

19 Conclusion

This chapter draws out the most salient information on ageing and disability, for disability administrators to consider when planning the evolution of services.

The findings are discussed under three main headings:

- implications of overall demographic change in the Australian population;
- understanding the 'grey' areas in services for people with a disability as they age;
- implications for the nature of services.

It is not the purpose of this report to make specific policy recommendations but to highlight trends and patterns that seem to raise questions and issues for policy makers to consider.

This chapter, therefore, indicates policy implications and may be viewed as a companion to the Summary, which addresses all the questions set out in the project brief.

19.1 Implications of overall demographic change in the Australian population

This section outlines the potential impact of overall demographic change in the Australian population on services relevant to people ageing with a disability, and highlights implications for broad-level resource allocation. The major findings, including scenarios of future trends in service use, are quantified and could be used by policy makers to estimate broad cost implications.

Population growth

The Australian population is projected to grow from 18.5 million in 1997 to between 22.1 and 23.1 million in 2021, and between 23.5 million and 26.4 million in the year 2051. Annual population growth rates are projected to vary between 1.0% and 1.1% during 1997–2001, and there is a clear long-term trend of decline in growth rate from 1.2% in 1996–97 to between 0.0% and 0.3% by 2051 (Chapter 2).

Growth in population size is likely to contribute to an increase in the number of people with a disability. Nevertheless, since a low level of overall population growth is projected (at about 1% or lower per year up to 2051), the main impact of demographic change on the number of people with a disability will be the ageing of the Australian population.

Population ageing

The proportion of people aged 65 years and over is projected to increase from 12% (2.2 million people) in 1997 to 18% (4.0 million people) in 2021 and between 24% (6.0 million people) and 26% (6.3 million people) in 2051 (Table 2.1). Two particular aspects of population ageing are likely to impact on services:

- *The rapid pace of ageing of the working-age population:* The greatest growth among the working-age population will be in the population aged 45–64 years, from 4.0 million in

1997 to between 6.1 million and 6.5 million in 2051. The number of people aged 45–64 years is projected to be higher than the number aged 65 years or over throughout the projection period, although the difference in number will reduce steadily over the period (ABS 1998a; Tables 2.2 and 2.3; Figure 2.1).

- *The ageing of the aged population:* Between 1997 and 2051, the number of people aged 75 and over is projected to increase by around 3.5 times (Table A2.3). The number of people aged 85 and over is projected to increase by around 5.3 times—from 216,100 in 1997 to between 1.1 million and 1.2 million people in 2051. The number of people aged 85 or over as proportion of total people aged 65 or over is projected to increase from 9.6% in 1997 to about 18.8% in 2051 (ABS 1998a: 12).

The bulge of the baby-boom generation

The post–World War II baby-boom population has started entering the age groups with significantly higher risks of disability, and its bulge continues to affect the age structure of the population. Between 1997 and 2006 the population aged 50–64 years is projected to increase at a markedly higher rate than the population aged 65 years and over. Between 2006 and 2011, the population aged 60–64 is projected to increase at a higher rate (26.9%) than any other age group (Table 2.2; Figure 2.2).

The baby-boom generation is progressively moving up the age pyramid and will cause rapid growth in the size of the aged population. The growth of the population aged 65 and over is projected to reach record rates—to increase by 36.2%—as the peak of the baby-boom generation reaches retirement age between 2011 and 2021 (Tables 2.2 and 2.3; Figure 2.2).

Growth estimates of severe or profound core activity restriction

The projected demographic trends, especially population ageing, indicate a significant growth in the estimated number of people with a severe or profound core activity restriction between 2000 and 2006. Estimates based on 1998 age- and sex-specific prevalence rates indicate that (Chapter 17):¹⁷

- The total number of Australians with a severe or profound core activity restriction is likely to increase by 11.6% (137,600 people). This overall growth is mainly attributable to the rapid increase in the age groups 45–64 (19.3%, or 59,500 people) and 65 or over (15% or 76,300 people).
- The number of people aged 0–64 with a severe or profound core activity restriction will increase by 9.0% (61,300 people)
- The size of the working-age population (age 15–64) will increase by 12.0% (64,300 people).
- There will be a decrease in the number of people with a severe or profound core activity restriction aged 0–14.

