Submission to the Review of Queensland Carers (Recognition) Act 2008

Arafmi Ltd

June 2026

About this submission

This submission outlines Arafmi's response to the questions posed in the consultation paper, based on the findings of:

- a targeted discussion about the Act with members of Arafmi's Carer Consultative Group – a selected group of eight people in diverse mental health caring roles from across Queensland, who provide input and feedback on Arafmi's policy and advocacy work
- 84 responses to a survey of mental health carers regarding the Act
- Arafmi's ongoing research and engagement with mental health carers across Queensland.

Arafmi's Policy and Advocacy team, who prepared this submission, has also brought its lived experience and expertise to the analysis of consultation findings and the crafting of our response.

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Arafmi acknowledges Aboriginal and/or Torres Strait Islander peoples as the First Nations peoples of Australia and recognises their continuing connection to country, waters, kin, and communities. We pay our respect to Elders past, present and future and are committed to ensuring that Aboriginal and/or Torres Strait Islander peoples voices are heard and respected across Queensland.

Recommendations arising from this submission

The evidence and rational to support these recommendations can be found in the sections that follow.

Recommendation 1

Update the ***meaning of carer*** within the Act to reflect more contemporary understandings of the diversity and complexity of caring roles, including:

- specific mention of caring for someone with mental ill-health
- removal of the word "ongoing"
- removing the phrase "with everyday tasks" and potentially replacing it with a broader description or examples of types of support provided, or other words that indicate the support goes beyond what most people in that position would have to provide
- specific mention of children and young people who are in caring roles
- acknowledgement that someone can be caring for multiple people at once
- acknowledgement that caring responsibilities may be spread across a group of people
- clarification that those receiving government carer payments are still considered unpaid carers.

Recommendation 2

Replace the current Carers Charter with a set of rights or obligations that are embedded in the Act itself. These rights or obligations should include requirements for carers to:

- receive information that assists with or impacts on the caring role (without contravening privacy and consent of the person being supported)
- be involved in decisions that have a direct impact on the carer
- be heard and respected for the knowledge and understanding they hold of the person they care for
- be supported as an individual with their own needs for:
    - health and wellbeing
    - safety
    - participation in education and employment
    - financial security
    - relationships and social connection
    - an identity beyond the caring role

- have their right to privacy of information about their own situations and needs upheld
- have their capacity to take on caring responsibilities assessed and upheld, including being enabled to step away from some or all of these responsibilities as needed
- be provided with support to carry out caring responsibilities and to manage the impacts of the caring role
- to be free from stigma and discrimination.

Recommendation 3

The Act should include enforceable obligations that require public authorities to demonstrate (at a minimum) how they:

- identify people (including children and young people) in caring roles who are likely to be impacted by policies, practices and decisions of the public authority and their staff
- engage impacted carers in culturally appropriate ways, whilst balancing their rights with the rights of the people they support, in order to:
    - provide information that assists them in their caring role
    - seek their input and expertise
    - involve them in decisions that directly impact them
- provide access to capacity building and support services that help people in caring roles to maintain their:
    - health and wellbeing
    - safety
    - education or economic participation
    - financial security
    - relationships and social connection
    - identity beyond the caring role.
- ensure staff are trained in the experiences, needs and rights of carers as relevant to their scope of work
- reflect the carer rights or obligations in decision-making, design and implementation of policies and services that are likely to impact people in caring roles (including HR policies)
- involve representative carer organisations in decision-making, design and implementation of system-wide policies and services that are likely to impact the people in caring roles who they represent.

Recommendation 4

These obligations should apply to all public authorities unless given specific exemption and be enforced through:

- mandatory reporting of actions taken and output data relevant to obligations met
- implementation of a mechanism for complaints that cannot be addressed at the level of the public authority to be escalated to an independent body
- monitoring and oversight of reporting and complaints by the Queensland Carers Advisory Council.

Recommendation 5

Through the Act, ensure diverse representation of caring roles on the Queensland Carers Advisory Council and strengthen the role of the Council through the ability to:

- report on the progress of public authorities in enacting the rights or obligations for carers contained in the Act
- provide advice beyond the responsible Minister, to include Government Departments and/or Ministers responsible for other sectors that have significant interactions with carers (e.g. Health, Mental Health and Alcohol and other Drugs, Education and potentially Housing, Justice and Emergency Services).

Recommendation 6

Improve awareness of the Act and the Queensland Carers Advisory Council and their roles in recognising and valuing the unpaid work performed by carers and supporting their needs and interests, by:

- developing and actively promoting easily understood and accessible information about the Act and QCAC
- actively sharing information to carers across Queensland about the ways in which the Act and QCAC are advancing their interests.

