



The Secretariat

Consultation: A New Program for In-Home Aged Care

Department of Health and Aged Care

**25 November 2022**

### **Introduction**

The **Australian Council of Deans of Health Sciences (ACDHS)** represents the University faculties engaged in pre-professional education and research for allied health sciences. As the educators of allied health professionals, ACDHS sits at the nexus between the healthcare and education sectors. ACDHS is the peak body representing 29 leading Australian Universities who deliver pre-professional education and research in a range of clinical allied health sciences. As a collective we are the largest provider of allied health education in Australia, teaching over 83,000 students at any one time. Allied health professionals comprise almost a third of the country's healthcare workforce and deliver over 200 million health services annually<sup>1</sup>. More information is available at <https://acdhs.edu.au/>

ACDHS welcomes this opportunity to contribute to the Discussion Paper: A New Program for In-Home Aged Care. We strongly support the intention to make the system simpler for older people to find and receive the care and support that they need, including allied health professional services to ensure that they receive early support for independence at home. We know that timely access to allied health professionals can extend independent living and reduce premature, costly institutionalisation.

The allied health students that graduate from ACDHS member institutions are vital to overcoming current workforce shortages and to the delivery of services such as those supporting people ageing at home, yet there is insufficient capacity in the aged care sector to provide the content and quality of training and supervision for allied health students on clinical placement in order for them to qualify. The existing allied health workforce shortage in aged care will likely reach a crisis point as recommendations of the Royal Commission into Aged Care Quality and Safety (the Royal Commission) are progressed. Without attracting new graduates into aged care, the workforce shortfall will be made worse.

In the following response, ACDHS sets out some of the impediments to increasing the number of allied health professionals with interest and experience who go on to work in and have a career in aged care. We contend that more explicitly valuing allied health professional roles and building allied health into systems and processes while increasing and enriching clinical placements for allied health students will assist in overcoming workforce shortages and deliver a more accessible, equitable and quality in-home care system.

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<sup>1</sup> Allied Health Professions Australia at <https://ahpa.com.au/what-is-allied-health/> Accessed on 3 November 2022



## 1. REFORM CONSIDERATIONS

### 1.1 Objectives and Indicative Program Design

While we appreciate that the focused approach on in-home care reflects the structure of the current system, it is our contention that addressing the challenges and opportunities for system improvement needs to promote a joined-up healthcare system. People aging at home access services across the care continuum, and needs may evolve over time. Unlike other aged care service providers, allied health professionals, particularly those working in regional and rural areas, may provide services in a diverse range of systems and settings – hospitals, primary care, residential and in-home aged care, disability services and schools. They experience first-hand the frustrations of disjointed health information and communication systems.

System integration is one of several design principles that should underpin the new program for in-home care so that the model:

- Ensures that aged care is person-centred, focused on the needs of the older person rather than the structure of the service
- Provides culturally competent and culturally safe care services that place older people and their carers/families at the centre
- Is equitable and sustainable
- Promotes intrinsic capacity and reduces dependence
- Ensures that the aged care workforce is treated fairly, and receives the social status and respect it deserves
- Integrates well with the broader health and care systems (eg primary care and residential aged care)
- Adheres to Aged Care Quality Standards and embraces a continuous quality improvement ethos
- Ensures that Governments take overall responsibility for the stewardship of aged care systems
- Promotes age and dementia friendly services and addresses ageism

***ACDHS recommends that a set of principles be articulated to underpin the new model of in-home aged care.***

### 1.2 Proposed model for in-home aged care

ACDHS welcomes the inclusion of ***early support for independence at home including allied health*** as part of the new model, however, consider that there is scope to demonstrate how this intent will be integrated into the proposed model.

#### Entry and Assessment

While the model (Figure 1) refers to 'no wrong door to assessment' the entry points to in-home care are not clear. The Royal Commission recommended that the Government fund a workforce of personal advisors to older people, their families and carers called care finders or system navigators. These would assist people to gain access to assessments of needs.



The need for early and adequate assessment for referral to allied health professional services must become a core part of the assessment process. The Royal Commission recognised allied health as a core part of aged care services. Consumers of aged care services require access to a range of allied health services from a mix of disciplines according to their need, yet this is currently far from the case. An assessment process that identifies where allied health services can assist the older person and that can provide timely access to allied health professional services can preserve independence and avoid premature institutionalisation.

