SARRAH

Services for Australian Rural and Remote Allied Health

10 December 2021

Senior Officer Group on Regulatory Alignment
c/- Department of Health

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Services for Australian Rural and Remote Allied Health (SARRAH)
Submission: Draft Care and Support Sector Code of Conduct

Thank you for the opportunity to provide feedback on the draft Care and Support Sector Code of Conduct. This is an important initiative and we recognise it is one of several measures being progressed through the Commonwealth's regulatory alignment agenda. Greater coherence and integration across service sectors covered by the proposed Code of Conduct should improve protection of individuals and the quality of care they receive; and potentially prompt action to improve access to quality care.

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 not-for-profit sectors, across aged care, health, disability, and other services and settings. SARRAH advocates on behalf of rural and remote Australian communities to improve access to allied health services that support equitable and sustainable health and well-being, including across the health, aged care, disability support, veteran's and other service settings. SARRAH members work to help people maintain, optimise and recover the ability to make choices about their own lives and act on those choices; supporting independence, dignity and autonomy. SARRAH maintains that every Australian should have access to appropriate, quality services and care wherever they live and that allied health services are fundamental to the well-being of all Australians.

SARRAH is a national, multidisciplinary member association and has been operating for over 25 years. SARRAH is the only peak body to be fully focused on rural and remote allied health working across all disciplines. (More information is available at http://www.sarrah.org.au/).

We note the consultation paper outlines the case for the draft Code of Conduct and identifies Commonwealth's responsibilities across the care and support sector, including

- NDIS – provided through registered and unregistered NDIS providers; through funding and management, regulation and NDIS Quality and Safeguards Commission;

- Aged care – through the Commonwealth's predominant funding role, provider approval, assessments, and safety and quality, as set out under the aged care legislation, and other aged services;
- Veterans' care – comprising a range of services delivered under various funded programs.

We appreciate the initiative to expand coverage of a shared Code of Conduct comes in response to the *Aged Care Royal Commission*, with further impetus associated with the *Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability* and the recently commenced *Royal Commission into Defence and Veteran Suicide*. That three Royal Commissions and numerous other parliamentary inquiries and reports have found so much evidence of neglect and abuse of people who are among our most vulnerable points to the need for fundamental, systemic reform and culture change. The proposed Code of Conduct is an important element. However, the Code of Conduct will only deliver the required result if the policy, program, workforce skills and capacity are also available to facilitate the quality of care identified in the draft Code.

The draft Code is a ready adaptation of that which already applies to the NDIS. Unfortunately, while the Code has been in operation for some years, many NDIS participants are unable to access care of the quality described in the Code or envisaged under the objectives of the Scheme. Put simply, the existence of a Code, funded, programs, legislation and adoption of international conventions on a range of human rights, for many people, has not translated to being able to access such services. The Code of Conduct will be more meaningful if it is accompanied by a commitment to a Duty of Care that applies to individuals working in these care systems, service providers and managers, regulators, policy makers and funders.

