

2008 SUPPORTED RESIDENTIAL SERVICES CENSUS

SUMMARY REPORT: RESIDENTS

FEBRUARY 2009

PREPARED FOR

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Introduction

The 2008 SRS Census was undertaken during June to August with 181 facilities that include 6,125 registered beds. A return rate of 88 per cent (159 facilities) was achieved.

Previous censuses were conducted in 1993, 1998, and 2003.

The broad purposes of the census are to: (1) understand the SRS industry; (2) understand the characteristics and service needs of residents and proprietors.

Methodology

The 2008 census was developed by the Department of Human Services in consultation with the Social Research Centre.

Some census items are identical or similar to those included in previous censuses; the 2008 census has an increased emphasis on resident-level data.

The census consists of two parts: facility-level data and resident-level data.

Facility-level booklet:

- Facility details
- Residents' backgrounds
- Staff details
- Staff qualifications and hiring
- Future facility plans
- Fees
- Outside services
- Perceptions of self-assessment form

Resident-level booklet:

- Demographics
- Disabilities
- Support needs
- Services received
- Participation in activities
- Contact with family/friends

A sample of residents from each SRS was chosen for data collection. Please refer to full report for sampling details.

Resulting data were weighted by chance of selection and type of facility in order to represent all SRS residents and facilities. Please refer to full report for weighting details. All data presented are weighted unless otherwise specified.

Type of facility (2008 definition¹):

Pension-level: at least 80% of residents pay pension-level rates

Above pension-level: less than 80% of residents pay pension-level rates

Significance testing is at $p < .05$, confidence interval of 95%. Pension-level results are tested against above pension-level; each region against Total. Data from 2008 are compared with those from 2003 where comparable and available (see Full Report).

Main Conclusions

- There are large differences between the characteristics of residents in pension-level and above pension-level facilities:
 - Residents of pension-level facilities are much more likely to be male, younger, and with psychiatric, intellectual, acquired brain injury, or drug/alcohol disabilities
 - Residents of above-pension level facilities are much more likely to be female, older, and with age-related frailty, dementia, or physical disabilities
- Compared with 2003:
 - Residents in 2008 are more likely to be male, younger, and to have a psychiatric disability, but less likely to have age-related frailty
 - The percentage of residents with disabilities has increased in pension-level facilities but decreased in above pension-level facilities
- Various regional differences exist, but most are due to the type of facility mix within each region.

Main Findings: Residents

Resident Profile

Number of residents

- Total of 4,356 in the 159 SRSs that completed the census
- 42% in pension-level facilities; 58% in above-pension
- Average (mean) of 28 residents per SRS (range of 4-77)
- No significant difference in average number of residents between pension and above-pension facilities
- Average number of pension-level residents per facility: 12 (range: 0-77)

¹ The 2003 census included a different definition of type of facility: pension-level: at least 50% of beds were for pension-level residents; above pension-level: less than 50% of beds were so designated. Where 2003 and 2008 data are compared, this earlier definition of facility type is used.

- 61% of above-pension facilities: no pension-level residents

Gender

- Male: 42%; female: 57%
- 2003 vs. 2008: increase in males 3%
- Pension-level: 59% male; above-pension: 30% male
- 2003 vs. 2008: no significant change in gender balance at either type of facility

Figure 1: Gender of Residents, by Pension & Above Pension (2003vs2008)

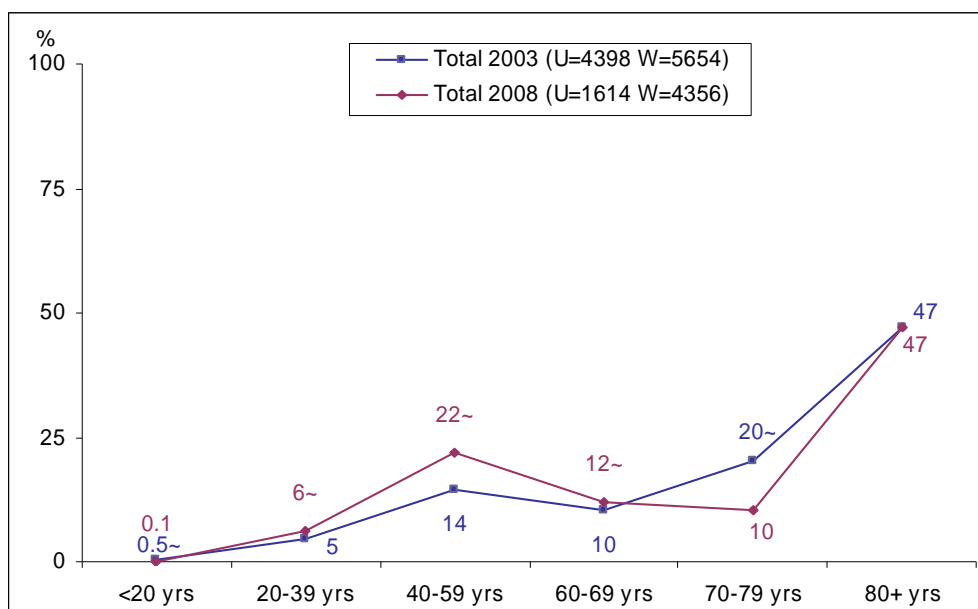


~ Statistically significant difference compared with other year, at p<.05
 U=unweighted sample base; W=weighted sample base

Age

- Average (mean): 70 years (range: 19-110)
- Most common age (mode): 80-89 years (28%)
- 2003 vs. 2008: residents are getting somewhat younger

Figure 2: Age of Residents (2003 vs 2008)



~ Statistically significant difference compared with other year, at $p < .05$
U=unweighted sample base; W=weighted sample base

- Pension-level facilities: mean age: 58
- Above pension-level facilities: mean age: 83
- Eastern Metropolitan region: older than average; North-western Metropolitan region: younger than average

Age and gender

- Males: 64 years; Females: 78 years
- Pension-level males: 55 years; above pension-level males: 76 years
- Pension-level females: 62 years; above pension-level females: 85 years

Aboriginal and/or Torres Strait Islander descent

- All SRSs: 0.3%
- 2003 vs. 2008: increase from 0.1% to 0.3%
- Pension-level facilities: 0.6%; above pension-level: 0.1%
- 2003 vs. 2008: increase at pension-level facilities from 0.3% to 0.6%; increase at above-pension facilities from 0.0% to 0.1%

