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Joint Response to the
Carer Recognition (Miscellaneous) Amendment Bill 2025

About Carers SA

Carers SA is the peak advocacy body for Carers in South Australia. Raising the voice and recognition of Carers, their rights, wellbeing and needs are at the heart of Carers SA's efforts. We persistently advocate across governments, health and social services and systems, business and communities to prioritise appropriate and meaningful support and services for Carers. Carers SA aims to ensure that Carers needs, wishes, values and perspectives are elevated and able to inform and influence decision-making by government, service providers, policy makers, legislators, and systems and services to improve the lives and wellbeing of Carers in South Australia.

Carers SA is both a peak body and a service provider for Carers through the Carer Gateway and other state funded programs. This provides us with a unique opportunity to understand the needs of Carers and identify and implement ways to improve the services they use. It enables us to engage with many and diverse Carers across South Australia through our broad networks and through services and supports. This positions Carers SA to raise awareness of issues facing Carers and raise the voice of Carers to inform and influence policy and decision-making about issues that impact them.

South Australian Carers

We acknowledge and deeply appreciate Carers of South Australia for their unwavering commitment, the personal sacrifices they make, and the heavy burden they often carry. Their compassion and dedication support the diverse needs, rights, dignity and continued independence of the lives of the people they care for, and continue to make an immeasurable difference in our communities every day.

We thank those Carers who have contributed their experiences, insights, expectations and challenges to inform and influence this response to the review of the Carer Recognition (Miscellaneous) Amendment Bill 2025 and to the review since its commencement.

About Carers & Disability Link

Carers & Disability Link supports carers, people with disability and people over 65 in regional South Australia and Carers and people living with disability find disability support and resources. Carers & Disability Link also help provide valuable aged care services to their local communities. For over 25 years Carers & Disability Link has been a trusted and compassionate community service organisation in South Australia. Carers & Disability Link support carers, people with disability and people over the age of 65 to live enriched lives by offering a listening ear as well as providing a professional, high-quality, accessible, and timely service in regional South Australia.

About Carer and Community SA

Carer and Community SA (CCSA) is a respected South Australian organisation with over 30 years' experience supporting carers and older people to live with dignity, connection, and purpose.
CCSA delivers the Community Home Support Program, funded by the Australian Government Department of Health, providing practical, in-home assistance and social support to help older South Australians remain independent and engaged in their communities. CCSA is also funded by the Department of Human Services to deliver the Young Carers Support Service, providing tailored support for young people who care for a family member living with illness, disability, mental ill-health or addiction. Young Carers SA, the charitable arm of CCSA, was established to raise awareness, drive youth-led advocacy, and empower young carers to thrive. Through programs, resources and a strong youth voice, Young Carers SA works to ensure that young people in caregiving roles are seen, heard and supported. Together, Carer and Community SA and Young Carers SA are building a more inclusive and compassionate South Australia and one that recognises, values and supports carers of all ages.

……….

We thank the Minister for the opportunity to respond to the and commend the Bill for its expanded and more inclusive Carer definition and Charter and recognition of the diversity and complexity of care relationships. We also commend the inclusion and recognition of the intersectionality of Carers and their caring role which create additional barriers, challenges and discrimination Carers experience is increased for those with overlapping identities. These inclusions go a long way to reflecting the value of Carers, the importance of their caring role and the personal burdens Carers voluntarily take on, often to their own disadvantage and deficit.

It could go further however by litmus testing whether identified omissions create unintended barriers to enabling diverse Carer groups and cohorts' access and equity to the services and supports they need. It could also demonstrate greater alignment with the *National Carer Strategy 2024-2034* to strengthen the Act in South Australia and afford greater rights and protections to improve the lives of Carers.

In response to the *Carer Recognition (Miscellaneous) Amendment Bill 2025* we provide the following comments, arguments and recommendations.

Definition of ‘a carer’

We strongly support the expansion and modernisation of the definition of a “care relationship” and “carer” under Section 5. We view positively the definition of a *carer* to focus on *care relationships* rather than specific conditions and see this as a positive step for Carers. It aligns with a contemporary understanding of diverse caring relationships and broadens the scope of who is recognised as a Carer in the legislation. The amended meaning now reflects the complexity and diversity of contemporary caring roles and reflects the intent of Recommendations 1 and 2 of the “*House of Representative Standing Committee on Social Policy and Legal Affairs: Inquiry into the recognition of unpaid carers*”.