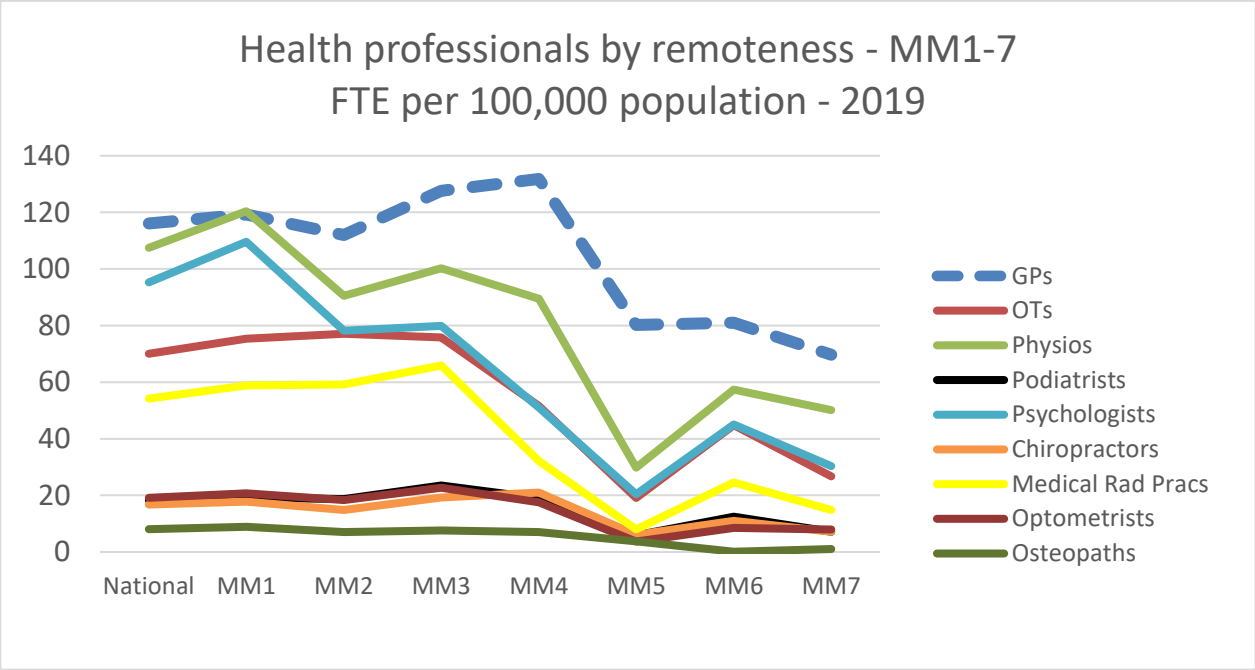
SARRAH notes the importance of ensuring compliance with the Code and supports it. However, considering information provided by many of our members who attempt to provide quality services across Australia, it is difficult to see how the Code could be adhered to, let alone promoted, if the workforce required to meet a recipient's self-determination, decision-making, health, development, support or enablement goals and needs safely is not available. This is precisely the situation now across much of Australia and appears to be worsening[1].

As regards compliance, if a provider in a rural area makes every reasonable attempt to secure a therapeutic service which is appropriate for a care recipient but is unable to do so, due to workforce and service shortages (even assuming funding would support such interventions), would the provider and others involved be subject to compliance action? If, in these circumstances, a provider is not subject to compliance action what protection is afforded for the care recipient? What, if any, duty of care or compliance action might be taken to ensure access to such services, including those where a legal service entitlement might exist? SARRAH believes these are important issues that need to be considered in determining whether the proposed Code of Conduct provides more than a theoretical protection for people in care.

The mal-distribution of allied health professionals (meaning workforce shortages) in rural and remote Australia are about twice as severe as for medical practitioners (themselves in very short supply) with numbers dropping sharply with remoteness. The following graph shows the distribution by remoteness (where MMM1 is inner metropolitan and MMM7 is very remote) for a selection of allied health professions compared with GPs. (Source:

[1] See the projections for the Health Care and Social Assistance sector – here.

Department of Health[2]). The graph provides some insight to the overwhelming practical impediments preventing access to appropriate care and support. Without that access, it is almost inevitable that care provided will not meet the standards set in the Code.



In short, the draft Code of Conduct is a succinct and clear document that SARRAH supports as being appropriate across a wide range of care and service settings. The greatest risk is not in the wording of the draft Code but in addressing the systems limitations that reduce the meaning and applicability of such standards in having any positive impact on peoples' lives.

SARRAH would welcome the opportunity to further assist the Taskforce and ensure equitable access to services for people living in rural and remote Australia.

If you would like to discuss these issues or require further information, please contact me at catherine@sarrah.org.au or allan@sarrah.org.au. We consent to our submission being published.

Yours Sincerely

Cath Maloney

Chief Executive Officer

[2] https://hwd.health.gov.au/