



MEDIA RELEASE: Allied health in residential aged care from bad to worse since Royal Commission

The new Commonwealth funding scheme for residential aged care facilities, the Australian National Aged Care Classification (AN-ACC), is causing devastating allied health job losses across residential aged care facilities, contributing to poorer health outcomes for residents.

Allied Health Professions Australia CEO Bronwyn Morris-Donovan said that a new survey shows that residents will suffer because of the funding scheme. "Government has not set any allied health benchmark or targeted funding, and residential aged care is already starting to see serious impacts on both the workforce and consumers," she said.

Allied health professionals such as physiotherapists, occupational therapists, dietitians and speech pathologists, provide crucial services to help aged care residents to maintain or improve their ability to move, communicate, and live their most fulfilling lives. Where these interventions are used successfully in a multi-disciplinary team, the results can not only dramatically improve quality of life, but also reduce the need for further costly medical interventions and care.

Two in every five allied health professionals working in residential aged care say their job has been affected since the introduction of funding reforms on 1 October, a new survey has found.

More than one in eight have lost employment, with another 30% expecting to leave the sector due to reduced hours and other significant changes to their working conditions.

"We welcomed the finding by the Royal Commission into Aged Care Quality and Safety that allied health plays a crucial role in 'reablement/restorative care' – helping to maintain older people's wellbeing and function for as long as possible," said Ms Morris-Donovan.

"But we know the average amount of allied health care has gone down even further from the 8 minutes per day found by the Royal Commission – to just over 5 minutes. The way the new funding model has been implemented has failed to address this and so allied health provision has now gone from bad to worse – it certainly can't perform its restorative role.

"The loss of allied health practitioners in residential aged care has been swift and drastic - and is likely to have long-term negative impacts on residents and the rest of the care team who rely on them," said Ms Morris-Donovan.

"The impact will cost the government more in addressing worsening complications, falls, fractures and hospital admissions.

"The government has said it will review the impact of the AN-ACC after 12 months. It will be too late by then. Once skilled allied health professionals have left the sector, it will be difficult to get them back."

Despite convening a second round of aged care workforce roundtables in Canberra today, the government will not engage with the allied health sector directly about the impact of its reforms in residential aged care.

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Other survey highlights

Many survey respondents reported significant reductions in their hours of work, and anticipated further cuts to allied health services:

Facilities have cut hours for allied health by 75%

Have been told the scope of work moving forward will be 1 therapist per 280 residents. Prior to AN-ACC the 150 bed (100-120 resident capacity) home had 3.5 fulltime.

A third of the respondents said that the number of allied health professionals had decreased, and that residents are often missing out on individual support as it has been replaced by cheaper group sessions:

Importantly the support was weekly for this person so she has now missed out on any individual support unless she pays for this. She uses a walker and came in to care after a fall, so this has implications for her ongoing independence.

What I've noted when residents learn that this service is no longer available to them: they feel like nobody cares for them as they age. The decision power for their healthcare does not effectively lie with them but in the hands of the management.

Many professionals said that the changes meant that they now could only react to referrals, rather than providing proper care planning and more in-depth support to the facility through reviews and staff education:

I worry that many facilities are not capable or willing to move into more evidence-based exercise, falls prevention programs due to inexperienced staff and cuts to hours/staffing. I am very concerned for aged care residents in facilities that decide to cut allied health hours.

Allied health is woefully underfunded and not available to those most in need. Residents are told by facility management to fund the service themselves. . . The gaps in service are huge. Feel like residential aged care is happy to reduce hours which is impacting care. . . I really feel sorry for the residents who were getting services for last 12 years now suddenly been advised that this service no more exists. This will lead to poor outcome for the elderly. Really sad.

The combination of job insecurity, deterioration in roles and concerns about the impacts on quality of care is driving allied health professionals out, with 30% planning not to continue working in the sector:

I have started looking for reliable work opportunities. At this stage I am not sure how much allied health services will be identified by AN-ACC and aged care facilities. My multiple allied health colleagues have lost jobs due to massive cut down in allied health in nursing homes.

I would continue at the current aged care facility, but I have been given the option to work at a significantly lower pay rate, which would make it hard to cover my staffing costs, to the point it is not economical for me to commit to continue working there.

Background to the AN-ACC funding model

Royal Commission into Aged Care Quality and Safety

The Royal Commission found that allied health services are a fundamental component of aged care and are particularly critical to what might be shorthand as ‘reablement’ or ‘restoration’ – helping to maintain older people’s wellbeing and facilitating restoration of function, or at least maintaining existing function for as long as possible.¹

Nevertheless, the Commissioners found that allied health services are underused and undervalued across the aged care system,² and that aged care residents received, on average, only 8 minutes per person per day of allied health care.³

The Royal Commission concluded that this significant under-provision of allied health care produces morbidity, mortality and quality of life impacts, including those associated with dementia, mental health, malnutrition and falls.⁴

The Royal Commission therefore recommended that the aged care system should focus on wellness, prevention, reablement and rehabilitation, and extend beyond physical health to a multidimensional view of wellbeing.⁵ The Commissioners called for ‘a change in culture in the aged care sector, to view allied health services as valuable rather than a burden on funding’,⁶ and for allied health to become ‘an intrinsic part of residential care’.⁷

With regard to the provision of aged care for people living at home, Recommendations 35–38 support this more holistic approach through requiring a level of allied health care appropriate to each person’s needs.

