

Appendix A: Overall client profiles

Table A1: Clients with intellectual disability, support needs related to mobility by age group

Support need	Age group (years)				Total
	Under 50	50–59	60–69	70+	
(number)					
Unable	3	16	5	3	27
Needs help	10	25	21	10	66
Independent	6	12	11	1	30
Not stated	—	—	—	1	1
Total	19	53	37	15	124
(per cent)					
Unable	15.8	30.2	13.5	20.0	21.8
Needs help	52.6	47.2	56.8	66.7	53.2
Independent	31.6	22.6	29.7	6.7	24.2
Not stated	—	—	—	6.7	0.8
Total	100.0	100.0	100.0	100.0	100.0

— Nil.

Table A2: Clients with intellectual disability, support needs related to self-care by age group

Support need	Age group (years)				Total
	Under 50	50–59	60–69	70+	
(number)					
Unable	11	39	24	9	83
Needs help	8	13	13	6	40
Independent	—	1	—	—	1
Not stated	—	—	—	—	—
Total	19	53	37	15	124
(per cent)					
Unable	57.9	73.6	64.9	60.0	66.9
Needs help	42.1	24.5	35.1	40.0	32.3
Independent	—	1.9	—	—	0.8
Not stated	—	—	—	—	—
Total	100.0	100.0	100.0	100.0	100.0

— Nil.

Table A3: Clients with intellectual disability, support needs related to domestic life by age group

Support need	Age group (years)				Total
	Under 50	50–59	60–69	70+	
	(number)				
Unable	13	45	32	12	102
Needs help	6	7	5	2	20
Independent	—	—	—	—	—
Not stated	—	1	—	1	2
Total	19	53	37	15	124
	(per cent)				
Unable	68.4	84.9	86.5	80.0	82.3
Needs help	31.6	13.2	13.5	13.3	16.1
Independent	—	—	—	—	—
Not stated	—	1.9	—	6.7	1.6
Total	100.0	100.0	100.0	100.0	100.0

— Nil.

Table A4: Clients with intellectual disability, support needs related to community and social life by age group

Support need	Age group (years)				Total
	Under 50	50–59	60–69	70+	
	(number)				
Unable	16	46	31	14	107
Needs help	3	7	6	1	17
Independent	—	—	—	—	—
Not stated	—	—	—	—	—
Total	19	53	37	15	124
	(per cent)				
Unable	84.2	86.8	83.8	93.3	86.3
Needs help	15.8	13.2	16.2	6.7	13.7
Independent	—	—	—	—	—
Not stated	—	—	—	—	—
Total	100.0	100.0	100.0	100.0	100.0

— Nil.

Table A5: Clients with intellectual disability, level of dependency in managing bowel continence, by age group

Dependency level	Age group (years)				Total
	Under 50	50–59	60–69	70+	
(number)					
Incontinent	4	8	5	3	20
Occasional accident	3	9	11	4	27
Continent	11	36	20	8	75
Not stated	1	—	1	—	2
Total	19	53	37	15	124
(per cent)					
Incontinent	21.1	15.1	13.5	20.0	16.1
Occasional accident	15.8	17.0	29.7	26.7	21.8
Continent	57.9	67.9	54.1	53.3	60.5
Not stated	5.3	—	2.7	—	1.6
Total	100.0	100.0	100.0	100.0	100.0

— Nil.

Table A6: Clients with intellectual disability, level of dependency in managing bladder continence, by age group

Dependency level	Age group (years)				Total
	Under 50	50–59	60–69	70+	
(number)					
Incontinent	5	13	8	4	30
Occasional accident	6	17	14	6	43
Continent	7	23	14	5	49
Not stated	1	—	1	—	2
Total	19	53	37	15	124
(per cent)					
Incontinent	26.3	24.5	21.6	26.7	24.2
Occasional accident	31.6	32.1	37.8	40.0	34.7
Continent	36.8	43.4	37.8	33.3	39.5
Not stated	5.3	—	2.7	—	1.6
Total	100.0	100.0	100.0	100.0	100.0

— Nil.

Table A7: Clients with intellectual disability, level of dependency in grooming, by age group

Dependency level	Age group (years)				Total
	Under 50	50–59	60–69	70+	
(number)					
Dependent	17	48	30	15	110
Independent	1	5	6	—	12
Not stated	1	—	1	—	2
Total	19	53	37	15	124
(per cent)					
Dependent	89.5	90.6	81.1	100.0	88.7
Independent	5.3	9.4	16.2	—	9.7
Not stated	5.3	—	2.7	—	1.6
Total	100.0	100.0	100.0	100.0	100.0

— Nil.

Table A8: Clients with intellectual disability, level of dependency in toilet use, by age group

Dependency level	Age group (years)				Total
	Under 50	50–59	60–69	70+	
(number)					
Dependent	3	9	6	3	21
Needs some help	6	25	14	7	52
Independent	9	19	16	5	49
Not stated	1	—	1	—	2
Total	19	53	37	15	124
(per cent)					
Dependent	15.8	17.0	16.2	20.0	16.9
Needs some help	31.6	47.2	37.8	46.7	41.9
Independent	47.4	35.8	43.2	33.3	39.5
Not stated	5.3	—	2.7	—	1.6
Total	100.0	100.0	100.0	100.0	100.0

— Nil.

Table A9: Clients with intellectual disability, level of dependency in feeding, by age group

Dependency level	Age group (years)				Total
	Under 50	50–59	60–69	70+	
(number)					
Dependent	1	5	1	—	7
Needs some help	9	31	21	10	71
Independent	8	17	14	5	44
Not stated	1	—	1	—	2
Total	19	53	37	15	124
(per cent)					
Dependent	5.3	9.4	2.7	—	5.6
Needs some help	47.4	58.5	56.8	66.7	57.3
Independent	42.1	32.1	37.8	33.3	35.5
Not stated	5.3	—	2.7	—	1.6
Total	100.0	100.0	100.0	100.0	100.0

— Nil.

Table A10: Clients with intellectual disability, level of dependency in transfers, by age group

Dependency level	Age group (years)				Total
	Under 50	50–59	60–69	70+	
(number)					
Dependent	1	2	—	—	3
Needs some help	5	20	13	3	41
Independent	12	31	23	12	78
Not stated	1	—	1	—	2
Total	19	53	37	15	124
(per cent)					
Dependent	5.3	3.8	—	—	2.4
Needs some help	26.3	37.7	35.1	20.0	33.1
Independent	63.2	58.5	62.2	80.0	62.9
Not stated	5.3	—	2.7	—	1.6
Total	100.0	100.0	100.0	100.0	100.0

— Nil.

Table A11: Clients with intellectual disability, level of dependency in mobility (level surface), by age group

Dependency level	Age group (years)				Total
	Under 50	50–59	60–69	70+	
(number)					
Immobile	1	5	2	1	9
Needs some help	10	14	13	9	46
Independent	7	34	21	5	67
Not stated	1	—	1	—	2
Total	19	53	37	15	124
(per cent)					
Immobile	5.3	9.4	5.4	6.7	7.3
Needs some help	52.6	26.4	35.1	60.0	37.1
Independent	36.8	64.2	56.8	33.3	54.0
Not stated	5.3	—	2.7	—	1.6
Total	100.0	100.0	100.0	100.0	100.0

— Nil.

Table A12: Clients with intellectual disability, level of dependency in dressing, by age group

Dependency level	Age group (years)				Total
	Under 50	50–59	60–69	70+	
(number)					
Dependent	3	18	8	4	33
Needs some help	12	25	18	6	61
Independent	3	10	10	5	28
Not stated	1	—	1	—	2
Total	19	53	37	15	124
(per cent)					
Dependent	15.8	34.0	21.6	26.7	26.6
Needs some help	63.2	47.2	48.6	40.0	49.2
Independent	15.8	18.9	27.0	33.3	22.6
Not stated	5.3	—	2.7	—	1.6
Total	100.0	100.0	100.0	100.0	100.0

— Nil.

