



Senate Standing Committees on Community Affairs

Adequacy of existing residential care arrangements available for young people with severe physical, mental or intellectual disabilities in Australia

Submission by

Physical Disability Council of NSW

February 2015

Jordana Goodman (Policy Officer)
Physical Disability Council of NSW
St Helens Community Centre
3/184 Glebe Point Road
Glebe NSW 2037
Freecall: 1800 688 831 Phone: 02 9552 1606
Web: www.pdcnsw.org.au Email: admin@pdcnsw.org.au

Introduction

The Physical Disability Council of NSW (PDCN) appreciates the opportunity to make comment to the Senate Standing Committees on Community Affairs on unmet need due to younger people with disability being accommodated inappropriately in residential aged care facilities. Further comment is provided on the adequacy of existing residential care arrangements available for young people with severe physical, mental or intellectual disabilities in Australia.

About the Physical Disability Council of NSW (PDCN)

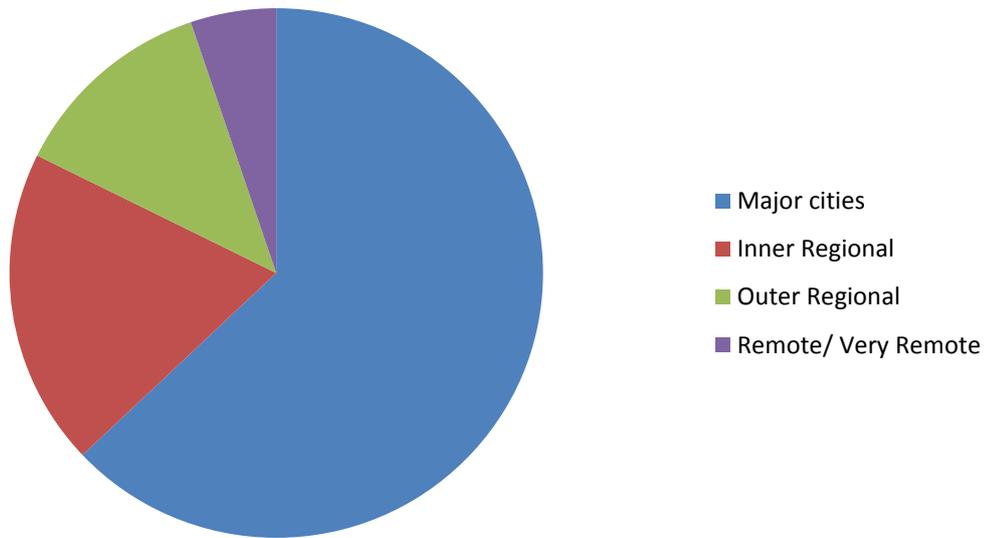
The Physical Disability Council of NSW (PDCN) is the peak body representing people with physical disability across New South Wales. Physical disability is part of the lives of 240,000 residents, from young children and their representatives to aged people. They live across the state, from the Greater Sydney Metropolitan area to rural NSW and they are from a wide range of socio-economic circumstances.

Discussion

The service user needs of the Younger People with disability in the Residential Aged Care (YPIRAC) program (2006- 2011) has been used to identify needs, trends and issues. These needs include the following;

1. That there was only a minimal reduction in the number of younger people with disability living in Residential Aged Care (RAC) facilities (0- 65 years) between the years 2006- 2011. The most significant improvement was in the 0- 50 age group for both NSW and Australia,
2. In NSW there were significant increases in the total number of younger people with disability from Indigenous and Torres Strait background living in RAC facilities over the duration of the YPIYAC program,
3. A slight reduction in new admissions for the 0 - 50 age group, with a slight increase of new admissions for the 50 - 64 age group for both NSW and Australia between 2006- 2011,
4. When considering the occupancy of RAC facilities, Acquired Brain Injury, followed by Neurological conditions such as Multiple Sclerosis and Fredericks Ataxia, were the most common conditions in younger people with disability,
5. That the ratio in residential aged care for males and females was roughly equal, with slightly more males than females,
6. The following breakdown illustrates the distances between RAC facilities and major cities.

