

Overview: Young People in Residential Aged Care

1. How many young people in residential aged care exited or aged out of residential aged care, and how many entered by state and territory?

There are approximately 6,200 people under the age of 65 living in residential aged care across Australia. Since the commencement of the National Disability Insurance Scheme (NDIS) on 1 July 2013, 2,123 younger people living in a residential aged care facility have met the eligibility criteria as of 31 December 2017. Details are provided in Tables 2 and 3 below. According to bilateral estimates, 2,634 young people were expected to enter the NDIS by 31 December 2017, and around 4,400 younger people are expected to enter the NDIS by 30 June 2018.

2. Update on the measures, including what has been achieved in getting young people out of residential aged care.

The National Disability Insurance Agency (NDIA) is working closely with the Department of Health (DoH) and the Department of Social Services (DSS) to transition younger people in residential aged care to the NDIS in line with bilateral phasing arrangements within the relevant jurisdictions. The young people in residential aged care (YPIRAC) cohort is identified in the state and territory working arrangements as a priority group requiring intensive support through the participant pathway.

Once access has been determined, the planning process will be undertaken and if a participant has identified a housing goal, the participant's plan will include support coordination hours along with allied health professional assessments to identify the most suitable housing solution for the participant. Additionally, funding for support needs may include assistive technology, home modifications and capacity building.

There are a number of different solutions emerging for YPIRAC under the new arrangements. This includes support over weekends to allow home stays on weekends, home modifications, and increased community access to build connections to activities of interest. Early examples of increased community access have included practical and low cost solutions of supports to attend family events, supports to visit local shopping centres, supports to attend sporting events whilst maintaining and enhancing family relationships and developing informal networks.

There has also been good progress in developing a shared understanding of the interface between the two systems. In particular, there has been much work done in partnership with the DoH, DSS and the NDIA to resolve the funding issues raised by the sector and at the previous Senate Estimates regarding the payment of reasonable and necessary support.

Specifically, the NDIA undertakes an assessment of the reasonable and necessary supports for the person. In determining these, the NDIA takes into account the participant's disability, whether the supports are likely to be necessary/beneficial, value for money and informal supports given by others.

In most cases where a person requires residential care, though an aged care service, the reasonable and necessary supports are the same as the care and services required to be provided under the aged care legislation. This is because the aged care legislation also requires the provision of care and services based on the person's needs. If the participant requires, for example, personal care services, recreational therapy, assistance in accessing specialised therapy or health practitioner services these must all be provided to the participant in accordance with the aged care legislation. If the person's personal support needs exceeds that provided by the residential aged care provider, the NDIA and DoH will work with the participant and the aged care provider to ensure all reasonable and necessary personal supports are provided.

The NDIA does not currently have outcomes data indicating the number of YPIRAC who have moved to alternative accommodation arrangements.

3. What are the factors and difficulties in getting young people out of residential aged care?

Challenges have largely fallen into three major issues:

Understanding by the aged care sector and individual facilities

Detailed information explaining the NDIS has been developed and distributed widely. This has been well received. However, a number of facilities have remained reticent to allow access and to facilitate obtaining consent for the NDIA to talk to the individual. The NDIA is appreciative of the work from DoH to facilitate this understanding and there has been good progress in the last several months. This general low level of understanding of the nature of the interactions of the two systems has been complicated by concerns around funding implications for aged care facilities.

Fear of change for the individuals and families in residential aged care

Individuals or families have typically expressed significant fear of the change to the NDIS given that they have typically worked hard to find a solution that meets the needs of the individual. They tend to approach the planning process with caution and the NDIA typically sees a desire to limit exploration of options to small steps in the first instance.

It is clear that for those with high levels of medical care it will be challenging to find alternative, appropriate and cost effective solutions. The NDIA is working closely with support coordinators who are funded to assist families to think about these solutions.

Logistical challenges

Reflective of the challenge families have in finding current accommodation, many YPIRAC are not in areas that are close to families. This means that it often takes considerably longer to facilitate meetings to ensure that all relevant people are able to attend. The alternative to this challenge is where the individual may not have an active guardian or nominee who is willing and able to undertake the planning responsibilities. These circumstances slow down the pace at which access and planning processes can be completed.

