improve the wellbeing of all people in Australia. As the United Nations Human Rights Office of the High Commissioner states, good governance and human rights are mutually reinforcing.^{xiii} Human rights provide a framework for which governments and governance institutions can act in the best interests of their constituents. Conversely, without good governance, human rights are unable to be respected or safeguarded in any meaningful way. By recognising and taking steps towards the realisation of human rights provides a framework in which to direct the Strategy’s objectives and actions towards positive and sustainable outcomes.

3. The First Nations Care Economy

Broaden the definition of ‘care and support’ to recognise the true breadth of First Nations care work

The draft Strategy largely excludes First Nations concepts of care. In doing so, it renders the majority of First Nations women’s care work invisible and therefore outside the scope of support systems. The draft Strategy must broaden its focus to include the ‘informal’ care work undertaken by First Nations women, including care for culture and Country, so that this significant part of the care economy is recognised, can be measured, evidence-based policy can be formed and the care work of First Nations people and non-indigenous people within the informal care economy can be adequately supported.

First Nations conceptions of care and support are far more holistic and intersectional than what is traditionally considered care and support in the western world. The term ‘collective care’ is used to describe the shared responsibility of caring for family, community, and Country, and signifies that the act of care is a means to intergenerationally transfer knowledge and culture. In this way, care and support do not only exist within the formal paid economy, but also encompass culturally grounded practices and customs that enable communities to be safe, happy and connected through kinship and Country. In many ways, the understanding of care is treated as an ethic or value that is held by community to give and receive love, kindness and support, rather than an obligation or occupation. In addition to person-centred care, caring for Country is a vital element of the care and support economy threaded through practices of culture and knowledge sharing.

There is limited published research into collective care beyond First Nations scholars, reflecting the invisibility of First Nations peoples’ experiences, knowledge and values in the mainstream arena. It is significant, however, that experiences within formal, paid care services are not a key theme in the national Wiyi Yani U Thangani consultations – which were open-ended and led by the women who participated – whereas informal collective care was a major theme and central to women’s lived experiences. This reflects the extent to which First Nations women’s experiences of providing care fall outside, or are marginalised, by the mainstream formal economy. However, the systemic invisibility to this reality means that care work is experienced predominantly as unpaid labour with insufficient social and economic support from formal systems. It is critical that the draft Strategy shifts this focus if it is to genuinely respond to the care needs of First Nations women.

The Commission acknowledges that the Strategy seeks to focus predominantly on the ‘formal’ care economy by developing supports to maintain the existing workforce and bring informal carers into the formal economy. To describe the work performed by individuals who are unpaid and not formally employed in the care and support sector, the draft Strategy uses the term ‘informal carer’, which it defines as ‘a family member, friend or community member who, without remuneration, provides care to someone within an existing relationship’.^{xiv} The draft Strategy also refers to this economy of care as one which ‘sustain[s] the viability of the [formal] care and support economy’, effectively positioning it as a support for the formal economy. However, this does not reflect the reality for First Nations communities, where the vast majority of care work is undertaken by ‘informal’ unpaid carers – either because formal care is not available, but often because informal care supports are the preferred approach over formal care arrangements.

This approach sidelines the unpaid care work – the collective care work – which makes up the majority of the care economy in First Nations communities. The ‘informal’ economy is a productive and creative industry of workers, albeit, without economic security, remuneration or protection, that has a significant role in shaping and strengthening how society functions. However, this economy can only function sustainably as long as those undertaking the responsibility are without burden or harm. Intergenerational trauma, lateral violence, and challenges accessing the formal care sector have forced First Nations women to take on complex and heavy care loads that place stress on their wellbeing. Additionally, many First Nations carers work across both the informal and formal system whereby they take on additional care loads on top of their paid care employment to support the needs of family and

communities, again often at the detriment of their wellbeing. As one woman expressed of her experience as a carer:

Carer responsibilities – I brought this issue up, because I am a main carer and I have a lot of carer responsibilities. Where I work, I'm not able to access proper caring services on a regular basis. So anytime I have to take time off for my health or when I have to take care of my kids or my sister with a chronic disease, I have exhausted all my leave entitlements. So now I have an option between getting paid or fulfilling my kinship responsibilities, so for me that is a real challenge. The flow-on effect for me is it affects my work and my work ethic – I don't put in as much effort as what I should be putting in. It affects my family and my relationships, and then everything becomes a half-arsed effort and it affects my own wellbeing I have to make sacrifices and choose. I have to go to work today or stay home.