¹⁷ The 1998 disability survey indicated an increase in the prevalence of severe or profound core activity restrictions between 1993 and 1998. On the basis of information and analyses to date, it appears that the increase may be mainly a result of improved survey methodology, which ‘captured’ a large number of people who were not identified in the 1993 survey. In other words, the increase in 1998 may not reflect a significant increase in underlying prevalence of disability and need for support (Chapters 17 and 18). All estimates in the following sections are based on the 1998 disability survey data.

Resource management issues

An assessment of resource implications for the full range of services relevant to people with a disability as they age is beyond the scope of this study. It is nevertheless useful to reflect on the possible lessons from other policy areas concerning ways of addressing increasing demand while recognising the need to limit expenditure. Over the past two decades, there has been an increase in both general health expenditure and health and welfare expenditure on older people. Nevertheless, many changes have been made to the health and aged care systems to maintain care at an affordable level. The controls put in place in health and welfare expenditure to contain costs have resulted in a manageable increase in government expenditure. In comparison with some European developed countries, Australia's relatively young population age structure provides scope for a shift in government expenditure towards older people in the future (Chapter 4).

It is also arguable that the age dependency ratio, commonly defined as the ratio of persons aged 65 years and over to the population of working age (15–64 years), may not be the best indicator of the 'burden' of population ageing for the purpose of planning disability and aged care services. Many people acquire a disability before age 65. The working-age population therefore includes people with a disability whose labour force participation may be limited, as well as unemployed people who may also receive income support and other welfare services. Also, the majority of people aged 65 to 80 have no need for long-term aged care services and many people aged 65 or over continue to participate in paid or voluntary work.

Trends in CSDA service use

Future trends in service use are determined by the interplay of various factors, including service provision policies and the level of available resources. Between 1996 and 1999, the overall growth rate of recipients of CSDA-funded services was 8.4%, or 2.7% per year.

There is evidence that age-specific rates of service use have not been stationary over recent years and that the sharp peak in service use that was located in the 20–29 year age group in 1996 is moving across into older age groups and flattening out (Figure 17.3). This may be related not only to the baby boom effect, but also to the evolution of new disability services in recent decades. That is, the current peak of service use in the age group 20–39 years may partly reflect a 'new wave' of service users who began receiving services at younger ages, who have retained those services and, it may be assumed, are likely to continue to do so.

If the age distribution of CSDA service users continues this pattern of change, the service usage rate for the age group 45–64 could increase. Between 2000 and 2006, the number of people with a severe or profound core activity restriction is estimated to increase by 11.6% and the highest increase (19.3%) is in the population aged 45–64 (Table 17.1).

It is beyond the scope of the study to estimate the potential effects of higher rates of service provision. However it is possible that service provision rates may rise, as significant new resources are being allocated to CSDA disability support services. In August 2000 the Commonwealth Minister for Family and Community Services announced an additional \$510 million funding nationally over two years—\$150 million provided by the Commonwealth Government and the remainder provided by State and Territory Governments (Newman 2000).

19.2 Understanding the ‘grey’ areas in services for ageing people with a disability

As people with a disability age, they may encounter service ‘grey areas’. That is, it may not be clear what services are most appropriate to meet their changing needs, or services that meet their needs may not be available. Alternatively, as people age, their needs may span service types and/or program areas, and they may not fully meet eligibility criteria (e.g. age criteria) for some services that would meet their needs.

Australian support services are traditionally differentiated around the 65-year mark. Accommodation support services provided under the CSDA generally focus on people aged under 65, while in residential aged care it is the 65-plus age group that predominates (Figure 19.1). However, there are grey areas, as can be seen from the numbers of aged care residents between the ages of 45 and 65 years—small numbers in relation to residential aged care services, but significant in relation to CSDA accommodation services. In 1999 there were 6,094 people aged less than 65 years in aged care residential facilities, similar to the number of residents in CSDA-funded institutions or large residential accommodation (5,534) and hostels (914) (AIHW 2000b).

