



SUMMARY REPORT:
FACILITY-LEVEL
FINDINGS:
2013 Census of
Supported Residential
Services (SRS) in Victoria



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October 2013

1 BACKGROUND

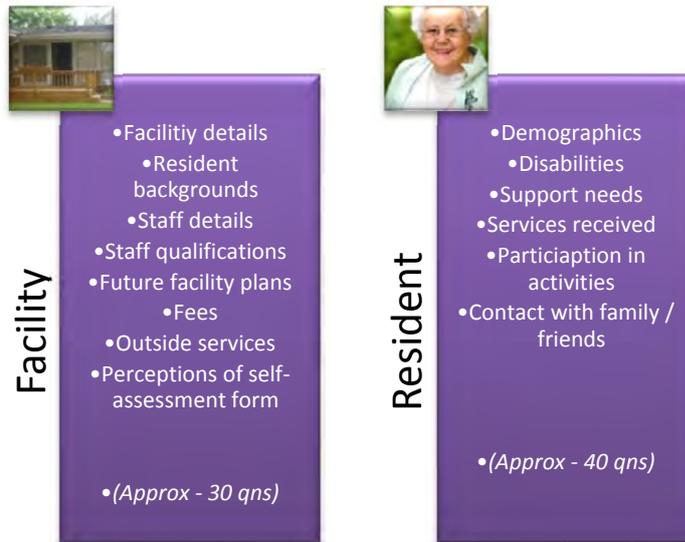
Supported Residential Services (SRS) are privately operated facilities that provide accommodation and support for people who require assistance with daily living, for example, people who are frail or have a disability. SRS do not receive government funding but must be registered with the Department of Health (DH) and are monitored to ensure they provide certain standards of support and accommodation.

SRS vary in the services they provide, the people they accommodate and the fees they charge. There are currently 156 SRS (as at October 2013) registered with DH ranging from small facilities accommodating a few people to larger facilities with up to 90 residents.

SRS are required to comply with the *Supported Residential Services (Private Proprietors) Act 2010* (the SRS Act) and the *Supported Residential Services (Private Proprietors) Regulations 2012* (the SRS regulations). The SRS Program is based centrally in the Ageing and Aged Care Branch, within the Wellbeing, Integrated Care and Ageing division of DH. The SRS Program is responsible for the registration, regulation and prosecution of SRS, and the provision of a range of educational and support activities to assist DH and proprietors to fulfil statutory obligations. In addition the SRS Program also conducts a number of policy and program activities.

There are two primary types of SRSs: pension-level and above pension-level. Pension-level facilities are those in which 80% or more of residents are charged pension-level rates or less. At the time of the Census, this rate was \$437.86/week. Above pension-level facilities may charge whatever rates they like. Prior to 2006, the percentage of pension-level SRS was decreasing. The Supporting Accommodation for Vulnerable Victorians Initiative (SAVVI) was introduced in 2006 to improve the viability of pension-level SRS and to assist with maintaining a level of access to pension-level SRS beds. SAVVI provides a financial contribution to assist proprietors of SAVVI SRS to remain viable and to help them meet the support needs of residents. There are currently 63 SAVVI facilities across Victoria.

In 2013 DH commissioned Market Solutions to undertake a census of SRS. Similar research was conducted in 1993, 1998, 2003 and 2008. The objective of the census was to gain a thorough understanding of the SRS industry and the characteristics and service needs of its residents. It aims to provide DH with a comprehensive profile of SRS facilities and residents covering a range of topics as shown below.



The census was developed by DH, in consultation with Market Solutions. Some census items are identical to those asked in previous years, and some gather different or additional information. Where comparable 2008 data are available, they are included in the report and compared with the 2013 results.

Hence, the key objectives of the 2013 SRS Census are to:

- **Understand the SRS industry**
- **Understand the characteristics and service needs of residents and proprietors**

2 METHODOLOGY

Instrument development and testing: Stakeholder consultations and review of past census questions and datasets were used as input to develop a draft of the 2013 census questions that were submitted to DH for discussion. A small pilot test was conducted (with a range of facility types; two completing on paper and one completing online) and following this the instruments were appropriately revised and approved prior to conducting the full scale survey.

It was assumed that the 2013 census questions needed to reflect the new regulatory environment for SRSs that commenced 1 July 2012. Market Solutions worked in conjunction with DH to ensure the questions were developed accordingly.

Where data from the 2008 census was available and comparable, it has been compared with 2013 data and tested for significant differences.

