



A POST ELECTION BUDGET THAT STICKS TO SCRIPT, SETS THE SCENE BUT STILL NEEDS PLOT AND CHARACTER DEVELOPMENT

Overall and on balance the 2022 Federal Budget has been broadly well received. It is a considerable achievement given the circumstances the nation faces and the competing demands for funding.

It would be dishonest to suggest we expected the October 2022 Budget to direct much to improving access to allied health services in rural and remote Australia, notwithstanding the absolute need for such investment. The Budget focused on delivering on the promises the new Government made during the election campaign. Unfortunately, rural and remote Allied Health was largely ignored during the election campaign and the lead up to it, and the Budget reflected that fact.

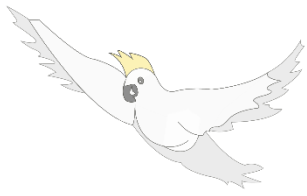
Granted, a small handful of specific and welcome announcements were made - such as \$2.8 million to build an allied health clinic in Emerald, in central Qld, \$1 million over four years to revitalise a facility in the Hunter Region in NSW, and \$4 million for a child development unit at Campbelltown Hospital, NSW. These will help to enable people living in and around those communities to access vital allied health services.

The Budget also included a measure “Improved Access to Nurses and Allied Health – \$29.4 million over 4 years from 2022–2023”. This appears to increase funds for the *Working Incentive Program* (WIP), which funds GP practices. The Government is likely to argue this means more allied health care access. Unfortunately, there is almost no information available that shows WIP is used to engage allied health services.

As Cath Maloney, CEO of Services for Australian Rural and Remote Allied Health (SARRAH) observes, *“WIP is an opaque program. Despite repeated calls for Government to provide information about how it is spent or what it delivers, WIP remains a black box. If Government wants WIP to be used to improve access to allied health care, allied health professionals need to be involved in designing and delivering it.”*

SARRAH works to improve access to allied health services to people living in rural and remote Australia – in disability services, aged care, health, early childhood, or any service setting where that care is needed.

The allied health workforce and service capacity across rural and remote Australia is in crisis. There simply are not enough allied health professionals (AHPs) to meet community need or enable people to access care they need. The Governments’ own workforce projections show demand for AHPs over coming years will outstrip nearly every other profession. We don’t have enough now and there is no plan to create this workforce or get services to where they are needed.



SARRAH

Services for Australian
Rural and Remote Allied Health

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Allied health professionals and the skilled assistants that work closely with them deliver critical services in health, disability, aged care, mental health, veterans' services, early childhood development and other services. They deserve to be prioritised but aren't.

"On a population basis, the situation outside the capital cities is about twice as bad as for GPs. We didn't expect much, but we were disappointed that the Budget included nothing specific to signal an intention to deal with the problem. SARRAH works with others in the sector to address allied health workforce issues on a state and local level. But without a clear priority placed on this workforce by the Commonwealth to drive future collaboration and investment, we can only be tinkering around the edges of what is a long-standing systemic problem. We need a coherent national response", said Cath.

The term "allied health" may be unfamiliar to some people, but it simply refers to the many health professions that are not doctors or nurses – such as psychologists, physiotherapists, speech pathologists, dental practitioners, occupational therapists, social workers, optometrists, podiatrists, dietitians, paramedics, pharmacists, exercise physiologists, medical radiation therapists, audiologists, osteopaths and many more (with apologies to the allied health professions not mentioned explicitly).

"How accessible are our care systems if it takes 1 to 2 years for a child to get access for a developmental assessment that could change the course of their life? How unacceptable is it for a person to finally get a referral to a specialist allied health service to find out the nearest one is 500km away and there's no subsidy to help with the cost; or for a person who can't be discharged from hospital after a fall because there are no therapy supports available in the community, asks Cath. "These are real, everyday examples, and increasingly common ones. The problem exists in every service system. Fewer AHPs in rural and remote Australia, means more stress on already stretched GPs and rural hospitals. They should be an absolute priority in the jobs and skills agenda."

As the peak body for allied health professionals working in rural and remote Australia, SARRAH is looking to coming months and the 2023-24 Budget for Government to show it understands and intends to help address these issues. SARRAH is more than willing to help.

**Please direct interviews and media enquiries to: Catherine Maloney
Chief Executive Officer**

Services for Australian Rural and Remote Allied Health

catherine@sarrah.org.au 0491 209 291

SARRAH is the peak body representing rural and remote allied health professionals (AHPs) working in public, private and/or community settings SARRAH advocates on behalf of rural and remote Australian communities. SARRAH maintains that every Australian should have access to health services wherever they live, and the allied health services are fundamental to the well-being of all Australians.

<https://www.sarrah.org.au/>

Services for Australian Rural and Remote Allied Health

ABN 92 088 913 517 | T: 1800 338 061 | sarrah@sarrah.org.au | www.sarrah.org.au
Level 2, 53 Blackall Street, Barton ACT 2600