



Overview of Workforce and Client demand in the Social Assistance Sector

RESIDENTIAL AGED CARE SECTOR



The number of places has increased from approximately 184,600 on 30 June 2012 to 213,397 on 30 June 2019. In Victoria and South Australia there are 79 places per 1,000 people in Residential Aged Care. These states have the highest provision of places compared to target population.

<https://www.gen-agedcaredata.gov.au/Topics/Services-and-places-in-aged-care>

After the Commonwealth Home Support Programme (CHSP), the next largest program involves residential aged care, supporting around 270,500 clients during the year (including nearly 62,000 people who received temporary, respite care).

<https://www.aihw.gov.au/reports/australias-welfare/aged-care>

Over 62% of Australia's residential aged care services are in Major cities.

<https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/additional-1322-million-for-aged-care-covid-response>

<https://ahpa.com.au/news-events/australian-government-introduces-new-residential-aged-care-covid-19-measures-to-increase-allied-health-access/>

December 2020 the Minister Greg Hunt announced the Commonwealth accepted all recommendations from the Royal Commission into Aged Care Quality and Safety Report inquiry and allocated additional funding of \$132.2 million across the system.

1. For **Allied Health professionals** including **physiotherapy, occupational therapy, and exercise physiology** for reablement services there was a **\$12.1m** extension of Medicare services.
2. **New allied health assessments** delivered in person in a Residential Aged Care facility will now receive a **50%** loading on the current Medicare payment.
3. **A Psychologist, Social Worker, or Occupational Therapist** will be able to access up to **20** individual sessions through an expanded **Better Access Scheme** for Residents in aged care, totalling **\$35.5m**.

<https://www.health.gov.au/resources/publications/australian-government-implementation-progress-report-on-the-royal-commission-into-aged-care-quality-and-safety-report-aged-care-and-covid-19-a-special-report>

Debilitating foot problems often develop with age, and are also associated with diabetes, the need for **Podiatrists** is expected to increase as the population ages.

<https://www.aihw.gov.au/news-media/media-releases/2002/jul/podiatrists-in-demand-for-ageing-population#:~:text=Since%20foot%20conditions%20often%20develop,increase%20as%20the%20population%20ages.&text=The%20supply%20of%20podiatrists%20per,Territories%20between%201991%20and%201999.>



HOME CARE PACKAGE SERVICES (HCP)

From 30/9/2019 – 30/9/2020 the number of people in the HCP scheme increased Nationally by 31,769, 64% are in the metropolitan area and a further 20% are in the Modified Monash Model regions 2 & 3.

SA had an increase of 8.5% which equated to 1,273 new entries into the HCP.

<https://www.myagedcare.gov.au/help-at-home/home-care-packages>

An example of services provided through HCP are.

- personal care — such as help with showering and hygiene.
- communication support — such as help with using the phone or hearing aids.
- dietary support — such as help with nutrition and preparing meals.
- skin care — such as bandages and dressings
- continence care — such as disposable pads, commode chairs and bedpans
- mobility support — such as crutches, handrails, wheelchairs, and bed rails
- support services — such as cleaning, gardening, and transport
- social support — such as help to take part in social activities and access emergency services.
- care management — such as reviewing agreements and making sure services are suitable.
- clinical care — such as nursing, podiatry, physiotherapy, and hearing services

<https://www.myagedcare.gov.au/sites/default/files/2019-12/your-guide-to-home-care-package-services.pdf>

During the September 2020 quarter the Department released an additional 42,900 HCPs.

[https://www.gen-agedcaredata.gov.au/www.aihwgen/media/Home care report/HCPP-Data-Report-2020-2021-1st-qtr.pdf](https://www.gen-agedcaredata.gov.au/www.aihwgen/media/Home%20care%20report/HCPP-Data-Report-2020-2021-1st-qtr.pdf)



COMMONWEALTH HOME SUPPORT PROGRAMME (CHSP)

Entry-level support at home – Ongoing or short-term care and support services for example help with housework, personal care, meals and food preparation, transport, shopping, allied health, social support, and planned respite.

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To be eligible for this program, you must be aged:

- 65 years or older (50 years or older for Aboriginal or Torres Strait Islander people), or
- 50 years or older (45 years or older for Aboriginal and Torres Strait Islander people) and on a low income, homeless, or at risk of being homeless.

<https://www.myagedcare.gov.au/help-at-home/commonwealth-home-support-programme>

Nationally as of the 30 September 2020, there were 62,395 people who were seeking a 'HCP' at their approved level, of these people, 97.7 per cent (60,952) had been provided with an approval to access CHSP. There are 3 sections in CHSP.

<https://www.myagedcare.gov.au/help-at-home/home-care-packages>

Community and Home Support

Allied Health and Therapy Services	Goods, Equipment and Assistive Technology
Home Maintenance	Other Food Services
Transport	Social Support – Individual
Domestic Assistance	Meals
Personal Care	Social Support – Group
Home Modifications	Nursing
Specialised Support Services	

Care Relationships and Carer Support

- Flexible Respite
- Centre-based Respite
- Cottage Respite

Assistance with Care and Housing

- Assistance with Care and Housing

https://www.gen-agedcaredata.gov.au/www_ahwgen/media/Home_care_report/HCPP-Data-Report-2020-2021-1st-qtr.pdf



National Disability Insurance Scheme (NDIS)

The proportion of the general population that are NDIS participants differs across the States and Territories. (South Australia has higher prevalence rates than all other States and Territories followed by Tasmania and ACT)

For many NDIS participants who aged between 7 - 65, having access to allied health services is critical to achieving their health and life outcomes.

