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



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Acknowledgment

Prepared for:

The Department of Health
SRS & Accommodation Support Unit
Level 12, 50 Lonsdale Street
MELBOURNE VIC 3000

Prepared by:

John Roberts and Erin Roberts
Market Solutions
Office Phone: 03 9372 8400

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1 BACKGROUND

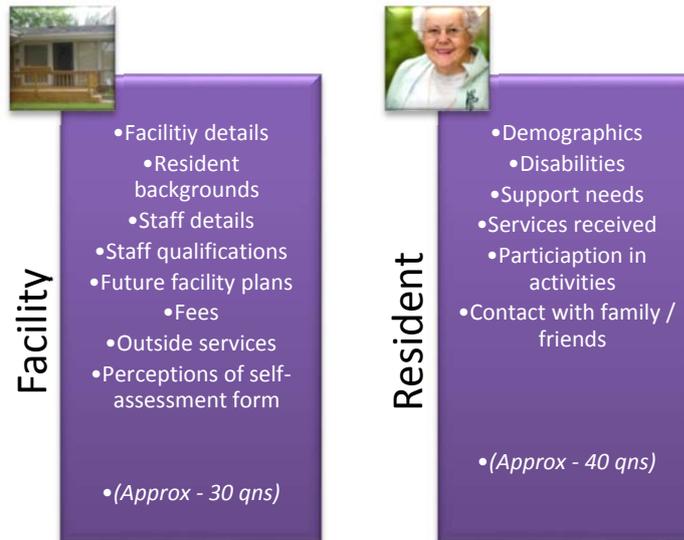
The Supported Residential Services (SRS) are privately operated facilities that provide accommodation and personal or special care for people with disabilities and/or frailty who require support with daily living. SRSs do not receive government funding but must be registered with the State Government and are monitored to ensure they provide certain standards of care and accommodation.

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

SRSs are required to comply with the new Supported Residential Services (Private Proprietors) Act 2010 and associated regulations. New regulations were drafted to support the Act and these came into effect in 2012. The SRS Program is a central unit based 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. Over the years, the percentage of pension-level SRSs has decreased. 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.

In 2013 DH commissioned Market Solutions to undertake a census of SRSs. Similar research was conducted in 1993, 1998, 2003 and 2008. Its aim is 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 are available and comparable, they have 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.

RESIDENT ID NUMBER		Resident 1	Resident 2	Resident 3	Resident 4	Resident 5	Resident 6	Resident 7	Resident 8
1	Gender	1	1	1	1	1	1	1	1
	Male	2	2	2	2	2	2	2	2
2	Age	1	1	1	1	1	1	1	1
	Record age in years	2	2	2	2	2	2	2	2
3	Does the RESIDENT speak a language other	1	1	1	1	1	1	1	1
	Yes (specify)	2	2	2	2	2	2	2	2
4	What is the RESIDENT'S country of birth?	1	1	1	1	1	1	1	1
	Other (specify)	2	2	2	2	2	2	2	2
5	Length of stay (in and year RESIDENT started living at SRS - CURRENT STAY	1	1	1	1	1	1	1	1
	Resident (self-referrals)	2	2	2	2	2	2	2	2
6	Who referred this RESIDENT to your SRS?	1	1	1	1	1	1	1	1
	(select one only for each resident)	2	2	2	2	2	2	2	2
7	Who is paying for RESIDENT'S bed?	1	1	1	1	1	1	1	1
	(select primary source - one only for each resident)	2	2	2	2	2	2	2	2

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

← This is an excerpt from the paper form (resident level data collection).

