Ageing Successfully in Place

‘Building the Capacity of the Disability Services Sector in Western Australia to Meet the Changing Needs of People with a Disability who are Ageing’
Acknowledgments

The project has been guided by National Disability Services WA Ageing and Disability Committee, which comprises representatives from various disability services that are interested in the issue of disability and ageing including:

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- Janet Wagland Brightwater Care Group
- Marina Re Association for the Blind
- Mario Gallo The Centre for Cerebral Palsy
- Simone Flavelle DADAA
- Helen Payne My Place
- Judith Chernysh Disability Services Commission (to July 07)
- Francine Holder Disability Services Commission (from Aug 07)

National Disability Services WA acknowledges the support of the Disability Service Commission who provided a Strategic Plan Grant to fund this project.

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Introduction

The social and economic impacts of the ageing population are a current priority for Australian policy makers. Within the ageing population is the cohort of people with a lifelong disability. They represent one of the smallest but most rapidly growing groups\(^1\). This relatively new and emerging population are challenging the capacity of existing disability service structures. Policy makers and disability, health and ageing service providers alike have less experience of and are under prepared in terms of knowledge, experience and expertise. This scarcity of knowledge, experience or expertise on behalf of these critical service sectors is compromising the successful ageing of people with a pre-existing disability\(^2\).

This paper aims to bridge the knowledge gap in ageing and disability. Specifically, this paper seeks to support the disability sector to respond to the changing needs of people with a disability as they age by providing an overview of current literature and best practice in this area. The paper will provide the basis of a forum to consider current practice strengths and challenges in relation to disability and ageing.

It is important to recognise that access to appropriate resources, in the face of changing and/or increasing individual needs associated with ageing, is critical for ongoing disability service sustainability. While this project seeks to increase the capacity of disability service providers to meet the needs of people with a disability as they age within existing resources, National Disability Services WA acknowledges that additional resources (and at times additional support systems such as health and aged care services) may be required for people with a disability to age successfully in place. Furthermore in some situations, despite every effort, the disability service sector may be unable (or not the best environment) to support a person to age successfully.

The first part of this discussion paper provides the definitions and concepts associated with disability and ageing. It is important that we share a consistent understanding of the concept of successful ageing in place. The second section of the paper addresses the notion of double disadvantage. The double disadvantage is used as a way of describing the circumstances often experienced by people with a disability as they age. Finally the paper proposes specific strategies to increase the capacity

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of disability services to meet the needs of people with a disability as they age. The strategies are divided into three sections firstly, strategies focusing on the individual, secondly, the environment and finally, service management. This provides a framework for reflecting and improving service practice.
Understanding Disability and Ageing

There are a number of concepts that underpin service practice for people with disability who are ageing. It is helpful to consider these to ensure that all stakeholders have a common understanding of their meaning.

Ageing

"Ageing can be defined as the process of progressive change in the biological, psychological and social structure of individuals. For statistical purposes, ‘the aged’ are commonly placed into specific age groups, for example those aged 60 years and above, depending on cultural and personal perceptions. However, ageing is a life-long process, which begins before we are born and continues throughout life."³

Bigby identifies three particular theoretical perspectives on ageing⁴:

- **biological** – physical changes that affect health and reduce physical functioning;
- **psychological** – changes in mental functioning, such as memory, learning, personality and emotional coping; and
- **social** – changing roles and relationship with family, friends and the broader social structure.

Bringing these perspectives together is the ‘biopsychosocial’ approach which sees ageing as a complex interaction between these three areas.

Ageing is a developmental process and biological ageing produces changes that effect all body organs and systems. People with developmental disabilities generally experience the same changes and medical/mental health problems associated with ageing as the rest of the population. Age-related changes can occur at an earlier age, therefore chronological age is not an appropriate measure of ageing in this population⁵.

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⁵ The Impact of Age Related Changes on the Functioning of Older Adults with Developmental Disabilities, Susan M. Nochajski; in Ageing and Developmental Disability: Current Research, Programming and Practice Implications; Joy Hammel and Susan M. Nochajski (eds).
Obviously, the ageing process is unique to each individual, particularly due to their health and medical condition prior to ageing, different physical manifestations of ageing can be attributed to specific disability types. The interaction of these age-related changes can impact on the individual’s functional abilities and therefore on the level of support they require particularly to age in place and to continue to participate in community life.

Diagram 1: Biopsychosocial model of ageing
Successful Ageing

There are various ways of understanding what it means to age successfully.

