

SARRAH

Services for Australian Rural and Remote Allied Health

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Care and Support Economy Taskforce
Department of the Prime Minister and Cabinet

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Services for Australian Rural and Remote Allied Health (SARRAH) response: Draft National Care and Support Economy Strategy 2023

Thank you for the opportunity to comment on the Draft National Care and Support Economy Strategy 2023.

Services for Australian Rural and Remote Allied Health (SARRAH) is the peak body representing rural and remote allied health professionals (AHPs) working in the public, private and community sectors, across primary and other health settings, disability, aged care, and other service systems. SARRAH was established in 1995 as a network of rurally based allied health professionals and continues to advocate on behalf of rural and remote communities to improve access to allied health services and support equitable and sustainable health and well-being. SARRAH maintains that every Australian should have access to health services wherever they live and that allied health services are fundamental to the well-being of all Australians.

SARRAH strongly supports the Government's commitment in developing a Draft National Care and Support Economy Strategy. We also support the Vision and high-level Goals (identified on page 2), being:

- Goal 1: Quality care and support
- Goal 2: Decent jobs
- Goal 3: Productive and sustainable

In keeping with our own objectives, SARRAH welcomes and strongly supports the critical importance of ensuring a well distributed, appropriately skilled, and remunerated care and support workforce is available to meet service and access needs across rural and remote Australia. This draft Strategy, consistent with the broader Jobs and Skills agenda, would be further advanced if it were complemented by a national allied health workforce strategy, especially to help address chronic workforce shortages and service access issues experienced by people living in rural and remote Australia.

Establishing the Taskforce within Prime Minister and Cabinet with Deputy Secretary members from across Government is a positive reflection of the priority and strategic significance of this workforce to the Australian community as well as the portfolios involved. Many of the service

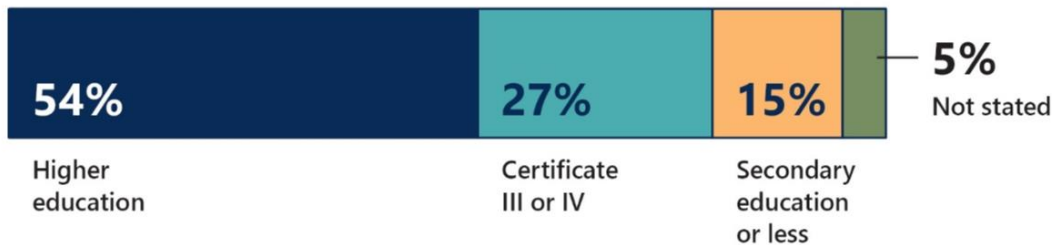
access, capacity, and productivity constraints we currently face are the result of inadequate national workforce planning and development over recent years.

Notwithstanding SARRAHs support for the objectives of the draft Strategy and the urgent focus it has, **SARRAH believes more work is needed to develop the internal coherence of the Strategy**, both in identifying

- a) the importance of the care and support workforce in meeting the immediate needs of the nation and communities – which face very different circumstances and will require detailed local responses; and
- b) important connections between the care and support workforce and broader career opportunities across service sectors that also face contemporary and projected skilled workforce shortages, and for which employment in care and support can provide a valuable pathway.

The current draft of the Strategy appears to lack a clear focus on these issues – at times strongly delineating the care and support workforce from the broader Health and Social Assistance workforce, while at other times appearing to confuse or failing to distinguish between them. Consequently, it is confusing as to the precise scope of the paper. At times the focus is clear on care and support workers only (where they are distinguished from allied health, nursing, other VET trained professionals etc) and elsewhere, information that appears to be representing the care and support workforce only appears to relate to s the broader Health and Social Assistance workforce – which includes highly qualified allied health, medical and nursing and midwifery professionals – for example, from page 19:

Figure 7. Skills profile of the care and support workforce³²



We agree on the need to bolster the care and support workforce, given demand already exceeds supply and the continued increase in demand in line with structural ageing. The draft Strategy describes that situation. It also notes that with the proportionate reduction of people of working age in our population, we need policies that enable us to meet caring demand, while:

- a) optimising interventions maximise independence, health, wellbeing and levels of social and economic participation and
- b) enabling the workforce to develop skills and capacity to the extent they are interested and have the potential and opportunity to do so. That means recognising the care and support workforce not as a static input to a system where a high workforce need exists but as an essential component of a workforce that is designed to better enable progression, acquisition and utilisation of skills that are able to be applied in multiple settings/supports workforce movement and flexibility and contributes to productivity and impact at a system-wide level.