Recommendation 13 also requires all care to be high quality, which is defined as care which is ‘personal and designed to respond to the person’s expressed personal needs, aspirations, and their preferences regarding the manner by which their care is delivered’.

Government accepted Recommendations 13 and 36–37; and gave in-principle support to Recommendations 35 and 38.⁸

¹ Royal Commission into Aged Care Quality and Safety, *Final Report Volume 2 The current system*, 2021, 83; and Recommendations 35–38.

² Royal Commission into Aged Care Quality and Safety, *Final Report Volume 2 The current system*, 2021, 83.

³ Eagar K, Westera A, Snoek M, Kobel C, Loggie C & R Gordon, ‘How Australian residential aged care staffing levels compare with international and national benchmarks’, Centre for Health Service Development, AHSRI, University of Wollongong, 2019 <https://agedcare.royalcommission.gov.au/publications/Documents/research-paper-1.pdf>, 2.

⁴ See eg Royal Commission into Aged Care Quality and Safety, ‘Hospitalisations in Australian Aged Care: 2014/15-2018/19’, 2021.

⁵ Royal Commission into Aged Care Quality and Safety, *Final Report Volume 1 Summary and recommendations*, 2021; 101; Royal Commission into Aged Care Quality and Safety, *Final Report Volume 3A The new system*, 176.

⁶ Royal Commission into Aged Care Quality and Safety, *Final Report Volume 3A The new system*, 2021, 176.

⁷ Royal Commission into Aged Care Quality and Safety, *Final Report Volume 1 Summary and recommendations*, 2021, 101.

⁸ Australian Government Response to the Final Report of the Royal Commission into Aged Care Quality and Safety, May 2021.

Government response to Royal Commission allied health recommendations

The architects of the Australian National Aged Care Classification ('AN-ACC') recommended that to meet the allied health needs of residents, an average of 22 minutes' allied health care per person per day would be required, and that accordingly, funding for allied health service provision should be built in to the AN-ACC model.⁹

However, Government has not mandated any minimum average minutes for allied health care – in contrast to nursing and personal care. Identification of allied health needs and related necessary spending is to be left to the discretion of increasingly financially pressured providers, without any targeted allocation of funds. AHPA's analysis makes it clear that even the most sanguine estimates of provider spending on allied health will be grossly insufficient.¹⁰

The most recent provider allied health care data is 5.07 minutes per day – worse than the Royal Commission finding.¹¹ A recent scoping study commissioned by the Department also concludes that the level and breadth of allied health involvement in Australian residential aged care homes is limited.¹²

Despite recommendations from both the AN-ACC team and the Royal Commission,¹³ current and proposed aged care reforms also do not embed automatic allied health assessment, and use of a standardised care planning tool and delivery via multidisciplinary teams, in either residential or home care. These processes are essential to a reablement/restorative approach.

⁹ Eagar K, Westera A, Snoek M, Kobel C, Loggie C & R Gordon, 'How Australian residential aged care staffing levels compare with international and national benchmarks', Centre for Health Service Development, AHSRI, University of Wollongong, 2019 <https://agedcare.royalcommission.gov.au/publications/Documents/research-paper-1.pdf>, 33-35; Eagar K, McNamee J, Gordon R, Snoek M, Kobel C, Westera A, Duncan C, Samsa P, Loggie C, Rankin N & K Quinsey, *ANACC: A national classification and funding model for residential aged care: Synthesis and consolidated recommendations. The Resource Utilisation and Classification Study: Report 6*, Australian Health Services Research Institute, University of Wollongong, 2019, 8-10. See also <https://www.australianageingagenda.com.au/clinical/allied-health/allied-health-a-real-loser-in-budget/>.

¹⁰ <https://ahpa.com.au/advocacy/ahpa-policy-brief-residential-aged-care-july-2022/>.

¹¹ <https://www.stewartbrown.com.au/news-articles/26-aged-care/266-2022-10-stewartbrown-aged-care-financial-performance-survey-sector-report-june-2022>.

¹² <https://www.health.gov.au/resources/publications/scoping-study-on-multidisciplinary-models-of-care-in-residential-aged-care-homes-summary>.

¹³ Eagar K, Westera A, Snoek M, Kobel C, Loggie C & R Gordon, 'How Australian residential aged care staffing levels compare with international and national benchmarks', Centre for Health Service Development, AHSRI, University of Wollongong, 2019 <https://agedcare.royalcommission.gov.au/publications/Documents/research-paper-1.pdf>, 33; Eagar K, McNamee J, Gordon R, Snoek M, Kobel C, Westera A, Duncan C, Samsa P, Loggie C, Rankin N & K Quinsey, *ANACC: A national classification and funding model for residential aged care: Synthesis and consolidated recommendations. The Resource Utilisation and Classification Study: Report 6*, Australian Health Services Research Institute, University of Wollongong, 2019, 8-10; <https://www.australianageingagenda.com.au/clinical/allied-health/allied-health-a-real-loser-in-budget/>; Royal Commission Recommendations 28, 31, 37 and 38.