Table A13: Clients with intellectual disability, level of dependency in use of stairs, by age group

Dependency level	Age group (years)				Total
	Under 50	50–59	60–69	70+	
(number)					
Dependent	2	12	10	2	26
Needs some help	8	31	16	13	68
Independent	8	10	10	—	28
Not stated	1	—	1	—	2
Total	19	53	37	15	124
(per cent)					
Dependent	10.5	22.6	27.0	13.3	21.0
Needs some help	42.1	58.5	43.2	86.7	54.8
Independent	42.1	18.9	27.0	—	22.6
Not stated	5.3	—	2.7	—	1.6
Total	100.0	100.0	100.0	100.0	100.0

— Nil.

Table A14: Clients with intellectual disability, level of dependency in bathing and showering, by age group

Dependency level	Age group (years)				Total
	Under 50	50–59	60–69	70+	
(number)					
Dependent	8	34	25	11	78
Needs some help	8	11	7	2	28
Independent	2	8	4	2	16
Not stated	1	—	1	—	2
Total	19	53	37	15	124
(per cent)					
Dependent	42.1	64.2	67.6	73.3	62.9
Needs some help	42.1	20.8	18.9	13.3	22.6
Independent	10.5	15.1	10.8	13.3	12.9
Not stated	5.3	—	2.7	—	1.6
Total	100.0	100.0	100.0	100.0	100.0

— Nil.

Table A15: Clients with intellectual disability, need for assistance with telephone use, by age group

Level of need	Age group (years)				Total
	Under 50	50–59	60–69	70+	
(number)					
Unable	8	36	22	13	79
Needs some help	8	15	13	2	38
Independent	2	1	1	—	4
Not stated	1	1	1	—	3
Total	19	53	37	15	124
(per cent)					
Unable	42.1	67.9	59.5	86.7	63.7
Needs some help	42.1	28.3	35.1	13.3	30.6
Independent	10.5	1.9	2.7	—	3.2
Not stated	5.3	1.9	2.7	—	2.4
Total	100.0	100.0	100.0	100.0	100.0

— Nil.

Table A16: Clients with intellectual disability, need for assistance to travel away from home outside walking distance, by age group

Level of need	Age group (years)				Total
	Under 50	50–59	60–69	70+	
(number)					
Unable	2	10	—	—	12
Needs some help	16	37	27	13	93
Independent	—	3	3	—	6
Not stated	1	3	7	2	13
Total	19	53	37	15	124
(per cent)					
Unable	10.5	18.9	—	—	9.7
Needs some help	84.2	69.8	73.0	86.7	75.0
Independent	—	5.7	8.1	—	4.8
Not stated	5.3	5.7	18.9	13.3	10.5
Total	100.0	100.0	100.0	100.0	100.0

— Nil.

Table A17: Clients with intellectual disability, need for assistance to shop for groceries or clothes, by age group

Level of need	Age group (years)				Total
	Under 50	50–59	60–69	70+	
(number)					
Unable	4	17	11	5	37
Needs some help	14	35	25	10	84
Independent	—	1	—	—	1
Not stated	1	—	1	—	2
Total	19	53	37	15	124
(per cent)					
Unable	21.1	32.1	29.7	33.3	29.8
Needs some help	73.7	66.0	67.6	66.7	67.7
Independent	—	1.9	—	—	0.8
Not stated	5.3	—	2.7	—	1.6
Total	100.0	100.0	100.0	100.0	100.0

— Nil.

Table A18: Clients with intellectual disability, need for assistance with meal preparation, by age group

Level of need	Age group (years)				Total
	Under 50	50–59	60–69	70+	
(number)					
Unable	7	33	16	11	67
Needs some help	11	16	14	2	43
Independent	—	—	—	—	—
Not stated	1	4	7	2	14
Total	19	53	37	15	124
(per cent)					
Unable	36.8	62.3	43.2	73.3	54.0
Needs some help	57.9	30.2	37.8	13.3	34.7
Independent	—	—	—	—	—
Not stated	5.3	7.5	18.9	13.3	11.3
Total	100.0	100.0	100.0	100.0	100.0

— Nil.

Table A19: Clients with intellectual disability, need for assistance with household chores, by age group

Level of need	Age group (years)				Total
	Under 50	50–59	60–69	70+	
(number)					
Unable	9	28	12	9	58
Needs some help	9	21	18	4	52
Independent	—	1	—	—	1
Not stated	1	3	7	2	13
Total	19	53	37	15	124
(per cent)					
Unable	47.4	52.8	32.4	60.0	46.8
Needs some help	47.4	39.6	48.6	26.7	41.9
Independent	—	1.9	—	—	0.8
Not stated	5.3	5.7	18.9	13.3	10.5
Total	100.0	100.0	100.0	100.0	100.0

— Nil.

Table A20: Clients with intellectual disability, need for assistance to use medications, by age group

Level of need	Age group (years)				Total
	Under 50	50–59	60–69	70+	
(number)					
Unable	10	26	16	6	58
Needs some help	8	25	20	9	62
Independent	—	1	—	—	1
Not stated	1	1	1	—	3
Total	19	53	37	15	124
(per cent)					
Unable	52.6	49.1	43.2	40.0	46.8
Needs some help	42.1	47.2	54.1	60.0	50.0
Independent	—	1.9	—	—	0.8
Not stated	5.3	1.9	2.7	—	2.4
Total	100.0	100.0	100.0	100.0	100.0

— Nil.

Table A21: Clients with intellectual disability, need for assistance to manage personal finances, by age group

Level of need	Age group (years)				Total
	Under 50	50–59	60–69	70+	
	(number)				
Unable	14	42	22	12	90
Needs some help	4	7	8	1	20
Independent	—	—	—	—	—
Not stated	1	4	7	2	14
Total	19	53	37	15	124
	(per cent)				
Unable	73.7	79.2	59.5	80.0	72.6
Needs some help	21.1	13.2	21.6	6.7	16.1
Independent	—	—	—	—	—
Not stated	5.3	7.5	18.9	13.3	11.3
Total	100.0	100.0	100.0	100.0	100.0

— Nil.

Appendix B: Project profiles

Far North Coast Disability and Aged Care Consortium

Age and sex

FNCDAC supplied data on 13 clients, all of whom were aged 50 years or over at the start of the evaluation (Table B1.1).

Table B1.1: Far North Coast Disability Aged Consortium, number of clients by age group and sex

Age (years)	Males	Females	Persons
	(number)		
50–59	6	6	12
60–69	—	1	1
Total	6	7	13
	(per cent)		
50–59	46	46	92
60–69	—	8	8
Total	46	54	100

— Nil.

Language and communication

Four FNCDAC clients had little or no effective means of communication with others and eight clients had effective spoken communication. Means of communication was not stated for one client. All clients are from an English-speaking background.

Accommodation and living arrangement

All FNCDAC clients were living in supported accommodation. Years at usual place of residence ranged from 2 to 32 years (mean 10.8 years), and five clients had been living in the same home for 15 or more years.

Income and concession status

All FNCDAC clients relied on the Disability Pension as their primary source of income and all clients held a health care concession card. FNCDAC does not charge client fees for the project.

Use of formal services

All clients were receiving assistance through the CSTDA when they entered the project. No client was on a waiting list for residential aged care.

Assessment and referral

All FNCDAC clients were referred to the project by their disability service provider. ACAT assessment was completed after referral to the project in all cases (Table B1.2). One client had recorded two ACAT assessments in the 12 months prior to entry.

