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## **SUBMISSION TO THE PRODUCTIVITY COMMISSION INQUIRY INTO**

### **CARING FOR OLDER AUSTRALIANS**

Physical Disability Australia Ltd - PDA is a national disability peak organisation, funded by the Australian Government, through the Department of Families, Housing, Community Services and Indigenous Affairs (FAHCSIA).

We are an organisation founded by people with physical disabilities in 1995, to act as a change agent for the rights, views and beliefs of all Australians with a physical disability.

We are run by and for people with physical disability. All Board members and where possible, staff are people with physical disability. The board is nominated and elected by individual members in their own state or territory.

Physical Disability Australia believes in the uniqueness and ability of people with physical disabilities and encourages more people to become involved.

PDA is pleased to make this submission to the Productivity Inquiry as it is timely in the context of the recent Senate Inquiry into The Planning Options and Services for People Ageing with a Disability and the current Inquiry of the Productivity Commission which is looking at Disability Care and Support.

In this submission PDA has chosen to highlight some points which we feel to be of relevance to the development of a long term national policy on Caring for Older Australians. Most of the submission addresses issues about community care, some of the important issues that apply especially to older people, and some comments about institutionalised care. We hope they will be of use to the Inquiry team.

Please the attached copies of the PDA Submission to the Senate Inquiry and the PDA Policy on Emergency and After Hours Services for People with Physical Disabilities in [appendix 1, pg.9](#).

## **Summary of Recommendations**

### **Summary of Recommendations made by PDA to the Senate Inquiry into 'The Planning Options and Services for People Ageing with a Disability'.**

#### **1. A RIGHT TO RETIREMENT**

People with disability should be allowed to stop work or attending their state funded day activity when they reach 50 years of age. The services and funding that they need should be available to them whatever their age, wherever they are.

#### **2. HOUSING AND SUPPORT**

A person whatever their age must have enough support hours to remain in their home and active in their community. Funding for this support needs to be provided whether you are under or over 65 years of age.

#### **3. AIDS, EQUIPMENT AND HOME MODIFICATIONS**

That the Aids and Equipment Schemes guidelines in each state and territory be amended to allow people with disabilities to access the scheme and all the necessary aids and equipment, wherever they live , regardless of age.

#### **4. INCOME SUPPORT**

That people with disabilities do not suffer financial disadvantage when they move from the Disability to the Age Pension.

That people moving from the Disability to the Age pension should not have an income or assets test.

#### **5. ACCESS TO PREMISES**

That new national legislation be enacted to ensure that all new homes are at a minimum accessible design from the street and are built to accommodate future adaptation and provision for people who may have mobility impairments.

#### **6. TRANSITION FROM WORK TO RETIREMENT**

That Personal Managers are employed, with additional funds, to support a person with disability to move into 'retirement'. This should include support to scope the options with the person, accessing the necessary funding and facilitating the transition process.

## **PDA Policy on Emergency and After Hours Services for People with Physical Disabilities**

### **Summary of Recommendations**

#### **EMERGENCY PLANS**

1. Everyone should have an up to date emergency plan. People with physical disabilities should develop their own plan, ideally with their families and friends. Local support agencies (including the ambulance service) should have copies of the plans and be aware of what might be needed should there be an emergency situation.

#### **PROVIDE THE SERVICES AFTER HOURS**

2. That governments at all levels recognise the needs of people with physical disabilities who are living on their own and fund flexible and reliable after hours services for free.

#### **EMERGENCY COMMUNICATIONS SYSTEMS**

3. That everyone who needs access to an emergency call-up system should have it provided free of charge. The cost savings to support services, ambulance services and the health services far outweigh the costs of renting call up systems.
4. That all emergency services across the country follow the lead of Western Australia police, and permit SMS call outs (currently underway).

#### **EXTEND THE ROLE OF PERSONAL SUPPORT SERVICES AND AMEND THE HACC GUIDELINES**

5. Recognising that personal support agencies now reach across the country, they should be funded to also support people after hours and in emergencies. This should allow people to register as 'potential emergency service users '. They should then publicise their availability after normal office hours on their web site.
6. The guidelines for HACC should be amended to allow the common sense allocation of resources to those who need them the most.  
Some states interpret the guidelines as an excuse to not provide services if you already receive some funding from the state.

#### **AMBULANCE SERVICES**

7. That the Federal and State governments consider introducing new adjunct services to compliment ambulance services to deal with non emergency situations.
8. That all States offer free ambulance services to the people of Australia.  
(Other emergency services do not charge for their services.)

## 1. FUTURE FEE STRUCTURES FOR OLDER PERSON'S SERVICES

- The fee structures and systems should mirror those provided to people with disability.
- The system should be streamlined (across all government levels and across departments) and not related to age, but need.
- It must be simple to access and easy for everyone to understand.
- Fees should not be increased according to level of need (i.e.: no discrimination within 'support needs')
- Fees (if charged) should not differ between home based or centre based;
- Financial incentives should be found to encourage as many people as possible to 'age at home' – as long as they have the necessary supports to match their 'needs'.
- Financial incentives are needed to encourage people to NOT allow their houses to remain empty while living away from home (i.e.: in residential service).
- Lower the current maximum 'pension only fee' from 84% to 75% as this today can leave people with NO funds as there are many items which are not necessarily provided by the facility like shampoo, medications, soap, outings, taxi to visit friends, new clothes, presents for family members etc...

## 2. KEEP PEOPLE IN THEIR COMMUNITY OF CHOICE BY:

- **Setting up regional 'one stop' centres** – to provide quality information about services and supports available in the area, advocacy support, referrals and assessments. The aim of the Centres is to work with people in advance and to assist them plan for their futures. This will allow government to also plan and fund the services which will be needed in the future and, to a degree, should stop the services from lurching from one crisis to another.
- **Create multi-disciplinary teams** (which would work from the One Stop Centres) to work with older people and support them to 'plan ahead'. For example the workers would do a home visit to ensure all aids and supports needed are in place or, if for example, it were predictable that the home would need modifications within the next 2 years – the worker could arrange for this to be done in advance. People would be supported to review their personal emergency plans, finances, assess the safety of the home (for future support workers too), get the services people need delivered and support people to ensure the services remain appropriate, timely and effective.
- **Encourage GPs to conduct the 'Medical Assessment Plan'** for older people – to discuss and plan with the person / couple what it is they wish for in their later years. The Medical Assessment should also include a medication and mental health review.
- **Provide independent financial planning** to promote good decision making by the older person.
- **Make new legislation now** to build all future homes in Australia to universal design principles (gold class).

