



**Gayaa Dhuwi (Proud Spirit) Australia**

Aboriginal and Torres Strait Islander Leadership in Social and  
Emotional Wellbeing, Mental Health and Suicide Prevention

Submission to the  
The House of Representatives  
Standing Committee on Social  
Policy and Legal Affairs:

**Inquiry into the  
Recognition of Unpaid  
Carers.**

August 2023

**Gayaa Dhuwi (Proud Spirit) Australia would like to acknowledge the traditional custodians of Country throughout Australia, and pay respects to all Elders, past, present, and emerging.**

## Summary

The House of Representatives Standing Committee on Social Policy and Legal Affairs seeks written submissions to inquire into and report on the provisions and operation of the Carer Recognition Act 2010 (the Act) concerning unpaid carers, intending to reform through legislative amendment. This submission will focus on two points in the inquiry's terms of reference.

- 1. How to better identify the role of unpaid carers in Australian society and the role of a reformed Act, regarding the needs of specific cohorts such as young carers, **First Nations carers**, LGBTIQA+ carers, or culturally and linguistically diverse carers.*
- 2. Developments in the policy landscape at a Commonwealth level since the Act's passage in 2010.*

As the peak body for First Nations social and emotional wellbeing (SEWB), mental health, and suicide prevention, Gayaa Dhuwi (Proud Spirit) Australia has a strong interest in the recognition of, and advocacy for, the specific and complex needs related to First Nations unpaid carers—specifically, SEWB, mental health, and suicide prevention relating to this cohort.

The following Gayaa Dhuwi submission reinforces First Nations unpaid carers' specific and disproportionate needs. It highlights First Nations carers' cultural needs and expectations and how these can contribute to diminished SEWB and mental health outcomes. The submission also provides recommendations relating to the needs of First Nations carers and future policy planning and reformation with the Gayaa Dhuwi Declaration (2015), the Ways Forward report (1995), and the Closing the Gaps priority reforms (2020) as a framework.

First Nations people are fundamentally entitled to enjoy SEWB. The roles of unpaid carers impact First Nations people differently and therefore require specific responses. This submission provides recommendations for implementation of actions that would enable governments to understand how to better recognise First Nations unpaid carers. Once recognised, this creates the foundation for governments to provide the resourcing and supports for First Nations unpaid carers to undertake this role without diminishing other aspects of their livelihood.

## About Gayaa Dhuwi (Proud Spirit) Australia

Gayaa Dhuwi (Proud Spirit) Australia is the national peak body for Aboriginal and Torres Strait Islander SEWB, mental health, and suicide prevention. As a community-controlled organisation, Gayaa Dhuwi is governed and controlled by Aboriginal and Torres Strait Islander experts and peak bodies working in these areas to promote collective excellence in mental health care.

## Background

According to Carers Australia (2022), 12.4% of First Nations people report being unpaid carers compared to 10.5% of non-Indigenous Australians. First Nations people are also impacted by

being unpaid carers differently than non-Indigenous Australians. These differences stem from differences in culture, kin structures, historical context, and systemic disadvantages. Often, the burden and pressures First Nations carers experience are more severe and have wide-reaching consequences for the individual and community, both presently and generationally.

The Australian Institute of Health and Welfare (AIHW) sought to investigate the determinants of the health gap between First Nations Australians and their non-Indigenous counterparts. AIHW concluded that 81% of the health gap is determined by social factors, access to health services, and cultural and historical impacts on health (AIHW, 2018). These factors stem from systemic disadvantages placed on First Nations people for many generations.

These factors contribute significantly to the health, life expectancy, disability, and need for care in First Nations communities. Consequently, First Nations people are more likely to need care across all ages, the care they require is higher needs, and the ability to access services to provide this care is severely limited in many cases. Because of this, First Nations people are more likely to take on unpaid caring roles for their communities. First Nations people are also placed into caring roles through kinship structures, overcrowded housing, and demographic factors. Furthermore, First Nations carers often need care themselves, yet respite options are not available due to location, finances, or cultural safety.

These caring roles can impact First Nations carers' SEWB and mental health in complex ways. SEWB for First Nations people is a holistic system that relies on connection to culture, Country, community, spirit, body, mind and emotions, and family and kinship (Gee et al., 2014). Historical, social, and political determinants also impact these factors. Caring for others can affect the SEWB of First Nations individuals by disrupting these core areas. Traditionally, caring for other community members was less burdensome as the historical and political determinants had yet to impact the traditional structures as they have now. Since colonisation, the expectations related to kinship and caring are still intact. However, these roles have been severely impacted by the Western societal structure, which has resulted in the gaps seen today (Dunstan et al., 2019) For example, many First Nations young people live with their grandparents and take on a caring role in this context. The rigidity of our westernised education and employment systems mean that these systems are not set up to support First Nations people to be undertaking these carer roles and pursuing further education and employment opportunities.