Quality of Life Framework for Successful Ageing

The quality of life framework uses key life domains as a framework for successful ageing. Quality of life includes:

- physical well being (e.g. physical health, health care, nutrition, exercise, mobility and absence of pain and discomfort);
- emotional well being (e.g. mental health, happiness and absence of stress and anxiety);
- interpersonal relationships (e.g. maintenance of social relationships);
- material well being (e.g. financial security, possessions);
- personal development (e.g. maintenance and development of cognitive and adaptive functioning);
- self-determination;
- social inclusion; and
- rights.

This quality of life framework provides guiding principles against which successful aging in place can be measured.

Active Ageing

The World Health Organisation uses the model of active ageing ‘the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age.

Six Senses Framework for Successful Ageing

The ‘six senses’ framework is a more subjective approach that considers outcomes in relation to subjective views and the perceptions of the individual in terms of the realization of a sense of:

- security;
- continuity;
- belonging;
- purpose;
- achievement; and
- significance.

Achieving or maintaining these ‘six senses’ as people age would be another sign of successful ageing.

Q1. How do you define successful ageing?

**Ageing in Place**

The concept of ‘ageing in place’ ‘is a concept with multiple meanings. It implies the aging of people within familiar environments and the accompanying changes that occur as they become older…. it is based on numerous assumptions about client self-determination, least restrictive environment, the value of home, and the quality of life’.9

Home is a place not only ‘where our heart is’ but also where we have a history and our social connections are built. Ageing in place can refer to a person’s preference to age in what they see as ‘their own home’. In the broader sense the concept can be considered as not just the physical home but the local community or social circles, where people also have a ‘place’. If people do have a sense of place within their home, social networks and local community, then where possible, keeping people within (or connected to) this place is likely to improve a person’s quality of life as they age.

It is important to note that the notion of ‘ageing in place’, in the broader sense, for some people with a disability is difficult to comprehend as socially people may have spent large parts of their lives displaced and isolated from community life.

**Q2. What does ‘ageing in place’ mean to you?**

**Residential Aged Care**

In principle, the disability sector generally supports peoples’ right to age in place (which often means supported by disability services), where required. In practice the individual circumstances and the aim to seek optimum outcomes will drive the supports required in each situation. Some people with a disability may require residential aged care at some point in the ageing process.

Against the quality of life framework, Residential Aged Care (RAC) will be one of a number of options available to support people with disabilities as they age. Residential aged care may provide the best option for the individual in some circumstances.

**Q3. How do we decide whether Residential Aged Care is the least restrictive option?**

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Double Disadvantage: Ageing for People with a Disability

People with a disability who are ageing are not a uniform group. Each person will have individual factors that impact on the ageing process. Some people with a disability are likely to experience early onset ageing associated with their disability (and others will experience later onset of ageing). Therefore chronological age may not be a sufficient factor in identifying people with a disability who are ageing.

People with a disability tend to approach ageing with existing disadvantage, both at a systems and personal level. For example at the systems level people with a disability are more likely to experience poor health outcomes, social isolation and poverty when entering the ageing life stage compared to citizens without a disability. At a personal level some types of disability increase the likelihood of early onset ageing (and associated complications) such as the prevalence of early onset dementia in some people with Down Syndrome or the lifelong impact of significant physical disability and early onset secondary disabilities or health complications associated with ageing.

People with a disability often have limited financial resources due to low rates of participation in employment and life long reliance on disability support pension. This weakens an individual’s ability to purchase resources such as home help and personal care or to self fund home adaptation to increase the likelihood of successful ageing. Bigby cites high rates of unsuitable day activities and inappropriate placement in aged care as examples of where service systems are failing people with a disability who are ageing.

The existing disadvantage that is experienced by people with a disability as they enter old age, highlights the importance of developing a responsive service system that can prevent, minimise and/or effectively respond to these disadvantages. If these factors are improved it increases the likelihood that people will reach old age in the best possible position to maximise the opportunity for successful ageing.


Diagram 2: Ageing through the Quality of Life Lens

**Exercise 1.** On the diagram 2 (above) think about two people you know in their late 50’s. Think of one person who has had a life long disability and one who does not have a disability. Rate your perception of each area of quality of life on the diagram for each person. Rate a number between 1 and 10 for each person. (1 being poor and 10 being excellent)

**Q4. How can we improve the circumstances of people with a disability to ensure they reach older age in the best possible position to achieve successful ageing?**
Increasing the Capacity of Disability Services

This discussion paper aims to extend the capacity of disability services to meet the changing needs of people with a disability who are ageing. Many service providers have increased their capacity, as they develop expertise around individual cases. This section of the paper brings together suggested strategies from the current literature (and actual examples from the West Australian disability sector), to guide disability services in developing their capacity to support people to successfully age in place.

