



Review of the *Carers Recognition Act 2005* – South Australia

Issues for discussion

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1. Introduction

The South Australian Government, through the Department of Human Services (DHS), has initiated a review of the South Australian [Carers Recognition Act 2005](#) (the **Act**).

The review will include a public engagement process, which will assist in better understanding the needs and preferences of the South Australian carers community.

The review is being undertaken by Richard Dennis AM PSM.ⁱ

This is the second review of the Act. The first review of the Act was undertaken in 2011 and a report for that review was tabled in the South Australian Parliament in November 2012.

2. Objects and focus of the Act

The objects of the Act are:

- a) to recognise and support carers in their role in the community; and
- b) to provide for the reporting by organisations of the action taken to reflect the principles of the Carers Charter in the provision of services relevant to carers and the persons they care for.ⁱⁱ

In line with these objects, the focus of the Act is the recognition of carers. The Act does not focus on matters such as the funding or services available for carers or people they support.

The Act does not apply “universally” to all organisations in South Australia. Under current arrangements, the following departments and agencies of the State Public Service are considered to be the authorities to which the Act applies:

- Department of Human Services
- Department for Health and Wellbeing
- Department for Education
- Department for Industry, Innovation and Science
- Department for Infrastructure and Transport
- South Australian Police Department
- TAFE SA.

3. Purpose and focus of the review

The purpose of the review is to consider the operation and effectiveness of the Act in recognising carers.

The terms of reference (or the focus) of the review are:

- a) How well is the operation of the Act achieving or supporting the objects (purpose) of the Act, and any recommended amendments.
- b) The extent to which the [*Carers Charter*](#) in the Act is recognised and applied for the purposes of the Act, and whether amendments should be made to the Charter to improve its effectiveness under the Act.
- c) Whether additional kinds of carers should be recognised under the Act.
- d) The extent to which additional steps could be taken to support and improve the recognition of carers in the community and in interacting with the State.
- e) Consideration of amendments that should be made to any other State Act to give express recognition to carers.
- f) The extent to which the recommendations from the 2011 Review have been adopted and have been effective.

The reviewer is particularly interested to identify:

- 1. What is working well
- 2. What is not working as well as it should
- 3. What can be done to improve the effectiveness of the Act.

4. Carers in South Australia

The importance of carers in the South Australian community is self-evident.

[Carers Australia](#) estimates there are over 2.65 million carers across Australiaⁱⁱⁱ - nearly 11% of Australia's population^{iv}. It is estimated that there are about 245,000 South Australian carers, with approximately 30,000 carers being under 25 years of age^v.

[Carers SA](#) notes the following:

People become carers in different ways. Sometimes they start helping someone out bit by bit. Sometimes it happens suddenly, because of an accident or illness. Carers can be any age. Parents, grandparents, partners, siblings, children, friends and neighbours may all take on a caring role at some point in their life.^{vi}

Furthermore, many carers have reported that they live with disability (and presumably other challenges) themselves.

Unpaid carers were estimated to provide 2.2 billion hours of care nationally in 2020, saving the Australian Government \$77.9 billion annually.^{vii}

Carers generally are more likely to:

- Have less income^{viii}
- Be women^{ix}
- Experience significantly poorer health, higher levels of financial stress, significantly lower wellbeing, and higher levels of psychological distress.^x

5. Government support for carers

While the focus of the review is on carer recognition and not carer funding or services, both the Commonwealth and South Australian Governments provide services and support for carers.

The Commonwealth Government provides most of the support for carers, including funding for:

- The [Carer Gateway](#) – which provides in-person and online supports and services for carers (in South Australia, this is provided through Carers SA)
- The [Young Carer Bursary Program](#) – which provides bursary packages for eligible young carers aged 25 years and under
- [MyTime Peer Support Groups](#) for Parents of Young Children with Disability – which is an Australia-wide network of peer support groups of parents and carers of young children with disability or a chronic medical condition
- A range of [payments](#) to assist carers in their roles.

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The State Government provides funding to complement Commonwealth funding. The Department of Human Services (DHS):

- Funds programs for [young carers](#), and [breaks for carers](#)
- Provides funding for [Our Village Program](#)
- Administers the *Carers Recognition Act 2005*.

