



SUBMISSION TO:

PRODUCTIVITY COMMISSION

INQUIRY INTO CARING FOR OLDER AUSTRALIANS

Prepared by:

SPEECH PATHOLOGY AUSTRALIA

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The following document outlines the Speech Pathology Australia submission to the
'Caring for Older Australians' Draft Report





Inquiry into Caring for Older Australians Response from Speech Pathology Australia

Introduction and Background

Speech Pathology Australia welcomes the opportunity to provide comment to the Productivity Commission 'Caring for Older Australians' draft report. Speech Pathology Australia supports reform to the aged care system, reform that will support successful ageing of Australians.

Speech Pathology Australia is the national peak body for speech pathologists in Australia, representing approximately 4,500 members. Speech pathologists are university qualified health professionals who are specialists in the assessment and management of disorders of communication and swallowing that may present across the life span. Speech pathologists contribute significantly to the care, rehabilitation and quality of life of older Australians through the provision of services that maximise communication and swallowing needs, whether this is through direct intervention, education, advocacy or a combination of these. As such, the profession believes it is ideally placed to provide meaningful input in supporting the quality of life, wellness and independence of older Australians.

Australia is facing multiple challenges of population ageing as well as an increasingly diverse population in older people based on gender, educational levels, health and other factors. The number of Australians aged 65 years and over is expected to comprise one-quarter of the population by 2045 which is almost twice current levels (Productivity Commission 2005). Between 2009 and 2032, the number of people aged over 65 is projected to double. In the same time, those aged 90 and older will increase almost three-fold (ABS 2006c).

This ageing is also reflected in the workforce age profile. ABS projections show that more than 80% of the projected growth in the labour workforce between 1998 and 2016 will be made up of people 45 years and older. The aged care industry is facing a range of challenges that involve an increased demand for services (and diversity of services); an ageing workforce; a skills shortage in aged care and related industries (speech pathology is recognised as being a skilled occupation in shortage); and broader social and technological change that affects how people live and work and want to live and work into the future.

Population ageing is increasing the demand for aged care services, as well as reform, as part of the overall health system. Speech pathologists currently provide a range of services within the aged care system but there is often insufficient workforce numbers of speech pathologists employed or contracted to provide intervention for communication and swallowing disorders. At the same time, aged care services in Australia have been shifting from a predominantly residential to a predominantly community based model of care that places an increasing burden on families to provide support.

As the population ages, people's needs intensify and/or become more complex. Sensory loss (vision and/or hearing loss) is prevalent in older adults. Decreased vision and/or hearing acuity often result in poor communication and diminished psychosocial functioning. Communication difficulties can also be significantly compromised through the ageing process due to neurological conditions such as stroke, dementia and progressive neurological disorders. Communication breakdown results in decreased socialisation that affects people's physical and mental well-being. The ability to communicate effectively and maintain social contacts contributes to an improved quality of life.

Community care packages (including their availability) do not provide the communication support needed (in terms of numbers of hours needed for intervention, education and support by speech pathologists) as the capacity for independent living dwindles. These packages do not recognise the need for older people to have adequate communication abilities and the need for adequate nutrition if swallowing is compromised. This also increases the demand on family members who also need support and education as how to best assist the older person to maintain the best functional ability at home. Speech pathologists play a major role in assisting family members with communication needs and managing modified food and fluids if swallowing functions are compromised.





Communication is a basic human right (United Nations Convention (1989) and (2006). United Nations Conventions and the World Health Organisation (WHO) Workgroup for development of the Version of ICF for Children and Youth (2007) state that communication is essential for participation in society and that access to appropriate health care is a basic human right.

Participation in society must be supported by appropriate access to communication. The ability to communicate effectively - talk with and listen to others easily, learn, share ideas, express needs and be part of a social or work conversation – is a basic human right that is often taken for granted. However epidemiological studies highlight that for a significant number of Australians, impairment of communication or swallowing functions and lack of access to services is their everyday reality. (Speech Pathology Australia – *speaking out for those who can't*. Election Platform, 2010.)