Background

Arafmi is the peak body for families and other unpaid carers supporting someone experiencing mental ill-health in Queensland.

Now in our fiftieth year, Arafmi delivers specialist mental health carer support services, including a 24-hour Carer Support Line, individual and group support, workshops and respite accommodation. These services are provided at no cost to family members, kin, children, siblings, friends and others who provide significant unpaid support to someone experiencing mental ill-health.

We also engage extensively with mental health carers across the state to understand their experiences and needs and to advocate for system reform that recognises carers as essential partners in the recovery, safety, and wellbeing of people experiencing mental ill-health.

Mental health carers are a critical but largely invisible part of Queensland's mental health system. Every day, families and carers who support a person experiencing mental illness or distress:

- identify early warning signs and prevent escalation
- provide extensive practical, emotional and financial support that helps people stay safe and well at home
- navigate fragmented service systems and advocate for their person within them
- step in when services are unavailable, or the person they support is not eligible for support.

When carers are unsupported or struggling themselves, the consequences are felt across multiple Queensland Government service systems, including:

- increased emergency department presentations, hospital admissions, and ambulance demand
- carer burnout resulting in relationship breakdown and/or carers accessing the health system as consumers themselves
- financial and housing instability for both carers and the people they support
- increased interaction with child safety, policing and justice.

The economic value of unpaid caring is substantial. Deloitte Access Economics estimates informal carers contribute approximately $22.5 billion annually to Queensland's economy[1]. While this figure is not specific to mental health carers, national estimates suggest around 37 per cent of unpaid carers provide mental health care[2], highlighting the scale of their contributions.

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[1] Deloitte Access Economics (2025) *Queensland Carers – Social Return and Investment*. Accessed online 15/01/2025 at Publications and resources | Department of Families, Seniors, Disability Services and Child Safety

[2] Productivity Commission (2020). *Mental Health Inquiry Report (No. 95)*. Commonwealth of Australia. p873

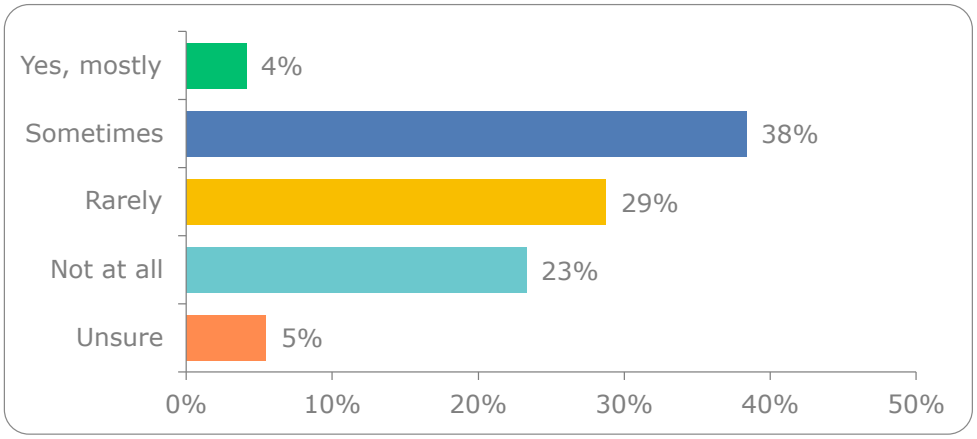
1. Overall effectiveness of the Carers (Recognition) Act 2008

The general consensus across our consultations was that the Carers (Recognition) Act 2008 (the Act) is symbolic or aspirational, but largely ineffective in achieving outcomes for mental health carers.

Those we consulted were mostly unaware of the Act. Less than a quarter of survey respondents and only one member of the Carer Consultative Group was aware of the legislation and its purpose prior to this consultation.

Mental health carers also do not see the Act's aspirations reflected in practice. A mere 4 per cent of survey respondents thought that Queensland Government agencies and services understood, recognised and valued their role as a carer **most of the time**. However, more than 50 per cent of respondents thought their role was understood, recognised and valued **rarely** or **not at all** (see Figure 1 below).

Figure 1. Do you think that Queensland Government agencies and services understand, recognise and value your role as a carer? (73 responses)



These findings align with those of our ongoing engagement with families and carers. Mental health carers consistently report that their knowledge and insights, stemming from close relationships and daily interactions with those they care for, are overlooked and they feel excluded from critical decision-making processes that directly affect their lives.[3] This lack of recognition and consultation impacts families and carers in many and varied ways, sometimes with devastating outcomes.