- **Fund and train home maintenance and support workers to assist older people to stay at home** – the job descriptions must be flexible and ‘fitted’ to the needs of the older persons. For example, they should assist with garden maintenance, make and maintain raised vegetable gardens, paint inside the home (free labour), ensure that air conditioning and heating is regularly serviced and working, assist with rubbish removal, encourage pets by paying for them to be de-sexed and registered and so on.
- **Introduce public, local accessible / kneeling minibuses** to provide door-to-door services for everyone who has a mobility impairment which prohibits them using regular public transport.
- **Introduce free or highly subsidised access to social / activity programmes** – to promote the maintenance of good mental and physical health, i.e.: getting to the local club, access cheap meals, social outings, craft groups, cultural and educational events.
- **Encourage people to remain in their homes, with adequate and appropriate support to do so.**
- **Promote encourage a quality of life for older people, including those with disabilities.**

### **3. LEGAL ISSUES – PROMOTE PROPER PLANNING**

- Create new legislations to make **probate and estate management** the same across the country
- Create new legislations to ensure **people deposit and register** their Enduring Powers of Attorney (medical and financial), Enduring powers of Guardianship and their wills. The Victorian Law Reform Commission is to report on EPA’s very soon.
- Ensure these new legislations are also acknowledged and supported by the financial sector and fund the Public Advocate in each State to educate people about the new legislations.
- **Create new legislations to promote the use of advocates** and allow:
  - 1) People the right to access advocates wherever they live;
  - 2) Provide advocates the authority to access people wherever they live and include legal rights to access properties, pertinent information, files and to interview people. The Victorian Guardianship and Administration Act provide this to the public servants and Community Visitors;
  - 3) Create a new independent statutory body to oversee and register accredited advocates;
  - 4) Create new ‘provider numbers’ under Medicare for the use of advocates.
- **Amend ‘Access to Premises’** regulations and provide a higher number of accessible rooms in nursing homes and other supported residential services.

#### **4. CENTRELINK TO PLAY A MORE PROACTIVE ROLE**

Centrelink database knows everyone's age and address. When a person reaches 70, Centrelink should send out a self-help '**Planning for Later**' kit, including the forms for Enduring / General Powers of Attorney, wills etc... and a list of the local advisers and advocates who can assist. Emphasis on planning and discussing futures now, with family and friends, saves the last minute panic and emergency planning. Victoria Legal Aid with the Office of the Public Advocate produces free a self help kit entitled '*Take Control*'. It is written in plain English (and other languages) and is easy to use.

#### **5. GENERAL PRACTITIONERS – ENHANCED ROLES AND TRAINING**

**A new accreditation system** should be created to work with the elderly. Training should include information about gerontology and the associated medicines, available supports in the community i.e.: aids and equipment, home modifications systems and services, local residential services for older people, how to conduct competence assessments and retain extra wariness about the interest of relatives and neighbours.

#### **6. HEALTH INSURANCE COMMISSION**

Many GPs offer bulk-billing to residential services for older people. Some services do not allow residents to choose their own doctors, or their own doctors do not do out of hours / home visits. This does not support the concept of 'continuity of care' – the doctor and patient forming a co-operative and trusted working relationship.

PDA would like the Health Insurance Commission pay special attention to the multiple bulk-bill claims made by GPs for seeing many patients at the same residential service. Each patient should be signing the claim form, not one person representing the care facility.

To support and encourage GPs to follow their patients from the community to their new residential service, PDA would like to see the Federal government create a new Medicare item number which will provide incentives for a doctor to travel, if necessary after hours, to visit a patient who, because of ageing or disability, has moved into a residential service.

And, to promote the use of independent advisers and advocates, new provider numbers should be allocated to advocates, financial planners and personal managers / facilitators.

## **7. PLANNING AND INTEGRATION OF SERVICE SYSTEMS**

### Local, State and Federal – Health, housing and disability services

Local governments should be the co-ordinator of the new local health care networks of general practitioners and community health services.

Ideally they should cluster themselves into natural regions and establish 'One Stop Centres', operating from one building and provide information and support. PDA envisages that the centre will be staffed by a multi-disciplinary team who know and understand the issues and services relating to disability and ageing. They should also include professionals from housing, aged and disability care services and consumers on their advisory boards.

Some of the tasks which the new regional information and support centres could take on are:

- Ensuring accessibility of the local communities to people who have disabilities or are ageing; this should include the ability of people to get into their local shops, services, advice centres (i.e.: member of parliament, accountants, financial advisers, social clubs etc.);
- Facilitating access to appropriate services and supports available in their local area;
- Assisting the person to develop their 'personal plans' – irrespective of age or disability;
- Facilitating home modifications;
- Provision of independent advice and information, and the publication and distribution of regional information about services, home delivery agencies and fees, accessible public transport, local and trained taxi services etc...
- Provision of independent advocacy and support allowing the advocate to 'walk beside the person' needing the advocacy for as long as needed;
- Co-ordination of emergency and out of hours response.

## **8. ACCESS TO INFORMATION**

Over the past 10 years most services have become computerised and access to information and services are now offered via the internet. If you do not have a computer or are not computer literate today, you are at a disadvantaged and 'information poor'. Many older people are not computer literate. There are many advantages for older people to use computers. For instance, large supermarkets now take orders for goods on the internet, and they also provide a home delivery service. Providing people on pensions with a computer and home based training would allow them to then utilise such home delivery services, conduct their banking

from home, access up to date information about events and activities and create links with other people and services of interest to them.

PDA would like to see people who are only in receipt of a government pension, be offered free training and a home computer – thus allowing them access to information and services which compare to other members of the community.

## **Appendix 1**

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**ABN: 79 081 345 164**

June 11<sup>th</sup> 2010

### **SUBMISSION TO THE SENATE COMMUNITY AFFAIRS COMMITTEE**

#### **Inquiry into Planning Options and Services for People Ageing with a Disability**

##### **Terms of reference**

- Access to planning options and services for people with a disability to ensure their continued quality of life as they and their carers age, and
- to identify any inadequacies in the choice and funding of planning options currently available to people ageing with a disability and their careers.

#### **Who we are:**

Physical Disability Australia Ltd - PDA is a national disability peak organisation, funded by the Australian Government, through the Department of Families, Housing, Community Services and Indigenous Affairs (FAHCSIA).

We are an organisation founded by people with physical disabilities in 1995, to act as a change agent for the rights, views and beliefs of all Australians with a physical disability.

We are run by and for people with physical disability. All Board members and where possible, staff are people with physical disability. The board is nominated and elected by individual members in their own state or territory.

Physical Disability Australia believes in the uniqueness and ability of people with physical disabilities and encourages people to become involved as active members.

## Introduction

Physical Disability Australia (PDA) is pleased that the Senate Committee on Community Affairs is conducting this Inquiry and presented us with the opportunity to make this submission. The time is right for us to plan for the increasing numbers of people who are living longer and also living with disabilities. PDA hopes that the Government will be able to manage and develop more appropriate and affordable services for people with disabilities as they age. We hope that our submission will be a positive contribution to the Inquiry.