The care of FNCDAC clients was managed by a social worker.

Waiting times for allied health care and specialist assessments through the public health system caused lengthy delays between ACAT assessment/referral and service commencement for some clients, stretching to months in a number of cases. By mid-2004, the project had moved to private providers for specialist assessment services in order to streamline assessment and service delivery.

Table B1.2: Far North Coast Disability and Aged Care Consortium, number of clients by days between completion of ACAT assessment and date of referral to project

Completion date of ACAT assessment	Number of clients
After referral to project	
Less than 21 days post referral	2
21–60 days post referral	3
61–90 days post referral	5
91–120 days post referral	1
121–180 days post referral	2
Total	13

Health conditions and health status on entry

The number of health conditions recorded for the FNCDAC clients at entry to the project ranged from three to eight, with modal values of four and seven (three clients each). Eight of the 13 clients had five or more health conditions. Table B1.3 lists the primary health conditions recorded for clients.

Table B1.3: Far North Coast Disability and Aged Care Consortium, number of clients by primary health condition

Primary health condition	Number of clients
Intellectual and developmental disorders	7
Congenital malformations, deformities and chromosomal abnormalities	4
Other ^(a)	2
Total	13

(a) Includes dementia and head injury.

Table B1.4: Far North Coast Disability and Aged Care Consortium, number of clients by presence of selected sensory, mental and physical conditions

Health condition	Number of clients
Impaired gait or balance—at risk of falls	10
Vision impaired	8
Hearing impaired	5
Vision and hearing impaired	4
Diagnosis of depression	3
Total or partial paralysis	1
Missing or non-functional limbs	1

Clients were taking between one and nine different types of medication at the time of reporting. Ten of the 13 clients were taking four or more different types of medication. The modal number of medication types was six (recorded by four clients).

Disability support staff, family members or other advocates were asked to rate each client’s health status and change in health status over the past 12 months using a 5-point Likert scale. Health status was reported for all clients, in each case by a disability support worker. Two clients’ current health status was rated as very good, five as good, five were rated as being in fair health, and one client was rated as being in poor health. Three raters believed that the client’s health was somewhat better than it was 12 months earlier, and two raters stated that their client’s health was about the same as it was a year ago. Seven raters stated that the client’s health was somewhat worse, and one reported that the client was in much worse health than one year earlier.

Level of core activity limitation

Around one-third of FNCDAC clients experienced severe or profound difficulty in self-care and communication activities and a further half experienced moderate difficulty in these areas (Table B1.5). Six clients had at least one type of severe or profound core activity limitation (self-care, mobility or communication).

Table B1.5: Far North Coast Disability and Aged Care Consortium, number of clients by level of core activity limitation

Core activity	Level of activity limitation				Total
	No limitation	Mild	Moderate	Severe or profound	
Self-care	—	2	7	4	13
Mobility	4	3	3	3	13
Communication	1	1	6	5	13

— Nil.

Support needs

The majority of FNCDAC clients always needed help or supervision in seven out of nine life domains (Table B1.6). Most clients required help or supervision on a more intermittent basis in the areas of communication, mobility and interpersonal relationships. Constant help or supervision was required for all clients in performance of domestic tasks. Most clients always needed help with personal finances and community participation.

Table B1.6: Far North Coast Disability and Aged Care Consortium, number of clients by level of support need

Domain	Level of support need			Not rated	Total
	Does not need help or supervision ^(a)	Sometimes needs help or supervision	Always needs help or supervision		
Self-care activities	—	4	9	—	13
Mobility	2	8	3	—	13
Communication	—	9	4	—	13
Domestic life	—	—	13	—	13
Community and social life	—	2	11	—	13
Relationships and interactions	—	9	4	—	13
Managing finances and employment	—	1	12	—	13
Learning and applying knowledge	—	5	8	—	13
Performing general tasks and demands	—	7	6	—	13

(a) Includes clients who do not need help or supervision but who use aids and/or equipment.

— Nil.

Use of medical and hospital services prior to entry

Baseline profiles contained information about a client's use of medical and hospital services in the 6 months prior to entering the project – the 'pre-entry period'. All 13 clients had visited a medical practitioner at least once. The reported number of visits to a medical practitioner in this period varied from 4 to 20 per client, with a modal number of visits of 10. Cumulatively, the 13 clients recorded 168 visits to a medical practitioner outside of a hospital setting over an estimated 2,340 person days.

Eight clients were recorded as having used hospital services in the 6 months prior to entering the project, of whom five had visited the emergency department without subsequent admission; two had planned hospital admissions; and one client recorded a visit to the emergency department and an unplanned admission.

Four clients recorded a fall with injury, one of whom suffered another serious medical emergency in the pre-entry period.

Client baseline assessment results

Activities of daily living

Client Modified Barthel Index (MBI) scores at entry to the project range from 3 to 20 out of a total 20 points. The mean score was 11.7 points with a standard deviation of 4.7 (median of 12 points).

Using baseline MBI results, FNCDAC clients were classified into levels of dependency in ADL as follows: total dependency (one client); severe dependency (eight clients); moderate (two clients); slight (one client); independent (one client).

Five clients were always or sometimes bowel incontinent and 10 clients were always or sometimes bladder incontinent. Five clients were always or sometimes doubly incontinent. Most clients were unable to bathe or shower without assistance. The majority of clients needed help in the areas of grooming and feeding.

FNCDAC clients were totally dependent in between zero and six out of seven types of IADL at the time of entry to the project (total dependency recorded for a mean of 3.3 IADL). All clients either needed assistance or were unable to perform all IADL.

ADL and IADL data are summarised in Tables B1.7 and B1.8.

Table B1.7: Far North Coast Disability and Aged Care Consortium, number of clients by level of dependency in activities of daily living as assessed at entry to project

ADL	Dependency level			Total
	Independent	Partially dependent	Fully dependent	
Bowel management	8	3	2	13
Bladder management	3	6	4	13
Toilet use	5	7	1	13
Bathing/showering	2	..	11	13
Dressing	2	7	4	13
Grooming	2	..	11	13
Feeding	4	8	1	13
Mobility (level surface)	10	2	1	13
Transfers	5	8	—	13
Stairs	3	7	3	13

Notes

1. For bowel and bladder management, 'independent' equates to continent; partially dependent equates to occasional accident and fully dependent equates to incontinent.
 2. Includes one client who is wheelchair independent.
- Nil.
 .. Not applicable.

Table B1.8: Far North Coast Disability and Aged Care Consortium, number of clients by level of dependency in IADL as assessed at entry to the project