Whilst survey respondents provided some positive examples, the majority of comments highlighted that there is still a long way to go in the understanding, inclusion and support of carers in services, systems and employment settings.

[3] Arafmi (2024) *At What Cost? The Experiences of Unpaid Mental Health Carers in Queensland 2023-2024*. Available online at www.arafmi.com.au

Quotes from survey respondents:

"Hospital Emergency staff and Social Workers, CYMHS, Acute Response Care team, Psychologist, Psychiatrist, GP, Step Up Step Down MIND program have all provided support and understanding to me as a carer to help my teenager who suffers with severe mental health illness."

"Carers/parents are often ignored and even seen as part of the problem. They are often not listened to or recognised for their history, skills, experience and the fact that they are often the "treating team" when systems and professionals fail, they are the ones left to pick up the pieces."

"All the departments have family friendly policies but not all are implemented well - discriminating against carers who have to leave early, who are trying to juggle a vulnerable person and a career."

"Government agencies often make decisions lacking in lived experience input, with limited consultation throughout the process or accountability measures to prove effective support of carers."

"While there are policies and frameworks that acknowledge carers, in practice the level of understanding and recognition across Queensland Government agencies and services is variable and often limited. Recognition tends to be symbolic rather than embedded in everyday service delivery, decision-making, and system design. In my experience, carers are often recognised in principle, but not fully valued in practice."

2. Scope of the Act (including the Carers Charter)

1. Does the Act, including the Carers Charter, effectively recognise the contributions carers make to the people they care for and the wider Queensland community?
2. Are there any changes you would recommend to the Carers Charter to make it more relevant, contemporary or effective, or to better reflect the rights of carers?
3. Does the Carers Charter appropriately acknowledge the diversity of carers, carer relationships and the unique challenges carers, or cohorts of carers, face?

Updating the *meaning of carer*

In our policy work we use the term **'mental health carer'** to describe the people we support and represent at Arafmi. However, we know from 50 years of providing carer support services that many people in mental health caring roles do not identify with this term. They see themselves as parents, partners, children, siblings, friends, family and kin, despite providing someone with support that goes far beyond what a typical family member or friend might provide.

We also know that in collectivist cultures such as Aboriginal and Torres Strait Islander communities and many Culturally and Linguistically Diverse communities, caring is a broader family or community responsibility rather than an individual one. So likewise, the term carer is not identified with.

The challenge with this lack of identification is that many people in caring roles are not captured in existing data sets and are not aware of, or accessing, available carer support services.

The ***meaning of carer*** in the Act needs updating to better reflect these contemporary understandings of caring roles.

The survey responses and Carer Consultative Group discussions highlighted specific areas of change required, including:

- specific mention of providing care and assistance to another person due to mental health challenges
- recognition that caring for someone experiencing mental health challenges can fluctuate across periods of wellness and ill-health – which does not always align well with interpretations of "ongoing"
- broadening the description of assistance provided beyond "everyday tasks" to better reflect mental health caring responsibilities such as emotional support, decision-making support, health and medication management assistance, advocacy and system navigation[4]

[4] Pages 10 – 11 of Arafmi's statewide consultation report (A04-Arafmi-Consultation-Report_190825.pdf) provide further detail of the roles played by mental health carers

- recognition that caring can be a collective role across multiple members of a family, community or support group
- recognition that people may be caring for multiple people at the same time, often across different types of support needs
- clarification that carers may be receiving carer payments but are still considered unpaid.

The 2023-24 House of Representatives Inquiry into the recognition of unpaid carers provides useful guidance on what a more contemporary description of caring might look like (see below). This recommendation has recently been supported in principle by the Australian Government in its response to the Inquiry report.

Recommendation 1 from the Inquiry into the recognition of unpaid carers[5]

The Committee recommends that the meaning of carer under section 5 of the Carer Recognition Act 2010 (the Act) be modernised and contextualised as a 'care relationship' to be more inclusive of the diversity of caring roles and to make it easier for carers to self-identify.

The Committee considers that a person is in a 'care relationship' with another person if the first person (the carer) provides care for one or more of the following reasons:

- the other person has a disability
- the other person is experiencing mental ill health
- the other person has a medical condition, including a terminal or chronic illness
- the other person is frail and/or aged
- the other person is experiencing alcohol or other drug dependence.

The Committee considers the Act should specify that:

- a person can be in multiple care relationships
- children and young people under the age of 25 who provide care are young carers.

Victoria and the ACT also refer to the 'care relationship', as well as clarifying that people receiving financial assistance in relation to carrying out their role as a carer are considered to be unpaid carers.