While these strategies provide a framework for better practice in supporting people with a disability who are ageing, their application requires analysis of the priorities and relevance of each strategy against the needs of individuals, the environment and the service context. The following key criteria are proposed as principles of effective delivery of service to older people with disabilities:

- Provision of choice and individualised planning;
- Maintenance and strengthening of social networks;
- Support for participation in the community;
- Maintenance of skills;
- Opportunities for self expression and sense of self; and
- Promotion of health and a healthy lifestyle.

The strategies proposed in this paper will assist service providers to achieve these key criteria. The strategies include:

1. Individual Strategies
   a. Effectively Identifying and Responding to Individual Needs
   b. Access to Good Quality Health Care
   c. Improved Wellbeing
   d. Balanced Lifestyle
   e. Access to Therapy and Assistive Technology
   f. Timely and Accurate Assessment of Age Related Need

2. Environment Strategies
   g. Universal Housing Design and Adaptation
   h. Minimising the Risk of Falls
   i. Dementia and the Environment

3. Service Practice Strategies
   j. Service Culture
   k. Cross Service Collaboration
   l. Policies and Procedures
   m. Staff Training

1. Individual

a. Effectively Identifying and Responding to Individual Needs

Disability service quality is strongly associated with the ability to tailor service interventions and supports to an individual's needs and preferences\(^\text{16}\). Effective individual planning provides a foundation for effective supports. Services are designed around the needs and directions identified within the planning process.

Individual planning methodologies are used by disability services to identify an individual's needs and target resources and support accordingly. Individual planning in itself does not guarantee service quality nevertheless its absence has a strong correlation with poor service outcomes. It is therefore important for organisations to provide individualised planning (whether formal or informal) in a way that maximizes the likelihood of its effectiveness and to ensure that service resources and strategies are allocated effectively, to meet the needs identified.

Timely and effective individualised planning provides a strong foundation for increasing disability service capacity to meet the needs of people with a disability who are ageing. Individualised planning allows services to identify age related needs and target resources (both formal and informal) effectively to meet these needs. The disability sector has been emerged in the dialogue of individualised planning for several decades. Initially planning tools were called Individual Program Plans, later Personal Future Planning\(^\text{17}\) and more recently Person Centred Plans. Despite the presence of a myriad of tools, the actual effectiveness of these strategies remains diverse, with some examples of high achievements in certain cases and others resulting in questionable or poor outcomes.

The effectiveness of individualised planning can be compromised by:

- limited involvement of the person and/or stakeholders;
- not knowing the person well and therefore overlooking some of the person's real and important needs;
- inadequate planning tools or strategy;
- limited commitment from key stakeholders to the process;
- overlooking informal (natural) opportunities in a person's life;
- insufficient resources to target support to meet the person's needs; and/or


\(^{17}\) O'BRIEN, John (1986) A guide to personal futures planning AAMR
• poor assessment and review processes.

In the context of people with a disability who are ageing, it is critical that disability services are effectively targeted to meet the current and changing needs of individuals. The planning tool (or strategy) used by your organisation needs to be sensitive to the age related needs of individuals. Therefore the planning process needs to consider such issues as related age related health needs, financial planning for retirement and transition to retirement.

Effective individual planning provides a basis for targeting supports however the process needs to:
- be applied in a timely and regular manner;
- include a methodology that covers broad aspects of the life course in relation to ageing such as age related health needs, retirement planning and application of assistive technology;
- be linked to allocation of effective service strategies to meet an individuals identified needs; and
- involve relevant stakeholders.

Diagram 3: Identifying and responding to individual needs

Finally, the effectiveness of the planning process can be compromised by a failure to put the plan into action. The best planning in the world is insignificant if it is not supported with adequate levels of action (and resources).

Q5. How effective are the individualised planning methods used by your organisation?

Q6. Do planning methods adequately capture a person’s age related needs?

