Submission template

Aged Care Legislated Review

Submissions close 5pm, 4 December 2016

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Thank you for your interest.
1. **Tell us about you**

1.1 What is your full name?

1.2 What stakeholder category do you **most** identify with?

Peak body - provider

1.3 Are you providing a submission as an individual (go to question 1.4) or on behalf of an organisation (go to question 1.5)?

Organisation

1.4 Do you identify with any special needs groups?

Choose an item.

1.5 What is your organisation’s name?

Speech Pathology Australia

1.6 Which category does your organisation **most** identify with?

Allied Health

1.7 Do we have your permission to publish parts of your response that are not personally identifiable?

☒ Yes, publish all parts of my response except my name and email address

☐ No, do not publish any part of my response
2. Response to Criteria in the Legislation

2.1 Whether unmet demand for residential and home care places has been reduced
Refer to Section 4(2)(a) in the Act

In this context, unmet demand means:
- a person who needs aged care services is unable to access the service they are eligible for e.g. a person with an Aged Care Assessment Team / Service (ACAT or ACAS) approval for residential care is unable to find an available place; or
- a person who needs home care services is able to access care, but not the level of care they need e.g. the person is eligible for a level 4 package but can only access a level 2 package.

Speech Pathology Australia supports the move towards a consumer-led aged care system, however advocates for additional steps and safeguards to ensure that older people with cognitive and/or communication difficulties are able to participate in consumer directed care and decision making processes. Greater recognition is required of the significant barrier that cognitive-communication difficulties pose to an individual’s ability to exercise choice and control. Communication processes (i.e. comprehending, speaking, reading, and writing) allow a person to express their ideas, goals, preferences, and aspirations to assessors and planners, to weigh up options, balance cost, match services to their personal preferences and needs, understand the evidence base and service quality, and to make decisions about when and by whom services should be delivered. Without adequately tailored communication supports the accurate assessment of need and development of an appropriate support plan is not

2.2 Whether the number and mix of places for residential care and home care should continue to be controlled
Refer to Section 4(2)(b) in the Act

In this context:
- the number and mix of packages and places refers to the number and location of residential aged care places and the number and level of home care packages allocated by Government; and
- controlled means the process by which the government sets the number of residential care places or home care packages available.

2.3 Whether further steps could be taken to change key aged care services from a supply driven model to a consumer demand driven model
Refer to Section 4(2)(c) in the Act

In this context:
- a supply driven model refers to the current system where the government controls the number, funding level and location of residential aged care places and the number and level of home care packages;
- a consumer demand driven model refers to a model where once a consumer is assessed as needing care, they will receive appropriate funding, and can choose services from a provider of their choice and also choose how, where and what services will be delivered.
possible. This is concerning when the very high proportion of older people living with cognitive-communication difficulties is considered. For example, all people with dementia experience some form of communication difficulty during the course of the condition and communication problems commonly arise following stroke and the onset of progressive neurological conditions like Parkinson’s disease and Multiple Sclerosis. Hearing impairment is the most common cause of communication-related disability experienced by older adults, with most people over the age of 65 experiencing measurable hearing loss.

Communication difficulties are often invisible and people ‘mask’ their problems in various ways, which means that the presence and profound impact of communication difficulties is often underestimated or undetected. In the disability sector, studies have shown that individuals with intellectual disability and cognitive-communication impairment have lower levels of disability service use, despite high levels of need. Furthermore, negative stereotypes and misconceptions prevail in the community that communication difficulty is synonymous with loss of competence and capacity. While a person may have difficulty expressing their preferences through verbal means, this doesn’t automatically mean that they do not have the cognitive or mental capacity to make informed decisions. Many individuals with communication difficulties, even those with moderate to severe dementia, for example, can be supported and enabled to participate in decisions about their life and care. There are specific assistive aids, such as Talking Mats™ that increase a person’s capacity to communicate effectively about things that matter to them.

The confusing communication landscape is another prominent barrier to consumer choice and control. This has emerged as a key issue in the early implementation of the National Disability Insurance Scheme, with participants reporting insufficient information to support decision making and care planning. Participants of the National Disability Insurance Scheme with communication and cognitive impairments can become easily overwhelmed by the number of different people presenting information and how this information is presented. Recommendations for jargon-free language have been made, ideally using Easy English and Plain English principles. Seeking feedback from older people with cognitive and communication difficulties about readability is essential, noting that accommodations ideally need to be individually tailored. Where communication support needs are more significant, assessment by a speech pathologist is essential in order to tailor communication strategies and ensure that a person’s decision making capacity is not under or overestimated.