> *By adopting an expanded definition of Carer there is broader recognition of the dignity and contribution of all carers, which will help support more equitable access to services and help carers become more recognised, informed and resourced. [Carer response]*
>
> *It should be expanded as there are carers caring for people with an arrange of health conditions and no one should be left behind. [Carer response]*

This broader definition could however, go further, to ensure that overly prescriptive legislative terminology does not risk being unintentionally or intentionally applied by service systems and providers that create further barriers to access and equity for Carers. We support any amendment to the definition that provides for the broadest application of the care relationship.

To maximise the capacity of the Act to be fully responsive to these objectives’ consideration could be given to the following key components of the definition:

‘Mental Ill Health’

It is noted that the term ‘*mental Illness’* has been amended to ‘*mental ill health’* and note further that *mental ill health* continues to mean, for the purpose of this Act *mental illness within the meaning of the Mental Health Act 2009* which states *any illness or disorder of the mind*.

Whilst *mental illness* is more commonly used to describe conditions diagnosed by a medical practitioner, the use of ‘*mental ill health’* is more contemporary and is more often used to describe both diagnosed mental illness and mental health factors that may predispose a person to developing a mental illness.

As an example, the *Australian Institute of Health and Wellbeing* (AIHW) reports that the experience of trauma can contribute to the development of many different forms of mental illness such as depressive and anxiety disorders, alcohol and substance use disorders, and self-harm and suicide-related behaviours. Childhood trauma experiences also increase the risk of developing mental illness.

It further reports, exposure to trauma is more common among specific groups such as people who experience homelessness, young people in out-of-home care or under youth justice supervision, refugees, people experiencing family and domestic violence, LGBTIQA+ people and certain occupation groups such as emergency services, armed forces and veterans.

Historical and current trauma experienced because of separation from family, land, and cultural identity has also had a serious impact on the social and emotional wellbeing of Aboriginal and Torres Strait Islander (First Nations) people.

We support terminology that recognises mental health illness and recovery as unique to each person, their circumstances and lived experience and we support the broadest interpretation of the term mental ill health.

Recommendation 1: We recommend a broader interpretation of *mental ill health* that recognises those mental health factors that may predispose a person to *mental illness and would strengthen the definition* to be more inclusive of a broader range of care relationships.

‘Medical condition’

The amended definition refers *to ‘a medical condition’ (including a terminal or chronic illness, or dementia)*. This significantly expands the scope of the care relationship for people with health conditions and by association, the recognition of a significant number of Carers. We support also the separation of health conditions and mental ill health to allow for greater clarity of both. To ensure however that any number of Carers caring for a person with a complex medical condition are not excluded, it is vital to ensure that range of medical conditions included in the definition are a true representation of Carers and their care relationships and not defined within the legislation seemingly arbitrarily.

Consideration should be given to other health conditions requiring care being provided by Carers, such as severe/acute conditions, major surgeries with extended recovery such heart surgery or organ transplant recovery and serious infections such as sepsis. These are examples of time-limited but high-needs medical conditions that are not terminal, chronic, dementia-related, or a mental illness, and typically fall outside the NDIS and yet can still require the need for Carers to provide substantial care.

Recommendation 2a: We recommend a definition of *medical condition* could be broadened to, for example to read *(including terminal, degenerative, chronic illness, severe infections, injuries and surgeries with long term recovery)*.

Recommendation 2b: Alternatively, more simply …*medical conditions that require care for ongoing, degenerative or long-term recovery care*.

‘Frailty due to age’

The amendment definition directly relates to ‘*frailty due to age;* however, it is important to recognise that frailty and aging are not inevitable or only the experience of older people ie aging and frailty are closely related but not the same thing. Frailty is more common in older people but in some cases, frailty can affect younger people, for example, people with advanced heart disease and heart failure and overall autoimmune disease is linked to a higher risk of developing frailty at a much younger age.

Recommendation 3: We recommend retaining the parameters of frailty in the current Act which are more closely aligned to the care relationship ‘a *person who, because of frailty, requires assistance with the carrying out of everyday tasks.’*

We recognise that nature of the care relationship is what best defines the caring role and to that end, support the broadest recognition and definition of the Carer and the care relationship to ensure it significantly reduces barriers of access and equity for Carers across the widest range of Carer groups and cohorts. This requires that all care relationships are included in the definition and Charter.

