CONFIDENTIAL - DRAFT

Public Feedback on the Draft National Carer Strategy

Attachment 1 – Consultation Summary Reports

November 2024

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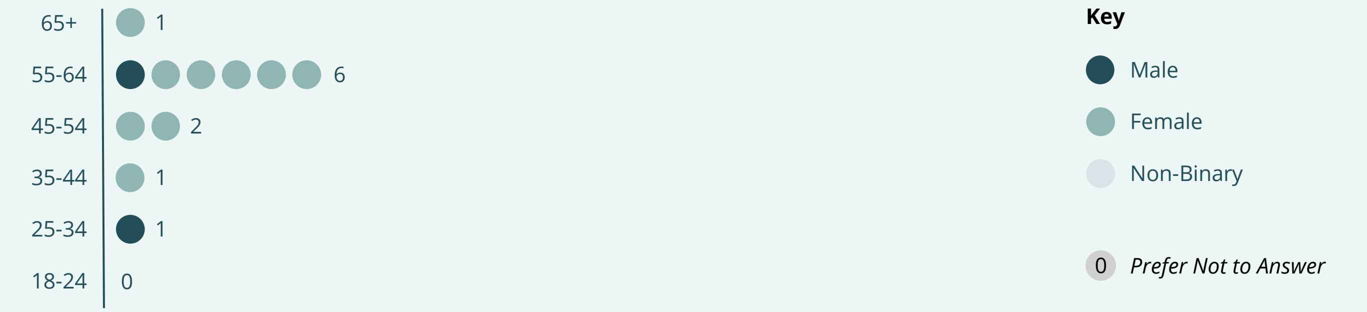
Please note that the survey percentages throughout the report may not total 100% due to rounding to the nearest whole number.

National Carer Strategy Consultations

Public Feedback on the Draft National Carer Strategy – Summary Report
Date of Consultation: 22nd October 2024

Attendee Demographics

Gender and Age Demographic (N=11)



Carer Diversity Marker (n=16)

CALD	First Nations	LGBTIQA+	Neurodivergent	Person with a Disability	Regional/Rural/ Remote	None
2	1	0	2	4	3	4

0 *Prefer Not to Answer*

Carer Recipient's Condition (n=22)

Physical Disability	Mental Illness	Chronic Condition	Terminal Illness	Alcohol or Drug Issue	Neurodivergent	Frailty Due to Age	Other*
6	3	3	2	0	4	1	2

**Where a description is provided, this category includes individuals with intellectual disabilities, and genetic conditions such as Noonans Syndrome.*

1 *Prefer Not to Answer*

Notes

1. *The number of carers (N) does not equal the total number of caring situations (n), as carers may have multiple diversity markers or care for different recipients with varying conditions, either simultaneously or at different periods in their lives.*
2. *Not all carers in the consultation actively engaged with the Menti survey tool. This has resulted in a discrepancy between the total number of carers in attendance (N) and the number of responses recorded in Menti (n).*

Overall Satisfaction

To what extent are you satisfied with the draft National Carer Strategy? n=10

Committed	Satisfied	Neutral	Dissatisfied	Opposed
0%	60%	30%	10%	0%

- Carers felt a sense of relief that they were finally being recognised, particularly carers who were carers before the NDIS reforms. They expressed gratitude for being involved in the consultation process, noting that they had often felt invisible and taken for granted, and were pleased to see some of the suggestions shared in the initial phase of consultations reflected in the Strategy.
- Carers reported a general lack of trust that there would actually be any outcomes from the Strategy, and a timeline and list of priorities were needed to ensure accountability.
- Carers expressed significant confusion among organisations involved in the National Carer Strategy due to misalignment and lack of communication between state initiatives (e.g., Victorian Government Strategy Refresh) and federal efforts. Consequently, while they appreciate the intent of the Strategy, there is a perception that key organisations are not committed to the necessary changes, leading to concerns about the consistency of supports across States and Territories.
- Carers noted that the language used in the draft National Carer Strategy was broadly easy to read, although some paragraphs required more careful reading than others. They shared that the language used felt disingenuous and overly bureaucratic.
- Carers highlighted confusion about who was responsible for various aspects of the Strategy, highlighting the need for a clear governance framework including endorsement from all States and Territories and service providers.
- Carers expressed a need to describe the diversity of the carer role (i.e., based on the relationship with care recipient, condition of the care recipient, geography, carer demographics and the social systems engaged) as there is considerable variation that was not adequately acknowledged.

Vision

Do you believe this is the right vision? n=8

Yes	Somewhat	No
75%	25%	0%

- Carers suggested that the vision could benefit from including a timeframe, such as by 2035, to provide greater confidence and accountability.
- Carers reported that the vision needed to be more holistic, recognising carers as whole individuals with meaningful and purposeful lives, rather than just focusing on their caring roles, which was implied by "fulfil their caring role." They questioned if swapping the word 'carer' with 'Australians' would be appropriate for the general population.
- Some carers felt that the vision was too general and optimistic, suggesting it should be more realistic and digestible to hold the Strategy accountable. *"I want to more than just participate in society and fulfil caring role – both on the way in and also way out. 'Empowering me with support' doesn't specifically work or go far enough."*

Principles

Do you resonate with these Principles? n=8

Yes	Somewhat	No
0%	38%	63%

- Carers stated that the principles seemed generic, but felt this was positive because it allowed them to cover a wide range of areas.
- Carers noted that the current principles only considered government accountabilities and actions but also needed to include the entire ecosystem – Federal, State and Local Governments, service providers, and NGOs.
- Carers highlighted that an intersectionality lens should be explicitly referenced within the principles.
- Carers suggested adding a principle focused on empowering and enabling carers at key transition points.
- The principle of supporting agency was seen as broad and unclear, with suggestions to build on the strengths of carers, enabling and empowering communities of support.
- There was concern that the principle of supporting agency did not adequately reference providing carers with enough control over decisions affecting their lives; instead, it seemed to impose decisions from a central authority, making it feel too top-down and centralised. Carers appreciated the sentiment but suggested reconsidering the framing, as they often felt they had no choice in taking on the caring role.
- Carers expressed that federal government departments needed to be more than just transparent and accountable; they suggested adopting a streamlined approach, similar to the UK government, to improve efficiency and coordination of services.
- Carers noted that 'carer-centred' should state that carers are central to co-design processes, not merely that they "will be included".

Objectives

Do you resonate with each Objective?

Objective 1 *n=9*

Yes	Somewhat	No
11%	78%	11%

Objective 2 *n=9*

Yes	Somewhat	No
11%	33%	56%

Objective 3 *n=10*

Yes	Somewhat	No
20%	60%	20%

Objective 1

- Carers noted that they should be respected as individuals and not just recognised and valued as carers, emphasising a more holistic view.

Objective 2

- Carers expressed that "empowerment" should be replaced with "entitled," and recommended reconsidering the term "pursuing" as it implied that carers would still struggle in some aspects of life. They also felt that "pursuing other aspects" did not acknowledge carers who assumed the caring role reluctantly, and assumed caring was their primary priority rather than part of a balanced, fulfilling life.
- Carers suggested changing "pursuing" to "leading a good life."
- Carers highlighted that young carers, who will soon comprise a larger proportion of all carers, often do not want the role or hesitate to admit they have a family member with a disability due to social stigma which Objective 2 does not reflect.

Objective 3

- Carers advocated for a holistic view of the caring journey, encompassing the continuum of care before, during, and after their caring responsibilities.
- Carers highlighted the need for clear definitions of health, safety, wellbeing, and financial security, and that they should be 'prioritised' rather than just 'supported'. They questioned what "supported" means and who is responsible for defining these terms.
- Carers suggested including opportunities for education and upskilling or re-skilling.
- Carers noted that financial security should encompass secure housing and require proper acknowledgment.
- Carers expressed that the application process for government support payments – NDIS, My Aged Care, Centrelink – should be streamlined as it is currently difficult to navigate and will be a consideration for achieving this objective.
- Carers proposed the introduction of a National Carers Charter for a more comprehensive approach, potentially aligned with the United Nations Universal Declaration of Human Rights to consider achieving this objective.

Priority Outcome Areas

Do you resonate with each Priority Outcome Area? n=10

POA 1

Yes	Somewhat	No
10%	90%	0%

POA 2

Yes	Somewhat	No
50%	30%	20%

POA 3

Yes	Somewhat	No
50%	30%	20%

POA 4

Yes	Somewhat	No
40%	30%	30%

POA 5

Yes	Somewhat	No
50%	50%	0%

POA 6

Yes	Somewhat	No
80%	20%	0%

Priority Outcome Area 1

- Carers noted that the onus should not be solely on them to ‘self-identify’.
- Carers expressed that changes in carer payment eligibility and work rules were necessary.

Priority Outcome Area 2

- Carers expressed that "caring continuum" was not the appropriate terminology to articulate their individual and sometimes multiple unique caring journeys.
- Carers emphasised that supports, services, and programs needed to be accessible, with some options available with no out-of-pocket costs.
- Carers highlighted the importance of service awareness and availability, as many were unsure of where to seek help, and when they did were faced with long wait times, especially in rural areas.
- Carers noted that while many helpful services exist, there was a lack of awareness about them and suggested that people should be able to search for them in one central place.
- Carers suggested localised peer support groups and carer hubs with dedicated social workers would support them in this area.
- Carers called for greater involvement in policymaking.
- Carers advocated for a transformational approach in how the Australian government delivers services, emphasising respect and meaningful life for carers.

Priority Outcome Area 3

- Carers proposed that providing a roadmap to navigate the carering experience would demonstrate empowerment.
- Carers suggested that AI could help map their life journeys into detailed roadmaps, connecting them with appropriate service delivery organisations.

Priority Outcome Area 4

- Carers expressed the need for the ‘choice’ to access, pursue, and maintain employment and education to improve their financial well-being.
- Carers highlighted the importance of assertive rollout of employment programs for carers and called for recognition of lived experience and life skills. They emphasised that discrimination is real and needs to be robustly addressed. *“I put in 200 job applications 5 years ago and didn’t get one response. Other carers also share with me that gaps in CVs are not appreciated. There are algorithms used on job platforms that subtly exclude carers.”*
- Carers noted the need to educate society and services about carers, questioning what financial well-being truly means – whether it’s merely being able to eat or thriving and having savings. They stressed that basic human rights should be a given.

Priority Outcome Area 5

- In Victoria, carers highlighted challenges regarding accountability for providing mental health care, noting that community care is best described as home care, which lacks funding, leading to cyclical issues requiring consideration in this area.