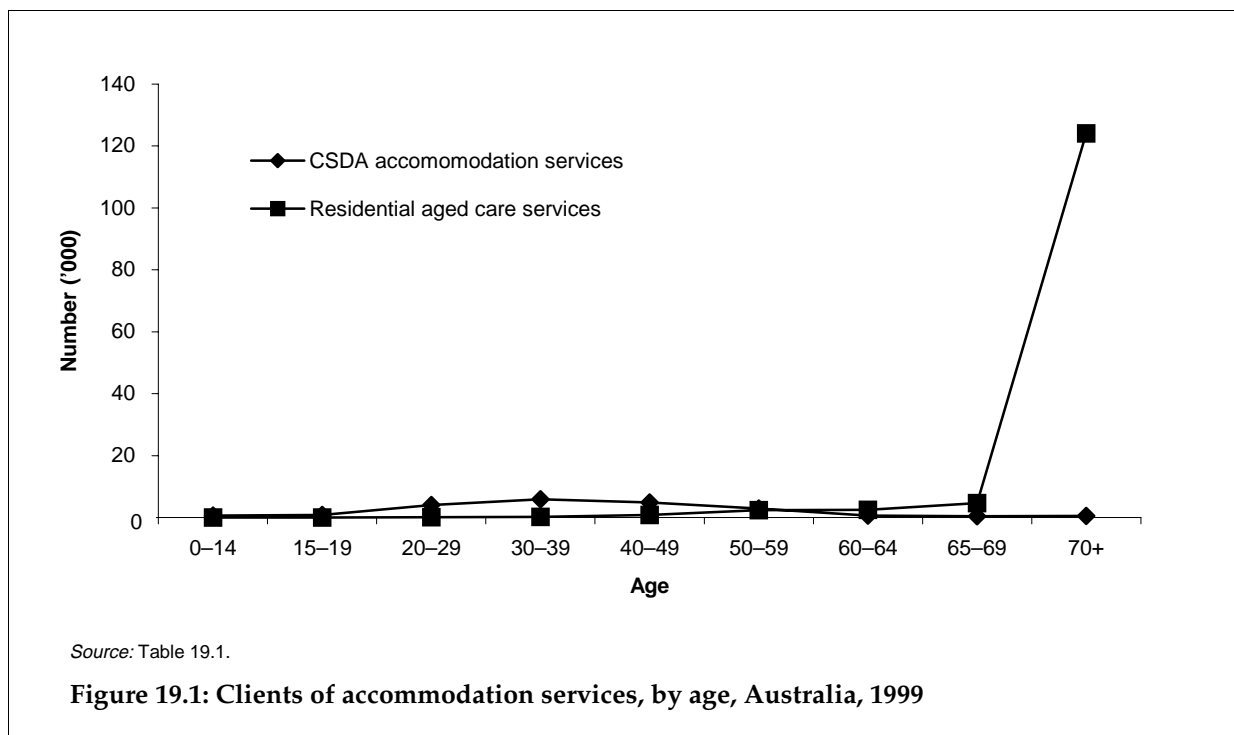
People aged over 65 years also predominate in HACC services, but in 1997–98 about 20% of clients were aged under 65 (Table 6.5).

Table 19.1: Recipients of Disability Support Pension and Age Pension, people with a severe or profound core activity restriction, consumers of CSDA accommodation support services and consumers of residential aged care services ('000), Australia, 1999

	Disability Support Pension recipients ^(a)	Age Pension recipients	Severe or profound core activity restriction	CSDA accom. services	Residential aged care services
0–14	0.0	—	145.2	0.7	0.0
15–19	13.1	—	31.5	0.8	0.0
20–29	47.9	—	51.6	4.0	0.1
30–39	76.5	—	89.2	5.9	0.3
40–49	113.8	—	132.2	4.9	0.9
50–59	196.8	—	153.5	2.9	2.4
60–64	101.0	187.3	67.4	0.6	2.5
65–69	2.7	479.9	57.4	0.4	4.7
70+	—	1,015.5	438.3	0.5	124.1
<i>All ages</i>	<i>551.7</i>	<i>1,682.6</i>	<i>1,166.2</i>	<i>20.7</i>	<i>134.9</i>

(a) Data on DSP recipients for the 15–19 age group are actually the number of recipients aged 16–19 and data for the 65–69 age group are actually the number of recipients aged 65 and over.
— Nil or rounded to zero.