## Summary of Recommendations

### 1. Recommendation: A right to Retirement

People with disability should be allowed to stop work or attending their state funded day activity when they reach 50 years of age. The services and funding that they need should be available to them whatever their age, where-ever they are.

### 2. Recommendation: Housing and Support

A person what-ever their age must have enough support hours to remain in their home and active in their community. Funding for this support needs to be provided whether you are under or over 65 years of age.

### 3. Recommendation: Aids, Equipment and Home Modifications

That the Aids and Equipment Schemes guidelines in each state and territory be amended to allow people with disabilities to access the scheme and all the necessary aids and equipment for life, where-ever they live.

### 4. Recommendation: Income support

That people with disabilities do not suffer financial disadvantage when they move from the Disability to the Age Pension.

That people moving from the Disability to the Age pension should not have an income or assets test.

5. Recommendation: Access to Premises

That new, national legislation be enacted to ensure that all new homes are at a minimum accessible from the street and are built to accommodate future adaptation and provision for people who may have mobility impairments.

6. Recommendation: Transition from Work to Retirement

That Personal Managers are employed, with additional funds, to support a person with disability to move into 'retirement'. This should include support to scope the options with the person, accessing the necessary funding and facilitating the transition process.

Our context

As Australia has now signed The United Nations Convention on the Rights of Persons with Disabilities we would like to draw the attention of this Inquiry to the following two Articles of the convention as they are pertinent to our main comments in this submission:

***"Article 19 - Living independently and being included in the community***

*States Parties to this Convention recognize the equal right of all persons with disabilities to live in the community, with choices equal to others, and shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community, including by ensuring that:*

- a. Persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement;*
- b. Persons with disabilities have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community;*
- c. Community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive to their needs.*

## **Article 20 - Personal mobility**

*States Parties shall take effective measures to ensure personal mobility with the greatest possible independence for persons with disabilities, including by:*

- a. Facilitating the personal mobility of persons with disabilities in the manner and at the time of their choice, and at affordable cost;*
- b. Facilitating access by persons with disabilities to quality mobility aids, devices, assistive technologies and forms of live assistance and intermediaries, including by making them available at affordable cost;*
- c. Providing training in mobility skills to persons with disabilities and to specialist staff working with persons with disabilities;*
- d. Encouraging entities that produce mobility aids, devices and assistive technologies to take into account all aspects of mobility for persons with disabilities.*

### **The Inquiry's Context – PDA Comment**

We presume that the work of this Inquiry will become an integral part of the Productivity Commission's Report on 'Caring for Older Australians' and in particular will provide informed comment and recommendations about "*the interests of special needs groups*"- one group being older people with disabilities.

During the research for this submission, it is noted that the recent agreement of the Council of Australian Governments (2010) exempts the State of Victoria and Western Australia. PDA is unsure about how the recommendations of this Inquiry and that of the Productivity Commission will impact on these states. **We are keen that people across the Country should have the same entitlements and access to services, where-ever they live.**

### **Issues of Particular Interest and Concern to PDA and its Members**

#### **1. The Right to Retirement**

Services offered to people with disabilities often are 'age related' (young people, adults) and the States and Territories stop funding certain services to people once they become a 'federal person' at 65 years of age.

- If a person for instance, attends a day centre or a sheltered workshop they may be asked to leave when they turn 65 but many people with high support needs, because of their physical disability, may also live in a state funded group home.
- The state funded group homes do not usually pay for staff to be present in their houses during the day. Therefore, the 'retired person' has no-where to go. They must leave the house when the staff finish their 'breakfast shift' and not return until after 3.30pm when the staff resumes their duties.

- If a person with disability is not at a 'program' during the day and needs assistance to prepare a meal, or visit the toilet, they are forced 'out of their home' to find a place to go to during the day where they can get the assistance they need.
- People with disability, are known to die younger than people without disability and it could be argued that the right to the aged pension and aged services should be accessed at an earlier age – such as 50.
- People who are over 50 should be able to take the State funding (allocated to them but given to the day centre or sheltered workshop) and use it for their own 'community access' costs for as long as they choose to use it. The source of funding is only relevant to the funder not the person. Funding should remain with the person irrespective of their age.

## **Recommendation: A right to Retirement**

**People with disability should be allowed to stop work or attending their state funded day activity when they reach 50 years of age. The services and funding that they need should be available to them whatever their age, where-ever they are.**

## **2. Housing and Support**

People with disability, like everyone else, would like to remain in their home for as long as they are able.

### **Supported Housing**

If however you are living in a group home (supported housing) as mentioned above, there must be staff on duty at the house if you have no 'program' or 'activity' to attend. Today, in Victoria, people with disabilities are forced out of their homes with a sandwich for lunch and a drink. If you live in Melbourne they often attend 'Travellers Aid' where they will find someone to assist them to eat their lunch and assist them to visit the loo. This is outrageous and undignified. It is because the State government does not provide the funds to staff houses through the day unless someone is ill.

### **Independent Living**

If you live independently in your own home and have a physical disability which needs the assistance of another person, the state government may have paid for a 'package' of support for you. This package can only be applied for, prior to someone turning 65 years of age. If however, your body develops a disability after this age, you have to apply to the Federal government for assistance. Most of these packages of funding are small in comparison with those funded by the state. They are not sufficient for people with support needs of over 15 hours per week (nominated maximum for an EACH package. Unless the Federal Government immediately releases more funds

to care in the home, many people who need more than 15 hours support will be forced into supported accommodation services. These are already over-subscribed and have long waiting lists.

### **Recommendation: Housing and Support**

**A person what-ever their age must have enough support hours to remain in their home and active in their community. Funding for this support needs to be provided whether you are under or over 65 years of age.**

### 3. Aids, equipment and home modifications

People with physical disabilities are likely to need access to appropriate aids and equipment throughout their lives. They also need to access funds to modify their homes and as we age, we will probably wish to move to smaller homes which are closer to our networks and services. There are some worrying issues PDA wishes to draw to the Inquiry's attention:

- Nursing homes provide continence aids and basic aids and equipment. **Residents are not allowed to apply for the state based Aids and Equipment fund.** This can mean that a person on entering a nursing home will be required to give up their motorised wheelchair or scooter. The service is does not have to maintain or provide such mobility aids. The impact of such a severe policy is immeasurable for some people – it is worse than having a driving licence withdrawn. People should have the right to mobility.

Some people need to communicate by using communication aids, these aids should also be maintained and updated for a person where-ever they live.

- Continence Aids – if you move into a nursing home, you are no longer able to access the State or Federal Schemes. You have to accept the continence aids provided by the service running your accommodation service. You cannot choose which products to use.
- Home modifications – in some states a person is only allowed to apply for funds to modify their homes once in a lifetime. This is a restrictive and unfair policy which has been developed to protect the fund. It is however not reflective of the number of times a person is likely to move / or has to move. If you are elderly and have a disability you are likely to want to move to a smaller and easier to manage home. Funds should be made available to anyone who needs them to get into their own house and have access to their bathroom or any other room. Some funds can sometimes be found through the HACC program but it is most dependent on which state you live in, and who is administering the guidelines from that organisation.