6. Previous review of the Act

The Act was first reviewed in 2011, which broadly found that:

- Carers reported better recognition and support than before the Act started.
- There was some inconsistency by some organisations in meeting their obligations.
- Several factors prevented carers from fully benefitting from the Act.
- Some changes to the Act may be useful.

This first review:

- Made 23 recommendations, and included observations about likely future increases in people providing care due to societal factors.
- Resulted in the *We Care* plan, including priority areas for action.

[Appendix 1](#) includes further information about the first review.

This review will include how recommendations from the first review have been adopted, and if they have been effective.

7. Review timetable

The public engagement to support the review of the South Australian [Carers Recognition Act 2005](#) will:

- Open on **Tuesday 17 October 2023**
- Close on **Friday 15 December 2023**

A report of the review will be published, including on the YourSAy website, by April 2024.

8. Participating in the review

You can have your say and provide input into the review via the [YourSAy](#) website. Simply visit <https://yoursay.sa.gov.au/carers-recognition-act-review> to:

1. Complete the short survey provided or/and
2. Provide a more detailed response by writing a submission using the questions in this discussion paper as a guide. Please email your submission to CarersActReview@sa.gov.au or mail it to Department of Human Services, Attention: Social Inclusion – Carers, GPO Box 292, Adelaide SA 5001.

If you wish, you can both complete the survey and provide a more detailed response in a submission.

Further opportunities for targeted consultation activities will be published at: <https://yoursay.sa.gov.au/carers-recognition-act-review>.

If you have any questions about the review, including how to make a confidential submission, please email CarersActReview@sa.gov.au

9. Review questions

9.1 Objects (purpose) of the Act

The objects of an Act set the scene for describing its purpose. As already mentioned, the objects of the Act are:

- a) to recognise and support carers in their role in the community; and
- b) to provide for the reporting by organisations of the action taken to reflect the principles of the Carers Charter in the provision of services relevant to carers and the persons they care for.

Question:

1. Do you think the objects of the Act are clear and adequate? If not, how could they be improved?

9.2 Recognition of carers

The primary focus of the Act is the recognition of carers by those organisations to which the Act applies. As the Act does not specifically define what “recognition” means, this could include:

- recognising the work of carers in the community by the organisations to which the Act applies^{xi};
- ensuring that carers are not disadvantaged by the organisations to which the Act applies – for example: that they are provided support in their caring role, that unintended barriers are not created, and that their caring role is considered in various ways.

Questions:

2. Do you think that the concept of “recognition” in the Act is clear and adequate? If not, how could this be improved?
3. Do you have examples of where you feel that the role of a carer is being, or has been, recognised?

9.3 Definition of a carer

Section 5(1) of the Act defines who a carer is for the purpose of the Act. It says:

A person is a carer if they are a natural person who provides ongoing care or assistance to

–

- a) a person who has a disability within the meaning of the [Disability Inclusion Act 2018](#); or
- b) a person who has a chronic illness, including a mental health illness within the meaning of the *Mental Health Act 1993* (now replaced by the [Mental Health Act 2009](#)); or
- c) a person who, because of frailty, requires assistance with the carrying out of everyday tasks; or
- d) a person of a class prescribed by regulation.^{xii}

However, the Act also says a person is not a carer if they provide care or assistance:

- under a contract for services or a contract of service; or
- in the course of doing community work by a community organisation within the meaning of the [Volunteers Protection Act 2001](#)^{xiii}; or
- only because the person is a spouse, domestic partner, parent or guardian of the person to whom the care or assistance is being provided; or
- to a child who has been placed in a formal care arrangement under legislation^{xiv}.

The first review of the Act discussed this definition and made several recommendations,^{xv} including:

1. That the State Government and carer support organisations continue to inform the community of the definition of *carer* in the Act, to counter any confusion about the term “carer”.
2. That a determination be made as to whether foster carers providing ongoing care or assistance to a child with a disability or chronic illness should fall within the definition of carer for the purposes of the Act and ensure the Act reflects that determination.
3. That the Act be amended –
 - to include former carers in the Act and the Carers Charter;
 - to make it clear that if a care recipient moves to a residential facility, that person’s carer is still a carer unless they cease to provide ongoing care or assistance.