Given the holistic understanding of care, encompassing not only health but cultural connection and connection to Country, the draft Strategy's focus on improving the formal care services may not be seen as suitable or desirable for First Nations peoples. A significant portion of the care work performed by First Nations women, particularly in remote areas, will therefore continue to fall outside the formal markets discussed under Goal 3 of the draft Strategy. If First Nations women continue to be marginalised by these policies, the harm they experience from not receiving adequate supports will be perpetuated. It is therefore vital to take a broader view of care work in the Strategy and to begin taking the necessary steps to recognise First Nations women's care work.

Develop tools and strategies to accurately measure the extent of First Nations women's care work

To accurately recognise the extent and complexity of First Nations women's care work requires tools and strategies to record and measure its value and contribution. Metrics must capture the full spectrum of care work as understood through a First Nations worldview, and recognise the significant economic contribution this makes. The deep interconnectedness of care systems and other systems, including education, health and justice, must also be considered in the approach to accounting for this work. By accurately measuring care work through this lens also provides opportunity to better understand different types of care conducted across Australia, including by girls, elders, carers with a disability and CALD carers, and recognise and respond to their lived experiences.

Klein points to widespread 'expropriation' – where a government capitalises upon unwaged, uncontracted labour to generate services without reimbursement – through women's care work, which has traditionally been positioned within the private sphere and therefore outside the formal economy.^{xv} In a forthcoming Australian National University (ANU) publication, authors detail the extent of expropriation of First Nations women's labour through the colonising process in Australia. It is therefore imperative that this informal care work is made visible, and appropriate and sufficient supports are put in place to ensure that First Nations women who perform care are not trapped in the poverty cycle as a result.

Attempts to recognise the value of care and support undertaken by informal carers have been made by the Government in recent years. As the draft Strategy outlines, the value of unpaid work is estimated at \$77.9 billion. This estimate highlights the considerable weight unpaid work contributes to the national economy. Recognising this value, the Commission commends the

Government's latest commitment to invest \$868 million over four years in supports for informal carers. However, based on the above estimation of value produced by unpaid carers, this investment is far below what could quantitatively be considered a reasonable investment in the economy to address the true load of care disproportionately falling on the shoulders of First Nations women and girls.

Measurement and evaluation outcomes should also be made publicly available to increase transparency and accountability with the use of public funds. These views were further substantiated by the Productivity Commission, which in 2012 looked at the critical role of effective evaluation in Aboriginal and Torres Strait Islander policy.^{xvi} Participants in this work stressed the importance of having a 'coherent framework for evaluating Indigenous policies and programs and that evaluation plans should be embedded (and funded) in the design of programs'. They also noted that this should be a common practice in policy-making, but due to the lack of assessment or evaluation, not only has this 'resulted in significant gaps in the Australian evidence base but has also contributed to a litany of poor policies being recycled'.

Forthcoming research from the ANU, developed in partnership with the Wiyi Yani U Thangani project, seeks to support this measurement work. It estimates the market value for women's care work as equivalent to an annual salary (without loadings and pre-tax) of between \$81,175.64 and \$118,921.40. Noting that majority of this work is unremunerated, women are missing out on a living wage—likely being engaged in little to no formal employment as their time and resources are spent on unpaid care work.^{xvii} The Commission encourages the Australian Government to draw upon the outcomes of this research to support its approach to measurement. The Commission looks forward to seeing this progress and welcomes further discussion and collaboration in this space.