Priority Outcome Area 6

- Carers highlighted the importance of building an evidence base to better understand who carers are, their experiences, and what works for them. They emphasised that this evidence base should be built with carers, not just for them, placing lived experience at the centre. *“I have to think that Carer Gateway has been in operation for 5 years - why is there no information captured which would have defined these needs and why haven’t we started on real programs by now? It seems like it’s just a survey with no commitment to actually DO.”*

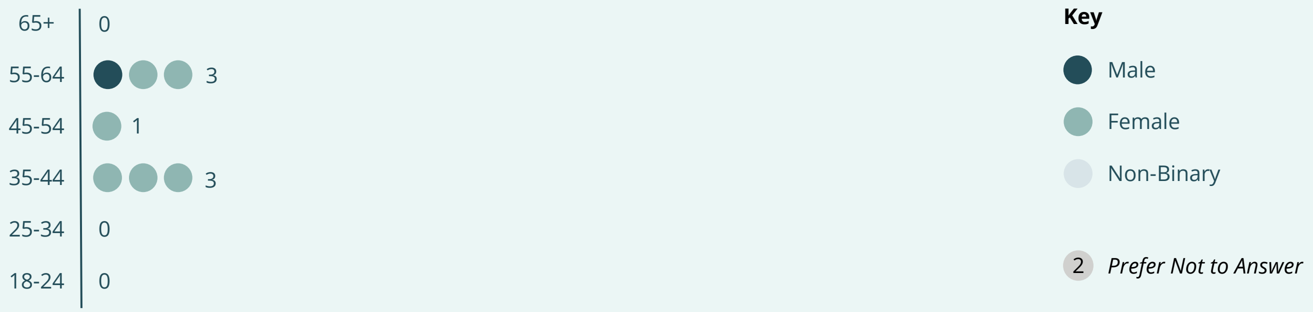
National Carer Strategy Consultations

Public Feedback on the Draft National Carer Strategy – Summary Report

Date of Consultation: 23rd October 2024

Attendee Demographics

Gender and Age Demographic (N=9)



Carer Diversity Marker (n=12)

CALD	First Nations	LGBTIQA+	Neurodivergent	Person with a Disability	Regional/Rural/ Remote	None
3	0	0	2	1	1	2

3 *Prefer Not to Answer*

Carer Recipient's Condition (n=15)

Physical Disability	Mental Illness	Chronic Condition	Terminal Illness	Alcohol or Drug Issue	Neurodivergent	Frailty Due to Age	Other*
0	3	2	1	0	2	2	1

** Where a description is provided, this category includes individuals with Vascular dementia, Alzheimer's and Dementia with Lewy bodies.*

4 *Prefer Not to Answer*

Notes

1. *The number of carers (N) does not equal the total number of caring situations (n), as carers may have multiple diversity markers or care for different recipients with varying conditions, either simultaneously or at different periods in their lives.*
2. *Not all carers in the consultation actively engaged with the Menti survey tool. This has resulted in a discrepancy between the total number of carers in attendance (N) and the number of responses recorded in Menti (n).*

Overall Satisfaction

To what extent are you satisfied with the draft National Carer Strategy? n=9

Committed	Satisfied	Neutral	Dissatisfied	Opposed
33%	33%	22%	11%	0%

- Carers expressed that the Strategy represents a long-awaited need for fundamentally recognising and valuing carers' contributions to society. While carers broadly agreed with the Strategy's intended outcomes but expressed concerns about the commitment to effective implementation. *"The sentiment is there – how and if we get there is a different story."*
- Carers appreciated that the Strategy centres the carer role without requiring disclosure of the type of carer they are to receive support. They valued the soft entry approach where privacy is respected.
- Carers reported a need for an explicit reference to mental health carers within the Strategy, ensuring their needs are prioritised. There is significant stigma associated with mental health conditions, leading many to avoid identifying as carers.
- Carers highlighted that families caring for children with disabilities, chronic conditions, or mental health conditions are missing from the discussion. They emphasised the unique challenges faced by parents, siblings, and families of under-18s in securing understanding and support for their caring roles.
- Carers noted the Strategy did not acknowledge young carers. *"I've lost students at Year 11 and 12 who had to drop out to care for younger siblings due to parental addiction. These carers are neither mentioned nor recognised. They won't seek support for fear of family separation." "I have taught many children from war-torn countries and those with a parent in jail, who must care for younger siblings."*

Vision

Do you believe this is the right Vision? n=9

67%	22%	11%
Yes	No	Unsure

- Carers expressed appreciation for the broad vision statement, noting that specificity can be addressed in the Priority Outcome Areas. They believed the Vision needs to be all-encompassing.
- Carers suggested using stronger vocabulary such as "protected," "provided for," and "service and financially valued" as their preferred word choices. They felt these terms are more tangible than the "loose" definitions of being 'recognised, valued, and empowered'.
- Carers noted that recognising carers as critical to society should be part of the Vision. They emphasised that without carers, the health system would not cope with the demand for services.

Principles

Is there anything the Principles don't capture? n=9

11%	44%	44%
No	Yes	Unsure

- Carers suggested that the "Accessible, Equitable and Inclusive" Principle recognise the need for accessible and flexible support services that can adapt to the changing needs of carers and those they care for and include a focus on the sustainability of support for carers.
- Carers stated that within the Principle of "Evidence Informed," evidence "for carers is by carers," including lived experience data.
- Carers noted that within the "Supporting Agency" Principle there should be an emphasis on co-design and collaboration with carers in policy development and service design to ensure their voices are heard and their needs are appropriately met.
- Carers noted that different agencies support various segments of the caring population, each with different standards for supporting carers. They called for not just transparency and accountability, but also a consistent and equitable approach that is less restrictive. Carers emphasised the need to uplift all agencies to the standard of those that perform well, ensuring everyone receives a high level of support without compromising the needs of aged care recipients.
- CALD carers reported that due to cultural stigma, they often do not access the NDIS or receive support from other organisations, resulting in them missing out. They highlighted the challenges in recognition and information dissemination, suggesting that accessibility and diversity should be key principles.
- Carers were uncertain about how to incorporate this into a new or existing principle, however emphasised the importance of being believed, as they often have to prove that they are being truthful when acting on behalf of their care recipient and accessing support e.g., Carer Payments.

Objectives

Do you think these Objectives will help achieve the Vision?

Objective 1 *n=9*

89%	0%	11%
Yes	No	Unsure

Objective 2 *n=9*

67%	22%	11%
Yes	No	Unsure

Objective 3 *n=9*

100%	0%	0%
Yes	No	Unsure

Objective 1

- Carers shared that Objective 1 focuses only on external recognition of caring, rather than carers recognising themselves as carers. If individuals do not recognise themselves as carers, they are unlikely to seek assistance. "There's no point in society recognising caring as a theoretical concept if the individual in the role can't see themselves as that." Carers stated that a good Strategy would help individuals identify themselves as carers if they cannot do so on their own.
- Carers struggled with the concept of recognition, noting that it isn't just about being told, *"You're amazing, you're a carer."* They stressed the need for tangible benefits and changes resulting from recognition.
- Carers queried how the Objectives relate to the Carer Recognition Act and whether the statements could be aligned for consistency, highlighting the importance of coordinated legislation and policy.
- Carers mentioned that the term "carer" is often exclusionary, as it may not resonate with everyone who performs caring roles. They highlighted that some individuals do not identify with the label, which can result in them missing out on support and resources designed for carers.

Objective 2

- Carers suggested reframing Objective 2 to "Carers are supported to live fulfilling lives while being empowered to fulfil their caring role." as they wished to be recognised as individuals entitled to live a meaningful life first, then as carers. They did not want to be defined as an individual by their caring role. They noted that if the system supported carers properly, caring would not be such a burden.
- Carers noted that the word "pursue" sounds more like a hobby than a life goal, and requested that a different term be considered.
- Carers expressed their approval of the word "empowered" in this objective, as it accurately reflects their desire for genuine support and autonomy.

Objective 3

- 100% Satisfied – No further comments.

Priority Outcome Areas (POAs)

Do you think action in these Priority Outcome Areas will assist you in your caring role?

POA 1 *n=9*

Yes	No	Unsure
56%	22%	22%

POA 2 *n=9*

Yes	No	Unsure
100%	0%	0%

POA 3 *n=8*

Yes	No	Unsure
63%	13%	25%

POA 4 *n=9*

Yes	No	Unsure
56%	22%	22%

POA 5 *n=9*

Yes	No	Unsure
67%	22%	11%

POA 6 *n=9*

Yes	No	Unsure
67%	22%	11%

Priority Outcome Area 1

- Carers suggested that carers should come first in this statement, rather than being secondary to paid professionals, community and the government. Appreciating the intent was appropriate, they felt that the language needs improvement to be truly carer-centred.
- Carers expressed that they do not want just recognition; they want tangible support. *"We want carers to be supported in their own right, not just recognised and valued."*
- Carers highlighted the need for an outcome area that addresses self-recognition and helps all people understand the profile of carers. They suggested actions such as media campaigns for public education to achieve this and designed in a way where carers can see themselves in the messaging.
- Carers pointed out the significant issue of unpaid carers often being overlooked, not consulted, and unappreciated by paid carers. They called for paid carers to prioritise the person they care for but also to respect the role, relationship, and rights of unpaid carers and the importance of working alongside each other.

Priority Outcome Area 2

- 100% Satisfied – No further comments.

Priority Outcome Area 3

- Carers noted that they would like to see first aid courses included in this Priority Outcome Area, highlighting their usefulness to the entire community. They suggested offering these courses via Zoom to improve accessibility and providing free general training for those in caring roles.

Priority Outcome Area 4

- Carers noted that getting carers back into the workforce requires significant effort in establishing support networks. They insisted on including the term "flexible employment," highlighting that hybrid working arrangements are critical for balancing care responsibilities.
- Carers suggested that workplaces should contribute to the National Carer Recognition Act.
- Carers in the gig economy pointed out the lack of protections and the financial burden of maintaining qualifications. They emphasised the need for support in this area.
- Carers questioned whether the Strategy includes CALD communities on temporary visas and stressed the importance of addressing financial disparities for unpaid carers, including issues like part-time work, low superannuation, and the gender pay gap. Carers identified the need for a 'protective' policy for unpaid CALD carers on temporary visas. They stressed that the Department of Home Affairs Immigration should prioritise these cases. As of 2024, the processing time for a Permanent Residency Family Carer Visa (costing $4,000 plus $1,000 per dependent) is 8-10 years, during which applicants cannot earn income and have no guarantee of Permanent Residency.
- Carers highlighted the long-term financial impact of caring roles, even if the role lasts only a year or two, noting the significant issue of lacking superannuation.