In the *Mental Health Act 2009*, former carers are included in the term “carer” as “a person who was a carer of another before interruption of the provision of care due to the other’s illness”. This might reflect an example where a person previously needing care moves into another care arrangement – such as a residential facility.

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A former carer may still have a significant interest in the welfare, wellbeing and care of a person, even if responsibility for that person's care has shifted to another person or body. The former carer may still need recognition and to be involved in consultation under the Act.

However, it might also be argued (as happened in the first review) that an extension of the Act to persons who have ceased to be undertaking a caring role involving the provision of assistance to a person in need of care would weaken the concept of a carer for the purposes of the Act.

Questions:

4. Do you think the definition of a “carer” in the Act is clear and adequate? If not, how could this be changed to better reflect what a carer is?
5. Do you think that other types of carers should be included in the Act? You may consider, for example, carers of persons who have moved into a residential facility, former carers, or other types of carer.

9.4 Relevant organisations and their obligations

Section 4 of the Act defines organisations that the Act applies to. This includes “*applicable organisations*” and “*reporting organisations*”:

- **Applicable organisation** is defined as being:
 - a *reporting organisation*; or
 - a person or body providing relevant services under a contract with a reporting organisation (relevant services means services that are relevant to carers and the persons they provide care for); or
 - a person or body prescribed by the regulation (noting that there are currently no regulations under the Act).
- A **reporting organisation** is defined as:
 - an administrative unit (or department) of the Public Service that provides relevant services; or
 - any other person or body prescribed by the regulations (noting that there are currently no regulations under the Act).

The Act then further defines the obligations of these organisations:

- Section 6 of the Act defines obligations for “*applicable organisations*”:
 - to ensure that the organisation and its officers, employees and agents have an awareness and understanding of the Carers Charter and take action to reflect the principles of the Charter in the provision of relevant services of that organisation;

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- (for public sector organisations) – to consult carers, or persons or bodies that represent carers, in policy or program development, or strategic or operational planning, relevant to carers and the persons they care for.
- Section 7 of the Act defines obligations for “*reporting organisations*”. These include:
 - to report on the reporting organisations (including contractors to the organisations) compliance with section 6;
 - to include in this report any information prescribed by regulation (noting there are currently no regulations), and to include this reporting as part of the reporting organisation’s Annual Report.

The First Review Report (2012)^{xvi} did not recommend expanding the definition of “*applicable organisation*” to more than State Government organisations (and those contracted by them) as:

- it was preferable to keep the focus of the Act on State Government organisations, which State Government has direct control over;
- amending the Act to apply to more than the State public sector would dramatically change the nature of the legislation beyond its primarily focus on awareness raising and education; and
- a change to include private sector organisations would also require the enactment of enforcement mechanisms (including penalties and offences for non-compliance), which was not supported by the review.

Currently only 7 State Government organisations are considered to be included under the Act, being:

- Department of Human Services
- Department for Health and Wellbeing
- Department for Education
- Department for Industry, Innovation and Science
- Department for Infrastructure and Transport
- South Australian Police Department
- TAFE SA.

Currently:

- there is no clear reason why these public sector organisations are included under the Act, and why others are not; and
- there is no formal recording of the organisations to which the Act applies.

Consideration could be given to:

- including all State Government organisations as “*applicable organisations*” under the Act – that is, to take action to ensure that its employees and agents have an awareness and understanding of the Carers Charter; but

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- providing that only those organisations that have policies, programs, or services specifically for carers or the persons they care for would be “*reporting organisations*” under the Act – that is, to be required to reflect the Charter in their activities and to consult and report on compliance.

Determining which State Government organisations are “*reporting organisations*” (having policies, programs or services specifically for carers) could be determined:

- through consultation by State Government with one or more peak/service organisations for carers; and
- publishing a list of State Government organisations that are reporting organisations.

Another option could be to develop a new definition of the services that are directly relevant to carers – for example using the definition of “care supports” from the Commonwealth [Carer Recognition Act 2010](#). Under that Act, responsibilities are placed on any Commonwealth public sector agency “that is responsible for the development, implementation, provision or evaluation of care supports”, and **care supports** is defined as “policies, programs or services directed to carers or the person for whom they care”.