Q7. How could individualised planning be improved?
b. Access to Good Quality Health Care

People with a disability tend to experience poor health outcomes compared to the general community\(^\text{18}\). This can be due to number of factors including:

- inexperience of general practitioners (and other specialists) in understanding the needs of people with a disability;
- effects of the long term usage of some medications;
- poor physical access to some health services;
- low rates, compared to the general population, of health screening (for example lower rates of screening for cervical and breast cancer in women, and prostate cancer in men);
- communication barriers that make it difficult to identify pain and symptoms required for accurate diagnosis of ill health;
- observations by care givers sometimes are not given proper credit as they are not ‘health professionals’;
- an inability by disability services and staff to advocate adequately for people with a disability in the health sector;
- inability of both health and disability workers to communicate an issue effectively (both professional and non professional staff);
- lack of experiences, among medical professionals, about how to facilitate medical exams with a person with a disability and limited time for consultation (standard 15 minutes);
- health complications associated with disability:
  - a tendency to attribute health related issues to the pre-existing disability rather than looking for other causes; and
  - late/delayed recognition of health related symptoms by care givers exacerbated by a tendency for people with a disability to not complain about symptoms due to their lack of capacity to do so.

Health outcomes need to be improved to ensure people with a disability have the maximum opportunity to achieve their potential as they age.

Increasingly disability service providers are influencing better health outcomes for people with a disability by supporting people to obtain adequate medical advice.

The following provide some considerations and strategies for improving capacity of disability services to meet the needs of people with a disability by improving health outcomes.

1. **Annual Health Assessment** - People with a disability should be encouraged to have an annual health assessment. Annual health assessments can improve likelihood of diagnosis and timely treatment. For example in Queensland the use of the ‘Comprehensive Health Assessment Program (CHAP) produced a substantial increase in GPs’ attention to the health needs of adults with intellectual disability with concomitantly more disease detection\(^\text{19}\).

Recent changes to Medicare (July 2007) allow people with an intellectual disability to have an annual health assessment by their GP covered by Medicare. This is under the Medicare health assessment items 718 and 719. The GP gets consent for the assessment from the patient, or if he or she does not understand, from a family member or other representative.

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Information pertaining to the **Intellectual Disability Health Assessment** including:
- Fact Sheet
- Questions & Answers
- Intellectual Disability Health Assessment Proforma
- Consumer Brochure
2. **General Practitioner** - People with a disability need to have access to a skilled General Practitioner (GP) who understands their individual needs. Finding the right GP for people with a disability is an important consideration. The GP’s office needs to be accessible and responsive to the particular needs of the individual (for example some people may require a general practitioner who is willing to provide home visits as required).

Similarly, it is important to build a good rapport with the GP so that health matters can be discussed thoroughly. The GP will need to be supported to understand the particular needs of the person with a disability. It is recommended that the education of health professionals focus on communication skills with the person and knowledge of any medical conditions and risk factors that occur more frequently with the person’s disability. 

The following publication could assist the General Practitioner if the person has an Intellectual Disability.

**Health Care in People with Intellectual Disability: Guidelines for General Practitioners.** Centre for Developmental Disability Studies

These Guidelines are designed to assist general practitioners to provide comprehensive health care to people with intellectual disability. They provide information about commonly occurring health conditions that need to be screened for in people with intellectual disability. Associated with these Guidelines is a Health Assessment Tool, a checklist to ensure that the major health issues are identified.


**Learning about Intellectual Disabilities and Health**

Learning about Intellectual Disabilities and Health is a UK web-based learning resource for medical and health care students and practitioners. The main aim of this site is to provide up-to-date information for busy practitioners and students about the health needs of people with intellectual disabilities.

http://www.intellectualdisability.info/home/about.html

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3. **Pharmacist** - developing a sound relationship with a pharmacist can benefit people with a disability by being an avenue for advice. People with a disability may regularly require medication and often will require more than one medication. The need for medication can increase with age. Advice from a pharmacist can provide a safeguard against interaction of medication and side effects.

The pharmacist can support the person and service provider to provide a regular assessment and monitoring of medication (both prescribed and over the counter) to identify risks of adverse interaction.

4. **Advocacy** - People with a disability may require support to ensure they get valuable medical advice. People may need to be supported to effectively communicate all their symptoms. Ensuring the person is accompanied by someone who knows them well can be very important. Advocacy should be provided on such matters as:
   - dissatisfaction with diagnosis or treatment;
   - accessing regular comprehensive health assessments;
   - ensuring health care plans are developed, where appropriate; and
   - seeking further medical advice when required such as referral to a specialist.

5. **Accessing Health Professional Staff**, where required - Employing or contracting specialist staff such as registered nurse, therapists or ageing specialist to provide services or train and supervise support workers may increase the capacity of disability services to support people with a disability to age successfully in place.
6. **Accurately Recording Person's Symptoms and Medical History** - It is important that comprehensive medical records are maintained to inform health care planning. These records should include any symptoms and treatment over time, any seizures, and prescribed and/or over the counter medication. It is recommended that people with an intellectual disability have a tailored health plan that includes:
   - their health status and their particular risks;
   - a health action plan based on their individual needs (which should be regularly updated)²¹.

