



# **Communications Strategy**

## **Health and Disability Services (Complaints) Amendment Bill 2021**

**September 2022**



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## Background

On 25 November 2021, the Health and Disability Services (Complaints) Amendment Bill 2021 (The Bill) was introduced to the West Australian Parliament to implement a National Code for health care workers (National Code) who are not registered under the National Registration and Accreditation Scheme (NRAS) or who provide health services unrelated to their registration. The Bill aims to fill a regulatory gap and bring Western Australia in line with most other states and territories by implementing the National Code.

The main purpose of the National Code is to protect the public by setting minimum standards of conduct and practice for all unregistered health care workers. The National Code contains 17 clauses that unregistered health care workers will need to comply with. It was approved by the former COAG Health Council in 2015. Among other things, the National Code requires health care workers to:

- provide services in a safe and ethical manner, including not providing health care services outside of their experience, training or qualifications;
- not make claims to cure certain illnesses;
- not financially exploit clients; and
- not engage in sexual misconduct or improper personal relationships with a client.

Upon implementation of the legislation, the Office will be able to:

- investigate complaints about alleged National Code breaches;
- initiate investigations into possible National Code breaches for any reason;
- issue various prohibition orders to allow for an investigation where a risk to public safety has been identified;
- place restrictions on a practice within a prohibition order; and
- monitor compliance of prohibition orders and take action if breaches occur.

More information about the change can be found [here](#).

In August 2022, Clarity Communications was engaged to develop a Communications Strategy to implement in association with the passing of the Bill. The Office requires a well-informed, contemporary strategy with practical messaging applications that will support their activities over the next 12 months and beyond.



## Strategic Goals and Success Measures

There are a number of strategic goals which fall across key areas of focus.

1. Raise the overall profile of HaDSCO in Western Australia, including a focus on regional WA and the Indian Ocean Territories.
2. For affected industry bodies and health providers to view HaDSCO as a trusted partner and advisory body.
3. For a significant number of unregistered health care workers to be made aware of the National Code.
4. For the majority of relevant consumers to be more informed about their rights under the National Code.

We will know that this strategy is successful if:

### Short-term

- Widespread media coverage is achieved following the passing of the Bill.
- Relevant government entities and peak bodies acknowledge the expanded role of the Office.
- We see an increased volume of complaints received following increased awareness of the Office.

### Long-term

- The media starts to use the website as a place to find newsworthy stories.
- Peak bodies regularly engage with us to help educate and develop members.
- Practitioners come directly to us when they are unsure about their interpretation of the National Code to seek advice and support.
- Complaints made to us are more relevant.



## Stakeholders

This strategy considers three distinct groups individually. The overarching messages are applicable to each group. More nuanced messages will be required at certain points for each individual group.

### Group 1

Those that will have a role to play with the Bill and/or agencies that will be affected by the passing of the Bill after it becomes law. This includes:

- Western Australia Police Force;
- Western Australian Department of Health;
- Australian Health Practitioner Regulation Agency;
- State Administrative Tribunal;
- State Solicitor's Office;
- Consumer Protection (Department of Mines, Industry Regulation and Safety);
- Department of Premier and Cabinet; Department of Infrastructure, Transport, Regional Development, Communications and the Arts (agencies in relation to the administration of the Indian Ocean Territories state/federal agreement);
- Health complaint entities in other states across Australia;
- Other complaint entities (such as NDIS Quality and Safeguards Commission; Aged Care Quality and Safeguard Commission).

### Group 2

Those that are directly affected by the Act including health care workers, relevant peak bodies/health worker associations, Western Australia health service providers, large (private and public) employers of general, allied health and community health workers, and unions representing those workers.

### Group 3

Encompasses everyone else with a particular focus on consumers (users) of health care workers, health consumer advocacy groups and community centres of information.