- North-western Metropolitan region: significantly higher at 1%

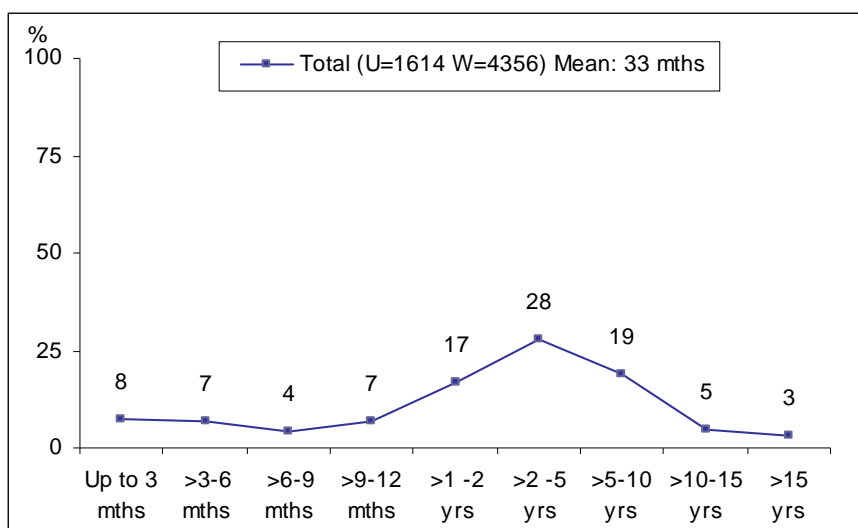
Preferred language

- English: 96%
- Pension-level: 94%; above pension-level: 96%
- Loddon-Mallee region: 88%; Gippsland: 100%; Grampians: 99%

Length of time at SRS

- Average (mean): 2 years, 9 months (range: <1 month – 41 years)

Figure 3: Length of time at SRS (2008)

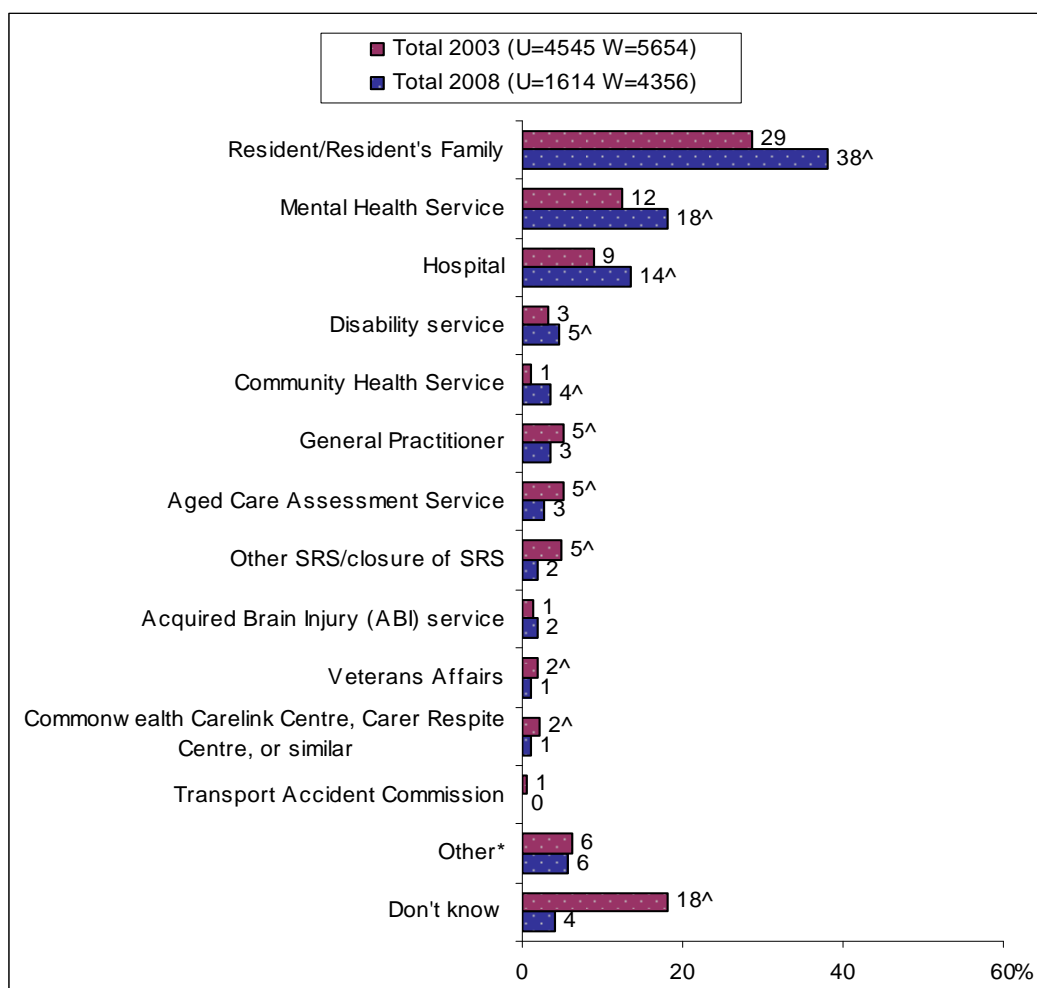


U=unweighted sample base; W=weighted sample base

Referrals

- 30%: resident's family; 18%: mental health service; 14%: hospital; 9%: resident
- Pension-level facilities: more likely to come from a mental health or disability service
- Above-pension level facilities: more likely to come from the resident's family or a hospital
- 2003 vs. 2008: "don't know" decreased from 18% to 4%; appear to be large increases in referrals from resident/resident's family, mental health service, and hospitals, but may be largely due to decrease in don't know responses

Figure 4: Source of resident referral (2003 vs 2008)



[^] Statistically significant difference compared with other year, at $p < .05$
 U=unweighted sample base; W=weighted sample base

Source of payment for bed

- 65%: resident; 19%: resident's family; 8%: State trustees
- Pension-level facilities: State trustee more likely to pay
- Above pension-level: residents or resident's family more likely to pay

Type of residency

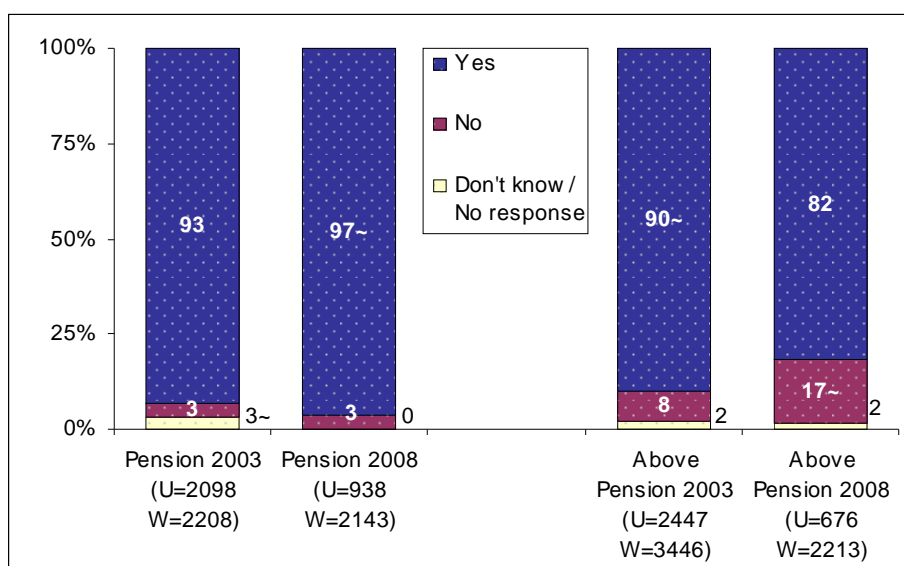
- 92% permanent; 6% respite; 2% interim
- Pension-level residents: more likely to be permanent (98%) or emergency (1%)
- Above-pension residents: more likely to be respite (8%) or interim (3%)