[5] House of Representatives Standing Committee on Social Policy and Legal Affairs (2024) *Recognising, valuing and supporting unpaid carers - Inquiry into the recognition of unpaid carers*, Parliament of Australia

What else needs to change

Just under 70 per cent of survey respondents felt that the principles contained in the Carers Charter *do* reflect what they would want Queensland Government departments and services and the community to understand and do to support their role as a carer.

However, in addition to changes raised elsewhere in this section, respondents suggested the principles also need to incorporate:

- recognition of the commonly experienced relational, physical, emotional, psychological, employment and financial impacts of being a long-term carer
- a stronger focus on the need for carers to be connected to services and supports in their own right, to prevent carer burnout and enable carers to meet their own needs
- acknowledgement of the stigma regularly faced by those providing care to someone experiencing mental health challenges and/or problematic alcohol or other drug use, which can create barriers to accessing support
- greater recognition of the challenges of juggling caring responsibilities with employment or education
- the need for options that allow carers to step away from their caring role, either temporarily (e.g. respite) or permanently.

Another issue that was raised frequently in our consultations was the lack of consideration in the Act of the financial impacts of caring. Whilst carer payments sit within the responsibilities of the Australian Government, there is more that could be done at a State level to acknowledge the impact of caring responsibilities on financial security and ability to access affordable services.

Mental health carers may be at higher risk of financial stress than the general population. Our work and research with mental health carers shows that in addition to finding it harder to maintain regular employment, these carers often provide significant financial support to the person that they care for to cover medical costs, food, rent, transport and other supports for their health and wellbeing. There is more that could be done by Queensland public authorities to support carers to access affordable services that help them sustain their caring role such as respite, counselling, financial planning services and service discounts.

For example, currently, the Queensland Carer Business Discount Card is only available to those who meet eligibility for Centrelink carer payments. This is likely to disqualify a large number of Queensland carers who are providing vital care and support despite being recognised under the definition of "carer" within the Act. The service discounts available under the card are also limited compared to what is available for seniors, despite carers and seniors facing similar financial vulnerabilities.

Overall however, the main concerns raised in consultations were that the principles contained in the Charter are too broad and do not offer any clarity or guidance on how to implement them.

There was strong support for the Act to go beyond simply recognising carers and include rights for carers and obligations for government agencies to uphold them.

83 per cent of survey respondents supported this idea, with 11 per cent unsure and the final 6 per cent making comments such as ensuring any rights for carers did not come at the expense of those they support and providing clearer definitions around who is a carer in the context of these rights.

The rights and obligations respondents felt would make the biggest difference to families and carers of people experiencing mental health challenges were, the right:

- to information that assists with or impacts on the caring role (without contravening privacy and consent of the person being supported)
- to involvement in decisions that have a direct impact on the carer
- to be heard and respected for the knowledge and understanding they hold of the person they care for, such as past experiences, preferences and medical history
- to be seen and supported as an individual with their own needs for:
    - health and wellbeing
    - safety
    - participation in education and employment
    - financial security
    - relationships and social connection
    - an identity beyond the caring role.
- to privacy of information shared about carers' own situations and needs (which in the hospital system currently gets recorded on the consumer's/patient's file due to the lack of an alternative)
- to consideration of their capacity to take on caring responsibilities and to step away from some or all of these responsibilities as needed (see further discussion later in this section)
- to be provided access to support to carry out caring responsibilities and to manage the impacts of the role
- to freedom from stigma and discrimination.[6]

During our consultations, carers most frequently raised the importance of rights to information and involvement in decisions that have a direct impact on their caring role. This is also a common concern amongst mental health carers who use Arafmi's services or participate in our policy and advocacy work. These are also some of the more challenging rights to uphold due to the need to simultaneously comply with privacy and consent requirements on behalf of the person being cared for.

[6] Many of these rights are also reflected in *A joint statement of rights for Australian families, carers and supporters in mental health*, available online at Family, carer and supporter rights

Training on how to balance the rights of carers with those of the people they care for should form part of a requirement for public authorities to educate their staff on the experiences, needs and rights of carers. Arafmi, on behalf of the Queensland Carers Advisory Council has developed a practical guide for health professionals called *Working with Family, Kin and Carers*, which provides practical tips and resources on this and other topics[7]. This is an example of the type of practical training and resources that could be used by public authorities and their staff to help them uphold their obligations to carers.

Another important issue raised in consultations is the need to consider the capacity of individuals and families to take on and sustain caring roles. This should be built into the obligations placed upon public authorities under the Act to ensure carer support needs are identified and to enable carers to step away from some or all of their caring responsibilities when needed.