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

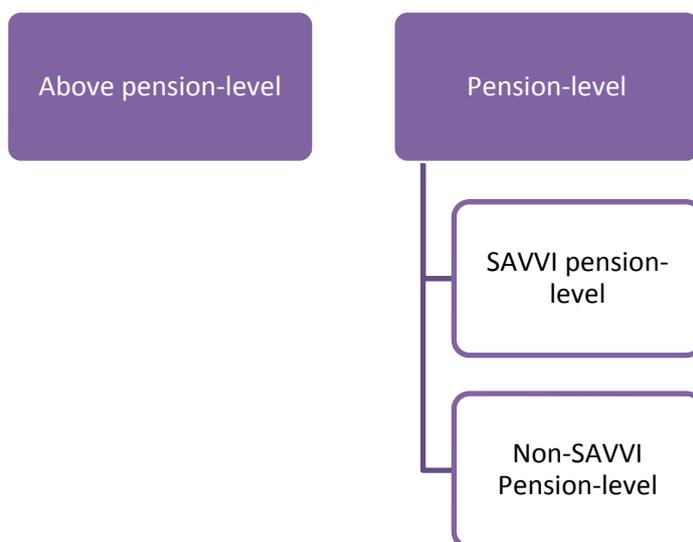
- ▲ Sub-group result significantly HIGHER than 2013 Total result
- ▼ Sub-group result significantly LOWER than 2013 Total result

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.



RESIDENT-LEVEL FINDINGS

3 SUMMARY REPORT OF FINDINGS

The Supported Residential Services (SRS) are privately operated facilities that provide accommodation and personal or special care for people with disabilities and/or frailty who require support with daily living. In 2013 DH commissioned Market Solutions to undertake a census of SRSs. Its aim is to gain a thorough understanding of the SRS industry and the characteristics and service needs of its residents.

3.1 Resident Profile

There are currently an estimated 4,275 SRS residents in Victoria with 54% living in pension-level facilities and 46% in above pension-level facilities. Eastern Metropolitan, Southern Metropolitan, and North and West Metropolitan regions contain higher than average residents. Eastern Metropolitan and Loddon-Mallee regions house a significantly higher proportion of above pension-level residents, while Southern Metropolitan, North & West Metropolitan, Grampians and Gippsland regions house a significantly higher proportion of pension-level residents. SAVVI pension-level residents are significantly more likely to be found in the Southern Metropolitan, North & West Metropolitan, Grampians and Loddon-Mallee regions, while Non-SAVVI pension-level residents are significantly more likely to be residing in Eastern Metropolitan and Gippsland regions.

The average (mean) number of residents per facility is 33, with a range of 3 to 74. The majority of residents are female (53%), although there has been a significant decrease in female residents since 2008. There are a significantly higher proportion of females in above pension-level facilities. The average (mean) age of residents is 71 with a range of 19 to 104. A significantly higher proportion of 40-69 year olds are residing in SRS facilities compared to 2008. Above pension-level facilities are significantly more likely to house older residents (76% are aged 80 or older compared with 39% overall). Pension-level facilities are significantly more likely to house younger residents (13% are aged 39 years or younger, compared with 7% overall).

It appears residents are staying at their current SRS facility for longer with a significantly higher proportion of residents staying for at least 5 years (35% compared with 27% in 2008). The most common referral source was the resident's family (33%), followed by mental health services (18%). Above pension-level residents were significantly more likely to be referred by family (47%), while pension-level residents were significantly more likely to be referred by a mental health service (30%). A significantly higher proportion of residents were paying for their bed themselves (69%, compared to 65% in 2008), or through family (24%, compared to 19% in 2008). Roughly equal proportions of residents themselves and family members manage resident's finances (37% and 36% respectively).

Time Series

The 2013 SRS resident profile results were compared with 2008 data to show any differences in resident profile over time. It was found that:

- The proportion of male residents significantly increased (from 42% in 2008 to 47% in 2013);
- The number of residents aged 40-69 years significantly increased (from 34% to 43%);
- The amount of residents whose current stay was at least 5 years significantly increased (from 52% to 69%);
- The proportion of referrals from another SRS facility significantly increased (from 2% to 7%); and
- The number of residents paying for their own beds significantly increased (from 65% to 69%), as did payment from family members (from 19% to 24%).

Pension-level Findings

Pension-level sub-group results were compared with 2013 total results to show any differences in resident 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.