Each proprietor was asked to complete two parts:

- **Part 1: Facility level data**
 - Facility details
 - Resident profile
 - Fees
 - Staff profile
 - Staff qualifications
 - Facility plans
 - Outside services

- **Part 2: Resident level data** (for a random sample of residents)
 - Resident profile
 - Health issues
 - Support needs
 - Services received
 - Participation in activities

The census was developed in a way that allowed the proprietor to complete the survey in their preferred way either using paper and pen or online. During the testing phase both formats were developed and submitted to DH for comment and testing (online).

By providing flexible options for completing the census, high response rates that have been experienced in the past were improved upon. Allowing online completion further encouraged greater participation from above-pension facilities which were less likely than pension facilities to have participated in the 2008 census by providing an alternative choice to the paper based method.

Initial approach letter: DH sent a letter to all SRS proprietors informing them of the upcoming census and asking for their cooperation in completing it. This letter provided an overview of the census purpose, data collection requirements and associated processes. It outlined the benefits to the sector of a high level of participation.

Placement letter: Market Solutions sent a letter shortly following mailing of the approach letter with the following details:

- Purpose of the census
- Benefits of participation
- Time commitment required
- Resident sampling procedure
- Data collection process & formats
- Help desk availability
- Link and password for the online form

Telephone placement: Market Solutions made telephone contact shortly following mailing of the placement letter to ensure all details were fully understood. During the call proprietors were asked if they had appropriate facilities to complete the census online and/or felt confident completing it online. Some also requested that they'd prefer a paper form to refer to whilst completing the online form. Paper forms were mailed to all those who requested it shortly following the telephone follow-up

Help desk: Market Solutions established a help desk that could be contacted either by phone (1300 number) or by email. The help desk was manned by a trained operator during business hours for the duration of the data collection period.

Telephone and email follow up: After a period of approximately one month follow up contact was commenced to prompt proprietors to complete the census. This continued until all avenues were exhausted for obtaining responses.

Data collation and analysis: The data was collated via data entry of the paper forms and downloading of the online data file. Both of these were merged into one data file and cleaned prior to data analysis.

Response rates

A total of 136 facilities completed the entire census, with a further six facilities completing just the facility section, representing an overall response rate of 91% as shown in Figure 1.

A total of 26 facilities (18%) completed the census on paper.

The census was completed for a total of 1497 residents.

Figure 1: Response Rates

Type	Placed	Received	Response Rate
SAVVI Pension Level	63	60	95%
Non SAVVI	93	82	88%
Total	156	142	91%

Data weighting

Both the facility-level data and resident-level data were weighted. The data has been weighted at the facility level to represent all SRS facilities as appropriate, based on their SAVVI status. The resident-level data was weighted based on SAVVI status and number of residents residing at the SRS as reported in the census.

Figure 2 shows the number of completed forms per questionnaire type achieved in 2013. Some over and under representation of regions occurred, particularly in terms of Southern Metropolitan and Eastern Metropolitan. Weighting the data corrects these biases.

Figure 2: Coverage (Unweighted and Weighted Data)

<i>Base: Facilities</i>	2013 Unweighted	2013 Weighted
	n=142	n=156
	%	%
Above pension-level	45	47
SAVVI pension-level	42	40
Non-SAVVI pension-level	13	13
<i>Base: Residents</i>	2013 Unweighted	2013 Weighted
	n=1497	n=4275
	%	%
Southern Metropolitan	32	29
Eastern Metropolitan	26	30
North and West Metropolitan	19	18
Barwon South Western	7	7
Grampians	7	7
Loddon-Mallee	4	4
Gippsland	4	4
Hume	2	1

Non Response

Given that the survey employs a part paper based methodology, non-response to individual questions is expected. This can occur due to respondent error i.e. missing a question they should answer, or respondent choice (i.e. choosing not to answer a question we would like them to answer for one reason or another).

When calculating results to each question in the survey, those who did not respond to the question are excluded from the analysis. This provides a more accurate indication of the results so that we can say: “out of the people who answered, X% said...” etc.

Throughout this report, the “base” to each question is either “all facilities” or “all residents”, or only those who provided an answer, and not the total responding sample.

Statistical Significance

A significance test shows how likely it is that any difference observed between two means or percentages reflects a real difference in the population and not merely a chance difference in the sample.

Results in this report have been subjected to a test of statistical significance at the .05 level to identify differences that can be distinguished from random chance. This means there is only a 5 percent chance that the observed discrepancy is a spurious occurrence rather than a genuine difference. In addition, the magnitude of the difference has been considered.