In the United Kingdom, the Care Act 2014, stipulates that local authorities have a statutory duty to undertake a carer's assessment whenever it appears that a carer may have needs for support. Importantly, the assessment must consider not only the impact of caring on the carer's wellbeing, but also whether the carer is **willing** and **able to continue providing care**, and whether the caring arrangement is sustainable.[8] This legislative requirement recognises carers as rights-holders in their own right and enables carers to access support before caring arrangements reach crisis point.

We note that none of the current Carer Acts in Australia have adopted a rights-based approach. However, the *Inquiry into recognition of unpaid care* recommended an investigation into how best to establish rights for carers and provided international examples of where this has been done, including the United Kingdom, Portugal, Italy and Belgium.

Queensland has the opportunity, through this review, to lead the way in adopting rights-based carer legislation. However, should the complexity of such a task not be feasible at this point in time, we would call for changes to the Act that create much stronger obligations for carer engagement and support. This might look like the ACT Carers Recognition Act 2021, in which:

- care relationship principles are embedded in the Act itself, rather than a separate charter
- the list of principles in the Act are prefaced by the stem "A carer should…".

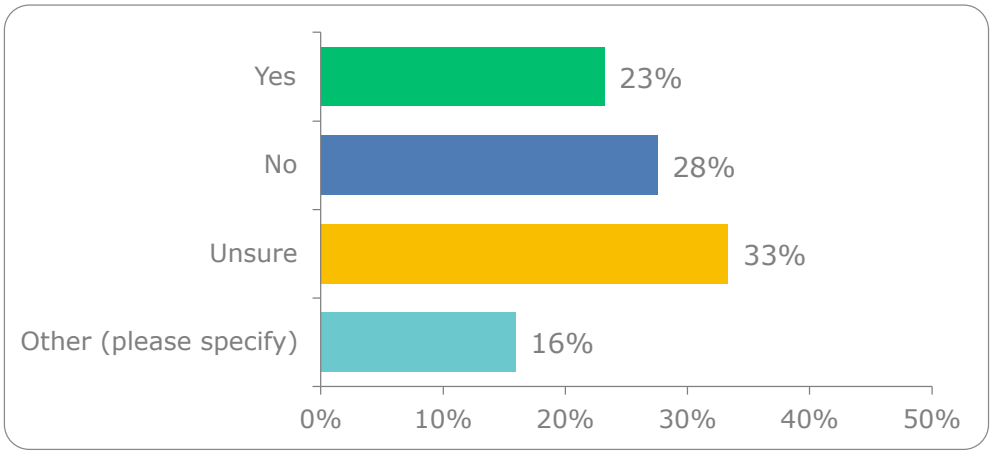
Recognition of the diversity of carers

Those consulted felt there was much more to be done to reflect the diversity of carers and caring roles. As illustrated in Figure 2 below, less than a quarter of survey respondents felt the principles contained in the Charter recognised the diversity of carers.

[7] Available at www.workingwithcarers.com.au

[8] https://www.legislation.gov.uk/ukpga/2014/23/section/10

Figure 2. Do these principles recognise the experience and needs of different groups of carers? (68 responses)



In addition to comments made earlier in this section about the meaning of carer, those consulted highlighted the lack of recognition of:

- the cultural needs and different approaches to caring of First Nations and Culturally and Linguistically Diverse communities, which results in a lack of appropriate engagement and support
- the specific needs of carers who belong to the LGBTQIA+ community or who are supporting someone from the community, including the importance of chosen family in this context
- those providing care to multiple people across different types of support needs (e.g. supporting ageing parents and a child or children with cognitive impairment and mental health challenges)
- those providing care to people with complex support needs (e.g. supporting someone with both physical disability and mental health challenges), both of which can create additional challenges and compound the impacts of caring.

