

THE PARLIAMENTARY STANDING COMMITTEE ON COMMUNITY DEVELOPMENT MET IN COMMITTEE ROOM 2, PARLIAMENT HOUSE, HOBART ON TUESDAY 11 JULY 2006.

INQUIRY INTO YOUNG PEOPLE IN NURSING HOMES

Ms INGRID GANLEY, MANAGER STRATEGIC AND BUSINESS SUPPORT, DISABILITY SERVICES, HEALTH AND HUMAN SERVICES, WAS RECALLED AND RE-EXAMINED; AND **Ms LESLEY MACKAY**, COORDINATOR STRATEGIC PROJECTS, DISABILITY SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES, WAS CALLED, MADE THE STATUTORY DECLARATION AND WAS EXAMINED.

CHAIR (Mr Finch) - Welcome, Ingrid and Lesley. Thank you very much for taking the time to make a presentation today. The history of this reference - it is Tim Morris' reference initially in respect of young people in nursing homes. Ingrid and Lesley are here to brief the committee on the Federal Government's initiative to start reducing the numbers of young people in nursing homes, which we would all agree is a wonderful initiative. There is a new five-year program with funding of \$122 million from the Commonwealth, which would hope that that is matched by the States and Territories. Would you like to present first and then we will hit you with some questions.

Ms GANLEY - As was stated at 10 February COAG meeting, a commitment was made to start reducing the number of younger people with disabilities living in residential aged-care services. A new five-year program was announced to begin in July 2006, with funding of up to \$122 million from the Commonwealth and up to \$122 million from States and Territories. Nationally there are approximately 6 500 aged-residential-care places being occupied by people less than 65 years who have a disability.

The Australian Government has offered Tasmania funding of \$2.9 million over the five-year life of the proposed agreement, and Tasmania is required to match this funding. Prioritisation of people aged 50 and under has been agreed to nationally, however those aged between 51 and 65 years are also to be considered for services through this program. What that means is that initially it is targeting 50 years and under. As at April 2006, there were 16 people aged under 50 and 138 people aged between 50 and 64 living in residential aged-care facilities in Tasmania. The regional breakdown for people aged less than 50 years: in the north, one; in the south, 10; in the north-west, five.

As a focus of this program is looking at offering options for people aged under 50 to move out of residential aged-care facilities, there is a caveat that the participation in the program is voluntary. So, if people choose not to move, they are not going to be forced to give up their residential aged-care placement. Officers from Disability Services are currently working with FACSIA - Family and Community Services and Indigenous Affairs - National Disability Branch to reach agreement on net-reduction targets and to

finalise an implementation plan for the program that will address the three elements. Those are: to provide cost-effective but alternative residential care services for some younger people with a disability; to improve support services for those who continue to stay in residential aged care; and to have the potential to assist younger people who are at risk of entering residential aged care.

For your information, from July 1999 to April 2006 the number of young people aged less than 50 living in residential aged care has reduced from 29 to 16. This change in part reflects service development in the areas of individual funding, community based acquired brain injury accommodation services and the activities or programs such as complex and exceptional needs within the department. So over the last 12 months, with the development of new accommodation options, Disability Services has been able to move two people from residential aged care into supported accommodation. Another person aged under 50 has been identified for a new group home in the north of the State.

So while this initiative will bring additional resources we have been working to look at appropriate accommodation for people currently in aged-care facilities. Through the development of individual support packages people at risk of entering into aged-care facilities have been provided with a package of support to meet their needs in a community setting. Over the last 12 months Disability Services ran a flexible day support pilot. This project has provided support to a young person who is currently accommodated in a residential aged-care facility in a rural area and the pilot funds were used to support the young person to access the local community and to participate in learning and life skill development. That person remains accommodated in the residential aged care facility by choice to be close to their mother. That probably fits into that second category of service enhancement. Some people would choose to stay because of the regional or rural location. However, we can now look at offering supports to access the community or therapy services.