The first review recommended that the Act be amended to require all government departments to include in their human resource policies a policy for carers employed in the department that reflects the principles of the Carers Charter^{xvii}.

This aspect of the first review was subsequently taken up by the Department of Human Services’ We Care response to the review – in particular, Priority 1 – Government is an employer of choice for Carers, with the following outcomes:

- Outcome 1: Employees with caring responsibilities are consulted in the development of human resource policy.
- Outcome 2: Employees with caring responsibilities are recognised and supported through human resource policy.
- Outcome 3: Flexible working arrangements and leave provisions are assisting employees with caring responsibilities to balance work and caring.
- Outcome 4: Employees and managers are informed about Carer-friendly policies and entitlements and about external assistance available to employees.

Question:

6. Do you have any comments about which organisations should be considered “applicable organisations” and “reporting organisations” under the Act? For example:

- **Should all State Government organisations be considered “applicable organisations”, and the ones that have policies, programs or services specifically for carers also be considered “reporting organisations”?**

- **What would be the best way to identify which organisations have policies, programs or services specifically for carers?**

9.5 Consultation obligations for applicable organisations

The First Review Report discussed consultation requirements for applicable organisations. While it found that consultation with carers and bodies that represent carers is occurring “in some instances”^{xviii}, it also found consultation was not occurring as often as it could be, due to:

- The difficulties carers have in being involved due to lack of time and an inability to access respite to allow attendance
- The difficulties service providers have in finding carers able to be involved and in finding carers who feel they have something to contribute
- When carers are involved, they often feel their contributions are not valued and that service providers dominate and so do not feel it a worthwhile experience.

The First Review Report recommended that “*applicable organisations*” in the public sector:

- Develop policies and guidelines to assist in the identification of carers willing to be involved in policy and program development
- Assist carers to be involved in policy and program development
- Acknowledge and respect the knowledge and experience carers bring to this role.

Priority 2 of the *We Care* plan is that ‘Government and Government-funded services are addressing the social, emotional and physical needs of carers, with the following outcomes:

- **Outcome 1:** Carers have input into the development and review of programs and services that affect them
- **Outcome 2:** Government agencies and their employees are aware of the specific needs of individual carers
- **Outcome 3:** Services provided to the public accommodate the specific needs of individual carers
- **Outcome 4:** Services provided to the public are accessible locally and able to adapt to the needs of local communities

Question:

- 7. How could State Government organisations better consult with carers or carer bodies when developing policies, strategies or plans relevant to carers?**

9.6 Reporting obligations for relevant organisations

Reporting is part of raising awareness of the need to take carers and the people they care for into account, by State Government organisations.

The First Review Report also made recommendations on the reporting obligations for “*reporting organisations*”, including:

- That reporting organisations require a report from each person or body that provides relevant services under a contract with the organisation as to the compliance of the person or body with the Act to enable the reporting organisation to fulfil the requirements of section 7(1)(b) of the Act.
- That regulations be made prescribing matters to be included in a report of a reporting organisation, including requiring reports to specify each business unit within the organisation and the compliance of that unit with the Act. The focus of the regulations should be on attaining information in an efficient and consistent manner.
- That reporting organisations be required to publish the organisation’s report on compliance with the Act on the organisation’s website and make the report available as a hard copy on request.

Questions:

8. **How should reporting best occur under the Act? You may consider the type of content to be included in reporting and how reporting could best occur.**
9. **What else could be done to improve transparency in recognising the importance of carers in government policies and plans?**

9.7 South Australian Carers Charter

The South Australian Carers Charter forms an important part of the Act. Not only does it provide a set of principles that must be applied under section 6 of the Act, but it also provides legislative recognition to the status and role of carers in their interaction with organisations that are subject to the operation of the Act.

A fundamental aim of this review is to identify how to better recognise carers through the Act, including providing greater support to carers and to remove barriers that they face in acting as carers.

The South Australian Carers Charter (set out in [Appendix 2](#) of this document) is included in Schedule 1 in the Act, and forms an important part of the obligations for “*applicable organisations*”.