- Gender:
 - *Male* – pension-level 64% (47%)
 - *Female* – above pension-level 72% (53%)
- Age:
 - *Less than 39 years* – pension-level 13% (7%)
 - *40-69 years* – pension-level 69%; SAVVI pension-level 74%; non-SAVVI pension-level 56% (43%)
 - *80 years or more* – above pension-level 76% (39%)
- Languages spoken other than English:
 - *None, English only* – pension-level 88% (85%)
- Country of birth:
 - *Australia* – pension-level 84% (81%)
 - *Other* – above pension-level 18% (15%)
- Referral source:
 - *Resident's family* – above pension-level 47% (33%)
 - *Mental health services* – pension-level 30% (18%)
 - *Resident (self-referral)* – above pension-level 16% (11%)
 - *Another SRS facility* – pension-level 9% (7%)
 - *Community health services* – pension-level 6% (4%)
 - *Disability services* – pension-level 6% (4%)
 - *Housing services* – pension-level 2% (1%)
- Payment source:
 - *Resident* – pension-level 82% (69%)
 - *Community Carelink Centre, Carer Respite Centre* – pension-level 5%; SAVVI pension-level 6% (3%)
- Management of finances:
 - *Resident's family* – above pension-level 57% (37%)
 - *Resident* – pension-level 43% (36%)
 - *Trustee organisation* – pension-level 35%; SAVVI pension-level 40% (23%)
 - *Accountant* – non-SAVVI pension-level 2% (1%)

3.2 Health Issues

The majority of residents (91%) have a disability, with a significantly higher proportion of pension-level residents having a disability (at 96%). The types of disabilities residents are likely to have include age-related frailty (42%, up significantly since 2008), psychiatric disability (39%) and intellectual disability (20%, up significantly since 2008). Above pension-level residents are significantly more likely to have age-related frailty (79%), while pension-level residents are significantly more likely to have a psychiatric disability (59%), intellectual disability (29%) and drug & alcohol problems (14%). In fact, 62% of SAVVI pension-level residents are reported to have a psychiatric disability, compared to 12% of above pension-level residents.

Three-quarters of residents were reported to have a health condition or support need; the most common of these being chronic health conditions (36%) and depression (20%). Above pension-level residents were significantly more likely not to have a health condition or support need (30% compared with 25% overall). Pension-level residents were significantly more likely to have depression (29%), psychotic episodes (25%) and diabetes (15%).

The majority of residents did not manage their own medication (88%); most likely to be managing their own medication were above pension-level residents (14%, compared with 10% overall).

Around one in six residents had special dietary needs (17%), while 60% were thought to engage in healthy eating habits. Pension-level residents were significantly less likely to engage in healthy eating habits (at 53%). One quarter of residents (27%) drank alcohol, with 2% reported to drink at a problematic rate. Pension-level residents were significantly more likely to be problematic drinkers (3%). Around one third of residents smoked cigarettes (34%), with pension-level residents significantly more likely to be smokers (54%).

When it came to assistance with personal care, the tasks residents tended to need the most assistance with were taking medication (68%, significantly down from 2008), emotional support (55%, significantly down from 2008) and showering (41%). Eating, mobility and toileting were the tasks least likely to require assistance (90%, 89% and 86% respectively). Above pension-level residents were significantly more likely to need 30 or more minutes per day assistance with dressing (5%) and toileting (4%). Pension-level residents were significantly more likely to need 30 or more minutes per day assistance with taking medication (13%) and emotional support (25%). One in ten residents required assistance or direct support with personal care overnight; a significantly lower proportion than in 2008 (14%).

A significantly lower proportion of residents exhibited behavioural problems (53%, down from 61% in 2008). Above pension-level residents were significantly more likely to not have any problems with behaviour (74%). The most commonly cited problems were low motivation (26%) and verbal aggression (16%, significantly up from 12% in 2008). One in ten residents (11%) required support daily or several times a day; pension-level residents were significantly more likely to require this level of support (15%), as were non-SAVVI pension-level residents (21%).