## **Recommendations**

**How to better identify the role of unpaid carers in Australian society and the role of a reformed Act, regarding the needs of specific cohorts such as young carers, First Nations carers, LGBTIQ+ carers, or culturally and linguistically diverse carers.**

- First Nations carers often experience a lack of understanding and responsiveness from mainstream service providers due to cultural differences and historical mistrust. Therefore, in line with Closing the Gap Priority Reform Three (Transforming Government Organisations), mainstream and government-funded organisations must invest in cultural competency training and a commitment to providing culturally appropriate care for First Nations people, including respite options and care support. Also, in line with Theme One of the Gayaa Dhuwi Declaration, all service providers should recognise, support, and offer First Nations concepts of SEWB, mental health, and healing. Additionally, in line with Themes Four and Five of the Declaration, First

Nations presence and leadership should be present and visible across all mainstream service providers.

- Cultural training and First Nations presence within the workforce must extend beyond workshops and online courses to enable genuine improvements in service provision as determined by First Nations peoples' experience of those services. Likewise, mainstream service providers should seek collaboration and to co-design with First Nations communities and the ACCHO sector in developing culturally safe programs and practices to ensure these improvements are nuanced, culturally appropriate, and work to improve the First Nations experience of services nationally. Collaboration is essential in developing programs and aligns with Closing the Gap Priority Reform One (Formal Partnerships and Shared Decision-Making).
- In line with Closing the Gap Priority Reform Two (Building the Community-Controlled Sector) adequate funding and resources should be provided to the ACCHO sector who wish to become NDIS providers. Further enabling ACCHOs to offer care through NDIS-funded means will, in turn, help with the provision of culturally safe care for those who need it and increase the Indigenous workforce within the NDIS to support First Nations carers, in line with Themes Four and Five of the Gayaa Dhuwi Declaration.
- Community connection is essential for First Nations people. Creating peer support networks for First Nations carers will provide a place for connection and support that does not exist specifically for this cohort. A support network of this type will need to be established in consultation with First Nations carers to ensure the structure is effective and culturally safe. A network of this type will provide a safe space for First Nations carers to share their stories, advice, and support in a dedicated time and space. Speaking up about struggles can be shame for First Nations people, so providing safe spaces for them to do so is essential, especially for unpaid carers who see their role as a duty to kin, culture, and community.
- Ensuring that First Nations carers have access to culturally appropriate mental health services is crucial for their SEWB. As described in the background section, First Nations SEWB is a holistic, complex system that requires modalities that the current mainstream mental health system is not equipped to handle. Integrating First Nations healing practices into mainstream mental health services, as suggested in the Gayaa Dhuwi Declaration and the Ways Forward report, will enable First Nations carers to access clinical and traditionally impactful healing methods. Also, creating First Nations-focused mental health clinics and increasing the First Nations SEWB workforce will provide relief for First Nations carers in vulnerable situations and help address the current gaps in mental health. As previously stated, access to services is a vital determinant of these health gaps, so this is crucial for the SEWB of First Nations people, especially in remote and rural locations.

### **Developments in the policy landscape at a Commonwealth level since the Act's passage in 2010**

- Engaging First Nations carers in the policy-making process is essential as it ensures that the policies made are appropriate and account for the needs of First Nations people. Including First Nations people in this process aligns with Closing the Gap

Priority Reforms One, Two, and Three. Platforms and mechanisms that enable First Nations carers to have a say in decisions affecting their lives and communities must be heard and acted upon. These carers know what they need and making them part of the decision-making processes that impact their lives supports self-determination for First Nations people. This collaboration is how policy design should be structured moving forward, especially concerning First Nations SEWB outcomes.

- Policies that recognise and prioritise First Nations SEWB are essential for the wellbeing of First Nations unpaid carers. Currently, the policies in place need to do more to support these carers, particularly those in remote areas. There needs to be policy change that redirects funding into the hands of First Nations people, builds culturally appropriate support services, and recognises the challenges First Nations carers face daily. When government enables and provides these policies, coupled with proper funding, change may occur, especially if done in consultation with those it most impacts.
- Supporting the SEWB of First Nations carers requires a holistic, culturally appropriate approach acknowledging the unique needs and experiences of First Nations carers and their community. As outlined in the Gayaa Dhuwi Declaration and the Ways Forward report, all First Nations people should have access to services that support and enable positive SEWB outcomes, as determined by them and the broader SEWB framework for First Nations people. Policy changes need to be made that reflect the cultural understanding of 'carer' in a First Nations sense if recognition is what the Act aims for. As it currently stands, the Act does not accurately reflect what defines a carer from a First Nations perspective and, by doing so, leaves First Nations carers vulnerable to not getting the recognition and support they deserve and need.

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