<https://www.ndis.gov.au/media/2780/download>

The National Disability Services' (NDS) annual workforce survey reported consistent difficulty for service providers in recruiting allied health positions, there is currently a shortage of allied health professionals working in the disability care sector in particular:

- Physiotherapists
- Occupational therapists
- Speech Therapists
- Psychologists

Other allied health professions including Podiatrists, Audiologists, Dietitians, Rehabilitation Counsellors, and Orthotists and Prosthetists are also required to provide NDIS services.

To demonstrate demand, I have used the BLCW Program Demand map, (available through the BLCW website) the post codes searched and the results combined for Adelaide and 11 surrounding postcodes, (5006, 5007, 5031, 5034, 5035, 5061, 5063, 5065, 5067, 5069, 5081).

- The number of NDIS participants in this catchment is expected to grow from **1,600 to 2,645 from the 19/20 financial year to 2023.**
- NDIS participants in these post codes spent on services and supports for the 19/20 financial year **\$76,310,000** the forecast increases in spend for the year 2023 is **\$132,250,200 (nearly 56 million)**
- Therapy services are expected to rise from **\$4,090,000 to \$10,247,300** in this period.

<https://blcw.dss.gov.au/grow/allied-health>

Allied Health professionals play key roles across disability service delivery, some of the domains are:

Social workers	Occupational therapists
Speech pathologists	Physiotherapists
Exercise physiologists	Music therapists
Audiologists	Psychologists
Developmental educators	Dietitians
Podiatrists	Art therapists

https://www.nds.org.au/images/resources/tas-allied-health/Full-Strategy-and-Action-Plan_final.pdf

Allied Health professionals provide direct client services and support other frontline workers such as personal support workers to enable the NDIS to function effectively and efficiently. Roles include (but are not limited to):

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Access and planning	Specialist support coordination
Capacity building	Assessment for complex assistive technology (AT)
Lead on complex behaviour management support.	Training and capacity building for support workers

Skilled and collaborative allied health services in the community settings can reduce demand on other high-costs services such as

hospitals and connect broader supports from other systems such as mental health, primary health, housing, and education.

Physiotherapy services are covered by the NDIS. Physiotherapy can exist in a NDIS plan, either in **Core** or **Capacity-building support**.

<https://www.ndis.gov.au/participants/using-your-plan/managing-your-plan/support-budgets-your-plan>

Therapeutic supports include a wide range of services and products that help a NDIS participant to improve their independence and performance of daily activities. **Therapeutic supports** can include those that help to improve:

Communication and language skills	Personal care, grooming, and hygiene.
Mobility, movement, and pain relief	Participation in the community
Relationships and interpersonal interactions	

Nutrition supports, can be funded through NDIS for example Dietetic consultations, periodic review, and implementation of a nutritional meal plan by a NDIS funded suitably qualified competent nutritionist and worker inclusive of specific training.

Food/Meal preparation, depending on how the NDIS plan is managed will determine how payment works. The NDIS will cover 80% for the meal prep and delivery and a participant will pay a small co-payment to cover the cost of the ingredients.

NDIS funds **Disability supports** that are **NOT** clinical in nature and that focus on a person's functional ability, including **supports** that enable a person with a **mental** illness or psychiatric condition to undertake activities of daily living and participate in the community, social and economic life.

Adaptive fashion is NDIS eligible, access to this supports NDIS participants to express themselves by making life a little easier and supporting independence.

Equipment and Assistive Technology are a Capital Support which is a physical support for a participant, there are two support categories.

- It will assist to do something more easily or safely or
- To do something you otherwise cannot do because of your disability for example.
 - An app to help you speak to another person if you have a speech impairment.
 - Non-slip mats, that assist you to move around your home safely.
 - Special forks, that assist you to eat.
 - Higher risk AT items, such as wheelchairs and adjustable beds.

The NDIS may fund activities that **assist with Social and Community Participation**, for example:

Take an outing or a holiday.	See a movie or a concert.
Join a sporting club.	Go on a holiday camp.
Visit your local library.	Join a social group.
Go to community events, and/or.	Attend personal development courses.

<https://www.ndis.gov.au/understanding/supports-funded-ndis/disability-related-health-supports>

Specialist skills

Areas of specialist AHP skills, such as **developing positive behaviour support** (PBS) plans and **complex home modification** assessments, these are underserved needs in both metro and regional areas.

Discipline Peak Bodies are membership based and offer professional development – generally targeted towards sub specialities such as disability practice. To find out more, access the Allied Health Professions Australia (AHPA) Website.

<https://ahpa.com.au/our-members/>

Workforce and client demand for Aged, HCP, CHSP and NDIS is significant and strengthened with the release of funding for Aged and Community Care in 2020.

For more information, please visit the

Website w: <https://blcw.dss.gov.au>

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