Flinders University

Research Centre for Palliative Care, Death & Dying

Allied Health Professional Development Plan

Addressing Strengthened Aged Care Quality Standards, Outcome 5.7: Palliative and End-of-Life Care

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Introduction

Palliative and end-of-life care is core business for aged care. Palliative care is now understood to be relevant for anyone with a life-limiting illness, highlighting the importance of recognising older adults with multimorbidity and frailty as people that might benefit. Palliative care helps people live their life as fully and as comfortably as possible. It identifies and treats symptoms which may be physical, emotional, spiritual or social. This approach aligns with allied health's focus on holistic, person-centred care across the lifespan.

The strengthened Aged Care Quality Standards were launched on November 1st, 2025, and have broad applicability to where allied health professions can engage with providers to deliver person centred care, but particularly within **Standard 5: Clinical Care.**

Within Standard 5, **Outcome 5.7: Palliative and end-of-life care** has been defined with 3 legislated statements that guide aged care provider responsibilities and delivery of care. These statements are:

1. Recognise and address the needs, goals and preferences of individuals for palliative and end-of-life care and preserve the dignity of individuals in those circumstances.
2. Ensure that the pain and symptoms of individuals are actively managed with access to specialist palliative and end-of-life care when required.
3. Ensure that supporters of individuals and other persons supporting individuals are informed and supported, including during the last days of life.

Helping aged care providers to understand allied health roles in responding to the outcomes can be an important advocacy activity that encourages our inclusion in anticipatory care, rather than reactive care.

This resource has been developed to help you, the allied health clinician, make use of freely available resources (linked throughout) in upskilling and advocating for the role and value allied health services can deliver in responding to Outcome 5.7. The resource is intended to support practice across settings, i.e. residential aged care and in Support at Home.

Palliative Care Standards
The National Palliative Care Standards for All Health Professional and Aged Care Services &, National Palliative Care Standards (NCPS) 5.1 edition 2018.

Outcome Statement 1

Recognise and address the needs, goals and preferences of individuals for palliative and end-of-life care, and preserve the dignity of individuals in those circumstances.

Evidence has shown that allied health professionals actively contribute to person-centred palliative care by tailoring interventions to individual goals and preferences[1]. However, there is a lack of role clarity for referral gatekeepers, in identifying when and how individual disciplines might contribute to care.

Ask yourself: How do you, or the service you work in, currently identify when an older person may be ready for palliative and end-of-life care?

Reflect on whether, in your experience, this process is adequately identifying older people that could benefit from palliative care? And are they being identified early enough?

Upskill: Does the service you work with use any screening tools to identify health deterioration, or have a regular review procedure?

- Explore tools like the **SPICT Tool,** or the Surprise Question, which is simply, 'would you be surprised if the person died in the next 12 months?' **CareSearch** has developed a resource summarising a range of tools that can be used to clinically assess palliative care need. Note the style and types of questions and how you may like to use some these in your own clinical interactions.
- Watch the **educational videos** produced by End of Life Directions in Aged Care (ELDAC) on recognising deterioration and assessing palliative care needs (~8mins each).

To create practice change: Could you initiate a conversation with the service provider to understand what role you could take in identifying older people who may benefit from a palliative approach, and end-of-life care?

- Is there a process whereby you can highlight concerns and/or deterioration in clients to the provider, that indicates a palliative and end-of-life care needs should be screened for?
- Consider collecting allied health outcome data that aligns with the persons goals and preferences (which may be different to clinical outcomes) to evidence value of input despite expected health deterioration e.g. client hopes to find strategies so that they can manage personal care independently, and social mealtimes with their family.

For more information on recognising deterioration health deterioration, PalliAGED **practice tips** and **learning modules** are evidence based and freely accessible resources to support your learning.

[1]Gravier S, Erny-Albrecht K. Allied health in Australia and its role in palliative care. Adelaide: CareSearch; 2020.

Outcome Statement 2

Ensure that the pain and symptoms of individuals are actively managed with access to specialist palliative and end-of-life care when required.

Evidence suggests that where there are sufficient palliative care services in aged care (including allied health), there is reduced spending on acute care medical treatment, reduced pressure on the health care system and a better dying experience for the individual and their support network[1]. While there is a paucity of literature to describe outcomes from allied health input at end of life, some studies have shown improvements in quality of life and measures of activities of daily living (ADL) from a reablement approach to palliative care with exercise, nutrition and tailored goals as key strategies[2].