## Key Messages

### Overarching messages

1. The Health and Disability Services Complaints Office (HaDSCO) will soon be responsible for overseeing the delivery of the National Code of Conduct for health care workers (National Code) in Western Australia and the Indian Ocean Territories.
2. The purpose of the National Code is to set minimum standards for health care workers and consists of 17 specific clauses or standards that must be followed. You can learn more about the National Code by visiting [www.hadsko.wa.gov.au](http://www.hadsko.wa.gov.au).
3. More commonly accessed health care workers like doctors, nurses, midwives, dentists and physiotherapists are registered under the National Registration and Accreditation Scheme (NRAS) and are not affected by this change (unless practising outside of their registration). For more information about NRAS, visit [www.ahpra.gov.au](http://www.ahpra.gov.au).
4. Responding to the demand for more alternative and traditional health providers, the National Code will ensure the public is protected and better informed to choose a health care worker that meets their individual needs.
5. Examples of health care workers covered by the National Code include dietitians, speech pathologists, social workers, counsellors, massage therapists, naturopaths, and other types of allied, alternative and community health services. For more information about who is covered, visit [www.hadsko.wa.gov.au](http://www.hadsko.wa.gov.au).
6. Health care workers do not need to 'register' or take any action to be covered by the National Code, it is automatic.
7. Among other powers, the passing of this Bill provides HaDSCO with the authority to investigate alleged or suspected breaches of the National Code. For a full list of the options available to HaDSCO to deal with non-compliant health care workers, visit [www.hadsko.wa.gov.au](http://www.hadsko.wa.gov.au).
8. HaDSCO will have the authority to place certain limits on a health care workers ability to practise and even prohibit them from practising while conducting investigations.
9. As is the case with the National Code in other states, HaDSCO will issue public health warning statements to protect people from non-compliant health care workers. This information will be made available to the public on our website - [www.hadso.wa.gov.au](http://www.hadso.wa.gov.au)



### Targeted Messages (Group 1)

1. Western Australia has now joined most other states by adopting the National Code. HaDSCO will now increase collaboration with other agencies and periodically share prohibition orders and other important information.
2. With the passing of this Bill, HaDSCO has powers to enforce compliance with the National Code in the interest of protecting public health and safety.
3. With these new powers in place, the public now has additional resources to draw on and has an alternative to litigation when dealing with non-compliant health care workers.

### Targeted Messages (Group 2)

1. At HaDSCO, we are excited about the opportunity to work collaboratively with you.
2. We believe that together, we can bring more quality health care options to the public and demonstrate that all forms of genuine and complimentary health care have a place in our society.
3. The National Code will help to better protect the public from unsafe and/or unethical health care workers.
4. You don't need to register or complete any forms to be covered by the National Code, it is automatic.
5. Health care workers will, however, be required to display the Code of Conduct in view of consumers. Posters for display can be downloaded from [www.hadsco.wa.gov.au](http://www.hadsco.wa.gov.au).
6. We fully expect that the vast majority of health care workers are already doing the right thing and are adhering to the 17 standards of conduct of the National Code.
7. HaDSCO will be providing on-going training and information to help you understand the National Code and how it applies to your business.
8. The National Code will make it easier for health care workers to keep their industry safe and reputable.

### Targeted Messages (Group 3)

1. Western Australia has now joined most other states by passing legislation that adopts a National Code of Conduct for health care workers who are not otherwise regulated by a professional body.
2. The passing of this Bill is an important step towards creating a safer allied and alternative health industry that can cater to all West Australians.
3. There will be no changes to how people access their preferred health provider. The only difference is that individuals are more protected and have more avenues to complain if the need should arise.
4. Making a complaint is simple, you just need to visit [www.hadsco.wa.gov.au/complaints](http://www.hadsco.wa.gov.au/complaints) and follow the relevant steps.
5. HaDSCO also has responsibilities to implement the National Code throughout the Indian Ocean Territories.



## Frequently Asked Questions (FAQs)

### Overarching FAQs

#### **What is happening?**

The Health and Disability Services (Complaints) Amendment Bill 2021 (The Bill) has been introduced to the West Australian Parliament. If the Bill passes, it will implement a National Code of Conduct for health care workers who are not otherwise regulated by a professional body and give powers to HaDSCO to ensure the National Code is followed.

#### **When is this happening?**

Once the proposed Bill passes into law, the new powers will take effect immediately and all unregistered health care workers are required to follow the National Code.

#### **Why is this happening?**

This Bill has been introduced to provide greater protections to West Australians with respect to their health needs. It closes some regulatory gaps in this area and joins the majority of other states who already have similar legislation in place. HaDSCO also has responsibilities to implement the National Code throughout the Indian Ocean Territories.

#### **What is in the National Code?**

Among other things, the National Code requires health care workers to:

- provide services in a safe and ethical manner, including not providing health care and advice outside of their experience or training that they are not qualified to provide;
- not make claims to cure certain illnesses;
- not financially exploit clients; and
- not engage in sexual misconduct or improper personal relationships with a client.

#### **Where can I find a copy of the National Code**

A copy of the National Code is available online. To read the full National Code, visit <https://www.healthcomplaints.tas.gov.au/national-code-of-conduct>

#### **Which health care workers will be covered by the National Code?**

The National Code sets minimum standards for all private and public health service providers who are not registered by the Australian Health Practitioner Regulation Agency (Ahpra). Examples of health care workers covered by the National Code include dietitians, speech pathologists, social workers, counsellors, massage therapists, naturopaths, and other types of allied, alternative and community health services.