Priority Outcome Area 5

- Carers stated an explicit mention to emotional wellbeing was needed in this Priority Outcome Area.
- Carers noted the absence of a Priority Outcome Area focused on simply participating in life and being part of a community. They recommended considering the eight dimensions of wellbeing: social, emotional, financial, spiritual, intellectual, physical, environmental, and occupational, to enable a fulfilling life.
- Carers suggested that the action plan should focus more on healthy living activities, including movement and Zoom seated exercises.
- Carers felt that the phrase "have access" is not strong enough, as access can be expensive and places the onus on the carer. They recommended stronger language that demonstrates support, empowerment, and assistance or reduced barriers to access.
- Carers suggested improving building designs and facilities to make it easier for carers to navigate the world with the person they care for, mentioning specific needs like appropriate seat heights, clear signage, and sufficient disability toilets.

Priority Outcome Area 6

- Carers recommended changing the language from "on carers" to "with carers" to emphasise collaboration.
- Carers were pleased to see this Priority Outcome Area, as it indicated a commitment to dedicated carer researchers focused on understanding the caring experience to drive meaningful change.

Which Priority Outcome Area is the most important to you? n=9

1	2	3	4	5	6
0%	33%	11%	33%	22%	0%

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Deloitte.

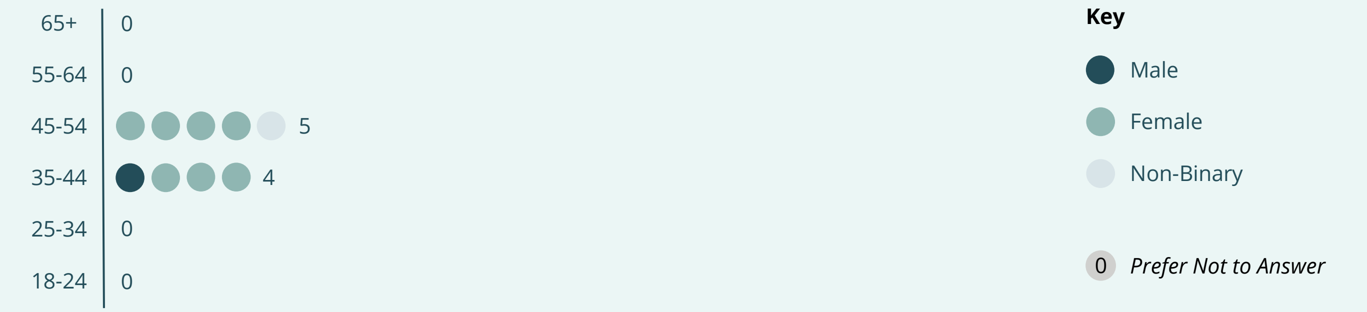
Australian Government
Department of Social Services

National Carer Strategy Consultations

Public Feedback on the Draft National Carer Strategy – Summary Report
Date of Consultation: 24th October 2024

Attendee Demographics

Gender and Age Demographic (N=9)



Carer Diversity Marker (n=15)

CALD	First Nations	LGBTIQA+	Neurodivergent	Person with a Disability	Regional/Rural/ Remote	None
2	0	2	4	3	2	1

1 Prefer Not to Answer

Carer Recipient's Condition (n=19)

Physical Disability	Mental Illness	Chronic Condition	Terminal Illness	Alcohol or Drug Issue	Neurodivergent	Frailty Due to Age	Other*
4	2	5	0	0	3	3	1

1 Prefer Not to Answer

**Where a description is provided, this category includes individuals with cognitive impairments, genetic conditions and intellectual disabilities.*

Notes

1. *The number of carers (N) does not equal the total number of caring situations (n), as carers may have multiple diversity markers or care for different recipients with varying conditions, either simultaneously or at different periods in their lives.*
2. *Not all carers in the consultation actively engaged with the Menti survey tool. This has resulted in a discrepancy between the total number of carers in attendance (N) and the number of responses recorded in Menti (n).*

Overall Satisfaction

To what extent are you satisfied with the draft National Carer Strategy? n=7

Committed	Satisfied	Neutral	Dissatisfied	Opposed
0%	43%	43%	14%	0%

- Carers were dissatisfied with the lack of immediate actions and solutions outlined within the Strategy.
- Carers were particularly focused on ensuring there would be immediate changes resulting from the Strategy's implementation however the proposed 'immediate' time frame of 2-3 years was not well received by carers.
- Carers reported that the draft National Carer Strategy was relatively clear to understand, but they had concerns with the lack of specificity in the use of language, which they perceived affected the transparency and accountability of the document for the Australian Government.
- Carers found it difficult to assess whether the Objectives and Priority Outcome Areas would help in achieving the Vision without an understanding of the Action Plans' content and timelines.
- Carers noted the importance of the Australian Government providing timely and transparent updates on the Action Plans and the metrics for measuring their success.
- Carers raised concerns about the Government's ability to implement timely and effective Action Plans due to the exclusion from their discussion and the lack of transparent timelines.
- Carers reported a need to engage with those who were hard to reach as part of the Strategy development and noted that they did not think this had occurred as part of the process that had been run to date.

Vision

Do you believe this is the right Vision? n=7

71%	0%	29%
Yes	No	Unsure

- Carers expressed that the terminology ‘participate fully’ was too subjective and unclear. They noted that each individual carer would have their own measure of full participation and this did not appear to capture its intent.
- Carers noted that the inclusion of participation in the Vision is undermined by the limit imposed on how many hours they can work while receiving Carer Payment. The restriction of 100 hours of work, study or volunteering activities over a 4-week period was highlighted as being incongruent with a Vision inclusive of participation.
- Carers expressed that full participation is hindered by discriminatory employers and insufficient protections.

Principles

Is there anything the Principles don’t capture? n=6

0%	50%	50%
No	Yes	Unsure

- Carers expressed a need to better emphasise the experience of those who care for young adults and children within the Principles. They noted that this cohort usually struggle for recognition and that ‘parental responsibility’ inhibits their ability to receive support as carers.
- Carers noted there is a lack of reflection and understanding of the individual and unique experiences that carers face – particular those who care for children/young adults.
- Carers suggested that the Principles should be more specific and include examples for carers to easily identify where their experience falls, making them feel heard. However, it was noted that this information was captured in the *‘How we will do it’* section of the Strategy.
- Carers were concerned with how the ‘Evidence Informed’ Principle would translate into action, in particular how different forms of evidence would be ranked or prioritised when deciding. Carers noted that direct feedback from carers needed to be a large part of the evidence used to ensure that their lived experience was included alongside quantitative information captured through general platforms.
- Carers were concerned with the relatively small sample size of the carer population that had engaged in the consultations and survey when compared to the total number of carers in Australia.

Objectives

Do you think these Objectives will help achieve the Vision?

Objective 1 *n=7*

43%	0%	57%
Yes	No	Unsure

Objective 2 *n=7*

43%	0%	57%
Yes	No	Unsure

Objective 3 *n=5*

40%	0%	60%
Yes	No	Unsure

Objective 1

- Carers believe the word ‘valued’ was too vague and could be better phrased to capture their contributions. They suggested “Carers are identified, recognised and valued in their communities but also in the support they provide”.
- Carers reported a need to make the Objective more explicitly about actions to value carers, rather than just a sentiment that they should feel valued.
- Carers expressed that a nationally consistent approach to supporting carers would be necessary to demonstrate the value of their contributions.

Objective 2

- Carers suggested that the wording of the objective be rephrased to state “Carers are supported and empowered to pursue other aspects of their life”.

Objective 3

- Carers were unclear about how the yet to be released action plans would support this objective, they noted that the sentiment is there but now needs to be brought to life. They highlighted that Carer Gateway was an example of support that should be meeting this objective, but they noted that it had not yet had a meaningful impact on their lives.
- Carers noted that this objective should not just support financial security but also allow carers to take control of their financial position by not limiting their ability to work and access the carers payment.
- Carers noted that this objective could not simply focus on the provision of service, but needed to be about ensuring timely, reliable and quality access that fixed the root cause of the issues rather than just providing more support.

Priority Outcome Areas

Do you think action in these Priority Outcome Areas will assist you in your caring role? n=5

	Yes	No	Unsure
POA 1	20%	20%	60%
POA 2	40%	20%	40%
POA 3	40%	0%	60%
POA 4	20%	40%	40%
POA 5	0%	40%	60%
POA 6	20%	0%	80%

Priority Outcome Area 1

- Carers noted that there should be greater identification of government agencies and services within the 'What we know' section of the Strategy as they are key services who reportedly do not recognise carers experience, contributions and value.

Priority Outcome Area 2

- Carers reported the need to highlight the compounding issues faced by carers outside of metropolitan areas within this Priority Outcome Area. They noted that regional/rural/remote carers have diminished access to services and supports and subsequently were often required to hold additional roles / provide additional services to those within a metropolitan setting.
- Carers noted the need to provide a distinction between their own health and wellbeing needs and those of their loved ones or care recipient.

Priority Outcome Area 3

- Carers reported that this Priority Outcome Area had oversimplified their experiences. They noted that it needed to be more specific to the needs of the care recipient and their unique conditions.
- Carers also suggested that there should be a focus on the need to provide knowledge and expertise for the specific conditions of their care recipient more so than a broad knowledge base and skillset.

Priority Outcome Area 4

- Carers highlighted the need to include supports within the workplace and the need for a specific focus on making workplaces 'carer-friendly.'
- Like Priority Outcome Area 1, carers noted that there should be greater identification of government agencies and services within the detailed description of this Priority Outcome Area as they are key services who influence carer's ability to access employment and education.

Priority Outcome Area 5

- Carers suggested that 'supports' should change to 'individualised appropriate supports' to appropriately recognise the unique experiences of carers and their individual support needs.
- Carers expressed that this Priority Outcome Area should be more carer-centered. They highlighted the need to feel protected if they attempt to access support services and that maintaining their psychological, physical and social wellbeing was difficult without a healthcare card.

Priority Outcome Area 6

- Multiple carers expressed some confusion surrounding the purpose of this Priority Outcome Area. "*I don't understand what this Priority Outcome Area really even means.'* Carers highlighted that there should already be an evidence base surrounding the carer experience highlighting Carer Gateway data and reports from Carers Australia as pre-existing evidence. As such, carers enquired as to why further information was necessary and when solutions would be implemented.
- Carers reported the need for the government to ensure equitable interaction and cooperation with smaller volunteer groups in addition to larger state level support services to build an appropriate evidence base.
- Carers suggested that the recognition of their societal contribution should be revered similarly to that experienced by Veterans.

