



ALLIED HEALTH AND ABORIGINAL AND TORRES STRAIT ISLANDER AGED CARE

Allied Health and Aboriginal and Torres Strait Islander Aged Care

Indigenous Allied Health Australia (IAHA), the national not-for-profit, member based and community-controlled Aboriginal and Torres Strait Islander allied health organisation, affirms the rights of Aboriginal and Torres Strait Islander peoples in aged care settings to access culturally safe and responsive allied health care that is available, affordable, acceptable, and appropriateⁱ. IAHA works generationally, building on the legacy of our ancestors, Elders, and old people, toward a future where all Aboriginal and Torres Strait Islander people and future generations are thriving in ongoing connection to self, spirit, and place. Caring for older Aboriginal and Torres Strait Islander people is an important part of our responsibility.

Policy context

Aboriginal and Torres Strait Islander peoples have a relatively young age structure compared to non-Indigenous Australians, with the number of Aboriginal and Torres Strait Islander people over the age of 65 expected to almost triple from 22,700 people in 2011 to 61,900 people in 2026ⁱⁱ. While improvements have been achieved in many

aspects of Aboriginal and Torres Strait Islander people health and wellbeing, significant inequities for Aboriginal and Torres Strait Islander people remains, requiring a whole of system approach.

Aged care is part of Australia's broad and rapidly growing health care and social assistance sector and a significant contributor to regional and rural employment and economies. It operates across residential care, home care and community-based care, and interfaces with services provided through the health system and disability and social supports. However, despite the enthusiastic adoption in policy of a whole lexicon of terms around preventative health, wellness and reablement for older people, the structural levers to make it all possible seem to be lagging. Australia spends 1.2 per cent of GDP on aged care compared to between 3 and 5 per cent in comparable OECD countriesⁱⁱⁱ. Pressure to manage costs means formal assessment of home care and residential care is about eligibility and funding rather than the services that are needed by older Australians^{iv}.

As noted by the Royal Commission into Aged Care Quality and Safety (2021), funding in the residential aged care setting is an example that the system is reactive and does not incentivise or support a preventative approach to care^v.



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For Aboriginal and Torres Strait Islander peoples, where health encompasses a whole-of-life view and includes a cyclical concept of life-death-life that extends beyond an individual level to the social, emotional, and cultural wellbeing of the whole community, our aged care system is required to rethink what it means for older Aboriginal and Torres Strait Islander people to age well. For successful uptake of services by Aboriginal and Torres Strait Islander people, services must be delivered in a holistic way^{vi}. This means, supportive care and treatment should involve a multidisciplinary health care team that consists of medical, nursing, and allied health care professionals that proactively cater for the unique cultural and wellbeing needs of individuals and their families.

To see a shift in the health system from an illness and crisis-driven lens to a more health enabling and preventative model, investments should be directed toward keeping people well, and out of hospitals. Potentially preventable hospitalisations (PPH) are an indicator that is well adopted as a measure of primary care effectiveness. While it is important not to assume higher rates of PPH always indicate a less effective primary care, there are conditions in which hospitalisation could have potentially been prevented through the provision of appropriate preventative health interventions and early disease management in primary care and

community-based care settings, including by general practitioners, medical specialists, nurses, and allied health professionals^{vii}.

For Aboriginal and Torres Strait Islander people specifically, many of the priorities to improve access to care through a culturally safe and responsive workforce are addressed within the [Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023](#) and [National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031](#) with strong relevance to aging and aged care.

Current position

Given the rapidly growing and complex operating environment of aged care, the 2011 Productivity Commission Caring for Older Australians Inquiry Report estimated the direct care workforce would need to triple by 2050 to meet growing demand, including personal care workers, nurses, and allied health professionals^{viii}. This is happening at the same time as the introduction of the National Disability Insurance Scheme (NDIS) which also requires a doubling of the workforce by around 2050. Given the substantial predicted growth requirement in aged care and workforce competition from the NDIS, community services and health more broadly will only intensify current attracting and retention problems, as a further



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challenge exists in attracting and retaining the workforce especially in regional, rural and remote areas, where almost seven million Australians live, with many accessing aged care services as a consumer or as a carer. It will be very difficult to improve the quality of aged care provision if there is not a large increase in the workforce, with a more coordinated approach to the allied health workforce.

