

# Aged Care Diversity Framework

## Resource Sheet 10 People with Disability

In 2018, the World Health Organisation estimated that 15% of the world's population lived with disability. People with severe to profound disability sometimes or always need physical assistance with one of more of the three core activities – self-care, mobility and verbal communication. Australian research suggests that 37% of people with severe to profound disability need assistance with more than one core activity and around 5% with all three.

While most attention has concentrated on people ageing into disability, this diverse group within the Framework focuses on people ageing with disability. This includes people with lifelong disability, disability acquired through trauma and disability emerging from long-term conditions (LTCs)

like diabetes, arthritis, viral and respiratory conditions. People ageing with disability experience the common effects of ageing as well as the wear and tear effects of ageing associated with their disability. This can often lead to a person with disability prematurely ageing.

Advances in medical knowledge, diagnosis and treatments have resulted in more people with physical disability reaching old age. This includes people with sensory disability (vision and hearing) and conditions such as cerebral palsy, spina bifida, traumatic spinal injury and limited use or loss of limbs. While the two forces of 'normal' ageing and ageing with disability affect people with disability in different ways, common issues include accelerated ageing of vital organs,

deteriorating mobility, joint issues, incontinence, skin issues, pressures sores, increased pain and fatigue, early onset diabetes and arthritis and high blood pressure. Comorbidity, the simultaneous presence of two or more medical conditions is common.

Although the vast majority of people with intellectual disability are under 65, increasing numbers are reaching 65 and many age prematurely. People with intellectual disability have higher rates of some medical conditions than the rest of the population, particularly brittle bones, cancer, heart disease and vision and hearing loss. As they reach old age, they are less likely to have adult children or parents to provide care.

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Older people with disability are in danger of slipping through the cracks of a disability sector that isn't focused on providing support to older people, an aged care sector with limited experience in working with people who have severe to profound disability and a health system that tends to treat diseases individually rather than conditions involving comorbidities. Even wellness and reablement which is based on an 'ablest' model of successful ageing has limited application to many situations of older people with disability.

## General Strategies to address access and engagement challenges

- Explore goals based on achieving and maintaining function in activities of daily living (ADLs) that are important to the person rather than successful ageing.
- Keep up-to-date with rapidly changing developments in assistive technology and accessible design and identify their potential to address ADL issues in support planning.
- Develop partnerships with NDIS and other disability providers in the local area.

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For further information,  
see **Sheet 17: Resources**  
– **Resource Nos. 4, 7, 13, 18,**  
**19, 41**