Speech pathologists working with older people report that very few referrals are currently received directly from the older person themselves, particularly those with cognitive and/or communication difficulties. Referrals to My Aged Care are most frequently made by other health professionals (e.g. hospital-based speech pathologist following an acute admission or internal referrals from another allied health team member). This suggests that the health and aged care system continues to operate within more of a health-professional led model. Ongoing work is required to empower and assist older people in the transition to a consumer driven system, to understand their rights, self-advocate, and capitalise on opportunities for choice and control. This work needs to recognise that carers and families can also play a large role in facilitating access to the right information, in the right format at the right time to assist and older person to make and enact their decisions.

Speech Pathology Australia is concerned about the number of level 3 / 4 packages available to older people and the amount of funding attached to these packages. Older people requiring this level of assistance at home are likely to present with complex and chronic care needs (e.g. relating to progressive neurological conditions such as Parkinson’s disease or Dementia). In order to maximise independence and keep people living at home for as long as possible, intensive and ongoing multi-disciplinary allied health services may be required. As such, packages must be adequate to meet an older person’s assessed needs and preferences, in regards to both personal and clinical care.

Speech Pathology Australia is hearing worrying reports that question the transparency of administration of fees by aged care providers managing Home Care Packages. To support the transition to a consumer-led system, there needs to be a systematic process across aged care services to document the package an older person is deemed eligible for, to clearly outline how much money is attached to that package, and the fees and consumer-contributions that will apply for different services. Regular reporting in an accessible format must be provided, detailing how money is being spent and the balance of funds. Furthermore, older people must have easy access to their support plan, noting that not all older people will have the computer literacy to access this online.

It is recommended that the Review consider:

- A ‘communication audit’ on the current process for an older person to engage with My Aged Care – to identify processes and points in this pathway that act as barriers for any older person with cognitive and communication difficulties. Adequate recognition and systemic understanding of the barriers that cognitive and communication difficulties pose to decision making and consumer directed care processes is needed. Speech pathologists have the relevant skills and knowledge to support such an audit.
• Development of training packages and information material for aged care workers that introduce the concept of communication accessibility and how improving this can assist them to work with older people with communication and cognitive difficulties.
• Development of Easy English or Plain English written materials to assist consumers through all aspects of intake, assessment, and planning processes and any other steps identified as problematic for someone with cognitive and/or communication difficulties.
• Development and implementation of outreach and system navigation services to ensure that older people with cognitive and/or communication difficulties are supported in the transition to a consumer led system and to access My Aged Care. Individuals with cognitive and/or communication difficulties may require more intensive support to navigate aged care and engage with assessors, planners, and care providers.
• Strategies to improve access to speech pathology services to enable comprehensive assessment of an older person’s communication support needs in order to assist consumer directed care and decision making processes.

2.4 The effectiveness of means testing arrangements for aged care services, including an assessment of the alignment of charges across residential care and home care services
Refer to Section 4(2)(d) in the Act

In this context:
• means testing arrangements means the assessment process where:
  o the capacity of a person to contribute to their care or accommodation is assessed (their assessable income and assets are determined); and
  o the contribution that they should make to their care or accommodation is decided (their means or income tested care fee, and any accommodation payment or contribution is determined).

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2.5 The effectiveness of arrangements for regulating prices for aged care accommodation
Refer to Section 4(2)(e) in the Act

In this context:
• regulating prices for aged care accommodation means the legislation that controls how a residential aged care provider advertises their accommodation prices.