Studies have identified that a significant number of older Australians are living with communication and/or swallowing impairment. A significant number of residents living in residential care will have impairments affecting their ability to communicate. (Burnip, L.G., & Erber, N.P., 1996; Worrall, L., Hickson, L., & Dodd, B., 1993; Worrall, L., & Hickson, L., 2003). Communication and sensory difficulties may range from mild disturbances in speech, understanding of language, and reading/writing to profound difficulties understanding what is being said and in making basic needs and desires known.

Research studies have identified that 48% of individuals aged 61-70 years of age and 63% aged over 71 years of age experience hearing impairment. Decreased vision and/or hearing acuity directly increases communication breakdown. Communication and sensory impairments experienced by older Australians exacerbate and extend the time and complexity of care required by individuals (Heine, C and Browning C., 2004; Potkins, D., Myint, P., Bannister, C., Tadros, G., et al, 2003), and thus will impact the level of an individual's functioning and independence. Further, they have the potential to profoundly impact on an individual's quality of life, whether this is in relation to carers identifying, communicating and meeting an individual's care needs or in meeting a person's cultural and religious needs.

Of 40,000 Australians that suffer a stroke each year, 25% of the 70% of stroke survivors will have aphasia (partial or total loss of the ability to articulate ideas or comprehend spoken or written language resulting from damage to the brain). Currently more than 85,000 Australians are living with aphasia. 85% of Australians living with Parkinson's disease have voice, speech and/or swallowing problems. More than 95,000 Australians living with dementia experience a communication disability. (Speech Pathology Australia, 2010).

The negative impact of untreated communication impairment can have on the older Australian, includes decreased socialisation, isolation, reduced self-esteem and embarrassment, subsequently impacting on quality of life, wellness and successful ageing.

A significant proportion (16-22%) of Australians over the age of 50 years experience dysphagia (difficulty swallowing, either solids and/or liquids). Dysphagia can be caused by a number of age related health conditions including stroke, Parkinson's disease, dementia as well as a consequence of ageing. Dysphagia requires timely speech pathology assessment and management, as untreated swallowing problems have serious health consequences including aspiration (food entering the lungs), dehydration and malnutrition. Aspiration may result in pneumonia, which may lead to hospital admission, increased length of hospital stay and in serious cases, death. (Speech Pathology Australia, 2010.)

It is the position of Speech Pathology Australia that recognition must be afforded to the significant impact, services such as speech pathology can have upon not only the level of care required by the older Australian but also on their quality of life. Access to an effective form of functional communication via speech or augmentative or alternative communication (a communication aid or device) requires considerable time and effort on behalf of the speaker /communicator, the communication partner (family, staff members or other residents if in an aged care facility). It is imperative that access to speech pathology services for communication and swallowing impairment is regarded as a basic right for older Australians.





Response to relevant draft recommendations from Speech Pathology Australia

Paying for Aged Care

Recommendation 1.2

The Australian Government should adopt the following principles to guide the funding of aged care:

- *Accommodation and everyday living expenses should be the responsibility of individuals, with a safety net for those of limited means*
- *Health services should attract a universal subsidy, consistent with Australia's public health care funding policies*
- *Individuals should contribute to the cost of their personal care according to their capacity to pay, but should not be exposed to catastrophic costs of care.*

Speech Pathology Australia supports the recommendation that health services should attract a universal subsidy consistent with Australia's public health care policies. Health and restorative services, including speech pathology should be adequately funded and available for all older Australians regardless of their living arrangements. Appropriate funding and access to services must be available to the older Australian based on the communication and swallowing needs of the individual and enable access to the right practitioner in the right place at the right time. Funding must also support and enable access to appropriate communication devices to augment functional communication where required.

Recommendation 1.3

The Australian Government should remove regulatory restrictions on the number of community care packages and residential bed licences over a 5 year period. It should also remove the distinction between residential high care and low care places.

Speech Pathology Australia believes all Australians experiencing communication and/or swallowing difficulties should have equitable access to speech pathology services, regardless of their place of accommodation and level of care needs. Funding and access to speech pathology services must be consistent and based on the individual communication and/or swallowing needs, regardless of age, care needs and financial capacity of the older Australian.

Access and allocation of speech pathology services must promote the inclusion and participation of all older Australians. Services must be funded to ensure that prioritisation and shifting of resources to 'high risk' patients does not override critical speech pathology services (for communication, swallowing and hearing impairments) that promote inclusion, participation and good Quality of Life.