Which Priority Outcome Area is the most important to you? n=5

1	2	3	4	5	6
0%	20%	0%	60%	0%	20%

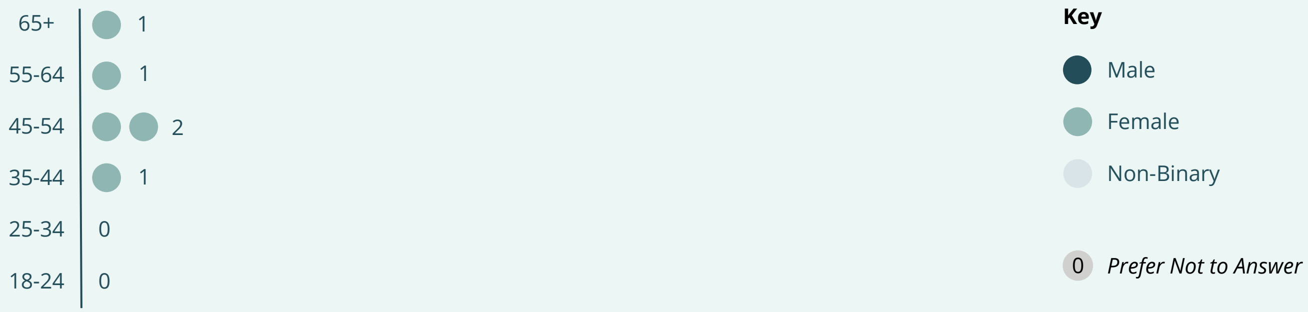
CONFIDENTIAL - DRAFT

National Carer Strategy Consultations

Public Feedback on the Draft National Carer Strategy – Summary Report
Date of Consultation: 27th October 2024

Attendee Demographics

Gender and Age Demographic (N=5)



Carer Diversity Marker (n=5)

CALD	First Nations	LGBTIQA+	Neurodivergent	Person with a Disability	Regional/Rural/ Remote	None
0	0	0	0	0	3	2

0 *Prefer Not to Answer*

Carer Recipient's Condition (n=10)

Physical Disability	Mental Illness	Chronic Condition	Terminal Illness	Alcohol or Drug Issue	Neurodivergent	Frailty Due to Age	Other
0	3	2	0	1	4	0	0

0 *Prefer Not to Answer*

Notes

1. *The number of carers (N) does not equal the total number of caring situations (n), as carers may have multiple diversity markers or care for different recipients with varying conditions, either simultaneously or at different periods in their lives.*
2. *Not all carers in the consultation actively engaged with the Menti survey tool. This has resulted in a discrepancy between the total number of carers in attendance (N) and the number of responses recorded in Menti (n).*

Overall Satisfaction

To what extent are you satisfied with the draft National Carer Strategy? n=6

Committed	Satisfied	Neutral	Dissatisfied	Opposed
17%	17%	67%	0%	0%

- Carers noted insufficient mention of legislative change in the Strategy to support their roles and rights, despite it being discussed in greater detail during the initial consultation process.
- Carers reported that while the Strategy reads well, its length (44 pages) is a lot of information to process.
- Carers highlighted that the chapter "Why Carers Matter" does not address carer burnout, which should be explicitly mentioned in this chapter.
- Carers were concerned about the lack of mention of foster carers, kinship carers, grandcarers, and parents of children aged 0-17. These groups face significant barriers to accessing support, often referred to as the "missing middle" because their caring roles are blurred with parental obligations. These carers also noted that young carer support starts only at age 16, leaving younger siblings who step into caring roles without necessary support.
- Carers were confused over the definitions of terms like 'supported', 'empowered', and 'recognition', indicating a need for clearer explanations or definitions.
- Carers highlighted that while there is a large focus on carer supports and services, the relationship between carers and care recipients is interconnected. For them, it's about supporting both parties, as their roles and needs cannot be separated.

Vision

Do you believe this is the right Vision? n=5

80%	0%	20%
Yes	**No**	**Unsure**

- Carers noted that the vision, if successful, would significantly improve their lives and are looking to the Action Plans for tangible changes.
- Carers expressed that while the vision is great, its implementation is crucial. They highlighted that it needs to change their experience in settings like hospitals, where they often feel pushed aside. They recgonised this issue will be addressed in Priority Outcome Area 1.
- Carers suggested replacing the word "support" with "resources".
- Carers appreciated the focus on being "recognised" and "valued" but were concerned that it might end there. They emphasised the need for actionable steps and the need "to do something for carers".
- Carers were confused about the definition of 'recognised.' They believed it referred to public recognition rather than recognition to facilitate access to supports.

Principles

Is there anything the Principles don't capture? n=5

20%	40%	40%
No	**Yes**	**Unsure**

- For the Principle of 'Carer-Centered', carers noted that they should be involved at all stages through grassroots efforts, codesign, and co-development. They noted previous gaps despite attempts at being carer-centric, however the use of "will be" in the Strategy demonstrates a firm commitment with focused language.
- Carers noted that the explicit inclusion of lived experience in evaluation processes within the Principle of 'Carer-Centered', was promising in that the key beneficiaries - carers, will be actively involved in monitoring and review.
- Carers questioned the extent of their inclusion in the Principle of 'Carer-Centred', especially in relation to the Principle of Supporting Agency. They expressed concerns about losing their voice due to the diversity and large number of carers involved.
- Carers asked whether a panel of carers will be established to support the Principle of 'Carer-Centred', given the large and diverse cohort. They questioned how lived experience will be integrated and maintained post-release of the final National Carer Strategy, especially since the Advisory Committee's role ends after the Strategy is released.
- Carers noted that the term "agency" is not commonly understood as meaning empowerment or enabling choice.
- Carers expressed that the rights of carers often get overshadowed by the care recipient's needs. They suggested including 'elevating carers' rights' within a new or existing principle.

Objectives

Do you think these Objectives will help achieve the Vision?

Objective 1 *n=5*

0%	40%	60%
Yes	**No**	**Unsure**

Objective 2 *n=5*

40%	0%	60%
Yes	**No**	**Unsure**

Objective 3 *n=5*

20%	20%	60%
Yes	**No**	**Unsure**

Objective 1

- Carers expressed a desire to include having "the same opportunities as others" within Objective 1, emphasising the importance of equality.

Objective 2

- Carers questioned the practical implementation of this objective, acknowledging it aims to be visionary but requesting concrete steps.
- Carers suggested that the word "pursuing" sounds too aspirational and recommended using more positive and current terms like "active engagement" or "enabling" in all life domains.
- Carers highlighted the need for Objective 2 to be restructured - empowered to live their lives first and be carers second.
- Carers noted that living a life of their choosing should be applicable to both care recipients and carers, however expressed scepticism about the practicality of achieving this balance.

Objective 3

- Carers felt the verb "supported" is not strong enough and suggested finding a more impactful term.
- Carers questioned how financial security will be achieved expressing a need to unpack the term, asking about potential increases in Carer Payments, pensions, the removal of the 25-hour work limit, the inclusion of superannuation in Carer Payments and/or the ability to find fulfilling employment.
- Carers shared experiences with inexperienced health professionals who do not understand the unique challenges faced by carers. This led them to express doubts about whether the Objective would contribute to achieving the Vision.
- Carers suggested reversing Objectives 2 and 3 for better sequencing, though they acknowledged all objectives are equally important.
- Carers proposed wording such as "Carers can flexibly access the assistance they need to prioritise and support their own needs."

Priority Outcome Areas

Do you think action in these Priority Outcome Areas will assist you in your caring role? n=5

POA 1

Yes	No	Unsure
40%	40%	20%

POA 2

Yes	No	Unsure
80%	0%	20%

POA 3

Yes	No	Unsure
100%	0%	0%

POA 4

Yes	No	Unsure
100%	0%	0%

POA 5

Yes	No	Unsure
80%	0%	20%

POA 6

Yes	No	Unsure
100%	0%	0%

Priority Outcome Area 1

- Carers agreed with the intent but felt the structure and framing need improvement.
- Carers questioned if this Priority Outcome Area is inclusive enough, specifically asking if it includes medical professionals.
- Carers suggested changing the wording as it is currently clunky and difficult to read. They recommend simplifying the sentence for clarity. They noted a missing comma after "support" for correct grammar.
- Carers pointed out the potential confusion with the use of the phrase " those who provide paid care" as some individuals receiving Carer Payments or other funding identify themselves as paid carers.
- Carers suggested restructuring the outcome to "Carers are supported to self-identify early, and the community, government and service providers recognise and value carers' contributions and expertise."
- Carers advocated for the concept of "being partners in care" to be included, emphasising collaboration with service providers and validating their expertise as they often feel judged and unheard.

Priority Outcome Area 2

- Carers appreciated the wording of this Priority Outcome Area, noting that "right" acknowledges the diverse needs of carers.
- Carers pointed out issues with accessing services in regional and remote areas, long waitlists, and ensuring cultural and psychological safety. They questioned how "right time," "right place," and "right way" will be translated into actionable plans.

Priority Outcome Area 3

- Carers noted the importance of 'specific and personalised information' within this Priority Outcome Area, though acknowledging it may not always be possible.
- Carers highlighted the need for training, resources, and information to support their broader role in caring and interfacing with medical professionals, without turning them into clinicians.
- Carers stressed the importance of safeguarding for the future, including transition planning when they can no longer provide care.

Priority Outcome Area 4

- Carers reported facing discrimination due to their caring responsibilities when entering and maintaining employment. They emphasised the need to include advocacy and protection through safeguarding in this Priority Outcome Area.
- Carers highlighted that maintaining employment is not only about financial necessity but also about personal identity and fulfillment.

Priority Outcome Area 5

- Carers noted that they tend to accept many things they should not, suggesting a more proactive approach to protecting carers as part of this Priority Outcome Area.
- Carers suggested stronger wording, such as "Carers are enabled to access supports that safeguard…"
- Carers proposed including education on how to take care of themselves in these areas. They noted that while "supports" is broad, education should be differentiated here.

Priority Outcome Area 6

- 100% Satisfied – No further comments.