4. Reforming the social support system

A systems reform approach to adequately respond to care and support needs

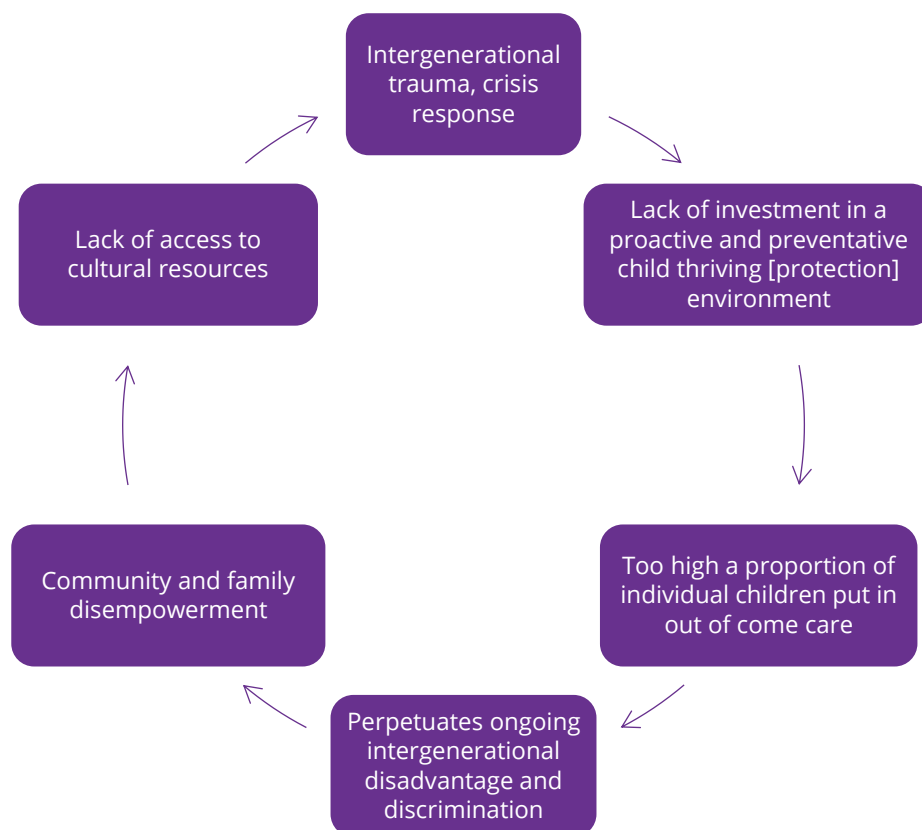
A systems reform approach that acknowledges and responds to the full spectrum of care is necessary for delivering the draft Strategy's vision of a 'sustainable and productive care and support economy'. Systems thinking requires refocusing attention on the power dynamics, relationships and actors, institutions and structural settings that influence how the care and support economy functions. This also includes how attitudes, behaviours and cultural norms and perceptions shape the way we perceive, receive, and provide care and support. By understanding these core influences, provides an avenue to challenge aspects of the system that are not working effectively or have downstream negative consequences.

In addition, a strengths-based view of practising this approach considers how, looking at the system through this lens, mechanisms and tools can be engaged to empower and strengthen those receiving and providing all forms of care and support. Reforming the system from the ground up can drive self-determined and sustainable change in communities by ensuring that no one is left behind or made invisible. Recognising how this system functions and treats First Nations peoples, and providing tools and mechanisms to mitigate harms, is necessary to making real change. This requires placing First Nations people's needs and experiences as a priority at the decision-making table and embracing co-design tools, ensuring they have adequate supports and resources (including access to social welfare) so as not to be

overburdened by care, and investing in the community-led sector – through education, training and local employment and service delivery – to strengthen the foundations of the system and ensure sustainability.