Source: Centrelink, unpublished data; AIHW analysis of ABS 1998 Survey of Disability, Ageing and Carers data; ABS 1998a; AIHW analysis of CSDA Minimum Data Set 1999; AIHW analysis of System of Payment for Aged Residential Care data.

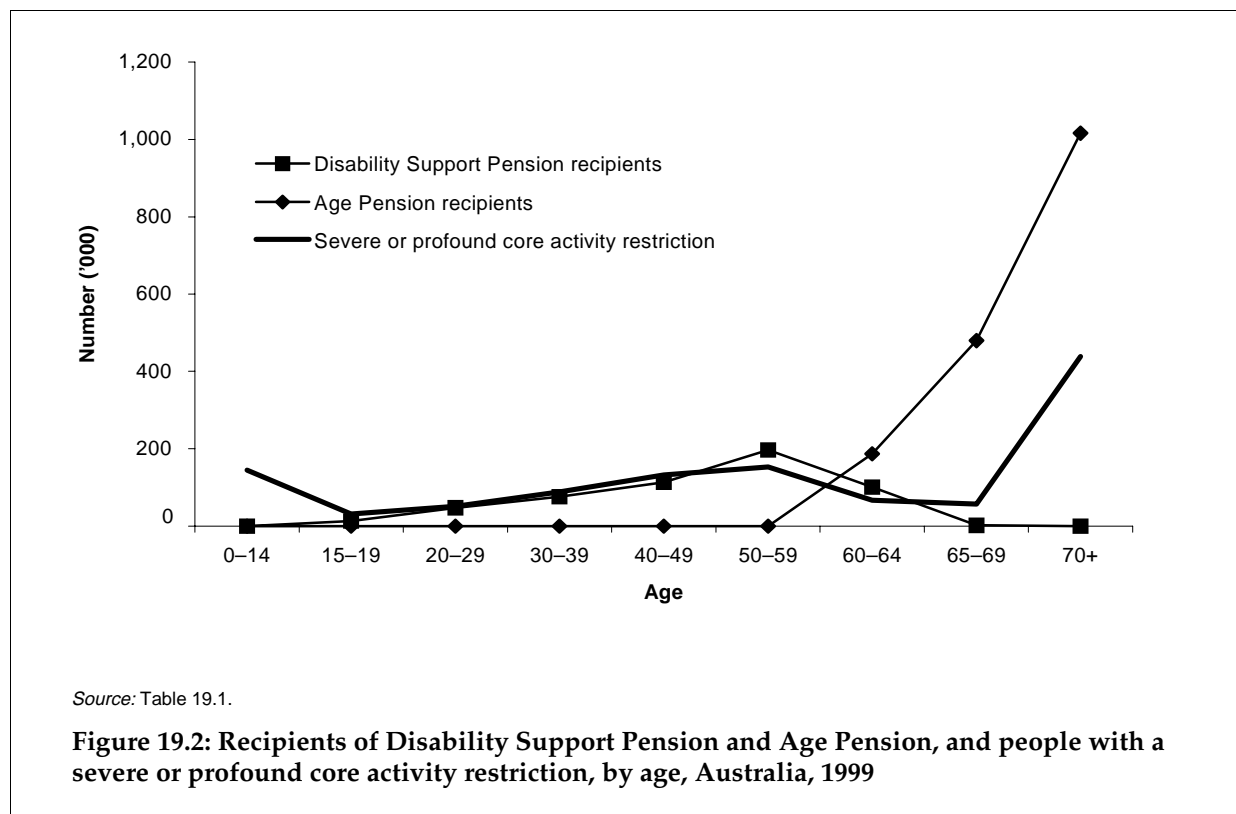


Income support for people with a disability aged under 65 years depends on meeting eligibility criteria. For instance, eligibility criteria for the Disability Support Pension are related to impairment levels and assessed ability to work. Eligibility for the Age Pension is determined on the basis of age (currently a minimum of 61½ years for women and 65 years for men) and income and asset tests. The effect is that the numbers of people receiving the Disability Support Pension are commensurate with numbers of people with severe or profound core activity restriction (although the profile differs—see AIHW 1993: 295). After age 65 years the number of Age Pension recipients rises rapidly, and would subsume previous recipients of the Disability Support Pension (Figure 19.2).

