

28 July 2004

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

Dear Secretary

Thank you for the opportunity for commenting on the Terms of Reference for the Inquiry into Aged Care. Silver Chain would like to comment on the last three terms of reference. These are just a few dot points for consideration. Further information is available if required.

**(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 the current funding arrangements.**

- Younger disabled people are not well catered for in existing community and residential programs.
- Our research has consistently demonstrated that a very small number of HACC clients (3-5%) utilise a large proportion (30%) of available HACC services. A high proportion of these people have neurological disorders. The average age of this high care group is substantially lower than the HACC population. (Average age is 68 compared to 73).
- Younger people often fall through the gaps of funding programs.
- The environment of residential aged care is not appropriate for the younger resident.



**(d) The adequacy of HACC programs in meeting the current and projected needs of the elderly.**

- HACC funding is structured around the purchase of ‘inputs’ ie hours of care of a specific type. As a community care provider it is easier to develop a plan of care for the HACC client and a plan to support the carer with a more flexible approach to what can be provided. A level of funding relating to the level of dependency would be the ultimate way of purchasing services, with the outcome being the number of days or weeks or months that the person is maintained in the community.
- At the time of referral to long term HACC care, we introduce an early intervention program based on improving the level of independence. The outcome of this program is that 70% of clients do not require any services at completion of the program. Also 62% do not require any service at the end of three months and 61% still do not require any services one-year later. Thus our research into the long-term effects of this program is indicating that we are not just delaying entry into the care system, but making a sustainable difference to the persons level of independence. We believe that this sort of program should be funded by HACC be a prerequisite to entry into long term community care.
- When a person’s level of independence deteriorates and needs a higher level of care in the community, it may mean that they have to change providers as other programs are introduced. This is extremely disruptive to what is often a fragile household.
- The fact that growth is built into the HACC program is excellent and essential.

**(e) The effectiveness of current arrangements for the transition of the elderly from acute hospital settings or back to community.**

- Throughout Australia hospitals are experiencing overload and inability to meet the needs of their communities.
- The best way to take off the pressure from hospitals is to strengthen the community service infrastructure.
- There are many demonstration projects in Australia as to how to best do this. We know that frequent users of hospital can be identified and that putting a care plan around this person and their carer with a community emergency response will prevent hospital admissions.



- There are serious gaps in the funding of community transition programs, community rehabilitation programs and community mental health programs.

Yours faithfully

A handwritten signature in black ink, appearing to read 'Marie Watts', located below the 'Yours faithfully' text.

Marie Watts  
General Manager  
Business Development Division

E-mail: [mwatts@silverchain.org.au](mailto:mwatts@silverchain.org.au)  
[www.silverchain.org.au](http://www.silverchain.org.au)