The most common health and support services received were General Practitioner services (79%) and podiatry services (49%, significantly down from 55% in 2008). Compared to 2008, residents were significantly more likely to have accessed or received dental services (18%), mental health services (17%) and optometry (12%).

A significantly higher proportion of residents have a case manager (28%), compared to 2008 (20%). Pension-level residents were significantly more likely to have a case manager (43%). Over half of case managers were from mental health services (52%), with one in five from community service organisations (19%).

Provision of psychiatric care was provided by either a General Practitioner (46%) or public mental health service (45%). Above pension-level residents were significantly more likely to have a General Practitioner administer their psychiatric care (53%).

Time Series

The 2013 SRS health issues results were compared with 2008 data to show and differences in issues over time. It was found that:

- The incidence of residents with age-related frailty, intellectual disability and drug & alcohol problems significantly increased from 2008;
- The number of residents who do not need assistance with showering, dressing, grooming, mobility and taking medication significantly increased;
- The proportion of residents who do not need assistance or direct supervision with personal care overnight significantly increased
- The proportion of residents displaying verbal aggression significantly increased;
- The number of residents that did not require support or intervention with behaviour management overnight significantly increased;
- The incidence of receiving health and support services from dentists, mental health services and optometrists significantly increased; and
- The proportion of residents with a case manager increased, as did the number of case managers representing community service organisation and community health services.

Pension-level Findings

Pension-level sub-group results were compared with 2013 total results to show any differences in health issues 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.

- Disability status:
 - *Does not have a disability* – above pension-level 11% (7%)
 - *Has a disability* – pension-level 96% (91%)
- Disability type:
 - *Age related frailty* – above pension-level 79% (42%)
 - *Psychiatric disability* – pension-level 59%; SAVVI pension-level 62%; non-SAVVI pension-level 49% (39%)
 - *Intellectual disability* – pension-level 29%; SAVVI pension-level 30% (20%)
 - *Drug/alcohol problem* – pension-level 14%; SAVVI pension-level 13%; non-SAVVI pension-level 15% (9%)
 - *Acquired brain injury* – pension-level 10%; SAVVI pension-level 10% (7%)
- Health conditions and support needs:
 - *None* – above-pension-level 30% (25%)
 - *Depression* – pension-level 29%; SAVVI pension-level 26%; non-SAVVI pension-level 36% (20%)
 - *Psychotic episode* – pension-level 25%; SAVVI pension-level 26% (15%)
 - *Dementia* – above pension-level 21 (13%)

- *Diabetes* – pension-level 15%; SAVVI pension-level 16% (11%)
- *Sleep disorder* – non-SAVVI pension-level 9% (4%)
- Management of medication:
 - *Yes, manages own medication* – above pension-level 14% (10%)
 - *No, does not manage own medication* - pension-level 92%; SAVVI pension-level 93% (88%)
- Engages in healthy eating habits:
 - *Yes* – above pension-level 68% (60%)
 - *No* – pension-level 41% (34%)
- Engages in drinking alcohol:
 - *Yes, occasionally* – above pension-level 23% (20%)
 - *Yes, problem* – SAVVI pension-level 3% (2%)
- Engages in cigarette smoking:
 - *Yes* – pension-level 54% (34%)
 - *No* – above pension-level 88% (65%)
- Requires assistance to perform personal care tasks:
 - Above pension-level residents require 30 or more minutes per day assistance with *dressing* 5% (4%) and *toileting* 4% (2%)
 - Pension-level residents require 30 or more minutes per day assistance with *taking medication* 13% (8%) and *emotional support* 25% (17%)
- Requires assistance with personal care tasks overnight:
 - *Yes* – above pension-level 12% (10%)
 - *No* – pension-level 91% (89%)
- Exhibits behavioural problems:
 - *None* – above pension-level 74% (53%)
 - *Low motivation* – pension-level 36%; SAVVI pension-level 35%; non-SAVVI pension-level 39% (26%)
 - *Verbal aggression* – pension-level 26%; SAVVI pension-level 28% (16%)
- Level of behavioural problems:
 - *Does not display behavioural problems* – above pension-level 75% (59%)
 - *Less than daily basis* – pension-level 37% (27%)
 - *Daily / several times a day* – non-SAVVI pension-level 21% (11%)
- Health and support services received:
 - *Podiatry* – above pension-level 56% (49%)
 - *Dentist/oral hygienist* - pension-level 27%; SAVVI pension-level 30% (18%)
 - *Mental health services* - pension-level 27%; SAVVI pension-level 27%; non-SAVVI pension-level 27% (17%)
- Case manager:
 - *Yes* – pension-level 43%; SAVVI pension-level 41%; non-SAVVI pension-level 45% (28%)
 - *No* – above pension-level 83% (69%)
- Service case manager represents:
 - *Mental health service* – pension-level 62%; SAVVI pension-level 63% (52%)
- Provision of psychiatric care
 - *General Practitioner* – above pension-level 53% (46%)