Which Priority Outcome Area is the most important to you? n=5

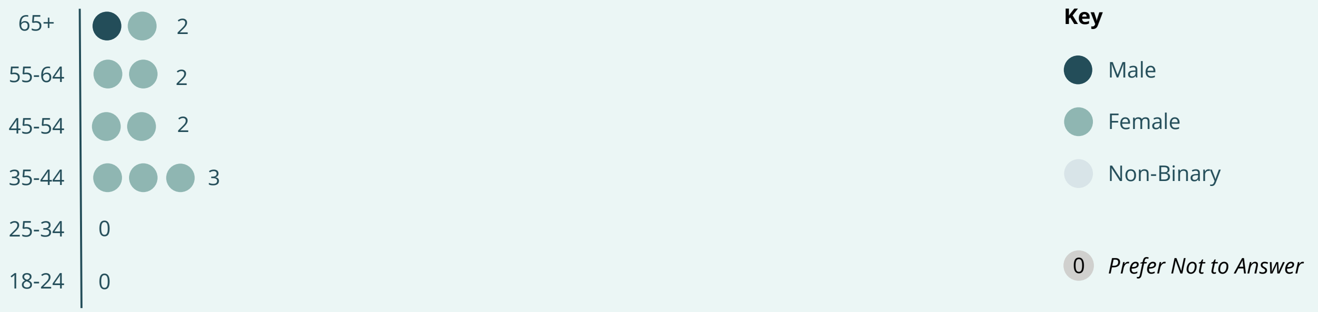
1	2	3	4	5	6
0%	80%	0%	20%	0%	0%

National Carer Strategy Consultations

Public Feedback on the Draft National Carer Strategy – Summary Report
Date of Consultation: 28th October 2024

Attendee Demographics

Gender and Age Demographic (N=9)



Carer Diversity Marker (n=10)

CALD	First Nations	LGBTIQA+	Neurodivergent	Person with a Disability	Regional/Rural/Remote	None
3	0	0	1	1	3	1

1 *Prefer Not to Answer*

Carer Recipient's Condition (n=14)

Physical Disability	Mental Illness	Chronic Condition	Terminal Illness	Alcohol or Drug Issue	Neurodivergent	Frailty Due to Age	Other
2	5	3	0	0	2	2	0

0 *Prefer Not to Answer*

Notes

1. *The number of carers (N) does not equal the total number of caring situations (n), as carers may have multiple diversity markers or care for different recipients with varying conditions, either simultaneously or at different periods in their lives.*
2. *Not all carers in the consultation actively engaged with the Menti survey tool. This has resulted in a discrepancy between the total number of carers in attendance (N) and the number of responses recorded in Menti (n).*

Overall Satisfaction

To what extent are you satisfied with the draft National Carer Strategy? n=9

Committed	Satisfied	Neutral	Dissatisfied	Opposed
33%	22%	44%	0%	0%

- Carers expressed mixed satisfaction, with some indicating this is the first time they felt genuinely listened to, they noted that their feedback had integrated into the Strategy. However, it was also acknowledged that not all their concerns had been thoroughly addressed within the Strategy.
- Carers expressed that while the Strategy offers guidance, it lacks explicit recognition for the demographic identity of individuals they support, and they couldn't immediately see themselves or their situation represented within the Strategy which left some carers disappointed.
- Carers highlighted transparency as essential to building trust, with the supporting agency and carer-centred principles being seen as non-negotiable across all carer journeys.

Vision

Do you believe this is the right Vision? n=8

Yes	No	Unsure
75%	0%	25%

- Carers expressed discomfort with the phrasing "fulfill their caring role," which they felt restricts their identity to caring. Carers suggested rephrasing this language to acknowledge their individuality beyond their caring responsibilities, as the current wording risks seeming condescending.
- Carers, including those who cared for multiple people, voiced that the Vision does not fully reflect their complex experiences, making it difficult for them to relate. Carers felt that the Vision should more thoroughly represent diverse caring experiences.
- Carers recommended the inclusion of financial support as part of the Vision, particularly for unpaid carers in rural or remote areas, where "paid" alternatives are scarce. Carers emphasised that this support would greatly improve their ability to continue in caring roles.

Principles

Is there anything the Principles don't capture? n=8

No	Yes	Unsure
0%	63%	38%

- Carers noted that the guiding principles were broadly appropriate and seemed to capture most things they expected.
- Carers emphasised the need for the Principles to consider financial support for unpaid carers, particularly in aged care, where workforce shortages are anticipated and/or additional forms of compensation for participation in certain activities, including consultations.
- Carers called for stronger accountability measures, advocating for a "*black-and-white*" approach so that it is clear who will be accountable within the Carer Act to hold organisations accountable for adhering to the Principles. Carers also called for an explicit definition of accountability in the short form description of the principle.

Objectives

Do you think these Objectives will help achieve the Vision?

Objective 1 ***n=9***

Yes	No	Unsure
0%	33%	67%

Objective 2 ***n=8***

Yes	No	Unsure
75%	13%	13%

Objective 3 ***n=8***

Yes	No	Unsure
38%	13%	50%

Objective 1

- Carers highlighted that the Strategy's language must be clear and accessible, noting that the terms used in Objective 1 and more broadly across the Strategy should convey immediate understanding. Carers pointed out that many people will only engage with the headlines or quick points within the Strategy without reading the detailed descriptions.
- Carers expressed confusion over the term "recognised," as it implies different things to different people. Carers felt that terms like "acknowledged" might be more effective, reflecting practical support and integration into the caring network.
- Carers described feeling overlooked in healthcare settings where their caring roles are often not acknowledged. Carers suggested that the objective should ensure that their contributions are recognised by healthcare providers as legitimate.
- Carers noted that the term valued made them feel like they were getting an accolade or pat on the shoulder rather than getting assistance or being supported.

Objective 2

- Carers questioned the viability of the Objective, commenting that the action plans would need to be 'very ambitious' to achieve the objective and ultimately support the vision.
- Carers noted that empowerment requires more than professional support; it requires alignment across many levels of government, institutions, hospitals and the broader community.
- Carers expressed that broader support options are necessary, especially for those balancing caring with personal obligations and for those seeking assistance with training opportunities.
- Carers, including single parents affected by family violence, emphasised that workplace training and development opportunities are vital, but that the accompanying action plan for this objective needs to be realistic and achievable.
- Carers also noted that it was great to see diversity of needs recognised within the detail of this objective.

Objective 3

- Carers were dissatisfied with terms like "flexibly access", noting that this language did not adequately convey secure access to financial resources or health care etc.
- Carers advocated for adjustments to improve financial security, emphasising that long-term financial stability is necessary for them to remain in the workforce.
- Carers noted that throughout the Strategy family violence is not sufficiently acknowledged.
- Carers noted that wording could be updated to include "are supported to access".

Priority Outcome Areas

Do you think action in these Priority Outcome Areas will assist you in your caring role? n=8

	Yes	No	Unsure
POA 1	50%	0%	50%
POA 2	75%	13%	13%
POA 3	38%	13%	50%
POA 4	63%	25%	13%
POA 5	63%	13%	25%
POA 6	63%	25%	13%

Priority Outcome Area 1

- Carers recommended the use of "unpaid carers" or "family carers" to distinguish them from paid carers, as the term "carers" is currently used twice in Priority Outcome Area to mean two different things which can be confusing. Carers also suggested using a term like "service providers" to reduce any ambiguity associated the term 'those who provide care'.
- Carers noted that self-identification can be challenging, particularly for new carers, and that relying solely on self-identification may limit support. Carers proposed that professionals in health, education and social care roles should assist carers in identifying their role to ensure access to necessary resources.
- Carers felt that the terms "contribution" and "expertise" carry different connotations, with "contribution" potentially undervaluing their role. Carers suggested replacing contribution with "lived experience" as it encapsulates both their knowledge and expertise gained through caring.

Priority Outcome Area 2

- Carers noted that this was a real priority in their lives but described current challenges in rural and regional areas which already lacked adequate support services for care recipients which made them unsure how it would be enacted.
- Carers suggested replacing technical terms like "continuum of care" with more relatable terms like "caring journey" to make the Strategy clearer for all audiences.
- Carers described the need for accountability to be included in this Priority Outcome Area so that it was clear it was everyone's responsibility to support equitable access not just government.

Priority Outcome Area 3

- Carers recommended including "their rights" in this Priority Outcome Area to empower carers with essential knowledge about their legal protection per the Carer's Act.
- Carers expressed concern that the current language used in this Priority Outcome Area implies a lack of skill among experienced carers, suggesting that the Strategy needs to differentiate between new and experienced carers and this could be clearer in the Priority Outcome Area.
- Carers underscored the importance of community knowledge-sharing sessions to support ongoing learning and skill-building in caring practices.

Priority Outcome Area 4

- Carers felt that this Priority Outcome Area should more clearly describe efforts to improve the visibility of carer's leave entitlements so that they were able to be supported within their workplace and by their employer as a Carer Inclusive Workplace (current initiative of Carers Australia).
- Carers who were parents of children with disabilities emphasised the need for terminology that reflects their dual role, distinguishing between general parenting and the additional responsibilities of caring for a child with special needs.
- Carers nearing retirement reported reduced financial stability due to interrupted careers and recommended that employment support consider these unique financial needs and impacts.

Priority Outcome Area 5

- Carers supported the emphasis on safeguarding their psychological well-being in this Priority Outcome Area, noting that caring often leads to burnout and mental health challenges.
- Carers stressed that long wait times for services exacerbate stress and can deter them from seeking help when it's most needed. They noted that the Priority Outcome Area could include wording around the need to prioritise carers access to support the delivery of services.
- Carers also noted that this Priority Outcome Area needed to recognize that psychological distress was also caused by the system not just the caring role as currently described.

Priority Outcome Area 6

- Carers advocated for building an evidence base rooted in carers' lived experiences to ensure the Strategy is grounded in the practical realities of being a carer.
- Carers with extensive experience highlighted the importance of the Priority Outcome Area to recognise past advocacy efforts and trauma, noting that these perspectives could guide future improvements.
- Carers suggested that the evidence base be updated regularly with fresh insights from carers to keep the Strategy adaptable and relevant.