Broader definitions that reflect types of conditions that are more likely to require some component of ongoing care, better reflect the care relationship rather than specific health conditions. They also reduce the risk of the definition becoming quickly redundant and acknowledges the changing environment of care relationships.

Definition of ‘Applicable Organisations’

The *Carers Recognition (Miscellaneous) Amendment Bill 2025* proposes a significant narrowing of the scope of the Act by redefining “*applicable organisation*” to include only public sector agencies (e.g., state departments and public health entities). The Amendments Bill definition of *"applicable organisation*" refers only to public sector agencies and it excludes Ministers and Chief Executives from obligations under the Act. The "*reporting organisation*," which previously included non-government organisations and contracted service providers, is now removed.

This change effectively removes non-government and community-managed organisations, including those delivering carer services under government contracts, from statutory obligation to comply with the Carers Charter. This is a significant step backwards from the current Act.

> *The care system should be seen as a whole both public & NGO, to assist navigation, flow of care and services. The system should work as a whole, NOT segmented. [Carer response]*
>
> *This change relies only on good faith and leaves other organisations without a compelling reason, to enforce good practice. [Carer response]*

Removing non-government organisations and community managed organisations from legislative oversight will result in inconsistent recognition and support for Carers across sectors. Public sector workers will be bound by Charter principles, while contracted service providers will not. This has significant potential to cause confusion among Carers, especially those who navigate between public and non-government systems. Quality and responsiveness to Carers' needs may vary significantly depending on the provider, undermining equity in service access.

> *While I support the intent to strengthen the Carers Recognition Act, I cannot support amendments that narrow the scope of obligation to public sectors only. Doing so weakens protection from carers and excludes many service environments where carers interact daily. [Carer response]*

Non-government organisations deliver a substantial proportion of Carer supports and health services in South Australia, particularly under government-funded contracts. By excluding them as applicable and reporting organisations, there is no formal requirement for non-government organisations, including community organisations and service provider and private organisations to align their policies, procedures or service delivery with the Carers Charter.

Carers who largely rely on non-government organisations for services and supports (e.g., disability supports, community mental health, Carer respite) will have no legislative backing to assert their rights or raise concerns under the Charter. This may reduce consistency in how Carers are supported across the broader service system. The most marginalised Carers, including Young Carers, Aboriginal and Torres Strait Islander Carers, culturally diverse Carers, and those in rural and remote areas, are more likely to interact with non-government providers due to outreach programs, cultural responsiveness or geographic accessibility. If these organisations are not bound by the Charter, the very Carers who most need protection may lose visibility and advocacy within the service system.

> *Excluding NGOs and other providers from formal obligations seems counterproductive. NGOs and other providers make up a large portion of the care landscape, excluding them creates a major loophole in protections for carers. It leaves minimal obligation for these agencies will not be legally required to uphold the Carer's Charter in their policies and programs involving carers. It may also lead to carers losing protection, recognition and send the message that carer inclusion is optional, not a systemic standard. [Carer response]*
>
> *This distinction is problematic and inequitable. [Carer response]*

Unless robust mechanisms are put in place such as through procurement policies or voluntary adherence, there is a significant risk of gaps in implementation of the Charter principles outside the public sector.

Whilst there is strengthened obligations and reporting outlined in Section 6 and Section 7, this solely applies to the government agencies. This is a missed opportunity to strengthen systemic recognition of Carers across sectors and services in South Australia and significantly undermines the intent of the Act to embed Carer recognition and the voice of Carers across the entire service system, not just within government departments.

> *Carers have lived expertise and should not be afterthoughts in decision making processes. The Act should mandate carer inclusion in policy and service design. [Carer response]*
>
> *Embedded Carer voices should be at every level drive cultural and systemic change. Carers should be included in governance and oversight bodies. Why: [Carer response]*

We remain concerned about the Public sector agencies' ability to establish the requirements pertaining to Section 6 in the contractual arrangements they make with service providers along with a commitment by the Australian Government's to appropriate funding and effective execution of initiatives such as the existing *Carer-Inclusive Workplace Initiative* and the Priority outcome areas and actions described in the *National Carer Strategy 2024–2034* and associated three year action plan provides for the amendment to not limit Section 6.