ACDHS notes the proposed work on new assessment arrangements and large-scale trial to test a prototype assessment tool and assessment process in early 2023. We would welcome the opportunity to contribute to this trial. Many ACDHS members run campus health clinics with services delivered by students supervised by highly qualified and experienced professionals. These provide an efficient and effective model of clinical education and afford the opportunity to participate in the development of tools and models for assessment and treatment.

#### ***ACDHS recommends***

- ***Care finders/system navigators from various disciplinary backgrounds should be available and, as a minimum, have specific training in both healthy ageing and best practice in methods to maintain physical and mental well-being in the face of disease or adverse circumstances.***
- ***Assessors from various disciplinary backgrounds should use evidence-based tools that have been developed with input from professions and academic institutions to ensure that allied health needs-based assessment can occur.***

#### **Providers**

The proposed model (Figure 1 in the Discussion Paper) includes under the section 'Providers' a mixture of providers, processes and funding models. It would be useful for the model to clearly set out the roles and responsibilities of the broad group of services, organisations and workforce that are involved in the provision of in-home care services. For example information about the role, qualifications/competencies, locations of assessors, care partners, care managers, care workers would be useful.

#### **Quality regulation**

We note and support the strengthened focus in the Draft Revised Aged Care Quality Standards (currently out for consultation) on person centred care and a rights-based approach, diversity and clinical services including clinical governance.

We believe that funding and quality assurance must deliver safe and high-quality services, and that the relevant objective be amended accordingly.

## **2. KEY AREAS OF FOCUS FOR REFORM**

ACDHS comments below relate to two of the five Key Areas of Focus for Reform as identified.

### **2.1 Funding model to support provider viability and VFM [Focus Area 3]**

The Royal Commission repeatedly highlighted the importance of the allied health professions. The report detailed numerous recommendations calling for greater involvement in, and funding mechanisms to support allied health practitioners to work in the aged care sector. The proposed program model for in-home care acknowledges access to allied health as part of short-term restorative health and ongoing



support at home, and we are pleased to see the recognition that current mechanisms have lost sight of this basic access issue – with care management and administration fees crowding out professional services.

Capped services payments and unattractive working arrangements do not facilitate quality care and inhibit professionals' ability to work to their full scope of practice. This means that the sector has developed a reputation for less rewarding work alongside limited career prospects, with service providers not valuing quality allied health. Rigid funding mechanisms that do not accommodate the complexity of the needs of people who are ageing and have resulted in workforce models that are typically outsourced, part-time positions.

Specific financial incentives for preventive, reablement and restorative care must be built into future funding of the system. Simple, clear, and transparent funding mechanisms must be designed to support the rights of aged care recipients to receive the allied health services of their choice. Mechanisms to incentivise aged care providers to ensure access to allied health are required. This must include preventive as well as treatment and care interventions.

***ACDHS recommends that access to allied health services become an intrinsic part of in-home aged care as a fundamental right. Funding must be increased to a level that removes the current structural disincentives for allied health professionals to work in aged care and to incentivise aged care providers to engage allied health to deliver holistic, client centred care across the range of allied health disciplines.***

Allied health disciplines require a clinical practicum component as part of undergraduate education in order to achieve registration to practice. What our students experience on their clinical placements influences where they will ultimately choose to work, but there are significant constraints to building the workforce pipeline in aged care.

Without adequate funding mechanisms to attract and retain allied health professionals to build a career in aged care, there is insufficient clinical oversight to support student practicum in this setting. Also, there are no role models or leaders in the sector to mentor students: you can't be what you can't see.

Resolving funding issues to encourage the current allied health workforce into aged care will help to solve current workforce issues and to build a critical workforce mass, but new models and additional resources will also be required to support training in this sector. Many aged care service providers do not have the resources or incentives to host quality clinical placements for students: they are limited by the lack of clinical supervisors, governance and physical resources to support students.

***ACDHS recommends that the new in-home care funding model ensure support for the development and evaluation of innovative clinical placement training models to facilitate the rapid scaling up of the aged care allied health workforce. Co-designed between the aged care industry and education providers and with robust research, this could serve as a best practice model for interdisciplinary, rights-based care in the sector***

The intersection between allied health professionals and the allied health/personal care assistant workforce is important. Cost constraints and workforce shortages are driving substitution of allied health assistants or other lifestyle coordinators to provide services that are within the scope of practice for an allied health



professional<sup>2</sup>. This presents significant risk to patient safety. Allied health assistants are not qualified to make decisions regarding patient care and require supervision by allied health professionals. Embedding training competencies and best practice arrangements for delegation and supervision by allied health professionals into systems is required.<sup>3</sup> Education providers have a key role here, across university and TAFE sectors, providing graduate and post-graduate degree qualified allied health professionals and graduate certificate and diploma qualified aged care/allied health assistants.