Which Priority Outcome Area is the most important to you? n=8

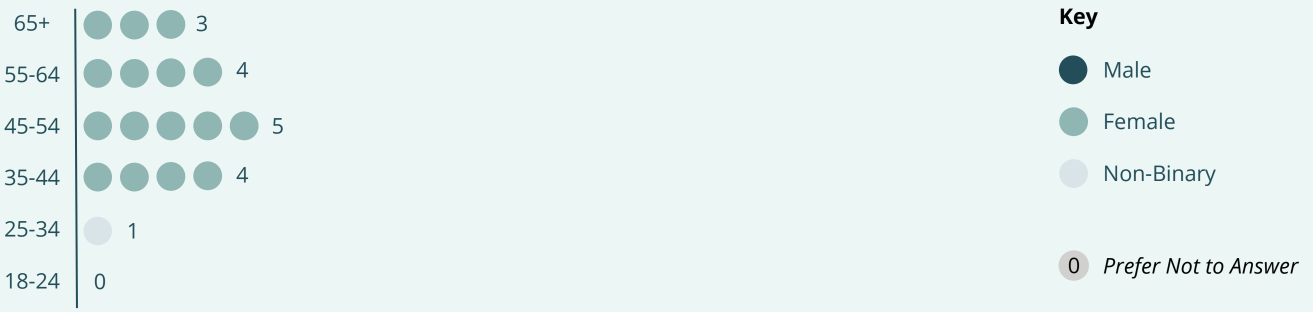
1	2	3	4	5	6
13%	38%	0%	25%	25%	0%

National Carer Strategy Consultations

Public Feedback on the Draft National Carer Strategy – Summary Report
Date of Consultation: 29th October 2024

Attendee Demographics

Gender and Age Demographic (N=17)



Carer Diversity Marker (n=18)

CALD	First Nations	LGBTIQA+	Neurodivergent	Person with a Disability	Regional/Rural/ Remote	None
4	0	1	2	4	1	5

1 *Prefer Not to Answer*

Carer Recipient's Condition (n=23)

Physical Disability	Mental Illness	Chronic Condition	Terminal Illness	Alcohol or Drug Issue	Neurodivergent	Frailty Due to Age	Other*
4	6	3	1	0	5	3	1

**Where a description is provided, this category includes an individual with Semantic Primary Progressive Aphasia.*

0 *Prefer Not to Answer*

Notes

1. *The number of carers (N) does not equal the total number of caring situations (n), as carers may have multiple diversity markers or care for different recipients with varying conditions, either simultaneously or at different periods in their lives.*
2. *Not all carers in the consultation may have actively engaged with the Menti survey tool. This may result in a discrepancy between the total number of carers in attendance (N) and the number of responses recorded in Menti (n).*

Overall Satisfaction

To what extent are you satisfied with the draft National Carer Strategy? n=15

Committed	Satisfied	Neutral	Dissatisfied	Opposed
20%	33%	33%	13%	0%

- Most carers were satisfied with the overall tone and content of the Strategy. They felt that it captured the diversity of the caring role and appropriately acknowledged that there is a difficulty and a lack of flexibility in accessing respite and support services.
- Some carers lacked trust in the Strategy to result in meaningful change in the absence of Action Plans. It was important to these carers that the practical application of the Strategy was articulated, including State and Territory buy-in for consistencies in supports nationwide and a legislative reference of the right for carers to have rest and recreation.
- Some carers felt that the changes that would make the greatest difference to their caring role, were out-of-scope such as Superannuation and the Strategy did not recognise the significant economic contribution of carers in society.
- Some carers felt the introduction of the Strategy could include a historical timeline identifying the key changes that have impacted the role of caring.
- Some carers felt that there needs to be a distinction between people who do it full-time and cannot work, vs part-time at varying degrees of intensity, particularly to determine the distribution of supports such as Carer Payments. Carers suggested using terms such as "Primary Carer" and "Secondary Carer" to provide this distinction. However, other carers felt that this would lead to division within the caring community.

Vision

Do you believe this is the right Vision? n=16

75%	6%	19%
Yes	No	Unsure

- Carers appreciated that the Vision recognised the value of carers' contributions to society and that carers have dual lives; as carers but also as individuals who want to participate fully in society.
- Some carers noted that the Vision did not acknowledged carers who did not willingly choose to be a carer. They suggested that the Vision be reframed to include phrases such as "own will" or "supported to choose." They felt that using language such as "empowered" is misleading as caring can be very disempowering to have a lack of choice.
- Some carers suggested that the Vision could recognise that there are differences in the supports required at different parts of the experience of caring.

Principles

Is there anything the Principles don't capture? n=15

33%	47%	20%
No	Yes	Unsure

- Carers felt that the Principles were high-level, and not action orientated. They felt that terms needed to be clearly defined, as different words can be interpreted different by different people.
- Carers highlighted that there was a tendency to speak to representative organisations rather than carers directly when consulting with the community, which may not appropriately represent all carers, particularly carers with disabilities.
- Some carers also felt that co-design with carers has not been effective to date, with carers only being 'consulted.' However, some carers suggested that they did not have the time or capacity to be involved further.
- Some carers felt that the Principles did not adequately address the lack of consistency in the information and supports available across States and Territories.
- Some carers felt the 'Easy Read' Strategy document was offensive and condescending due to the simplicity of the language used.

Objectives

Do you think these Objectives will help achieve the Vision?

Objective 1 ***n=14***

0%	21%	79%
Yes	No	Unsure

Objective 2 ***n=13***

85%	0%	15%
Yes	No	Unsure

Objective 3 ***n=13***

62%	15%	23%
Yes	No	Unsure

Objective 1

- Carers suggested this objective clearly articulate "by whom".
- Some carers were concerned about how 'valued' would be measured.
- Carers felt that this Objective is an important 'preventative' approach that raises awareness and will lead to assistance beyond just crisis support. Some carers felt that this was an important Objective as they feel undervalued by the system currently, particularly when they have to 'prove' their carer status to support and act on behalf of their care recipient. They felt that carers needed to be easily identifiable (via a carer identification card), trusted and believed.
- Carers noted there was a role for health professionals to achieve this Objective in awareness of carer supports and resources and sharing these with the community.

Objective 2

- Carers appreciated that the focus of this Objective is not to get carers back to work or contribute to the economy (as they are already doing that) but provides carers a choice in what they pursue.
- Carers felt that this Objective defined carers only by their role and suggested the framing could be reversed to help see them as an individual with an identity outside of just their caring role. This was particularly important for young carers, who lost parts of their identity as a result of their caring role.
- Some carers felt that Objective 2 seemed unattainable and required the detail from the Action Plans for them to assess its ability to meet the Vision. They noted societal shifts were necessary to better support carers such as workplaces that allow work-from-home and flexible work hours on a regular basis and not by special request, rather than constantly advocating for improved employment conditions.
- Some carers were in support of the term "empowered", but others felt that "supported" would be more appropriate as empowered implied sole responsibility of the carer.
- Many carers felt that "whilst still pursuing" required a reframe to "Carers should be assisted to live the life they choose."

Objective 3

- Some carers felt that this Objective was too aspirational as there are not enough structures currently available to support carers. They required an indication of 'how' carer needs are being supported.
- Carers felt that this Objective lacked recognition of how important financial security (including Superannuation and housing security) is for the physical and mental wellbeing of carers. Additionally, they expressed a need for integrated systems, to enable carers to seamlessly transition from Centrelink Payments to paid employment and vice versa as their caring role evolves.
- Some carers suggested that the term "supported" is changed to "prioritised" or "actively supported" for greater emphasis.

Priority Outcome Areas

Do you think action in these Priority Outcome Areas will assist you in your caring role?

POA 1 *n=13*

Yes	No	Unsure
54%	0%	46%

POA 2 *n=13*

Yes	No	Unsure
85%	0%	15%

POA 3 *n=13*

Yes	No	Unsure
62%	15%	23%

POA 4 *n=13*

Yes	No	Unsure
69%	8%	23%

POA 5 *n=14*

Yes	No	Unsure
79%	7%	14%

POA 6 *n=12*

Yes	No	Unsure
58%	17%	25%

Priority Outcome Area 1

- Carers suggested including "all governments" to account for the shared responsibility of federal, state and territory and local governments.
- Carers suggested using an alternative to "paid carers" to avoid confusion.
- Some carers felt that "supported" implied that it is the responsibility of the carer to 'self-identify'. They felt this Priority Outcome Area needed to acknowledge the role of medical professionals, service providers and teachers to support identification when someone is acting in a carer role. Some carers suggested that education should be provided to health professionals and teachers, to consider the wellbeing of the carer in addition to the patient.
- Some carers shared that identifying as a carer is a complex experience. In some cultures, identifying as a carer can be offensive and others may consider their caring responsibilities as an extension of their familial responsibilities as a parent, sibling, spouse etc. These carers suggested that a different term be used or a more robust definition of carer be provided. "Unpaid carer" was also considered inappropriate as some carers felt they do more than paid professionals.

Priority Outcome Area 2

- Carers suggested "caring continuum" be changed to "across their caring experience" as it sounded more natural to them.
- Some carers indicated that there is not enough awareness of supports, services and programs that are available to carers which may impact achievement of this Priority Outcome Area.

Priority Outcome Area 3

- Some carers suggested that "able" could be changed to "opportunity" or "capacity", to enable the concept of choice. To these carers, "able" sounded like carers do not currently have the ability or skills to provide the required care for their care recipient which caused offence. "Carers are provided with the resources and support to develop…" was suggested as an alternative.
- Some carers felt that service providers and the system did not fully understand or empathise with the experience of caring.
- Some carers indicated that they are often too tired, burnt out, or overwhelmed to seek further knowledge and skills.
- Carers suggested that this Priority Outcome Area should include a description of the carer role, rights, and obligations.

Priority Outcome Area 4

- Carers were concerned that systemic barriers would hinder the achievement of this Priority Outcome Area, such as a lack of flexibility in the workplace. Carers felt that their economic contribution to society was not acknowledged by their employers, forcing some to retire or quit.
- Carers felt that there could be government-led initiatives, to incentivise employers to offer more support such as a percentage of roles reserved specifically for carers.

Priority Outcome Area 5

- Carers were keen to see how this Priority Outcome Area would be supported by existing services and connect with the broader system. However, some carers expressed concern that "access" is not sufficient, as there are barriers to access such as cost. Carers also stated that identifying the appropriate supports can be difficult combined with service availability, waitlists and workforce shortages.
- Carers suggested that "safeguard" could be changed to "safeguarding", to reflect an ongoing need for supports rather than at a point in time.

Priority Outcome Area 6

- Some carers were confused by this Priority Outcome Area. They required greater clarity about the purpose of the evidence base.
- Carers broadly agreed that an evidence base should be built and suggested that an independent body would be most suitable to conduct this type of research. Some carers suggested that the focus of the evidence base should be on the effectiveness of government initiatives, as to date there had been a significant focus on the experience of caring, but no follow up action.
- Carers shared that when implementing or removing certain initiatives simply because there is "evidence" to do so, the government should exercise caution. They indicated that evidence can be limited by what is captured and therefore can inadvertently exclude vulnerable and hard to reach cohorts.