Currently community care packages have no provision for the inclusion of services such as speech pathology. Often residential facilities do not employ or contract speech pathologists, or if they do, the service needs outweigh the ability of the practitioner to provide appropriate services.





A framework for assessing aged care

Recommendation 4.1

To guide future policy change, the aged care system should aim to:

- *promote independence and wellness of older Australians and their continuing contribution to society*
- *ensure that all older Australians needing care and support have access to person-centred services that can change as their needs change*
- *be consumer-directed, allowing older Australians to have choice and control over their lives*
- *treat older Australians receiving care and support with dignity and respect*
- *be easy to navigate – Australians need to know what care and support is available and how to access those services*
- *assist informal carers to perform their caring role*
- *be affordable for those requiring care and for society more generally*
- *provide incentives to ensure the efficient use of resources devoted to caring for older Australians and broadly equitable contributions between generations.*

Speech pathologists, as experts in the assessment and management of communication disorders, are ideally placed to support the independence and well-being of older Australians. A large number of older Australians are living with communication and/or swallowing difficulties: 50% of Australians living with dementia experience communication difficulty; 85% of Australians living with Parkinson disease experience voice, speech and/or swallowing disorders; 63% of Australians aged over 71 years experience hearing impairment; 6% of non institutionalised older adults have dual sensory (vision and hearing) impairment that increases with age. Research has indicated that the incidence of swallowing difficulties (dysphagia) experienced by residents of Aged Care facilities is significant (Amella, E.J., 2004; Thomas, D.R., 2008, Trupe, R., & Siebens, A., 1984).

Unmanaged communication and swallowing disorders have a significant negative impact on health, increase dependence, reduce social contact, wellness and well-being and impair quality of life. Communication is vital for the obtaining and sharing of information, maintaining existing relationships and establishing new ones and indicating needs. Speech pathologists play a critical role in supporting the communication and swallowing abilities and therefore improving the quality of life of older Australians. Speech pathology intervention as part of a multidisciplinary approach can actively contribute to the experience of positive health for older Australians by improving their communication and psychosocial functioning.

Speech pathology services must be flexible, person centric and based on individual need. Services vary from prevention and health well-being that includes maintenance of an individual's current functional ability; acute intervention that coincides with a medical deterioration and rehabilitative to improve the individual's functioning.

Speech pathologists have a critical advisory / education role within Residential Aged Care Facilities (RACF) to facilitate independence and wellness by environmental change. Funding must be flexible to reflect the differing roles speech pathologists can have rather than only funding for direct intervention based on high-risk impairment e.g. acute dysphagia management.

A Commonwealth Government report (2005) noted that "older Australians who are actively engaged in their community and have purpose and meaning in their life are healthier on average and may be less at risk of entering residential aged care" (Commonwealth Government, 2005).

WHO ICF highlights communication as central to several Activity and Participation Domains. e.g. several studies highlight the importance of communication in socialisation and maintaining quality of life. Services need to facilitate independence, wellness and be focused on a person centred approach. In order to achieve this we need to better understand the issues affecting older Australians with communication/cognitive disorders and include the needs of this population in research to improve the evidence base, for intervention practices and to guide and frame policy.





Care and support

Recommendation 8.1

The Australian Government should establish an Australian Seniors Gateway Agency to provide information, assessment, care coordination and carer referral services. The Gateway would deliver services via a regional structure.

- *A platform within the Gateway would provide information on healthy ageing, social inclusion and participation, age-friendly accommodation, and also information on the availability, quality and costs of care services from approved providers, and how to access those services.*
- *Assessments of the needs of older people would be undertaken for their potential entitlement to approved care services, with the level of assessment resourcing varying according to anticipated need.*
- *An aged care needs assessment instrument would be used to conduct assessments and an individual's entitlement to basic support, personal care and specialised care, and carer support. Assessments of financial capacity to make care co-contributions toward the cost of the services would also be arranged.*
- *Initial care coordination services would be provided, where appropriate, as part of the Gateway. If required, case management would be provided in the community or in residential aged care facilities by an individual's provider of choice.*

The Gateway would be established as a separate agency under the Financial Management and Accountability Act 1997.