3. Obligations on public authorities

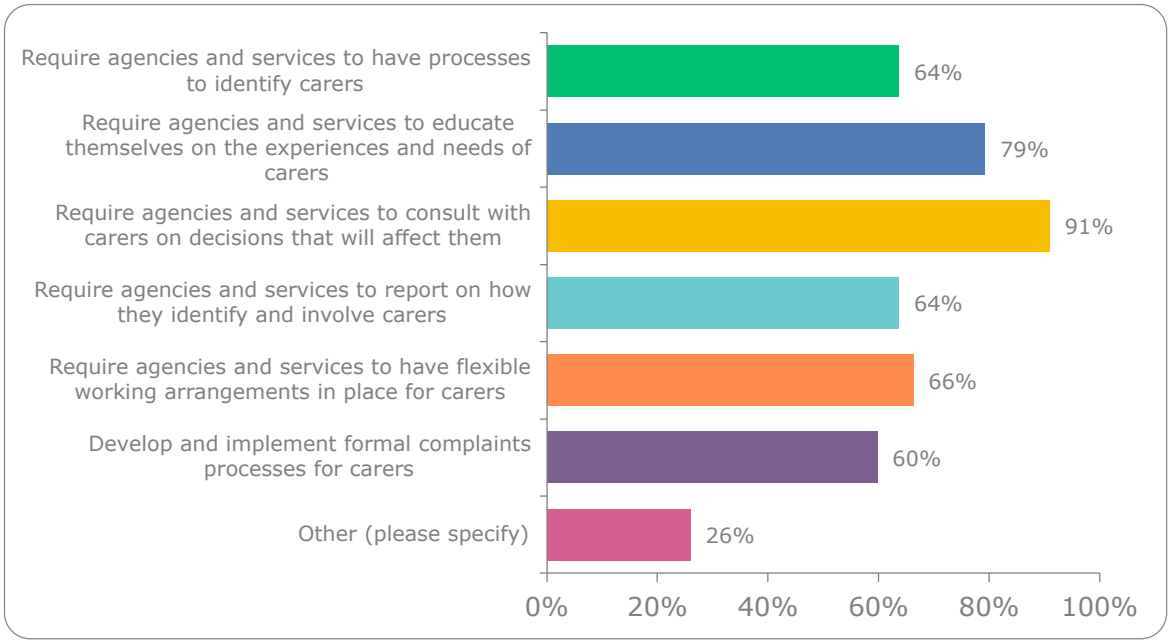
4. Are the current obligations on public authorities clear and easy to understand? If not, how could they be clarified?
5. Are the consultation requirements in the Act sufficient to ensure the views and perspectives of carers and their representative organisations are reflected in the making of policy, service and planning decisions that impact their role?
6. Are the current obligations sufficient to ensure public authorities reflect the principles of the Carers Charter in their policies, services and decisions? If not, what changes should be made?

The was strong emphasis across our consultations that without the inclusion of enforceable obligations for public authorities, the Act will remain aspirational and ineffective.

> "...being 'respected and honoured' is not going to support a carers' wellbeing, future planning or quality of life on a physiological perspective."
>
> "I feel what is missing is that my rights as a person need to be incorporated"
>
> "...writing them down on a piece of paper doesn't mean that they become the reality so I think there needs to be a set of rights for carers and the people they care for so these relationships can be truly honoured."
>
> "It is all about assuming you choose to care, some of us do and that willingness fluctuates as the caring burden increases or episodes occur or risk becomes untenable"
>
> "These are all great ideas but I have been a carer for my mum since 1993 and I find that there are a lot of words that are dressed up as action. Saying great things about carers is nice but it doesn't really change much in the dirty reality of caring."

Survey respondents were supportive of a range of ideas put forward by our Carer Consultative Group for improving the understanding, recognition and valuing of their caring role. A requirement for public agencies and services to consult with individual families and carers on decisions regarding the treatment or care of their person that will affect them received the greatest support (see Figure 3).

Figure 3. What could make a difference to how much your role is understood, recognised and valued by Queensland Government agencies and services? (tick all that apply) (77 responses)



The Act currently requires public authorities to actively ensure employees and officers understand and reflect the principles of the Carers Charter when delivering services and developing human resource policies. It also requires public authorities to engage carer representative bodies when making strategic policy or planning decisions. However, without public reporting obligations attached, these requirements are likely to be symbolic rather than effective actions that ensure carers' rights and interests are consistently considered in policy and service delivery.

We believe that, at a minimum, the Act should require public authorities to demonstrate how they:

- identify people (including children and young people) in caring roles who are likely to be impacted by policies, practices and decisions of the public authority and their staff
- engage impacted carers in culturally appropriate ways, whilst balancing their rights with the rights of the people they support, in order to:
    - provide information that assists them in their caring role
    - seek their input and expertise
    - involve them in decisions that directly impact them
- provide access to capacity building and support services that help people in caring roles to maintain their:
    - health and wellbeing
    - safety
    - education or economic participation

    - financial security
    - relationships and social connection
    - identity beyond the caring role.
- ensure staff are trained in the experiences, needs and rights of carers as relevant to their scope of work
- reflect the carer principles in decision-making, design and implementation of policies and services that are likely to impact people in caring roles (including HR policies)
- involve representative carer organisations in decision-making, design and implementation of system-wide policies and services that are likely to impact the people in caring roles who they represent.

