

Wiyi Yani U Thangani Framework for Action for First Nations Gender Justice and Equality and the Establishment of the First Nations Gender Justice Institute Submission

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Thank you for the opportunity to provide some comments regarding the Wiyi Yani U Thangani Framework for Action for First Nations Gender Justice and Equality and the Establishment of the First Nations Gender Justice Institute. We provide the below comments drawing primarily on our research into First Nations women's care as part of our *Caring about Care* project, which was undertaken in support of Wiyi Yani U Thangani and the Office of the Aboriginal and Torres Strait Islander Social Justice Commissioner. We also draw, in part, on our broader experiences as researchers in various areas of social policy.

First, we summarise some of the overarching findings of the *Caring about Care* project (section 1). Drawing on our project insights, we then address the consultation themes outlined by the AHRC: i) measuring change outcomes, ii) ensuring a strong accountability and evaluation approach, and iii) protecting and strengthening data sovereignty and governance (section 2).

Section 1: About the *Caring about Care* Research

Working with five Aboriginal partner organisations, and in support of the work of Wiyi Yani U Thangani and the Office of the Aboriginal and Torres Strait Islander Social Justice Commissioner, the *Caring about Care* project aimed to understand how First Nations women across different regions of Australia conceptualise care work, how they value and experience it, including its challenges, how much of it they do, and how policy could better recognise and value it.¹ This focus was important because, as noted in the Wiyi Yani U Thangani report, First Nation women’s unpaid care has significant implications and flow-on effects for other aspects of their lives (e.g., health and wellbeing, economic security), as well as the lives of those around them. Below, we outline some of the overarching findings that arose from the powerful insights shared by the 102 First Nations participants for this study.

1. **Care is strength and is valued:** Often, women in this study rejected characterisations of unpaid care as simply a burden, and instead saw it as a strength and something that is to be deeply valued. Many saw unpaid care as demonstrating love and kindness; they saw how it held families and communities together and got them through the many challenges they face in their lives.
2. **Care is broad and complex:** The women participants in this study noted that care is an important cultural ethic and practice that goes beyond non-Indigenous understandings of care. Care to the women in this research included caring for everyone, including communities, Country, and all living things (e.g., animals, plants). Care for culture was also raised as a crucial component of caring but was described as being inextricably woven; that is, culture is expressed through care. Care is a way of life, an ethic to live by, and it extends across whole communities.
3. **The impact of colonisation (past and present) creates a greater need for care:** The extent of care undertaken by Aboriginal and Torres Strait Islander women is greater than care undertaken by non-Indigenous women and others. Women in our study illustrated through their many examples how this is, in large part, due to the impacts of past and ongoing colonisation. Specifically, colonisation has created and continues to create damage to the lives of Aboriginal and Torres Strait Islander people. This damage requires Indigenous people’s care to heal, adding extra demands on existing care loads.
4. **Services meant to provide care are inadequate:** Services that are supposed to provide care (e.g. primary health care and mental health services, drug and alcohol counselling, childcare, DV services and more) are often missing, too far away, under-funded and/or are not culturally safe. As a result, women constantly have to navigate mainstream systems that are not culturally responsive, and which are therefore potentially harmful.
5. **Poverty further intensifies the need for care and makes care work harder:** Living below the poverty line means basic necessities like healthy food, stable shelter, and fuel or public transport are inaccessible. This creates harm, increasing the demand for care, but it also makes caring more difficult since resources aren’t always available to support caregiving. For some, the ‘choice’ is to live in poverty and do all the unpaid

¹ The full details of the *Caring about Care* national project, including approach, results, and recommendations, are outlined in Klein et al. (forthcoming).

care work necessary, while for others, the necessity of paid work to support those they care about places huge stress on them as they juggle their unpaid care responsibilities and earning an income to survive. For others still, living in poverty attracts the attention of government interventions that are regularly culturally unsafe and frequently harmful. (This creates a loop, whereby government interventions are often experienced as forms of continued coloniality, thereby increasing harm and again expanding the need for care, as outlined in point 3, above.)