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2.6 The effectiveness of arrangements for protecting equity of access to aged care services for different population groups

Refer to Section 4(2)(f) in the Act

<table>
<thead>
<tr>
<th>In this context equity of access means that regardless of cultural or linguistic background, sexuality, life circumstance or location, consumers can access the care and support they need.</th>
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</thead>
<tbody>
<tr>
<td>In this context different population groups could include:</td>
</tr>
<tr>
<td>• people from Aboriginal and/or Torres Strait Islander communities;</td>
</tr>
<tr>
<td>• people from culturally and linguistically diverse (CALD) backgrounds;</td>
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<tr>
<td>• people who live in rural or remote areas;</td>
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<tr>
<td>• people who are financially or socially disadvantaged;</td>
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<tr>
<td>• people who are veterans of the Australian Defence Force or an allied defence force including the spouse, widow or widower of a veteran;</td>
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<tr>
<td>• people who are homeless, or at risk of becoming homeless;</td>
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<tr>
<td>• people who are care leavers (which includes Forgotten Australians, Former Child Migrants and Stolen Generations);</td>
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<tr>
<td>• parents separated from their children by forced adoption or removal; and / or</td>
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<tr>
<td>• people from lesbian, gay, bisexual, trans/transgender and intersex (LGBTI) communities.</td>
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Speech Pathology Australia continues to have concerns regarding how equity of access will be ensured given the diversity of the Australian population. The varied characteristics of older Australians can pose direct barriers to accessing aged care services. Aged care policy and care models must dedicate further attention to diversity and devise specific strategies and action plans to achieve access and equity of outcomes for particular population groups and for people with particular clinical needs.

Speech Pathology Australia advocates for recognition of people with cognitive and communication difficulties as a distinct population group of older Australians who experience additional barriers to accessing services. People with communication and cognitive impairments are likely to span all of the special needs groups identified in the Aged Care Act. Similarly, older people with disability need to be recognised as a population group who will face specific barriers to equity of access to services.

Mandatory training and continuing education should be provided to aged care workers that focuses on communicating with, and meeting the needs of, special needs groups. Any person who faces additional barriers, must receive additional and tailored support to ensure equitable access and outcomes. This may include:

• adequate funding for active outreach and system navigation services and support roles targeting difficult-to-reach cohorts,
• alternative assessment tools and processes validated for use with special needs groups (including older people with cognitive and/or communication impairment),
• accessible information available in the format and medium an individual is most likely to understand, and
• robust monitoring systems to ensure that vulnerable older people are not falling through gaps in the system.

Speech Pathology Australia recommends that ‘disadvantage’ be considered to extend to others beyond the special needs groups formally recognised in the Act. For example, older people with a disability are not included in the list of special needs groups. Older people with disability are a highly diverse group with unique and specific needs. Consistent with recommendations in the National Aged Care Alliance Discussion Paper Improving the Interface between the Aged Care and Disability Sectors (August 2016) strategies are required to eliminate service gaps between the aged care system and the National Disability Insurance Scheme (NDIS), minimising the need for separate systems and processes. No person with a disability should be worse off under the aged care system than the disability system. In particular, older people must have equitable access to affordable aids, equipment and assistive technology. Without access to appropriate communication aids and devices, older people with communication related disability may be unable to reach their maximal level of independence and quality of life in the community. Being unable to access the most appropriate mode of communication will also pose a significant barrier to participation in consumer directed care processes. Furthermore, older people with swallowing and/or mealtime difficulties must have access to prescribed products and equipment or assistive supports to modify the texture of foods and fluids to support safe swallowing.
Older people with a disability must have equitable access to the full range of supports available within the NDIS that enable people to live independently in the community for as long as possible and that optimise opportunities for choice and control. Speech Pathology Australia recommends:

- That clear information be published by the COAG Disability Reform Council that clearly articulates the interaction between the NDIS and the aged care system in Australia.
- That the Australian Government, through the Department of Health provide specific funding for the NDIS Information, Linkages and Capacity Building stream of the NDIS to ensure that older people with disability have access to timely and accessible disability-specific information to assist them to support both the disability and the aged care sectors.
- That targeted education and information material be developed for aged care assessors and aged care workers on the needs of older people with disability.
- That a national aids, equipment and assistive technology program be established to provide aids, equipment and assistive technology to older Australians with disability.

2.7 The effectiveness of workforce strategies in aged care services, including strategies for the education, recruitment, retention and funding of aged care workers

Refer to Section 4(2)(g) in the Act

In this context aged care workers could include:

- paid direct-care workers including: nurses personal care or community care workers; and allied health professionals such as physiotherapists and occupational therapists; and
- paid non-direct care workers including: managers who work in administration or ancillary workers who provide catering, cleaning, laundry maintenance and gardening.