Workforce and service challenges and opportunities

Aboriginal and Torres Strait Islander led service delivery is an important act of self-determination and achieves improved outcomes, and while several examples of successful and well-established Aboriginal and Torres Strait Islander aged care providers exist nationally, greater participation in planning and delivery of aged care is essential. This extends not only to the leadership and governance of providers but also to the staff who are engaged in the face-to-face delivery of care. A well-resourced and respected Aboriginal and Torres Strait Islander health workforce delivers better health outcomes for Aboriginal and Torres Strait Islander peoples.

In the context of aged care, there are insufficient numbers of Aboriginal and Torres Strait Islander aged care providers and underrepresentation in the workforce, which means older Aboriginal and

Torres Strait Islander people are not accessing the range and level of aged care services and support they need. Therefore, in recognition of the inherent strengths of Aboriginal and Torres Strait Islander workforce, plans and strategies to support and develop the workforce need to be prioritised and accelerated at a national level. There should be targets for the training and employment of Aboriginal and Torres Strait Islander people across the full range of aged care roles, including dedicated strategies to increase allied health participation and career pathways into aged care. The necessary resourcing should be available to implement the plan and meet the targets. This is critical for Aboriginal and Torres Strait Islander people to have true ownership and autonomy of health and social and emotional wellbeing.

IAHA asserts that cultural safety and trauma-informed care must both be the starting point and central to any aged care offerings for Aboriginal and Torres Strait Islander people. It must be embedded throughout aged care from initial contact with the system, during assessment, and when an older person receives aged care services at home, in their community or in a residential setting. Services that have the trust of the Aboriginal and Torres Strait Islander people they serve – and which embed the cultural determinants of health - should be prioritised when consideration is being given to assisting

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expansion into aged care services, particularly where those services are community controlled.

Allied health workforce in aged care

The allied health workforce plays a pivotal role in primary and preventative health care. However, for many allied health professionals, who clearly contribute to the realisation of positive ageing it remains a source of frustration that there are few clear commitments from governments expanding opportunities for their roles and contributions with the aged care services and broader healthcare system. This is also backed by the Royal Commission which found that allied health services are underused and undervalued across the aged care system^{ix}. Frustratingly, much of the response in aged care workforce development has focussed on personal care support workforce, with the latest aged care workforce data finding that the residential aged care workforce comprised 70 per cent personal care workers, 23 per cent nurses and just 7 per cent allied health professionals^x.

IAHA recognises and supports the value of the personal care support workforce but also asserts that ensuring the right mix of qualified staff across professions is critical in the provision of top-quality care. This includes supplementing lifestyle support and acute clinical care, with the therapy they need from allied health professionals to support independence, health, and wellbeing. To support

this, policy development and workforce planning need to clearly distinguish the roles between different workforce groups responsible for holistic and high-quality aged care, valuing the role, knowledges, and perspectives each can bring in a multidisciplinary team.

Managing and supporting the increasingly complex and unique care needs of older Australians, including Aboriginal and Torres Strait Islander peoples and rural and remote Australians, require access to a multidisciplinary team. IAHA argues that greater inclusion of the allied health workforce in aged care is a crucial area for action to redesign and reimagine aged care with Aboriginal and Torres Strait Islander people, families, and communities in Australia as they support the full potential of individuals to maximise mobility, functionality, reablement and rehabilitation. Research has shown the effectiveness of allied health interventions, including the reduction in need for further services. Referring back to PPH, the Royal Commission research paper on hospitalisation in aged care between 2014/15 – 2018/19 found that falls, fractures, weight loss and malnutrition to be leading causes of hospitalisation and emergency department presentation, areas in which allied health professionals including occupational therapists, speech pathologists, dietitians, and



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others lead in terms of prevention, early intervention and management.^{xi}

As outlined above, improving the quality of care for older people is not only a social imperative, but also an economic one. IAHA argues that with hospitals being the most expensive part of Australia's health system, many of the preventable hospitalisations for older people can be avoided or minimised through allied health care, which should be seen as a return on investment. Provision of appropriate preventative health interventions will not only reinforce the cost effectiveness of such approaches, but further improve access to safe and effective care, therapy, and support for all Australians. In an Aboriginal and Torres Strait Islander context, maintenance of language, skills and mobility can go a long way in helping Aboriginal and Torres Strait Islander people retain connection with the things that keep them well. More social models of aged care service provision, including through community-controlled organisations, can increase the focus on keeping people well, while also addressing inequities in areas such as intergenerational wealth and home ownership.

