

NDS Submission

Caring For Older Australians

Response to the Productivity Commission's Draft Report





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About National Disability Services

National Disability Services is the peak industry body for non-government disability services. Its purpose is to promote and advance services for people with disability. Its Australia-wide membership includes around 700 non-government organisations, which support people with all forms of disability. Its members collectively provide the full range of disability services—from accommodation support, respite and therapy to community access and employment. NDS provides information and networking opportunities to its members and policy advice to State, Territory and Federal governments.

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Introduction

Both the disability and aged care systems face the prospect of major national reforms which, if implemented, will involve an expansion and re-structure of how the systems operate. NDS supports the broad directions of the proposed reforms and has a particular interest in ensuring that the reforms enable the systems to work together to provide high quality support for all older people with disability.

As a population group, people with disability are one of the most disadvantaged in our society—in health outcomes; education; employment; access to transport; and participation in society. They are also among the poorest Australians¹. Reform of the aged care system offers the potential to alleviate some of the difficulties older people with disability (and younger people who are supported by the aged care system) have long experienced when trying to obtain appropriate support. It would be part of what is required to improve the lives of people with disability and remove some of the disadvantages they face.

The following comments reflect NDS's interest in the establishment of linked service systems that provide access to the supports that are the most appropriate for an individual, regardless of age. Better integration of the work of specialist disability services with aged care services would ensure a more efficient and efficacious response to the increasing numbers of aged people with disability (or younger people with disability who have support needs, such as early onset dementia, best provided by the aged care sector). It would also prevent people 'falling through a gap' between the two service systems.

¹ See Saunders, P et al 2007, *Towards new indicators of disadvantage: Deprivation and social exclusion in Australia*, Social Policy Research Centre, Sydney; and Saunders, Peter 2006, *The costs of disability and the incidence of poverty*, Social Policy Research Centre, Sydney.

Assessment of Support Needs

Many people requiring support are unable to receive the level or type of support they require: they may be placed on a long waiting list for services; receive only part of what they need; or be given a standard service that lacks the flexibility to meet their individual needs. This occurs within both the disability and aged care sectors.

The proposed reforms could go a long way to improving this situation. Both sets of reform proposals—in the Productivity Commission's draft reports on disability and aged care—offer the opportunity to more directly link assessed need with support services. What is required, however, is coordination between the disability and aged care sectors. For example, we need to create systems that would provide similar supports (in type and intensity) for people who acquire motor neurone disease, regardless of the age at which they acquire it. Need not age should the service responses a person receives. This is currently not the case.

Good service responses hinge, in part, on careful and appropriate assessment. Currently, Aged Care Assessment Services (or Teams) are the gateway to aged care services, but extensive anecdotal evidence suggests they frequently refuse to assess older people with long-term disability or, when they do undertake an assessment, have difficulty in determining what level and types of support the individual requires.

Clear assessment protocols and processes for people ageing with disability need to be implemented. Ideally this would involve some degree of complementarity between the suites of assessment tools used in the disability and aged care systems. Assessments should be as streamlined as possible and not be duplicated by the two service systems—that is, people should not be required to undergo repeated assessments just to satisfy the requirements of different systems.

We must also develop responsive systems. The support needs for some people, notably for those with progressive diseases, can change rapidly and unpredictably. The aged care system must be able to respond to these changing needs quickly and appropriately.



Consumer-directed care

NDS welcomes the focus on consumer-directed care in the Draft Report: people should have choice about the services they receive. Both the aged care and disability systems should be structured in ways that recognise the diversity of choice and service patterns.

However, choice must be informed by access to accurate and meaningful information, assistance to interpret or understand the information (where necessary), and access to advocacy. People seeking support need to have the information they need—in forms that suit them—to make rational choices.



The services best placed to support some older Australians are part of the specialist disability sector; information about these services—such as the specialised services for people who have vision or hearing impairment or loss—must be available.

Older people with disability are often poorly served by the current packages of aged care services. The ‘building block’ approach to the provision of care and support proposed in the Draft Report has the potential to provide a more integrated and comprehensive response. NDS particularly welcomes the inclusion of ‘Restoration & Rehabilitation’ in the list of proposed ‘Specialised Care’ components and requests that access to services for sensory loss (vision and hearing) be listed as an option within that category.

The reasons for improving access to services for sensory loss are both economic and social. For example, people who are over 70 years currently make up around 70 per cent all people with blindness and vision impairment and this cohort will continue to grow with the ageing of the Australian population. Timely and sufficient access to appropriate services—such as mobility and orientation training and assistive technology—will often reduce (or even remove) the subsequent need for regular and ongoing personal support. It would be a cost-effective approach and is one that would enable this group of older people to continue to engage with family and friends and within their community. Their independence would be maximised.

In recognition of the fact that some younger people live in residential aged care, there is a need to include a ‘building block’ that would assist these people to remain engaged with friends and interests within the community. This type of support is currently available within the Younger People in Residential Aged Care Program under “Stream Two: additional supports and services to young people living in residential aged care who choose not to move, either because their health will not allow it; or because remaining in the nursing home keeps them near their families

and in their communities in remote areas". This type of support needs to be listed within the proposed model of care and support (most obviously within the 'Basic Support' component). The support required is beyond that which is generally provided within residential care at present.