## **2.2 Encouraging innovation and investment [Focus Area 5]**

Systems, workforce, and clinical research together with evaluation of interventions are important to developing innovation and improving the quality of aged care for older Australians. While the increased investment in aged care research by the Australian Government is welcomed, gaps remain as identified below.

### Evaluation of Innovations

The report on the Review of Innovative Models of Aged Care to the Royal Commission<sup>4</sup>, identified that in Australia; most innovative models of care have not been rigorously evaluated and that rehabilitation, reablement and restorative practices are not yet routinely embedded into Australia's aged care system as they are in other countries. An investment in assessing the outcomes and impact of the range of models, including in-home and community care, and dissemination of results for policy makers, service providers, educators and communities would greatly assist advancing improvements in aged care in Australia.

### Workforce research and planning

Workforce research is also urgently needed to identify and quantify the recruitment and retention issues and effective mitigation strategies. The COVID-19 pandemic has highlighted the fragility of the aged care workforce and there is a need to act on the lessons learnt and plan for a resilient and sustainable workforce<sup>5</sup>.

It is understood that the development of an allied health workforce plan is under active consideration by Government. ACDHS strongly supports allied health workforce planning and is ready to bring our education and research expertise to this process. In order to avoid unhelpful competition between sectors for staff it is important that workforce planning integrates across health, aged and disability care. The current trend towards sector and profession specific workforce plans may also serve to work against more robust multi-disciplinary models of care. Furthermore, better data is needed to assist in workforce planning with respect to:

- supply side factors (entry, exit, demographics, skill mix, areas of shortfall)
- demand side factors (demographics, disease epidemiology, service utilisation, unmet need)

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<sup>2</sup> Proposed Allied health Aged Care solutions for Jobs Summit. Allied Health Professions Australia August 2022. accessed at <https://ahpa.com.au/wp-content/uploads/2022/08/AHPA-Proposed-Allied-Health-Aged-Care-Solutions-for-Jobs-Summit-300822.pdf>

<sup>3</sup> ibid

<sup>4</sup> Dyer SM, van den Berg MEL, Barnett K, Brown A, Johnstone G, Laver K, Lowthian J, Maeder AJ, Meyer C, Moores C, Ogrin R, Parrella A, Ross T, Shulver W, Winsall M, Crotty M (2019). Review of Innovative Models of Aged Care. Flinders University, Adelaide, Australia.

[https://www.palliaged.com.au/Portals/5/Documents/Australian\\_Context/research-paper-3-review-innovative-models-of-aged-care.pdf](https://www.palliaged.com.au/Portals/5/Documents/Australian_Context/research-paper-3-review-innovative-models-of-aged-care.pdf)

<sup>5</sup>Ranmuthugala G. (2022). Australian Health Review 46 (3), 383-384. Doi 10.1071/AH22125



- alternative scenarios (e.g. changing skill mix, novel models of care, emerging technological advancements)<sup>6</sup>.

*Student placements that can foster a research culture and careers*

Aged care services can also benefit from the challenges that students bring to traditional ways of thinking and working to help transform services. Involving students on placement in research activities can change perceptions and enhance integration of allied health within aged-care service delivery and deliver better outcomes for clients.

As mentioned above, adequate provision for and removal of barriers to student clinical placements must be integral to a new model for in-home care. Clinical training models must engage beyond the traditional teaching hospital-based training. Innovative solutions and new partnerships between aged care and education providers are required to deliver quality placements to students in the absence of a significant full-time workforce base.

***ACDHS recommends that there is a broader, more systematic approach to aged care sector research including:***

- ***evaluation of innovations and new models of care and wide dissemination of findings***
- ***an increased investment in aged care workforce research that is underpinned by robust data and informs workforce planning***
- ***developing new models for allied health clinical placements.***

Thank you for the opportunity to respond to the consultation. If you have any questions on the ACDHS response then please do not hesitate to contact ACDHS at [secretariat@acdhs.edu.au](mailto:secretariat@acdhs.edu.au).

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<sup>6</sup> Anderson M, O'Neill C, Macleod Clark J et al. Lancet 2021;397:1992-2011