Under the proposed *Amendment Bill* there will be no statutory obligation for non-government organisations to report on how they support Carers, incorporate Carer feedback, or adhere to Carer-inclusive practices. Monitoring bodies (e.g., the Department of Human Services) will lack authority to assess or enforce Carer policy and standards in the non-government and community sector. Carers will have fewer avenues for recourse if non-government organisations do not meet expectations for respect, involvement in decision-making or wellbeing. This is particularly concerning given that the *National Carer Strategy* prioritises *accountability and transparency* as critical pillars for Carer support across all service systems, not just the public sector.

The 2023 Review of the Carers Recognition Act recommended maintaining the inclusion of non-government organisations as applicable organisations to support whole-of-sector cultural change.

Further, non-government organisations should remain as reporting organisations to ensure a reporting framework for these organisations. As it stands with the current Act there is no reporting framework to hold organisations accountable to this legislation or to Carers.

> *Carers rely on services across multiple sectors. Excluding non-government providers undermines the rights of carers and fragments their recognition. The legislation must extend formal obligations to NGOs and private providers. [Carer response]*
>
> *Without transparent accountability, the Act risks becoming symbolic rather than enforceable. The legislation must establish a compliance reporting framework. [Carer response]*
>
> *Incorporate monitoring and compliance tools with clear performance indicators. [Carer response]*

The decision to narrow the scope contradicts that advice and misses an opportunity to drive broader systemic improvement in Carer engagement, align with the Australian Government's goal of a nationally coherent and inclusive care environment and strengthen outcomes across both formal and informal care sectors. To address these shortfalls, we make the following recommendations for greater transparency, accountability, reporting and oversight.

Recommendation 4a: We recommend reinstating non-government providers as 'applicable organisations' under the Act to ensure that all service providers delivering care-related services are accountable to the Carers Charter and the objects of the act to continue to provide for the reporting by both government and non-government 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.

Recommendation 4b: In the absence of this, we recommend as a minimum, a reporting framework developed and implemented to hold organisations accountable under the Act. Mechanisms must be put in place e.g., through procurement policies or voluntary adherence and enforcement actions, when organisations are not accountable.

And in relation to further legislated obligations related to the Charter we make the following recommendations

Recommendation 5: We recommend mandatory Charter compliance clauses in government service agreements, even if, non-government organisations are not reinstated as legislatively bound, to maintain accountability in outsourced services.

Recommendation 6: We recommend transparent reporting obligations for all non-government organisations and contracted providers to demonstrate Charter-aligned outcomes for Carers.

> *The proposed changes represent a step back in carer recognition and rights. Given the government's push towards outsourcing delivery of human services to NGOs (i.e., particularly within disability, aged care, mental health, AOD - the key systems carers are often required to engage with), the need for Carers to interact with NGOs will only grow. The amendment to restrict 'applicable organisations will likely create a misalignment between policy and practice, creating a situation where: carers engaging with government-contracted services may no longer be guaranteed the same recognition and rights under the Act, there are inconsistent experiences for carers – depending on provider. It also infers that carer recognition is optional. The proposed amendments send a confusing signal about carer-centred/inclusive practice, ignores other National policy areas which promote shared responsibility, and reduces the Charter to a symbolic document with limited enforceability. Given rural communities are often required to outsource service delivery, this is important. [Carer response]*

It should be noted that, as a co-signatory to this submission, Carer and Community SA (CCSA), agree in principle that the amendment narrows the scope of the Act. However, in their separate submission dated 29 July, CCSA express that a commitment to action by both State and Australian Government can give effect to Section 6.

Carers Charter

We support the expansion of the Charter and inclusion of the seven principles that better reflect caring relationships and their alignment with the *National Carer Strategy* pillars, particularly on *recognition*, *inclusion*, and *wellbeing*. These include the need for Carers to be recognised, respected and valued, acknowledgement of Aboriginal and Torres Strait Islander Carers, acknowledgement of Young Carers and the importance of Carer wellbeing, inclusion in care planning, and flexible service delivery.