Which Priority Outcome Area is the most important to you? n=13

1	2	3	4	5	6
8%	8%	0%	38%	38%	8%

CONFIDENTIAL - DRAFT

Deloitte.

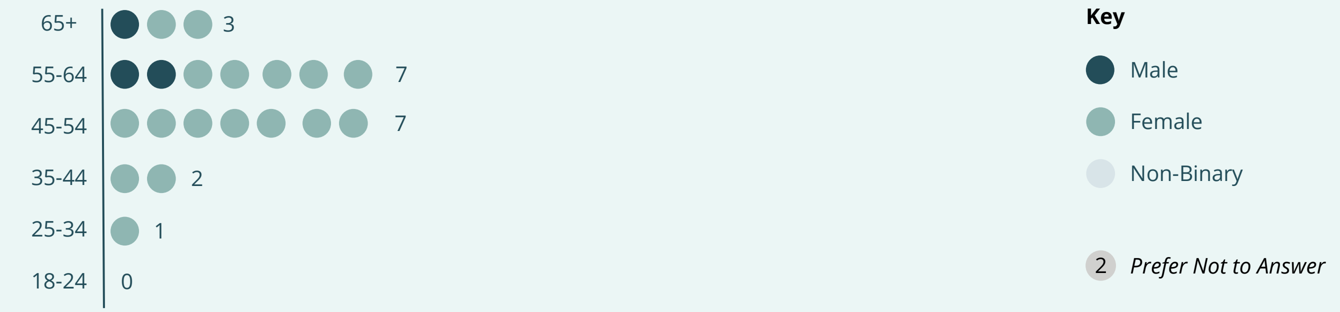
Australian Government
Department of Social Services

National Carer Strategy Consultations

Public Feedback on the Draft National Carer Strategy – Summary Report
Date of Consultation: 30th October 2024

Attendee Demographics

Gender and Age Demographic (N=22)



Carer Diversity Marker (n=20)

CALD	First Nations	LGBTIQA+	Neurodivergent	Person with a Disability	Regional/Rural/ Remote	None
4	0	1	5	1	3	6

0 *Prefer Not to Answer*

Carer Recipient's Condition (n=19)

Physical Disability	Mental Illness	Chronic Condition	Terminal Illness	Alcohol or Drug Issue	Neurodivergent	Frailty Due to Age	Other*
7	4	1	1	0	4	0	1

**Where a description is provided, this category includes individuals with dementia.*

1 *Prefer Not to Answer*

Notes

1. *The number of carers (N) does not equal the total number of caring situations (n), as carers may have multiple diversity markers or care for different recipients with varying conditions, either simultaneously or at different periods in their lives.*
2. *Not all carers in the consultation may have actively engaged with the Menti survey tool. This may result in a discrepancy between the total number of carers in attendance (N) and the number of responses recorded in Menti (n).*

Overall Satisfaction

To what extent are you satisfied with the draft National Carer Strategy? n=22

Committed	Satisfied	Neutral	Dissatisfied	Opposed
5%	14%	59%	23%	0%

- Carers expressed mixed feelings, noting that while the Strategy captures essential issues, it lacks actionable steps and strong language to drive accountability. Many carers were concerned about the achievability of the Strategy, particularly given potential political changes that can occur over a 10-year period.
- Carers highlighted the absence of detailed actions, feeling the Strategy's broad statements risk a lack of impact without specific, immediate steps.
- Carers noted that the main gap within the Strategy was the lack of language that would drive collaboration and partnerships between organisations / services and suggested that this could be a key focus area to ensure efficient use of resources.
- Some carers felt the language was not rights-based and hoped for terminology that strengthened carers recognition and affirms their rights similarly to the disability and aged care sectors.
- Carers felt the Strategy failed to delineate between paid and unpaid carers and did not adequately recognise the contribution made by unpaid carers in the community, drawing comparisons to other unpaid volunteers such as firefighters.

Vision

Do you believe this is the right Vision? n=21

Yes	No	Unsure
48%	24%	29%

- Carers provided a mixed reaction to the Strategy’s Vision noting that its focus on fulfilling implied that they had no choice, and they were obligated to be a carer. One carer felt that this language implies they are ‘an empty vessel’ with ‘no choice in the matter’.
- Carers noted the Vision should acknowledge their right to reduce or exit caring roles as desired, without feeling obligated to sustain it indefinitely. Carers strongly suggested the inclusion of language around choice and respect.
- Carers cautioned the use of "participate fully in society," as some found this unrealistic, especially when the demands of caring often exclude full societal engagement.
- Carers suggested the Vision needed to recognise varied caring situations, such as those involving mental health, where a different set of supports is needed

Principles

Is there anything the Principles don’t capture? n=21

No	Yes	Unsure
10%	24%	67%

- Some carers thought the Principles were appropriate but emphasised the importance of including all levels of government and making accountability mechanisms explicit. They called for Principles that more actively support carers and reflect their diverse needs.
- Carers noted that there was a critical aspects missing in the Principles which could stand alone and encompass terminology that included cohesion, coordination and partnerships to ensure that the sector worked together to provide a seamless access experience for carers
- Carers encouraged the inclusion of proactive language, with specific expectations that services include carers in policy discussions and program designs. They advocated for terms like "proactive," "equitable," and "transparent," noting that some language currently feels passive.
- Carers noted that Principles should extend beyond federal departments to encompass local and state levels, as carers' needs span multiple governance systems.
- Carers stressed the need for clear, practical Principles that reflect lived experiences rather than aspirational ideals. They cited examples of ongoing administrative burdens like complicated processes to access support, indicating that systemic issues limit the practicality of current supports.

Objectives

Do you think these Objectives will help achieve the Vision?

Objective 1 *n=21*

Yes	No	Unsure
24%	29%	48%

Objective 2 *n=21*

Yes	No	Unsure
24%	38%	38%

Objective 3 *n=21*

Yes	No	Unsure
38%	24%	38%

Objective 1

- Carers expressed appreciation for the Objective but were concerned it might lack substance without an accompanying action plan.
- Carers felt that the Objective needed to emphasise the importance of visibility and respect within the broader community, suggesting that recognition should extend beyond personal networks and include visible acknowledgement across government, healthcare, and public sectors.
- Carers shared experiences of extensive paperwork required to access services, calling for streamlined systems to avoid unnecessary strain.
- Carers noted that the Action Plan should include a method of identification (such as cards or certifications) to support interactions with healthcare and social services, which would streamline access to carer-specific resources.

Objective 2

- While carers liked the sentiment within the Objective, they felt use of "empowerment" in the implied a level of independence that may not align with their needs or capacities, especially without tangible support options.
- Carers suggested reversing the Objective’s language to place their personal lives before caring responsibilities, which they felt would promote a more balanced view of their identity.
- Carers expressed that empowerment must be linked to real resource availability, including skills training and mental health supports that address the emotional challenges of caring.

Objective 3

- Carers suggested including terms that included respected, supported and timely to the Objective to better reflect their needs.
- Carers noted financial security was vital, however they were concerned about the adequacy of the current systems to support both their short and long-term financial needs as they were described by the Objective.
- Carers recommended terms like "financial stability" or "wellbeing“ be included instead of security to reflect achievable goals. They noted that the action plans needed to include superannuation and long-term employment options to improve financial outcomes for young and long-term carers.
- Carers requested protections against the adverse effects of political shifts, which could jeopardise financial supports like carer payments.

Priority Outcome Areas

Do you think action in these Priority Outcome Areas will assist you in your caring role?

	Yes	No	Unsure
POA 1 *n = 20*	45%	15%	40%
POA 2 *n = 19*	47%	16%	37%
POA 3 *n = 18*	50%	33%	17%
POA 4 *n = 18*	39%	33%	28%
POA 5 *n = 18*	56%	11%	33%
POA 6 *n = 19*	53%	21%	26%

Priority Outcome Area 1

- Carers supported the Priority Outcome Area but felt current terminology lacks clarity, specifically the concept of "self-identification." They suggested more proactive roles for healthcare and social service providers in identifying carers.
- Carers recommended proactive identification strategies from health professionals and government agencies to reduce the burden of self-identification however they noted that the more we defined and recognised people the more likely we were to exclude people due to eligibility criteria required to define them.
- Carers noted that phrases like "value carers' contributions" should be connected to specific, measurable supports to ensure tangible benefits for carers.
- Carers suggested that the word respect should be added to the description of Priority Outcome Area 1.

Priority Outcome Area 2

- Carers agreed with the Priority Outcome Area's intent but questioned how practical and timely access to services would be provided, especially in rural areas.
- Carers emphasised that access to services must include awareness campaigns, as many are unaware of support options until crises arise. Carers cautioned that not all available services are suitable for every individual and recommended a more tailored approach to accommodate diverse needs.
- Carers requested additional context be added to this Priority Outcome Area to ensure who was obligated to support its implementation.

Priority Outcome Area 3

- Carers agreed the need for this Priority Outcome Area but highlighted the need for clear funding sources to support necessary training.
- Carers also highlighted the need for service providers across all sectors to share information, in particular hospitals and care facilities during the discharge progress to ensure that there were no gaps in service provision and that carers were appropriately trained / informed of their care recipients needs prior to them returning home.

Priority Outcome Area 4

- Carers noted that this Priority Outcome Area recognised the importance of employment support, and the need for workplaces to provide flexibility for carers who may need irregular schedules.
- Carers noted that this Priority Outcome Area focused on traits that were seen by society to indicate success rather than providing with them with a choice to access education or employment and suggested that the inclusion of more holistic terminology would be appropriate to recognise diversity of needs.
- Carers advocated for superannuation entitlements to be incorporated, especially for those below retirement age, as long-term financial stability is often compromised by caring duties.

Priority Outcome Area 5

- Carers agreed that this Priority Outcome Area is critical, noting that psychological wellbeing must be prioritised alongside physical health for comprehensive support.
- Carers suggested that fully subsidised health check-ups may be necessary to address the significant stressors of caring.
- Carers expressed concern that limited access to services outside of crisis situations could hinder their ability to maintain health.

Priority Outcome Area 6

- Carers acknowledged the importance of this Priority Outcome Area but expressed concerns that an overemphasis on data collection could detract from providing supports in the short term.
- Carers recommended leveraging current research on carer needs rather than initiating new studies, which they felt would better allocate resources. They suggested regular updates to the evidence base to keep it relevant and responsive to evolving carer needs and policy developments.

Which Priority Outcome Area is the most important to you? n=14

1	2	3	4	5	6
0%	64%	0%	14%	7%	14%

Deloitte.