As stated in Speech Pathology Australia’s submission to the Senate Community Affairs References Committee Future of Australia’s Aged Care Sector Workforce (March, 2016), the Association has argued for an Australian Government developed National Aged Care Workforce Plan. In the absence of Government support and investment, many challenges face the speech pathology profession that will have direct negative implications for the quality of life and wellbeing of older people. It is essential that this Workforce Plan identifies areas of critical need of workforce supply and demand (across the varied type of aged care supports – including allied health), including services, rurality, and special population groups and delineates clear and achievable timelines.

At present, there is a significant lack of robust data about the speech pathology profession and the prevalence of communication and swallowing disorders, limiting the capability to make a quantifiable estimate of the increase in demand that is being experienced with the reforms to the aged care sector. However, it is reasonable to expect a significant and steady increase in demand for speech pathology services for older Australians in the coming decades. This is due to the ageing profile of the Australian population and the increase in prevalence and incidence of age-related swallowing and communication problems. Demand will also be influenced by the significant increase in comorbidities (particular with mental health) that add complexity to clinical care for all practitioners involved in the care of that older person (not just the speech pathologist).

There are a number of factors impacting on the speech pathology workforce’s ability to meet the current and future needs of older Australians. Some of these factors are within the control of the Australian and state governments, yet some do require commitment and collaboration with the wider aged care workforce sector.

These factors include:
1. Lack of government collected and reported data on the speech pathology workforce
2. Competition for services from the disability and health workforce sectors
3. Rural, regional and remote speech pathology practice maldistribution
4. The reduced scope of practice for speech pathologists currently working in aged care (with restricted opportunities to work in their field of communication, with funding largely targeted to diagnosis and treatment of swallowing related problems)
5. Trends in specialisation versus generalism in the speech pathology profession
6. Difficulties accessing sufficient clinical placements in the training of speech pathology to work in the aged care sector
7. Intention to use allied health assistants as a workforce substitution instead of employing or contracting qualified allied health professionals, such as speech pathologists
Recent research undertaken by Dr Michelle Bennett (Australian Catholic University) and Dr Jade Cartwright (The University of Melbourne) constituted the first national workforce survey into speech pathology service provision in aged care in Australia. This included a national survey in late 2015 of 145 speech pathologists from a range of service settings across Australia. The research found that the aged care speech pathology workforce is largely female and based in metropolitan areas. Most speech pathologists working with older people are primarily employed in hospital settings, with a small proportion working in residential aged care and an even smaller proportion working in community health. This is in direct opposition to aged care reform aiming to keep people living in their own homes for as long as possible. Regardless of work setting (hospital, community, and residential aged care), speech pathologists predominantly provide services for dysphagia (swallowing) management, with limited scope to deliver communication services.

The findings of this research highlight that the speech pathology workforce is underfunded (in terms of public funding of services) and currently ill-prepared to meet the increasing demand in services. Furthermore, regulatory frameworks and risk-adverse cultures of care within aged care settings can pose additional barriers to service provision, along with a concerning lack of professional support, mentoring, and clinical supervision, and professional development for speech pathologists working in the sector. Speech pathologists also report working in highly fragmented and siloed models of care, often on a consultative basis that detracts from coordinated and collaborative interprofessional care.

The employment of speech pathologists within the aged care sector in Australia is not straightforward or consistent. There are a range of employment situations in place depending on the site of service delivery. Our workforce is adapting to changing trends in government funding streams and arrangements and there has been a significant increase in the privatisation of the speech pathology workforce in recent years, with a trend towards contracting private speech pathology services in aged care settings. Furthermore, Speech Pathology Australia members in private practice are reporting increasing complexity with the sub-contracting and privatisation arrangements and tendering processes being requested of them by aged care providers. These contracting requirements are placing heavy administrative demands on the private speech pathology workforce – and act as a disincentive for private speech pathologists to provide services to older people in residential aged care.