> *The revised Charter is a significant improvement. It meaningfully incorporates principles of cultural safety, intersectionality, gendered impacts, and recognition of young carers, all of which are critical for a nuanced and equitable approach to carer support. These additions acknowledge the complexity of carers' identities and challenges, supporting a more person-centred and inclusive service delivery framework. [Carer response]*

We note also that the more expanded and comprehensive Charter has taken on the feedback provided in public consultations in 2024 and we commend the SA Government for the comprehensive amendment of the Carers Charter. Stronger language that strengthens the Charter principally as rights based would further strengthen the Charter as in promoting and protecting human rights and would strengthening the capacity of Carers as rights holders to make claims against breaches and hold those who breach the Charter, accountable.

Recommendation 7: We strongly recommend the strengthening of the Charter to specifically and consciously be acknowledged as a rights-based Charter that aims to uphold Carer's human rights and ground it more firmly within its social justice framework.

Significantly however, there is no legal enforceability of the Charter. In essence it sets expectations but not obligations or accountability and it fails to provide Carers with legislated rights or provides for Carers to actively seek redress if the principles are ignored.

> *Using language that reinforces carers are entitled to support/inclusion, rights and protections - and not just sacrifice - might further support the Charters social justice ethos. [Carer response]*
>
> *Inclusion/acknowledgement that the Charter aims to uphold Carer's human rights would ground it more firmly within its social justice framework. [Carer response]*

Further, even with the expansion of the Charter principles, there remain exclusions that weaken the Act overall and fail in the opportunity to enforce greater relief for Carers of the burden of caring, support for Carers wellbeing and act to reduce the burden of caring loss of opportunity as a direct impact of their caring role. We recommend the following additional inclusions/reviews in the Charter.

Informal Carers

Informal Carers are referred to by a range of titles to clarify their specific care relationship and in seeking access to services and supports that are currently outside their reach. These include grandparent Carers, kinships Carers, sibling Carers. Irrespective of these names they are extended family relationships that play a central role and care relationship in the responsibility for raising and providing ongoing care for children who are no longer able to be cared for by their parents. The nature of their 'informal' care relationship exists in their familial/kinship connection and not legalised through guardianship or licensing arrangements.

Informal Carers continue to experience barriers to accessing supports and services. Whilst they are not excluded in principle, practical implementation and access to services are still a barrier for Informal Carers, many of whom find they are not eligible for respite and other Carer services and/or financial support for the cost of caring for children when many grandparent Carers are living on an aged pension.

> *Articulating that care can be provided by friends, neighbours, kin and 'chosen family', particularly within LGBTIQA+ and culturally diverse communities, would also help support goals of cultural safety and intersectionality. [Carer response]*

In supporting this however we recognise that siblings, both child and adult, grandparents and other family relationships and close family friends can be and often are Carers, including where their role is primarily emotional support, advocacy, safeguarding, or intermittent practical care.

We also support the recognition of informal Carers as aligned with the findings from the 2024 statutory review of the *Carers Recognition Act 2005 South Australia* which highlighted the crucial role played by informal kinship carers, often grandparents, who provide consistent and significant care to young family members outside formal systems.

We are clear that this does not include all familial (immediate or extended) relationships where family members they may look after and support other people within their immediate or extended family in commonly accepted circumstances. We support that this expanded definition recognises those Informal Carers who have a role in providing care and support for a person as identified under the definition of Carer in this Act.'

Recommendation 8: We recommend the recognition of the unique and complex roles of Informal Carers in the Charter to ensure they are able to access the fullest range of Carer services provided to other Carers irrespective of the ambiguities around guardianship and legal status.

Recommendation 9: We recommend enforceability mechanisms for the Charter, including complaint processes and reporting obligations for public agencies and non-government organisations.

> *Create a complaints and redress mechanism for carers Why: Carers must have a clear way to realise concerns and seek remedy when they are excluded or ignored. [Carer response]*

Young Carers

The National Carer Strategy 2024–34 emphasises Young Carers as a priority group and this alignment is not fully realised in the state legislation. While Young Carers are directly identified in the Charter, the lack of tailored language or provisions in the *Bill* means the '*specific needs of young carers'* are not articulated or directly addressed other than '*they have the support and opportunities needed to reach their full potential'*.

We raise the concern that the amendment for Young Carers appears to have reduced acknowledgment of the challenges faced. The prevailing Act contains a dedicated section (Schedule 1, Part 6) prescribing specific rights and needs of children and young people who are Carers, including: recognition and tailored support; acknowledgment of unique barriers to service access and a requirement that caring responsibilities be minimised. The proposed amendment, in contrast, is a simplified statement and we recommend that it be reviewed to ensure it captures the challenges, as per the prevailing Act.