Simplified communication checklists for asking health questions of people with a disability can be used. Similarly tools such as pain charts to use with people with a disability who have limited communication skills can be developed.

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**Personal Health Care Diaries**

A Personal Health Diary is a booklet that easily fits into a person's pocket or handbag. It contains information about an individual's personal details and health status that is concise and easy to read. It provides contact details to gain access to further information if needed. It also provides general information on medical conditions, medication, immunisation status and personal abilities.

To receive a copy contact the Disability Service Commission Health Resource and Consultancy team on free call 1800 004 544, TTY 9426 9315

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7. **Competent Support Workers** - To improve the health outcomes of people with a disability who are ageing, competent support workers will be required to effectively advocate with or on behalf of people, where required. The support workers are likely to require skills in the identification and recording of symptoms and changes in health status. The support workers role may include raising awareness of potential health issues associated with ageing for people with a disability.

Health management
The following information is available from the DSC website.

**Health Management Tip Sheets**
Autistic disorders, Cerebral Palsy, Down syndrome, Fragile X, Rett Syndrome

**Other health resources**
- Breast Health Guide - Full guide to Breast Health. Includes information on breast awareness, clinical breast examination and mammography screening.
- Breast Health - Information for Supporters and Carers - Information regarding breast health specifically for use of carers and supporters.
- Calf and Hamstring Muscles - Activities and stretching exercises
- Fitting Footwear - Information on correct fitting of footwear
- Good Hearing Practices - Information for carers of people with disabilities
- LLADD Assessment Form - Lower Limb Assessment for Diabetes, Disability and Communication Barriers. Tests to assess foot risk status.
- Lower limb assessment for Disability, Diabetes and Communication Barriers - Resource Booklet Part 2. To accompany LADD assessment form
- Toe-Walking - How to reduce toe walking - Information for carers
- Toenail Care - Information on foot care for carers

8. **Health Promotion for People with a Disability** - People with a disability should be provided with health promotion and health education, where appropriate. Education has been shown to improve health outcomes. For example participation in a health promotion program for people with intellectual disability who were overweight resulted in weight loss\(^2\).

**Exercise and nutrition health education curriculum for adults with developmental disabilities.** (2006, 3rd Ed.). Marks, B.A., Heller, T., & Sisirak, J.

This innovative curriculum is a 12-week interactive program specifically designed for individuals with developmental disabilities (DD). Each week, participants enjoy three 1-hour sessions, where they are encouraged to understand their attitudes toward health, food and exercise; to gain skills and knowledge about healthy eating and exercising; to identify food and exercise preferences; to participate in food preparation and exercise activities; and, to locate places in their community where they can exercise regularly. Strategies that are woven throughout this curriculum include making choices, self-determination, self-efficacy, self-advocacy, and rights and responsibility, along with problem-solving techniques and conflict resolution. Direct staff or health professionals can easily adapt the curriculum to meet the unique needs and capacities of individuals with DD and their agencies. The RRTCADD can provide train-the-trainer sessions for agencies or groups to familiarize facilitators with the curriculum philosophy, goals and training materials. Training session(s) simulate experiences similar to the actual health education program. Trainers-in-training are encouraged to complete exercises that they will ask future participants to do.

Table of Contents and Sample Files from the Curriculum: [http://www.uic.edu/orgs/rtcamr/hptcurriculum.htm](http://www.uic.edu/orgs/rtcamr/hptcurriculum.htm)

Q8. **What other strategies improve health outcomes for people with a disability?**

Q9. **How can your organization improve practices to ensure maximum health outcomes are achieved for people with a disability as they age?**

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c. Improving Wellbeing

A person's health and lifestyle have a significant impact on successful ageing and yet there is very little promotional material on healthy ageing featuring people with a disability. Where a Healthy Ageing Policy is adopted and promoted within the disability sector then this is beneficial. The accessibility of community leisure programs also influences the capacity of people with a disability who are ageing to lead an active lifestyle. As a long term measure, Dr Christine Bigby recommends that healthy lifestyles are actively promoted in all programs for people with a disability.

Disability services need to be provided in a way that promotes a healthy lifestyle. This will include attention to:

- Healthy Diet
- Exercise and Activity
- Sufficient Sleep and Rest
- Promotion of a Balanced Lifestyle
- Social interaction

Support staff and people with disabilities should be actively engaged in education on healthy living.

Victorian Department of Human Services has several freely downloadable resources to provide information for support workers, families and people with a disability improving wellbeing.

