

Appropriateness of young people with disabilities being accommodated in residential aged care facilities

Introduction

The Department of Family and Community Services (FaCS) is pleased to provide this submission to the Inquiry into Aged Care. While the Australian Government Department of Health and Ageing (DoHA) is responsible for residential aged care, FaCS has an interest in the accommodation of younger people in residential aged care facilities because of its policy leadership responsibilities under the Commonwealth State Territory Disability Agreement (CSTDA).

The CSTDA provides the national framework for the provision of government support to specialist services for people with severe and profound disabilities. Under the CSTDA, the Australian Government has responsibility for the planning, policy setting and management of specialised employment assistance. The state and territory governments have similar responsibilities for accommodation support, community support, community access and respite. This does not include the provision of 'specialist clinical services'. Support for advocacy, information and print disability is a shared responsibility.

History of the CSTDA

Under the three agreements to date all parties are responsible for funding specialist services for people with disabilities. The first five year Commonwealth/State Disability Agreement (1991-1996) defined the roles and responsibilities of Australian, state and territory governments in the delivery of specialist disability services. It represented a new approach, placing administrative responsibility for specific services with one level of government.

That approach resulted in transfers of administrative responsibility and funding between the Australian Government and relevant jurisdictions. Such transfers included nursing homes. Those nursing homes which identified as providing aged care were transferred to the responsibility of the Australian Government while those providing disability accommodation were transferred to the responsibility of state and territory governments.

The second Agreement (1997-2001) included both multilateral and bilateral agreements. It continued the agreed responsibilities of the first agreement with some responsibilities (advocacy, print disability and information services) also broadened to become shared. Agreement to the provisions of the second CSTDA was only reached through the inclusion of a commitment to revisit unmet need funding during the life of the Agreement. The Australian Government allocated \$150 million in new funding over the last two years of the second Agreement (2000-01 and 2001-02) to help states and territories address unmet need in services for which they have responsibility. This funding was continued in the third Agreement.

Under the third and current Agreement (2002-2007), all Ministers with responsibility for disability services agreed to pursue five strategic policy priorities. These are:

- strengthen access to generic services for people with disabilities;
- strengthen across government linkages;
- strengthen individuals, families and carers;

- improve long term strategies to respond to and manage demand for specialist disability services; and
- improve accountability, performance reporting and quality.

Within those priorities, 14 key priority areas have been agreed and endorsed by disability ministers. The issue of young people in nursing homes is one of these priorities.

Implementation

In addition to the multilateral agreement, bilateral agreements have been established between the Australian Government and each jurisdiction to commit the parties to cooperative action on agreed areas of mutual concern. In all states and territories with the exception of the Northern Territory, younger people in residential aged care has been identified as an area to be addressed under the bilateral agreements. Each jurisdiction is required to establish a workplan that outlines the way issues of interest will be addressed. Individual jurisdictions are currently working with FaCS to progress these workplans.

Government Collaboration

FaCS is taking a lead role and is currently working cooperatively with relevant state and territory departments through the multilateral and bilateral agreements under the CSTDA to explore alternative support models for younger people in residential aged care facilities. FaCS is also working with DoHA to establish a better understanding of the issue.

Stakeholders, including service providers, peak organisations, families and carers, also have an important role in the development and implementation of ideas and policies.

Data

The number of people aged under 50 in residential aged care in March 2004 is less than in July 2002, decreasing from 1,075 to 1,031. However, the number of people under the age of 65 has increased during that time, from 5,994 to 6,261.

Number of persons aged under 65 years in residential aged care facilities

State/Age	0-49	50-59	60-64	Total
NSW	393	932	897	2,222
Vic	229	649	658	1,536
Qld	228	571	499	1,298
SA	69	162	197	428
WA	74	205	209	488
Tas	23	63	75	161
NT	12	37	24	73
ACT	3	16	36	55
Australia	1,031	2,635	2,595	6,261

Source: DoHA. Data provided is as at 31 March 2004

Policy Issues

Wherever possible, younger people with disabilities should be living in appropriate supported accommodation. Accommodating people with a disability in a residential aged care facility is seldom appropriate. The *Aged Care Act, 1997* specifies that younger people with disabilities will be accepted into residential aged care only 'where there is no other alternative'. As a result some younger people with disabilities are placed in residential aged care as they require a high level of personal attendant or nursing care.

There are two main target groups related to this issue. Firstly, those younger people who currently live in residential aged care facilities and secondly, those whose care needs put them at risk of entering a residential aged care facility. This risk is enhanced by the fact that accommodation support under the Agreement was identified by the Australian Institute of Health and Welfare as an area of unmet need¹.

FaCS recognises that residential aged care is often inappropriate to the broader needs of younger people for two primary reasons. Residential aged care is inappropriate to their age and psychosocial needs as they may become socially and emotionally isolated through separation from peers and social contact. Further, younger people residing in an aged care facility may be regarded as ineligible for state-funded services, such as therapy and equipment, they could otherwise receive if not living in such a facility. The negative sequelae (contractures, loss of function) of a younger person with a severe disability not receiving appropriate rehabilitation services over a number of years will compromise the ability of that facility to care for the individual and make their rehabilitation impossible.

FaCS agrees with the DoHA position that wherever possible younger people living in residential aged care facilities should be relocated to more appropriate accommodation. It also supports strategies that aim to improve access to disability services to these people.

The ultimate policy outcome should be that young people with disabilities are housed in accommodation that best meets their physical and psychosocial needs.

Future Directions

The issue of young people with disabilities residing in aged care facilities is proposed as a subject of research over the remainder of the term of the CSTDA.

FaCS will also continue to work closely with DoHA to resolve this issue.

¹ Australian Institute of Health and Welfare 2002. Unmet need for disability services: Effectiveness of funding and remaining shortfalls. Canberra: AIHW.