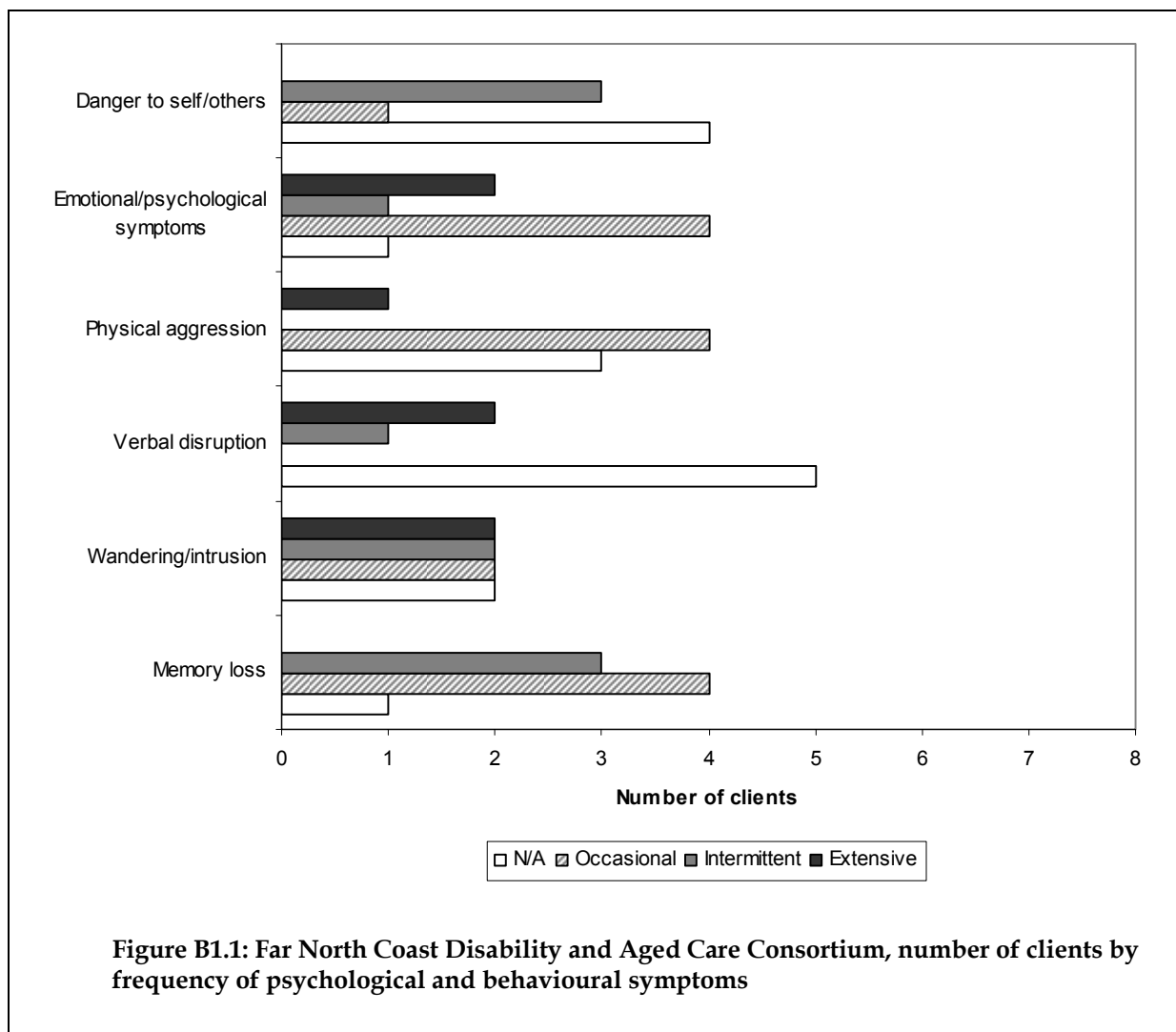
IADL	Level of dependency			Total
	Help not needed	Help needed	Completely unable	
Get to places outside of walking distance	—	3	10	13
Shop for groceries or clothes	—	9	4	13
Prepare meals	—	4	9	13
Household chores	—	5	8	13
Correctly administer own medications	—	12	1	13
Monetary transactions (e.g. pay bills)	—	2	11	13
Use the telephone	—	6	7	13

— Nil.

Psychological and behavioural symptoms

Data on behavioural and psychological symptoms as at entry to the project were reported for eight clients.¹⁶ Five clients exhibited two or more behavioural symptoms on an intermittent or extensive basis. In two of these clients, verbal disruption, wandering and emotional symptoms manifested extensively (Figure B1.1).

¹⁶ These data were requested for clients whose initial needs assessment resulted in a behaviour management plan.

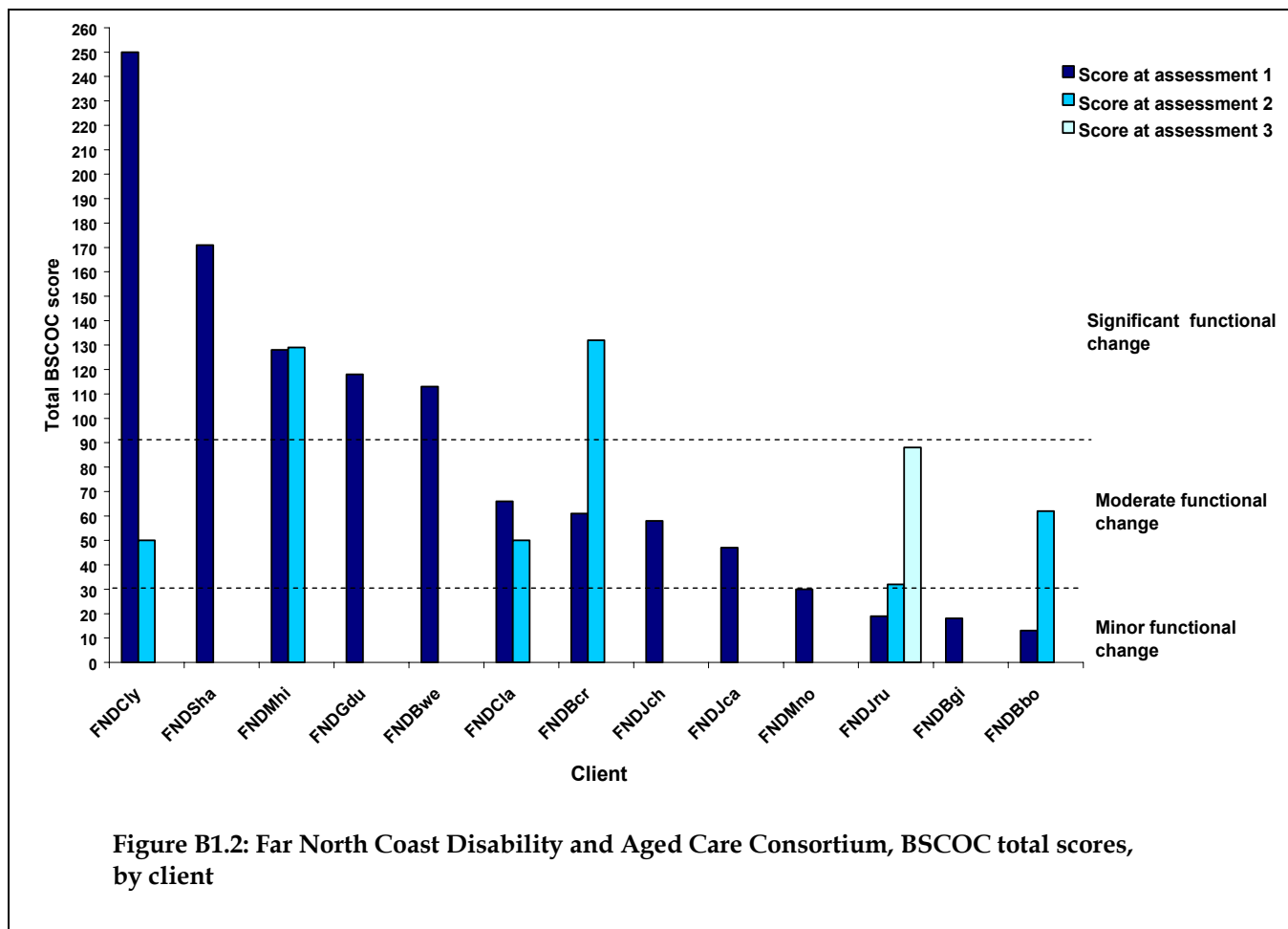


Broad Screen Checklist of Observed Changes

FNCDAC routinely conducts the Broad Screen Checklist of Observed Changes assessment, and has supplied between one and three scores collected over time for all clients taking part in the evaluation.