The principles in the current Charter are grouped under these headings:

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1. Carers have choices within their caring role.
2. Carers health and wellbeing is critical to the community.
3. Carers play a critical role in maintaining the fabric of society.
4. Service providers work in partnership with carers.
5. Carers in Aboriginal and Torres Strait Islander communities need specific consideration.
6. All children and young people have the right to enjoy life and reach their potential.
7. Resources are available to provide timely, appropriate and adequate assistance to carers.

The First Review Report made these recommendations about the Charter:

1. That the Charter be amended to include a further principle for former carers. This principle should include recognising –
 - that carers require support and assistance in preparing for the time when their caring role will end; and
 - that former carers require support and assistance as they transition from the caring role.
2. That consideration be given to all suggestions received in the course of the review with respect to amendment of the Charter and in particular to including provisions that require service providers to –
 - identify carers and provide them with information in relation to the local carer support service and how to contact that service; and
 - treat carers with empathy, respect and flexibility.

Other suggestions received during the course of the first review (but not specifically captured in the recommendations), included^{xix}:

1. That principle 5(3) should read as follows:

Aboriginal and Torres Strait Islander carers should be provided with culturally appropriate support services *in a timely manner* that take into account the history, health and wellbeing of their extended families^{xx}.
2. That the principle for carers from culturally and linguistically diverse backgrounds is “hidden” under the seventh heading. Strong representations were made that it would be more appropriate for that principle to stand alone in the same manner as the principles with respect to Aboriginal and Torres Strait Islander communities and children.
3. That the Charter ought to reflect the manner in which individual service providers should interact with carers.
4. That the specific needs of ageing and disabled carers should be included in the Charter.

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5. That specific mention needs to be made to very young children.
6. That principle 7(3) should be framed in terms of equitable access to services for those living in rural and remote communities.
7. That if lack of compliance with the Charter were to become a ground of complaint, the principles of the Charter would need to be rewritten to accommodate this in a manner similar to that of the two jurisdictions that allow complaints for lack of compliance with the Charter.

The First Review Report also recommended that the Department continue to educate “*applicable organisations*” on their obligations to the Carers Charter – where greater awareness of the principles of the charter in the wider community would also be a good outcome.

Different carer group needs

It is also important to consider if the Charter should include any important particular needs that different carer groups may have.

Aboriginal and Torres Strait Islander carers

The *We Care* plan refers to:

- The importance for Aboriginal families and communities of kinship ties, responsibilities, and obligations, and sharing and mutual support^{xxi}.
- These and other differences highlighting the need for specific consideration to be given to Aboriginal carers in resource allocation, planning, location and delivery of services:
 - Aboriginal carers are more likely to live in rural or remote areas and on low incomes.
 - Aboriginal carers are more likely to be young carers and care for more than one person – and more likely to need help for their own care needs.
 - Aboriginal people with a disability, age related frailty or chronic illness are more likely to have their personal care provided by family members instead of paid professionals.
 - Aboriginal people are more likely to be exposed to health risk factors, and because of this, are more likely to experience poor health, including chronic or mental illness – and therefore more likely to need care.

The Carers Charter specifically includes principle 5, about carers in Aboriginal and Torres Strait Islander communities.

Young carers

The [Young Carers Network](#) estimates that 235,000 (or 9%) of the estimated 2.65 million carers in Australia are young carers.

Young carers can face unique challenges in providing care usually provided by adults. They may also form a hidden group of carers, with their caring role having a significant impact on their social, educational, emotional and health needs, and on future life opportunities.

The *We Care* plan points out that in recent years there has been an increase in awareness of the significant number of children and young people who provide unpaid care. This may be particularly the case in single parent families.

Culturally and linguistically diverse (CALD) carers

Different cultural norms and traditions may impact on how people with CALD backgrounds provide care. The *We Care* plan states that “CALD” carers do not have access to services, or identify themselves as carers at a rate proportional to their numbers in the community. This group of carers may also be reluctant to seek out services due to language barriers, different expectations and mistrust of government organisations.^{xxii}

Question:

10. Do you think the Carers Charter could be more effective, and if so, how? You may want to consider issues of clarity, purpose, effectiveness, diversity or other, for example:

- **Is it clear that the Charter effectively only applies to State Government “applicable organisations”?**
- **Is the current Charter content “fit for purpose” if it only applies to “applicable organisations”?**
- **Do the principles in the Charter assist in recognising carers, and align with the experiences of carers?**
- **Are there key factors relating to specific carers (for example: Aboriginal or Torres Strait Islander carers, young carers and/or carers from CALD backgrounds) who should be reflected in the Charter?**
- **Are there any other matters that should be included or addressed by the Charter?**

10. Broader recognition and support in the community

As the Act is about the recognition of carers (especially by State Government and State Government funded organisations), there is a question about what other forms of recognition could support carers more broadly.