3.3 Activities

Residents were involved in a variety of self-organised activities away from the SRS. Residents were most likely to be involved in social / recreational programs (35% 'total involved') followed by community based groups (26% 'total involved'). Residents were least likely to be involved in paid employment (90% 'never') and education (90% 'never'). The proportion of residents who never participated in social / recreational programs significantly increased (from 53% in 2008 to 59% in 2013). Pension-level residents were significantly more likely to participate in community based groups, organised disability programs and social / recreational programs.

Participation in activities conducted within the SRS was high. Residents were most likely to be involved in activities organised by the SRS conducted within the SRS (76% 'total involved'). Above pension-level residents were significantly more likely to be involved in these activities, particularly those organised by the SRS with 67% participation weekly or more often.

Around half of residents had weekly contact with family and friends who do not live at the SRS (48%, significantly down from 52% in 2008). Above pension-level residents were significantly more likely to have weekly contact, while pension-level and SAVVI pension-level residents were significantly more likely to never have contact with family and friends.

Time Series

The 2013 SRS activities results were compared with 2008 data to show and differences in participation in activities over time. It was found that:

- The proportion of residents who never participate in self-organised social / recreational program activities away from the SRS significantly increased (from 53% in 2008 to 59% in 2013);
- The number of residents who participate weekly in community based groups (15%), organised disability programs (10%), social / recreational programs (20%) significantly decreased; and
- The proportion of residents who had monthly contact with friends and family significantly increased (from 15% in 2008 to 22% in 2013); while weekly contact significantly decreased (from 52% to 48%).

Pension-level Findings

Pension-level sub-group results were compared with 2013 total results to show any differences in participation in activities 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.

- Above pension-level residents were significantly more likely to never be involved in :
 - *Paid employment* 93% (90%)
 - *Education* 93% (90%)
 - *Organised disability programs* 87 (77%)
 - *Community based groups* 78% (68%)
 - *Social / recreational programs* 72% (59%)
- Conversely, this group were significantly more likely to be involved on a weekly basis in activities:
 - *Organised by the SRS conducted within the SRS* 67% (48%)
 - *Self-directed activities within the SRS* 44% (34%)
 - *Organised by external provider conducted within the SRS* 33% (29%)

- Pension-level residents were significantly more likely to never be involved in:
 - *Self-directed activities within the SRS* 52% (45%)
 - *Organised by external provider conducted within the SRS* 43% (40%)
 - *Organised by the SRS conducted within the SRS* 31% (22%)
- Conversely, this group were significantly more likely to be involved at least monthly in:
 - *Social / recreational programs* 47% (35%)
 - *Community based groups* 36% (26%)
 - *Organised disability programs* 36% (16%)
- Frequency of contact with family and friends:
 - *Weekly* – above pension-level 64% (48%)
 - *Never* – pension-level 14%; SAVVI pension-level 16% (9%)