

26 June 2023

Tess Bishop

Head of the National Care and Support Economy Taskforce

Social Policy Group

Department of the Prime Minister and Cabinet

Re: **Draft National Care and Support Economy Strategy 2023**

Dear Ms Bishop

Palliative Care Australia (PCA) welcomes the opportunity to provide feedback on the Draft *National Care and Support Economy Strategy 2023* (the '*Strategy*') prepared by the National Care and Support Economy Taskforce and released by the Department of Prime Minister and Cabinet. As the national peak body for palliative care, PCA is committed to advocating for the delivery of high-quality palliative care services to all Australians facing life-limiting illnesses and their families. PCA would like to highlight several key points that require further consideration and clarification to ensure the inclusion of palliative care within the care and support economy framework.

#### *Inconsistency in sector focus – providing linkages*

The Draft Strategy primarily focuses on four service sectors: aged care, disability support, veterans' care, and early childhood education and care (ECEC). However, on page 5, the Draft Strategy appropriately identifies an additional eleven service sectors within the care and support economy. Given the substantial overlap between the identified sectors, it is important to clarify the rationale behind the selection of specific sectors and their interconnection. Since palliative care is extensively delivered in the community and is one of the sectors identified but not directly discussed in the Draft Strategy, it is challenging for PCA to provide detailed feedback regarding its alignment with palliative care priorities, and to understand how the actions highlighted are also intended to lead to improvements in the palliative care sector.

#### *Interfaces between service systems*

The Draft Strategy acknowledges the existence of activities that span across various service sectors. Palliative care is a significant example of an activity that intersects with multiple systems, including health, aged care, disability service and community services. PCA would like to see the Draft Strategy explicitly identify the challenges and opportunities in addressing these interfaces between service systems, fostering collaboration and integration to deliver comprehensive and seamless care for individuals requiring palliative care and their carer and families.

### *Lack of detail on Action Plans*

The Draft Strategy mentions several Action Plans that are yet to be developed: the *Priority Workforce Initiatives Action Plan*, the *Regulatory Review Action Plan*, the *Transparency Action Plan*, the *Pricing and Market Design Action Plan*, the *Worker Safety Action Plan*, the *Innovation Action Plan*, and the *Data Standards Action Plan*. Without further elaboration and clarity on these Action Plans, it is difficult for PCA to assess their suitability in addressing key workforce and other priorities specific to the palliative care sector. We suggest providing more explicit details on the key reforms which would fall under these various Action Plans and their suitability across or within sectors.

### *Unpaid carers*

PCA notes that the majority of care for individuals with life-limiting illnesses is provided by family carers. These carers are at a significant risk of burnout and mental health conditions, particularly when lacking the additional support from other (paid) supports. Neglecting support for unpaid carers can have downstream impacts for a range of service sectors. While the Draft *Strategy* does mention the contribution of unpaid carers, it should also include actions to address the challenges faced by unpaid carers and provide them with appropriate support to ensure the sustainability and effectiveness of the care and support economy.

### *Capacity building and training in palliative care*

Basic palliative care services are already delivered by several of the care workforces identified in the Draft Strategy, including aged care and disability care. However, equitable access is still an issue and there is an inconsistency on where these services are delivered, particularly in rural/remote areas. There is an ongoing need for enhanced training and capacity building within these sectors, as well as other sectors involved in providing care to individuals with life-limiting illnesses, specifically relating to palliative. PCA would like to highlight the successful capacity building efforts in aged care through initiatives like End of Life Directions in Aged Care (ELDAC), funded by the Australian Government. Similar initiatives and investments should be considered to strengthen the capacity and capability of care workforces in parts of the care and support economy beyond aged care.

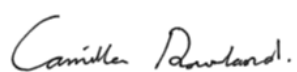
### *Palliative care as a thin market*

Palliative care is a good example of a thin market, both in rural and remote areas and also in parts of urban Australia. This means that a comprehensive national palliative care workforce plan would seek to increase capability in areas beyond of specialist palliative care and even beyond the health sector. Such a plan would address the workforce challenges unique to palliative care and link with broader initiatives to grow various strands of Australia's care and support economy.

Thank you for the opportunity to contribute to this important national initiative. If you require further clarification on any of part of this submission, I can be reached at

[Camilla.rowland@palliativecare.org.au](mailto:Camilla.rowland@palliativecare.org.au).

Yours sincerely

A handwritten signature in black ink that reads "Camilla Rowland". The script is cursive and fluid, with the first name "Camilla" and last name "Rowland" clearly distinguishable.

Camilla Rowland

CEO

**Palliative Care Australia**