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RACP feedback on the draft National Care and Support Economy Strategy

Department of the Prime Minister and Cabinet

July 2023

About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of over 20,000 medical physicians and 10,000 trainee physicians, across Australia and Aotearoa New Zealand. The RACP represents a broad range of medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, infectious diseases medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine, and addiction medicine. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients and the community.



We acknowledge and pay respect to the Traditional Custodians and Elders – past, present and emerging – of the lands and waters on which RACP members and staff live, learn and work. The RACP acknowledges Māori as tangata whenua and Te Tiriti o Waitangi partners in Aotearoa New Zealand.

Foreword

Thank you to the Department of the Prime Minister and Cabinet (DPMC) for inviting responses to the draft National Care and Support Economy Strategy ('the Strategy'). The Royal Australasian College of Physicians (RACP) are pleased to provide comment on this new strategic document to guide constructive address of key challenges.

The Strategy is timely given the COVID-19 pandemic has highlighted and exacerbated social inequalities.¹ In healthcare, these impacts have been seen and felt hard, and are being responded. We are leading policy change through, for example, our [Kids Catch Up Campaign](#), new work on improving the health of health care workers and [climate change and health](#), as well as existing work of [It Pays to Care](#), a workplace injury responsiveness initiative.

Our collated responses offer comment that makes use of the extensive direct experience at various levels of the care and support economy to benefit the DPMC's final drafting. The responses are from experts from our RACP membership familiar with the following sectors of the care and support economy:

- Disability
- Aged Care
- Rehabilitation Medicine
- Occupational Health
- First Nations.

Approaching the health and wellbeing of customers and workers in aged care, veterans care, disability care and early childhood education and care sectors holistically highlights the negative impacts of services that are organised separately and siloed. It recognises that services do not operate in ways that reflect current knowledge about social determinants and their impact on health including the value of work to the health and wellbeing of people, and the importance of integrated care and including carers in the provision of publicly supported care services.

The RACP is pleased to contribute to this Strategy, and more especially the focused action plans to come, as our members work in all health care sectors: community-based care, secondary and tertiary care and areas funded by Federal and State/Territory governments. Our members are experts across 33 specialties in adult and paediatric medicine. These specialties are reflected across the Strategy, particularly the specialty of occupational and environmental medicine.

The RACP has undertaken significant work relevant to the Strategy, including the RACP Position Statements below:

- [Health care of children in care and protection services – Australia](#) (2023)
- [Indigenous child health in Australia and Aotearoa New Zealand](#) (2020)
- [Early childhood: Importance of the Early Years](#) (2019)
- [Inequities in Child Health](#) (2018)
- [Health Benefits of Good Work®](#)

Relevant RACP submissions include:

- [Pre-Budget Submission 2023](#) (note proposals for the need to better embed medical specialists within community care, and out-of-hospital care to more effectively support adults and children with chronic and complex care needs).

¹ O'Sullivan D, Rahamathulla M, Pawar M. The impact and implications of COVID-19: An Australian perspective. The international journal of community and social development. 2020 Jun;2(2):134-51.

- [Productivity Commission: Early Childhood Education and Care](#) (2023)
- [Early Years Strategy Discussion Paper](#) (2023)
- [Senate Inquiry into assessment and support services for people with ADHD](#) (2023)
- [Impact of COVID on school students with disability](#) (2023)
- [Royal Commission into Defence and Veteran Suicide](#) (2023)
- [Draft National Dementia Action Plan 2023 – 2033](#) (2023)
- [Royal Commission into Violence, Abuse, Neglect and Exploitation of People with a Disability](#) (2021)

Our RACP expert members would be pleased to liaise with the Care and Support Economy Taskforce, or any advisory groups formed, to develop the Action Plans in subsequent stages.

In this submission, we have collated responses we received from individual members to the DPMC survey questions. Please note that this submission is therefore not representative of all RACP members.

RACP comment to the draft National Care and Support Economy Strategy

Vision

A sustainable and productive care and support economy that delivers quality care and support with decent jobs

The Vision statement was supported.

Comments

- The Vision suggests we are aiming for good returns and outcomes for the investments, which is positive.
- Care sectors compete for workers with other industries in Australia, as well as with employment markets overseas. There is a need to attract and retain a skilled and capable workforce with appropriate pay and conditions that are competitive in both the domestic and international markets.

Goal 1 – Quality care and support

Person-centred services that recognise care and support recipients as individuals and deliver quality outcomes

Goal 1 was supported.