FNCDAC conducted the BSCOC at approximately 6-month intervals. The first reported assessments were conducted in late 2003 to mid-2004. BSCOC scores from these first assessments range from 13 points to 250 points, with an average score of 84 points (standard deviation 69.8). Figure B1.2 shows that five clients experienced significant functional change in the period preceding his/her first BSCOC assessment. Four clients experienced moderate change in functioning, and four clients experienced minor change.

Multiple assessment results are available for six clients. Four of these clients' BSCOC scores increased, suggesting that their rate of functional change was increasing over time. One of these clients transitioned from the moderate to the severe functional change category, and two transitioned from the minor to the moderate functional change category. The other two clients' rate of functional change decreased over time, with one client's score dropping by 200 points from the severe down to the moderate functional change category.



Client discharges

Four clients were discharged from the project during the evaluation period (Table B1.9).

Table B1.9: Far North Coast Disability and Aged Care Consortium, client discharge summaries

Discharged client	Discharge accommodation setting/ discharge reason	Length of stay (days)	Modified Barthel Index	
			Baseline	Final
1	Residential aged care (high care)	266	11	1
2	Residential aged care (high care)	175	3	0
3	Residential aged care (high care)	315	20	4
4	Additional assistance no longer needed	172	10	10

The three clients who entered residential aged care experienced deterioration in ADL functioning between the baseline and interim assessments. One client was completely dependent and another was severely dependent in ADL at time of entry to the project. The third client was independent in ADL at entry but exhibited extensive wandering and

intrusive behaviours and experienced a marked deterioration in self-care capacity during their time in the project.

Several other evaluation clients are said to be on a similar trajectory, with seizures often marking the onset of decline. Disability service providers have been found to be capable of absorbing much of the impact of extra care needs in such cases. The project has been able to provide additional staffing at peak periods, particularly for morning ablutions and around the evening meal time to help disability staff manage the household routine while also providing one-on-one support for high care clients. The need for night-time care in homes that do not have an active night-time staff roster has been a major factor in the decision to admit project clients to residential aged care.

Central West People with a Disability who are Ageing

Table B2.1: Central West People with a Disability who are Ageing, number of clients by disability group

Disability group	Number	Per cent
Intellectual	31	94
Psychiatric	1	3
Physical/diverse	1	3
Total	33	100

Age and sex

The mean age of clients was 54 years. Ages ranged from 37 years to 81 years, with 63% of clients aged 50 years or over (Table B2.2).

Table B2.2: Central West People with a Disability who are Ageing, number of clients by age group and sex

Age (years)	Males	Females	Persons
	(number)		
30–39	1	—	1
40–49	6	5	11
50–59	4	7	11
60–69	7	2	9
70–89	1	—	1
Total	19	14	33
	(per cent)		
30–39	3	—	3
40–49	18	15	33
50–59	12	21	33
60–69	21	6	27
70–89	3	—	3
Total	61	39	100

— Nil.

Language and communication

Nine clients had little or no effective means of communication with other people, 22 clients had effective spoken communication, and one client used another method of communication. All clients are from an English-speaking background.

Accommodation and living arrangement

One client lived with family in a private residence and the remaining clients lived in supported accommodation. Years at place of residence ranged from 2 to 39 (mean 17.9 years). Twenty-one clients had been living in the same home for 15 or more years.

Income and concession status

All CWPDA clients relied solely on an Australian Government pension as their primary source of income. Thirty clients received the Disability Pension and three clients received the Age Pension. Twenty-five clients held a health care concession card. CWPDA does not charge client fees for the project.

Use of formal services

Twenty-six clients were receiving assistance through the CSTDA when they entered CWPDA. One client was receiving assistance from another unspecified source and five clients were not receiving government-funded assistance. Information on prior assistance was not available for one client.

Four clients were on a waiting list for residential aged care.

Assessment and referral

CWPDA clients were referred to the project by either the project provider (18 clients), an ACAT (nine clients) or another unspecified service or persons (six clients).

ACAT assessment was completed after or on referral to the project for 29 clients (Table B2.3). Two clients recorded two ACAT assessments in the 12 months prior to entry.

Case management for CWPDA clients was performed by a registered nurse.

Table B2.3: Central West People with a Disability who are Ageing, number of clients by days between completion of ACAT assessment and date of referral to project

Completion date of ACAT assessment	Number of clients
On or before referral to project	
Day of referral	1
121–180 days	1
181–365 days	3
<i>Total</i>	5
After referral to project	
Less than 21 days post referral	1
21–60 days post referral	6
61–90 days post referral	7
91–120 days post referral	10
121–180 days post referral	3
181–365 days post referral	1
<i>Total</i>	28
Total	33

Health conditions and health status on entry

CWPDA clients recorded between two and 11 health conditions as at entry to the project (nine clients recorded a modal value of three health conditions). Fifteen clients had five or more health conditions. Table B2.4 shows the primary health conditions recorded on the Aged Care Client Records for CWPDA clients.

Table B2.4: Central West People with a Disability who are Ageing, number of clients by primary health condition

Primary health condition	Number of clients
Congenital malformations, deformities and chromosomal abnormalities	17
Intellectual and developmental disorders	10
Arthritis	2
Other ^(a)	4
Total	33

(a) Includes cancer, diseases of the nervous system and hypertension.

Twenty-seven clients were assessed as being vision impaired and 23 clients were assessed as being at risk of falls due to impaired gait or balance (Table B2.5).

Table B2.5: Central West People with a Disability who are Ageing, number of clients by presence of selected sensory, mental and physical conditions

Health condition	Number of clients
Vision impairment	27
Hearing impairment	4
Impaired gait or balance—at risk of falls	23
Missing or non-functional limbs	7
Total or partial paralysis	7
Diagnosis of depression	3

Clients were taking between one and 12 different types of medication at the time of reporting. Eighteen clients were taking four or more different types of medication. A mode of two types of medication per client was recorded.

Level of core activity limitation

One-half to two-thirds of clients had at least a moderate level of limitation in each of the core areas of daily activities (Table B2.6). In particular, 11 clients were reported to have experienced severe or profound limitation in self-care at the time of entry to the project.

Fourteen clients (42%) had a severe or profound core activity limitation.

Table B2.6: Central West People with a Disability who are Ageing, number of clients by level of core activity limitation

Core activity	Level of core activity limitation				Total
	No limitation	Mild	Moderate	Severe or profound	
Self-care	1	9	12	11	33
Mobility	6	11	8	8	33
Communication	3	14	10	6	33

Support needs

The majority of CWPDA clients always needed help or supervision in seven out of nine areas of activity in daily living (Table B2.7). Most clients needed constant help or supervision in self-care, domestic activities, managing personal finances and for participating in community and social life. Thus, the support needs of CWPDA clients were generally high across the activity domains.

Table B2.7: Central West People with a Disability who are Ageing, number of clients by level of support need

Domain	Level of support need			Total
	Does not need help or supervision ^(a)	Sometimes needs help or supervision	Always needs help or supervision	
Self-care activities	—	9	24	33
Mobility	15	12	6	33
Communication	4	15	14	33
Domestic life	—	7	26	33
Community and social life	—	6	27	33
Relationships and interactions	—	17	16	33
Managing finances and employment	—	1	32	33
Learning and applying knowledge	—	11	22	33
Performing general tasks and demands	—	12	21	33

(a) Includes clients who do not need help or supervision but who use aids and/or equipment.

— Nil.

Use of medical and hospital services prior to entry

Baseline profiles contained information about a client’s use of medical and hospital services in the 6 months prior to entering the project – the ‘pre-entry period’. Twenty-nine clients had visited a medical practitioner at least once in the pre-entry period. The reported number of visits varies from one to 25 per client.