6. **The relationship between paid work and unpaid work is important:** For many of the participants, care was central to their paid work roles as well as the unpaid care work they did. Specifically, most of the women in paid employment in this study had roles in the community sector, which put them at the frontline of caring for community through community services, Indigenous controlled organisations, or through government roles such as working in so-called 'Indigenous Affairs', running government services and contracts for Aboriginal and Torres Strait Islander peoples. They saw this work as part of their broader commitment to supporting their families, communities, and advancing Indigenous peoples. It is therefore hard to draw a line for these women between paid work and unpaid work; the two often overlapped. Women with caring responsibilities at home are often also employed in demanding care work in their paid employment. Their care giving takes up all their time, they never 'clock off' and some expressed feeling inadequate trying to satisfy both their paid and unpaid care roles. Finally, employers often don't realise the amount of unpaid care (e.g., cultural care or 'cultural load') women do in their work roles, even though this is what makes their paid employment successful. Women are also often not paid for these valuable cultural and caring skills; instead, these skills and contributions are often taken for granted by employers.
7. **Indigenous community organisations are often poorly funded and this needs to change to support care:** Indigenous specific community services that provide support are often poorly funded, with only short-term project funding and burdensome reporting requirements. They rely on women's voluntary work to subsidise critically important programs, which need sustained support.

Section 2: Contribution to the Wiyi Yani U Thangani Framework for Action for First Nations Gender Justice and Equality and the Establishment of the First Nations Gender Justice Institute

In this section we draw on our research, broadly, to speak to the three priority areas for this inquiry: 1) measuring change outcomes, 2) ensuring a strong accountability and evaluation approach, and 3) protecting and strengthening data sovereignty and governance. We address each of these below, beginning with and combining our response to themes 1 and 3, before moving on to address theme 2. We also outline some recommendations, which arise from our *Caring about Care* study, and which relate to each of these three priority areas.

Measuring change outcomes (consultation theme 1) and protecting and strengthening data sovereignty and governance (consultation theme 3)

Measures of care matter: Our findings indicate that non-Indigenous and particularly liberal feminist definitions and measures of care do not include the vast and broad ways care is defined by Aboriginal and Torres Strait Islander women in Australia. For example, whilst care as a strength is an important insight from the women in this study, (white) liberal feminism has often characterised unpaid care as a burden that is unrecognised, undervalued, and which women need to seek liberation from. Liberal feminists have, thus, prioritised getting into paid work and public office and formalising care work. But what is evident from this study is that, whilst jobs and external accolades are not unimportant, and care loads can be extremely heavy and demanding, Aboriginal and Torres Strait Islander women also place great value on family, community, culture, and Country. In this regard, the use of (white) liberal feminist thought to explain Aboriginal and Torres Strait Islander women's care can result in harmful and inaccurate framings, which elevate paid and formal work *over* unpaid work across many policy settings including (but not limited to) social security policy, economic policy, employment policy, Indigenous policy, gender policy, and education policy. In doing so, these entrenched policy settings systematically marginalise *all women*, but particularly Indigenous women. Thus, it is crucially important to counteract this by ensuring that measures of care are holistic and inclusive of First Nations women's accounts and understandings. As a broader strategy, this should include reshaping public policies to not only be *gender* sensitive, but to ensure they also value and centre Aboriginal and Torres Strait Islander perspectives and needs (as per our first recommendation below). A national action framework around care, led by First Nations women, is also needed to ensure care is made more visible and appropriately valued (see our second recommendation, below).

Recommendation 1: Government departments should reshape public policy to be gender sensitive and anti-colonial, including by centring and valuing Aboriginal and Torres Strait Islander care work as a critical aspect of economies

This centring and valuing of care work may include (but may not be limited to) ensuring that care work is appropriately rewarded and remunerated, particularly where multiple care responsibilities overlap. This should include, for example:

- i. reviewing and reforming existing carer payments and allowances to increase financial support to caregivers;

- ii. increasing social security payments (particularly JobSeeker unemployment benefit) so that Aboriginal and Torres Strait Islander women who receive such benefits are not having to do care work living under the poverty line with significant costs for their children, families, and themselves;
- iii. making any criteria for government support cognisant of kinship care and sensitive to the nature of caring relationships for Aboriginal and Torres Strait Islander peoples;
- iv. providing financial support to grandparents raising grandchildren, similar to that provided for fostering children;
- v. increasing paid parental leave to men to further encourage them to take up caring roles from early in children's lives; and
- vi. recognising caregiving as legitimate and crucial work in 'welfare-to-work' programs and policies, to ensure such programs do not create barriers to care.

Recommendation 2: The Australian Government should establish a taskforce led by and comprised of Aboriginal and Torres Strait Islander women to design a national action plan to elevate, centre, and support care

A taskforce of this nature would enable Aboriginal and Torres Strait Islander women to self-determine structures and supports that would best suit their needs, as well as the needs of their families and communities, rather than having these needs and solutions dictated to them by non-Indigenous institutions and actors. Such a taskforce must be adequately resourced and supported to operate and would have (at least) the ability to advise governments about how to better support Indigenous women and peoples in their care roles.