The COAG initiative will enable new options for accommodation to be explored and during the life of the program it is anticipated that, along with support packages and service enhancements into aged-care facilities, there will also be some capital development to provide suitable, accessible accommodation to meet the needs of people currently in aged-care facilities and those at risk of entering. During the first year of the initiative all residents of aged care facilities aged less than 50 will be contacted and offered the option of an assessment to identify their needs with a view to looking to alternative accommodation options. They will, however, have the option of remaining in the facility or indicating they would like to move.

A case management approach will be used to work with clients who have identified they would like to move and we will also use a case management approach with clients who are at risk of entering a nursing home. It should be noted that in the first two years of the program there may still be referrals made to aged-care facilities as other options are developed. However, there is now the capacity to provide service enhancements into the aged-care facility that may enable younger people to access the community, therapy services and equipment that they currently are not able to access. That is a summary of the initiatives.

As of today we are still finalising the implementation plan that will become part of the bilateral agreements that the Commonwealth will offer to the State for the funding,

confirming the matching of the funding and how it will be phased in. So it is a phased-in program with initial funds in the first year increasing as the program grows.

Mr WILKINSON - When is it going to start?

Ms GANLEY - As soon as we sign the bilateral agreement it will start.

Mr WILKINSON - And that should be when?

Ms GANLEY - Well, we are aiming for the end of this month.

Mr WILKINSON - And once you do that you should receive the moneys and be able to start the program straight away?

Ms GANLEY - We will certainly look at starting service enhancements straight away for people currently in aged care, but the first priority will be to go out and meet with all the younger people aged under 50 and get an idea. Because they are living in health department and ageing facilities we do not know a lot about their support needs.

Mr WILKINSON - So there are 16 out there at the moment under 50. How many of that group are hoping to move out of the aged-care system.

Ms GANLEY - Realistically I would say probably up to nine, just based on the fact that some people are living in quite rural areas and they might not want to move. I think some of the accommodation options might be based in more regional centres.

Mr WILKINSON - So therefore you would be looking at the age of between 51-65 after that.

Ms GANLEY - Yes.

Mr WILKINSON - Are you able to say how many of those people will be moved out of the aged-care system as a result?

Ms GANLEY - Not as confidently, no. We are not really sure. That group is actually growing because of the ageing of the population and peoples' changing support needs. We are not really sure of the needs of the 51-65 age group. But certainly they would be considered. That is why it was agreed nationally to target 50 and under in the first instance.

Mr WILKINSON - There are 16 now, you are looking at nine moving out, so you will have seven in aged-care areas. I assume that money could still be used then on the 51-64 years age group because the seven would not take up that money. How many people could be funded out of the 51-64-year-old age group from the balance left over from 16 down to seven?

Ms GANLEY - The other point to be considered as well is people at risk so the other target group would be people currently in the acute system who are unable to move out of hospital because there is no appropriate accommodation and their only option is

placement in an aged-care facility. We need to look at those needs in the mix with the people aged 51-plus. I can not really say at this moment.

Mr MARTIN - Do you know how many people are in that category?

Ms GANLEY - I know that there are 10 people currently in the acute system. I am not sure of their support needs and whether they would all fit within the model we are looking at through this.

Mr WHITELEY - That is across the State?

Ms GANLEY - That is across the State, yes. They are unable to move because there is no appropriate accommodation option at the moment. We would also be looking at our existing service system. Similar to what we are doing now in terms of accessing current accommodation options if a vacancy arises in one of our existing residential services, it might be appropriate that someone in that category could move into an existing vacancy. We will consider people through a whole range of programs and not necessarily just with this option, bearing in mind that we will probably need the first two years to look at how we develop the capital component, what that looks like, how it is managed and where it needs to be located.

Mr WHITELEY - That was my question. You are thinking, maybe, about nine to start with - that is where the focus will be. The other six may be a little disadvantaged because they are in more isolated areas and their family might not want to release them to, dare I suggest, a major population area. Would that be what we are saying - like a Burnie, a Devonport or a Launceston?

Ms MACKAY - We talked to few people and some people may just choose to stay where they are because that is where they are comfortable.

Mr WHITELEY - But for those who will potentially move, that will require capital expenditure will it - that is, a group home or whatever?