Within the private sector, there are challenges in ensuring that there are (and will be in the future) adequate supply of speech pathologists to meet the needs of older Australians. This is not just a ‘numbers game’ of counting the supply line of speech pathology practitioners through their training processes – it relates directly to funding structures that make the provision of speech pathology services to older Australians through the private sector less attractive than providing services to other clients (for example through the NDIS, Workcover/TAC, private health insurance or the Medicare Benefits Scheme). There already exists significant competition for access to the private speech pathology workforce from the health, education and disability sectors, and this competition is anticipated to continue. To support speech pathologists working in the private sector with older people, appropriate remuneration frameworks are required to recognise actual costs of travel for home or community based service provision. Remuneration frameworks need to be comparable with the NDIS (in particular) or private practice speech pathologists will move away from the aged care sector.

The current reforms to the aged care sector aim to provide consumer-directed care and supports – essentially creating a private, competitive market for aged care services. Government funding streams and policies are intimately related to whether or not a private market develops in such a way as to allow consumer choice, as these are essential elements to encourage greater numbers of private speech pathologists to work with older Australians. To achieve a future where there is an adequate speech pathology workforce to meet the specific needs of older Australians, governments’ funding and policies need to act to incentivise (or at the very least not to dis-incentivise) private practitioners to provide services for older Australians.
2.8 The effectiveness of arrangements for protecting refundable deposits and accommodation bonds

Refer to Section 4(2)(h) in the Act

In this context:

- arrangements for protecting refundable deposits and accommodation bonds means the operation of the Aged Care Accommodation Bond Guarantee Scheme.

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2.9 The effectiveness of arrangements for facilitating access to aged care services

Refer to Section 4(2)(i) in the Act

In this context access to aged care services means:

- how aged care information is accessed; and
- how consumers access aged care services through the aged care assessment process.

Speech Pathology Australia has specific concerns regarding how older people with cognitive and/or communication difficulties access aged care services. Feedback from speech pathologists working in community-based aged care services indicates that very few referrals are received directly from Regional Assessment Service and ACAT assessors. The majority of referrals of older people to speech pathologists are received internally from allied health colleagues or from hospital-based speech pathologists following an acute hospital admission.

The lack of referral to community speech pathology services for older Australians has a number of significant implications for older people. For example, receiving referrals following an acute admission means that a window of opportunity for preventative intervention (e.g. wellness and reablement services) is being missed that could prevent costly hospital admissions and enable people to remain living at home longer. Lack of timely referral to speech pathology can be life threatening, particularly in relation to the management of swallowing difficulties. Choking is the second leading cause of unexpected deaths in residential aged care facilities and swallowing difficulties can have significant negative consequences for an older person’s wellbeing and quality of life.

There are a number of factors presenting barriers to access to speech pathology services for older people including:

- Challenges posed by a web and phone based aged care entry-system that requires highly proficient cognitive and communication abilities to navigate and access aged care services.
- Limited knowledge regarding the full scope of speech pathology services that may be of benefit to older Australians with communication, swallowing and mealtime support needs across all levels of the aged care system (e.g. My Aged Care contact centre staff, Regional Assessment Service and ACAT assessors, GPs, consumers).
- An insufficient number of speech pathologists employed directly by aged care organisations delivering community and residential aged care services.
- The heavy reliance on private speech pathology services, often delivered by sole practitioners, that is expensive and often out of reach of many older Australians given insufficient funding streams. The reliance on sub-contracted allied health services also detracts from provision of integrated multi-disciplinary care that is considered best practice.
- Inadequacy of the National Screening and Assessment Form and Aged Care Funding Instrument to accurately assess and identify an older person’s communication and/or swallowing support needs and appropriately fund speech pathology services, (most notably communication services).
- Limited access to the My Aged Care provider portal by individual service providers, including speech pathologists, in order to request and accept referrals and view a person's support plan. Feedback received from members working in community health indicates that they do not have access to the portal due to logistical constraints (e.g. time taken to set up and train staff members) and IT barriers (e.g. system compatibility issues). If portal access was improved or mandated, timeliness of service access, continuity of
care and communication and handover processes would be enhanced. Alternatively, mechanisms to allow service providers to initiate or request support plan reviews without access to the portal should be considered (e.g. modification of the online referral form).

To address a number of the above barriers, information must be presented in appropriate formats to ensure effective and reliable communication to enable an individual to understand the service options and choices available to them. An effective method of communication and tailored communication support strategies must be in place for a person with cognitive and/or communication difficulties to allow them to voice their own preferences for services.