These challenges are being successfully addressed by the establishment of the dedicated planning teams and regular consultation with DSS and DoH. The NDIA's initial priority has been to assist young people with gaining access to the NDIS. NDIA planners work with the younger person and the aged care facility to gather documentation to support access

determinations at these meetings or ensure timely and proactive follow-up to obtaining this documentation.

Subsequent planning meetings are held to develop the participant's plan. Planners attend the aged care facility.

4. How is facilitated access process operating, where is this operating, how many staff are allocated to this task and what have they achieved with respect to making contact and developing individual plans?

There is a small dedicated team in each NDIA region. In total, there are up to 60 staff who are supported by experienced supervisors that typically have allied health experience. Each facility is given a dedicated contact and all contact with that facility and the individuals occurs via this dedicated person, where possible. These teams operate in areas that are currently phasing or due to phase. The facilitated access and planning is summarised below:

- Direct face-to-face contact with a facility to ask that they seek consent for a planner to contact the person.
- When granted, relevant parties are invited to a conversation to explain the NDIS to the person.
- If the person is likely to meet the access criteria, assistance is provided to complete the Access Request Form.
- The Access Request Form is assessed at that meeting, or if needed, by access officers experienced with this cohort.
- The same planner then explains and organises the required planning conversation. In particular, this aims to ensure that multiple contacts are not made with the same facility, and important representatives are not excluded from the access or planning process.
- The same planner then will respond to requests for plan reviews or changes in circumstances so that the person is assured of sound knowledge of their circumstances.

This deliberate approach has supported 2,123 younger people living in a residential aged care facility to access the NDIS and approved 1,576 plans as at 31 December 2017 with an average plan cost of approximately \$140,000.

5. What housing assistance can the NDIA offer if there are no SDA vacancies available?

The NDIA is currently exploring a number of strategies with both internal and external stakeholders to support YPIRAC with high support needs access appropriate and timely housing options and supports.

There are different types of housing solutions and supports needs that must be considered and determined either suitable or unsuitable by an allied health professional's assessment process when identifying a participant's most suitable housing solutions and support needs.

Once access has been determined and through the planning process, if a participant has identified a goal to explore the most suitable housing solution and support needs, the participant’s plan may include funding to enable them to explore housing options. This will typically consist of targeted support coordination and capacity building (daily activities) to identify a participant’s most suitable housing solution and support needs, including the extent of needs relating to assistive technology, home modification and/or capacity building.

In undertaking this analysis, as with all participants seeking housing solutions, the participant will be encouraged to explore existing available options such as:

- public housing;
- community housing;
- home ownership;
- shared equity;
- private rental;
- Shared Support Accommodation;
- Supported Independent Living; and
- Specialist Disability Accommodation.

6. Can you provide numbers of people who fall into the category of having high support needs but there is nowhere for them to go, and a further breakdown of the types of disabilities and care needs that can’t be found outside of residential aged care.

The NDIA has not undertaken a comprehensive analysis of all YPIRAC and does not have access to information on the types of disability and care needs of YPIRAC who have not yet made an access request to the NDIS.

However, the NDIA notes that 52 per cent of YPIRAC are classified by DoH as having the highest possible complex health care needs.

In order to be classified at this level, a person must receive a significant level of ongoing complex health care services. In particular, they must receive a combination of services worth a total of 10 or more points, from the following Table:

| Item | Score | Description |
|------|-------|--|
| 1 | 1 | Blood pressure measurement for diagnosed hyper/ hypotension is a usual care need AND frequency at least daily |
| 2 | 3 | Blood glucose measurement for the monitoring of a diagnosed medical condition e.g. diabetes, is a usual care need AND frequency at least daily |
| 3 | 1 | Pain management involving therapeutic massage or application of heat packs AND Frequency at least weekly AND Involving at least 20 minutes of one on one staff time in total |