The direction of the arrows indicates the direction of the change:

-  2013 Total result significantly HIGHER than 2008 Total result
-  2013 Total result significantly LOWER than 2008 Total result

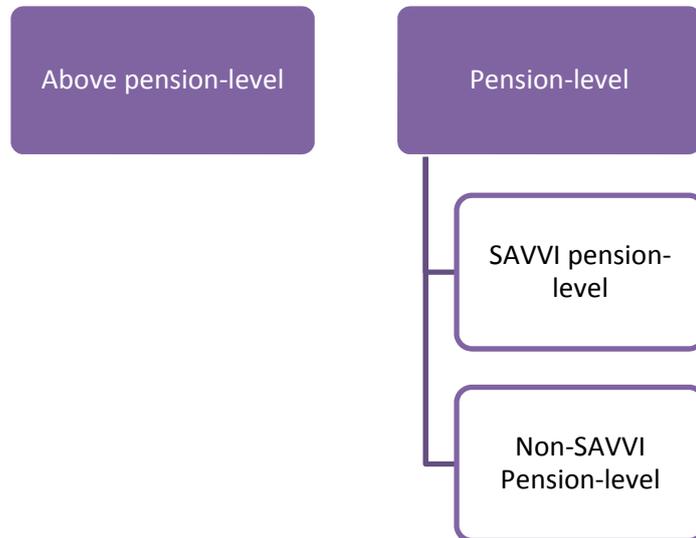
-  Sub-group result significantly HIGHER than 2013 Total result
-  Sub-group result significantly LOWER than 2013 Total result

Within cross-tabulation tables, significant differences have been indicated by coloured cells, as described below:

-  Result significantly HIGHER than TOTAL at the 95% confidence level
-  Result significantly LOWER than TOTAL at the 95% confidence level

Terminology

Throughout the report, demographic analysis is provided based on the 'Pension demographic', which is split into two main groups; Above Pension-level and Pension-level. Pension-level results are further split in to SAVVI Pension-level and Non-SAVVI Pension-level in order to provide targeted and meaningful analysis. Whenever the term 'Pension-level' is used, it refers to the aggregated results for both SAVVI Pension-level and Non-SAVVI Pension-level results.



FACILITY-LEVEL FINDINGS

3 SUMMARY REPORT OF FINDINGS

Supported Residential Services (SRS) are privately operated facilities that provide accommodation and support for people who require assistance with daily living, for example, people who are frail or have a disability. SRS do not receive government funding but must be registered with the State Government and are monitored to ensure they provide certain standards of support and accommodation.

In 2013 the Department of Health (DH) commissioned Market Solutions to undertake a census of SRS. The objective of conducting a census was to gain a thorough understanding of the SRS industry and the characteristics and service needs of its residents.

3.1 Facility Details

As of October 2013, there were 156 SRS registered with the DH, providing approximately 5800 registered beds. According to the 2013 census, 47% of SRS are above-pension, 40% are SAVVI pension-level SRS and 13% identified as non-SAVVI pension-level.

Half of all SRS beds were registered above pension-level beds (50%), 32% were registered SAVVI pension-level beds and 17% were registered non-SAVVI pension-level beds.

The majority of all beds were occupied (at 83%); beds in pension-level and SAVVI pension-level facilities were significantly more likely to be occupied (at 88% and 90% respectively). Beds in above pension-level facilities were significantly more likely to be empty (at 21% compared to 17% overall). Throughout all facilities, more than half of all empty beds were above pension-level beds (at 59%, compared to 18% for non-SAVVI pension-level beds). One in four proprietors stated this was a higher number of empty beds than usual. The main reason for an increase in empty beds was lack of suitable residents (58%); the main reason for fewer empty beds was the SRS's good reputation/service (54%).

Around two thirds of SRS properties are purpose built (66%), with above-pension properties significantly more likely to be purpose built (at 84%). Almost half of proprietors did not know the year the property was built (at 48%, up significantly since 2008). Around three quarters of proprietors leased the building (73%) while 25% owned the SRS building. Just over one third stated the structure of the building was excellent/very good (37%); while 3% stated it was in poor condition. A similar proportion of proprietors stated the condition of the interior of the building was excellent/very good (39%). Just over half (53%) of all SRS residents were charged pension-level fees or less (i.e. \$437.86 per week or below), while 22% were charged \$651 or more per week. The remaining 24% fell between the pension-level fee base and the higher-level above-pension weekly fees.

Time Series

The 2013 SRS facility details results were compared with 2008 data to show any differences in facility type or status over time. It was found that:

- The proportion of properties built during 1988 to 1998 significantly decreased (from 29% to 14%); the proportion of respondents unsure what year the property was built significantly increased (from 32% to 48%).