For example:

- Could more be done to assist carers to gain greater recognition in the community, to promote their interests, and to provide greater assistance to carers?
- Could there be better access to information for carers, or other ways to help carers to access existing services and support, or better employment practices that provide specific and practical support to carers?

Where are the areas of greatest need and where could changes make a significant difference to support carers in what they do?

Question:

11. How do you think greater recognition of carers could be better promoted in the community?

11. Links with other State legislation

Carers are also specifically recognised under other State legislation, including:

11.1 Equal Opportunity Act 1984

The [Equal Opportunity Act 1984](#) prohibits discrimination on the ground of caring responsibilities^{xxiii}, which will occur:

- a) if a person treats another unfavourably because of the other's caring responsibilities or proposed caring responsibilities; or
- b) if a person treats another unfavourably because the other cannot comply with a particular requirement and –
 - (i) the nature of the requirement is such that a substantially higher proportion of persons without caring responsibilities comply, or are able to comply, with the requirement than those with caring responsibilities; and
 - (ii) the requirement is not reasonable in the circumstances of the case; or

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- c) if a person treats another unfavourably on the basis of a characteristic that appertains generally to persons with caring responsibilities, or on the basis of a presumed characteristic that is generally imputed to persons with caring responsibilities; or
- d) if a person treats another unfavourably because of an attribute of or a circumstance affecting a relative or associate of the other, being an attribute or circumstance described in the preceding paragraphs.^{xxiv}

This legislative scheme relates to the areas of employment or contract work, membership of an association, the conferral of an authorisation or qualification, education, disposal of an interest in land, the provision of goods or services, or accommodation.

Under this Act, a person has caring responsibilities if the person has responsibilities to care for, or support:

- a) a dependent child of the person; or
- b) any other immediate family member of the person who is in need of care and support.

An Aboriginal or Torres Strait Islander person also has caring responsibilities if the person has responsibilities to care for or support any person to whom that person is held to be related, according to relevant kinship rules.

In a case of unlawful discrimination, a complaint may be made to the Equal Opportunity Commission, and a matter that cannot be conciliated under the Act will be referred to the South Australian Civil and Administrative Tribunal.

11.2 Mental Health Act 2009

The [Mental Health Act 2009](#) makes extensive reference to carers. For example:

- Carers are recognised in the Act's guiding principles^{xxv}
- In connection with the provision of information under a number of sections of the Act
- In respect of certain types of applications to the South Australian Civil and Administrative Tribunal
- In the development of treatment and care plans
- As support persons.

Under this Act, a community visitor may act as an advocate for an issue raised by a carer and a carer may request to see a community visitor. The Act also provides that a function of the Minister is to encourage and facilitate the involvement of carers in the development of mental health policies and services.^{xxvi}

11.3 Health Care Act 2008

Under the [Health Care Act 2008](#), the function of a Health Advisory Council includes to provide advice about any relevant aspect of the provision of health services from the perspective of carers (amongst other persons), to provide information to, and to consult broadly with, carers (amongst other persons), and to promote the importance of carers in assisting in achieving successful outcomes.^{xxvii}

The Act also specifically includes carers in the group of people to whom information in relation to a person may be disclosed if the disclosure is reasonably required for the treatment, care or rehabilitation of the person and there is no reason to believe that the disclosure would be contrary to the person's best interests.^{xxviii}

11.4 Fair Work Act 1994

The [Fair Work Act 1994](#) provides a minimum standard for sick leave/carer's leave.^{xxix}

11.5 Health and Community Services Complaints Act 2004

Currently a carer may only lodge a complaint under the [Health and Community Services Complaints Act 2004](#) on behalf of another person, if the Health and Community Services Complaints Commissioner is satisfied that the carer should be able to make the complaint, in the public interest.

