Allied Health Professions Australia

Level 3, 257 Collins St
Melbourne VIC 3000
ABN 60 083 141 664

P +61 3 8375 9652
E office@ahpa.com.au

www.ahpa.com.au

Standing Committee on Health, Aged Care and Sport
PO Box 6021
Parliament House
Canberra ACT 2600
Health.Reps@aph.gov.au

To the secretariat

RE: Inquiry into the Aged Care Amendment (Staffing Ratio Disclosure) Bill 2018

Allied Health Professions Australia (AHPA) welcomes the opportunity to provide commentary on the recently introduced Aged Care Amendment (Staffing Ratio Disclosure) Bill 2018. AHPA is the national peak association for allied health professions in Australia, representing 20 individual allied health professional association members and working closely with a further six association friends with whom we are aligned. Collectively AHPA represents some 100,000 allied health practitioners, a significant proportion of whom are involved in providing services to people in residential aged care facilities, either as employees, privately or as contractors.

The introduction of the proposal for amendments to the Aged Care Act is welcomed by AHPA and our member associations. Our members very much recognise the benefit of increased transparency for consumers about the staffing resources within residential aged care services as a means to help address the challenge consumers face in making informed decisions about their own care. As such we support the Bill and its passing by parliament. However, despite overall support for the Bill we wish to highlight several concerns that must be considered and addressed.

Our first concern is that numbers of staff or ratios do not necessarily indicate the quality or appropriateness of care provided. While a facility may have a higher ratio of nursing staff to residents, if those residents need greater psychological support or physical therapy, then only appropriate access to allied health staff will provide the care they need. However, because the overall health literacy of consumers and their families about the aged care sector can be limited, many will not have sufficient knowledge to make an informed decision even with access to the staff ratios that would be published under the proposal.

We argue that understanding the role and scope of the different aged care and health professional staff employed in aged care facilities requires knowledge about what the different health and aged professions are able to do (and not do) and where their focus and specialty is.

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AHPA very much supports the essential nature of each aged care role but we also contend that it is vital to ensure that each worker or health professional is working appropriately within their scope of professional practice. This is essential to ensure the safety of residents and to protect staff from unnecessary risk. Each employee in an aged care facility has a particular role to play and an appropriate balance of roles is essential. Consumers and their families should have sufficient health literacy to understand which services they may require and who should provide those.

By ensuring that the publishing of staffing ratios is accompanied by appropriate supporting information provided by the Department of Health and Ageing to help consumers understand the focus of each role, including the different allied health professions, consumers and their families would have a significantly greater ability to make informed decisions. This general information could be supplemented by the individual explanations by individual facilities provided for in the Bill's provisions.

Our second concern is about the practicality of reporting on allied health staffing in a facility. Due to the way in which allied health services are funded and delivered in aged care this will be a much greater challenge than reporting on other staff types. Most allied health professionals are not employed by a single facility unless it is very large. They are either employed by a group of facilities which makes allocation of hours complex, or they are contracted on a sessional or as needed basis.

The reason for this is that access to allied health services is highly dependent on the individually assessed needs of residents. The assessment process built into the Aged Care Funding Instrument (ACFI) sets funding levels for that person and outlines the services they need to receive including allied health services. As such a residential aged care facility may have limited need for allied health staff depending on their current cohort of residents and the individual needs they have. Conversely, an equivalent facility might have a high degree of need for allied health services if the needs of their residents so dictate. The need for allied health services may also change significantly over time based on the individual needs of residents and their changing health status. This makes it difficult to report about ratios and staffing in the same way that nursing and other staffing levels can be.

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As part of a refining of the reporting process for allied health services, AHPA also asks that in place of a generic Allied Health category as listed in the proposed Bill, the reporting provides a breakdown of which allied health services are actually resourced in that facility.

The broad term "allied health" encompasses a number of very diverse professions and its use can act to the detriment of consumers seeking clarity about the services that are available. For example, while a facility might provide good access to physiotherapy staff, it may not have speech pathology services. However, a consumer may simply assume that a broad range of allied health services are available. AHPA also notes in this context the importance of consumer information to improve literacy about the different health professions and aged care roles.

Despite our concern about the need to report allied health access differently, AHPA strongly argues for the need to report on access to allied health care in residential aged care services. Access to allied health services has a significant impact on a person's health and wellbeing and should be part of the consideration for consumers and their families. As such it would be inappropriate to leave out access to allied health services on the basis that the greater complexity of these services makes it more difficult to report on.

One option may be to include reporting on allied health staffing levels that are provided for all residents independently of those only available to residents that have been assessed as needing additional care. This would provide increased transparency about access to allied health services for residents, something we argue is essential as part of the current increased focus on quality of care for aged care residents.

While the ongoing lack of reform of the ACFI is limiting funded access to allied health services with a demonstrated and evidence-based need, we also argue that facilities could do more to integrate allied health care into the services they provide their residents. Our position is that significantly increased access to allied health services for residents of aged care facilities is essential to improve outcomes for consumers, particularly in terms of overall wellbeing, maintenance of independence and functionality and reablement. A greater focus on reporting allied health service access in residential aged care services could significantly improve that level of access and overall quality of care and provide consumers with an important way to increase their ability to exercise choice and control in regard to their care.

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As a final note, we wish to highlight the potential for future ACFI and related aged care reforms may address some of the challenges of reporting on allied health staffing ratios. The current challenges are primarily the result of limited access to care for many residents and are likely to change as funding and other structural changes reform the types of care residents can access.

Sincerely,

Claire Hewat
Chief Executive Officer, AHPA