YPIRAC service users by remoteness area



7. To meet the objectives of the YPIRAC program the following broad categories of services were provided:

- YPIRAC assessment, individual care planning and/or client monitoring
- Alternative accommodation, and
- Support services packages

Specific services used by YPIRAC recipients from 2007- 08 ¹

YPIRAC - specific services received	Number	% of all service users
YPIRAC assessment and/or individual care planning and/or client monitoring only	311	53.6
YPIRAC assessment and/or individual care planning only	18	3.1
YPIRAC client monitoring only	58	10.0
YPIRAC assessment and/or individual care planning plus client monitoring only	235	40.5
Alternative accommodation only	1	0.2
Support services package only	2	0.3
YPIRAC assessment and/or individual care planning and/or client monitoring plus alternative accommodation	3	0.5
YPIRAC assessment and/or individual care planning and/or client monitoring plus support services package	188	32.4

¹ Australian Institute of Health and Welfare (Bulletin 86, 2011) Younger People with Disability in Residential Aged Care

(cont.) YPIRAC- specific services received	Number	% of all service users
YPIRAC assessment and/or individual care planning and/or client monitoring plus support services package plus alternative accommodation	75	12.9
Total	580	100%

8. The following table identifies where service users were living prior to admission to RAC facilities:

Usual residential facility	Per cent
Residential aged care facility	Less than 1%
Private residence	54. 2%
Domestic - scale supported living facility	23.3%
Supported living facility	10.6%
Hospital	9. 6%
Other	4.7%

See appendix 1 on page 7 for definitions used by the Australian Institute of Health and Welfare when describing different residential facilities.

Following a Commonwealth Government Standing Committee on Community Affairs enquiry in 2005; *Quality and Equity in Aged Care*, joint Commonwealth State funding was made available totalling \$244 million over five years from 2006 - 2011 aimed at developing programmes with the following three objectives: ²

1. Move younger people with disability currently in residential aged care into appropriate supported disability accommodation; where supported disability accommodation can be made available and only if the client chooses to move
2. Divert future admissions of younger people with disability who are at risk of admission to residential aged care into more appropriate forms of accommodation; and
3. Enhance the delivery of specialist disability services to those younger people with disability who choose to remain in residential aged care, and if residential aged care remains the only available suitable supported accommodation option.

Initially the YPIRAC program targeted people with disability aged less than 50 years and then criteria was made broader to include the following two distinctive groups;

² Australian Commonwealth Government Community Affairs Standing Committee (2005) *Quality and Equity in Aged Care*
http://www.aph.gov.au/~media/wopapub/senate/committee/clac_ctte/completed_inquiries/2004_07/aged_care04/report/report_pdf.ashx

- People with disability aged between 0-50 years, and
- People with disability aged between 50- 65 years.

In the first four years of the YPIRAC it is estimated that a total of 1,141 people received YPIRAC services. Using these estimates from the Australian Institute of Health and Welfare it is difficult to measure whether these services have met the given outcomes due to the impact of the following;

- The changing mode of service delivery,
- The greater focus on individual need with some service users opting to remain in residential aged care facilities to remain close to family and friends,
- The changing needs of service users over the time from 2006-2011, and
- The significantly different needs of people with disability from 0 through to 65 years.

From a Senate Community Affairs References Committee’s inquiry into aged care to additional funding was made available through the Aged Care Innovative Pool funds. These funds enabled State and Territory Governments to work collaboratively with the Commonwealth Government on time limited pilot projects to demonstrate ways of assisting younger people with disabilities in aged care homes to access more appropriate care options and alternative accommodation. See recommendation 25 of this report. ³

Recommendation 25

That the Commonwealth and state and territory governments work cooperatively to ensure that any barriers to accessing funds available under the Innovative Pool are removed so that the desired objective of this initiative in providing alternative accommodation options for young people in aged care facilities is met.

Through the Aged Care Innovative Pool only two pilot programs were funded, with one in South Australia looking to offer relocation to 15 people, and one in Victoria through which three people have been supported to move to more appropriate care. Due to small the number of projects and findings the outcomes were inconclusive. As a consequence PDCN is not surprised that care options and alternative accommodation options are still very limited and require further investigation.

Class 2 buildings are buildings containing two or more ‘sole-occupancy units’. In general, this applies to blocks of residential apartments and flats but not commercial facilities such as hotels, motels or the like. Under the Disability (Access to Premises - Building) Standards, accessibility to Class 2 buildings is only required to common areas such as through the main entrance, and subsequently not permitting residents requiring level access throughout the apartment. The increased accessibility to class 2 buildings would allow people with disability to occupy an apartment in a Class 2 building on a permanent, long-term basis. With increased access to Class 2 buildings, younger people with disability moving from RAC facilities could prosper with access to the following:

³ Australian Commonwealth Government- Senate Community Affairs References Committee’s Report of the Inquiry into Aged Care – Quality and Equity in Aged Care

- The benefits of closer proximity to community facilities, shopping and retail facilities
- Reduced costs to either renting or purchasing a unit or apartment than for a house
- The reduced need to maintain grounds such as lawns, gardens and backyards; and
- A closer integration with neighbours in adjacent apartments rather than the social isolation as a result of living in a RAC.

Whilst PDCN is aware that this may be out of the scope of this enquiry, PDCN will be recommending for increased accessibility to Class 2 buildings as part of the first formal review of the Disability (Access to Premises - Building) Standards in 2016, and would encourage all stakeholders to do the same.