Integrated and accessible information regarding healthy ageing, social inclusion and participation including assessment of the needs of the older person is a welcome improvement to aged care services. It is essential that suitable services that support social inclusion and participation, including speech pathology, are funded and therefore accessible via the Gateway for those older Australians with communication and/or swallowing disorders.

As older Australians access a broad range of services across the health and aged care sector, effective case management and coordination must link health and aged care services. Case managers must be educated to understand the older person's needs and the range of suitable and appropriate services that will manage those needs. Case managers must be matched to the individual older Australian including appropriate training and awareness of cultural and communication needs.

An aged care needs assessment instrument must identify communication and/or swallowing impairment and ensure that adequate funding is provided for Speech Pathology services (including the requirements for remediation of communication disorders, managing dysphagia and for creating or purchasing communication devices). The assessment tool must include sections for communication and dysphagia (including the need for texture modified diets and thickened fluid products) that clearly details the difficulties the person is experiencing and their needs. This section of the assessment instrument should be informed by direct expert advice from speech pathologists during the development of the instrument.

Recommendation 8.2

The Australian Government should replace the current system of discrete care packages with a single integrated and flexible system of care provisions. This would deliver care services currently provided under Home and Community Care, Commonwealth funded care packages and the care component of residential aged care services.

The Australian Government should approve a range of care services to individuals on an entitlement basis, based on assessed need. Individuals should be given an option to choose an approved provider or providers.

The Australian Government would set the scheduled price of each service.





To support these revised arrangements, Australian governments should fund an expanded system of aged care consumer advocacy services.

Speech Pathology Australia supports the recommendation of simplifying, integrating and creating a flexible system of care. This would eliminate the complexity of negotiating for and limited availability of care packages currently provided. Packages must include funding for allied health services, including speech pathology. Early communication and dysphagia intervention has a direct impact on the health and wellbeing of older Australians and funding packages must consider and enable access to vital speech pathology services.

The Australian Government should approve a range of care services for individuals on an entitlement basis, based on assessed need. Individuals should be given an option to choose an approved provider or providers of allied health services, including speech pathology services. Care packages that support people leaving hospital or living in the community need to include the provision of comprehensive, integrated services that include allied health care based on a multidisciplinary approach. The Australian Government would set the scheduled price of each service. Price schedules need to be realistic and reflect the time and skills required as well as the market cost of speech pathology and other health services.

Recommendation 8.3

The Australian Government should ensure that, through the Independent Hospital Pricing Authority, residential and community care providers receive appropriate case mix payments for delivering palliative and end-of-life care.

The scope of practice of the speech pathologist includes the management of severe dysphagia and communication problems in the end-of-life stage care. This includes the direct management of the individual at the end of life stage and the associated education and/or training of family/carers e.g. for the provision of comfort oral intake.

There should be a funding incentive for residential and community care providers to employ/contract speech pathologists and other health professionals for assessment/management and implementation of specific interventions related to end-of-life care. This should be acknowledged by the Federal Government as an initiative by an organisation to improve their care delivery and achieve best practice outcomes for residents based on dignity, respect and informed consent.

Recommendation 8.5

The Australian, state and territory governments should, subject to further evaluation, promote the expanded use of in-reach services to residential aged care facilities and the development of regionally or locally-based visiting multidisciplinary health care teams.

Speech Pathology Australia supports the development of regionally or locally based multidisciplinary health care teams. Speech pathologists must be members of the health care team providing aged care services. Speech pathologists require adequate levels of funding and resourcing to enable provision of appropriate and evidence based interventions. This may include direct intervention, carer and staff training, supporting communication/socialisation group interventions and consultancy. Funding must be available and flexible for speech pathologists to provide services based on the individual, facility and regional needs.

Funding and support must also be provided at nursing, assistant nursing, allied health assistant and carer level to implement and assist speech pathology services and recommendations.





Catering for diversity – caring for special needs groups

Recommendation 9.1

The proposed Australian Seniors Gateway Agency (draft recommendation 8.1) should cater for diversity by:

- *ensuring all older people have access to information and assessment services*
- *providing interpreter services to convey information to older people and their carers, to enable them to make informed choices*
- *ensuring that diagnostic tools are culturally appropriate for the assessment of care needs.*

Australia has a diverse population of older Australians from very different social and cultural backgrounds. Speech pathologists (who specialise in the following areas for example) have extensive experience in working with people from a Non English Speaking Background, people from Aboriginal and Torres Strait Islander communities, people with significant hearing impairment, people with a disability that cannot live independently in the community and older Australians with a mental disability.