Ten clients used hospital services in the 6 months prior to entering the project, of whom four had visited an emergency department without subsequent admission to hospital and six clients had been admitted (four on an unplanned basis).

Client baseline assessment results

Activities of daily living

Client MBI baseline scores ranged from zero to 19 out of a total 20 points, with a mean of 12.1 points and a standard deviation of 5.6 (median 14.0).

The results indicated that six clients were totally dependent in ADL when they entered the project and a further four clients were severely dependent. The remaining clients showed moderate (21 clients) or slight (two clients) dependency in ADL at entry.

Fourteen clients were either sometimes or always bowel incontinent and 19 clients were sometimes or always bladder incontinent. Thirteen clients were always or at times doubly incontinent. Most clients were unable to bathe or shower without assistance. The majority of clients needed help in the areas of grooming, dressing and feeding.

Approximately two-thirds of clients were independently mobile (with or without the use of a wheelchair) at time of entry.

At entry to the project, CWPDA clients were totally dependent in three out of seven areas of IADL on average. Most clients either needed assistance or were unable to perform in each of the IADL.

ADL and IADL data from the baseline assessment are summarised in Tables B2.8 and B2.9.

Table B2.8: Central West People with a Disability who are Ageing, number of clients by level of dependency in activities of daily living as assessed at entry to project

ADL	Dependency level			Total
	Independent	Partially dependent	Fully dependent	
Bowel management	19	11	3	33
Bladder management	14	12	7	33
Toilet use	17	8	8	33
Bathing/showering	5	..	28	33
Dressing	8	19	6	33
Grooming	4	..	29	33
Feeding	11	18	4	33
Mobility (level surface)	22	5	6	33
Transfers	22	8	3	33
Stairs	11	13	9	33

Notes

1. For bowel and bladder management, independent equates to continent; partially dependent equates to occasional accident; fully dependent equates to 'incontinent'.
 2. Includes two clients who are wheelchair independent.
- .. Not applicable.

Table B2.9: Central West People with a Disability who are Ageing, number of clients by level of dependency in IADL as assessed at entry to project

IADL	Level of dependency			Total
	Help not needed	Help needed	Completely unable	
Get to places outside of walking distance	2	23	8	33
Shop for groceries or clothes	1	25	7	33
Prepare meals	—	17	16	33
Household chores	1	20	12	33
Correctly administer own medications	—	21	12	33
Monetary transactions (e.g. pay bills)	—	13	20	33
Use the telephone	2	18	13	33

— Nil.

Client discharges

Two clients were discharged from the project in the evaluation period. One client entered an aged care facility (high care) and another client died in hospital.

Northern Sydney Disability Aged Care Pilot

Table B3.1: Northern Sydney Disability Aged Care Pilot, number of clients by disability group

Disability group	Number	Per cent
Intellectual	7	32
Physical	7	32
Other (ABI and multiple diverse)	8	36
Total	22	100

Age and sex

The overall mean age of NSDACP evaluation clients was 62 years. Ages ranged from 39 to 88 years, with 90% of clients aged 50 years or over (Table B3.2). Five clients were aged 70 years or over.

Table B3.2: Northern Sydney Disability Aged Care Pilot, number of clients by age group and sex

Age (years)	Males	Females	Persons
(number)			
30–39	—	1	1
40–49	1	—	1
50–59	2	7	9
60–69	2	4	6
70–89	1	4	5
Total	6	16	22
(per cent)			
30–39	—	5	5
40–49	5	—	5
50–59	9	32	41
60–69	9	18	27
70–89	5	18	23
Total	27	73	100

— Nil.

Language and communication

Five NSDACP clients had little or no effective means of communication with others. Sixteen clients communicated effectively in spoken language, and one client used an effective non-spoken means of communication. All clients are from an English-speaking background.

Accommodation and living arrangement

All NSDACP clients resided in supported accommodation. Years at usual place of residence ranged from one to 80 years (mean 29.5 years), and five clients have been living in the same home for more than 50 years. After the recording of this information, clients at the Sunshine Home Gore Hill facility who recorded very long periods of residential tenure were relocated to group homes.

Income and concession status

Most NSDACP clients relied on the Disability Pension as a primary source of income and all clients held a health care concession card (Table B3.4). NSDACP did not charge client fees.

Table B3.3: Northern Sydney Disability Aged Care Pilot, number of clients by source of income, health care concession status and project concession status

Principal source of cash income	Number	Per cent
Disability Pension	15	68
Age Pension	4	18
Cash income—property	1	5
Other income	2	9
Total	22	100
Health care concession card holder	19	86
Project concession status

.. Not applicable.

Use of formal services

All clients were receiving assistance through the Commonwealth State/Territory Disability Agreement when they entered NSDACP. Two clients were on a waiting list for residential aged care.

Assessment and referral

All evaluation clients were referred to the project by their supported accommodation provider. After initial screening, and possibly resubmission, referrals completed according to the NSDACP-developed assessment pack are referred to the central ACAT contact point for routing to the appropriate area ACAT.

In the early weeks of project operation, delays between referral to NSDACP and completion of ACAT assessment often occurred because of the quality of referral information from accommodation provider to NSDACP (Table B3.4). A period of 'bedding down' the NSDACP referral and assessment processes through education of supported accommodation staff has produced a streamlined referral and assessment process. Hence, Table B3.4 reflects early project experience.

Table B3.4: Northern Sydney Disability Aged Care Pilot, number of days between completion of ACAT assessment and date of referral to project

Completion date of ACAT assessment	Number of clients
After referral to project	
Less than 21 days post referral	10
21–60 days post referral	6
61–90 days post referral	4
91–120 days post referral	2
Total	22

Health conditions and health status on entry

The number of health conditions recorded for the NSDACP clients at entry to the project ranged from two to eight. Eleven clients had four or more health conditions at entry. Table B3.5 lists the primary health conditions recorded on the Aged Care Client Records for NSDACP clients.

Table B3.5: Northern Sydney Disability Aged Care Pilot, number of clients by primary health condition

Primary health condition	Number of clients
Diseases of the nervous system, unspecified	6
Mental and behavioural disorders	3
Psychoses & depression, mood affective disorders	2
Disorders of the thyroid gland	2
Intestinal disease	2
Dementia ^(a)	2
Arthritis	2
Other diseases and disorders ^(b)	3
Total	22

(a) Includes dementia in Alzheimer's disease and dementia of other underlying causes.

(b) Includes diseases of the blood and blood-forming organs and immune mechanism, diabetes mellitus–type I and cerebrovascular disease.

Table B3.6: Northern Sydney Disability Aged Care Pilot, number of clients by disability group and presence of selected sensory, mental and physical conditions

Health condition	Number of clients
Impaired gait or balance—at risk of falls	15
Vision impairment	17
Hearing impairment	8
Vision and hearing impairment	6
Diagnosis of depression	6
Confusion associated with delirium	2
Total or partial paralysis	7
Missing or non-functional limbs	9

Clients were taking between one and 11 different types of medication (modal numbers were four and seven types of medication, being taken by four clients each). Fourteen clients were taking five or more different medications.

Level of core activity limitation

The majority of NSDACP clients with physical disability (including those classified to the 'other' disability group) have severe or profound activity limitation in the areas of self-care and mobility (Table B3.7). Around half of the clients in the intellectual disability group have mild or moderate limitation in the areas of self-care, mobility and communication.

Fifteen clients (65%) have a severe or profound level of core activity limitation. Within the physical and 'other' disability groups, self-care and mobility limitations tend to cluster at the severe or profound level. Clients in the intellectual disability group are more likely than the other groups to exhibit mild core activity limitation.