My Aged Care assessors require the skills and knowledge to be able to understand the range, nature and impact of communication difficulties associated with ageing. They need to be able to consistently identify communication impairment in older people they see and provide individuals with access to appropriate communication supports. This is dependent on mandatory training and education regarding how to communicate effectively with older people with cognitive and/or communication difficulties.

Changes are required to the National Screening and Assessment Form to ensure that communication and swallowing support needs are adequately identified. For conditions where communication and swallowing difficulties are highly prevalent (e.g. dementia, stroke, Parkinson’s disease, Huntington’s disease, Motor Neurone Disease, head and neck cancer) mandatory questions relating to communication and swallowing should be triggered. Currently, questions are not sufficiently detailed to identify subtle swallowing difficulties (which may still pose a significant risk to the person’s health and safety), or problems not openly identified by the older person, either due to embarrassment or lack of awareness due to cognitive or memory deficits. Regional Assessment Service and ACAT assessors should be able to identify the early signs of eating, drinking and swallowing difficulties and to identify those requiring specialist referral to a speech pathologist to prevent negative health consequences and costly hospital admissions.

Once communication, swallowing and/or mealtime support needs have been identified during the assessment process, referral to a speech pathologist must be triggered as an appropriate action for the Regional Assessment Service or ACAT assessor to take. However, at present access to referral pathways for identification of local services, and to allow the client to exercise choice in the delivery of services, is severely restricted by the current technical limitations of the My Aged Care Service Finder.

Speech pathologist are only listed in the My Aged Care Service Finder if they are an employee of a larger Commonwealth approved NGO or Aged Care organisation. Given the privatisation of the speech pathology market for aged care services – this means that the majority of speech pathology services available to older Australians are not listed on the My Aged Care Service Finder.

Safeguards are also required to ensure that a Regional Assessment Service or ACAT assessor is unable to overturn a referral request initiated by another health professional without sufficient reason. To illustrate this, we have received feedback from speech pathologists about incidences where hospital-based speech pathologists have initiated a referral to My Aged Care on a consumer’s behalf following a hospital admission, explicitly requesting referral to a community-based speech pathologist for follow up care. It is then up to the discretion of the Regional Assessment Service or ACAT assessor to determine whether that referral is actioned or not. In instances where a provider is not easily located in the service finder system or the assessor has limited understanding of communication or swallowing difficulties and support needs, this referral may not be made, at significant risk to the older person.

It is unacceptable that Regional Assessment Service or ACAT Assessors are over-riding clinical recommendations for a consumer because of the inadequacy of documented referral pathways or because of technical problems with the My Aged Care Service Finder. This presents an unacceptable risk to people’s health and safety that requires an urgent resolution – but to date Speech Pathology Australia has been unsuccessful in advocating for a sensible or timely solution to having private practice speech pathologists listed on the My Aged Care Service Finder.

Speech pathologists working privately in the community report similar challenges. Referrals from Regional Assessment Service or ACAT assessors are only received when an individual assessor is prepared to go the extra mile to source an appropriate private speech pathologist. This relates to the fact that non-commonwealth funded speech pathology services are currently not listed on the My Aged Care Service Finder, presenting a major barrier to service access.

Feedback received from Speech Pathology Australia members indicates that how referrals are made to speech pathologists by Regional Assessment Service and ACAT teams are currently highly variable across assessment teams and aged care providers. This variability is not (in the view of Speech Pathology Australia) an appropriate variation based on local context factors, but reflects the lack of systematic processes for referral, automation of documentation and processes and inadequate information about available providers within the aged care system. This situation is at odds with the Australian Government’s documented vision of a nationally streamlined and equitable system.
3. Other comments

Speech Pathology Australia welcomes the opportunity to provide comment to the Aged Care Legislated Review. Speech pathologists are the university trained allied health professionals with expertise in treating communication disorders and swallowing difficulties (dysphagia). Speech Pathology Australia is the peak professional body representing speech pathologists in Australia. The Association currently provides professional support services to more than 7,500 practising speech pathologists in Australia, with over 24 per cent of current members identifying that they work with older people. Speech pathologists work with older Australians to provide services across the continuum of: services delivered in the home, community based services, and those provided to older people living in residential aged care.