Interpreter services are not readily available currently for people accessing the health care system at a hospital, community or aged care service level. Often carers are inappropriately asked to take on the role of interpreter for a family member. Often services do not have the funds to access or employ interpreter services even if they were readily available. Speech pathology assessment and management of clients from culturally and linguistically diverse (CALD) backgrounds is often compromised in terms of obtaining accurate results and developing intervention plans when interpreter services are not available.

The Gateway Agency must be able to identify and support the special care needs of older Australians from culturally and linguistically diverse backgrounds. It is essential that recognition be afforded to the impact of CALD issues on the access and care needs of older Australians, both in terms of time taken to communicate effectively and the impact of limited communication and understanding of the ability of aged care service providers to identify and meet the needs and desires of older Australians from culturally and linguistically diverse backgrounds (Camp, C.J., Burant, C.J., & Graham, G.C. (1994).





Delivering care to the aged – workforce issues

Recommendation 11.2

The proposed Australian Aged Care Regulation Commission (draft recommendation 12.1), when assessing and recommending scheduled care prices, should take into account the need to pay competitive wages to nursing and other care staff delivering aged care services.

Speech Pathology Australia supports the recommendation that competitive wages are applied to the staff groups providing services either as employees, private practitioners or consultants in aged care services.

The aged care sector already faces problems of attracting and retaining workers due to the relatively low wages; the sector is not seen as an “attractive” work environment and the staffing levels are significantly lower than in other sectors thereby reinforcing the idea of an unacceptable or heavy work load. Speech pathologists also play a critical role in the provision of education and training to the aged care workforce including allied health assistants and volunteer carers, in supporting the communication and swallowing needs of older Australians. This can be a poorly understood demand on services and can consume considerable time – a factor that needs to be recognised.

Additionally the Australian workforce is ageing and there is increased competition for skilled workers and there are identifiable skill shortages. Around 57% of the residential aged care sector are 45 years or older which is significantly older than the Australian workforce as a whole (Richardson and Martin, 2003). As the “Baby Boomer” cohort starts to retire (at the usual retirement age, commencing in 2011), there are and will continue to be major workforce labour shortages.

There are a number of aged care workforce issues that are relevant to the speech pathology profession and the ability to be able to supply services to the aged care sector. The speech pathology workforce is highly feminised; there is difficulty in attracting and retaining appropriate staff; there are speech pathology staff shortages in rural, regional and remote areas and in relation to special needs groups e.g. aged care for indigenous people and there is inadequate orientation and supervision in place for staff. (Richardson, S and Martin, B, 2003).

Recommendation 11.4

The Australian Government, in conjunction with universities and providers, should fund the expansion of ‘teaching aged care services’ to promote the sector among medical, nursing and allied health students.

Teaching and creating an informed understanding of ‘aged care services’ to speech pathology, allied health, medical and nursing students, at an undergraduate curriculum level, is critical in enabling improvement to aged care services. The use of a traditional ‘medical model’ to teach health professionals that the approach and services to older Australians living with chronic and/or degenerative conditions are different because of differences in the environment, life expectations and daily activities of older Australians (including those living in residential aged care facilities) is not suitable. Most participation and Quality of Life approaches are not applicable as most are based on self-reflection and self-reporting that is not the experience of older Australians. This may be due to cognitive and communication difficulties as well as a history of privacy and lack of self disclosure (as a generational issue) for some older Australians. Services must be adapted and available to meet the needs of the older Australian, and staff must be adequately trained in the identification of need and delivery of such services.

Future aged care services must also include adequate levels of funding that facilitate access to speech pathologists that can provide education and training to older Australians, family and carers, and other relevant professionals in the use of communication strategies and alternative communication systems.





The provision of funding is critical to enable aged care service providers (residential and community) to engage services such as speech pathology “value add” to the care, quality of life, social inclusion and participation of older Australians.