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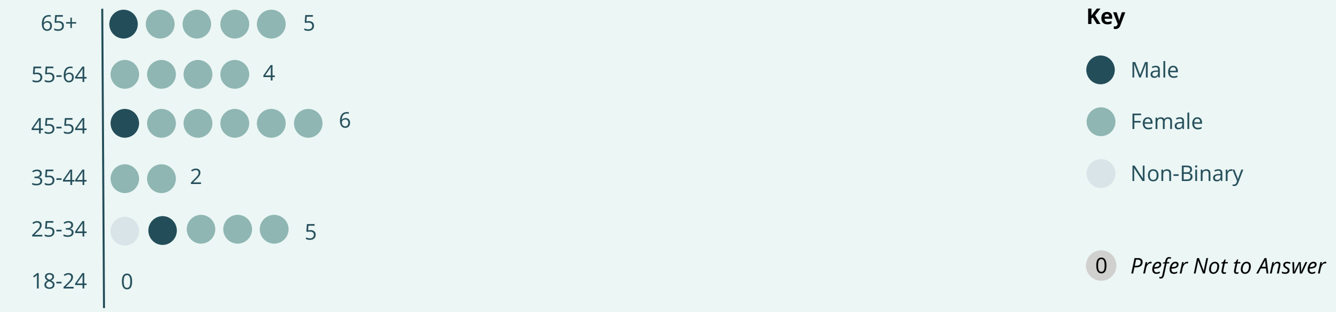

Carer Diversity Marker (n=35)

CALD	First Nations	LGBTIQA+	Neurodivergent	Person with a Disability	Regional/Rural/ Remote	None
8	2	3	5	7	4	6

0 *Prefer Not to Answer*

Carer Recipient's Condition (n=43)

Physical Disability	Mental Illness	Chronic Condition	Terminal Illness	Alcohol or Drug Issue	Neurodivergent	Frailty Due to Age	Other
5	10	10	2	3	8	4	0

1 *Prefer Not to Answer*

Notes

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Overall Satisfaction

To what extent are you satisfied with the draft National Carer Strategy? n=18

Committed	Satisfied	Neutral	Dissatisfied	Opposed
0%	39%	44%	17%	0%

- Carers reported being cautiously optimistic about the Strategy. They noted that it was ambitious and reported being able to see the level of consultation that had occurred as part of its development. However, most carers wanted to reserve judgement until the Action Plans and changes started to flow through to the system as they noted that currently it was just a "piece of paper" that would be used by government.
- Carers noted that the Strategy seemed to blur their life aspirations with the caring role and thought that this could be more clearly addressed to ensure that carers were seen as people not just carers.
- Carers reported that discussion on intersectionality and the challenges experienced by some priority groups such as culturally and linguistically diverse communities appears to have been overlooked within the body of the Strategy.
- Carers noted that the Strategy appeared to be missing information about *"absolute and basic human rights"* which were reported as key to guiding the implementation of this Strategy. They felt that this inclusion would support the Strategy to have more of a whole of person approach.
- Carers noted that the Strategy Action Plans needed to have SMART Goals incorporated throughout to ensure it was clear who was accountable for its implementation and also noted that the current review or evaluation cycle didn't appear to be regular enough.
- Carers noted that the Caring Role described by the 'Intersectionality of carers' section (flower diagram) within the Strategy didn't account for neurodivergence.

Vision

Do you believe this is the right Vision? n=18

39%	33%	28%
Yes	No	Unsure

- Carers report that the Vision only appeared to have passive recognition of the importance of community responsibility which felt like it placed all responsibility for the success of the Strategy back on carers rather than the broader Australian community.
- Carers noted that the Vision could go further by highlighting the importance of carers personal wellbeing and quality of life to ensure that they were able to participate fully in society.
- Carers noted that very few people choose to be carers and that few of them have the skills to be a carer let alone recognise themselves as a carer. They suggested that the Vision be updated to ensure they are able to choose to be a carer.
- Carers noted that carers from diverse backgrounds face unique challenges and the explicit inclusion of intersectional language within the Vision would support these carers to recognise themselves in the Vision/Strategy more broadly.

Principles

Is there anything the Principles don't capture? n=18

22%	50%	28%
No	Yes	Unsure

- Carers noted that the Principles covered many of the essential elements that would lead to a comprehensive, inclusive and empowering framework to support carers across Australia. However, they highlighted additional Principles that should be considered:
    - Intersectionality – Carers noted that embedding intersectionality as a principle would ensure policies and services are designed with an understanding of compounded challenges, focusing on support for carers experiencing overlapping forms of marginalisation.
    - Safeguarding Rights – Carers noted that it was important to feel like they had their rights safeguarded so they were protected from discrimination both within society but also the workplace.
    - Community Education and Awareness – Carers noted that the promotion of public awareness as a Principle would assist the Strategy to normalise caring as a valuable role, fostering a more inclusive social environment, encouraging carer-friendly policies, and reducing stigma.
- Carers reported that the *Accessible, Equitable and Inclusive* Principle was good but needed to have language added about the supports being easy to access as carers were already stretched and wouldn't be able to handle jumping through more hoops to access support.
- Carers were unclear what the *"Supporting Agency"* Principle would achieve and suggested that it could just be about *"Supporting Carers"* and that supporting their agency, or ability to choose could be a subset of the revised principle.
- Carers highlighted that the Principles suggested that the government were going to do a lot of things to support them. However, they wondered if they would be better off if government took that investment and just increased the Carer Payment so that they were able to feel financially secure. Carers noted that they knew what they needed they just were often unable to afford to access it.

Objectives

Do you think these Objectives will help achieve the Vision?

Objective 1 ***n=17***

47%	0%	53%
Yes	No	Unsure

Objective 2 ***n=17***

47%	18%	35%
Yes	No	Unsure

Objective 1

- Carers noted that they wanted to be *"valued"* but also *"supported"* and suggested that should be included as part of Objective 1. They were also unsure within the current draft "who" would be identifying, recognising and valuing them and thought that additional context would be useful for this Objective.
- Carers noted that this Objective could better reflect the diversity of carers by explicitly acknowledging carers from various backgrounds and intersectionalities.
- Carers noted that their aspirations beyond being a carer were not addressed within this Objective and suggested reframing it to *"Carers are identified, recognised, and valued as individuals beyond their caring roles, with support to participate fully in society and pursue personal goals“.*
- Carers highlighted that there didn't appear to be a current way to identify all carers in Australia and thought that it was critical a database was developed for this Objective to be achieved.

Objective 2

- Carers noted that they wanted to be *"empowered and supported"* and suggested that this language should be included in this Objective.
- Carers noted that it would be great to add *"culturally and gender safe"* to ensure they felt safe when being empowered to fulfill their caring role.
- Carers thought that this Objective should recognise their existing skills as it appeared to assume that carers didn't already have some of the skills they required.
- Carers noted that this Objective should better acknowledge that mental health and wellbeing are essential to fulfill other aspects of their lives and this could be explicitly mentioned.
- Carers noted that this Objective could include a sustainability link to ensure carers long-term wellbeing was appropriately managed by the Strategy.

Objectives

Do you think these Objectives will help achieve the Vision?

Objective 3 ***n=17***

Yes	No	Unsure
65%	0%	35%

Objective 3

- Carers noted that this Objective felt extremely ambitious and would be complex to deliver as it required a large amount of support from parts of the health system which were already short staffed and under strain.
- Carers reported being unsure that you could be a fulltime carer and have financial security. They questioned whether this was something that could be achieved when superannuation payments were out of scope for the Strategy.
- Carers noted that the physical wellbeing, and safety of carers should be considered a priority and they should be able to flexibly access what they needed. They also though they should be able to access Medicare rebates and bulk billing to support this Objective to be achieved.
- Carers from rural and regional areas noted that it was already hard to get access to services and wondered whether this Objective was achievable for them.
- Some carers highlighted the importance of social connection and belonging and wondered whether this should also be explicitly added to this Objective.

Priority Outcome Areas

Do you think action in these Priority Outcome Areas will assist you in your caring role?

POA 1 ***n = 17***

Yes	No	Unsure
53%	29%	18%

POA 2 ***n = 16***

Yes	No	Unsure
44%	6%	50%

POA 3 ***n = 17***

Yes	No	Unsure
41%	24%	35%

POA 4 ***n = 17***

Yes	No	Unsure
59%	12%	29%

POA 5 ***n = 16***

Yes	No	Unsure
56%	6%	38%

Across all Priority Outcome Areas carers noted that they would like to see stronger language and for the Strategy to move away from hedging by saying that it would *"explore"* or *"identify"* to saying that *"it would"* or *"we will deliver"* to ensure that outcomes would be achieved.

Priority Outcome Area 1

- Carers noted that for this Priority Outcome Area to be achieved carers needed knowledge of available resources, not just recognition. The inclusion of resource-specific campaigns in the Action Plans would make it easier for carers to find support options.
- Carers highlighted the need for legislation change so their contributions could be valued. They described the challenges that they faced when their care recipient wasn't able to provide consent for them to engage with health professionals. This subsequently resulted in them being unprepared to fulfill their caring role.

Priority Outcome Area 2

- Carers noted that they didn't think the terminology "caring continuum' was appropriate as it implied that the journey was linear rather than ever changing.
- Some carers highlighted the need to include priority populations within this Priority Outcome Area such as those from culturally and linguistically diverse communities.
- Carers highlighted the need for this Priority Outcome Area to be flexible to ensure that those carers who didn't want to or couldn't access services digitally could still receive the same support as those carers who could.

Priority Outcome Area 3

- Carers felt that this Priority Outcome Area was particularly important and thought that the training offered should be tailored to the carers requirements.

Priority Outcome Area 4

- No feedback provided.

Priority Outcome Area 5

- Carers noted the importance of flexibility in this Priority Outcome Area to ensure that respite options were available in when they were needed to support carers overall health and wellbeing.

Priority Outcome Area 6

- Carers wondered whether this Priority Outcome Area should be re-ordered to be first in the list as the underpinning evidence base to deliver against all other Priority Outcomes Areas.
- Carers highlighted the advantage of peer-led research and noted that carers should be supported to build the evidence base so that the findings were grounded in their lived experience.

Priority Outcome Areas

Do you think action in these Priority Outcome Areas will assist you in your caring role?

POA 6 ***n = 15***

Yes	No	Unsure
67%	7%	27%

Which Priority Outcome Area is the most important to you? n=16

1	2	3	4	5	6
13%	19%	0%	6%	50%	13%

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