Submission
Senate Inquiry into Aged Care

Particular reference to - Terms of Reference (c)

Over the past three years we have cared for three younger residents with acquired brain injuries, in our thirty-bed aged care nursing home. Two were in their forties, and one in his twenties. Two were TAC clients and one an MS sufferer.

We received very little complaint from these residents. We have endeavored to adjust our usual programs to be inclusive of their (younger) needs or where possible attracted volunteers to provide separate programs. Obviously though, these are stopgap measures, and the residents have very few alternatives for accommodation.

Over the past three years we have developed plans for a fifteen-bed ABI unit, to be adjacent to our existing thirty-bed nursing home. We believe our model of care, which includes respite accommodation, can be financially viable in its own right. We have encountered two issues in this process. The first is obtaining Commonwealth approval for beds that will accommodate existing "aged care approved" clients. The second is capital. We have approached the state and commonwealth departments, and philanthropic groups. To date we have only raised $210,000 for a project that has been costed at $2.6 million to $3.0 million. We have not given up on the project however. We are currently exploring options for financing the capital requirements and are therefore reviewing our operating cost models.

From our perspective there are clearly three requirements to appropriately care for younger people with high care needs:

1. They need their own facilities. This will enable their interaction with younger people with like interests. Care plans can be permanently established to adjust to their needs. The focus needs to be on long-term gains in physical and cognitive function (as distinct from palliative care for aged clients.
2. Models should incorporate both compensable and non-compensable clients, to enable economies of scale. The price needs to increase for non-compensable clients to enable appropriate levels of care. Research by Joint Solutions Group and YPINH has clearly indicated the higher cost of care for younger people with ABI (as distinct from frail aged care). The price paid by TAC is also indicative of their recognition for the higher costs of care (for private providers TAC pays substantially higher than the current RCS price).
3. There is a lack of capital available to build appropriate establishments to accommodate younger residents. A pool is required, which will allow either up front payment, or financing options that may be repaid from the funding model. Within this, there need to be a clear delegation of responsibility to either the States or the Commonwealth. Client care should not remain in the trenches of the battle over state/federal responsibilities.

We hope that you will consider these points as part of your deliberation. The solutions are relatively simple. They do however require a determination to fix the problem, and a financial commitment to enable the solution.

Bart Ruyter
Chief Executive Officer

The Kilmore & District Hospital
PO Box 185, Kilmore Vic. 3764

Phone: (03)57811930
Email: ruyterb@humehealth.org.au