



SARRAH

Services for Australian Rural and Remote Allied Health

Minimum standards for allied health interventions in Aged Care are needed to avert further neglect of older Australians

A new funding model will soon be introduced into residential aged care facilities that, according to the Australian Government, will better match resident needs and distribute funds more equitably.

The Australian National Aged Care Classification (AN-ACC) is set to commence in October 2022, and aims to support residential aged care providers to boost the quantum of care delivered daily to resident to meet a new standard of 200 minutes per resident per day. While this includes a minimum 40 minutes per day with a registered nurse, no such benchmarks have been set for allied health services.

“The findings and recommendations flowing from the Aged Care Royal Commission support the need for increased access to allied health services” said Catherine Maloney, SARRAH CEO.

“Appropriate access to allied health services in aged care facilities has been shown to reduce the rate of falls, maintain mobility and freedom of movement, reduce back pain and slow the rate of decline for people living with dementia. There is a very real risk of reduced quality of care for older Australians if minimum levels of funding for allied health services are not mandated with the introduction of the AN-ACC. Without these mandates the objectives of Aged Care Royal Commission won’t be met.”

An article published in the Sydney Morning Herald and The Age earlier this week referred to a letter from Aged Care Services Minister Richard Colbeck, noting changes to funding that remove incentives to deliver treatments that are not necessarily clinically appropriate. The article infers the Australian Government believes aged care facilities are “wasting money” on allied health services such as physiotherapists.

“Since the introduction of the Aged Care Funding Instrument in 2008, SARRAH and other allied health peak bodies have been calling for changes to the complex care domain to enable the delivery of evidence-based allied health interventions”, said Ms Maloney, a physiotherapist with experience in aged care. “It is completely unacceptable to infer physiotherapists have been overservicing aged care residents when their clinical expertise is undermined and they are expected to comply with a poorly written funding instrument”.

“A 2019 study commissioned by the Aged Care Royal Commission¹ found that only 2% of Australian residents were living in homes that met the 22 minutes of allied health services per day recommended in benchmark data. How is it that the Government can possibly believe that residents are being overserviced in this critical area?” said Ms Maloney. The same report showed the average

¹ How Australian Residential Aged Care Staffing Levels Compare with International and National Benchmarks *Centre for Health Service Development* (October 2019)

level of care provided was around 8 minutes a day. “Little wonder so many families despair at the decline they seen in people they love.”

Despite repeated calls by SARRAH² and other allied health peak bodies for the allocation of specific funding for allied health services under the new funding model, the Australian Government has so far failed to heed advice, leaving allied health services vulnerable to aged care providers, who themselves feel they are underfunded, making unilateral decisions about the need for allied health interventions. In its own Regulatory Impact Statement³ issued in response to the Royal Commission’s final report, the Australian Government noted “...there is a risk that providers reduce allied care services within residential aged care when the requirement to provide certain treatments to access additional funding is removed”.

“Allied health professionals such as Occupational Therapists, Speech Pathologists, Dietitians and others help older people maintain their mobility, slow the progression of chronic conditions and assist them to lead their best lives. It is vital that allied health professionals are involved in assessment and care planning , and that minimum service levels are mandated, so that older people have access to the services they need to slow or avoid unnecessary functional and cognitive decline.” said Ms Maloney. “Access to quality allied health services in aged care is not a luxury; older Australians deserve better.”

Please direct interviews and media enquiries to:

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Services for Australian Rural and Remote Allied Health (SARRAH) exists so that rural and remote Australian communities have allied health services that support equitable and sustainable health and well-being. SARRAH also supports Allied Health Professionals who live and work in rural and remote areas of Australia to carry out their professional duties confidently and competently in providing a variety of health services to people who reside in the bush. SARRAH maintains that every Australian should have access to health services wherever they live and that allied health services are fundamental to the well-being of all Australians. SARRAH is a national, multidisciplinary member association and has been operating for 25 years. SARRAH is the only peak body to be fully focused on rural and remote allied health working across all disciplines. (More information is available at <http://www.sarrah.org.au/>).

² SARRAH Submission Senate Inquiry – Aged Care

³ [Aged Care and Other Legislation Amendment \(Royal Commission Response No. 2\) Bill 2021 – Parliament of Australia \(aph.gov.au\)](#)