The experiences shared by First Nations peoples shows that despite millennia of functional care systems in First Nations communities, experiences of colonisation and discriminatory and unjust policies in Australia have led to intergenerational trauma and entrenched poverty, alongside punitive welfare, incarceration and child protection systems, which have compounded care requirements and placed strains on carers.^{xviii} A visual representation of this context is illustrated by The Orange Compass and Early Years Catalyst systems mapping project providing 31 intersecting feedback loops reflecting the ‘current state’ of the child and family system.^{xix} An example of how this system compounds First Nations trauma is provided in Figure 1.

Figure 1: Orange Compass and Early Years Catalyst: Systems Mapping Report, 'A system that compounds First Nations trauma'



This mapping offers a useful way forward. Mapping the relevant issues and identifying these feedback loops where they occur is key to identifying the best interventions to break these cycles. A holistic understanding of how the care and support economy functions, acknowledging the full spectrum of care, and the value placed upon care by communities, provides an opportunity to break cycles of harm and create the necessary conditions for a caring and sustainable economy.

Further discussion of the experiences of First Nations women and their families interacting with the care and support system is provided in the WYUT Report. Decades of exclusion from the

mainstream economy, overcrowding, poor income support and unemployment, have left First Nations peoples more likely to experience poor health and wellbeing outcomes, mental health issues, addiction, and unemployment. These experiences are creating a 'poverty trap' for First Nations women and their families, as insufficient income for carers and their families creates the risk of further harm to health and wellbeing, which redoubles the load of care and thus further exacerbates the vulnerability of carers and their families.

These conditions additionally make First Nations women vulnerable to violence. The United Nations Special Rapporteur on violence against women, Reem Alsalem, reported that Indigenous women are disproportionately impacted by gender-based violence as a result of experiences of intersecting discriminations, marginalisation and punitive systems maintained by the legacy of colonisation.^{xx} This context has created significant gaps in opportunities available to Indigenous women, placing them at the forefront or as carers for women and children who are suffering from violence – which as a result entrenches violence and trauma as common to their lives.

Interacting with current care systems and institutional arrangements, First Nations women describe these environments as punitive and damaging. The clearest examples provided in the WYUT report are experiences with youth detention and child protection. A high percentage of young people engaged in these systems are likely to have neurodevelopmental disorders, trauma and Foetal Alcohol Syndrome Disorder (FASD). However, rather than being provided with care and support services for disability and mental health, these children are criminalised or institutionalised away from their families in settings that we know compound trauma and do little to address their needs.

Numerous other examples in the report, consistent with research, emphasise how the system is structured to reinforce harm by becoming more difficult to navigate and less adaptable to individual needs:^{xxi}

- lack of coordination and leadership in service delivery, including overreliance on centralised navigation tools (such as Carers Gateway and MyAgedCare) and fly-in-fly-out services
- government preferencing new investment (rather than rolling over contracts), sub-contracting (away from community to for-profit providers) and mainstreaming service delivery (rather than place-based) minimising community decision-making and flexibility
- mainstream services being limited to metropolitan areas, coupled with a lack of investment in rural and remote services
- applying a deficit and crisis response model to address Indigenous disadvantage, as a result propping up external businesses that profit from the apparent service gap in First Nations communities
- 'regulatory ritualism' – a theory in which the government prefers to operate in a strict regulatory environment – which as a result, loses track of achieving the substantive goals of what it aims to achieve

- experiences of overt racism in contact with mainstream services, as well as experiences of structural racism and discrimination whereby service systems have entrenched biases and can be exclusionary of First Nations peoples
- with limited access to appropriate care and support services, resources and facilities in communities, First Nations families are forced to travel, often long distances, to access the support they need – in addition to difficulties in locating services and booking appointments appropriate to their needs, this can reinforce the trauma experienced by many First Nations peoples being removed from their Country, families and communities.

Women as carers are left to deal with the consequences of these institutional interventions and deficiencies, which are experienced as harmful and traumatising rather than as care and support. Given a First Nations holistic understanding of care, encompassing not only health but cultural connection and connection to Country, external services which silo care services may not be seen as suitable or desirable. This leaves women at the frontline of supporting trauma recovery caused by these systems, increasing the care load.