The First Review Report recommended that the Act should be amended so carers have a "direct" right to lodge a complaint under that Act, on behalf of a care recipient, about the provision of a health or community service to the care recipient.

Question:

12. Do you think amendments are needed to any other Act that relates to carers, to help in recognising carers? For example, you may consider the following Acts:

- [Equal Opportunity Act 1984](#)
- [Mental Health Act 2009](#)
- [Health Care Act 2008](#)
- [Fair Work Act 1994](#)
- [Health and Community Services Complaints Act 2004](#)

12. Overall operation of Act

These final review questions aim to understand the effectiveness of the Act, and if there are any other matters you would like to raise, not already covered.

Questions:

- 13. On a scale of 1 to 5, how would you rate the effectiveness of the Act in promoting the recognition of carers (with 1 being the lowest rating and 5 the highest)?**
- 14. Do you think that the enactment of the Act, and the implementation of initiatives under the Act since its commencement, have made a significant impact on improving the recognition of carers in South Australia?**
- 15. Do you consider that steps should be taken to provide greater alignment between the South Australian Act and the potentially reviewed Commonwealth *Carer Recognition Act 2010*?**
- 16. Is there anything else that you consider should be done to support or increase the recognition of cares by amendments to the Act?**
- 17. Are there any other comments you would like to make about the Act, in line with the Review's [Terms of Reference](#)?**

13. Appendix 1 – First (2012) review of the Act

The first review of the Act was in 2011 and [tabled in Parliament](#) in 2012.

Twenty-three recommendations were made from this first review, broadly summarised as:

1. Recommendations about the adoption and application of the Carers Charter, and improving an understanding of the principles of the charter.
2. Recommendations to improve the involvement of carers in policy and program development.
3. Recommendations to improve reporting requirements.
4. A recommendation to maintain and increase strategies to increase carers' awareness and understanding of the Act.
5. A recommendation that the Act be reviewed on a regular basis.
6. A recommendation about continuing to inform the community of the definition of "carer" under the Act.
7. Recommendations about recognising foster carers, former carers, and carers even if care recipients move to a residential facility.
8. Recommendations about improvements to human resource policies to assist carers.
9. Recommendations relating to changes to the Carers Charter.
10. Recommendations to change the *Health and Community Services Complaints Act 2004* so carers can complain under that Act where organisations do not meet their obligations.

13.1 Response to first review

The then Department for Communities and Social Inclusion responded to this first review with the 'We Care' plan, focussed on those State Government organisations to which the Act applied.

Priorities for action under the plan were:

Priority 1: Government is an employer of choice for carers.

Priority 2: Government and Government-funded services are addressing the social, emotional and physical needs of carers.

Priority 3: Carers feel empowered to make choices within their caring role, and their choices are respected.

Priority 4: Strategies are in place to address the specific needs of Aboriginal carers.

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Priority 5: Strategies are in place to address the specific needs of young carers.

Priority 6: Strategies are in place to address the specific needs of carers from culturally and linguistically diverse (CALD) backgrounds.

Priority 7: Strategies are in place to support former carers during and after their transition from the caring role.

The response to the first review also noted that the number of people requiring care and the demand for carers to provide it are likely to grow, due to:

- Ageing population profiles and increasing life expectancies.
- Increasing preference for in home rather than institutional care, for example in ageing and disability.
- Better technology and equipment that assist people to live at home longer.
- Increased pressure on extended family members and friends to provide care, due to higher rates of relationship breakdown and single person households.
- Increased reliance on self-funded or familial care due to rising costs of health and community care systems and cost pressure on Government budgets.
- Increasing demand on family and friends to provide care due to decreasing levels of volunteering and donations to community organisations.

14. Appendix 2 – South Australian Carers Charter (Schedule 1 under the Carer Recognition Act 2005)

1—Carers have choices within their caring role

- (1) Carers should have the same rights, choices and opportunities as other South Australians.
- (2) Carers should be supported by individuals, families, business and community organisations, public institutions and all levels of government in the choices they make in their caring role.

2—Carers health and well-being is critical to the community

- (1) Carers are entitled to enjoy optimum health, social, spiritual and economic well-being and to participate in family, social and community life, employment and education.
- (2) Carers should be supported to balance their caring role with their own needs.

