

**Committee Secretary  
Senate Community Affairs References Committee  
PO Box 6100  
Parliament House  
Canberra ACT 2600**

**Friday May 28<sup>th</sup> 2010**

**INQUIRY INTO PLANNING OPTIONS AND SERVICES FOR PEOPLE AGEING WITH A DISABILITY**

Dear Sir/ Madam,

ACCV is the leading peak body for aged care in Victoria. ACCV exists to promote, encourage and assist the health and care needs of the aged and community care clients and to support its members in a professional and ethical manner, to provide accurate relevant information, services and advice and to provide leadership in the aged and community care sector.

ACCV is the single Victorian industry association for providers of aged and community care in the following areas:

- Residential care including private, charitable, church, local and state government
- Community care including home based services, respite care, personal care, meals services, care packages and nursing
- Retirement living including retirement villages, ILU's and assisted living Bush Nursing Centres and Hospitals
- ACCV is the Victorian member of the two national industry Associations, Aged and Community Services Australia (ACSA) and Aged Care Association Australia (ACAA).

We live in a nation where people with long term or lifelong disabilities are ageing. This is a very good thing as it demonstrates that at a fundamental level our health and social support systems have evolved sufficiently to enable people, with such disabilities, to survive to an "old age". This contrasts with other societies or previous decades where an underlying disease or condition which give rise to a disability has shortened people's life expectancies.

However, we must ask if the quality of life enjoyed by people living disabilities is equal to the rest of the community in general. ACCV believes that, on balance and for many people with disabilities, the quality life is not enjoyed in equal measure. We further believe that this imbalance can extend through to people's later years.

ACCV has been a member of National Disability Services (Victoria), Ageing & Disability Advisory Committee for two years. This committee had oversight for a sector research project funded by the Helen McPherson Smith Trust. The report titled *Interface Barriers: Impediments to 'ageing in place' for Victorians with a Disability* was launched last November.

ACCV broadly agrees with the identified priorities and action plan contained in the report and provided as Attachment 1 to this letter.

ACCV would like to further emphasise some further practical considerations. These are the need to:

- Improve access to aged care packages for people with a long term or lifelong disability as a means to enhance their living and care support which may be partially funded through other programs. The aged care package should extend other funding and not be used as replacement funding. This might mean using care packages to create individualised approaches to support people's socialisation and recreation needs while continuing to use HACC or disability funding to support daily living and personal care needs.
- Consider the important role that Day Therapy Centres (DTC) might play in providing long term allied health therapy support for people with disabilities who are ageing. This also requires substantially strengthening and reviewing indexation of the DTC program.
- Support residential and community aged care services with training, learning development and easily accessible consultative support to better meet the care, support and lifestyle needs of individuals with long term or lifelong disabilities

#### **Equipment Funding Example (see below)**

Ms. M is 68 years old and has suffered from Multiple Sclerosis for 15 years. She is divorced and has continued to live alone since her children left home. Having rented since her divorce 10 years ago with some limited savings, she neither initially qualified for public housing, and was on a very long waiting list to access to social housing suited to her disability needs. She has no capital to access a unit in a retirement village. She is now unable to pay escalating market rent on her disability pension having eroded what was her small savings supplementing her rent.

She has already been on a Commonwealth funded Extended Aged Care at Home (EACH) package to accommodate her high level personal and clinical care needs. Her housing situation has left her no choice but to enter a residential aged facility. She is assessed for high level residential care due to her personal and complex clinical care needs. What Ms. M values more than anything is the ability to continue get out in a "maxi taxi" and to get around the local shopping centre and library in her customised electric wheelchair. She is a volunteer at the library in children's book reading group.

Not long after she entered the facility, her electric wheelchair failed. She had used it heavily for 5 years and replacement was the only option. The state Aids and Equipment Program said she was no longer eligible to have her equipment needs funded by the program, having moved into a Commonwealth funded Residential Aged Care Facility. The Residential Aged Care Facility is neither obliged to provide, nor funded to enable the purchase of a replacement chair at the cost of \$10,000 for her sole use. Her independence and quality of life has collapsed overnight. The facility's lifestyle coordinator has worked hard to see if the local Apex club could raise funds for a chair – they are interested but it will take them more than two years to do so as they raise funds for a number other important local community projects.

- For the Commonwealth, State and Territory governments to deliver additional funding to meet the specialist equipment needs of people with long term or life long disabilities. This funding is required to retain, repair and gain access to new or replacement specialist mobility and communication aids. These aids are not ordinarily used by the broader population of people who live in residential aged care. Such funding has never been factored into aged care subsidies. On this point we believe that the removal of such equipment from these people, or denial of further access to funding for repairs or eventual replacement is of fundamental detriment to their independence and quality of life. The hypothetical example in the box above is based on real experiences and illustrates the impact:

We are more than happy to provide further comment or attend any subsequent hearings to support this submission. Please feel free to contact me via telephone on 03 9805 9400, Mobile 0427 046 487 or email [paulz@accv.com.au](mailto:paulz@accv.com.au).

Thank-you for taking the time to consider these important and critical concerns and our suggestions.

Paul Zanatta  
Manager, Community Living and Policy