Health Issues

Disabilities

- 89% at least one disability
- 2003 vs. 2008: per cent of residents with a disability has decreased from 91% to 89%; those with no disability has increased from 6% to 10%
- Pension-level facilities: 96% with a disability; above-pension: 84%
- 2003 vs. 2008: pension facilities: increase from 93% to 97%; above-pension: decrease from 90% to 82%

Figure 5: Whether resident has disability, by Pension & Above Pension (2003 vs 2008)



~ Statistically significant difference compared with other year, at p<.05
 U=unweighted sample base; W=weighted sample base

- Significant regional differences: Southern Metropolitan region: 94% with a disability; Barwon South-western region: 74%; Gippsland: 20% have no disability

Types of disabilities

- 38%: age-related frailty; 38%: psychiatric; 17%: dementia; 14%: physical; 14%: intellectual

- Pension-level facilities: greater percentages of psychiatric disabilities, intellectual disabilities, ABI, and drug and alcohol disabilities
- Above pension-level facilities: greater percentages of age-related frailty, dementia, physical disabilities, sensory disabilities

Disabilities by gender

- Females: higher percentages of age-related frailty, dementia, physical disabilities, sensory disabilities
- Males: higher percentages of psychiatric disabilities, ABI, drug and alcohol problems

Disabilities by age

- 65+ more age-related frailty, dementia, sensory disabilities
- <65 more psychiatric disabilities, intellectual disabilities, ABI, drug and alcohol problems

Main disability

- 28%: psychiatric; 26%: age-related frailty; 11%: dementia; 9%: intellectual; 11%: no disability
- 2003 vs. 2008: increases in psychiatric disabilities, intellectual disabilities, physical disabilities; decrease in age-related frailty
- Pension-level facilities: greater percentages of psychiatric disabilities, intellectual disabilities, ABI
- Above pension-level facilities: greater percentages of age-related frailty, dementia, physical disabilities, sensory disabilities, and no disability
- 2003 vs. 2008: Pension-level facilities: increase in dementia; decrease in no disability
- 2003 vs. 2008: Above pension-level facilities: increases in psychiatric disabilities, intellectual disabilities, physical disabilities, no disability; decrease in age-related frailty

Main disability by gender

- Males: greater percentages of psychiatric disabilities, intellectual disabilities, ABI
- Females: greater percentages of age-related frailty, dementia, and no disability
- Pension-level facilities: greater percentages of both males and females with psychiatric and intellectual disabilities
- Above pension-level facilities: greater percentage of both males and females with age-related frailty; greater percentages of males with dementia and sensory disabilities; greater percentage of females with no disabilities

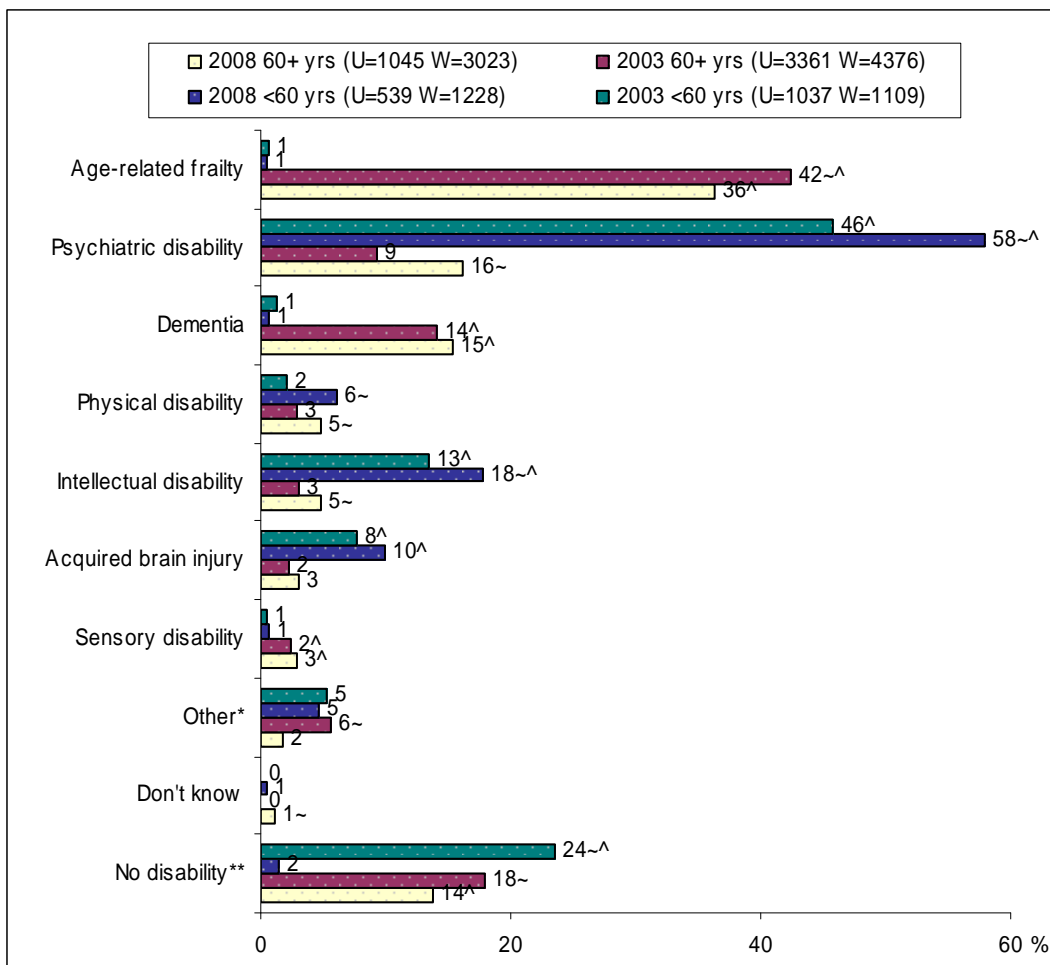
Main disability by age: <45, 45-54, 55-64, 65+