4. Monitoring and accountability

7. Should the Act include mechanisms to monitor or enforce compliance with the obligations under Part 2? If so, what should these mechanisms look like?
8. If mechanisms to monitor or enforce compliance were included in the Act, should they apply to all public authorities, or should they be targeted at specific or key public authorities?

If the obligations outlined above are to be upheld, we strongly recommend that they be made enforceable through mandatory reporting against obligations. This reporting should include actions taken to implement the obligations, as well as output data such as carers identified, carers provided with information, consulted and engaged in decision-making, support or referrals provided to carers, staff training provided and carer organisations involved.

Legislation from other jurisdictions provide examples of what this can look like. For example, under the Australian Capital Territory's Carers Recognition Act 2021, care agencies and carer support agencies are required to report annually on how they have upheld and promoted the Care Relationship Principles. The Act is supported by the Carers Recognition Regulation 2021 (ACT), which prescribes reporting requirements and templates for annual reporting.

It is only through reporting and data collection that progress towards better recognition, inclusion and support of people in caring roles can be measured and gaps addressed.

Enforcement of the Act may also require implementation of a mechanism that enables complaints about obligations not being met to be escalated to an independent body if they can't be addressed at the level of the public authority.

We believe that mandatory reporting and/or other mechanisms to enforce compliance should apply to all public authorities unless specifically exempted by the Act. This requirement would help to improve the understanding and consideration of people in caring roles across all aspects of public life and hopefully more broadly across Queensland communities.

5. Queensland Carers Advisory Council

9. Do you think the Act allows QCAC to effectively advance the interests of carers and promote compliance with the Carers Charter? If not, how could the Act be improved?
10. Do carers and the wider community know about QCAC and its work? If not, could the Act be amended to improve QCAC's visibility and accessibility?
11. Do you have any feedback about provisions of the Act related to QCAC's membership?

Effectiveness and role of QCAC

This review presents an opportunity to strengthen the role of the Queensland Carers Advisory Council (QCAC). Survey respondents had suggestions in this regard, including that the Council:

- provide monitoring and oversight of public authorities' compliance with the Act
- promote and facilitate the inclusion of carer lived experience in systemic decision-making and reform
- influence workforce capability and culture, help to raise awareness of the needs and challenges faced by carers, and to address stigma
- be provided with a greater level of funding to undertake projects that address systemic challenges for carers.

The Act could give QCAC a much stronger role in monitoring and oversight of public authorities' compliance with the Act. If the Act were to contain mandatory reporting obligations for public authorities, then the Council would be ideally placed to review these outcomes, monitor progress towards better recognition and inclusion of carers, identify gaps across systems and provide advice on enhancing compliance, as well as other issues impacting carers.

If the Council is to advance the interests of the diverse range of people in caring roles across Queensland, this advice would need to be shared with those with responsibility for the wide range of public authorities whose decisions and services impact the lives of carers (i.e. those with responsibilities for mandatory reporting under the Act).

This would require the inclusion in the Act of a wider reporting function for QCAC, as well as a monitoring and oversight role. Carer Advisory Councils in Western Australia and Tasmania have compliance and reporting functions included in their role, which may provide models for change.

Awareness of QCAC

Less than a quarter of survey respondents and none of the Carer Consultative Group had heard of the Queensland Carers Advisory Council prior to consultation.

They suggested that to improve the visibility and understanding of QCAC's role, the Council needs to:

- increase direct engagement with carers, including across rural, regional and remote Queensland
- provide clear, accessible communication about its role and priorities and how carers can contribute
- actively provide feedback to carers about how their input and experiences are influencing decision-making and reform
- act as a visible champion for carers.

Several respondents also stressed that the Act should require representation of a diversity of carers and caring roles on the QCAC. Arafmi is highly supportive of this idea and recommends that within the eight carer and carer association roles, that there be representation of mental health caring roles, First Nations caring roles and CALD caring roles as they most often involve additional and different experiences and impacts. QCAC should also include expertise on young carers, through an organisation with a particular focus on young carers.

Based on our work in the Lived Experience advocacy space, we also recommend that carer members be carefully selected on the basis of their understanding of the experiences and needs of carers beyond their own personal experience. This will help to ensure the needs of a broad range of Queenslanders in caring roles are considered in the Council's work.

6. Review and effectiveness of the Act

12. Should the Act include a requirement to be reviewed? If so, what timeframe should be provided for review, and what matters should be considered as part of a review?
13. Has the introduction of the Act helped the wider community better understand the contributions carers make?
14. Is there anything else you think should be done to support or increase the recognition of carers, and carers rights, through changes to the Act?
15. Are there any other comments you would like to make about the Act that have not already been covered?