Young carers remain particularly vulnerable. Despite being referenced in the Charter, there are no concrete mechanisms for their identification, engagement, or support. Young Carers often face educational disadvantage, mental health issues, and social isolation. The Bill fails to include any statutory support pathways, such as priority access to school counsellors, identifying Young Carers and active support to for school retention and transition to higher learning opportunities.

There are no mechanisms guaranteeing support in educational settings, mental health access, or respite or protecting the rights of Young Carers. Most significantly the Act must articulate a commitment to reducing the burden on Young Carers of ‘excessive levels of care’ as identified in the National Carer Strategy and primarily, statutory protections for Young Carers, specifically those who are children.

Importantly there is a pressing need to have Commonwealth and State legislative alignment on the definition of Young Carers from an age eligibility perspective to Gateway services. The state definition is *25 and under* and the Commonwealth definition is *Under 25*.

Recommendation 10: We recommend the proposed amendment of Young Carer be further reviewed to ensure it captures the challenges and burdens faced by Young Carers.

Recommendation 11: We recommend inclusion of statutory protections for Young Carers, including education support, mental health resources, and access to respite care.

Recommendation 12: We recommend articulating a commitment to reducing the burden on Young Carers of ‘excessive levels of care’ as identified in the National Carer Strategy and primarily, statutory protections for Young Carers, specifically those who are children.

Carer Advocacy Roles – who support a person in supported residential services

The 2023 Review recommended inclusion of Carers who continue to represent and advocate for people in aged care or supported housing as a recognition of their continued care relationship. The Charter recognises Carers as partners in care with other service providers. This could be strengthened to recognise the significant care that many Carers continue to provide and the nature of the care relationship uniquely in residential support services (e.g., aged care, disability).

Historically they have been referred to as past Carers however, many of these Carers continue to provide significant care, which still may include personal, emotional and physical care. These Carers are far from ceasing the care relationship when the person moves into residential facilities/supported housing and frequently continue to provide care.

They frequently continue to provide a significant range of personal care, they advocate for care, raise issues of concern and report incidents, manage the persons finances, monitor medicines, purchase equipment and aids that the facility does not provide, engage with health services outside of the supported residential services and provide emotional support and safeguarding.

The Charter does not acknowledge Carers who support a person in residential supported services. This misses another important opportunity to recognise and support the systems and services to recognise this broader dimension of care and the continued role of the Carer. This legislative acknowledgement would further empower and enable Carers for people in residential supported services in their continued advocacy and strengthen their partnership in care.

Recommendation 13: We recommend the acknowledgement in the Charter, of Carers who continue to provide practical, emotional, personal support for the person they care for, even when they have transitioned into supported residential services, and recognise their significant and ongoing advocacy role for the person they care for.

Financial Security for Carers

Financial hardship and the urgent need for financial security for Carers has been ignored in the Amendment Bill. There is no principle that addresses the financial pressures faced by Carers. The *Carers Australia 2025 Pre-Budget Submission* called for targeted financial supports, including increased carer payments.

In this Submission Carers Australia identified that without the valuable contribution of Australia's 3 million carers, Australia's health system would collapse. The cost of replacing the care they provide was estimated to be $77.9 billion in 2020. What is persistently overlooked, is the personal cost of providing care, that Carers absorb across their caring experience leading to poverty, financial stress, lowered wellbeing and lowered education outcomes for Young Carers.

> *The Bill it mentions the sacrifices a carer's gives. It could be beneficial to carers if it is mentions that carers lived experience is to be seen as previous employment history. When a carer devotes their life to the needs of the individual, it prevents a unique challenge to enter the workforce. A section of legislation could be empowering for a carer to mention in a cover letter. Ie, I kindly ask that you consider my lived experience as per the SA Carers Recognition Act... [Carer response]*

This significant burden and its detrimental outcomes across lifespan for Carers is overlooked in the amendment Bill.

Carers Australia recommended key achievable measures to improve outcomes for Carers that would not impose significant Budget costs. Their recommendations were targeted to:

- Provide relief for carers who are dependent on social security support because of the constraints of their caring role to cope with the cost-of-living challenges.
- Improve employment environments to allow for the flexibility that enables more carers to better balance work and care responsibilities.
- Provide modest additional financial assistance for young carers who struggle to afford the costs of their education; and
- Provide more recognition of and advice for carers from health care professionals, to alert carers to their anticipated journey and the supports available to them at point of diagnosis for the person they are caring for.