Ms GANLEY - Yes, and certainly we are in discussions with other jurisdictions about what other accommodation models exist for people with higher support needs because people have ended up in aged care due to their support needs.

Mr WHITELEY - So is this money all for capital or is it able to be used for -

Ms GANLEY - It is recurrent and capital.

Mr WHITELEY - There is a designated proportion?

Ms GANLEY - No, that is what we are in the process of negotiating at the moment - how much we can use on capital and how much is recurrent. At the end of the program there will be a recurrent component and the bilateral wording at the moment is that if all the targets are met and they are happy with the evaluation, it is possible that it will become an ongoing program. That is what we would hope for once it is established.

Mr CHAIRMAN - Ms Mackay, would you like to make a presentation to us? Do you have some things that you would like to add?

Ms MACKAY - I am sort of backup. I have been doing a lot of the data work.

Mr MORRIS - Is it possible for us to have a copy of the bilateral agreement?

Ms GANLEY - I can find out.

Mr MORRIS - If we could have that it would be very useful. One of the key areas that you have just alluded to is the access to services for those who will remain in nursing homes. Obviously, that is going to be a key component because that has been one of the huge problems - their inability to access physiotherapy or whatever is needed. How quickly do you think that is likely to be able to be accessed for people because even some of those who have expressed a wish to move out and will not be able to until there are homes or vacancies available, will they be able to start accessing therapies and so forth for their needs in the meantime?

Ms GANLEY - That is certainly the intention and even using it as a transition phase in that we might need to help people to gain some extra skills to cope with moving out into a more community-based setting. We feel that the service enhancements can be up and running quite quickly; it is just a matter of getting to know the individuals and what their needs are and what services they would like to tap into and then how we enter into any funding arrangement about that. Whether it is provided through the disability sector or aged-care service provider still has to be worked out.

Ms MACKAY - The level of funding available in the first year of the program is not going to provide a large number of people with services. Services that will be provided in the first year are more those of assessment, case management, services and a small number of service enhancements. Because of the way phasing has been suggested by the Australian Government, the first year was set in concrete and it is a very low level of funding, given the numbers of people that we have in residential aged care.

Mr MORRIS - Is it true that one of the big breakthroughs here is the fact that people like yourself, working for the State, will virtually be allowed in the doors of federally-controlled facilities pretty much for the first time in some ways?

Ms MACKAY - We have been lucky here because we have actually been in the residential aged-care facilities over the past year perhaps because it is smaller in Tasmania or because we have worked closely with the Department of Health and Ageing. We undertook eleven interviews with young people in nursing homes last year, so we have been lucky. Certainly, in other States a lot of barriers have been reported in getting in to talk to the young people in nursing homes. As a result, the State has not been able to find out.

We know a little bit about some of the people aged under 50, but we do not really know anything in a qualitative way about the people aged over 50 because we have not had the resources to target that group. We have not encountered any large barriers but we have not actually tried to access every facility yet. Part of the program in our set-up stage will

be negotiating some progress with the peak residential aged care body - we intend to but we have not actually asked them yet; that is part of the project plan.

Mr MORRIS - What staff resources have you got available at the moment - just the two of you?

Ms GANLEY - At the moment it is the two of us and we are looking at how it works within our system with the case management approach. So we are probably looking at appointing a case manager-type/coordinator position to make that initial contact with all the residential aged-care facilities and then work through. Hopefully it becomes just another program that can be run on an ongoing basis after the five years.

Mrs BUTLER - Ingrid, can I just ask for some clarification? If you have somebody who chooses to stay in a regional area are you saying that the funding will be available to the services that they would use in that area that are already set up - things that they might be attending that they want to keep on going to? Would those services be getting some money from this pool, this fund?

Ms GANLEY - I think it is more to do with if they are not accessing anything. So, if they are in a rural area and they want to do some community access but they cannot because the aged-care facility does not have the capacity to send a support worker out with them, the funding would be to help them access. If they are already accessing things I am not sure where they fit within the funding program. It certainly is about making sure that there is access to therapy services or to the community or to recreational-type programs that they are currently not able to access.