Support needs

The majority of NSDACP clients always need help or supervision in seven out of nine areas of activity (Table B3.8). A high level of need for support in communication is less common and high level mobility support need is more common in NSDACP than in most other projects, reflecting a higher proportion of clients with physical disability (with the notable exception of the MS Changing Needs project).

Table B3.7: Northern Sydney Disability Aged Care Pilot, number of clients by disability group and level of core activity limitation

Level of activity limitation	Core activity		
	Self-care	Mobility	Communication
Intellectual disability group			
No limitation	1	—	2
Mild	3	5	4
Moderate	2	—	—
Severe or profound	1	2	1
Not stated	2	—	—
<i>Total</i>	7	7	7
Physical disability group			
No limitation	—	1	—
Mild	1	1	2
Moderate	1	—	4
Severe or profound	5	5	1
Not stated	—	—	—
<i>Total</i>	7	7	7
Other disability group			
No limitation	—	—	—
Mild	—	1	3
Moderate	1	—	3
Severe or profound	7	7	2
Not stated	—	—	—
<i>Total</i>	8	8	8
Total	22	22	22

— Nil.

Table B3.8: Northern Sydney Disability Aged Care Pilot, number of clients by disability group and level of support need, by area of support need

Domain	Level of support need			Not rated	Total
	Does not need help or supervision ^(a)	Sometimes needs help or supervision	Unable or always needs help or supervision		
Self-care	—	6	15	1	22
Mobility	3	5	13	1	22
Communication	11	8	2	1	22
Domestic life	—	1	17	4	22
Community and social life	—	3	18	1	22
Relationships and interactions	1	5	15	1	22
Managing finances and employment	1	1	19	1	22
Learning and applying knowledge	—	4	15	3	22
Performing general tasks and demands	—	7	14	1	22

(a) Includes clients who do not need help or supervision but who use aids and/or equipment.

— Nil.

Use of medical and hospital services prior to entry

Baseline profiles contain information about client use of medical and hospital services in the 6 months prior to entering the project – the ‘pre-entry period’. All 22 clients had visited a medical practitioner at least once in the pre-entry period. The reported number of visits to a medical practitioner in this period varies from one to 90 per client. Eleven clients recorded use of hospital services in the 6 months prior to entering the project. Of these, five clients had presented at an emergency department and had been admitted to hospital and another four clients had been admitted without emergency department presentations. Three clients recorded a fall with injury, and one other client was rendered immobile without assistance for more than 30 minutes during the pre-entry period. Two other clients experienced other medical emergencies.

Client baseline assessment results

Activities of daily living

Baseline Modified Barthel Index (MBI) scores ranged from 1 to 18 out of a total 20 points. The mean baseline score for NSDACP was 6.4 points with a standard deviation of 5.9, reflecting a relatively low self-care functioning group. On the basis of the baseline MBI, 14 clients classify as totally dependent in ADL; three as severely dependent; and five as moderately dependent. However, the core activity limitation ratings and baseline MBI scores are inconsistent for 20% of clients.

NSDACP clients were totally dependent in between two and seven out of seven types of IADL at the time of entry to the project (mean 4.8; median 5.5 IADL with total dependency). On average, the physical and other disability groups exhibited greater dependency in ADL in comparison to the intellectual disability group. Overall, NSDACP clients were highly dependent in ADL at baseline, regardless of disability group. Similar levels of dependency in IADL are evident across the disability groups.

Table B3.9: Northern Sydney Disability Aged Care Pilot, number of clients by level of dependency in activities of daily living as assessed at entry to project

ADL	Dependency level			Total
	Independent	Partially dependent	Fully dependent	
Bowel management	10	3	9	22
Bladder management	5	5	12	22
Toilet use	4	5	13	22
Bathing/showering	2	..	20	22
Dressing	4	2	16	22
Grooming	1	..	21	22
Feeding	5	7	10	22
Mobility (level surface)	7	4	11	22
Transfers	7	9	6	22
Stairs	—	3	19	22

Note.: For bowel and bladder management, independent equates to continent; partially dependent equates to occasional accident; fully dependent equates to incontinent.

— Nil.

.. Not applicable.

Table B3.10: Northern Sydney Disability Aged Care Pilot, number of clients by level of dependency in IADL as assessed at entry to project

IADL	Dependency			Total
	Help not needed	Help needed	Completely unable	
Get to places outside of walking distance	—	21	1	22
Shop for groceries or clothes	1	9	12	22
Prepare meals	—	1	21	22
Household chores	—	2	20	22
Correctly administer own medications	2	1	19	22
Monetary transactions (e.g. pay bills)	1	2	19	22
Use the telephone	3	5	14	22

— Nil.

Client discharges

One client died and no other clients were discharged from the project during the evaluation period.

Between commencement of services in May 2004 and 26 September 2005, NSDACP had provided service to 51 clients (an additional five clients were expected to commence on completion of ACAT assessment). Seven clients had left the service in that time (Table 3.11).

Table B3.11: Northern Sydney Disability Aged Care Pilot, status of ACAT approved clients, May 2004 to September 2005

	Discharges			Total
	Ongoing	Residential high care	Deceased	
DADHC	7	—	2	9
Sunshine Home	8	1	2	11
Sunnyfield	7	1	—	8
Spastic Centre	18	—	—	18
Crowle Foundation	2	1	—	3
Seton Villa	2	—	—	2
Inala	—	—	—	—
Total	44	3	4	51

— Nil.

MS Changing Needs

Age and sex

The mean age of clients was 47 years (ages ranged from 32 to 59 years; Table B4.1).

Table B4.1: MS Changing Needs, number of clients by age group and sex

Age (years)	Males	Females	Persons
(number)			
30–39	2	1	3
40–49	1	3	4
50–59	4	5	9
Total	7	9	16
(per cent)			
30–39	13	6	19
40–49	6	19	25
50–59	25	31	56
Total	44	56	100

Language and communication

One client had little or no effective means of communication. The other clients communicated effectively using spoken language, 11 in English and one in Italian.

Accommodation and living arrangement

All Changing Needs clients live in MSV group homes. Years at usual place of residence ranged from less than one to 15 years (mean 4.8 years).

Income and concession status

All clients received the Disability Pension as their primary source of income. All clients held a health care concession card. MSV does not charge client fees for the project.

Use of formal services

All clients were receiving assistance through the CSTDA when they entered the project. Two clients were on a waiting list for residential aged care.

Assessment and referral

ACAS assessment was completed approximately 9 months before referral to the project for eight clients. Five clients completed ACAS assessment within 4 months of referral to the project and assessment was completed more than 12 months following referral in three cases. A registered nurse manages the care of all MS Changing Needs clients.

Health conditions and health status on entry

The number of health conditions recorded for the clients as at entry to the project ranges from one to three. Primary health condition was recorded as either multiple sclerosis (15 clients) or other disease of the nervous system (one client).

All clients were assessed as being at risk of falls due to problems with gait and/or balance, and all clients have non-functioning limbs. Fifteen clients have total or partial paralysis (Table B4.2).

Table B4.2: MS Changing Needs, number of clients by presence of selected sensory, mental and physical conditions

Health condition	Number of clients
Impaired gait or balance—at risk of falls	16
Missing or non-functional limbs	16
Total or partial paralysis	15
Vision impairment	14
Diagnosis of depression	6

Clients were taking between two and 14 different types of medication. Fourteen clients were taking four or more different medications.

Clients were asked to rate their health status and change in health status over the past 12 months using a 5-point Likert scale. Nine clients reported good or very good health and seven reported fair health. Seven clients reported that their health was about the same as one year earlier; one client reported improved health status and eight clients reported worsened health status.

Level of core activity limitation

All clients experience severe or profound restriction in self-care and mobility (Table B4.3).