Recommendation 14: We recommend inclusion of financial security principles, with commitments to reduce economic stress on Carers.

> *The Charter acknowledges carer "personal" sacrifices (i.e., forgoing careers, social lives etc). However, this clause may also benefit from highlighting that Carers' economic role is not only a sacrifice, but also a structurally/systemically unsupported contribution. [Carer response]*

Recommendations

Carers SA, as the peak advocacy body for Carers in South Australia, has a critical advocacy mandate in ensuring that all organisations, regardless of sector (i.e., health, disability, mental health, aged care, education sectors and more) are accountable for the recognition, rights and wellbeing of Carers. We are well positioned, to work with the sector partners and with government to implement key actions and strategies to relevant to its recommendations and to align with the National Carer Strategy.

With our co-collaborators and network partners we advocate for amendments that embed rights and recognition for all Carers, ensure transparent accountability and compliance and provide meaningful and measurable outcomes.

Definition of a carer

Recommendation 1: A broader interpretation of *mental ill health* that recognises those mental health factors that may predispose a person to *mental illness and would strengthen the definition* to be more inclusive of a broader range of care relationships.

Recommendation 2a: We recommend a definition of a *medical condition* could be broadened to, for example to read *(including terminal, degenerative, chronic illness, severe infections, injuries and surgeries with long term recovery)*.

Recommendation 2b: Alternatively, more simply …*medical conditions that require care for ongoing, degenerative or long-term recovery care*.

Recommendation 3: We recommend retaining the parameters of frailty in the current Act which are more closely aligned to the care relationship '*a person who, because of frailty, requires assistance with the carrying out of everyday tasks.'*

Definition of Applicable Organisations

Recommendation 4a: We recommend reinstating non-government providers as 'applicable organisations' under the Act to ensure that all service providers delivering care-related services are accountable to the Carers Charter and the objects of the act to continue to provide for the reporting by both government and non-government 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.

Recommendation 4b: In the absence of this we recommend as a minimum, a reporting framework developed and implemented to hold organisations accountable under the Act. Mechanisms must be put in place e.g., through procurement policies or voluntary adherence and enforcement actions when organisations are not accountable.

Recommendation 5: We recommend mandatory Charter compliance clauses in government service agreements, even if, non-government organisations are not reinstated as legislatively bound, to maintain accountability in outsourced services.

Recommendation 6: We recommend transparent reporting obligations for all non-government organisations and contracted providers to demonstrate Charter-aligned outcomes for Carers.

Carer Charter

Recommendation 7: We strongly recommend the strengthening of the Charter to specifically and consciously be acknowledged as a rights-based Charter that aims to uphold Carer's human rights and ground it more firmly within its social justice framework.

Recommendation 8: We recommend the recognition of the unique and complex roles of Informal Carers in the Charter to ensure they are able to access the fullest range of Carer services provided to other Carers irrespective of the ambiguities around guardianship and legal status.

Recommendation 9: We recommend enforceability mechanisms for the Charter, including complaint processes and reporting obligations for public agencies and non-government organisations.

Recommendation 10: We recommend the proposed amendment of Young Carer be further reviewed to ensure it captures the challenges and burdens faced by Young Carers.

Recommendation 11: We recommend inclusion of statutory protections for Young Carers, including education support, mental health resources, and access to respite care.

Recommendation 12: We recommend articulating a commitment to reducing the burden on Young Carers of 'excessive levels of care' as identified in the National Carer Strategy and primarily, statutory protections for Young Carers, specifically those who are children.

Recommendation 13: We recommend the acknowledgement in the Charter of Carers who continue to provide practical, emotional, personal support for the person they care for, even when they have transitioned into supported residential services and recognise their significant and ongoing advocacy role for the person they care for.

Recommendation 14: We recommend inclusion of financial security principles, with commitments to reduce economic stress on Carers.

Carers SA convenes the Carer Services Network of South Australia. Carers & Disability Link and Carer and Community SA as member organisations of the Network, are co-contributor to this response, as are the Carers who individually responded.

CARERS & DISABILITY LINK

Carer & Community SA

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