- 65+: greater percentages of age-related frailty and dementia
- <65: greater percentages of psychiatric disabilities, intellectual disabilities, and drug and alcohol problems
- <45: lower percentage of sensory disabilities
- Pension-level facilities: greater percentages of those 65+ with psychiatric disabilities, <45 and 65+ with intellectual disabilities, 65+ with ABI, 45-54 with drug and alcohol problems, 55-64 with no disability
- Above pension-level facilities: greater percentage of those 65+ with age-related frailty, 45-54 and 55-64 with physical disabilities, <45 with ABI, 65+ with no disability

Main disability by age: <60, 60+

- <60: greater percentages of psychiatric disabilities, intellectual disabilities, ABI
- 60+: greater percentages of age-related frailty, dementia, sensory disabilities, no disability
- 2003 vs. 2008: <60: increases in psychiatric disabilities, physical disabilities, intellectual disabilities; decrease in no disability
- 2003 vs. 2008: 60+: increases in psychiatric disabilities, physical disabilities, intellectual disabilities, and “don’t know” main disability; decreases in age-related frailty, Other disability, and no disability

Figure 6: Main disability by age (2003 vs 2008)



U=Unweighted sample base W=Weighted sample base

~ Statistically significant when compared with same level in other year, at p<.05 (e.g., 2003 <60 vs. 2008 <60)

^ Statistically significant when compared with other level in same year, at p<.05 (e.g., 2008 <60 vs. 2008 60+)

Multiple responses were accepted therefore percentages add to more than 100%

Note 'Other' includes Parkinson's, cancer, diabetes, drug/alcohol problems and other serious medical problems. Drug and alcohol problems are not included as a separate category in 2003 and are thus not shown separately in figures that compare 2003 and 2008.

Note: 'No disability' includes (for 2008) those to who did not answer this question because they did not have a disability, and (for 2003) it includes the categories 'not answered' and 'no disability' as reported.

Note: Bars with equal values may appear to be different lengths due to rounding

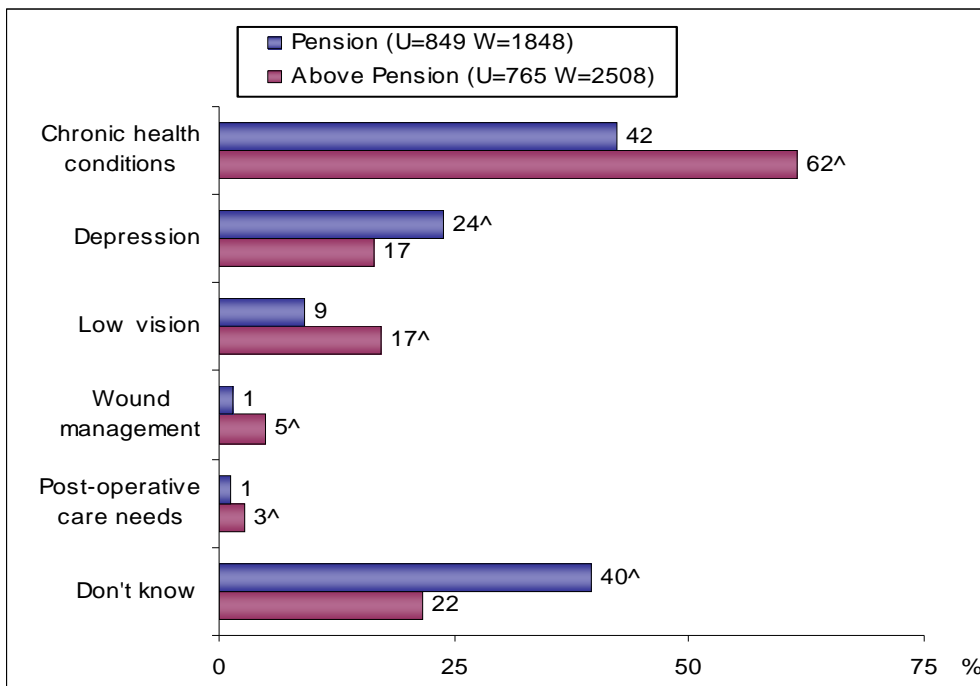
Provider of psychiatric care

- 1,471 SRS residents with a psychiatric disability
- Providers: 59% GP; 40% mental health case manager; 10% private psychiatrist
- Residents in above-pension facilities: more likely to receive care from private psychiatrist (22% vs. 6%)
- Grampians and Hume regions: greater percentages cared for by GP or private psychiatrist and lower percentage cared for by mental health case manager; North-western Metropolitan region: higher percentage cared for by mental health case manager and lower percentages by GP or private psychiatrist; Eastern Metropolitan region: lower percentage cared for by mental health case manager

Health conditions and support needs

- 59% chronic health condition; 20% depression; 14% low vision; 3% wound management; 2% post-operative care; 29% unknown
- Pension-level: greater percentage of residents have depression; above-pension: greater percentage have chronic health conditions, low vision, wound management, or post-operative care needs

Figure 7: Health conditions and support needs, by Pension & Above Pension (2008)