Addressing the gaps and dysfunction in the present care economy requires systemic reform, while also putting the supports in place for First Nations communities to heal from the damages of these systems and gradually reduce the burden of this trauma care. The structural nature of this crisis demands the formation of national plans that can deliver transformational generational change. When First Nations women are invested in, and their lives, roles and knowledges are recognised and reflected in surrounding systems, children thrive, economies grow, communities are cohesive, and harms and violence are minimised.

This rethinking of how policy responds to the experiences of First Nations women and how care is performed across Australia also requires framing measurement and outcomes away from a reactive economic methodology, to one that values social and cultural outputs. In doing so, measurement needs to focus on qualitative indicators and outcomes in addition to quantitative. This provides an opportunity to listen and respect the views of First Nations peoples and moves towards accepting and incorporating the value of collective care in policy and regulatory frameworks – developing trust and accountability in a system that has historically treated First Nations peoples with indifference.

Refocusing policy interventions on prevention and early intervention to mitigate downstream challenges

To effectively avoid downstream impacts resulting from trauma, poverty and violence that require crisis responses and which bottleneck the care and support sector requires investment into prevention and early intervention. Prevention and early intervention programs, resources and facilities include both an economic and healing element – resourcing communities to provide care and support that is financially stable and sustainably resourced, and culturally and trauma-informed. Economic modelling by Berry Street and Social Ventures Australia in 2022, shows significant returns on investment as a result of targeted early intervention into child and family services, both in financial savings and in preventing the need for tertiary services over time – including justice, health and homelessness services.^{xxii}

This approach also requires investment directly into communities, providing social supports and resources – such as adequate access to social welfare that alleviates the burden of unpaid care – and investing in First Nations people’s education, training, employment and leadership to run services. Many women in the WYUT Report, however, noted that the First Nations-led care and support sector should be complementary to the western system, not a replacement. Creating a care economy that enables knowledge, practices and values to be shared between western-led and Indigenous-led service, enables and empowers all care and support workers to provide quality, inclusive and safe care. This follows what many women in the consultations argued about exercising their right to self-determination – having their voices heard to direct where investment goes, exercising personal choice in what service providers to use, and being a part of the care system both in accessing and providing care. As Commissioner Oscar observed throughout consultations:

Everywhere I heard how our women and girls are the nurturers and teachers providing care to children, families and communities. Simultaneously, I heard how this deep commitment to our society drives women to become leaders in fighting for a better existence for all our people.^{xxiii}

Much of the wraparound support for First Nations families is provided by First Nations organisations, particularly women’s organisations. However, these supports are often unrecognised and unfunded because they are holistic services providing healing, care and support work across communities, rather than providing specific programs with targeted funding. Much of this work is also seamlessly integrated with activities of everyday life – visiting Country, practicing culture and sharing knowledge. Nonetheless, it is these community-led local services that First Nations women identify as the most supportive and functional services available to them.^{xxiv} With respect to the care and support economy, and drawing upon the holistic First Nations concept of care, the draft Strategy could significantly improve the lives of carers, families and communities through stronger investment in the First Nations-led care sector.

Reforming social support systems to support the true extent of First Nations women’s work and break the ‘poverty trap’

Providing sufficient, appropriate, and accessible social security is critical to alleviating poverty and supporting First Nations women’s care work. This is a key area for improvement via the Strategy and Action Plans.

Currently, access to social security to alleviate the pressure of unpaid care on First Nations women presents challenges. The current mutual obligation approach to support payments is experienced as a punitive system that compounds existing stresses. Contemporary experiences in social support services reflect ongoing experiences of discrimination and trauma when seeking access to care and support. Gibson notes that the income support Community Development Program (CDP) was likened to ‘going back to the ration days’.^{xxv} Women who had survived domestic violence also reported their experiences of ParentsNext as similar to an abusive relationship due to the conditionality of payments.^{xxvi} Although these programs are undergoing changes – conditionality requirements on ParentsNext are paused and the program will be replaced in July 2024; and the CDP is undergoing reform in 2023, starting with the New Jobs Program Trail – evaluation and ongoing development of successor

programs will need to better respond to the lived experiences of First Nations women, and incorporate First Nations conceptions of care.^{xxvii}