#### **Are medical practitioners covered by the National Code?**

Medical practitioners and doctors are covered by Ahpra. If however they decide to offer care services outside of their qualifications or experience, they will be covered by the National Code. As will students delivering health services and volunteer health workers.





## Targeted FAQs (Group 1)

### **What will HaDSCO be doing differently?**

HaDSCO will be sharing reports and findings with your department and increasing collaboration.

## Targeted FAQs (Group 2)

### **How does it affect my business?**

If you are a health care worker and you are not covered by NRAS, you are now automatically covered by and must fully comply with the National Code of Conduct.

### **What am I required to do?**

We recommend that you familiarise yourself with the National Code of Conduct to ensure you are following the guidelines found within it. You are also required to display the National Code in your place of operations and ensure your clients can access it.

### **What if I don't want to join the National Code**

Joining the scheme is not optional and all health care workers who are not covered by NRAS will need to comply with the National Code.

### **Does the National Code benefit me?**

The introduction of the National Code is an important step in ensuring there are consistent standards across your industry and that your customers are adequately protected by law. The National Code will make it easier for health care workers to keep their industry safe and reputable.

### **What if I don't follow the National Code?**

Failure to follow the National Code could result in action being taken against your business. An example of what could occur is HaDSCO issuing a prohibition order that forces your business to temporarily cease operating if a serious risk to public health or safety is found to have occurred.

### **How will the National Code affect my customers?**

Customers don't have to do anything different and can continue to access your services as they normally would. The National Code will help to improve consumer confidence in your service due to the added legal protections that it offers.

### **Why is there now a National Code for health care workers?**

The National Code was agreed to by all state and territory Health Ministers in 2014 and will become law in Western Australia. The code is important because it provides a minimum standard for all those health care workers who are not among the 16 health professions already regulated under national law. The National Code brings greater consistency to the standards of accountability for all health care workers and practitioners. Our function in relation to the Code of Conduct is consistent with other jurisdictions in Victoria, New South Wales, Queensland and South Australia, and prohibition orders issued in each of these states are mutually recognised.



## Targeted FAQs (Group 3)

### **How do I make a complaint?**

To make a complaint, simply visit [www.hadsko.wa.gov.au/complaints](http://www.hadsko.wa.gov.au/complaints) and follow the steps. You can also call our Enquiry Line on (08) 6551 7600 or Free call 1800 813 583 for information.

### **What is considered grounds for a complaint?**

Breaching any of the 17 standards of conduct (clauses) of the National Code is considered grounds for a complaint. This can include making false claims about curing certain illnesses, attempting to financially exploit you, and/or engaging in sexual misconduct.

In addition to breaches of the National Code, complaints can be lodged about any health service provider in Western Australia or the Indian Ocean Territories. This includes public or private hospitals, community health services, registered providers such as doctors and dentists and non-registered providers such as counsellors and alternative therapists.

### **What is the National Code of Conduct for health care workers?**

The National Code sets standards of conduct and practice for health care workers who are otherwise not regulated by a professional body. Examples of health care workers covered by the National Code include dietitians, speech pathologists, social workers, counsellors, massage therapists, naturopaths, and other types of allied, alternative and community health services. You can find out more about the National Code by visiting [www.hadsko.wa.gov.au](http://www.hadsko.wa.gov.au)

### **Why would I not go straight to the police if a health practitioner has broken the law?**

If you believe that a law has been broken, you should go directly to the police. If you are unsure, you can contact HaDSCO directly for advice.

### **How can I check if my health care worker has been prohibited?**

HaDSCO lists all prohibition orders that have been issued against unregistered health care workers on its website. You can also access prohibition orders on our website that have been issued by other states that have implemented the National Code.



## Communications Plan

A more detailed approach to effectively announce the passing of the Bill has been detailed in Annexure A and in the table below. As the exact timing with respect to the passing of the Bill is not yet known, a 'Phase 0' has been created as an optional phase if time allows. The other three phases form the main part of the strategy and seek to address the objectives listed above.

### Phase 0 – Early Warning

Phase 0 will help to bring Group 1 and Group 2 along the journey by giving them insider knowledge and will serve to engage them early in the process.

### Phase 1 – Going Public (0-30 days)

In this phase, the aim is reach as many people as possible to inform them of the change and raise the profile of HaDSCO in the process.

To achieve this aim, HaDSCO should capitalise on the Health Minister's profile by allowing the Minister's team to lead the initial announcement.