Pension-level Findings

Pension-level sub-group results were compared with 2013 total results to show any differences in facility type or status within the pension sub-groups. The following points highlight aspects where pension-level sub-groups were significantly higher than the 2013 total result. The overall total results are shown in brackets.

- SRS building type:
 - *Purpose built* – above pension-level 84% (66%)
 - *Converted house* – pension-level 24% (17%)
- Year property was built:
 - *1999-2013* – above pension-level 22% (11%)
- Structural condition of property:
 - *Excellent/very good* – above pension-level 53% (37%)
- Interior condition of property:
 - *Excellent/very good* – above pension-level 53% (39%)
- Beds:
 - *Occupied beds* – pension-level 88%; SAVVI pension-level 90% (83%)
 - *Empty beds* – above pension-level 21% (17%)
- Resident fees:
 - *Below \$437.86 p/week (below pension level)* – pension-level 83% (49%); SAVVI pension-level 86% (49%)
 - *\$438-\$650 p/week* – above pension-level 42% (24%)

3.2 Staff Profile

Just under one-third of staff work more than 30 hours on weekdays, while 35% work less than ten hours on weekend days. Almost all staff were paid employees of the SRS (93%). The SRS facility type most likely to have volunteer/work placement staff were non-SAVVI pension-level facilities where volunteers comprised 13% of staff, compared with 7% overall. Three-quarters of facilities have a staff member whose role it is to organise recreational activities (75%). Above pension-level facilities were most likely to have a staff member such as this (84%), compared with 61% of non-SAVVI pension-level facilities. In two-thirds of cases, the proprietor had a bookkeeping/administration role within the SRS (64%); SAVVI pension-level facilities were most likely to have a proprietor undertaking this role (at 70%). In the majority of cases (80%) there was an appointed manager at the SRS, with above pension-level facilities most likely to have an appointed manager (at 84%).

Time Series

In most cases, the 2013 SRS staff profile results could not be compared with 2008 data, so comparisons of statistical significance have not been made.

Pension-level Findings

Pension-level sub-group results were compared with 2013 total results to show any differences in staff profile within the pension sub-groups. The following points highlight aspects where pension-level sub-groups were significantly higher than the 2013 total result. The overall total results are shown in brackets.

- Total number of staff:
 - *Proportion of volunteers/ students on work placement available to work* – non-SAVVI pension-level 13% (7%)
- Whether have recreation activities organiser role at SRS:
 - *Yes* – above pension-level 84% (73%)
 - *No* – pension-level 34% (26%)

3.3 Staff Qualifications

Over half of personal support workers had a Certificate III in Aged Care (at 60%), while just 9% had no qualifications at all. Facilities significantly more likely to have unqualified staff were pension-level facilities (21%) and SAVVI pension-level facilities (27%).

Pension-level facilities were significantly more likely to have staff with a Certificate III in Disability (24% compared to 11% overall) and a Certificate III in Home and Community Care (29% compared to 17% overall).

The average number of staff per facility with a First Aid Certificate was 9; above pension-level facilities averaged 11 staff with this qualification while non-SAVVI pension-level facilities averaged 6. Similarly, the average number of staff per facility with a Food Handling Certificate was 6; above pension-level facilities averaged 7 staff with this qualification while non-SAVVI pension-level facilities averaged 4.

Around one-quarter of proprietors had difficulty attracting staff over the past 12 months (at 23% compared with 32% in 2008). The facility types that had the least trouble attracting qualified staff were non-SAVVI pension-level (72% 'No difficulty') and pension-level (68% 'No difficulty').

Time Series

In most cases, the 2013 SRS staff qualification results could not be compared with 2008 data, so comparisons of statistical significance have not been made.

Pension-level Findings

Pension-level sub-group results were compared with 2013 total results to show any differences in staff qualification status within the pension sub-groups. The following points highlight aspects where pension-level sub-groups were significantly higher than the 2013 total result. The overall total results are shown in brackets.

- Personal Support Worker qualifications:
 - *Staff with no qualifications* – SAVVI pension-level 27% (9%); pension-level 21% (9%)
 - *Certificate III in Disability* - SAVVI pension-level 29% (11%); pension-level 24% (11%)
 - *Certificate III in Home & Community Care* – SAVVI pension-level 34% (17%); pension-level 29% (17%)

- Number of staff with First Aid Certificate:
 - *Up to 10 staff* – pension-level 92% (74%)
 - *11 to 20 staff* – above pension-level 43% (24%)

- Number of staff with Food Handling Certificate:
 - *Up to 10 staff* – pension-level 99% (90%)
 - *11 to 20 staff* – above pension-level 18% (9%)