Recognising that First Nations peoples are more likely than non-Indigenous peoples to have disability, or care for someone with a disability, alleviating barriers to access the disability support pension and the National Disability Insurance Scheme (NDIS) is also critical to a functioning support system.^{xxviii} Reforms are needed to ensure these systems are culturally appropriate and safe, respectful, and responsive to First Nations lived experiences, values and needs.^{xxix} For the NDIS to be accessible for First Nations communities, also requires stronger market stewardship to ensure services are available in rural and remote locations where there is often limited access to supports.

Klein argues that welfare conditionality targeted at women, including non-Indigenous women, reinforces and intensifies the expropriation of their unpaid care work.^{xxx} This is closely linked to issues of structural racism in social welfare systems: care arrangements that do not neatly fit the (white, nuclear family) template around which many support services are designed are more likely to be deemed ineligible, even when these care arrangements are grounded in cultural models of care. For example, First Nations women may provide care for a large number of people, each with a low level of need, under collective models of care. Carer support payments generally assume care for only one person with high needs, excluding these women from eligibility for supports, despite their significant care loads. First Nations women are also more likely to have their own disabilities or chronic illnesses on top of their carer responsibilities for others;^{xxxi} and although care for Country and culture are fundamental to the holistic concept of care for First Nations people social security systems do not presently recognise or support this care work and the time it takes.

Providing adequate and appropriate carer supports to First Nations women which do not require fulfilment of arduous obligations has the potential to lift families out of poverty, remove financial stressors, and enable communities to thrive. The Commission strongly encourages the Australian Government to work collaboratively with stakeholder organisations and individuals to reform this system of social security payments and entitlements in a way that meets First Nations women's caring work and responsibilities, aspirations and needs.

Strengthening the foundations of the care and support economy by investing in the First Nations-led care sector

Research indicates that Aboriginal and Community Controlled Organisations (ACCOs) are best placed to provide care and support that is holistic, accessible and integrated into existing community governance structures.^{xxxii} They also provide advocacy and guidance to mainstream organisations on cultural matters and are uniquely placed to lead culturally informed, all-of-community solutions that reflect community priorities and ways of working. As a result, ACCOs and community-led services often outperform non-Indigenous services in delivering policy outcomes and goals for Indigenous wellbeing, health and safety.^{xxxiii}

To enable ACCOs to effectively and sustainably meet the needs of communities requires policy and regulatory reform. This would include preferencing ACCOs in funding processes, removing regulatory requirements that make ACCOs unable to compete in funding processes, and recognising that First Nations communities are capable to oversee service delivery and

governance structures to support community needs. Greater systems recognition supports First Nations communities' trust and meaningful participation in government systems and strengthens self-determination. SNAICC's *Strong Families, Stronger ACCOs* report provides detail into policy reform to support ACCOs, recognising opportunities and needs for a thriving care and support economy.^{xxxiv}

A positive example of policy reform strengthening the role of ACCOs in community service delivery is Queensland's Our Way Strategy. The State's legislation also remains the most comprehensive throughout Australia in terms of the meaningful participation of Aboriginal and Torres Strait Islander children and families.

Additionally, the draft Strategy presents opportunities to improve training, education and employment to create pathways for unpaid carers, should they seek it, to upskill and find appropriate employment, and for workplaces to recognise the skills, experience and knowledge informal carers present. Providing access to formal and accredited training needs to be made available for all First Nations peoples regardless of their circumstances to fill gaps in knowledge and provide opportunities for further skills development, such as leadership and management. This ensures that all knowledges, skills and hands required for a functioning and quality care and support economy can take place locally without relying on external support.