### Phase 2 – Educate and Establish Credibility (31-365 days)

In Phase 2, after the initial announcement has been complete, work should immediately begin to start educating unregistered health care workers through strong engagement with peak bodies, larger relevant entities and attending and hosting education and training seminars.

At the same time, but to a lesser extent, consumers should be slowly building their awareness of HaDSCO through media consumption and health care worker communications.

To achieve both of these aims, HaDSCO should dedicate adequate time and resources to 1) community outreach, 2) media liaison, 3) stakeholder engagement, 4) stakeholder education and training, 5) public awareness via the use of media advertising.

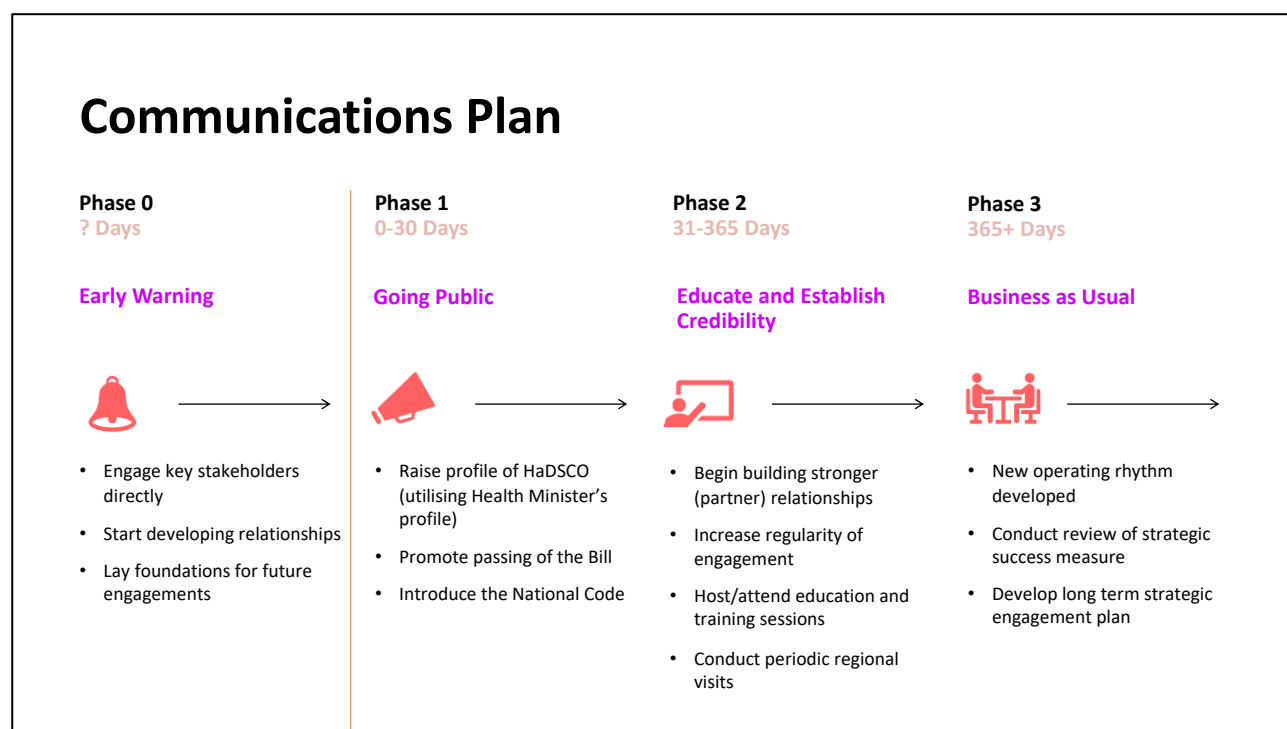
At the end of Phase 2, it is recommended that a new strategy be considered after the success of this strategy has been determined.

### Phase 3 – Business as Usual (365+ days)

By Phase 3, a new operating rhythm for HaDSCO will be in place that has been largely driven by complaints received and general feedback from the industry. This new rhythm will dictate much of communications tactics and resource allocation.



The below table displays the Communications Plan and Annexure A maps it out in more detail.



## Resource and Budget requirements

### Resources

1. To assist with Phase 2, a junior FTE should be appointed to co-ordinate establishing relationships with peak bodies and other relevant entities. It is expected that this position would be in place for 12 months and be reviewed after that.
2. To assist with the initial media engagement activities, an external contractor should be considered for a short-term engagement. The costs associated with this have been provided in a separate quote by Clarity Communications.
3. Depending on internal capacity, consideration should be given to the appointment of an external resource to help in the production of a content architecture and content mapping strategy. The costs associated with this have been provided in a separate quote by Clarity Communications.