Ask yourself: What symptoms do you frequently manage as part of working with older adults who would benefit from palliative and end-of-life care?

Reflect on how you discuss symptom management with the person and their family. Are you confident in responding to questions on what to expect as health declines?

Upskill

- Familiarise yourself with the relevant evidence statement from your discipline to inform practice specific to palliative care. The **End of Life Directions in Aged Care (ELDAC) allied health toolkit guidance and research centre** can help locate key documents to inform best practice.
- **Watch** this case study from Linkages program – North Eastern Community Hospital Aged Care - **'Working Together'** as an example of where multidisciplinary case conferencing was embedded within practice to foster timely updates to care plans and management of care needs, as resident health deteriorates.

To create practice change: could you start collating data on symptom management and quality of life outcomes relevant in a palliative and end-of-life context for voluntary reporting.

- If you are delivering models of care in aged care where you are seeing positive outcomes, are you able to share this with the broader allied health workforce e.g. via a **blog** or poster abstract at a conference (which would appear in grey literature searches).
- Create or revise referral pathways to ensure timely access to allied health services, with examples or case studies on how they could complement specialist palliative care services and benefits to the person (and where appropriate their family).

For more information on pain and symptom management, PalliAGED **practice tips** and **learning modules** are evidence based and freely accessible resources to support your learning.

[1]Palliative Care Australia The Economic Benefits of Early Access to Palliative Care and End-of-Life Care. Available online: https://palliativecare.org.au/wp-content/uploads/dlm_uploads/2017/07/PCA019_Economic-Research-Sheet_6a_Early-Access.pdf

[2]Farrer O, Tieman J. What Evidence Exists to Support Palliative Allied Health Practice in Aged Care: A Scoping Review. Healthcare (Basel). 2024 Oct 3;12(19):1973. doi: 10.3390/healthcare12191973. PMID: 39408153; PMCID: PMC11475753.

Outcome Statement 3

Ensure that supporters of individuals and other persons supporting individuals are informed and supported, including during the last days of life.

Evidence has shown that allied health clinicians find it hard to initiate therapeutic conversations that consider end-of-life and palliative care preferences particularly where a person has not been identified as 'palliative' by the medical team/physician[1]. However, allied health professionals are well placed to have conversations with people about their wishes and concerns for end-of-life, educating the family in how to engage in comfort care, and support in grief and bereavement.

Ask yourself how confident you feel having end-of-life conversations with clients and their families? Do you feel that you have tools and resources to use with people and their families to support them at end-of-life and in last days?

Reflect on barriers and enablers to feeling more confident in having end-of-life conversations and how these might be documented and communicated to the aged care service provider and broader health care team.

Upskill

- **Engage** with palliAGED **communication tools**, including **conversation starter fact sheet (158kb pdf)**.
- **Watch** the video from the **palliAGED Education on the Run series** on Communicating with families (3 mins) and
  ELDAC **Talking with Families** webinar (40mins) recording in which three experts share insights into the benefits of end-of-life discussions for families, staff, and aged care services.
- **Explore** resources from Advance Care Planning Australia or ELDAC's End-of-Life Law Toolkit, particularly around what allied health need to know if a person wants to ask about **Voluntary Assisted Dying (VAD)**.
- **Read** the ELDAC Allied Health Toolkit blog **'Taste for Pleasure'** to inspire thinking around tailored person centred care in the last weeks and days.

To create practice change: start a conversation with the key stakeholders who initiate your referrals to understand when conversations about planning for end-of-life are initiated and how this can be communicated to the broader health and social care team.

- Build your own confidence in end-of-life communication skills by engaging in professional development focused on end-of-life conversations e.g. **End-of-Life Essentials module** on Communication and Decision Making (40 mins).
- Develop tip sheets for carers and family to support them in engaging in comfort care, creating more awareness of the role allied health can play at end-of-life.

For more information on working together and supporting families, PalliAGED **practice tips** and **learning modules** are evidence based and freely accessible resources to support your learning.

[1] Yeo ZWE, Tieman J, George S, Farrer O. Experiences of allied health clinicians and tertiary educators working in and teaching palliative care - a qualitative study. Aust Health Rev. 2025 Jul 7. doi: 10.1071/AH25061. Epub ahead of print. PMID: 40619158.

The **CareSearch Allied Health search function**, in their evidence centre, is designed for allied health professionals working in palliative care who require easy and rapid access to the latest peer-reviewed information. Alternatively the **clinical evidence summaries** have already collated practice ready evidence based information on key topics in palliative care.