Specific, dedicated measures of First Nations women's care should be developed to draw greater visibility to their considerable (and often unpaid) contributions: In addition to elevating Aboriginal and Torres Strait Islander women's narratives of care, it is also crucial to develop protocols and approaches for properly understanding the *volume* of care work being undertaken by Indigenous women. This is especially pertinent for making unpaid care work more visible, and thereby drawing attention to the strength and contributions of Aboriginal and Torres Strait Islander women to their communities, and to society more broadly.

Limitations in measuring unpaid care follow on from the lack of understanding of the depth and breadth of Aboriginal and Torres Strait Islander women's care work (as touched on above). Although ABS Census data provides a high-level snapshot of the extent of unpaid care being undertaken by Indigenous women, existing measures miss its sheer breadth. Current data also do not show how complex and demanding the care work is for individual women. Indeed, the kinds of (deficit) narratives that arise from ABS datasets about Indigenous women is often that they are under- or unemployed and thereby underproductive, but their stories tell the exact opposite. This is just one example (amongst many) of the ways in which data that are not captured and controlled by Indigenous peoples themselves can end up being used to construct and reinforce racialised narratives of Indigenous deficit, many of which animate harmful policy approaches that stand in the way of care (e.g., social security policies that punish Indigenous peoples who are viewed in deficit data as 'unemployed', but who are otherwise incredibly productive in diverse ways, including by giving care).

In our *Caring about Care* project, we took initial steps towards better measuring First Nation women's care by designing/trialling a time-use survey aimed at capturing the proportions of time First Nations women spent on various activities on a typical weekday, including care activities. This approach allowed us to show that the 98 First Nations women from whom we captured this data spent, on average, between 40-62% of their time each day undertaking unpaid care activities (that is, *not* counting paid forms of care undertaken as part of employment). Overall, the estimated market value for women's otherwise unpaid caring activities in our study ranged from a low approximate value of \$223.01 per day (equivalent to \$1,561.07 per week) to a high approximate value of \$457.39 per day (equivalent to a high of \$2,286.95 per week, before tax). This is equal to an annual salary (without loadings and pre-tax) of between \$81,175.64 and \$118,921.40. Nevertheless, this labour is unremunerated, having significant implications for First Nation women's economic (in)security and overall wellbeing. Although First Nations women's care makes myriad contributions that cannot be captured through reductive economic measures such as these, this at least provides a basis for understanding the relationship between unpaid care and economic (in)justices, experienced by many First Nations women across Australia.

This exercise was an initial step. However, further work is needed to improve this (or other) measures for making the nature, volume, and value of First Nations women's care more visible, so that it can better inform gender-sensitive policymaking. Such approaches must be led and/or deeply informed and guided by Indigenous peoples, ideally drawing on Indigenous data sovereignty frameworks, to ensure they avoid deficit data that have negative flow on effects for policymaking (Walter 2016). Our below recommendation speaks to this.

Recommendation 3: Drawing on holistic Aboriginal and Torres Strait Islander definitions of care (that is, care of not just people, but also Country, culture, and all living things), and in close consultation with Indigenous women, the Australian Bureau of Statistics should develop and implement more sensitive measures of Indigenous women's care work

Such an approach would make Aboriginal and Torres Strait Islander women's vast amounts of care labour more visible in future policymaking, providing a basis for it to be more strongly and appropriately supported and nurtured. This may, for example, take the form of amended questions in regular census and survey collections, and/or a dedicated time-use module that is routinely undertaken and representative of Indigenous peoples across Australia.

Greater visibility is needed of the overlap between paid and unpaid care contributions being made by First Nations women. For many women in our study, care was central to their paid work roles *as well as* the unpaid care they undertook. Specifically, most of the women in paid employment in this study had roles in the community sector, which put them at the frontline of caring for community through community services, Indigenous controlled organisations, or through government roles such as working in so-called 'Indigenous Affairs', running government services and contracts for Aboriginal and Torres Strait Islander peoples. They saw this work as part of their broader commitment to supporting their families, communities, and

advancing Indigenous peoples. It is therefore hard to draw a line for these women between paid work and unpaid work; the two often overlapped. For example, some women looked after community or family members whilst also doing paid work or would get calls for help during paid work hours. In this sense, many First Nations women in our study spoke about never ‘clocking off’. Simultaneously, employers — especially *non*-Indigenous employers — often do not realise the amount of care (including cultural care or ‘cultural load’) women do *in* their work roles, and this is also not recognised in position descriptions, even though this is what makes their paid employment successful. Women are also often not paid for these valuable cultural and caring skills; instead, these skills and contributions are often taken for granted by employers. There is, therefore, a need to ensure that these extraordinary contributions made by First Nations women, which often go above and beyond base-level requirements of employment, are made visible and valued (as per our recommendation below).