Delivering a sustainable quality allied health aged care workforce

Structured approaches and targeted funding for allied health in aged care is needed. The new

Australia National Aged Care Classification (AN-ACC) funding model is not designed to incentivise broad multidisciplinary team collaboration or other evidence-based preventative health care approaches. The Royal Commission noted in passing that the AN-ACC 'may' achieve increased and appropriate allied health delivery^{xii}.

In agreement with the [National Aged Care Alliance's statement](#), IAHA argues that funding models must ensure the input of the broad multidisciplinary team to meet the needs of people in aged care. Allied health services, which respond to assessed individual clinical needs of residents need a clearly identified separately funded component.

Funding is only one element of developing a sustainable workforce for aged care. Robust, targeted and coordinated workforce planning and governance, driven by the full implementation of the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031, will develop key workforce across sectors including aged care, and provide action against key strategies within the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023 including:

- Strategy 3.1. Implement strategies to grow the Aboriginal and Torres Strait Islander



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Health workforce across health, mental health, disability, and aged care

- Strategy 3.2. Improve cultural safety in workplaces across the health, mental health, disability, and aged care systems
- Strategy 3.3. Continue to support the leadership role of the Aboriginal and Torres Strait Islander community-controlled health workforce organisations.

Innovative solutions need to consider a range of options, from recruiting and retaining people interested in changing careers, to attracting young workforce through in-school programs, and providing opportunities for informal carers to join the workforce and increasing clinical placement experiences in aged care. Culturally safe and responsive ways of working in aged care, may not only improve outcomes for Aboriginal and Torres Strait Islander people in aged care settings, but also increase the participation of the Aboriginal and Torres Strait Islander people in the aged care workforce. Greater utilisation of the allied health assistant workforce – working under appropriate delegation and supervision – is another strategy to increase uptake of allied health services in aged care settings, and another enabler of pathways into the sector. Aboriginal and Torres Strait Islander organisations, including IAHA, are leaders in promoting career opportunities and pathways.

The way forward

IAHA believes that the allied health workforce is an essential element in a responsive and equitable health system able to accommodate the varying and personalised needs of older people, including Aboriginal and Torres Strait Islander peoples, those living in rural and remote Australia, and those with chronic and complex conditions. There are significant learnings from existing Aboriginal and Torres Strait Islander aged care providers which can inform aged care for all Australians. Importantly, the allied health workforce plays a crucial role in shaping the future of the Australian health and aged care systems, ensuring its long-term sustainability, and positive impacting on the health and wellbeing of older people.

Nicole Turner, IAHA Chairperson

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ⁱ National Health Leadership Forum (NHLF) Position Paper - the Right to Health.

Referencesⁱⁱ

<https://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/3238.0Main+Features12001%20to%202026?OpenDocument>

ⁱⁱⁱ <https://grattan.edu.au/wp-content/uploads/2020/10/Rethinking-Aged-Care-Grattan-Report.pdf>.

^{iv} [Reforming aged care: A practical plan for a rights-based system \(grattan.edu.au\)](https://grattan.edu.au)

^v <https://agedcare.royalcommission.gov.au/sites/default/files/2021-03/final-report-executive-summary.pdf>.

^{vi} [Improving the accessibility of health services in urban and regional settings for Indigenous people \(nla.gov.au\)](https://nla.gov.au).

^{vii} <https://www.aihw.gov.au/reports/primary-health-care/potentially-preventable-hospitalisations/contents/overview>.

^{viii} <https://www.pc.gov.au/inquiries/completed/aged-care/report>.

^{ix} <https://agedcare.royalcommission.gov.au/publications/final-report-volume-2>.

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<https://www.health.gov.au/sites/default/files/documents/2021/10/2020-aged-care-workforce-census.pdf>.

^{xi} <https://agedcare.royalcommission.gov.au/sites/default/files/2021-02/research-paper-18-hospitalisations-australian-aged-care.pdf>

^{xii} Royal Commission into Aged Care Quality and Safety. Final Report. Volume 3A The new system, 180.