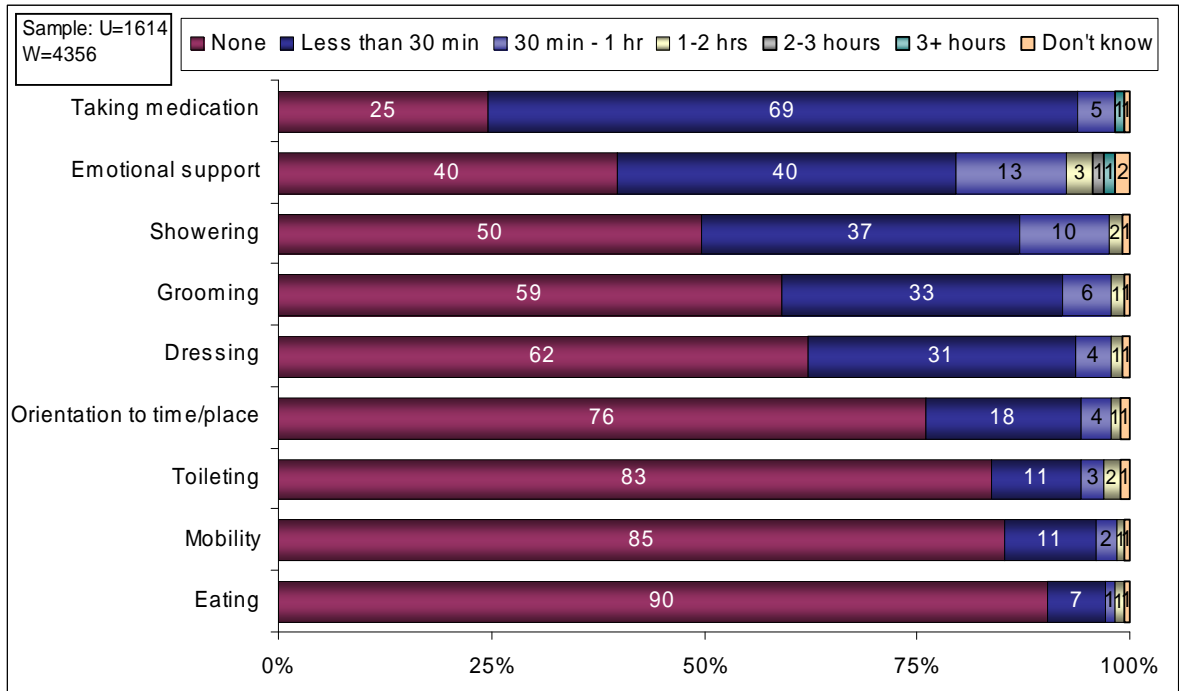


[^] Statistically significant difference compared with other year, at $p < .05$
U=unweighted sample base; W=weighted sample base

Need for assistance

- Needing at least some assistance: 75% with taking medication; 58% with emotional support; 49% with showering; 40% with grooming; 36% with dressing
- Of all types of assistance, emotional support takes up most amount of time

Figure 8: Amount of time resident requires assistance per day (2008)



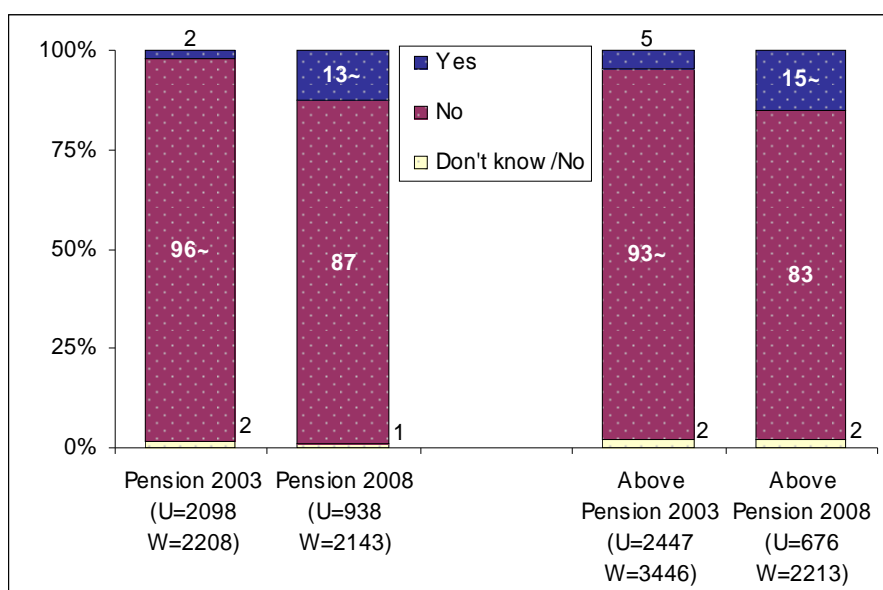
U=unweighted sample base; W=weighted sample base

- Pension-level: more time with taking medication and emotional support
- Above pension-level: more time with showering, dressing, orientation to time or place, toileting, mobility, eating
- No significant difference for grooming

Need for overnight assistance

- 14% of SRS residents need assistance
- 2003 vs. 2008: increase of 10%
- Pension: 11%; Above-pension: 16%
- 2003 vs. 2008: Pension: increase from 2% to 13%; above-pension: increase from 5% to 15%

Figure 9: Whether resident required overnight assistance, by Pension & Above Pension (2003 vs 2008)



~ Statistically significant difference compared with other year, at $p < .05$
 U=unweighted sample base; W=weighted sample base

- Loddon-Mallee and North-western Metropolitan regions: smaller percentages of residents need assistance

Behavioural problems

- 61%: none; 23%: low motivation; 12%: verbal aggression; 6%: wandering
- Pension-level: greater percentages for all but wandering, for which there is no difference by facility type

Main behavioural problem

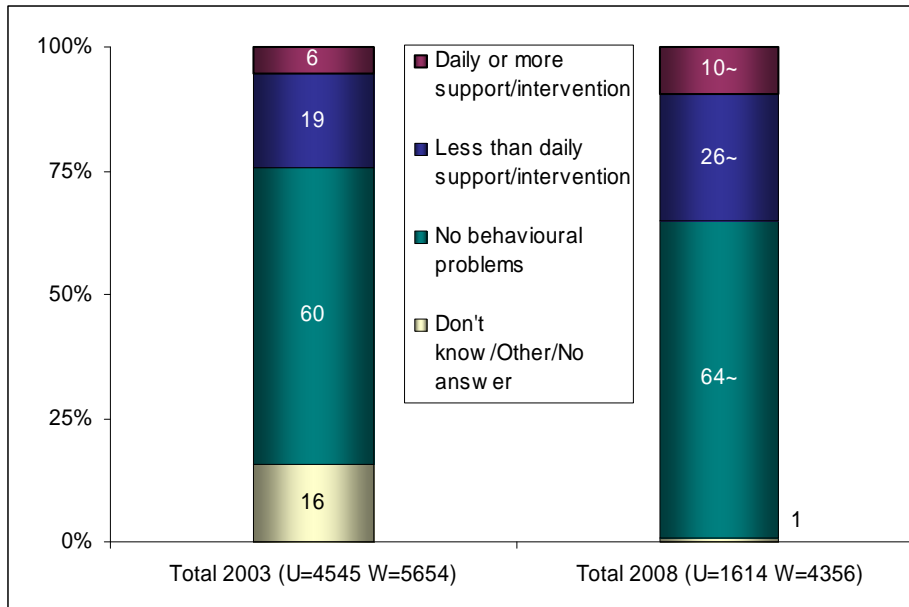
- 20% low motivation; 9% verbal aggression; 4% wandering
- Pension-level: greater percentages for all but wandering and physical aggression, for which there are no differences by facility type

- Low motivation: more prevalent in Southern Metropolitan region; less prevalent in Grampians; verbal aggression and sexual harassment: more prevalent in North-western Metropolitan region

Level of behavioural problems

- 10% require daily or more intervention/support; 26%: less than daily; 64%: none

Figure 10: Level of behavioural problems (2003 vs 2008)



~ Statistically significant difference compared with other year, at $p < .05$
U=unweighted sample base; W=weighted sample base