Because of their changing needs, or changes in their eligibility for certain services, it may be appropriate or necessary for people ageing with a disability to transfer between service types—for instance, from employment support to day activity services, or from specialist disability to mainstream aged care services. This transition is most likely to affect people with an early onset disability in their later working-age years (i.e. the 45–64 age group). For some people this transition may be difficult, and may require substantial personal adjustment and/or changes in informal care arrangements.

These ‘grey areas’ and potential service transitions for people ageing with a disability form a backdrop to the discussion in this section.

National disability and aged care administrators are aiming to ensure that services become more flexible and tailored to individual needs, and the discussion in this chapter strongly confirms the wisdom of this approach. Nevertheless, this approach faces particular challenges at the border between aged care and disability services. The analyses of population survey data provide information about the range of needs of people in this border territory (Chapter 15). This information may assist administrators to identify service gaps, to use existing services more flexibly and to modify services rather than creating new service types or duplicating services in both systems.



Comparing the current disability and aged care service systems

Similarities between the current disability and aged care service systems are mainly in terms of broad service philosophies and policy directions. The two systems differ in their program focus, service types, main target groups and trained personnel (Chapter 9). The main differences that may be relevant to the service transition are:

- Aged care services are mainly geared to provide for the needs of frail older people and older people with a disability, in particular those aged 65 or more, while disability services generally focus on people with a disability aged under 65.
- Aged care services focus more on health needs, broad personal care and self-maintenance, while disability support services emphasise non-health needs and address a broader range of life domains, including services to support employment.

For people with an early onset disability, the perception of 'being older' tends to occur at a younger age, often at age 55 or below. As they age, their health needs may become dominant over their needs for support in other areas of life. Thus, aged care services may be appropriate to meet the needs of some people ageing with a disability, but age-based eligibility may prevent them accessing those services.

Differences between people with a disability aged under 65 and those aged 65 or over

Although people generally have a greater level of need for assistance as they age, this does not mean that, among people with a disability, the older population overall has higher levels of need for assistance than those aged under 65. Among people with a severe or profound core activity restriction living in households in 1998, there were differences in the levels and

profiles of need for assistance between those aged under 65 and those aged 65 or more (Table 19.2; Chapter 15):

- Of the 636,000 people aged under 65 with a severe or profound core activity restriction, 41.6% needed assistance with more than one core activity, including 8.8% who needed help with all three core activities.
- Of the 325,600 people aged 65 or over with a severe or profound core activity restriction, 37.6% needed help with more than one core activity, including 5.2% who needed help with all three core activities.
- The proportions needing assistance with self-care, communication and personal guidance were substantially higher for people aged under 65 than for people aged 65 or over. For all other activity types higher proportions of people aged 65 or over reported need for assistance.

Differences between these two broad age groups in terms of the proportion of people with early onset disability and dominant types of main disabling condition may partially explain these observed differences in level and profile of need for assistance (Table 19.3).

In 1998, 42% of people aged under 65 with a severe or profound core activity restriction acquired their disability before age 18. Of people aged 65 or over, 96% acquired their disability at age 18 or older (Table 19.3).

Many disabling conditions have strong associations with particular age groups. Of all people aged under 65 with a severe or profound core activity restriction living in households, the two largest main condition groups were physical/other (453,500 people) and intellectual (102,400 people). For people aged 65 or over, the two largest main condition groups were physical/other (268,900 people) and vision (28,900 people). Most people with an intellectual main condition (99.6%), acquired brain injury (84.6%) or psychiatric main condition (75.8%) were aged under 65. In contrast, some 82% of people with vision-related main conditions were aged 65 or over (Table 19.3; Chapter 15).

Some variations in need for assistance were associated with differences in type of main condition. For example, people with an intellectual or acquired brain injury main condition tended to report higher levels of need for assistance in comparison with people in other main condition groups (Chapter 15).

Most people with a severe or profound core activity restriction living in households were assisted by co-resident informal carers. In comparison with people aged 65 or over, people aged under 65 were more likely to rely on a co-resident carer as their main source of assistance with all daily activities except communication, and were less likely to receive formal assistance with self-care, health care, property maintenance, housework and meal preparation. Compared with people aged under 65, those aged 65 or over were more likely to rely on an informal non-co-resident carer to assist with mobility, housework, property maintenance, paperwork and transport (Chapter 15). These differences in patterns of main sources of assistance may have implications for the nature of the 'service transition' (see Sections 19.3 and 19.4).