Review

We believe the Act should include a requirement to be reviewed. The next review should take place within 5 years and consider alignment with any changes to national carer legislation, including revisiting a rights-based approach if this is not enacted through the current review.

Impact of the Act

As highlighted throughout this submission, feedback from mental health carers across Queensland suggests that the Act has made little visible difference in helping public authorities or the wider community better understand the contributions of carers.

The very limited awareness of the existence of the Act amongst carers themselves also suggests that there is much that could be done to promote the Act and what carers should be able to expect from public authorities as a result. Members of Arafmi's Carer Consultative Group suggested that easily understood descriptions of the revised Act, including versions that are accessible to people with disability and who speak a language other than English, should be developed and shared widely and publicly to improve this lack of awareness and understanding.

Additional suggestions

In addition to what is already included in sections above, survey respondents had a range of other suggestions for improving the understanding, recognition and valuing of their caring role, including:

- employing people with Lived Experience of caring in key positions
- greater financial support for carers (e.g. discounts on public utilities, discounted parking at hospitals)
- offering practical support for carers and making carer respite more available
- introducing outcome measures for public authorities to demonstrate "how they are improving the lives of carers and valuing their cost-saving to the country's purse"
- awareness raising of what an unpaid carer is (as opposed to paid support workers who refer to themselves as carers) and what carers do, as well as their knowledge, skills and experience
- education of agencies and services about the complexities of caring
- making carers a 'target group' for government policies and services.

Final comments

Although much of the focus of our recommendations in this submission is on creating enforceable obligations for public authorities, our ultimate aim is for people in caring roles – particularly those supporting someone through mental health challenges – are better identified, understood and supported throughout their life and caring journey.

The Act, if its obligations were broadened and enforced, and its existence promoted much more actively, could play an important role in educating public authorities and the broader community about carers. It could help to increase awareness and understanding of the diversity of carers experiences, the challenges they experience and their own diverse needs for support. In turn, we believe that would lead to better engagement, inclusion and support of carers, along with respect for their roles and knowledge, because services and systems would understand the significant impacts of failing to do so.

Attachment A. Survey respondent demographics

(note that not all respondents answered these questions)

Which of the following best describes you?

Answer Choices	Responses	
I am family member, friend, kin or unpaid carer of someone experiencing mental health challenges or psychosocial disability	63.89%	46
I am family member, friend, kin or unpaid carer of someone experiencing alcohol and other drug challenges	6.94%	5
I am family member, friend, kin or unpaid carer of someone with other disabilities	9.72%	7
I work for a government agency or service	0.00%	0
I work for a community based organisation	0.00%	0
Other (please specify)	19.44%	14
Total		**72**

*Those responding 'Other' were supporting people across more than one category or were supporting more than one person

If you are a family member, friend, kin or unpaid carer, what is your relationship to the person or people you support?

Answer Choices	Responses	
Parent	60.27%	44
Partner	6.85%	5
Grandparent	2.74%	2
Child	5.48%	4
Sibling	2.74%	2
Kin	1.37%	1
Other realtion	1.37%	1
Friend	0.00%	0
Other (please specify)	19.18%	14
Total		**73**

*Those responding 'Other' were supporting more than one person

I describe my gender as...

Answer Choices	Responses	
Women or Female	94.37%	67
Man or Male	2.82%	2
Prefer not to say	1.41%	1
I use another term (please specify)	1.41%	1
Total		**71**

My age group is:

Answer Choices	Responses	
Under 18 yrs	0.00%	0
18-24 yrs	0.00%	0
25-34 yrs	4.11%	3
35-44 yrs	5.48%	4
45-54 yrs	21.92%	16
55-64 yrs	28.77%	21
65+ yrs	39.73%	29
Total		**71**

The main language I speak at home is:

Answer Choices	Responses	
Arabic	0.00%	0
Cantonese	0.00%	0
English	100.00%	72
Mandarin	0.00%	0
Punjabi	0.00%	0
Vietnamese	0.00%	0
Total		**72**

Are you of Aboriginal or Torres Strait Islander descent?

Answer Choices	Responses	
Yes, Aboriginal	5.63%	4
Yes, Torres Strait Islander	1.41%	1
Yes, both Aboriginal and Torres Strait Islander	0.00%	0
No	92.96%	66
Total		**71**

I live in the following region:

Answer Choices	Responses	
Brisbane	50.68%	37
Gold Coast	6.85%	5
Ipswich	2.74%	2
Logan	2.74%	2
Moreton Bay	2.74%	2
Redland	1.37%	1
Sunshine Coast	12.33%	9
Regional Queensland	9.59%	7
Rural and Remote Queensland	10.96%	8
Total		**73**