

4 August 2004

The Secretary  
Senate Community Affairs References Committee.  
Suite S1 59  
Parliament House  
CANBERRA ACT 2600

Dear Sir/Madam,

I am Jean Elizabeth Morgan. I am a registered nurse in State of New South Wales.

Post graduation I have been employed in the Private sector of the aged care facility in New South Wales for 30 years.

I am personally submitting this paper to the Senate Community Affairs References Community Inquiry into Aged Care.

Terms of Reference

(C) the appropriateness of young people with disabilities being accommodated in residential aged care facilities and the extent to which residents with special needs such as dementia, mental illness or specific conditions are met under current funding arrangements.

**Number of Permanent Residents January 2004**

State/Age	0-9	10-19	20-29	30-39	40-49	50-59	60-64	<65
NSW	0	0	21	75	302	923	892	2 213

Data extracted 29-3-04

Source: Department of Health and Ageing (DHA)

Young people under 65 years of age are admitted into aged care facilities because of life changing events in their lives caused by catastrophe events such as motor vehicle accidents, amputations of limbs, head injuries, strokes and mental illness.

These people usually have no family involvement, or the family is unable to care for the person at home because of their disabilities mental and or physical.

At the hospital pressure is placed on the social worker or discharged planner to find a placement for the person and free up the hospital bed. The social worker is fully aware no suitable homes for young people to be accommodated in New South Wales.

It is common knowledge the federal legislation provides access the residential aged care when no other alternative accommodation can be found for young people with disabilities.

Aged care assessment team approves the placement for a high care facility usually the person is not able to make life decisions so a public or private guardian has been appointed. Disability services are denied to young people because of the residential aged care placement. State will not pay for rehabilitative services.

In the aged care industry there is pressure on the Director of Nursing to maintain a full bed occupancy rate. Empty beds mean loss of income approximately \$150.00 per day. Because of this pressure from the proprietor or administrator to maintain full bed occupancy, the Director of nursing admits the younger person into aged care facility “To fill the empty bed!”

I am aware through actions of Young People in Nursing Homes Alliance established in May 2002.

“Young people in nursing homes (YPINH) are among the most disadvantaged and vulnerable people in the community. They face systemic bias in disability system in service access due to the nature of their (in many cases) acquired disabilities and poor system interfaces. They have little opportunity.

The problem of YPINH crosses jurisdictions, services systems and aged groups, and is too complex to be solved in a single domain. To move the issue forward we need to focus on:

- The needs of individuals
- Seamless service delivery
- Whole of government approaches
- Cross sectoral partnerships”

In my personal experience of 30 years in the industry and discussions with colleagues the issues raised above are re-enforced by the pressure applied by the administrations or proprietors to fill empty beds and balance the budget associated with this pressure in the failure of assessment procedures to identify appropriate accommodation for the young person with a disability to live in their community with adequate supports.

The effect is that the young person is isolated from people of their own age. In an aged care facility social barriers occur for the young person, behavioral problems result through their frustration and boredom because of mixing with the elderly and frail population of the aged care facility.

In my opinion the current funding arrangements are inefficient in meeting the needs of the aged care facility. No financial consideration is structured into the government funding for a younger person who has no choice but to reside in an aged care facility.

Younger residents are expected to participate in the same activities as their much older co residents. Many young residents have physical disabilities but need mental stimulation. The facility does not receive any special funding to cover the costs involved in providing special activities for the younger residents but not to provide stimulation could result in behavioural problems that disrupts the whole facility.

Dietary needs also vary greatly for a younger resident but once again additional funding is not available to meet these needs, therefore the younger resident is expected to fit in with the older residents needs.

In conclusion I recommend to the inquiry urgent action be taken with:

- (1) Appropriate models be found for younger people with disabilities in the community rather than aged care facility.
- (2) To establish appropriate funding for the aged care facility.

Yours sincerely

Jean Elizabeth Morgan  
Registered Nurse in the state of New South Wales.

*References Used:*

- Department of Health and Ageing (DHA)
- MS Society of Victoria–Young people in nursing homes.  
[www.mssociety.com.au/itswrong/national\\_alliance.html](http://www.mssociety.com.au/itswrong/national_alliance.html) Page 1 of 8