Mrs BUTLER - We can hope that if they are really enjoying what they are doing that they would be able to contribute some money.

Ms GANLEY - Yes. The intent is not to change things for people if that is what is meeting their needs and they are happy. We would need to look at each case individually - especially with a number of 16. We would probably be looking at each individual case and what they are currently doing.

Mrs BUTLER - And the case manager: would that person be statewide? Is that only one person to cover everyone?

Ms GANLEY - Yes. We are still very much in the planning stage. That person would probably be more an overall coordinator/case manager, but then we would need to work with our existing regional officers - how they are already established service coordination teams, resource teams and other service models that we have got up and running and how we all work together.

Mr BEST - Without going into specific details about the 16, are any of those people supported financially in any way, from a pay-out of some sort, or are they all really struggling? I imagine that it is a struggle for anyone, but it is just that you read in the paper that some people are fortunate to be supported financially at least to some degree and others are not. I know of one young fellow in my electorate who chose not to seek any support other than his own which was a commendable circumstance where he could have taken legal action. You probably do not know anything about that and, as you say,

it may not have any bearing at any rate as to what support people receive depending upon their individual circumstance.

Ms GANLEY - When we talked to people we found that there were people who had non-compensable injuries or illness. There is a difference between somebody who has a compensable injury from a motor vehicle accident and those people who do not have compensation and cannot access therapy services. There was a difference in the level of services that they could access and most of the people we talked to did not have any compensation.

Mr BEST - That is interesting because we also I think had some witnesses who gave evidence in Launceston. There was younger person, who was a businessman but had lost everything. He had lost his whole family -

CHAIR - He was separated from his wife and children.

Mr BEST - It caused a family separation and then there was a split up of half of his income. Then it was deemed that he was quite well off but he said that he was not and he had to use all of his money to refit his house. His main complaint was a lack of therapy and he then talked about what was available in Launceston. It seemed that some pretty antiquated bits of gear were accessible for him and other people. He said that people did not understand - unless it actually happens to you you would never appreciate the sorts of things that you take for granted and need. There was not any real rehabilitation; physiotherapy was very antiquated and limited. Hopefully this might go some way to address that sort of thing.

Ms GANLEY - We are certainly looking at options of specialised equipment. Sometimes if you can have access to some specialised equipment to meet your needs it can certainly enhance your independence. A lot of equipment is getting quite expensive in terms of adaptive technology. Motorised wheelchairs and things like that are actually quite expensive. We are allowed to use the funds towards that sort of equipment as well in terms of that service enhancement.

CHAIR - He was actually making quite a study of that wasn't he? He had developed exercise regimes in his own home.

Mr BEST - He had just wondered whether there could be some linking up because he was quite dedicated in the sense of the benefit for everybody, wasn't he? Maybe we could pass some of the information on to you and you could make contact because he felt nobody had spoken to that depth with him. He was quite knowledgeable and made a decent contribution.

CHAIR - Charles, if you could let Ingrid know his name and contact numbers. He was very keen to contribute in whatever way he could, too.

Ms RITCHIE - I wanted to follow on from Brenton, who half-asked some of the questions I had in mind. On the issue of service improvement or enhancement, people have asked whether you will provide additional or new equipment in a setting where someone may already be in a nursing home situation and they do not want to go but you will go in and provide some additional equipment to enhance their situation. Would that be the same,

for example, for somebody who is acute and in hospital waiting perhaps to go home? I notice one of your principles is trying to assist people to stay away from nursing homes in the first instance. Is that funding going to enable you to say you will provide some support or assistance for home? Is that going to be the same?

Ms GANLEY - Yes, I think so. I suppose what we are looking at is a whole continuum and that really depends on the individual's needs. In terms of the funding available, we can certainly use it for people at risk. If that is about equipment into the home, or support into the home then that can certainly be considered.

Ms RITCHIE - Thanks very much.

Mr MARTIN - Following on from that, is there a limit to how much can be spent on an individual?

