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## **New case studies show shocking impact of more than \$2 billion in Federal Government aged care funding cuts on sick older people**

Aged care residents in Australia will be hit hard by Federal Government funding cuts which threaten vulnerable and sick older people, Chair of the UnitingCare Australia Aged Care Network Steve Teulan said today.

Releasing new case studies showing the harsh impact of the cuts on people living in aged care facilities, Mr Teulan said aged care providers will struggle to meet the health care needs of vulnerable and sick older people.

"These cuts to the Aged Care Funding Instrument which the Federal Government is proposing would reduce funding by up to \$18,000 per year for older people with the most complex health needs," he said.

"Residents of aged care facilities with complex needs are amongst those who would be hardest hit by these harsh cuts.

"Under the proposed cuts, critical health needs such as wound and skin care, mobility needs, arthritis treatment and end of life care will be under direct threat.

"The cuts are at odds with the Government's claim that it is 'passionate about ensuring Australians don't just live longer lives, but healthier ones too'."\*

Mr Teulan said the case studies were typical of the complex health care needs of aged care residents.

### **CASE STUDY 1: JANE\*\***

Jane is 88, with her health conditions including diabetes, skin cancer, back problems, hypertension, dermatitis and a range of other conditions. Jane experiences significant pain associated with her fracture and back problems. She has had a stroke which significantly affects her capacity to manage any aspect of her personal care.

She requires direct physical intervention and support from care staff in all aspects of personal hygiene including dressing/undressing, washing/drying and grooming (hair care, shaving and oral hygiene). She is also incontinent and relies on staff for all toileting, nutrition and hydration needs. Jane also needs physical assistance from staff members with all transfers and mobility. Her impaired mobility puts her at high risk of a pressure injury and staff members reposition her at regular intervals during the day and night.

**The Federal Government cuts would reduce funding for Jane by \$50.95 per day (or \$18,596 per year).**

### **CASE STUDY 2: GEORGE\*\***

George is 87. He has Parkinson's Disease, Prostate Cancer, hearing loss, dementia, spine fractures and constipation, amongst other conditions. George experiences significant pain associated with his lumbar spine fractures and requires direct support from care staff in all aspects of personal hygiene. He is incontinent and requires physical assistance from staff with all transfers and mobility.

George also has poor spatial judgement and a high risk of falling or bumping into things, which requires staff supervision/physical assistance. Because of his dementia, George is unable to manage his medication regime and requires staff to manage this for him.

With the scoring changes from 1 January 2017, if George was a new resident or was required to be reassessed, his care funding would be \$50.95 less per day (\$18,596 per annum) than the level applied in June 2016.

**The Federal Government cuts would reduce funding for George by \$50.95 per day (or \$18,596 per year).**

“UnitingCare is one of Australia’s largest not-for-profit aged care providers and we are proud of our great staff who work hard to care for vulnerable and sick older people,” Mr Teulan said.

“As a provider of around 10% of all aged care beds nationally, UnitingCare Australia calls on Minister Sussan Ley and the Turnbull Government to halt these cuts.

“If the Federal Government is as concerned as it says about the health of older Australians, it needs to put these cuts on hold now, review the funding model and work with us to develop a better approach,” Steve Teulan said.

[Click here for more information on this issue and more detailed case studies](#)

*\*Minister for Health and Aged Care The Hon Sussan Ley, media release 18 July 2016*

*\*\*The case studies are based on current residents of UnitingCare facilities but real names have not been used.*

**Further information or to interview Steve Teulan: Ph Gerard Delaney Ph 0413 274 176**