- Pension-level: greater percentage behavioural problems; lower percentage less than daily intervention
- Southern Metropolitan region: greater percentage of behavioural problems; Eastern Metropolitan regions: smaller percentage

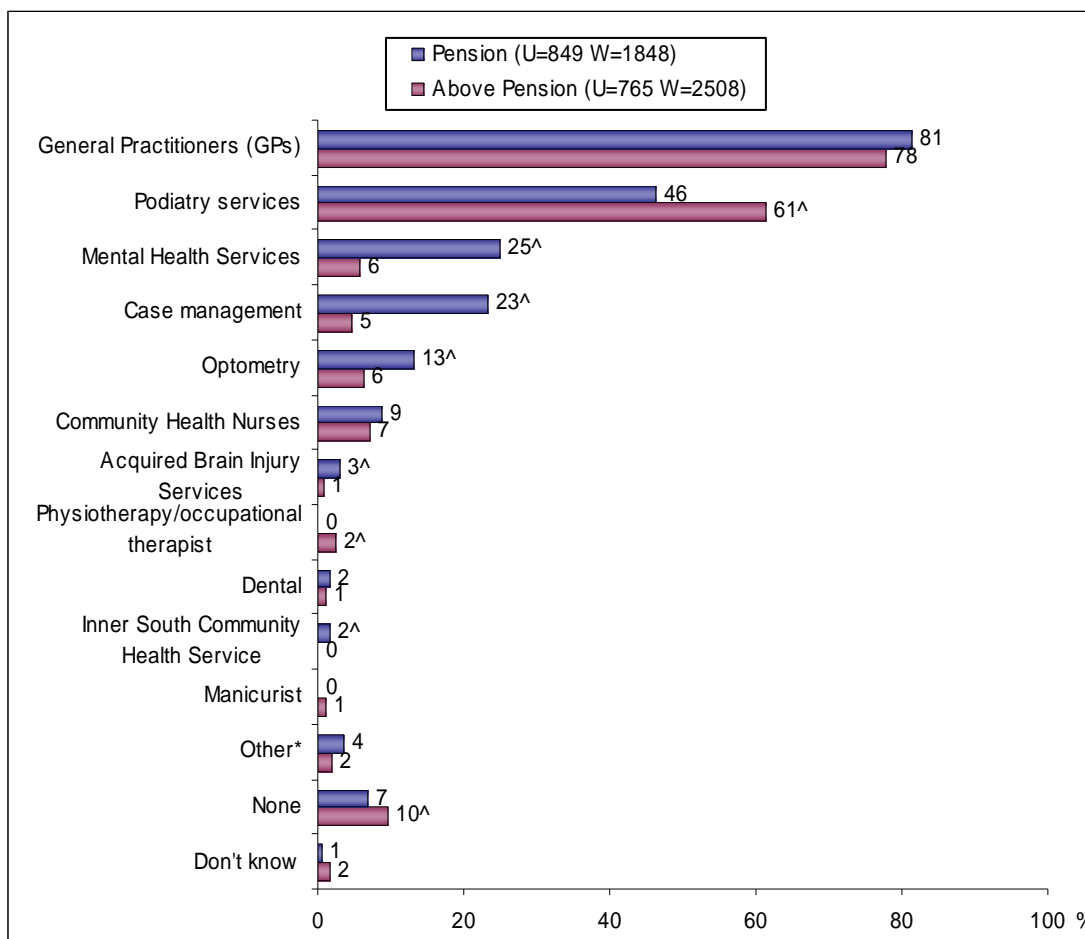
Need for overnight behavioural management

- 8% need such assistance
- Pension-level: 12%; above-pension: 6%
- Southern Metropolitan region: more assistance

Health services received May 2008

- 79%: GP; 53: podiatrist; 14: mental health service; 13%: case management; 9%: optometrist; 8%: Community Health nurse; 9%: none
- Pension facilities: 93%; above-pension: 90%
- Pension facilities: greater percentages of residents received mental health services, saw Community Health Nurses, received optometry services, received ABI services
- Above-pension facilities: greater percentages of residents received podiatry services and physiotherapy/occupation therapy services

Figure 11: Health Services resident received in May, by Pension & Above Pension (2008)



[^] Statistically significant difference compared with other facility type, at p<.05
 U=unweighted sample base; W=weighted sample base

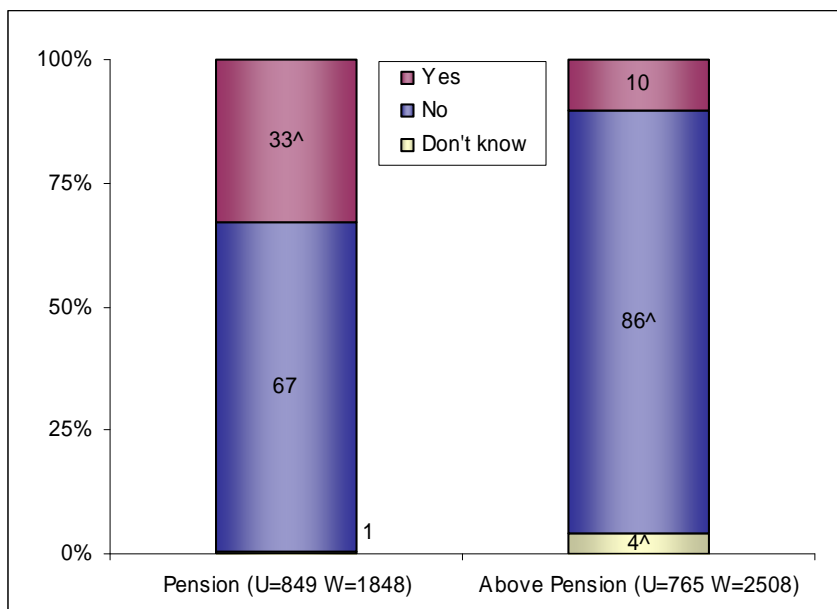
Health service received regularly

- 61%: GP; 36%: podiatrist; 9%: mental health service; 7%: case management; 4%: Community Health Nurse; 3%: optometrist; 1%: ABI service; 28%: none
- Pension-level facilities: greater percentages of residents regularly receive GP, mental health, Community Health Nurses, optometry, and ABI services
- Above-pension level facilities: greater percentages of residents regularly see a manicurist²

Whether resident has case manager

- 20% of residents have a case manager
- Pension-level facilities: 33%; above-pension facilities: 10%

Figure 12: Whether resident has case manager, by Pension & Above Pension (2008)



[^] Statistically significant difference compared with other facility type, at $p < .05$
U=unweighted sample base; W=weighted sample base

- North-western and Southern Metropolitan regions: greater than average percentages of residents; Eastern Metropolitan, Gippsland, and Loddon-Mallee regions: lower than average percentages of residents

² It is arguable whether a manicurist provides a health service. This was a written-in response and thus it is possible that additional SRSs provide manicure services for their residents but did not include this service in the census.