Any service transition may be marked by an even sharper division for people ageing with an early onset disability, since they may have a more limited network of informal carers (Chapter 8). In particular, the data suggest that they may be less likely to have a spouse (Chapter 15).

Table 19.2: People with a severe or profound core activity restriction living in households: differences in need for assistance and sources of assistance between people aged under 65 and those aged 65 or over, Australia, 1998

	Under 65 years		65 years or over	
	Number ('000)	%	Number ('000)	%
Need for assistance				
One of ten daily activities ^(a)	633.4	99.6	324.6	99.6
More than one core activity	264.3	41.5	122.4	37.6
All three core activities	56.0	8.8	17.0	5.2
<i>Total severe or profound</i>	<i>636.0</i>		<i>325.6</i>	
Main source of assistance is a formal service provider assistance^(b)				
Self-care	14.5	4.0	17.8	11.5
Mobility	28.6	6.3	22.2	8.1
Communication	18.0	13.0	—	—
Health care	49.8	15.5	95.4	44.1
Housework	18.6	7.4	60.0	26.5
Property maintenance	40.0	12.9	74.9	30.0
Paperwork	*9.0	7.0	*5.1	*4.6
Meal preparation	*6.0	*4.9	23.7	19.7
Transport	18.9	6.4	22.8	9.8
Main source of assistance is a co-resident carer^(b)				
Self-care	305.5	84.6	113.4	73.1
Mobility	343.9	76.2	148.1	54.1
Communication	113.6	82.1	25.3	88.5
Health care	240.9	74.8	92.8	42.9
Housework	207.5	82.2	129.5	57.3
Property maintenance	209.7	67.7	112.9	45.3
Paperwork	98.0	75.4	70.0	63.4
Meal preparation	104.8	86.2	86.3	71.8
Transport	224.3	76.4	108.5	46.7

(a) Daily activities include three core activities (self-care, mobility and communication) plus health care, housework, property maintenance, paperwork, meal preparation, transport and guidance.

(b) As a percentage of people of that age group who need assistance with that particular activity.

— Nil or rounded to zero.

Source: Chapter 15; AIHW analysis of the ABS 1998 Survey of Disability, Ageing and Carers.

Table 19.3: People with a severe or profound core activity restriction living in households: differences in age at onset and main condition between people aged under 65 and those aged 65 or over, Australia, 1998

	Under 65 years		65 years or over	
	Number ('000)	%	Number ('000)	%
Age at onset of disability^(a)				
Before age 18 years	265.1	42.0	13.0	4.1
At age 18 years or over	365.9	58.0	306.3	95.9
Main condition^(b)				
Intellectual	102.4	99.6	**0.4	**0.4
Psychiatric	47.0	75.8	15.0	24.2
Vision	*6.4	*18.1	28.9	82.0
Hearing	16.7	61.1	10.6	38.8
Acquired brain injury	10.0	84.6	**1.8	**15.4
Physical/other	453.5	62.8	268.9	37.2

(a) Total excludes people who did not know their age at onset of disability.

(b) As a percentage of people of all ages in that main condition group (sum horizontally).

Source: Chapter 15; AIHW analysis of the ABS 1998 Survey of Disability, Ageing and Carers.

The needs of people aged 45–64 years

In 1998, there were 274,000 people aged 45–64 with a severe or profound core activity restriction living in households; of those, 30,200 acquired a disability before age 18 and 243,800 acquired a disability during adulthood (Chapter 15). The onset of a disability early in life can affect the development of basic living skills, resulting in higher levels of need for assistance in some areas. The nature of services required by older people with an early onset disability may also differ from that required by their younger counterparts.

People who acquire a disability later in life generally have acquired basic living skills. However, need for assistance may arise because of increasing physical frailty and diminishing functional skills.

Some people with an intellectual disability may acquire dementia relatively early in life, at age around 50 (Chapter 7). They become frail and their need for health and medical care is generally more significant than their need for help with other activities. These people might be more appropriately assisted by aged care services, rather than disability support services, due to their early ageing and deteriorating health.