Aged Care policy research and evaluation

Recommendation 13.1

To encourage transparency and independence in aged care policy research and evaluation, the proposed Australia Aged Care Regulation Commission (draft recommendation 12.1) should perform the role of a national clearing house for aged care data. This will involve:

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- *Developing where practical, outcomes based data standards as a better measure of service effectiveness.*

Speech pathologists have a strong commitment to evidenced based practice, that is, the utilisation of clinical expertise, research evidence and resources and contextually appropriate decision making in order to make informed choices and decisions about clinical best practice. Limited current research evidence is available in the field of communication and/or swallowing disorders in the aged care population. Speech Pathology Australia supports the recommendation of increasing research in aged care and utilising the evidence to inform outcomes. The Australian Government must provide adequate funding grants and awards to attract research in, and best practice in Speech Pathology in aged care.

Older Australians should be socially included and be able to participate in all aspects of community life.





Summary

Speech Pathology Australia welcomes and supports reform and opportunity to improve aged care services and agrees that service design and delivery must support health, wellness and independence of older Australians.

Speech Pathology Australia believes that the aged care services must recognise and adequately fund the role of speech pathologists and other health professionals in the care of older Australians with particular attention given to the needs of those with communication, cognitive and swallowing impairments. If appropriate and timely interventions are not available, there is a seriously deleterious impact on older Australians on social inclusion, community participation and quality of life.

Older Australians make a large economic and social contribution that keep our communities running smoothly and sustainably. As they age, they face a number of issues that determine whether they can continue to contribute meaningfully to the community. Communication ability is one major factor in keeping them engaged and participating and ageing “successfully”.

"If all my possessions were taken from me with one exception, I would choose to keep the power of communication, for by it, I would soon regain all the rest." Daniel Webster (1782 - 1852), American Statesman.

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References

- Amella, E.J. (2004). Feeding and hydration issues for older adults with dementia. *Nurs Clin Nth Am* 29 (3), 607-623.
- Australian Bureau of Statistics (2006c). Population projections Australia (2004) – 2101)(Series B). Cat. No.3222.0
- Burnip, L.G., & Erber, N.P. (1996). Staff perceptions of communication difficulty among nursing home residents. *Australian Journal of Ageing* 15 (5), 127-131
- Camp, C.J., Burant, C.J., & Graham, G.C. (1994). The InterpreCare System: overcoming language
- Commonwealth Government (2005). Future Ageing. Report on a draft report of the 40th Parliament: Inquiry into long term strategies to address the ageing of the Australian population over the next 40 years. House of Representatives Standing Committee on Health and Ageing 41st Parliament.
- Heine, C & Browning C. (2004). The communication and psychosocial perceptions of older adults with sensory loss: a qualitative study. *Ageing & Society* 24, 113-130
- Potkins, D., Myint, P., Bannister, C., Tadros, G., et al (2003). Language impairment in dementia: impact on symptoms and care needs in residential homes. *Int J Geriatr Psychiatry*. 2003 Nov; 18(11):1002-6.
- Productivity Commission (2004) Economic Implications of an Ageing Workforce, research Report, December 2005, Australian Government.
- Richardson, S and Martin, B (2003). The Care of Older Australians: a picture of the residential aged care workforce, NILS, Flinders University of South Australia.
- Speech Pathology Australia – speaking out for those who can't. Election Platform 2010.
- Thomas, D.R. (2008). Hard to swallow: management of dysphagia in nursing home residents.
- Trupe, R., & Siebens, A. (1984). Prevalence of feeding and swallowing problems in nursing homes. *Archives of Physical Medicine* 65, 651-652.
- United Nations Convention on Rights of the Child (1989) and United Nations Conventions of the Rights of Persons with Disabilities (2006).
- World Health Organisation (WHO) Workgroup for development of the Version of ICF for Children and Youth (2007). International classification of functioning, disability and health – Version for children and youth: ICF_CY. Geneva: Author
- Worrall, L., Hickson, L., & Dodd, B. (1993). Screening for communication impairment in nursing homes and hostels. *Australian Journal of Human Communication Disorders* 21, 53-64
- Worrall, L., & Hickson, L. (2003). Communication disability in Ageing: From prevention to intervention. New York: Delmar Learning.