The Summary of the draft Strategy (page 1) refers explicitly to the services that are enabling, not only in that they allow other people (parents, carers etc) to participate in other paid or social

activities, but the person receiving the services, which are generally in addition to what is being classified in the draft Strategy as care and support services.

Funding high-quality care and support provision is an investment in social infrastructure. It provides long-term benefits that go well beyond direct users of these paid services. Care and support services enable people with care and support needs (and their families and carers) to participate in the workforce and society.

In recent years, reform of the care and support system has largely been reactive, driven by crisis and Royal Commissions. A more proactive approach will provide a better quality of life for Australians. It will also provide broad social benefits and drive economic prosperity by ensuring the sector provides high quality care, delivered by workers with decent jobs, and by unlocking productivity growth.

The draft Strategy would benefit from greater clarity and consistency (potentially with a glossary of key terms and definitions) about what the scope of the care and support workforce is for the purposes of the paper. It would be counterproductive if the draft Strategy did not (at least) highlight the potential (and often utilised) pathways from care and support roles into more specialised VET qualified roles (including Allied Health Assistants/therapy assistants; Enrolled Nurses; Aboriginal and Torres Strait Islander Health Workers and Health Practitioners – to name a few), as well as into university-qualified professional roles (such as allied health), which are also in high and growing demand.

For many people, including in rural and remote Australia, a job in the care and support workforce not only recognises a person's skills, abilities interests and life experiences, it provides opportunity and an entry point to earn and develop their skills without leaving the community where they are established, have other ties and those skills are in high demand.

The discussion on page 40 ("Professionalisation and career pathways") touches on some of these issues: it should be expanded on substantially.

SARRAH is concerned at the conceptual basis of the paper and how it is framed. It appears to compartmentalise consideration of the care and support economy (and associated workforce, policy, funding and other issues) into discrete sections: possibly in an attempt to enable manageable and discrete policy responses and initiatives. In parts, the paper conveys an impression of ensuring certain high-profile areas of policy and community concern (e.g., such as the subject of Royal Commissions) and /or existing Commonwealth program and funding are included, but without an overarching rationale or framework for how these come together to meet community needs.

The construction of the paper also oversimplifies the service system and sector components in some important respects, which is particularly at odds with how services are accessed and delivered (where they are available) in rural and remote Australia.

To illustrate, the diagram from page 5 of the draft Strategy (copied below) identifies and disaggregates aspects of health and related social support systems into a mix of areas which are very confusing to practitioners and service providers working within and across service systems in communities. It is not clear whether the representation is designed to reflect identifiable Commonwealth funding allocations, but feedback from our members was that the segmentation

made little or no sense on a local service system level, where elements identified as distinct are inherently joined in terms of individual needs and service system supports. For instance:

- Allied health, is a component of every segment listed (and rarely if ever a standalone service distinct from palliative care, health care, early childhood development, veterans' services, mental health disability or aged care services etc).
- It is equally likely that medical and nursing services would be involved in these service systems,

This representation of the service system has raised concern that the draft Strategy does not reflect an adequate understanding of:

- The role of allied health across these service systems, including in relation to services delivered by the care and support workforce;
- How crucial those interactions and inter-dependencies are in delivering services, especially in rural and remote communities; and
- The inherent role of state and territory funded and provided services in the service systems that exist in communities.

Figure 1. The broad care and support economy



Notwithstanding the intended emphasis of the diagram, in practical terms it is a problematic representation for practitioners who work across these systems on a daily basis. Further, the diagram appears to reflect the fragmentation that is frequently identified as an impediment to effective local service delivery. In line with the renewed National Cabinet agenda of improving service integration (e.g., between the public and primary health systems; community-based accommodation options vs hospital beds for NDIS participants etc) an alternative representation that did not reinforce fragmentation of service systems and workforces would be helpful. Representations that also promoted a greater understanding of the potential mobility and value of the care and support workforce across and between sectors would also be consistent with the Taskforce's remit and, ultimately, to assist the care and support workforce to be recognised,

valued and enabled to optimise their impact and effectively sustain our service systems into the future.