- **Strong Bones**: Osteoporosis awareness strategy – a series of resources to increase the awareness of the high risk of osteoporosis for people with a disability
- **Edible Gardens**: promoting a healthy lifestyle through creating vegetable and herb gardens
- **Nutrition and food safety** education for direct support workers
- **Keep it Moving**: Preventing Constipation – fact sheets to assist people with a disability to prevent constipation through a healthy lifestyle.


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23 Ensuring Successful Ageing: Report of a National Study of Day Support Service Options for Older Adults with a Disability; La Trobe University, School of Social Work and Social Policy; December 2000; pg. viii

24 Ensuring Successful Ageing: Report of a National Study of Day Support Service Options for Older Adults with a Disability; La Trobe University, School of Social Work and Social Policy; December 2000; pg. 19
The Victorian Government has prepared a number of fact sheets for residential aged care under its ‘Well for Life’ project, which may be helpful for disability service staff. These include:

- Physical activity and older people
- Motivators for physical activity
- Incidental and leisure activity
- Increasing opportunities for walking
- Assisted exercise
- Determining optimum levels of physical activity
- Promoting independence at mealtimes
- Identifying and managing unintentional weight loss
- Dietary issues for residents with diabetes mellitus
- Drinking and fluids - maintaining hydration


| Q10. How effectively do your service practices support and promote a healthy lifestyle and wellbeing? |
| Q11. How could your organization improve in this area? |
d. Balanced Lifestyle

Successful ageing is linked to a balanced lifestyle\textsuperscript{25}. People who have a balance between activity, work, recreation, learning and development and social networks are more likely to age successfully. People with a disability may require targeted support to ensure their lifestyle is balanced. The following four areas provide an opportunity for the disability service system to improve its capacity for people with a disability who are aging to have a balanced lifestyle.

1. **Retirement from work** – People with a disability should have the opportunity to remain at work for as long as they desire, where appropriate. Where possible, work tasks and times should be modified, to encourage continued employment.

Planning for successful retirement needs to be encouraged for people with a disability who are ageing and working. A lack of effective planning can lead to social isolation when people leave work (as work can form the majority of the person’s established social networks). Similarly people are at risk of losing the skills and competencies gained through work.

People need to be supported to maintain their social networks and competencies gained through employment. People should have a choice about participating in day activities and they should also be able to spend more time at home if they wish.

2. **Promoting an active lifestyle** – Research suggests there are few targeted opportunities for meaningful day and leisure opportunities for people with disabilities as they age. For example some day support services can be diversionary, determined by support workers and dependent on management of the group rather than individual preferences, accentuated by congregate nature of activities\textsuperscript{26}. People with disabilities who are ageing should be supported to pursue meaningful activity throughout the day (and evening as appropriate). These may need to be flexibly arranged around the person’s individual aspirations and requirements.

\textsuperscript{25} World Health Organisation Active Ageing a Policy Framework http://www.euro.who.int/eprise/main/WHO/Progs/HEA/Home/

Where a person is receiving more than one service (for example accommodation and employment or day service) it is important that services work together to achieve optimal outcomes.

3. **Learning and development** - opportunities for lifelong learning and development are important for people with a disability as they age. Learning and development can support people to maintain existing or develop new skills and promote independence and maximize opportunities to age successfully. It can also support people to adapt to their changing circumstances as they age. Ageing is often associated with loss of skills and people with a disability have often been inundated with low expectations related to their potential to learn. It is critical that services create positive expectations and opportunities for people to maintain and learn new competencies as they age. Similarly people should be encouraged to maintain active roles in their household and community.

4. **Opportunities for self expression and sense of self** - creative expression and the arts can provide an important component of a balanced lifestyle throughout life especially as people age. The arts can provide people with opportunity for self expression, purpose and connection to community.

**The Lost Generation Project**
DADAA, Disability Services Commission Accommodation Services Directorate and the Western Australian community working in collaboration to reconnect individuals to their communities through art.

Q12. How does your organisation ensure people have access to a balanced lifestyle as they age?

Q13. What are some of the barriers for people with a disability who are ageing achieving a balanced lifestyle?
e. Access to Therapy and Assistive Technology

Therapy and/or assistive technology can support a person with a disability to maintain or increase their independence as they age. Therapy can counteract physical deterioration and maintain maximum movement. This relies on people having timely access to accurate therapy support and/or timely advice on the full range of equipment suitable for a person's needs.