There are a range of special interest groups (member communities) supported by the Association in relation to specific areas of practice or clinical interests. The Association supports participation of members in an internal Aged Care Working Party and there is an active Ageing and Aged Care online network as well as a number of state based special interest groups, whereby members share information regarding topics relevant to speech pathology services required by older people. To date speech pathology is not an included profession in the National Registration and Accreditation Scheme (NRAS) administered through the Australian Health Practitioners Regulation Agency (AHPRA). Subsequently, Speech Pathology Australia maintains robust self-regulation of its members mirroring that required by NRAS in relation to monitoring and systematic self-regulation mechanisms for quality and safety in the delivery of health care by practitioners. This includes responsibilities for developing and maintaining the clinical, educational and ethical standards that promote high quality and safe speech pathology care.

In 2014, speech pathology services across the lifespan were investigated with a federal inquiry by the Senate Community Affairs References Committee into the prevalence of speech, language and communication disorders and speech pathology services in Australia. The final (and bipartisan) report from the Committee recommended a range of improvements that should be made to improve the health outcomes for Australians with communication and swallowing difficulties and made specific recommendations about the role of speech pathology in the aged care sector. These recommendations align well with recent work by our Association as members of the National Aged Care Alliance. At the time of writing, a government response to the Senate’s recommendations has not been tabled.

Communication problems encompass difficulties with speech (producing spoken language), understanding or using language, voice, fluency (stuttering), and pragmatics (the social use of language), or a combination of areas. Swallowing problems (dysphagia) affect the ability to safely swallow food or liquids and can lead to medical complications including malnutrition, chest infections/pneumonia and death. Difficulties in communication and swallowing can occur in isolation or the patient may have difficulties in more than one area. For example a person may have speech, expressive and/or receptive language, and swallowing difficulties following a stroke. Communication and swallowing difficulties can arise from a range of conditions and may be present from birth (e.g., cleft palate, Down Syndrome or Autism Spectrum Disorder), emerge during early childhood (e.g., stuttering, severe speech sound disorder), or during adult years (e.g., traumatic brain injury, stroke and head/neck cancers) or be present in the elderly (e.g., dementia, Alzheimer’s disease, Parkinson’s disease).

While communication problems affect people across the lifespan, the prevalence and complexity of these disorders increase with age. Both communication and swallowing functions are vulnerable to the natural ageing process with changes in anatomy, physiology, sensory and motor functioning leading to reduced function and increased risk in relation to eating and drinking safely. Similarly, the body’s natural ageing process can impact on memory, processing speed, voice, hearing, and speech processes which can have an effect on how effectively the older person can communicate. It is important to note that even subtle age-related changes in communication skills such as voice have been demonstrated to have a significant impact on a person’s everyday life and social participation.

There is of course the added possibility of disease or disorder in older Australians, and many common age related conditions including stroke, dementia and Parkinson’s disease have a high prevalence of communication and swallowing problems associated with them. The communication problems associated with ageing vary significantly in type and severity. Incidence and prevalence figures for both communication and swallowing problems in older people are commonly related to specific disorders/diseases, for example, stroke, Parkinson’s disease, Alzheimer’s disease or mental health conditions.

Specific data on swallowing and communication problems known to effect older Australians include: 15-30 per cent of people aged 65+ living in the community, 50 per cent of older adults in nursing homes, 50-78 per cent of people who have had a stroke; with 49,000 stroke events in Australia in 2012 the incidence of dysphagia following stroke is between 24,000 and 38,000 new cases in Australia every year; 84 per cent of people with Parkinson’s disease, 100 per cent of people with Alzheimer’s, at some point in their disease progression, 33 per cent of all people who have had a stroke suffer from Aphasia (the impaired ability to understand or use language). Of all people 65+ with a disability living in the community, 3 per cent report a need for assistance with
We believe that these figures from the Survey of Disability, Ageing and Carers underestimate the true prevalence of disorders of communication in the elderly.

One in four Australians over the age of 85 has dementia. Communication difficulties are a characteristic feature of the syndrome, affecting both expressive and receptive (comprehension) language abilities. Word finding difficulties are among the first symptoms of Alzheimer’s disease resulting in early changes in a person’s ability to follow and keep track of conversations. Language abilities deteriorate as the disease progresses and in the advanced stages of dementia communication is severely compromised.

References