3—Carers play a critical role in maintaining the fabric of society

- (1) Carers should be recognised and valued for their important contribution to the well-being of the Australian community.
- (2) Carers should be recognised for their unique experience and knowledge in the caring role.

4—Service providers work in partnership with carers

- (1) Caring is a social and public responsibility shared by individuals, families, business and community organisations, public institutions and all levels of government.
- (2) Carers should be recognised as individuals with their own needs, within and beyond the caring situations.
- (3) The relationship between a carer and the person they care for needs to be respected and honoured.
- (4) The role of carers must be recognised by including carers in the assessment, planning, delivery and review of services that impact on them and the role of carers.
- (5) The views and needs of carers must be taken into account along with the views, needs and best interests of people receiving care when decisions are made that impact on carers and the role of carers.

5—Carers in Aboriginal and Torres Strait Islander communities need specific consideration

- (1) Aboriginal and Torres Strait Islander carers should be specifically identified and supported within and outside their communities.
- (2) Aboriginal and Torres Strait Islander carers should be supported by business and community organisations, public institutions and all levels of government.
- (3) Aboriginal and Torres Strait Islander carers should be provided with culturally appropriate support services that take into account the history, health and well-being of their extended families.

6—All children and young people have the right to enjoy life and reach their potential

- (1) Children and young people who are carers should be specifically identified and supported by individuals, business and community organisations, public institutions and all levels of government.
- (2) The special needs of children and young people who are carers and the unique barriers to their access to service provision should be recognised and acted on so that, as far as possible, they have the same opportunities as other children and young people in Australia.
- (3) The caring responsibilities of children and young people who are carers should be minimised.

7—Resources are available to provide timely, appropriate and adequate assistance to carers

- (1) Carers need access to a wide range of responsive, affordable services to ensure informed decision making and support for them in their caring situation.
- (2) Carers from culturally and linguistically diverse backgrounds may have complex needs that require appropriate service delivery.
- (3) Carers in rural and remote communities have barriers to service provision.

Footnotes

ⁱ Former South Australian Parliamentary Counsel. The reviewer's most recent review before this review related to the South Australian [*Disability Inclusion Act 2018*](#).

ⁱⁱ See section 3 of the Act.

ⁱⁱⁱ [*2018 Survey of Disability, Ageing and Carers*](#)

^{iv} [*2018 Survey of Disability, Ageing and Carers*](#)

^v [*2018 Survey of Disability, Ageing and Carers*](#)

^{vi} <https://www.healthdirect.gov.au/partners/Carers-sa>

^{vii} <https://www.carerssa.com.au>

^{viii} [*Value of Informal Care in 2020*](#)

^{ix} [*Value of Informal Care in 2020*](#)

^x See the [*2022 National Carer Survey*](#) and the [*2022 Carer Wellbeing Survey*](#).

^{xi} There is an element of this form of recognition in the South Australian Carers Charter – see especially clause 3(1).

^{xii} No regulations have been made under the Act.

^{xiii} See section 5(2) of the Act.

^{xiv} See section 5(3) of the Act.

^{xv} See especially pages 33 – 35 of the [*First Review Report*](#)

^{xvi} See especially pages 35 – 37 of the [*First Review Report*](#)

^{xvii} See pages 38 – 39 of the [*First Review Report*](#)

^{xviii} See page 26 of the [*First Review Report*](#)

^{xix} See pages 39 – 42 of the [*First Review Report*](#)

^{xx} The words suggested to be added to the principle appear in italics.

^{xxi} See page 13 of the We Care plan.

^{xxii} See page 15 of the We Care plan.

^{xxiii} See Part 5B of the [*Equal Opportunity Act 1984*](#)

^{xxiv} See section 85T(6) of the [*Equal Opportunity Act 1984*](#)

^{xxv} See section 7(1)(b), (c) and (i) of the [Mental Health Act 2009](#)

^{xxvi} See section 86(a) of the [Mental Health Act 2009](#)

^{xxvii} See section 18 of the [Health Care Act 2008](#)

^{xxviii} See section 93(3)(c) of the [Health Care Act 2008](#)

^{xxix} See especially section 70, and Schedule 3, of the [Fair Work Act 1994](#). (Note that the *Fair Work Act 1994* applies to State public sector employees and local government employees.)