Important to this group of younger people—and to many older people—is access to affordable assistive technology. To achieve this, major reform to the provision of aids and equipment is needed, with an 'end-to-end solution' for consumers, which includes awareness and information; support to select the most appropriate item/s; installation and training; and maintenance and repairs.

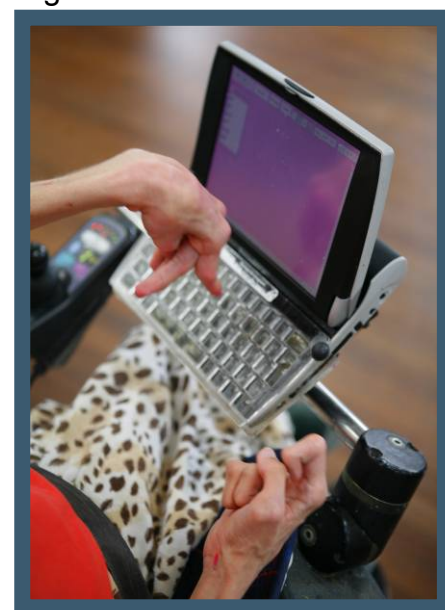
The current inadequate arrangements result in:

- high levels of unmet, partially met or inappropriately met need;
- reduced participation in all aspects of life;
- cost shifting to individuals and families who can least afford it through high co-payments for some equipment, limited lists of available equipment in public schemes (often including no or very limited funding for home and vehicle modifications);
- a patchwork of eligibility requirements; and
- cost-shifting to more expensive down-stream services.

There is good evidence that the delivery of appropriate and timely assistive technology to those who need it can: improve the quality of life for those with disability and their families; reduce reliance on expensive personal support; reduce the need for accommodation support or residential care admissions; reduce family carer injuries and stress; increase participation in employment and education; reduce hospital admissions; and shorten hospital stays².

Good access to assistive technology, with support to use it well, must be a feature of reforms to the aged care system. NDS recommends the explicit listing of assistive technology as a service type.

NDS would also like to see 'challenging behaviour' uncoupled from dementia within the proposed 'Specialised Care' component. Challenging behaviour may be associated with conditions such as acquired brain injury, mental illness and intellectual disability; additional support will need to be available for people with these disabilities who are supported within the aged care system, as well as for those whose challenging behaviour arises from dementia.



² For examples, see 'The Equipping Inclusion Studies: Assistive Technology Use and Outcomes in Victoria' at <http://www.aeea.org.au/documents/Equipping-Inclusion-Full-Reports-FINAL01Oct-2010.pdf> and Connell J, Grealy C, Olver, K and Power J, (2008), Comprehensive scoping study on the use of assistive technology by frail older people living in the community, Urbis for the Department of Health and Ageing.

Funding

'Ageing in place', with its emphasis on keeping elderly and frail people in their home or family setting as long as they desire, has become a central tenet of successive federal and state and territory governments' aged care (and healthy ageing) policies. This principle is supported by the growing proportion of aged care funding that is directed to community-based care services.

In recent years, numerous reports have identified barriers to ageing in place as a problem for older people with disability. The 2005 Senate report into aged care recommended improved 'access by people ageing with disability to appropriate aged care, including provision in supported accommodation'. This sentiment was echoed in the 2007 Senate report on the 'Funding and operation of the Commonwealth State/Territory Disability Agreement':

As a growing number of people with disability are living longer, the principle of 'ageing in place' should apply to the disability community, just as it does to the general community, so that people with disability are encouraged to age in place and, where they choose to do so, are able to access appropriate support services.³

The regular references to the need to extend the concept of ageing in place to include people ageing with a disability indicate that it is time to act. People with disability should have the right to age in place, with appropriate supports, wherever they live.

