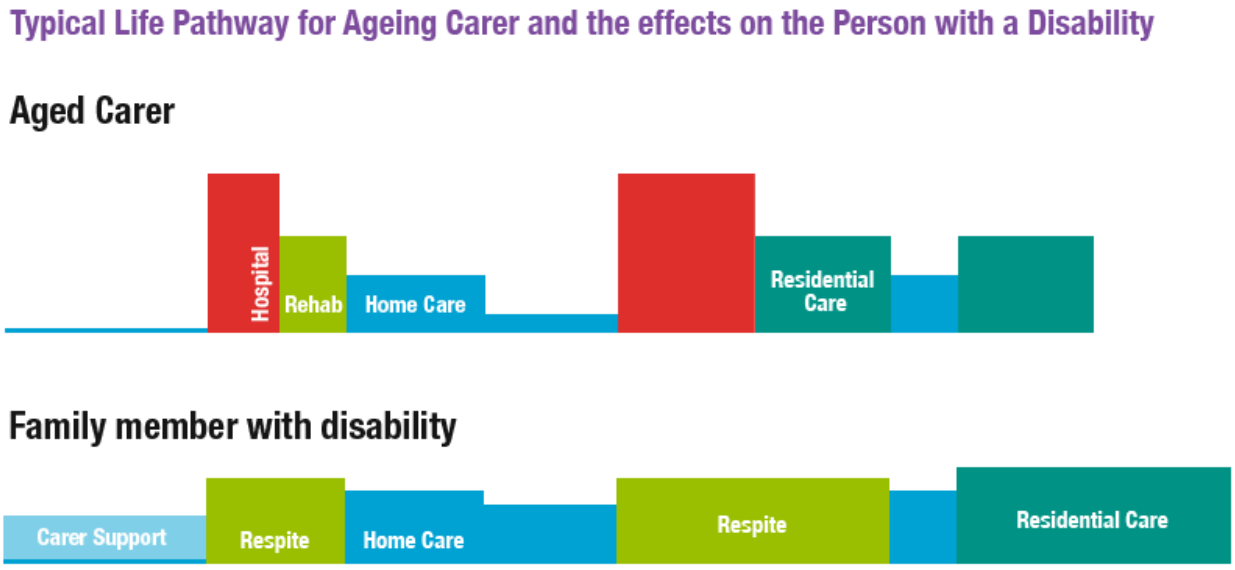
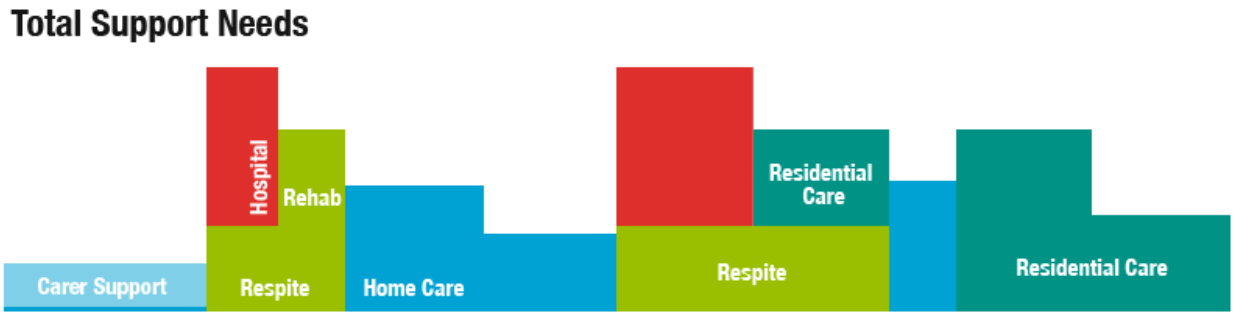
Combining Disability & Age Care Funds



Graphic 1

Initially the carer contributes care towards the needs of the family member with a disability. When the carer ages and begins to experience episodes of hospitalisation followed by the need for personal support, the family member with a disability needs to access sufficient support to make up this loss. The total support needs of the family continues to be affected by increased episodes of hospitalisation and eventual passing away of carer.

The legislative environment is different for these two situations and the usual approach to providing care tends to break down the natural family & community support networks. Often the initial respite becomes permanent residential care or the home care is provided by two separately funded packages leading to costly duplication, poor communication and siloed reporting. Often times the family assets need to be accessed for the new Aged Care Daily Accommodation Payments or Refundable Accommodation Deposit and the overall potential for person centred care for both people is diminished due to the urgency of the changing circumstances.