Ms GANLEY - There would be. At the moment we do not have a definite limit but we need to look at what is currently being provided to individuals. At the moment it would probably be no more than what it currently costs to support someone in a group home environment plus day support-type activities. That is between \$120 000 and \$130 000. There are some individuals that would need more support but that is where we need to explore other accommodation options where people might be able to live near other and share some of that support, which helps keep the cost down. Basically, to meet the targets that we have with the Commonwealth Government for getting the younger people out, we need to keep it around \$120 000.

Mr MARTIN - How much would it cost to set up someone from scratch in their own home?

Ms MACKAY - We have done some costings but because there it is such a heterogeneous group and people's requirements are so different, we cost out the components. We know what a chair costs and we know what hoist or tracking cost, but it varies a lot, depending on what their house is like to start with and how much work needs to be done. We have given up on trying. It can be really misleading to set an establishment set-up cost because it varies so much from individual to individual in terms of their very different needs.

Mrs BUTLER - Ingrid, what would happen if someone chose to stay in a town that does not have physiotherapy services and they need physiotherapy?

Ms GANLEY - Good question.

Mr BEST - Can they visit?

Ms GANLEY - We would have to look at what outreach services are available to go in and visit and if the barrier is that they could not fund someone to go in and visit then the service enhancements can purchase in physiotherapy. That would be an option.

Ms MACKAY - That is an option. We have looked at a Victorian model recently that basically says that they will buy it, even if they have to fly it in. But within the individual resource limits of the program, we need to look at how we can be most efficient.

Mrs BUTLER - So you could work in with other services, perhaps, needs in that particular area?

Ms GANLEY - Yes, I think the advantage of this program is that it will complement a lot of what already happens, especially throughout the whole agency in relation to transitioning people from acute settings or what currently happens in disability services. So we need to look at our partnerships with the other areas as well. This can be a bit of an add-on in some instances rather than a replacement of a whole package.

Mrs BUTLER - That is encouraging, thank you.

Mr WILKINSON - Something like that happened before - I think it finished a couple of years ago - when a physiotherapist was purchased in from Hobart and went to the East Coast. The Commonwealth paid for that. The person went to Swansea and then went up to Bicheno. Then the Commonwealth funding expired and Swansea had to miss out. They have used these models before. What often happens, it seems to me, is that the money is spent and they fall flat again. What does the future look like? I suppose everything looks okay now but, as has happened before when the Commonwealth have given this money and then it falls flat, people are left out in the wilderness again without this assistance. Are there any ongoing capabilities for getting the assistance have you been told?

Ms GANLEY - Certainly in the bilateral they have worded it as a 'possible maybe' so it definitely not ruled out. I have seen some agreements where they have basically said, 'This is a five-year program and at the end of five years, that's it, we will enter into renegotiations.' It is not that black and white but it is a bit grey. The program will be evaluated by the Commonwealth in year three so I think a lot of it will depend on the outcomes of that. Then, I imagine, we will get back into negotiations about what happens come year five.

Mr MARTIN - Who sang that song, 'Who knows, perhaps, maybe?'

Ms GANLEY - It is something like that!

Mr WHITELEY - With this COAG agreement there is no obligation for the State to continue funding past five years, even if the Commonwealth does it? This is not a trick question but there have been instances in the past where Commonwealth governments of both persuasions enter into agreements with State governments and say, 'We will partner with you for five years but after that you are on your own. We are setting you up, we are going to help you start'. Is that a part of the intent of this or are we just going dollar-for-dollar for five years.

Ms MACKAY - On a pragmatic level at the end of five years you will have nine to 12 living in a new arrangement and requiring recurrent funding from somewhere.

Mr WHITELEY - Has the State entered into this agreement with the full knowledge that it may be on its pat malone in five years time?

Ms GANLEY - It is certainly a risk that has been identified because of the wording.

Ms RITCHIE - You may have answered this before I got here, but you have spoken about the agreement, \$122 million over five years, but I am trying to see how much of that Tasmania is giving.

Ms GANLEY - It is \$2.9 million from the Commonwealth over five years. So when it is matched it will be about double that.