3.4 Facility Plans

83% of proprietors reported that public hospitals are a main referral source for residents, followed by family and friends (63% of proprietors reported these as a main referral source), then a community service organisation (63%), a mental health service (63%) or via self-referral (61%). According to above pension-level facility proprietors, residents are significantly more likely to be referred by family and friends (81%), self-referral (75%), general practitioners (66%) or Veteran Affairs (47%). Pension-level residents are significantly more likely to be referred by mental health services (89% of pension-level proprietors reported this as their main referral source compared with only 33% of above-pension proprietors) and the Department of Human Services (59%). Similarly, SAVVI pension-level residents are more likely to be referred by mental health services (87%) and the Department of Human Services (58%).

When asked where residents go when they leave the SRS, proprietors were most likely to state that residents had passed away (71%). Pension and SAVVI pension-level residents were significantly more likely to go to another SRS or to public housing.

In the majority of cases (80%), proprietors stated the SRS facility will continue to operate over the next 3 years; just 6% stated the facility would be closed.

Time Series

In most cases, the 2013 SRS facility plans results could not be compared with 2008 data, so comparisons of statistical significance have not been made.

Pension-level Findings

Pension-level sub-group results were compared with 2013 total results to show any differences in facility plans within the pension sub-groups. The following points highlight aspects where pension-level sub-groups were significantly higher than the 2013 total result. The overall total results are shown in brackets.

- Main referral source according to proprietors:
 - *Family and friends* – above pension-level 81% (63%)
 - *Mental health service* – pension-level 89% and SAVVI pension-level 87% (63%)
 - *Resident self-referral* – above pension-level 75% (61%)
 - *General Practitioner* – above pension-level 66% (42%)
 - *Department of Human Services* - pension-level 59% and SAVVI pension-level 58% (40%)
 - *Veteran Affairs* – above pension-level 47% (27%)

- Where residents go when they leave the SRS:
 - *Public housing* - pension-level 45% and SAVVI pension-level 43% (28%)
 - *Another SRS* - pension-level 72% and SAVVI pension-level 75% (47%)

3.5 Outside Services

Health and outreach services that visit SRS facilities most frequently are General Practitioners and social / recreational services (who tend to visit on a weekly basis). These were followed by hairdresser / beauty services, Royal District Nursing Services, podiatrists, mental health services and community health nurses, who tend to visit on a monthly basis. Least frequent to visit are acquired brain injury services, alcohol and other drug services and optometrists.

Just over half of practitioners stated that all these services assist in supporting residents (at 52%, up notably from 33% in 2008). When asked which additional services would help most with meeting resident needs, at least half of practitioners suggested transport assistance (71%), additional funding (69%) and staff education and training (58%). SAVVI pension-level facilities were significantly more likely to state additional funding would be most helpful in meeting resident needs (82%), while pension-level facilities suggested case managers/workers would be most helpful (59%).

Time Series

The 2013 SRS outside services results were compared with 2008 data to show any differences in service delivery over time. Some significant shifts in frequency of visitation were cited in 2013, resulting in a positive change of mean frequency scores for the following services:

- Community health nurses (shift in mean frequency from 1.7 in 2008 to 2.2 in 2013);
- Mental health services (shift in mean frequency from 1.5 to 2.4); and
- Dental services (shift in mean frequency from 0.5 to 1.1).

Pension-level Findings

Pension-level sub-group results were compared with 2013 total results to show any differences in outside services within the pension sub-groups. The following points highlight aspects where pension-level sub-groups were significantly higher than the 2013 total result. The overall total results are shown in brackets.

In terms of frequency of visitation from outside services:

- Above pension-level facilities:
 - *Hairdresser / beauty services* 3.7 (2.9)
 - *Podiatrist* 2.9 (2.5)
 - *Physiotherapist* 3.0 (1.9)
- Pension-level facilities:
 - *Mental health services* 2.9 (2.4)
 - *SAVVI Supported Connections Program* 2.3 (1.2)
 - *Community Connection Program* 1.5 (1.1)
 - *Planned Activity Group* 1.5 (1.0)
 - *Alcohol and other drug services* 0.9 (0.6)
- SAVVI pension-level facilities:
 - *Mental health services* 2.9 (2.4)
 - *SAVVI Supported Connections Program* 3.0 (1.2)
 - *Community Connection Program* 1.6 (1.1)
 - *Planned Activity Group* 1.7 (1.0)

Significant differences were also observed for:

- Additional services that would help to meet the needs of resident:
 - *Case manager/workers* – pension-level 59% (45%)
 - *Additional funding* – SAVVI pension-level 82% (69%)