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| | | |
|-----|----|---|
| 4a | 3 | Complex pain management and practice undertaken by an allied health professional or registered nurse. This will involve therapeutic massage and/ or pain management involving technical equipment specifically designed for pain management AND Frequency at least weekly AND Involving at least 20 minutes of one on one staff time in total. <i>You can only claim one item 4—either 4a or 4b</i> |
| 4b | 6 | Complex pain management and practice undertaken by an allied health professional. This will involve therapeutic massage and/ or pain management involving technical equipment specifically designed for pain management AND Ongoing treatment as required by the resident, at least 4 days per week, AND Involving at least 80 minutes of one on one staff time in total. <i>You can only claim one item 4—either 4a or 4b.</i> |
| 5 | 3 | Complex skin integrity management for residents with compromised skin integrity who are usually confined to bed and/ or chair and cannot self-ambulate. The management plan must include repositioning at least 4 times per day. |
| 6 | 3 | Management of special feeding undertaken by an RN, on a one-to-one basis, for people with severe dysphagia, excluding tube feeding. Frequency at least daily. |
| 7 | 1 | Administration of suppositories or enemas for bowel management is a usual care need. The minimum required frequency is 'at least weekly.' |
| 8 | 3 | Catheter care program (ongoing); excludes temporary catheters e.g. short term post-surgery catheters. |
| 9 | 6 | Management of chronic infectious conditions <ul style="list-style-type: none"> • Antibiotic resistant bacterial infections • Tuberculosis • AIDS and other immune-deficiency conditions • Infectious hepatitis |
| 10 | 6 | Management of chronic wounds, including varicose and pressure ulcers, and diabetic foot ulcers. |
| 11 | 6 | Management of ongoing administration of intravenous fluids, hypodermoclysis, syringe drivers and dialysis. |
| 12a | 1 | Management of arthritic joints and oedema related to arthritis by the application of tubular and/or other elasticised support bandages. Note: The maximum score for claiming both items 12.12a and 12.12b is 3 points. |
| 12b | 3 | Management of; <ul style="list-style-type: none"> • non-arthritic oedema OR deep vein thrombosis by the fitting and removal of compression garments and/or compression bandages, OR <ul style="list-style-type: none"> • chronic skin conditions by the application and removal of dry dressings and/or protective bandaging. Note: The maximum score for claiming both items 12.12a and 12.12b is 3 points. |
| 13 | 3 | Oxygen therapy not self-managed. |
| 14 | 10 | Palliative care program involving End of Life care where ongoing care will involve very intensive clinical nursing and/ or complex pain management in the residential care setting. |
| 15 | 1 | Management of ongoing stoma care. Excludes temporary stomas e.g. post-surgery. Excludes supra pubic catheters (SPCs) |
| 16 | 6 | Suctioning airways, tracheostomy care. |
| 17 | 6 | Management of ongoing tube feeding. |
| 18 | 3 | Technical equipment for continuous monitoring of vital signs including Continuous Positive Airway Pressure (CPAP) machine. |

One significant care need that a person in residential aged care typically has and which might not be available outside residential aged care is ongoing nursing care. It is not appropriate for the NDIA to comment on the availability of nursing care in the community, which is a state/territory government responsibility. However, the NDIS will not fund mainstream health care services. Consultation continues with jurisdictions to ensure shared understanding and explanation of these responsibilities.

7. How many young people in aged care have set a goal to leave aged care and how many have Exploring Housing support currently in their plan?

The NDIA has undertaken analysis of the options to capture this data in the system. This is not currently possible. Participant goals are recorded as free text in the participant's own words and are not captured in structured data records. Exploring Housing describes a group of supports that might be allocated to participants, based on internal guidelines. It is not specified by a separate line item or flagged as a group in structured data. The NDIA will consider changes to this as part of the overall IT prioritisation strategies and will seek to undertake the required file analysis.

Anecdotally, staff report that around 10 per cent of individuals are seeking this as an option at this stage. We do expect that this will change overtime as participants build confidence in the Scheme, see examples of options and markets respond to provide the type of facilities and care required.