Mr WHITELEY - We are about 2.5 per cent of the population so it about pro rata.

Ms RITCHIE - Okay, thanks.

Ms GANLEY - Certainly in the budgeting phasing that we are in negotiations about we are not looking at any capital in the final year. So the final year is a totally recurrent program by that stage.

Mr MORRIS - With the third group you mentioned, those at risk, as in those in the acute sector, is there any agreement that there will not be placements into nursing homes from here on or that these will be minimised? What is the strategy or policies that surround that? Secondly, what is the anticipated average per year of people that would need to be dealt with who are currently at risk?

Ms GANLEY - With the average per year, I would have get back to you on that. What we need to do in implementing this program is look at our agency policies around it. At the moment any option is explored first before moving into residential aged care but while I have noted that in the first two years of the program people may need, if there are not any options available, to go to residential aged care. However, we now have the capacity to put in service enhancements so we might need to do a few negotiations. Again, we anticipate it might be a bit transitional, so it might be out of acute into aged care with enhancements and then out again into something once it is built.

I do not think we will have a no-entry policy. It will be interesting to see the aged care sector response to now that this initiative has been announced. I would imagine that it will be more difficult, which is probably a good thing, to access aged care. But I think in some circumstances it would not be in the best interests to completely eliminate it as an option. Just to be clear, we have not really been through any of those negotiations yet so we do need to do a fair bit of work on how all the players interrelate with each other.

Mr WHITELEY - I suppose the challenge will be that you have got that static group of people now that we have been trying to identify and we have been around and visited a number of them, but yet tomorrow - potentially and sadly - there will be another one. I would suggest by the look of things it is probably three a year. We have a situation here where by the end of the five years you will have a group of 138 that will be in the age bracket of 55-70. Dare I say it on the *Hansard* - and I suppose we have to be pragmatic about this - that if you move from your 16 people to, hopefully, nine or 10 maybe, you may be able to move to this other demographic. But if in the meantime five or six young men or women in their 20s have arrived on the scene you would have to ask yourself a very difficult question: where is the money best spent? If you were asking me and I had to make the decision, as hard as it would be, I would think you would be far better to leave a 60-year-old in an aged-care facility than to start a 25-year-old life off in one.

That is more a statement than a question. There will be a real challenge there, because there will be people continually coming into this.

Ms RITCHIE - Isn't your proposition that this group will never be able to deal with the older demographic? Isn't that really what you are suggesting?

Mr WHITELEY - I think you are probably right, maybe that is what I was suggesting.

Ms RITCHIE - That is what you are saying, you are facing that reality.

Mr WHITELEY - In a limited pool, Alison. If we had a bucket of money it would be a whole lot different, but we have not. We are talking about \$2.3 million from the Federal Government and \$2.3 million match from the State, so it is around \$5 million.

Ms RITCHIE - I think Brett's proposition is: would accept that there is a strong possibility that you may only ever be dealing with people who are in that under 50 age group.

Mr WHITELEY - That is probably what I am saying.

Ms RITCHIE - Yes, I think that is what you are saying.

Mr WHITELEY - I did not want to be discriminatory.

Ms GANLEY - I cannot really say. Some of the people at risk who are not in aged care at the moment are over 50 and, through the different options that we can explore, we might be able to ensure that they do not end up in aged care. I think the unknown group is the people in aged care, aged 50 to 65 at the moment, or 50 to 70. It is the unknown for us.

Mr WHITELEY - My point here is - and let us not mishear what I said - that if we had plenty of money of course we would move everybody out into an ideal environment with all the possible services and access. But with a limited amount of money, by this time next year, if we were to meet again, we would find there were probably three, four, five people under 50 who had hit this category, sadly.

Mr WILKINSON - Is it \$2.9 million over five years or each year for five years?

Ms GANLEY - Over five years.

Mr WHITELEY - So it is \$5.8 million.

Mr WILKINSON - We do not want to get carried away because although it is a significant sum of money it is not overly significant for the people involved, is it?