### Advertising Budget

The success of this strategy is not dependent on advertising spend, however it is recommended that some budget be considered to support targeting Group 2 and Group 3 in regional Western Australia and the Indian Ocean Territories. This amount would depend on what could be made available, however we recommend that at least \$30K be made available to support this activity.



## Recommendations

To support the implementation of this strategy, the following recommendations should be considered by HaDSCO:

### Stakeholder Mapping

As the list of stakeholders is so large, a comprehensive spreadsheet should be built that lists each individual stakeholder by group. HaDSCO has already compiled this list, however it should now be mapped using the communications matrix in Annexure A. This recommendation can be conducted by utilising the first recommended resource mentioned above.

### Updating the HaDSCO website

Equivalents in other states use their websites to effectively share and disseminate information about public warnings, prohibition orders and other relevant information. A more modern and visually appealing website will help to improve brand and will improve user experience and more effectively disseminate messages.

Creating dedicated sections on the website for Group 2 (health care workers) and Group 3 (Consumers) will allow for more targeted messages and updates. An FAQ section should be created for each group and updated regularly.

Examples of utilising the main website to publish notices:

<https://www.hccc.nsw.gov.au/Publications/MediaReleases>

<https://www.hccc.nsw.gov.au/Decisions-Orders/Register-of-Prohibition-Orders-in-Force>

<https://www.oho.qld.gov.au/public/protective-orders#po>

This recommendation can be explored in more detail by utilising the third recommended resource mentioned above.

### Media Training for HaDSCO Director & Deputy Director

As the announcement is likely to generate media attention which could lead to interviews, it is recommended that some refresher training be considered for the Director and also the Deputy Director. This recommendation can be explored in more detail by utilising the second recommended resource mentioned above.

### Regular Collaboration with Eastern States Counterparts

The change of strategic focus and operational requirements following the passing of the Bill means that greater collaboration is now going to occur.

As a number of HaDSCO's counterparts are already operating under the National Code, there will no doubt be some learnings they can share about effective communications and engagement. Regular meetings with their communications team should be considered to build on existing knowledge and avoid any potential missteps. This recommendation can be explored in more detail by utilising the third recommended resource mentioned above.



## Communications Matrix

A communications matrix template can be found in Annexure A. Below is a sample image from that template.

					PHASE 0		PHASE 1			
					Day 0		Week 1	Week 2	Week 3	
	Stakeholder Groups	Key Message	Channel	Item Status						
Phase 0										
	1	1, 2 1.1, 1.2	Meeting, Phone Call	0.1 Complete	X					
	1	1-3, 1.1 - 1.3	Letters	0.2 In progress						
	2	1, 2, 4, 6, 7-9, 2.1, 2.2, 2.5 2.6	Letters, Emails	0.3 Overdue						
	All	XX	Website	0.4						
Phase 1										
	1,2,3	1-4, 7-9	Media	1.1						
	1,2,3	1-9, 3.1-3.4	Media Interviews	1.2						
	2,3	ALL	HaDSO Website	1.3						
	2	1, 2, 4, 6, 7-9, 2.1, 2.2, 2.5, 2.6	Emails, Phone Calls	1.4						
Phase 2										
	2,3	ALL	HaDSO Website	2.1						
	2	1-9, 2.1 - 2.6	HaDSO Training Seminars	2.2						
	2	1-9, 2.1 - 2.6	Industry Seminars	2.3						
	2	1-9, 2.1 - 2.6	Industry Newsletters	2.4						
	2	1-9, 2.1 - 2.6	Peak Bodies	2.5						
	2,3	1-9, 2.1 - 2.6, 3.1-3.4	LinkWest	2.6						
	3	1,4, 3.1 - 3.3	Regional Media Advertising	2.7						
	2,3	1-9, 2.1 - 2.6, 3.1-3.4	North/South Metro Health Service	2.8						
	2,3	1-9, 2.1 - 2.6, 3.1-3.4	Regional Hospitals	2.9						



## Contact Details

Complaints and enquiries: (08) 6551 7600

Free call: 1800 813 583 (free from landlines)

Administration: (08) 6551 7620

Fax: (08) 6551 7630

Email: [mail@hadsco.wa.gov.au](mailto:mail@hadsco.wa.gov.au)

Web: [www.hadsco.wa.gov.au](http://www.hadsco.wa.gov.au)

Office address: Level , 469 Wellington Street, Perth WA 6000

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