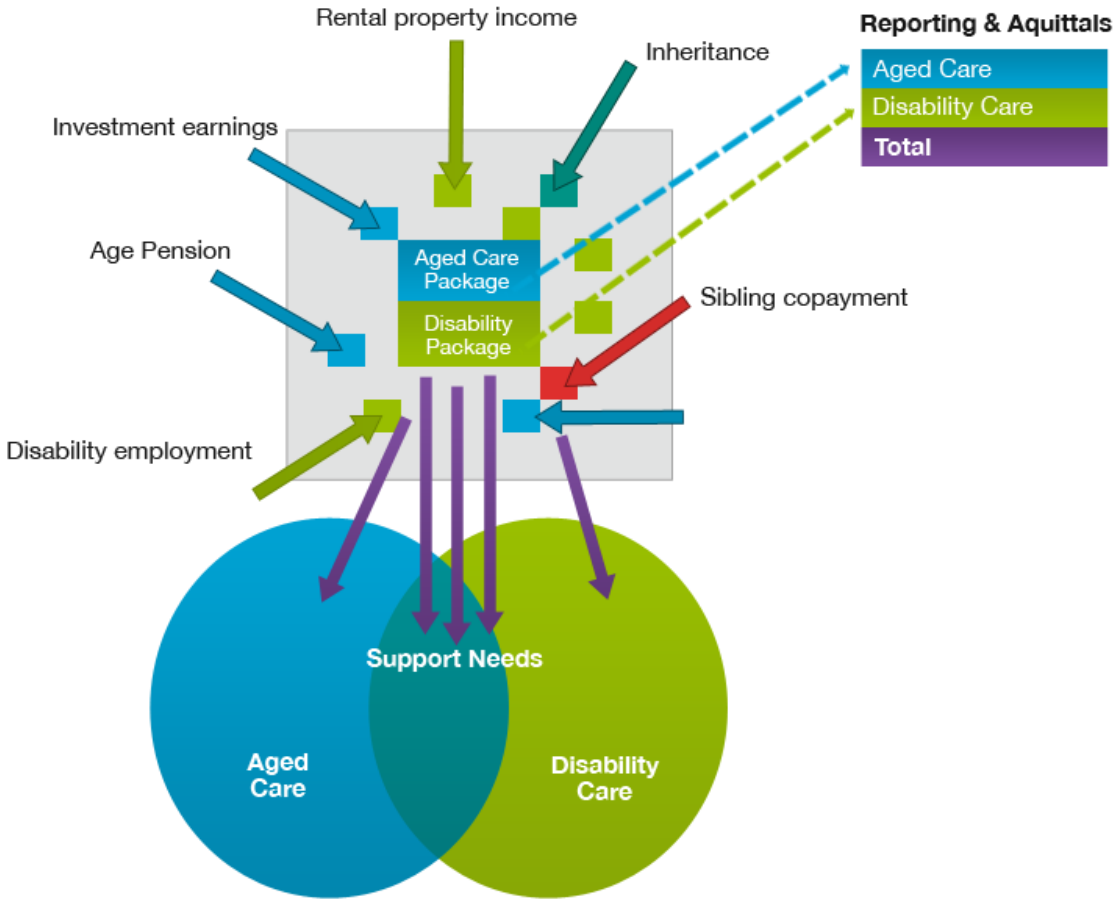
Graphic 2

Good Directions seeks to promote a model that combines the provision of support needs and provides a smooth transition of family resources from the aged carer to new arrangements. This model is especially relevant to dealing with dementia and remote indigenous situations – allowing the full impact of a person's community to be key decision makers in the care they receive.

Graphic 3

The care available under this model is much more cost effective. Think for example the provision of meals. This is an important aspect of care. Providing two meals individually costs much more than providing a second. Same is true for cleaning, personal care and need assessment.

Client Owned Support Entity Model



Graphic 4

This model shows multiple sources of income being channelled into a client owned entity such as an ‘incorporated association’. This entity has a minimum of five members and becomes a platform for the carers personal community to be actively involved in their support services. It has the advantage of being informal enough to involve any interested person and formal enough to require proper reporting and provide the legal protection of limited liability. The various streams of income can be acquitted separately as appropriate.

Comparing a Client Owned Service Entity with Alternate Models

Hospital

Provider owned service
Provider owned location
minimal opportunity for copayment to increase personal choice
disconnected from personal community & natural support network
unable to share support resources with dependent person-with-disability
incur personal cost
personal assets & responsibilities inaccessible

Residential Care

Provider owned service
Provider owned location
minimal opportunity for copayment to increase personal choice
disconnected from personal community & natural support network
unable to share support resources with dependent person-with-disability
incur personal cost
personal assets & responsibilities inaccessible
manage RADS/D/DABS, assets test, pension & superannuation rules

Home Care

Provider owned service
unable to share support resources with dependent person-with-disability

Good Directions Model

own your own service, in the location of your choice
experience 'supported independence'
combine your care with others as you move through different needs
make whatever co-payments you choose
stay connected with family, friends and personal community
untilise your own assets