

Committee Secretary  
Senate Standing Committees on Community Affairs  
PO Box 6100  
Parliament House  
Canberra ACT 2600

Via email: [community.affairs.sen@aph.gov.au](mailto:community.affairs.sen@aph.gov.au)

8 November, 2021

Dear Committee Secretary

**Re: The Aged Care and Other Legislation Amendment (Royal Commission Response No. 2) Bill 2021**

Occupational Therapy Australia (OTA) welcomes the opportunity to write to the Senate Standing Committees on Community Affairs about the Aged Care and Other Legislation Amendment (Royal Commission Response No. 2) Bill 2021. Please consider this correspondence a submission to the Committees' inquiry into the Bill and, accordingly, OTA has no objection to its being posted on the inquiry website.

OTA is the professional association and peak representative body for occupational therapists in Australia. As of September 2021, there were more than 25,300 registered occupational therapists working across the government, non-government, private and community sectors in Australia. Occupational therapists are allied health professionals whose role is to enable their clients to engage in meaningful and productive activities.

Occupational therapists work with older people with a diversity of age-related conditions which can adversely affect their ability to participate in the meaningful activities of everyday life. Such conditions include poor balance and coordination, memory loss and confusion, and vision and hearing loss. Occupational therapists provide services such as physical and mental health therapy, chronic disease management, assessments for assistive technology, and assessing environment and safety risks. Significantly, occupational therapists are specifically trained to enable and support meaningful engagement in the environment of the residential aged care facility (RACF), providing residents with a sense of identity, greater purpose and enhanced wellbeing.

OTA believes the Aged Care Funding Instrument (ACFI) is profoundly flawed. It ignores the full breadth of services that occupational therapists are trained, qualified and eminently able to provide. Moreover, the interpretation and application of ACFI is not holistic enough; it does not support therapeutic engagement, nor is it aimed at improved or sustained quality of life. As a result of these flaws, residents are denied goal or function-directed therapy.

This is professionally frustrating for occupational therapists and a personal tragedy for residents.



Accordingly, OTA supports the Bill and welcomes the proposed shift to a new classification and funding model. We do, however, share the stated concerns of other interested bodies that the case-mix based model will result in too great an emphasis on clinical treatment and insufficient concern for the social, intellectual and emotional supports that underpin a resident's wellbeing. It is imperative that the model implemented allows for enhanced allied health supports.

OTA is concerned, therefore, that the Australian National Aged Care Classification (AN-ACC) as currently proposed does not explicitly address allied health services.

Despite its shortcomings, the existing ACFI does explicitly include occupational therapy and other allied health professions, thereby enabling RACFs to at least employ these health professionals. Although they work primarily to the ACFI guidelines, some occupational therapists are able to branch out and provide valuable services to residents and staff.

Many RACFs lack the necessary resources to engage allied health staff, requiring some form of funding assistance to do so, especially smaller, regional facilities. Since AN-ACC omits all reference to allied health, allied health professionals and the residents they currently support fear for the very existence of allied health services in the sector.

Aged care facilities need to be funded to invest in consumer-focused aged care teams that include allied health professionals such as occupational therapists. Such teams enable information sharing and provide for greater awareness of the roles of the different health professionals, ensuring more holistic supports and services.

OTA also notes that the AN-ACC as currently proposed, and the attendant possibility that allied health supports will be withdrawn from RACFS, is directly counter to recommendation 38 of the Final Report of the Royal Commission into Aged Care Quality and Safety (March 2021), that residential aged care is to include allied health care.

OTA endorses the observation made by the National Aged Care Alliance, of which we are a member association, in its media release issued after the 2021-22 Federal Budget: *While the Government has provided some support for allied health in the Budget, its response is limited and does not fulfil all the Commission's recommendations. The implementation of AN-ACC, whilst very welcome, will not of itself address allied health access issues.*

OTA thanks the Senate Standing Committees on Community Affairs for the opportunity to comment on the Aged Care and Other Legislation Amendment (Royal Commission Response No. 2) Bill 2021.

Yours sincerely,

Samantha Hunter  
Chief Executive Officer