Ms GANLEY - No. I think it is a complement because we already have individual support packages in place that are capturing some people who, 10 years ago would have ended up in aged care, but now they are getting a personal support package and they are staying at home. So it is an add-on and I think the opportunities will be to develop a different type of accommodation model that we can look at, sharing some supports. That is probably the significant advantage of this particular program.

Mr WILKINSON - Let us say we are looking at \$6 million because it is \$5.8 million over the five years - \$1.2 million a year. Are you going to spend \$1.2 million a year or, alternatively, are you going to first work out the best program you believe is appropriate then you decide how to spend the money, so you might not spend any of the money in the first year? Is that the way it is going to work?

Ms GANLEY - Certainly the Australian Government had offered us a phased-in approach so in the first year they are offering us \$95 000 matched, so a just under \$200 000 program. For that very reason it is basically seen as a planning year and come 18 months into it, they want to meet again and go over the targets and implementation plan again. We will have to have a more concrete idea of what it is we are actually going to be doing within the life of the program.

Mr WHITELEY - Can you creatively use this money in public/private partnerships?

Ms GANLEY - I think we can explore that, yes.

Ms MACKAY - The Australian Government is looking at doing a request for information.

Mr WHITELEY - Because if you enter into a partnership where a private entity is involved in this sort of business and is prepared to enter some arrangement, it may be the way to go. Let us not forget that there is ongoing funding that comes with the person via their benefit that would then be available to people who care. They may be very interested to get into a partnership.

Mr MARTIN - Are there any figures, either statewide or nationally about causal factors why people have finished up in a nursing home - accidental versus illness or whatever?

Ms RITCHIE - What the percentage breakdowns are, whether they are ABIs?

Mr MARTIN - Yes. Do you have figures of that?

Mr MORRIS - I think we have a degree of that information in the evidence already, yes.

Mr WHITELEY - I am pretty sure we have.

Mr BEST - What is considered the ideal then? Is it at home? I guess it depends on each person.

Ms GANLEY - Yes, it really does. In the case that we have worked with this year with the young gentleman who is in an aged care facility and we are putting in some service enhancements at the moment, the ideal for him and his family was to stay in his local community. The option of moving into supported accommodation elsewhere was not an option, neither was moving home to his elderly parents. It is very individualised. I think there needs to be a range. There need to be options explored where people can share some of the support because that makes it much more cost effective. As people's needs increase, they might need to share support. So it is still a community-based setting, but it is better than an aged-care institutional-type setting. Then there is the in-between, which is your own home. Then you need to consider how much other supports the individual

gets. If that person is at home are there other family members? It can get quite complicated depending on new situations.

Mr BEST - Very complicated.

Mr WHITELEY - On that point, a lot of the evidence we took related to those that were still primary carers for their children. A lot of them were aged parents. I would suggest that there would be no cheaper way to any government to care for a person with a disability than if they were at home. If they were fortunate enough to have siblings to cope as their parents age, I would imagine that is probably the most economical outcome for anyone. Is there room within this to encourage people to stay there, to provide the services and, further to that, have money available to provide for respite for the parents or whoever, because that was a huge issue?

Ms RITCHIE - Caring for the carers.

Mr WHITELEY - Caring for the carers. If we have got to the most economical point where myself and my wife care for our child in our home and have not got them in a group home or somewhere where it is probably costing a lot more money, I would suggest it is very good business and cheap to actually be able to provide some help for the carer out of this money. Do the guidelines allow for that?

Ms GANLEY - I will have to check. They are not really guidelines as such. They basically have the three broad categories. If the potential of someone at risk is to stay at home is that if you support the carer the person can stay at home, that would definitely fit.

Mr WHITELEY - In a simplistic case, if you could give the parents every second weekend off and provide some support into the home from Friday afternoon till Sunday night or Monday morning, I would think that would be a very good use of the limited funds you obviously have.

CHAIR - Any other questions? Ingrid and Lesley, thank you very much for that comprehensive presentation for us. I think that you would be impressed too that as soon as Tim Morris put this recommendation forward the Government just jumped into action straight away. We mean business on this committee.

Ms GANLEY - Thank you.

THE WITNESSES WITHDREW.