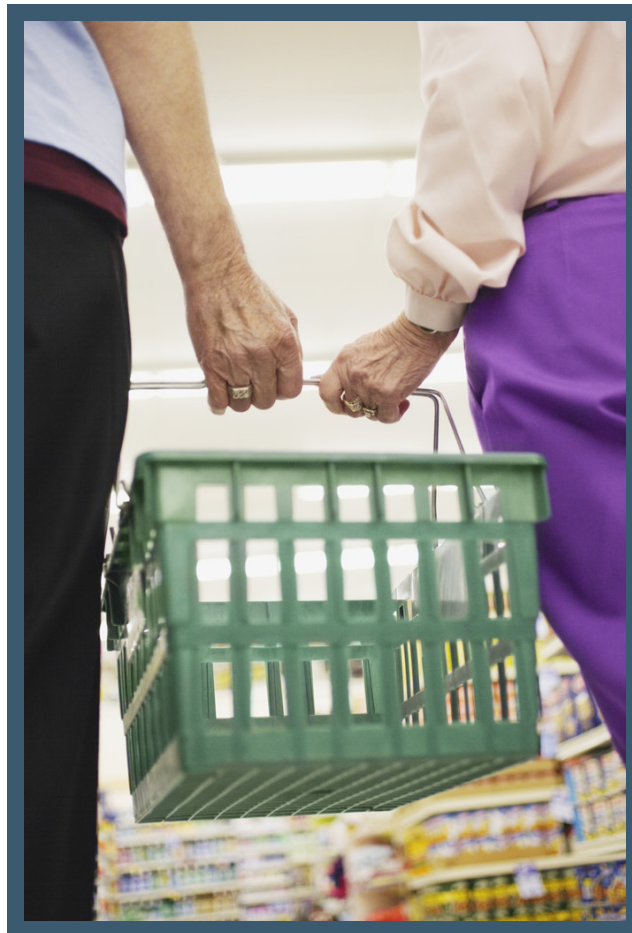
This issue becomes particularly pertinent when the costs of supporting a person with disability in their everyday life are considered. The cost of supporting a person with severe or profound disability is frequently much higher than the cost of supporting an older person to remain living at home or in residential aged care. And that is before there is any escalation in costs associated with the increased support needs of a person with disability as the result of ageing (support needs that arise from ageing add to rather than displace the support needs associated with a long-term disability). The reforms to the disability and aged care systems should be designed in such a way that cost pressures are not an impetus to move older people with disability from community living arrangements to (less expensive) residential aged care. The choice to age in place must not be denied to people ageing with a disability.

The establishment of prices for services must be fair and designed to cover the full cost of service provision. NDS supports the Productivity Commission's recommendation in its report on the 'Contribution of the Not-for-Profit Sector', that where a government is funding an essential service it should fully fund direct costs (such as employees and direct operational expenses) as well as the:

³ Senate of Australia 2007, *Funding and operation of the Commonwealth State/Territory Disability Agreement*, Canberra, p. 117.

- relevant share of overheads (including staff training and other mechanisms to support governance; and the annualised cost of capital);
- cost of taking on and managing risk (including insurance costs);
- costs associated with activity related monitoring, reporting and evaluation;
- costs of reaching required standards; and
- costs associated with meeting other regulatory requirements.

Fair pricing is essential to high-quality service provision: under-funding compromises the sustainability of services, limits choice for consumers, drives down quality and restricts innovation. Without fair pricing, consumers will have inferior service options.



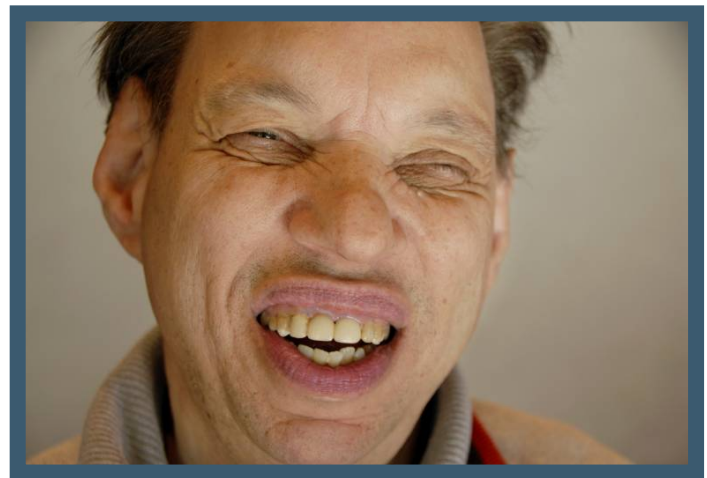
Legislation

The Aged Care Act 1997 aims “to facilitate access to aged care services by those who need them, regardless of race, culture, language, gender, economic circumstance or geographic location” and “to promote ageing in place through the linking of care and support services to the places where older people prefer to live.”⁴

To assist in achieving this, the Act (Section 11-3) defines some groups within the population as ‘people with special needs’, namely people from Aboriginal and Torres Strait Islander communities; people from non-English speaking backgrounds; people in rural and remote locations; people who are financially or socially disadvantaged; and people of a kind (if any) specified in the Allocation Principles.

People with a long-term disability who are ageing will often have higher support requirements than older people but, under current arrangements, these needs are poorly met; the types and mix of support services they require may not be available or supplied.

NDS recommends that the Australian Government ensure that new legislation to underpin reform to the aged care system includes people with disability on the list of ‘people with special needs’. This would facilitate access to appropriate aged care services—at adequate funding levels—for people with disability. This initiative should be supported by the explicit articulation of the special characteristics of this group in the policies and guidelines developed to support the implementation of any reform.



⁴ Commonwealth of Australia 2004, *Aged Care Act 1997*, Canberra, pp. 3–4.

Workforce

The growing number of people with disability who are ageing will increase pressures on the aged care and community services workforce. Disability sector workers will need to become more skilled at supporting people who are ageing; and aged care workers will need to become more skilled at supporting people ageing with significant disabilities (particularly those disabilities of a long-term nature). Greater sharing of knowledge and skills across the sectors should be facilitated by strengthening the common training elements and cross-sector career pathways.

NDS is pleased to see the reference in the Draft Report to the need for appropriate wages for the care workforce. The need to pay staff appropriately must be reflected in the establishment of fair pricing for the services to be delivered.