## **Recommendations: Aids, Equipment and home modifications**

**That the Aids and Equipment Schemes guidelines in each state and territory be amended to allow people with disabilities to access the scheme and all the necessary aids and equipment for life, where-ever they live.**

### **4. Income support**

People with disability are encouraged by Centrelink to transfer from the Disability Support Pension to the Age Pension. PDA is most concerned that the existing extra benefits of receiving the DSP are not lost when transferring to the aged pension. Of particular concern is the need to retain the mobility allowance and the state based taxi card.

Another concern of PDA is that currently the Age Pension (Blind) has different eligibility rules for those of the Aged Pension and PDA does not understand why this is the case. Centrelink Website information states,

*“To qualify for Age Pension, you must first satisfy the age and residence requirements. Centrelink then works out how much Age Pension is payable. This depends on your income and assets and other circumstances.*

*If you are legally blind, you may be eligible for Age Pension (Blind), which usually has no income or assets test.”*

### **Recommendation: Income support**

**That people with disabilities do not suffer financial disadvantage when they move from the Disability to the Age Pension.**

**That people moving from the Disability to the Age pension should not have an income or assets test.**

### **5. Access to Premises**

PDA is very relieved to know that the new, Australia wide legislation *Access to Premises Standards* is about to be declared into law. However, the standards do not yet include the Wayfinding guidelines for people who are blind or have a vision impairment, nor have they included ‘fit out’ regulations for the inside design of public buildings.

A few states in Australia are currently considering new laws to make housing accessible. Victoria for example is today considering new regulations to make all new housing easy to make accessible

and visitable and the Hon. Bill Shorten with the support of Theresa Rein, are having national discussions about such a voluntary code.

PDA believes that the provision of accessible homes should be law across the country and will not only benefit people with disabilities but also people who are ageing and beginning to find steps and baths difficult to manoeuvre.

### **Recommendation: Access to Premises**

**That new, national legislation be enacted to ensure that all new homes are at a minimum accessible from the street and are built to accommodate future adaptation and provision for people who may have mobility impairments.**

## **6. Transition from Work to Retirement**

There are many people with physical disabilities who are not aware of the potential opportunities for them to participate in their local communities, especially as a newly retired person. This is especially true for people who have attended supported employment services and day centres all their lives.

To facilitate a smooth transition PDA believes that some people will need to access a **Personal Manager** to assist them to decide, what they would like to do with their new 'spare time' in their retirement and also to ensure that funding is available.

### **Recommendation: Transition from Work to Retirement**

**That Personal Managers are employed, with additional funds, to support a person with disability to move into 'retirement'. This should include support to scope the options with the person, accessing the necessary funding and facilitating the transition process.**



**physical disability**  
AUSTRALIA

**Call for the Best After-Hours and Emergency Services  
for People with Physical Disabilities**

**Policy May 2010**

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## **Who we are:**

Physical Disability Australia Ltd - PDA (formerly Physical Disability Council of Australia Ltd - PDCA) is a national disability peak organisation, funded by the Australian Government, through the Department of Families, Housing, Community Services and Indigenous Affairs (FAHCSIA).

We are an organisation founded by people with physical disabilities in 1995, to act as a change agent for the rights, views and beliefs of all Australians with a physical disability.

We are run by and for people with physical disability. All Board members and where possible, staff are people with physical disability. The board is nominated and elected by individual members in their own state or territory.

Physical Disability Australia believes in the uniqueness and ability of people with physical disabilities and encourages more people to become involved as a member.

## **Why PDA has written this policy?**

For all time people with physical disabilities who are dependent on other people to assist them to live a life, have also lived with the worry about what could happen to them, should they get into 'strife' when there is no-one around.

PDA has heard shocking and tragic stories from some of our members whose experiences are frightening and desperate. There have been the 'good stories' but mostly people either worry about the lack of an emergency system in their lives and therefore have to cope alone or pay a fee from their tiny pension to be linked to an alarm system or carry a mobile phone at all times. None of the alarm systems are discounted and often mobile phones are out of financial reach, especially on a pension.

If there were emergency services available in Australia to provide the necessary emergency support and after hours services needed by people with physical disability who live alone, what would they look like, how much would they cost, where would they be located and available to whom?

The research for this policy suggests that at best the few services which do exist are fragmented and inconsistent across Australia, or at worst do not exist at all.

PDA believes it is now time for things to change for the better. We need to ensure that some of our most vulnerable citizens in Australia can continue to live in their own homes and be secure in the knowledge that help can be a button or a phone call away, when needed.

This paper has been written after extensive interviews and communications with service providers and advocates in every state and territory. It is important to state here that this paper does not cover all the services available in the country (as this would require more time and extensive research) To the best of our knowledge, all information at the time of release of this policy, is correct.

We have highlighted some of the best practices and innovative services to be found and have recommended that similar services and approaches become nationally based and offer the same service, which is available to everyone, where-ever they live. Ideally, they should be provided free

of charge.

Emergency back-up services or systems are an essential part of life, and not a “I wish I could have...” request. Lives depend on a simple streamlined system being put in place for emergency reasons.

## **What will happen to this policy paper?**

PDA will be publishing this policy paper via our website [www.pda.org.au](http://www.pda.org.au), our Facebook site and sent to the PDA Discussion List. It will also be sent to all the other disability e mail discussion lists which reach millions of people across the country and the world. We hope that parts or all of our policy will assist people everywhere to argue and lobby for the services that are urgently needed.

We sincerely hope that the Australian Governments will use this policy first, and quickly address our needs. The Minister for Disabilities and Children’s services, Mr Bill Shorten has constantly decried the fact that the disability sector is too meek and quiet. This is ending now. We need these services for our safety and peace of mind – just like everyone else.

We are also sending this policy proposal to all the political parties and will relentlessly work to get this policy adopted by the Australian governments and put into practice.

If you wish to use this document, please do so, but also please credit our organisation and our membership for its development.

Thank you for taking the time to read this policy, and please show your support by sending a letter or email to your State and Federal members of parliament.

Wayne Dillon

President  
Physical Disability Australia Ltd

## **Introduction**

Adults with physical disabilities in Australia can expect to find a range of different services at different costs in different parts of Australia.

As a young person, your parents on your and their behalf, may qualify for state or federally funded services. As an older person with a disability you can be more assured of some level of service as services are funded and delivered more equitably through the Federal Government’s Home And Community Care program (HACC). However, as an adult there are many complexities and variances – dependent on the different State/Territory or Federal guidelines, on how the ‘system’ assesses ‘your’ needs, how much is in the state fund and whether you live in a city or in rural Australia.