The retirement of people currently in Commonwealth-funded employment services may give rise to needs for other services, potentially putting pressure on some areas of the CSDA program. Data from the 1999 CSDA MDS collection indicate that there were 2,736 consumers of Commonwealth employment services who were aged 45 or over and were not accessing any other CSDA services; of these, 1,446 were aged 50 or over (Chapter 17).

Implications for services

What are the implications of these comparisons for services for people ageing with a disability? The picture is complex and there are no simple answers.

The literature and data suggest that patterns of need do vary with age, age at onset, type of disability and availability of informal care. People with early onset disability may age earlier and hence have higher levels of need at earlier ages. They may also have different types of needs. Some of these differences may be related to differences in main disabling condition, in comparison with people who acquire disabilities later in life. People with early onset disability are also more likely to be in living in cared accommodation at earlier ages.

However, it does not seem from the foregoing analysis that any of these factors (e.g. age, age at onset, disabling condition) could reliably be used as proxy indicators of need. None could provide a suitable single basis for devising policies and services for particular groups of people. Put another way, the best indicator of need is need—defined and assessed by methods agreed among potential service providers and funders. Factors such as age, age at onset and disabling condition could inform individual needs assessments, but should not be seen primary determinants of need.

Thus, this analysis provides strong confirmation of the wisdom of emerging policies that aim to provide flexible services designed around individual needs. These policies generally result in a mix of services within existing program boundaries, for instance to provide equipment as a substitute for or supplement to personal care. The analysis also provides support for the extension of such flexible approaches to needs assessment and service provision across program boundaries, particularly spanning disability and aged care programs. Models of this kind are already being developed in some States and Territories.

How will it be decided if a person ageing with disability is to make a transition from disability to aged care services? In 1999, about 15.8% of CSDA service recipients (11,563 people) on the snapshot day of the CSDA MDS collection were aged 50 years or over, 9.8% (or 7,173 people) were aged 55 years or over and 6.1% (or 4,491 people) were aged 60 years or over (Chapter 6). These people could be among the candidates for transition to aged care services in the near future or, alternatively, arrangements for ageing in place may be needed. A policy framework, including criteria for decision making and processes designed to involve those with the most relevant information on individuals' needs, would not only guide decisions about the future service needs of individuals, but would also help to refine statistical estimates of the numbers of people involved.

19.3 Implications for the nature of services

This section reviews the analyses presented in previous chapters that explore the potential changing nature of support needs as people with a disability age. The findings in this section, while containing much quantitative data, give policy makers directional implications concerning these changes, rather than quantified profiles of future client needs.

Ageing trends of people with a disability

As a result of general population ageing and longer life expectancy of people with a disability (including people with an early onset disability) the population with a disability is also ageing, in particular the population with a severe or profound core activity restriction. Among people aged under 65 with a severe or profound core activity restriction, the proportion of people aged 45–54 increased from 19% in 1981 to 22% in 1998. During the next decade, the progressive upward movement of the baby-boom generation in the population age pyramid is likely to continue to cause an increase in the number of people with severe or profound core activity restriction in the 55 to 64 year age group (Chapter 13). Of all people

aged 65 or over with a severe or profound core activity restriction, the proportion aged 75 or over increased from 66% in 1981 to 73% in 1998. The ageing of older people with a severe or profound core activity restriction is likely to be very significant from the second decade of this century because of the baby-boom generation moving into older age groups (Chapter 13).

Special needs of people ageing with an early onset disability

For people with an early onset disability, support needs may vary depending on the nature of the disability and stage of the ageing process. Review of the literature found that, in comparison with the general ageing population, people ageing with an early onset disability tend to need a different range of psychological and social support services, although their physical support needs may be quite similar. Older people with an early onset disability may also differ from their younger counterparts in terms of the nature of services they require (Chapter 8).

The 1998 disability survey data suggest that people ageing with an early onset disability may need higher level support at earlier ages and are more likely to live in cared accommodation, although the evidence is not strong. In the age group 45–64 almost 40% of people with a severe or profound core activity restriction and an intellectual main condition were living in cared accommodation (Chapter 15).

Modification in some key service areas, such as accommodation support and day activities, may be required to meet the needs of people ageing with an early onset disability.¹⁸ Age-appropriate day activity services for people ageing with an early onset disability may have potential to increase individuals' independent living skills. Such services may also have a respite effect, and could potentially reduce demand for more intensive services by supporting carers.