Assistive technology can provide creative opportunities to extend a person's independence by providing solutions to increased support needs related to ageing. For example, a person whose memory is deteriorating due to dementia may be supported with equipment that provides reminders.

Occupational and physical therapists must have a good knowledge of the physical changes that are associated with disability and ageing and their impact on daily living and activities. These changes and their impact must be assessed and appropriate interventions developed to continue to support the individual.

Speech Pathology can promote communication, identify and manage changes to swallowing (dysphagia management) and monitor hearing and other age-related health problems. This therapy can be an important component of managing individual needs as people with a disability age.

The Independent Living Centre has the following publications available to download from their website:

- **Helpful Handbook for Memory Loss**
  This handbook is intended as a handy reference about products, devices, tips and hints for managing memory loss and dementia.

- **HACC WATCH Equipment and Resource Guide**
  Assist staff in their understanding of the numerous types of low-cost equipment that are commercially available and may be beneficial to their clients. The guide covers areas such as personal care, dressing, eating and drinking, food preparation and household activities.

Q14. Do people within your organization have access to therapist and assistive technology when required?
f. **Timely and Accurate Assessment of Age Related Needs**

Assessment of support needs for people with a disability (who are ageing) allow a disability service provider to monitor and address changing needs. Assessment of these needs provide direction (and evidence) for increased support. Assessment may also raise support staff awareness of a person’s development and deterioration related to ageing and/or disability, which in turn can direct service strategies to compensate for decreased skills and changing need.

People will require timely and accurate health and functional assessments related to ageing needs including functioning, cognition, hearing and vision.

Q15. Does your organisation effectively assess ageing related needs for people with a disability who are older? At what age are these assessments used?
2. Environment

g. Universal Housing Design and Adaptation
Universal design creates housing that maximises accessibility to all citizens over a lifetime. It creates housing that provides an environment that can be livable as a person’s mobility decreases or so that people who use a wheelchair can easily move around in the home.

The Independent Living Centre has the following publications available to download from their website:
- **Housing for Life Booklet** (Master Builders Association) which provides information on home modification March 2001

h. Minimising the Risk of Falls
Falls can have a significant impact for people who are ageing. A person’s age can increase the risk of low bone density and falls can cause broken bones and other associated complications. Falls are often a contributory factor for people entering residential aged care. Some people are at greater risk of falling due to muscle weakness, poor balance and side effects of some medications.

[www.stayonyourfeet.com.au](http://www.stayonyourfeet.com.au) provides a comprehensive resource that provides a checklist and other strategies to reduce the risk of falling. The nine step plan on the website to prevent falls includes:

- Step 1: Be active
- Step 2: Manage your medicines
- Step 3: Manage your health
- Step 4: Improve your balance
- Step 5: Walk tall
- Step 6: Foot care and safe footwear
- Step 7: Regularly check eyesight
- Step 8: Eat well for life
- Step 9: Identify, remove and report hazards

The website also includes a home safety checklist that provides tips to creating an environment that can minimize the risks of falls.

The Independent Living Centre has the following publications available to download from their website:
- Footwear to prevent falls
i. Dementia and the Environment

For people who acquire dementia as they age it can be important to adapt the home environment to maximize their opportunity for independence.


The New York State Developmental Disabilities Planning Council This CD-ROM video explains how adults with I/DD are affected by dementia and depicts their functional changes over time. It presents guidelines for early screenings and diagnostic assessments; explains how clinical supports can support persons with dementia and their carers; and recommends program adaptations, environmental modifications, and specialized care that enable individuals to remain in their home for longer periods of time. This 23-minute video was filmed in 2001.

http://www.uic.edu/orgs/rrtcamr/pubslist.html

**At home with dementia**

This resource provides information about how to best organize a home for a person who has dementia.

3. Service Practice

j. Service Culture

Ageing is typically seen in terms of loss and decline. It can be seen as an ‘all or nothing’ event\(^{27}\). Ageing, in reality, is experienced differently by each individual, and provides an opportunity for continued growth and development, self reflection and new opportunities. It is important that the fundamental concept of successful ageing (as defined earlier in this paper) is embedded in service culture. This provides for an opportune environment to promote effective service strategies that create successful aging in place for people with a disability.