As a person with disability you may have the same level of need - for example needing assistance to get up and out of bed in the morning - but it won’t mean that you can be guaranteed the same service in another state.

The one major service/system that is missing from the vast array of services in Australia, are those that offer quality and responsive services to people After Hours and in Emergencies.

For example:

*Jane has an undiagnosed illness which has taken away her mobility and she is unable to walk or stand. She has a few hours of paid personal support a day. However her service does not provide after hours support and they do not have a person ‘on call’.*

*One night Jane drops her mobile phone and cannot reach it from the floor. She stretches so hard she falls from*

*the bed. She still can't reach the phone and now she needs to somehow call for assistance to get back into bed.*

*Jane cannot be heard by her neighbours when she calls out and has no other method of alerting anyone for help. It is winter and Jane's heating is turned off at night. She has to wait 8 hours until her personal carer arrives the next morning who immediately rings an ambulance. Jane now has pneumonia and has to stay for 5 days in hospital.*

At present there are no rights to services for people in the same situation as 'Jane'. She may be able to appeal for further funding to her service provider or to the State Government, but the response may be that there are not enough funds to fully cover out of hours emergencies. This means that there is no-where for her to go to get the funds – other than begging from local service clubs. This situation is appalling considering Australia has signed the United Nations Declaration for Persons with Disabilities. PDA wants to see these commitments put into real policy and practice. People like Jane must receive adequate services so she can remain living independently and in safety.

The United Nations Declaration for Persons with Disabilities clearly says that people should feel safe and also have a right to live independently and receive the appropriate services.

#### **“Article 11 - Situations of risk and humanitarian emergencies**

States Parties shall take, in accordance with their obligations under international law, including international humanitarian law and international human rights law, **all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk**, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters.

#### **Article 19 - Living independently and being included in the community**

States Parties to this Convention recognize the equal right of all persons with disabilities to live in the community, with choices equal to others, and shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community, including by ensuring that:

- a. Persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement;
- b. Persons with disabilities have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community;
- c. Community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive to their needs.”

### **Summary of main issues**

1. Many people with physical disability can and do have accidents in their own home.
2. Some people live in fear of having an emergency in their home when they are on their own.
3. There are few services which are geared-up and offer an appropriate, prompt and reliable service in emergencies and 'after hours'.
4. Many people with physical disabilities can't afford an appropriate alarm system.
5. Some personal support services do offer services 'after hours' and in emergencies but they are only available to people who are 'on their active books'.
6. Ambulance services are often called as there is no-one else to call after hours if there is an emergency. People often have to wait many hours to be 'rescued' as (for example) falling

out of bed is not considered to be an emergency. It is also a 'costly' method to deal with 'non emergency' situations.

## **Summary of Recommendations**

### Emergency Plans

1. Everyone should have an up to date emergency plan. People with physical disabilities should develop their own plan, ideally with their families and friends. Local support agencies (including the ambulance service) should have copies of the plans and be aware of what might be needed should there be an emergency situation.

### Provide the services after hours

2. That governments at all levels recognise the needs of people with physical disabilities who are living on their own and fund flexible and reliable after hours services for free.

### Emergency Communications Systems

3. That everyone who needs access to an emergency call up system should have it provided free of charge. The cost savings to support services, ambulance services and the health services far outweigh the costs of renting call up systems.
4. That all emergency services across the country follow the lead of Western Australia police, and permit SMS call outs.

### Extend the role of Personal Support Services and Amend the HACC Guidelines

5. Recognising that personal support agencies now reach across the country, they should be funded to also support people after hours and in emergencies. This should allow people to register as 'potential emergency service users'. They should then publicise their availability after normal office hours on their web site.
6. The guidelines for HACC should be amended to allow the common sense allocation of resources to those who need them the most. Some states interpret the guidelines as an excuse to not provide services if you already receive some funding from the state.

### Ambulance Services

7. That the Federal and State governments consider introducing new adjunct services to compliment ambulance services to deal with non emergency situations.
8. That all States offer free ambulance services to the people of Australia.  
(Other emergency services do not charge for their services.)
9. That all state governments recognise Ambulance services to be an integral part of the Health Sector; and provide training for ambulance officers to assess the nature of the call-outs and when necessary, make the appropriate referrals to other support agencies.

## **Recommended Best Practices**

There are some excellent services in operation and PDA is promoting these services which have the following essential features:

1. A recognition that 'everyone has the right to be and feel safe' and know that if they need help, that it will be available. Good services allow people with disabilities to feel safe – knowing that someone will come.
2. Guaranteed arrival – within an hour. People need to know that when they call for help, people will come within reasonable time.

3. Services are provided at no direct cost to the person, through flexible and local service providers. The best services develop respectful working relationships with the people they work with; and their staff are reliable and regular.
4. Communications systems are provided at no cost to allow a person to make the emergency call outs. Some people may need voice activated systems while others will need access to 'call buttons'.

### **Replace fear with confidence**

Many members of Physical Disability Australia are unable to get themselves in or out of bed without assistance. If they fall out of bed or fall elsewhere, or have a minor accident and are on their own, they are in serious trouble, especially if this happens '*after hours*'. After hours usually is after 5.00pm and before 8.00am Monday to Friday and over the weekends.

PDA believes that everyone should have an emergency plan, which should include basic issues such as – how they will call for assistance, who they wish to be informed of their situation, how to access the spare house key, important medical information and who holds their Medical Power of Attorney / health care directives. Ideally this plan should be developed with the person's friends and family and discussed with the local ambulance service to ensure that the plan can be put into practice.

Examples of some flexible services:

In Brisbane **MACS (Mobile Attendant Care Service)** offers services after hours to people who need them for a small contribution. The State and Federal Governments (though Home And Community Care – HACC) fund this innovative non government organisation to employ people for set hours of time (3, 4 or 6 hour shifts). They visit people up to 60 people, for a small fee, in their homes between 6.00pm and 6.00am seven days a week. There is a time limit per visit of 55 minutes. This means that if people ever need unexpected help, its less than one hour away. Always. People can (unusually) choose to go to bed after 9.30pm at night, or can be given their medication in the middle of the night or 'turned' to prevent pressure sores. This is especially important for those who have limited body sensation and are unable to roll over independently.

This service operates on a 'common sense' basis and understands clearly what their job is. They have a stable number of staff and a management structure which is made up of people with disabilities. They have chosen to remain fairly small and know all the people they work with well. There are also a few people who have 'registered themselves with MACS but do not regularly use their service. They register as an 'insurance' for any potential emergency situation.

**Nightlife Disability Services** operates in a small geographic area south of Melbourne and has begun a similar service to MACS and is being mentored by MACS. They have been operating for two years and have 22 registered users. They are mainly funded through the funding individuals have allocated to them through the State Department of Human Services. They do charge a fee for their services and also have a 'maximum' time per visit of one hour.