Comments

- **Person centred care** is supported. However, it is important to also consider the support network surrounding individuals. Support networks comprise paid workers and volunteers with varying capacities and capabilities to help. The varying combinations means quality care and support, and equity of outcomes for individuals is not the same. Service provision approaches should take account of the mix and capabilities of formal and informal carers as this can be very different from person to person.
- **Objective 1.4.** Services are culturally and psychologically safe for all people. It is suggested that “physically safe” and “responsive” be added.
- **Aged care.** Older people and their carers frequently report difficulties navigating the system and the challenge of dealing with people from different organisations that provide assessment, advice and care. The Action Plan should emphasise the importance of a system that is less fragmented and better integrated, with services able to provide

multifaceted and multidisciplinary care and support (a 'one-stop-shop'), and with capacity to share data.

Goal 2 – Decent jobs

Secure, safe jobs with decent wages, conditions and opportunities for career development

Goal 2 was supported.

Comments

- It is vital to ensure workers remain in the field and that they are competent, appropriately trained, and have the required education and skills. This requires investment.
- Specific reference should be made to First Nations workers where care jobs need better remuneration and communities need to have workforce growth promoted.
- Pay and conditions within the aged care sector need improvement to address workforce shortages. Pathways for skills/training and career progression are also essential to ensure continuous quality improvement in aged care.
- Include the need for government funded expert advisory services across a range of domains to provide oversight and policy development and advice for professional development within the care and support sector for formal care providers.
- Include the need to ensure there is appropriate training and skill matched to the requirements for quality care and support to be provided. This can assist with attracting workers if there is training/education, such as a certificate, diploma or degree, involved.

Goal 3 – Productive and sustainable

Productive and sustainable: A care and support economy that has functioning markets, sustainable funding and generates productivity gains

Goal 3 was supported, however there were concerns noted in the application of these principles.

Comments

- Ensuring a sustainable funding model is vital. Careful research into viable sector approaches should be part of the foundational work to come out of this Strategy.
- This goal is only achievable with a much greater level of support infrastructure. Many more healthcare providers are needed to effectively support those with disability. Waiting lists and delays have a deleterious effect, for example, if a child is referred at 2-years of age but is not seen by a therapist until 3-years of age their early learning and development is significantly impacted.
- In the disability sector there can be adverse impacts stemming from the idea of 'functioning markets' as stated in this goal. An illustration is from a physician with a client who over a period of 18-months has had four Behaviour Support Practitioners (BSP). Each BSP has used the funding available to the individual, starting from the beginning with an 'assessment' and then have discontinued their service. This has meant the client had no funding left for behaviour support but also had not received support services. Within the NDIS, providers can use an individual's funding for assessment but then not provide ongoing services/support leaving the person (and their informal carer) with unmet needs.
- For First Nations people, it is about investing and providing culturally safe and responsive services within these sectors. It is important that barriers are removed and that collaborative care and support approaches are adopted with the Aboriginal Community Controlled sector.
- **Regulation:** It is important that there are safeguards to ensure fee-for-service delivers on the service contract and delivers stated care which is evidence based. This may require better regulation.

- It is extremely important to ensure that when regulation is simplified, it is still clear on what is necessary to ensure ongoing compliance.
- For aged care, it is important to be aware of unintended consequences from regulation. For example, more regulation in residential care has led to:
 - a) some organisations closing their residential care facilities; and
 - b) residential aged care facilities reluctant to take people from hospital who have complex care needs.

The current state

The DPMC has acknowledged the way in which the care and support economy (which commonly encompasses aged care, veterans care, disability care and early childhood education and care) grows and develops is vital to the wellbeing of the Australian community and health of the economy.

Comments

- The language used to promote engagement in this consultation does not sufficiently call attention to connected key challenges for the care and support economy. For example, “which commonly encompasses aged care, veterans care, disability care and early childhood” overlooks the lens needed for First Nations communities, those with chronic and complex conditions, those with mental health needs, the homeless or at risk, those in low socioeconomic communities, gender health disparities, and those in geographical areas with low levels of sustained health care and support services. Only some of these are directly noted in the terms of reference.
- Culture and culturally safe practice should be better reflected in the Strategy.
- The draft Strategy recognises the growth of the care and support sectors. While these sectors offer employment and other client services, high demand can mean client eligibility criteria must be restricted. To counter this, including emphasis on early preventative services that target shorter term needs as part of the overall sector strategy can reduce the size of long-term vulnerable community members.
- For aged care, the primary focus should be providing quality, evidence-based care to the individual, in a timely, affordable and accessible manner, based on assessment and identification of the needs of the individual.
- For veteran care, given a proportion of veterans are also older Australians (veterans of the Vietnam War are now in their 60s and 70s), comments made relating to aged care will also generally apply to veteran care.