Currently Community Housing providers obtain State Government funding aimed at providing affordable accommodation rather than providing housing that is accessible, or affordable and accessible. Providers of community housing are often limited due to the cost of retrofitting older buildings. Subsequently PDCN would advocate for a designated State Government program where Community Housing providers are provided with sufficient funds to construct new accessible community housing in close proximity to community facilities.

PDCN would recommend that State and Territory Governments conduct a Regulatory Impact Statement investigating Visitable and Adaptable Features in Housing to give greater accommodation options to people with disability similar to that conducted by the Victorian Government. These guidelines would contain a clear definition to distinguish between accessible accommodation, adaptable accommodation and visitable accommodation. This document would need to include information on future implementation, compliance and regulation.⁴

It is also recommended that State and Territory Governments and Local Councils consider the following national and international successful precinct and accommodation designs when considering urban design:⁵

- Cairo - Melbourne
- New York 'Age - Friendly City'- New York
- Weidevogelhof - Netherlands
- Five Dock Mixed Development - Sydney
- Sankt Antonius Community Centre - Germany

Demographic projections were conducted to estimate the number of young people living in RAC facilities located in the National Disability Insurance Scheme (NDIS) launch sites from 2012 to 2016. In June 2012 there were 128 people under 65 years living in RAC facilities in the Hunter NDIS launch site, and this is likely to increase to 145 by June 2016. Given that the

⁴ Younger People in Nursing Homes (2014) Shaping the Future Today: Transforming Housing Policy for Australians with Disability <http://www.ypinh.org.au/images/stories/ypinhna-housing-policy-discussion.pdf>

⁵ Younger People in Nursing Homes (2014) Shaping the Future Today: Transforming Housing Policy for Australians with Disability <http://www.ypinh.org.au/images/stories/ypinhna-housing-policy-discussion.pdf>

annual cost of a young person in a RAC facility is approximately \$90,000, it is estimated per annum to cost a total of \$13.0 million in the Hunter launch site.⁶

Further analysis to estimate the NDIS funding required for younger people in RAC facilities in the launch sites. In the Hunter launch site with 145 younger people with disability it is estimated to cost a total of \$28.9 million dollars. It is unlikely that people eligible for NDIS funding and living in RAC facilities located in the Hunter launch site will be able to seek the benefits of individual supports, therapy and equipment because they will be unable to move from the RAC to appropriate accommodation in the community. Subsequently PDCN would advocate for the urgent availability of funds for either a government department or the individual moving from the RAC facility to plan, design and construct an appropriate accommodation facility.

⁶ PwC and Summer Foundation (2013) NDIS launch sites- A Projection of the number of young people living in Residential Aged Care

Appendix 1

Definitions used by the Australian Institute of Health and Welfare when describing different residential facilities.

- **Usual - the accommodation facility where the person has resided** (being four or more days per week on average.)
- **Private Residence** - refers to private residences which include a wide range of dwelling types, such as houses, flats, units, caravans, mobile homes, boats etc.
- **Domestic-scale supported living facility** - refers to community living settings in which consumers reside in a facility that provides support in some way - by staff or volunteers. This category includes group homes, cluster apartments, where a support worker lives on site, community residential apartments, congregate care arrangements, etc. Domestic-scale supported living settings may or may not have 24 hour supervision and care. They are separate from independent living units in retirement villages and community psychiatric facilities.
- **Supported accommodation facility** - refers to settings in which consumers reside in an accommodation facility which provides board or lodging for a number of people and which has support services provided on what is usually a 24 hour basis by rostered care workers. Supported accommodation facilities include, hostels for people with disabilities. This includes larger supported accommodation facilities (usually 7 or more people) that provide 24 hour supervision or care. Smaller supported accommodation facilities (i.e. less than 7 people) which may or may not have 24 hour supervision or care should be coded as 'Domestic-scale supported living facility'. Aged care hostels should be coded to 'residential aged care facility'.
- **Other accommodation facilities include:**
 - Where a child is under a court/guardianship order with no usual address;
 - Psychiatric/mental health community care facility - refers to community care units which provide accommodation and non- acute care and support on a temporary basis to people with mental illness or psychological disabilities;
 - Public place/temporary shelter - includes public places such as streets and parks, as well as temporary shelters such as bus shelters or camps and accommodation outside legal tenure arrangements, such as squats; and
 - Residence within an Aboriginal/Torres Strait Islander community - should be used for service users that live in this type of setting, regardless of whether the residence is a private residence or a public place/temporary shelter (codes 1 and 11). Service users living in residences within a Torres Strait Islander community should also be recorded here.⁷

⁷ Australian Institute of Health and Welfare (2010) Additional tables Younger people with disability in residential aged care: update from the 2009-10 Minimum Data Set