8. How many young people in aged care now have an SDA payment in their NDIS plan?

It is not possible to be in residential aged care and receive an SDA payment. SDA would be included in a plan if a person exits residential aged care and is eligible for the support. Data on this is not yet well captured and will be included in the file analysis.

9. Is there a process or guideline for how long [approval for SDA] should take?

The NDIS has published an internal 'Practice Guide, Identifying Housing Solutions, Guidance for Planners, Local Area Coordinators (LACs) and Delegates. The purpose of the practice guide is to inform plan developers (Planners and LACs) and/or delegates of the process when supporting participants whom have identified a housing goal. As part of assisting participants with their housing goal, the participant will be required to undergo relevant assessments by allied health professionals to identify their most suitable housing solution and support needs and to provide sufficient supporting documentation and evidence from allied health professionals. While the NDIA endeavours to process these in a timely manner, the time taken for completion of analysis (as required under the Specialist Disability Accommodation Rule) can be variable.

NDIS STATISTICAL INFORMATION AS AT 31 DECEMBER 2017

1 National Disability Insurance Scheme¹

1.1 Headline statistics

With respect to young people in residential aged care:

- 2,241 access decisions made since the commencement of the Scheme (1 July 2013)
- 2,123 people found to meet the Scheme's eligibility criteria since commencement
- 1,995 participants at the end of the reporting period
- 1,576 participants with an approved plan at the end of the reporting period

1.2 Intake into and Exit from the Scheme²

Table 1: Cumulative Intake at end of Quarter, by Quarter in which Access Decision was made

| Admission Quarter | Prior Quarters | 2017-18Q2 | Total |
|----------------------------------|----------------|------------|--------------|
| Access decisions made | 1,524 | 717 | 2,241 |
| Access met decisions made | 1,456 | 667 | 2,123 |

Table 2: Cumulative Intake to 31 December 2017, by State/Territory

| Admission Quarter | NSW | VIC | QLD | WA | SA | TAS | ACT | NT | Missing | Australia |
|----------------------------------|--------------|------------|------------|-----------|-----------|----------|-----------|----------|----------|--------------|
| Access decisions made | 1,369 | 484 | 253 | 14 | 64 | – | 49 | 5 | 3 | 2,241 |
| Access met decisions made | 1,296 | 460 | 241 | 13 | 61 | – | 46 | 4 | 2 | 2,123 |

Table 3: Cumulative Exits to 31 December 2017, by State/Territory

| | NSW | VIC | QLD | WA | SA | TAS | ACT | NT | Australia |
|-------------------------|-----|-----|-----|----|----|-----|-----|----|-----------|
| Total Participant Plans | 74 | 33 | 12 | 1 | 1 | – | 7 | – | 128 |

Table 4: Participants as at 31 December 2017, by State, by Age

| Age Group | NSW | VIC | QLD | WA | SA | TAS | ACT | NT | Australia |
|--------------|--------------|------------|------------|-----------|-----------|-----------|----------|----------|--------------|
| 19 to 24 | 1 | 1 | – | – | – | – | – | – | 2 |
| 25 to 34 | 14 | 4 | 2 | – | – | – | – | – | 20 |
| 35 to 44 | 43 | 29 | 7 | 0 | 3 | 0 | 0 | 1 | 83 |
| 45 to 54 | 239 | 79 | 43 | 1 | 14 | 2 | 1 | 0 | 379 |
| 55 to 64 | 813 | 269 | 158 | 8 | 38 | 29 | 2 | 1 | 1,318 |
| 65+ | 112 | 45 | 19 | 3 | 5 | 8 | 1 | 0 | 193 |
| Total | 1,222 | 427 | 229 | 12 | 60 | 39 | 4 | 2 | 1,995 |

¹ The Department of Health provides the National Disability Insurance Agency with information on people aged under 65 who are in Residential Aged Care or in receipt of a Home Care Package on a periodic basis. The statistics in this report are concerned with participants identified through that data exchange. The current matching is based on people in residential aged care as at 23 March 2017. There may be other younger people with disabilities who are in aged care homes and have had their eligibility for the NDIS assessed. The Agency and the Department of Health are working together to improve the data matching arrangements.