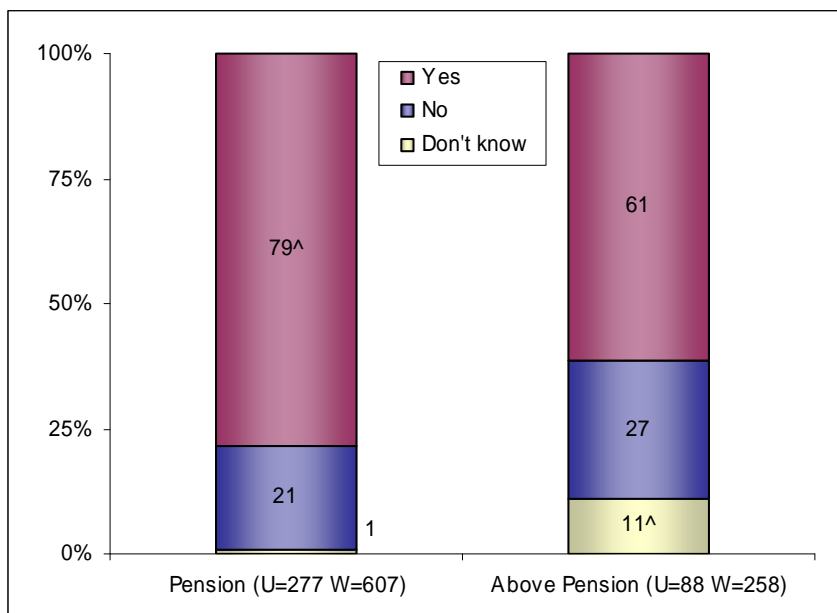
Service that provide case manager

- 60% provided by mental health service
- Pension-level facilities: mental health service more likely to provide case manager

Whether case manager assists in management of resident's care

- 74% of residents (of those who have a case manager) have a case manager who assists
- Pension-level facilities: 79%; above-pension level: 61%

Figure 13: Whether case manager assists in management of resident's care, by Pension & Above Pension (2008)



[^] Statistically significant difference compared with other facility type, at p<.05
U=unweighted sample base; W=weighted sample base

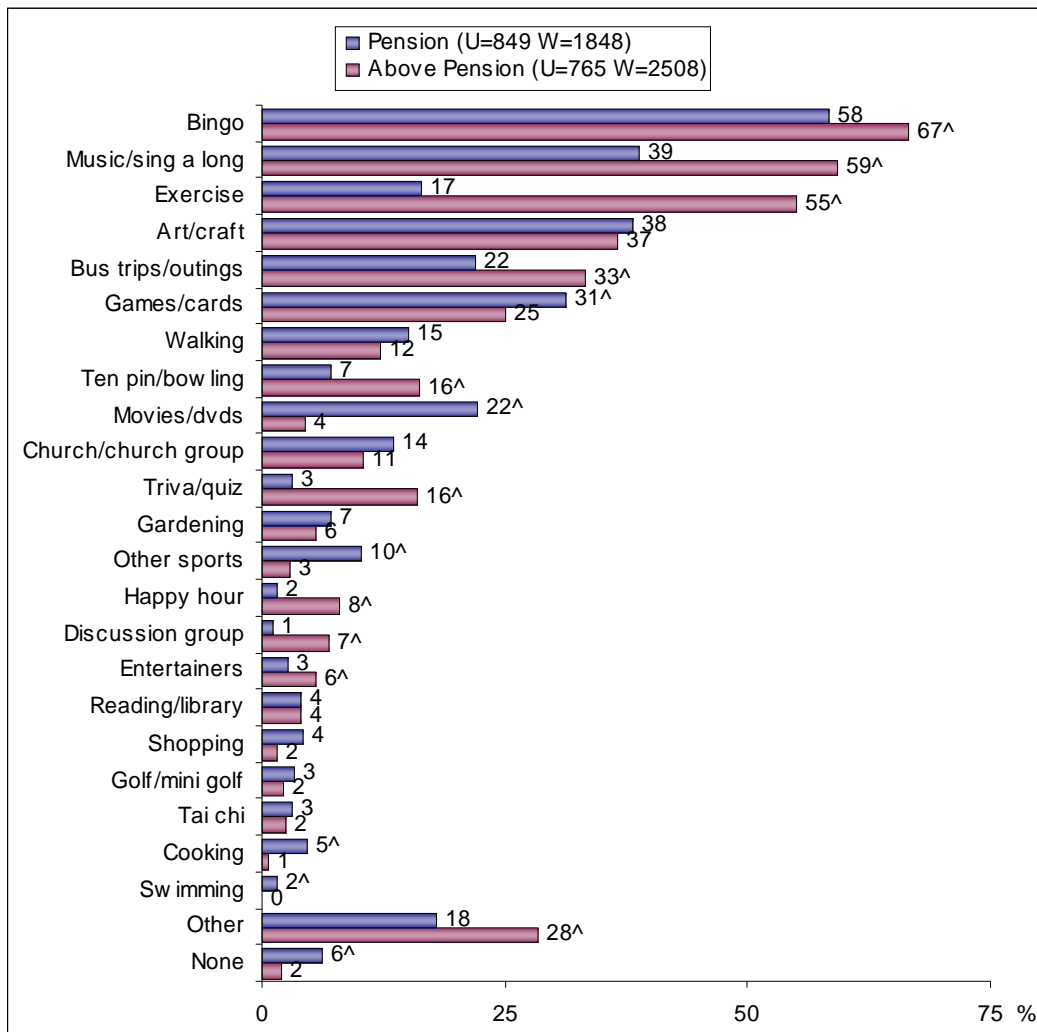
- Southern Metropolitan region: greater than average percentage assists; Barwon South-west, Grampians, and Hume regions: lower than average percentage assists

Activities

Residents living in SRSs that offer activities

- 63%: bingo; 51%: music or sing-a-longs; 38% exercise activities; 37% art and craft
- Above-pension level facilities: offer more in-house activities

Figure 14: Offered activities inside SRS, by Pension & Above Pension Facilities (2008)



[^] Statistically significant difference compared with other facility type, at p<.05
 U=unweighted sample base; W=weighted sample base

- Southern Metropolitan region: offers fewer activities

Participation in activity within SRS (of those living in facilities that offer it)

- 100%: golf/mini-golf; 88%: Happy Hour; 84%: entertainment activities; 80%: music or sing-a-longs; 73%: exercise activities