SARRAH encourages the Commonwealth to engage substantially and constructively with the States and Territories in progressing this agenda. While appreciating the Commonwealth Government is working within its sphere of responsibilities and is able to progress decisions through Commonwealth processes and Budget deliberations, the effectiveness of the draft Strategy will depend to a large extent on how effectively initiatives complement and, ideally, leverage state and territory initiatives. We strongly encourage the Commonwealth to engage substantively with other governments – given they have explicit and critical responsibilities in building and utilising the care and support workforce (given VET, education, public health, aged, disability service and other responsibilities).

SARRAH also welcomes the Commonwealth Government’s increasing investment (bolstered in the 2023-24 Budget) in place-based approaches to service design and delivery. Place-based approaches would seem highly suitable for scoping and assessing what Commonwealth, state/territory, local government and other programs and service inputs are needed and approaches that will facilitate local development of care the support workforce in communities – as well as identifying barriers and other factors that inhibit that development. SARRAH suggests **the Taskforce might also establish an external reference group or groups** (or similar arrangement) to inform their work and provide regular, independent feedback as work on this agenda progresses.

Other issues for consideration:

In rural and remote communities, education, training, service systems and employment opportunities can be severely constrained – even where funding for courses is nominally available. Demand for services and a suitable workforce is sufficient to warrant it. Developing a local, flexible workforce to meet demand across sectors would contribute to cost-effectiveness and service capacity in communities that have faced persistent shortfalls in service access and opportunities. Enabling development of the care and support (and broader Health and Social Assistance) workforce in rural and remote Australia, would contribute to:

- Reduced demand for services – e.g., avoidable hospitalisations.
- Higher taxation revenue and reduced income support outlays.
- A larger and more skilled workforce (better able to meet fluctuations in service demand e.g., Covid or similar, changing local service needs such as aged care, NDIS etc).
- Increased local employment options and pathways, supporting community sustainability.

Supporting the care and support workforce means having a high quality, accessible VET sector that delivers to where people need it, has the teaching capacity to meet employment needs as well as education regulator demands for instance, so a person teaching Allied Health Assistance, for example, actually has allied health skills and knowledge: this is frequently not the case.

The Taskforce should consider whether a market paradigm is the most appropriate approach to secure effective, quality outcomes in rural and remote communities.

- Service systems should be efficient, effective and deliver for communities so as to meet providers’ responsibilities/obligations (government or otherwise) and peoples’ rights and entitlements.

- Market-based approaches provide an appropriate basis for service delivery for many Australians. However, market approaches have not proven to be effective in much of rural and remote Australia and this is reflected in disparities in access and outcomes in health, education, social supports, among others. There is little evidence that effective markets can exist in some environments and for some needs – e.g., small remote communities where the diverse needs of communities exist, but not in sufficient numbers to facilitate a “market” approach.

Further information about the overall timeframe for the strategy (beyond this initial consultation) and the proposed mechanisms for input/engagement would be welcome and could generate a greater investment/ commitment from stakeholders.

- It is not clear precisely what audience(s) the Taskforce is seeking to engage in the process or how they hope to engage, other than through this mechanism.
- A more developed draft might elicit more strategic and potentially valuable input from public consultation.

There is little focus on specific issues impacting rural and remote Australia (other than First Nations’ Australians). Maldistribution of workers is severe and compounds national workforce shortages. That should be addressed as part of the Strategy, not only for the care and support workforce, but for the other professionals who are needed.

The content relating to First Nations peoples concentrates only on people living in regional and remote Australia and not urban areas – a significant oversight. The draft did not include an acknowledgment of traditional owners.

The draft Strategy should address social and other infrastructure needs, in addition to the VET system capacity and reach outlined above. These are important factors in developing the care and support workforce. Some of the specific issues to be considered include:

- Communications infrastructure, including internet access and language supports, and
- Ensuring service managers and supervisors understand the specific workplace demands and obligations, including codes of conduct etc., that care and support workers and others are required to comply with and why.

SARRAH would be happy to contribute further to development of the Draft National Care and Support Economy Strategy 2023. If you would like to discuss issues raised in SARRAHs response or require further information, please contact me at catherine@sarrah.org.au or Allan Groth at allan@sarrah.org.au.

Yours Sincerely



Cath Maloney
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