² Data in this section was provided by the National Disability Insurance Agency. The tables report counts of the number of people ever found eligible for the Scheme and of the number of people who have exited the Scheme. This report uses participant data extracted on 31 January 2018. Future extracts of these data are subject to change.

2 Aged Care (data as at 30 September 2017)

- 6,158 people aged under 65 in aged care homes as at 30 September 2017
- 2,465 people aged under 65 in receipt of a Home Care Package as at 30 September 2017

2.1 People aged under 65 in Residential Aged Care³

Table 5: Intake into and exit from Residential Aged Care of people aged under 65, by Quarter⁴

| | 2016-17Q1 | 2016-17Q2 | 2016-17Q3 | 2016-17Q4 | 2017-18Q1 |
|---|--------------|--------------|--------------|--------------|--------------|
| In residential care at the start of period | 6,248 | 6,267 | 6,267 | 6,291 | 6,243 |
| Admitted during the period | 554 | 532 | 491 | 536 | 543 |
| Discharged during the period | 362 | 340 | 266 | 353 | 388 |
| In residential care at the end of the period | 6,267 | 6,267 | 6,287 | 6,243 | 6,158 |

Table 6: People aged under 65 in Residential Aged Care, at the end of each Quarter, by age group

| Age Group | 2016-17Q1 | 2016-17Q2 | 2016-17Q3 | 2016-17Q4 | 2017-18Q1 |
|--------------|--------------|--------------|--------------|--------------|---------------|
| 0 to 24 | <5 | <5 | <5 | <5 | <5 |
| 25 to 34 | <50 | <50 | <50 | <50 | <50 |
| 35 to 44 | 190 | 182 | 191 | 181 | 178 |
| 45 to 54 | 1,053 | 1,073 | 1,082 | 1,059 | 1,049 |
| 55 to 64 | 4,985 | 4,974 | 4,974 | 4,962 | 4,887 |
| Total | 6,267 | 6,267 | 6,287 | 6,243 | 6,158 |

Table 7: People aged under 65 in Residential Aged Care as at 30 September 2017, by age group

| Age Group | NSW | VIC | QLD | WA | SA | TAS | ACT | NT | Australia |
|--------------|--------------|--------------|--------------|------------|------------|------------|---------------|---------------|---------------|
| 0 to 24 | <5 | <5 | – | – | – | – | – | – | <5 |
| 25 to 34 | <20 | <10 | <10 | <5 | <5 | <5 | – | – | <50 |
| 35 to 44 | 60 | 63 | <50 | <10 | <10 | <10 | – | <5 | 178 |
| 45 to 54 | 394 | 281 | 214 | 71 | 57 | <50 | <5 | <5 | 1,049 |
| 55 to 64 | 1,747 | 1,234 | 976 | 399 | 347 | 106 | <50 | <50 | 4,887 |
| Total | 2,219 | 1,589 | 1,233 | 477 | 415 | 138 | <50 | <50 | 6,158 |

Table 8: People aged under 65 first admitted to Residential Aged Care in Q1 2017-2018, by age group

| Age Group | NSW | VIC | QLD | WA | SA | TAS | ACT | NT | Australia |
|-----------------|------------|------------|------------|---------------|---------------|---------------|--------------|--------------|---------------|
| 0 to 24 | <5 | – | – | – | – | – | – | – | <5 |
| 25 to 34 | <5 | <5 | <5 | – | – | <5 | – | – | <5 |
| 35 to 44 | <5 | <5 | <10 | – | <5 | – | – | – | <20 |
| 45 to 54 | <50 | <50 | <20 | <10 | <10 | <10 | – | <5 | 101 |
| 55 to 64 | 150 | 104 | 91 | <50 | <50 | <5 | <5 | <5 | 425 |
| Total | 190 | 135 | 115 | <50 | <50 | <20 | <5 | <5 | 543 |

³ Data in this section was provided by the Department of Health. The tables report counts of residents at the end of the relevant periods and all first ever admissions and last reported discharges during the relevant periods. This report uses live recipients data extracted on 31 January 2018. Future extracts of these data are subject to change.

