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Ms Peta Murphy MP  
Chair of the Committee  
House of Representatives Standing Committee on Social Policy and Legal Affairs  
Inquiry into the recognition of unpaid carers  
E: [spla.reps@aph.gov.au](mailto:spla.reps@aph.gov.au)

Dear Chair,

**RE: On Notice response to the Committee, Inquiry into the recognition of unpaid carers**

We thank you for the opportunity to speak with the Committee and now provide you with additional information on matters put on notice.

**Background**

For more than 70 years, the Australian Healthcare and Hospitals Association (AHHA) has been the national voice for public healthcare, maintaining its vision for an effective, innovative, and sustainable health system where all Australians have equitable access to healthcare of the highest standard when and where they need it.

As a national peak body, we are uniquely placed, in that we do not represent any one part of the health system. Rather, our membership spans the system in its entirety, including – public and not for-profit hospitals, Primary Health Networks, community, and primary healthcare services.

Our research arm, the Deeble Institute for Health Policy Research connects universities with a strength in health systems and services research, ensuring our work is underpinned by the evidence.

As the national voice for universal high-quality health care. It is a voice that represents the views of each component of the system while recognising the system Australians deserve.

**Response**

**Are we looking after carers better than others?**

There are not enough carers to improve jurisdictions are best supporting carers. To provide an assessment of how well carers are supported, we first need to be able to identify carers, implement new strategies or identify existing strategies in place, and evaluate the data this will allow for thorough comparison across

consistency of carers' opportunity to access support which occur between federal, state and local government. Examining consistency and access to community-based resources is not standardised



As there is variance in healthcare budgets and allocation of funding between states and territories this presents a complex issue for determining how and where carers are best being supported. Once we have comprehensive data on carers' outcomes it will be possible to determine which existing strategies are meeting carers' needs and whether these correspond with distribution of healthcare funding.

From these data it will be possible to inform how policy and key recommendations should be shaped to maintain existing strategies and outline where additional support is required and how it can be actioned.

***Should the Carers Recognition Act 2010 be revised and how can it uphold strategies implemented?***

Reviewing the Carers Recognition Act 2010 is a valuable step and commonwealth legislature is required to ensure that care is standardised and each jurisdiction is working within the same guidelines.

There are several areas where the Act can be developed or strengthened:

- 1) The Act would benefit from clear instruction on how to operationalise inclusion of carers in the healthcare settings. For example, sections 7.1 and 8.1 outline the responsibilities of public services agencies to ensure employees are aware and understand the statement, and reflect on the statement when providing care. This can be strengthened by linking with existing National Quality and Safety Health Care Standards to create enforceable and measurable strategies. Clearly identifying carers within the standards and linking the standards to the *Carers Recognition Act* will increase awareness of the need to support carers in the tertiary setting and will provide clarity in laws which encompass duty of care.
- 2) Language used in the Act can be strengthened by taking an active voice, for example, in Schedule One, the statements are positioned as "carers should", this can be ambiguous in determining when to apply the statements in the Act in clinical and community settings.

During the Hearing we discussed whether carers' needs should be recognised as basic human rights, this is an important step as carers currently are not allowed the freedoms that the rights outlined by the United Nations (1948)<sup>1</sup>. Carers have the lowest overall wellbeing of any population group in Australia, they have reduced capacity to participate in paid work, to seek healthcare, to participate in economic and social events, and do not have security in income or support for their needs.

The *Australia's Charter of Rights and Responsibilities* provides an overview of the Human Rights of Australians; however, it does not address all of the Human Rights as outlined by the United Nations, and the rights which apply to carers are among some of those missing.

In Schedule One of the *Carers Recognition Act* some of the statements align with human rights, however the importance and urgency to take action could be enhanced, for example:

- 3) The *Carers Recognition Act* presents the ideal opportunity to incorporate other human rights Articles outlined by the UN. This can be done by using the human rights as a framework to strengthen, align and progress statements in Schedule One of the *Carers Recognition Act*.

Once clearly identified, it will be possible to develop principals to outline how each statement will be achieved.

An example of this framework applied to the in the *Carers Recognition Act* is as follows:

Universal Declaration of Human Rights	Statement from Schedule One of the <i>Carer Recognition Act 2010</i>	Potential Carer Act principals
<p><u>Article 25</u></p> <p>Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services,</p>	<p>Carers should be supported to enjoy optimum health and social wellbeing and to participate in family, social and community life</p>	<p>Supporting the health needs of carers:</p> <ol style="list-style-type: none"> <li>1) Carers need to be identified within the healthcare system during hospital admissions or upon presentation to community services e.g. GP clinics</li> <li>2) Upon identification of carers, their health, wellbeing and need for support needs to be assessed to determine the need for additional support</li> </ol> <p>Supporting social wellbeing:</p> <ol style="list-style-type: none"> <li>1) For carers at risk of social isolation, social prescribing needs to be implemented by clinicians</li> </ol>

<sup>1</sup> United Nations. Universal Declaration of Human Rights. 1948. <https://www.un.org/en/about-us/universal-declaration-of-human-rights>

Yours sincerely,



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