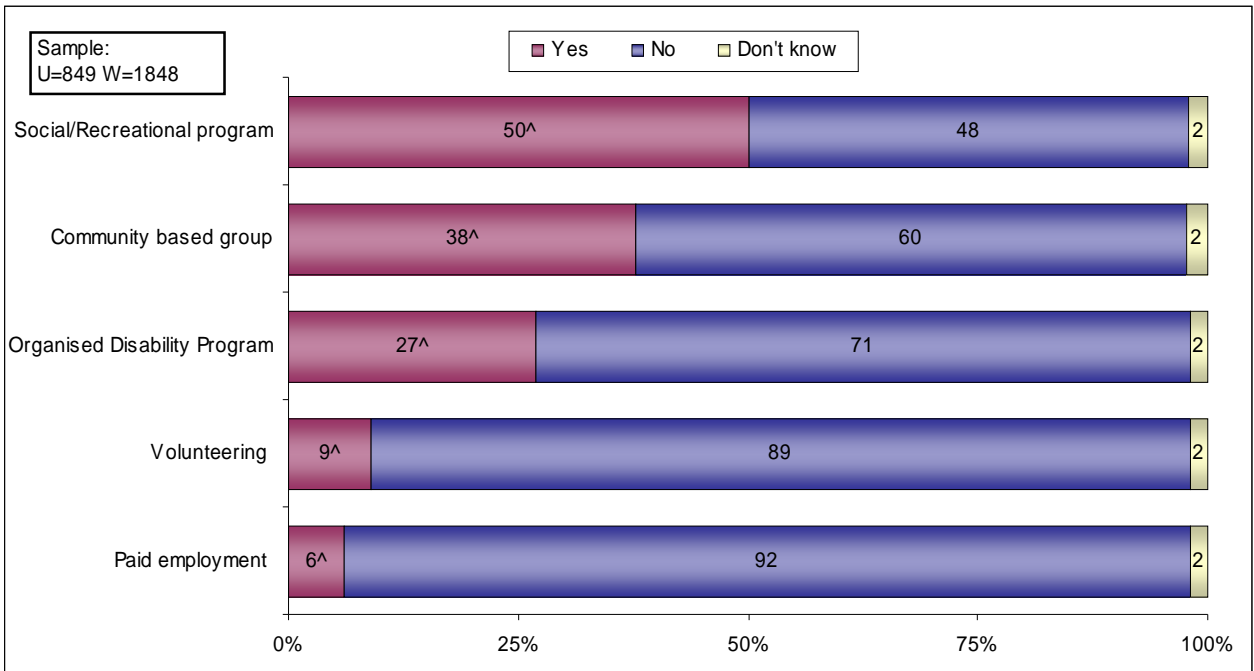
- Participation rates for five most popular activities: music/sing-a-longs: 80%; exercise: 73%; bus trips/other outings: 68%; bingo: 57%; art and craft: 54%
- Participation rates are generally higher within above-pension facilities

Involvement in activities outside SRS

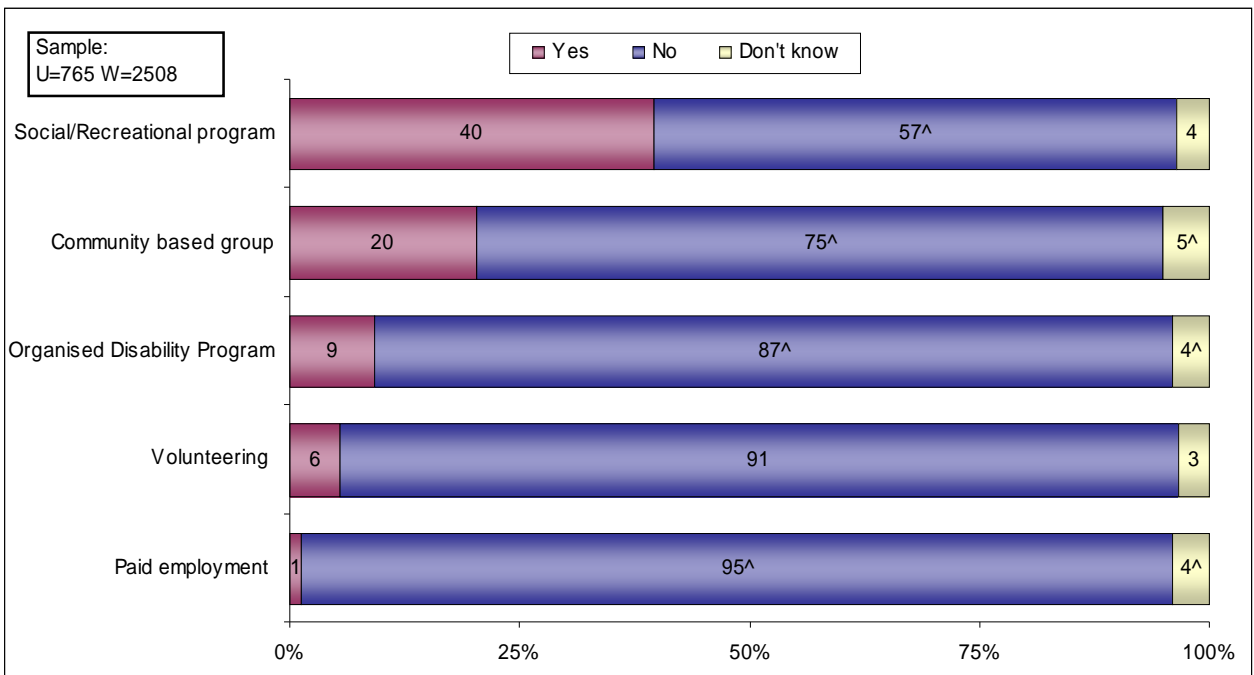
- 44%: social or recreational activities; 28%: community-based groups; 17%: organised disability programs; 7%: volunteer; 4%: paid employment
- Pension-level facilities: greater participation by residents in all such activities

Figure 15: Involvement in activities outside SRS, by Pension & Above Pension (2008)

Pension:



Above-pension:



U=Unweighted sample base W=Weighted sample base
[^] Statistically significant when compared other facility type, at p<.05
 Note: Bars with equal values may appear to be different lengths due to rounding

Frequency of involvement in activities outside SRS

- Same order as for involvement, with frequency greatest for social or recreational activities and least for paid employment
- Pension-level facilities: greater frequency of participation by residents in all such activities
- Same regional pattern as for involvement

Involvement in activities outside SRS, by age

- Younger residents tend to participate more in all such activities

Contact with family/friends outside SRS

- 52%: once a week or more; 15%: 2-3 times a month; 17%: less than once a month; 14%: never
- Above-pension facilities: residents have more frequent contact
- Eastern Metropolitan region: more frequent contact; Grampians, Hume, and Southern Metropolitan regions: less frequent contact