Recommendation 4: Governments at all levels must fully acknowledge and appreciate, as well as reflect in public policy, the intricate links between paid and unpaid care roles undertaken by Aboriginal and Torres Strait Islander women

This may include (but may not be limited to), for example:

- i. making sure that Aboriginal and Torres Strait Islander women who are expected to care for their cultures by providing cultural leadership in their workplaces (e.g., by leading cultural engagement, improving cultural awareness, or similar) are appropriately recognised and remunerated for this ‘cultural load’ that they carry (often in an unpaid capacity);
- ii. ensuring that Aboriginal and Torres Strait Islander peoples can access flexible arrangements and/or appropriate leave (e.g., carer’s leave, cultural leave) where needed to accommodate unpaid care roles. (This links with recommendation 5 below, which calls for greater investment in Indigenous community-controlled organisations; these organisations were referred to frequently by women as doing better at understanding and accommodating their care needs. Better funding for these organisations would enable them to provide more accommodating and culturally appropriate workplaces for Indigenous women and peoples more generally.)

Ensuring a strong accountability and evaluation approach (consultation theme 2)

Focus on Indigenous care needs to be central – not a fringe component in evaluations: Overall, our findings in the *Caring about Care* study underline the importance of a new approach to supporting Aboriginal and Torres Strait Islander women, where their voices, ideas and needs are central, and where care is placed at the heart. This is different to just ‘fitting’ Indigenous care into various models, policies, and measures already in circulation. Rather, a whole new approach needs to be taken that elevates Indigenous women’s voices, and centres and celebrates their care as an essential and crucial expression of culture. This is a must if Australia is to take seriously its obligations under several human rights instruments, to which it is a signatory — including the United Nations Declaration on the Rights of Indigenous Peoples

(UNDRIP), and the United Nations Convention on the Rights of the Child. Together, these instruments set out minimum standards for the protection and survival of Indigenous peoples, cultures, and children, including the free expression and practice of Indigenous cultures, the right to self-determination, the right of Indigenous peoples to maintain and strengthen their economic, social and cultural institutions, the right of children to be safeguarded, protected, and cared for while maintaining connection to culture, and the right to free prior and informed consent.

These already existing economic practices of caregiving show real ways towards self-determined and decolonial economic relations. This was articulated by the Aboriginal and Torres Strait Islander Social Justice Commissioner, June Oscar AO (2023), where reflecting on the thousands of conversations she had with women and girls as part of her *Wiyi Yani U Thangani* project, she stated that:

It is their voices, which have grown an image in my mind of what a self-determined economy for our peoples really looks like... Women spoke to me, of economies of collective and intergenerational wealth creation that would bring about multiple social, health, ecological and monetary benefits, for everyone not just a few individuals. Essentially, they saw economies determined by us as being inseparable from our cultural, political and social expressions of our collective identity and kinship systems.

The Commissioner went on to describe care — of kin, culture, Country, children, old people, and all non-humans — as being central and indispensable to this economic vision. That is, care is a ‘glue’ that connects everything in perpetuity and guards against exploitative capitalism. In the Commissioner’s poignant words, caregiving is self-determination and “It is circular, self-determination leading to a stronger economy, a stronger economy enabling greater self-determination”.

In this regard, unpaid care work in particular is — as described by the former Special Rapporteur on Extreme Poverty and Human Rights — a “major human rights issue” and one that poses a significant threat to women’s enjoyment of basic human rights the world over. This demands public policymaking, as well as associated accountability and evaluation frameworks, that not only centre care as a crucial aspect of cultural continuity and self-determination, but which are also antiracist and decolonial, and which are *evaluated* based on whether they achieve these combined aims. Our recommendation below touches on this. However, in addition to what we outlined below, such an approach may also, for instance, draw on emancipatory Indigenist research methods, as called for by Bond et al. (2019) in relation to the Productivity Commission’s Indigenous Evaluation Strategy framework, led by Commissioner Romlie Mokak (Djugun) (see Productivity Commission 2020).