– Nil. “<n” data represents figures that are confidentialised to protect potentially identifying information.

⁴ Note: Columns do not sum to totals because some individuals may have turned 65 during the reporting period.

2.2 People aged under 65 in receipt of a Home Care Package⁵

Table 9: Intake into and exit from Home Care Packages of people aged under 65, by Quarter⁶

| | 2016-17Q1 | 2016-17Q2 | 2016-17Q3 | 2016-17Q4 | 2017-18Q1 |
|--|--------------|--------------|--------------|--------------|--------------|
| In home care at the start of period | 2,364 | 2,434 | 2,459 | 2,516 | 2,488 |
| Admitted during the period | 353 | 322 | 381 | 259 | 300 |
| Discharged during the period | 213 | 238 | 268 | 207 | 225 |
| In home care at the end of the period | 2,434 | 2,459 | 2,516 | 2,488 | 2,465 |

Table 10: People aged under 65 in receipt of a Home Care Package at the end of each Quarter, by age group

| Age Group | 2016-17Q1 | 2016-17Q2 | 2016-17Q3 | 2016-17Q4 | 2017-18Q1 |
|--------------|--------------|--------------|--------------|--------------|--------------|
| 0 to 24 | <5 | <5 | <5 | <5 | <5 |
| 25 to 34 | <10 | <20 | <10 | <10 | <10 |
| 35 to 44 | 81 | 77 | 76 | 73 | 69 |
| 45 to 54 | 678 | 674 | 683 | 681 | 684 |
| 55 to 64 | 1,662 | 1,694 | 1,746 | 1,723 | 1,699 |
| Total | 2,434 | 2,459 | 2,516 | 2,488 | 2,465 |

Table 11: People aged under 65 in receipt of a Home Care Package as at 30 September 2017, by age group

| Age Group | NSW | VIC | QLD | WA | SA | TAS | ACT | NT | Australia |
|-----------------|------------|------------|------------|------------|------------|---------------|---------------|------------|--------------|
| 0 to 24 | <5 | – | <5 | <5 | – | – | – | – | <5 |
| 25 to 34 | – | – | <10 | <5 | <5 | – | – | – | <10 |
| 35 to 44 | <20 | <20 | <50 | <10 | <5 | – | – | <5 | 69 |
| 45 to 54 | 171 | 246 | 128 | 52 | <50 | <5 | <5 | <50 | 684 |
| 55 to 64 | 392 | 544 | 375 | 165 | 77 | <50 | <20 | 89 | 1,699 |
| Total | 583 | 806 | 536 | 227 | 110 | <50 | <20 | 138 | 2,465 |

Table 12: Admissions of people aged under 65 to a Home Care Package in Q1 2017-2018, by age group

| Age Group | NSW | VIC | QLD | WA | SA | TAS | ACT | NT | Australia |
|-----------------|-----------|-----------|-----------|-----------|---------------|---------------|----------|--------------|------------|
| 0 to 24 | <5 | – | – | – | – | – | – | – | <5 |
| 25 to 34 | – | – | <5 | – | – | – | – | – | <5 |
| 35 to 44 | <5 | <5 | <5 | – | – | – | – | – | <5 |
| 45 to 54 | <20 | <20 | <20 | <10 | <5 | <5 | – | <5 | 49 |
| 55 to 64 | 73 | 60 | 70 | 23 | <20 | <10 | – | – | 245 |
| Total | 93 | 71 | 84 | 28 | <20 | <10 | – | <5 | 300 |

⁵ Data in this section was provided by the Department of Health. The tables report counts of Home Care Package recipients at the end of the relevant periods and all admissions and discharges during the relevant periods. This report uses live recipients data extracted on 31 January 2018. Future extracts of these data are subject to change.

– Nil. “<n” data represents figures that are confidentialised to protect potentially identifying information.

⁶ Note: Columns do not always sum to totals because some individuals may be admitted to or discharged from a Home Care Package more than once during a reporting period.