In parts of country Victoria and the Western Region of Melbourne a similar agency exists called **EARS (Emergency and Respite Service)**. This service has been operating for over twelve years. They have an After Hours Co-ordinator who manages the roster of people who need visiting during the night and they also can provide emergency services to people who live in their catchment area but who are not known to them. They permit people to use their services only in four emergency situations at a small fee. The service, with the Department of Human Services will then assist the person to apply for further / services. People in receipt of funded 'packages of care' are able to use the After Hours service in negotiation with the Manager.

The Northern Territory Government block funds a service called **D & R Community Services** which offers free emergency services to people who have registered with them and have a physical, sensory or neurological disability. This private company employs registered nurses through the

night to 'triage' the calls. If necessary they can reach the person within half an hour of a 'call out' as they employ staff who live throughout their catchment area which covers Darwin to Palmerston.

**Issues:**

- Emergency plans should be developed by everyone who has a physical disability. This is not yet being done by most people and should be.
- Government at all levels should recognise the needs of people with physical disabilities after normal office hours and in emergencies
- Most people who do have access to an 'on call' service are already in receipt of government funds.
- People who are not in receipt of government funding have to pay for their own emergency buzzer systems. Some people would only need access to such a service and at present, there is no system in place which allows this to occur.
- Agencies such as MACS have been set up in response to the recognised gap in current services. Few people in Australia have access to these kinds of services.
- Many of the existing service providers do provide 'after hours services' however, as they usually employ personal support workers on a casual or contract basis. It is expensive to now 'call out' a worker in the middle of the night as the new relevant award requires a person to be paid for a minimum of three hours for any call out, out of normal hours.

**Recommendation – Emergency Plans**

- 1. Everyone should have an up to date emergency plan. People with physical disabilities should develop their own plan, ideally with their families and friends. Local support agencies (including the ambulance service) should have copies of the plans and be aware of what might be needed should there be an emergency situation**

**Recommendation – Provide the services after hours**

- 2. That governments at all levels recognise the needs of people with physical disabilities who are living on their own and fund flexible and reliable after hours services for free.**

**In an emergency you need to call for help**

An effective and reliable system of communication is an essential part of any emergency plan. Many people with physical disabilities will today have a mobile phone; however some people also need an emergency buzzer which they can press in an emergency when they need help. The emergency buzzer companies in Australia are all private organisations and therefore charge a fee for the establishment of the system and a rental for it's use. There are many such services and some are called, Vita Call, Medic Alert, Safety Link, Telecross, and Mepax.

It is also interesting to note that in WA the police have agreed to allow a person with a communication impairment to SMS the police with an emergency alert. This is the only state in Australia where this has been negotiated. This should become a national service and apply to all emergency services.

**Issues:**

- The cost of having a buzzer system is too great for some people with a physical disability to afford.

- The average price is an installation cost of \$238 and a service fee of \$10.30 a week (\$535.60 pa). This quote is from Vita Call.
- The irony in Australia is that many elderly people who receive federally funded services (through Home and Community Care HACC) and those who qualify for Veterans Affairs services are given access to the buzzers for free. A bulk buy system has been negotiated and agencies such as Vita Call provide services across the country for a negligible rate.
- The buzzer systems usually work to only 100 metres from the ‘base unit’ in the home.
- Some adults (under 65 years) who receive state funding are permitted to use their funds to buy access to a buzzer, while other states do not and the person has to use their own money to buy peace of mind.
- People who live in shared State funded accommodation are equipped with ‘call up’ systems and these are funded through the state aids and equipment programs. The calls are to staff on duty.

#### **Recommendation - Emergency Communications Systems**

- 3. That everyone who needs access to an emergency call up system should have it provided free of charge. The cost savings to support services, ambulance services and the health services far outweigh the costs of renting call up systems.**
- 4. That all emergency services across the country follow the lead of Western Australia police, and permit SMS call outs.**

### **Personal Support Services in Australia**

In the early 1980’s Dassi was set up by a small group of people who needed personal support services in Victoria. They successfully lobbied for ‘attendant care funds’ and established one of the first personal support agencies in Australia. Dassi has a management committee made up of people who use personal support services and runs as a not for profit organisation. There are now hundreds of similar services run across the country and are each dependent on government funding which is allocated on a state basis to an individual, and on a Federal basis to an agency. Each funding program has different guidelines and criteria for entry. Each program will vary and today there are no common guidelines which reach across the country and across age groups.

#### **Issues**

- Many of the personal support agencies offer services to all age groups and some are known to provide after hours services at their own costs, as some funding ‘packages’ do not allow more than one hour’s emergency service in a week.
- The costs of running an ‘after hours and emergency service’ for these agencies is increasing as, more people understand that they can use their service after hours and don’t want to bother the ambulance service with a non life threatening situation;
- The costs of employing workers after hours is also increasing. The Social, Community, Homecare and Disability Services Industry Award 2010 now requires employers to pay a minimum call out fee for three hours and many of the personal support workers are employed on a casual or contractual basis.

- This is a significant cost increase to most after hours services as they have not been employing people on salary. It is anticipated that personal support services will soon either, cut their after hours services and expect the ambulance services to fill the gap, or they will start up new arms of their services and employ more people on salaries.
- The profession is already under great stress as there are not enough qualified people to cover this expanding industry. Tasmania is one state that has said they don't have enough workers to do the jobs available today.
- We also know that the growing elderly population will also need more services in their homes in the future.
- District Nursing Services in Victoria offer services after hours and in emergencies but their primary client group are those over 65 and the services are funded through the Federal Government HACC services. They can administer medications, turn people in bed and attend to various medical conditions. However, though they have the qualified staff and the capacity, they are prohibited by the HACC guidelines to work for people with disabilities that are funded through the State government. There is a dearth of available service providers who are set up and can offer after-hours services and these guidelines should be changed.

**Recommendation - Extend the role of Personal Support Agencies and change the current HACC guidelines**

- 5. Recognising that personal support agencies now reach across the country, they should be funded to also support people after hours and in emergencies. This should allow people to register as 'potential emergency service users'. They should then publicise their availability after normal office hours on their web sites.**
- 6. The guidelines for HACC should be amended to allow the common sense allocation of resources to those who need them the most. Some states interpret the guidelines as an excuse to not provide services if you already receive some funding from the state.**

## **Ambulance Services**

The Victorian Ambulance service conducted a review of their statistics to try to establish the percentage of call outs from people with disabilities for 'low intervention' and the report is attached in Appendix 2. It was difficult to decipher specific instances but the service guessed that they assisted "several thousand people in 2009".

### **Issues**

- Discussions with ambulance service managers have confirmed that they will get the calls (if someone has fallen out of bed for example) as there are very few alternatives for people who live on their own.
- Most people are reticent to do this as they know that ambulance services are meant to respond to people in emergencies. The ambulance services across the country do not yet collect statistics in any common manner so it is not possible to make any comparison about calls made or that calls have reduced since the establishment of a MACS 'like' service.