Recommendation 5: To prevent future harms to Aboriginal and Torres Strait Islander peoples that increase the need for care, governments at all levels should ensure public policy is antiracist, decolonial, and upholds Indigenous self-determination

This may include (but may not be limited to) the following:

- i. Ensuring strong and sustained resourcing to Indigenous community-controlled organisations to provide Indigenous-led community services to support carers and those they care for so Indigenous women have a choice of service providers. Aboriginal and Torres Strait Islander community-controlled organisations are best placed to provide culturally sensitive supports that are accessible and enable healing, rather than creating more harm. The burden of paperwork/reporting which currently impedes Aboriginal and Torres Strait Islander community-controlled organisations from providing the service itself should also be drastically reduced or removed (and if not removed, then organisations should be at least funded to undertake this administration). [Also see [Watego et al.'s 2019](#) recommendations on this.]
- ii. Ensure that access to Indigenous community-controlled support services is prioritised across Australia, but particularly in rural and remote areas. This includes, for instance: providing culturally sensitive aged care facilities and supports to those living with disability as well as their carers (e.g., ensuring that National Disability Insurance Scheme [NDIS] providers are readily available across urban, regional, and remote areas); establishing and/or increasing the number of Aboriginal and Torres Strait Islander led/run playgroups and childcare services, while also ensuring existing services and programs can (and are resourced to) operate according to schedules that map to women's work and other demands; prioritising Indigenous led/run alcohol and other drugs rehabilitation and healing services, to ensure appropriate treatment options are available for those experiencing addiction/s; and ensuring that culturally appropriate crisis support, crisis accommodation, and services supporting those experiencing domestic and family violence, mental health challenges, or other related issues, are widely available. Wait times for all services must be reasonable to ensure accessibility in times of need.
- iii. Addressing and stamping out racism and coloniality within mainstream services of all types. This includes by ensuring cultural competency amongst government departments, agencies, and services and contracted non-government services.

Accountability cannot only flow one way in relation to policies and programs affecting First Nations women and communities: First Nations women's caregiving is absolutely necessary for the physical, cultural, spiritual, and psychological wellbeing of those who rely on it. It ensures safety and comfort, and picks people up when they are struggling. As some women in our study described it, it quite literally saves lives. However, being trapped in cycles of engagement with harmful colonial systems, including the criminal justice and child safety systems, can weaken both caregivers and care receivers. In particular, several women we spoke to told us of traumatic experiences with child safety systems, whereby child protection officials worked against them and their children, often causing more harm. Furthermore, it was obvious in many of the stories women told, that child protection systems demand that *carers* be accountable to the system, however this accountability is rarely reversed. This is a crucial point: accountability should not only flow one way. While our recommendation below pertains specifically to child protection, the problem of inverted/unbalanced accountability is present across whole of government, producing perverse results, continuing an ethic of

colonial dominance, and again often standing in the way of care for First Nations women and communities (e.g., also see Sullivan, Hunt, & Lahn 2019; Bond et al. 2019).

Recommendation 6: Governments across Australia must reform child protection systems and procedures to ensure they uphold the human rights of children, carers, and parents, and to prevent ongoing harms caused by these systems

In forming this recommendation about the child protection system, we note the excellent recommendations of the [2022 Family Matters Report](#) published by the Secretariat of National Aboriginal and Islander Child Care (SNAICC), which, if implemented, would resolve many of the problems women in this study talked about. However, from this research we draw attention to the following:

- i. Child protection systems must operate in line with the *United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)*, by transferring statutory responsibility and adequate funding for Aboriginal and Torres Strait Islander child protection to Indigenous community-controlled organisations and implementing the Aboriginal and Torres Strait Islander Child Placement Principle across these systems.
- ii. Governments must shift the child protection system’s funding and activity balance from intervention services to Indigenous community controlled integrated family support services to enable much more wrap round support to families at risk of interaction with the child protection system at an early stage. The aim should be to prevent child removal altogether and make the goal of maintaining the child within the Indigenous extended family the highest priority.
- iii. Child protection systems must be reformed to require engagement with existing or potential kin carers before any decisions are made about an Aboriginal or Torres Strait Islander child’s removal or placement. Adequate support must also be provided to enable such carers to carry out their obligations.
- iv. Foster and kinship carers should be better supported in their engagement with the child protection system to significantly reduce the administrative burdens associated with providing care in these capacities.
- v. Strengthen accountability of government systems to their clients for upholding the human rights of carers and those they care for, through an independent mechanism, such as a Carer’s Ombudsman or similar.

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