Debate and dialogue about the underpinning assumptions associated with ageing and disability should be encouraged and challenged, where appropriate. Creating an environment conducive to successful ageing in place is a whole of organisation responsibility. All stakeholders should understand successful ageing and provide support services consistently with this philosophy.

k. Cross Service Collaboration

Where a person is using more than one disability service, for example community support and accommodation, it is important that communication between agencies is maximised to achieve the best outcomes for individuals. Individualised plans should be developed across services to ensure a relevant and tailored response to a persons needs. Opportunities for regular communication and feedback should be created between service areas, where appropriate. Effective planning for transition to retirement, where applicable should involve all key stakeholders.

l. Policies and Procedures

It is recommended that service strategies are supported by policies related to ageing such as a Healthy Ageing policy and clear policies regarding inability to continue support. Shared supported accommodation services can be faced with the challenge of balancing the needs of an individual to age in place with the needs of the household as a whole. The increasing support needs of one individual may compromise the quality of support to other house members. The development of policies that clearly outline the limits of a services capacity to continue support will increase the likelihood that, when required, these decisions are made in a fair and just manner.

m. Staff Training

Staff training, related to the specific and general needs of people with a disability, as they age is likely to provide services with increased capacity to support successful ageing in place. Specifically support staff could be provided with training in:

- Elements of successful ageing;
- Impact of ageing for people with specific disabilities for example understanding early onset ageing or the impact of ageing for people with Down Syndrome;
- Active ageing;
- Skill maintenance (and development) for people as they age;
- Understanding dementia, where required;
- Falls prevention, where required; and
- Understanding health needs and effective support to optimize health outcomes for people with a disability.

4. Coping with Loss and Grief at Work: An Aged-Care Industry Resource

This resource is designed for those who work in the Aged Care industry. However could be equally relevant for those working in disability services. It provides useful information on dealing with grief after someone you looked after dies.

Ageing Successfully in Place for People with a Disability

Individual Strategies

Health Promotion for People with a Disability
Effective Planning
Effective Action
Timely Review

Environment Strategies

Universal Housing Design and Adaptation
Preparing the environment for people with dementia
Minimising risks of falls

Service Practice Strategies

Health Policies
Successful Ageing Policy
Potential Training in:
- Elements of successful ageing:
  Impact of ageing
  Early onset ageing
  Active ageing
- Skill maintenance / development
- Understanding dementia, where required;
- Falls prevention
- Effective support to optimize health outcomes for people with a disability.

Step 1: Be active
Step 2: Manage your medicines
Step 3: Manage your health
Step 4: Improve your balance
Step 5: Walk tall
Step 6: Foot care and safe footwear
Step 7: Regularly check eyesight
Step 8: Eat well for life
Step 9: Identify, remove and report hazards

Good Pharmacist
Annual Health Assessment
Good GP
Accessing Health Professional Staff
Advocacy
Recording Health Information
Competent & Consistent Support Workers
Access to Good Quality Health Care
Effectively Identifying and Responding to Individual Needs
Improved Wellbeing
Balanced Lifestyle

Access to Therapy and Assistive Technology
Timely and Accurate Functional Assessment of Support Needs

Discontinuation of Service Policy
Successful Ageing Policy
Cross Service Collaboration
Policies and Procedures
Staff Training
Positive Service Culture

Opportunities for Self Expression
Learning
Active Lifestyle
Planning for retirement
Balancing activity, work, recreation, learning and social networks
Healthy Diet
Exercise and Activity
Sufficient Sleep and Rest
Social interaction

Competent & Consistent Support Workers

Step 1: Be active
Step 2: Manage your medicines
Step 3: Manage your health
Step 4: Improve your balance
Step 5: Walk tall
Step 6: Foot care and safe footwear
Step 7: Regularly check eyesight
Step 8: Eat well for life
Step 9: Identify, remove and report hazards
Appendix 1: About NATIONAL DISABILITY SERVICES

National Disability Services is the National Industry Association for Disability Services and is the major national peak association for disability service providers in Australia.

National Disability Services mission is to promote the development of quality services and life opportunities for Australians with disabilities. National Disability Services works to increase the capacity of disability services to operate effectively and efficiently and to influence public policy so that it is responsive to the needs of people with a disability.

Nationally, National Disability Services membership includes over 550 non-government, not for profit organisations that collectively operate several thousand services for Australians with all types of disabilities; this includes intellectual, physical, psychiatric and sensory disabilities.

Up to 80 major WA disability service providers are members of National Disability Services WA. The elected board (State Committee) is comprised of 16 CEOs and senior managers from 15 different Western Australian disability service providers. The board governs National Disability Services policy and strategic directions and monitors the organisations performance in relation to the key disability issues.

In Western Australia, National Disability Services is also responsible for the management of the Mobility Parking Program for people with a disability and the Companion Card. The Mobility Parking Program is an extensive direct service provided for people with a mobility disability and over 50,000 permits are currently on issue in WA.