Carers and ageing

Informal care is the main source of assistance for people with a disability living in households. In 1998, over 80% of people with a severe or profound core activity restriction were assisted by informal carers with activities of self-care, mobility and communication (Chapter 15).

The combined effects of increases in life expectancy for the general population and for the population with a disability may extend the already long years of care for parents of a people with early onset disability. Ageing of carers, in particular ageing of parents caring for their child with an early onset disability, is likely to continue as a major issue (Chapter 16).

Assisting people with a disability and their families to plan for the transition from parental to non-parent care will be an important issue for service planning and provision. One approach may be to develop flexible residential options for families that can no longer provide all necessary care in the home but wish to remain a family unit (Chapter 5). The need for supported accommodation may also occur at earlier ages for people ageing with an early onset disability, because of their own ageing and because of limited informal support networks.

¹⁸ A research project on day support services has been commissioned by the NDA. The project aims to evaluate current service models and identify key issues regarding the development and provision of day support services for people ageing with an early onset disability.

Trends in de-institutionalisation and informal care

The shift from residential care to community care is happening. There has been a large increase in the number and proportion of people with a severe or profound core activity restriction aged under 65 living with their relatives. While there have been major efforts to close institutions and accommodate people in the community, and these initiatives have had a significant effect on the institutional population, this is not the primary factor in the increase in community living (Chapter 5). The trend in de-institutionalisation is due largely to potential new service users remaining in community-based living arrangements, mainly with their relatives.

The combined effect of trends in de-institutionalisation and ageing of carers further emphasises the importance of community-based programs to support carers and help maintain the stability of community living and caring arrangements (Chapter 5; Madden et al. 1999). The effect may also put ongoing pressure on accommodation support services. The demand for in-home support and respite care may increase, especially from carers who have chosen to continue to care for their ageing relatives with a disability in the family home (AIHW 1997a; Gatter 1996). Day activity programs may be expected to support people with higher dependencies than did community access services in the past (AIHW 1997a).

19.4 Planning the evolution of support services

Ageing people with a disability have particular support needs, and there are increasing numbers of people ageing with a disability in community settings. This trend and the overall growth in numbers of people ageing with a disability have important implications for service planning.

The information presented in this report suggests four broad areas of focus for service planners:

The importance of individual needs and circumstances

People with a disability are not a homogeneous group. Factors such as age, age at onset of disability, condition and disability type interact to affect levels of need for assistance, but none of these factors can be used as simple indicators. Individual needs should be the most important factor in determining the suitability of support services and assistance.

Confirmation of the need for flexible service types and provision

People with an early onset disability may need the same services as the general ageing population, but at an earlier age. Day services may need to be restructured from full-day to part-day, with more flexible arrangements for people ageing with a disability. In-home accommodation support and respite may be provided via flexible support packages, allowing people with a disability or the carers to modify their balance between these two service types. Reassessment of support needs may be necessary for people with an early onset disability as they age.

Disability and aged care services 'links'

There may be scope for improving the linkage between different sectors and spheres of government. The need for flexible services spans broad program areas (see Section 19.2). It may be helpful to clarify the roles of disability and aged care services with respect to the needs of people ageing with a disability. What needs does each program aim to meet? What criteria will be used to decide who moves from CSDA accommodation support services to generic aged care? Who will 'retire' from Commonwealth employment services to CSDA

day activity or generic aged care day activity services? When do the benefits of ageing in place take precedence over other factors, including cost? A broad framework for planning individual services, spanning and possibly mixing aged care and disability service programs, could be useful, along with clear criteria for decision making.

Carers and de-institutionalisation

The data suggest countervailing trends in levels of informal care, making it difficult to draw any firm conclusions about the likely future levels of availability. However, assuming that current patterns continue, there is a clear need to provide a range of flexible services to support the role of carers, who provide most of the support for people with disabilities. It is carers (mainly relatives) who have enabled much of the increase in community living to occur—between 1981 and 1993 there was an increase of 105,000 people aged 5–64 years with severe or profound core activity restrictions living in the community, mainly with relatives (Section 5.3). Support resources play a significant role in assisting carers and reducing the stress of caring, particularly among ageing carers.