Training and employment must also be responsive to First Nations women's needs and interests, recognising that they come with knowledge, skills and experiences that are unique and diverse. This must be a priority of mainstream service providers as well as supporting employment through community-led organisations, enabling women to have opportunities and choices wherever they are. Recent research applying collective impact and co-design models to Aboriginal health service delivery across Aboriginal communities found that local skill development and employment is a mutually reinforcing activity – by promoting local employment builds cultural safety within service delivery and those employed improve health literacy, sharing this knowledge back to communities to improve health practices.^{xxxv} Enabling communities to have a role in designing and implementing the health services were also key to community empowerment and self-determination.

The Wiyi Yani U Thangani Implementation Framework provides a number of actions to expand education, training and employment pathways for First Nations women which can be used and incorporated within the first Action Plans for the draft Strategy that include improving cultural safety, flexibility and adaptability to systems to support women's needs.^{xxxvi}

5. Conclusion

The Draft Strategy represents an important opportunity to discuss care and support work in Australia, and make policy and program changes that better support the realities of carers and the people they care for.

The Wiyi Yani U Thangani project has gathered extensive evidence of First Nations women's experiences of care, which highlight that the majority of care in First Nations communities occurs informally, is unpaid, and is complex and interconnected, reflecting First Nations holistic conceptions of care. Care is a source of strength and connection. Through their care

roles, First Nations women are leaders, pass on culture, nurture cohesive families and communities and connect to Country.

The present care and social support systems do not encapsulate this experience of care, nor do they provide sufficient, appropriate support for the vast extent of unpaid care labour that First Nations women carry out. The AHRC urges that the Strategy must:

- 1 Recognise the central role of informal care arrangements on the care economy, particularly for First Nations people, by broadening the definition of care to reflect First Nations conceptions of care.
- 2 Develop tools and strategies to measure care using this broader definition.
- 3 Take a systems mapping and systems change approach to supporting the full spectrum of care services and provision, from early intervention and prevention through to acute and crisis response forms of care.
- 4 Refocus policy reforms on investing in prevention and early intervention services.
- 5 Urgently reform social supports and the social security payment system.
- 6 Invest in the First Nations led care sector.

Additional points for how these recommendations can be fully enacted are provided in the opening of this Submission.

The Commission looks forward to seeing this work progress and welcomes further discussion and collaboration.

6. Endnotes

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^v *Universal Declaration of Human Rights*, GA Res 217A (III), UN GAOR, UN Doc A/810 (10 December 1948; *United Nations Declaration on the Rights of Indigenous Peoples*, GA Res 61/295, UN Doc A/RES/61/295 (2 October 2017, adopted 13 September 2007); *United Nations Convention on the Rights of the Child*, GA Res 44/25 (20 November 1989, adopted 2 September 1990); *United Nations Convention on the Elimination of All Forms of Discrimination Against Women*, GA Res 34/180, UN Doc A/Res/34/180 (18 December 1979, adopted 3 September 1981); *United Nations Convention on the Rights of Persons with Disabilities*, GA Res 61/106, UN Doc A/Res/61/106 (24 January 2007).

^{vi} *Universal Declaration of Human Rights*, GA Res 217A (III), UN GAOR, UN Doc A/810 (10 December 1948 art 25.

^{vii} Committee on Economic, Social and Cultural Rights, *General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12)*, UN CESCR 22nd sess, UN Doc E/C.12/2000/4 (11 August 2000).

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- ^{ix} *United Nations Declaration on the Rights of Indigenous Peoples*, GA Res 61/295, UN Doc A/RES/61/295 (2 October 2017, adopted 13 September 2007) arts 11-14, 24.
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- ^{xi} *United Nations Declaration on the Rights of Indigenous Peoples*, GA Res 61/295, UN Doc A/RES/61/295 (2 October 2017, adopted 13 September 2007) arts 2, 3, 9,11-13, 25.
- ^{xii} *United Nations Convention on the Rights of the Child*, GA Res 44/25 (20 November 1989, adopted 2 September 1990) art 30.
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- ^{xiv} Department of Prime Minister and Cabinet, *Draft National Care and Support Economy Strategy* (Report, 2023) 25.
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