- Ambulance services are not considered to be a part of the health sector and they do not make referrals or follow-up calls to people who have used their service.
- Ambulance services are often called to assist people in nursing homes who have fallen out of bed as one person on duty at night cannot do this on their own.
- The Council of Ambulance Authorities are currently lobbying the States to set up adjunct services to ease the demand and promote diversion services away from the emergency ambulance services. For example the use of the ‘emergency care practitioner’ in the UK is one of the proposals being promoted and an increase in the use of ‘physician's assistants’ to assist the emergency services.
- In South Australia they promote Ambulance Direct – this allows a person who knows that they may need the attention of the ambulance services to ‘log themselves’ onto a list with the service. The person with the disability can inform the ambulance service of the type of support they might need, how they could access the home in an emergency and who else should be called. This doesn’t make the service attend quicker but does pre-inform ambulance communication officers about the possible nature of the persons’ situation. The person is given a different number to call in emergencies.
- The ambulance services are free to people who are in receipt of a government pension. This makes so much sense, but those who are receiving a small income find the cost of subscribing to the service difficult as the cost of living with a disability is higher than for those without disability.

**Recommendations - Ambulance Services**

- 7. That the Federal and State governments consider introducing new adjunct services to compliment ambulance services to deal with non emergency situations.**
- 8. That all the States should provide ambulance services for free. (Other emergency services do not charge for their services)**
- 9. That all state governments recognise Ambulance services to be a part of the Health Sector and train ambulance officers to assess the nature of the call-outs and if necessary, make the appropriate referrals to other support agencies.**

▪ **National**

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Commonwealth Carers Link  
*Connie - Team Leader*  
<http://www9.health.gov.au/ccsd/>

Australian Communications and Media Authority ACMA  
*Bill Jolly*  
<http://www.acma.gov.au/WEB/HOMEPAGE/PC=HOME>

Vita Call  
*Julianne - Sales Manager*  
<http://www.vitalcall.com.au/utcfs/Templates/Pages/Template-46/1,8060,pageId=7690&siteId=920,00.html>

▪ **Western Australia**

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Community Vision Inc  
*Samantha Jenkinson - Case manager*  
<http://www.communityvision.asn.au/>

Silver Chain  
*Martin Keiley - Senior care manager*  
<http://www.silverchain.org.au/>

▪ **South Australia**

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Home Care Plus  
*Sue Huston - After Hours Manager*  
<http://www.homecareplus.com.au/>

Dom Care  
*Dez House*  
<http://www.domcare.sa.gov.au/>

▪ **Victoria**

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Rural Access Program  
*Dorothy McLaren - Advocate*  
[http://www.dhs.vic.gov.au/disability/building\\_better\\_communities/ruralaccess\\_and\\_metroaccess](http://www.dhs.vic.gov.au/disability/building_better_communities/ruralaccess_and_metroaccess)

Emergency After hours Respite Service EARS  
*Rossi Pinter - After Hours Co-ordinator*  
[http://www.maribyrnong.vic.gov.au/Directory/S2\\_Item.asp?Mkey=106&S3Key=182](http://www.maribyrnong.vic.gov.au/Directory/S2_Item.asp?Mkey=106&S3Key=182)

Royal District Nursing Service  
*Anne Doherty - Client Services Manager*

<http://www.rdns.com.au/Pages/default.aspx>

Nightlife Disability Services

*Rachel Watson - Manager*

<http://nightlife.org.au/>

Housing Resources and Support Services

*Marjia Groen - Manager*

<http://www.hrss.com.au/>

Victorian Ambulance Services

*Dr Chris Bain –*

*Manager, Performance Analysis & Data - Governance Strategy & Planning*

<http://www.ambulance.vic.gov.au/>

Independence Australia

*David Maxwell - Case Manager*

<http://www.independenceaustralia.com/>

Victorian Dept. Human Services

Mobile Outreach Support Services (MOSS)

*Jana Kulic*

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▪ **Queensland**

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Mobile Attendant Care Service MACS

*Adam Darcey - Manager*

<http://www.macsync.org.au/>

Mackay Advocacy Services

<http://mackayadvocacy.com.au/>

Independent Advocacy in the Tropics

<http://www.independentadvocacy.org.au/>

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▪ **New South Wales**

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Physical Disability Council NSW

*Jordana Goodman - Policy Officer*

<http://www.pdcnsw.org.au/>

Australian Home Care

*Manager*

<http://www.ahcs.org.au/>

▪ **Tasmania**

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Tasmanians with Disabilities

*Sue Bordock - Manager*

<http://www.twd.org.au/>

Disability Services Tasmanian Government

*Fiona Woodfield - Area Manager*

[http://www.dhhs.tas.gov.au/service\\_information/disability/disability\\_services](http://www.dhhs.tas.gov.au/service_information/disability/disability_services)

Advocacy Tasmania

*Rebecca Thompson - Manager Disability Advocacy*

<http://www.advocacytasmania.org.au/>

Ambulance Services Tasmania

*Peter Morgan - A/Manager Communications*

[http://www.dhhs.tas.gov.au/service\\_information/hospitals/tasmanian\\_ambulance\\_service](http://www.dhhs.tas.gov.au/service_information/hospitals/tasmanian_ambulance_service)

▪ **ACT**

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Advocacy for Inclusion

*Christina Ryan - Manager*

<http://www.advocacyforinclusion.org/>

▪ **Northern Territories**

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Carpentaria Disability Services

<http://www.carpentaria.org.au/>

Alice Springs Disability Advocacy Service

<http://www.das.org.au/>

Frontier Services Uniting Church Alice Springs

<http://www.frontierservices.org/>

Life Without Barriers - Palmerston

<http://www.lwb.org.au/contact-us.aspx#NT>

D & R Community Services

<http://www.drcommunityservices.com.au/HOME.6.0.html>

## Appendix 2



**Ambulance Victoria**

Per

**Requestor:** Niki Sheldon      **Organization:** Physical Disability Australia

**Date Provided:** 12/3/2010

**Analyst:** Dr Chris Bain, [chris.bain@mas.vic.gov.au](mailto:chris.bain@mas.vic.gov.au)

**Disclaimer:** This report has been produced by the Performance Analysis and Data Governance Team (Ambulance Victoria - AV), for “the Requestor” named above. It is the responsibility of “the Requestor” to ensure that the data contained in this report is treated with appropriate sensitivity, which may mean that it needs to be kept confidential. It has been released by AV in good faith on the basis that it will only be used for the purposes stated by “the Requestor”.