1. In your view, what are the current key challenges for the care and support economy?

Disability sector

- Enabling and facilitating informal carers: this is an important role across all areas of the care and support economy that can reduce or delay the reliance on other or more numerous services.
 - Informal carers should be afforded more overt recognition as part of the care and support economy.
 - The extent to which informal carers must coordinate formal care and support for the people they care for, often across multiple service providers, can lead to burnout and delayed care. Appropriate support for the health and wellbeing of informal carers is essential.
- Responding to changing needs: funding and services should be better able to be adjusted to the changing needs of individuals.
- Accessing care in the disability sector continues to be a challenge, with long delays and the need to navigate a complicated system being two constraining factors.

- Governments at all levels, as well as all health services, should adopt and implement a rights-based policy foundation for people with disability.
- Achieving the right level of support. Most NDIS recipients are getting adequate support but there remain inequities - some with inadequate support and others with excessive levels of support.

Aged Care

- Fragmentation of care: there is a need for more services to be under “one umbrella”.
- Restrictions on service provision. There is a “cap” on funding of services e.g., number of home care packages. This means people can wait a long time to access these services even once assessed as eligible and approved for services. Compare this to health care where there is no “cap” as health services are seen as something that should be in theory available to everyone when they need it.
- Rural and remote communities. The shift to purchaser provider models of service delivery is very important in aged care to support the dignity and rights of individuals. However, consideration needs to be given to the high cost of living of rural and remote communities. Where private sector demand and supply principles are applied to under resourced remote and isolated communities, costs are reported as being absorbed by Local Councils.

Workforce

- Ensuring safe and appropriate skill and experience levels, with appropriate qualifications.
 - This is important in sectors with a high turnover of support staff and where there is limited opportunity for on-the-job training and/or professional development.
 - Where a fee for service model predominates this can pose challenges.
- Retaining skilled and experienced workers.
 - Addressing workforce shortages.
 - Addressing reasons why workers leave the workforce.
 - Access to training and education and addressing barriers.
 - Addressing inequities in the workforce.

Quality care

- Delivering consistently safe and high-quality care in the face of resource limitations.

Targeting need

- Accurate targeting of support services to prevent system misuse. The abuse of the care and support system can compound access hurdles for those who can genuinely benefit.

Cultural appropriateness

- Reinforcing the importance within the sectors of culturally safe practices for First Nations people. This ensures services are respectful and more likely to be effective and achieve intended outcomes.

Communities with low care and support infrastructure

- Providing patient-centred care. For example, for some Aboriginal and Torres Strait Islander communities, especially remote ones, aged care that meets individual needs is hard to achieve in the absence of services and service infrastructure.

2. In your view, what is currently working well in the care and support economy?

Disability

- Individualised and tailored organisation of support. There is greater capacity for individuals to exercise choice and control over service providers and develop individualised support plans.
- Skill improvement opportunities, which appear to be supported by good educational opportunities available to improve carer skills.

Aged Care

- Home care packages provide good support for people at home, particularly if there is effective care management.

Aboriginal Community Controlled Health Sector

- A sector working well.

Actions to achieve the vision

In your view, what is the first thing Government(s) should do to achieve the vision of a sustainable and productive care and support economy that delivers quality care and support with decent jobs?

Disability

- Pricing and market design:
 - Address inequities in the provision of NDIS funding at an individual level and service provider experience.
 - For children with disability, an independent needs assessment should be introduced in which assessors regularly calibrate/compare their determinations with others. This would ensure transparency and reduce the appeals to the Administrative Appeals Tribunal (AAT) which impacts finances and morale for the parents of a child with disability.
 - The Independent Hospital Pricing Authority (IHPA) should specifically address the needs of people with disability in their pricing framework to ensure systemic barriers to health care are addressed.
- Improve the strategic approach to resource intensive clients/consumers. For example, assess parenting capacity and capabilities when a child is identified at a younger age to identify and support early interventions, skill development and relationship support.

Aged Care

- Prioritise actions to improve conditions for care and support economy workers.
- Address workforce shortages.

Workforce

- Improve conditions for care and support economy workers.
- Address workforce shortages.
- Improve pay rates to attract and retain people to the sector.
- Improve the skill set to raise the level and effectiveness of care and support.

First Nations and remote communities

- Aged care for First Nations communities is usually coordinated through a service sector at the State/Territory and regional level. However, it must be recognised that the significantly higher cost of living negatively impacts the funding formula for aged care benefits.

- There is a major skill deficit in the aged care sector in administrative, management and service providers for remote isolated Aboriginal and Torres Strait Islander communities.

General

- Ensure those who need care receive care. Criteria must be always adhered to for any person receiving care and support to be fair and accessible to all.

For further information

The RACP is pleased to provide these comments and would be pleased to provide further input to related Action Plans during development. For further information please contact the RACP Policy and Advocacy Team, policy@racp.edu.au