**Request Number:** 000002      **Request Name:** Disabled Services

**Purpose and Nature of Request:** Here is a little summary of what I'm doing and where I think the Ambulance services fit. I'm working short term for Physical Disability Australia and am developing a new policy which will be going to the disability sector and the Federal Government. Attached to the policy will be our recommendations for action.

**We are looking at what services are available and at what cost - for people with a disability, after hours and in emergencies.** We are aware that the services across the country vary considerably and I'm at the 'mapping' stage.

We know that many people do not have either family or friends living nearby and if they have an emergency situation will often ring one of the state emergency services. The sort of emergencies we have in mind are: when a person has fallen and can't get themselves back up, or they have had a bowel motion in bed and can't move to clean themselves, or that their electric wheelchair has broken down and they are out of home... etc.

I am particularly interested in any data that your service may have about these types of 'emergencies' (I think they may be called 'service calls') as we believe that there should be some after hours specific services for people with disabilities, which would automatically relieve MAS. Your data could assist in our policy development. I am also in contact with the Fire Brigade and ACMA to try and find out similar figures.

### **Results and Interpretation:**

Identifying what data is pertinent to this request, and then extracting and analysing it in a meaningful way has been a difficult task. We wish to stress that the results outlined below are quite exploratory in their nature and undue emphasis should not be placed on them. In other words, the results are useful to paint a picture, but not to draw hard conclusions from. In part this is because the primary source from which such data can be extracted at AV (the VACIS system) has not been set up with this specific kind of data capture in mind.

Having said that, the key things we are looking for here are

- Patient has a physical disability

AND

- Negligible care/treatment was given, e.g. 'Assistance Only: From Floor to Bed' etc.

Firstly, let us consider the criteria for physical disability, to simplify the issue - these are the chosen terms (available for selection in VACIS) which best capture physical disability in a patient:

	VACIS Data Category / Field	VACIS Data Element	Criteria
	Pre-Existing Conditions	Amputation	Denies Pre-Existing Condition Indicator = N
OR			
	Pre-Existing Conditions	Cerebral Palsy	No Pre-Existing Condition Indicator = N
OR			
	Pre-Existing Conditions	Cystic Fibrosis	
OR			

	VACIS Data Category / Field	VACIS Data Element	Criteria
	Pre-Existing Conditions	Hemiparesis	
OR			
	Pre-Existing Conditions	Hemiplegia	
OR			
	Pre-Existing Conditions	Motor Neurone Disease	
OR			
	Pre-Existing Conditions	Multiple Sclerosis	
OR			
	Pre-Existing Conditions	Neck Injury	
OR			
	Pre-Existing Conditions	Paraplegia	
OR			
	Pre-Existing Conditions	Parkinson's Disease	
OR			
	Pre-Existing Conditions	Quadriplegia	
OR			
	Pre-Existing Conditions	Spina Bifida	
OR			
	Pre-Existing Conditions	Spinal Injury	
OR			
	Pre-Existing Conditions	Any Where Response String (Comment text) = %phys%disab%	

This netted **9346** patients for the 2009 calendar year. Notably the total caseload for the year was around 300,000 from this data source - we suspect that this 9346 figure is an underestimate of the true total disabled population serviced by AV in 2009.

Next, for how many of these patients was there little management required? There are a few ways to measure this, but we feel the best way is by finding patients who had little or no intervention – this shows that **3360** of the 9346 (**36%**) patients had some management – but only one or more “interventions” from the list below:

- Advice to Patient/Carer
- Assistance Only
- Helmet Removal
- Loaded Onto Stretcher
- Other Procedure
- Position
- Restraints
- Rest And Reassurance Provided
- Wheelchair

In summary, these figures paint a picture of a pool of disabled patients in the Victorian community who were provided with a “low intervention” service like returning them to bed (etc) several thousand times in 2009.  
**VACIS ‘Pre-Existing Conditions’ screen**

**PHx - Pre Existing Conditions**

Filter By	Available Conditions	Selected Conditions
<ul style="list-style-type: none"> <li>Breeding</li> <li>Cancer</li> <li>Cardiovasc</li> <li>Drug/Alcohol</li> <li>Eye/ENT</li> <li>Gastrointest</li> <li>Genitourinary</li> <li>Infectious</li> <li>Medical</li> <li>Mental Health</li> <li>Miscellaneous</li> <li>Musc/Skeletal</li> <li>Neurological</li> <li>Obst/Gynae</li> <li>Paediatric</li> <li>Pain</li> <li>Respiratory</li> <li><b>Surgical</b></li> <li>Trauma</li> </ul>	<p>ABCDEFGHIJKLMNOPQRSTUVWXYZ</p> <p>Find By: <input type="text" value="Exact"/> <input type="button" value="Clear"/></p> <p><input type="button" value="Other - Specify"/></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pacemaker - Permanent</li> <li><input type="checkbox"/> Pacemaker - Temporary</li> <li><input type="checkbox"/> Plastic Surgery</li> <li><input type="checkbox"/> Rhinoplasty</li> <li><input type="checkbox"/> Shoulder / Clavicle Repair</li> <li><input type="checkbox"/> Spinal Fusion</li> <li><input type="checkbox"/> Splenectomy</li> <li><input type="checkbox"/> Surgery - Other / Not Listed</li> <li><input type="checkbox"/> Thyroid Surgery</li> <li><input type="checkbox"/> Tonsillectomy</li> <li><input type="checkbox"/> Tracheostomy</li> <li><input type="checkbox"/> TURP</li> <li><input type="checkbox"/> Ulcer</li> <li><input type="checkbox"/> Ventricular Shunt</li> <li><input type="checkbox"/> Wound Infection</li> </ul>	<p><b>Selected Conditions</b></p> <p><b>Hemiparesis</b></p> <p><b>Spinal Injury</b> occurrence: 4Year/s ago</p> <p>Denies - <b>Back Pain</b></p> <p>No - <b>Spinal Fusion</b></p> <p><b>Other - Specify</b> mild physical disability</p>
	<input type="button" value="Add &gt;&gt;"/> <input type="button" value="Denies &gt;&gt;"/> <input type="button" value="No &gt;&gt;"/> <input type="button" value="&lt;&lt; Remove"/>	<input type="button" value="Accept Selection"/> <input type="button" value="Cancel Selection"/>

## **Appendix 3**

### **Useful contacts on the Web**

Emergency care practitioners

<http://www.nhscareers.nhs.uk/details/Default.aspx?Id=414>

Physician Assistants

<http://news.theage.com.au/national/physician-assistant-program-to-start-20080816-3wme.html>

HACC Guidelines

[Program Manual: Home & Community Care - Victorian Government Health Information, Australia](#)

COUNCIL OF AMBULANCE AUTHORITIES INC. 2008-09 ANNUAL REPORT

<http://www.ambulance.com.au/intranet/docs/doc5179.pdf>

Expanding Roles – Council of Ambulance Authorities 2008

<http://www.ambulance.com.au/intranet/docs/doc4781.pdf>