Table B4.3: MS Changing Needs, number of clients by level of core activity limitation

Core activity	Level of activity limitation				Total
	No limitation	Mild	Moderate	Severe or profound	
Self-care	—	—	—	13	13
Mobility	—	—	—	13	13
Communication	7	3	2	1	13

— Nil.

Support needs

The majority of clients are either unable or always need help or supervision in eight out of nine areas of activity (Table B4.4).

Table B4.4: MS Changing Needs, number of clients by level of support need

Area of activity	Level of support need			Total
	Does not need help or supervision ^(a)	Sometimes needs help or supervision	Always needs help or supervision	
Self-care	—	1	15	16
Mobility	—	7	9	16
Communication	13	2	1	16
Domestic life	—	—	16	16
Community and social life	—	4	12	16
Relationships and interactions	5	7	4	16
Managing finances and employment	—	4	12	16
Learning and applying knowledge	—	1	15	16
Performing general tasks and demands	—	3	13	16

(a) Includes clients who do not need help or supervision but who use aids and/or equipment.

— Nil.

Use of medical and hospital services prior to entry

Baseline profiles contain information about client use of medical and hospital services in the 6 months prior to entering the project – the ‘pre-entry period’. Fifteen clients had visited a medical practitioner at least once in the pre-entry period. The reported number of visits to a medical practitioner in this period varies from one to six per client. Three clients are recorded as having used hospital services in the 6 months prior to entering the project, of

whom one had visited the emergency department without an admission and two clients had both emergency department visits and unplanned hospital admissions.

Client baseline assessment results

Activities of daily living

Client Modified Barthel Index (MBI) scores at entry to the project range from zero to 5 out of a total 20 points, reflecting very high levels of ADL impairment in this client group. The mean score is 1.0 and the standard deviation is 1.3 points (median 1.0).

Fourteen clients exhibited total dependency in ADL and two clients were severely dependent at time of entry. As a group, MS Changing Needs clients recorded the highest levels of ADL dependency in the Pilot.

MS Changing Needs clients were totally dependent in between two and five (mean 3.5) out of seven IADL at the time of entry. Most clients either needed assistance or were unable to perform all or most IADL.

ADL and IADL baseline scores are summarised in Tables B4.5 and B4.6.

Table B4.5: MS Changing Needs, number of clients by level of dependency in activities of daily living as assessed at entry to project

ADL	Dependency level			Total
	Independent	Partially dependent	Fully dependent	
Bowel management	—	1	15	16
Bladder management	—	1	15	16
Toilet use	—	1	15	16
Bathing/showering	—	..	16	16
Dressing	—	2	14	16
Grooming	1	..	15	16
Feeding	2	8	6	16
Mobility (level surface)	4	—	12	16
Transfers	—	—	16	16
Stairs	—	—	16	16

Notes

1. For bowel and bladder management, independent equates to continent; partially dependent equates to occasional accident; fully dependent equates to incontinent.
2. A person who uses a wheelchair independently is reported as independent for mobility.
 - (a) Nil.
 - .. Not applicable.

Table B4.6: MS Changing Needs, number of clients by level of dependency in IADL as assessed at entry to project

IADL	Level of dependency			Total
	Help not needed	Help needed	Completely unable	
Get to places outside of walking distance	1	15	—	16
Shop for groceries or clothes	—	15	1	16
Prepare meals	—	—	16	16
Household chores	—	—	16	16
Correctly administer own medications	1	7	8	16
Monetary transactions (e.g. pay bills)	—	3	13	16
Use the telephone	3	11	2	16

— Nil.

Extent of, and satisfaction with, participation in life activities

Clients, family members and/or disability support workers were asked to rate the extent to which clients were participating *with the assistance currently available* in a range of life activities. In all cases, self-reports at the start of the evaluation period were provided.

Clients reported mostly moderate to complete participation restriction except in the areas of communication and interpersonal relationships, where lower levels of restriction are more common (Table B4.7). Not surprisingly, clients reported very little participation in self-care, activities that involve mobility, domestic life, employment and financial management (economic life), and general tasks and demands. Their level of disability severely limits opportunity to learn and apply knowledge. All clients reported restricted participation in community and social life.

Table B4.7: MS Changing Needs, number of clients by extent of participation restriction at baseline

Area of activity	Extent of participation restriction					Total
	No restriction	Mild restriction	Moderate restriction	Severe restriction	Complete restriction	
Self-care	—	—	1	1	14	16
Mobility	—	—	3	5	8	16
Communication	7	5	3	—	1	16
Domestic life	—	—	—	1	15	16
Community and social life	—	—	7	8	1	16
Relationships and interactions	1	4	8	2	1	16
Economic life	—	—	2	2	12	16
Learning and applying knowledge	—	—	2	9	5	16
Performing general tasks and demands	—	—	1	6	9	16

— Nil.

Clients were also asked to indicate current level of satisfaction with extent of participation. Table B4.8 summarises the satisfaction ratings. Just as extent of participation in each of the areas varies from client to client, so do clients' expressed satisfaction with their own circumstances. One client reported having complete participation restriction in every area of activity and indicated that they would like to be able to participate at least to some extent in each.

Table B4.8: MS Changing Needs, number of clients by level of satisfaction with participation at baseline

Area of activity	Level of satisfaction with participation					Total
	No participation —participation desired	Extremely dissatisfied	Moderately dissatisfied	Satisfied	N/A or not stated	
Self-care	6	—	1	8	1	16
Mobility	8	1	1	5	1	16
Communication	1	—	1	14	—	16
Domestic life	6	—	1	7	2	16
Community and social life	3	2	1	9	1	16
Relationships and interactions	2	—	2	11	1	16
Economic life	3	—	2	10	1	16
Learning and applying knowledge	5	1	1	9	—	16
General tasks and demands	5	1	2	7	1	16

— Nil.

Client discharges

No clients were discharged during the evaluation.

Interlink Flexible Aged Care Packages

Age and sex

The mean age of FACP clients was 64 years (ages ranged from 45 to 81 years). One client was aged younger than 50 years, and eight clients were aged 70 years or over (Table B5.1).

Table B5.1: Interlink FACP, number of clients by age group and sex

Age (years)	Males	Females	Persons
(number)			
40–49	—	1	1
50–59	5	3	8
60–69	7	6	13
70+	2	6	8
Total	14	16	30
(per cent)			
40–49	—	3	3
50–59	17	10	27
60–69	23	20	43
70+	7	20	27
Total	47	53	100

— Nil.

Disability group

Table B5.2: Interlink FACP, number of clients by disability group

Disability group	Number	Per cent
Intellectual	27	90
Neurological	2	7
Acquired brain injury	1	3
Total	30	100

Language and communication

Twelve clients had little or no effective means of communication with others. Sixteen clients had effective spoken communication, and one client communicated effectively using other means. Method of communication was not stated for one client. All clients came from English-speaking backgrounds.

Accommodation and living arrangement

Clients' usual place of residence was a private residence (five clients) or supported community accommodation (25 clients; Table B5.3). Three clients lived in private residences with a spouse.

Table B5.3: Interlink FACP, number of clients by usual accommodation and living arrangement, and accommodation at time of referral to project

Accommodation setting	Usual living arrangement				Total	Accomm'n at referral
	Alone	With family	With others	Not stated		
Private residence (public rental)	—	3	2	—	5	6
Supported community accommodation	—	—	25	—	25	24
Total	—	—	30	—	30	30

— Nil.

Years at usual accommodation ranged from one to 24, with a mean of 11.5 years. Five clients have been living in the same home for 20 or more years. Three clients changed place of residence in the 2 years prior to entering the project.

Income and concession status

Interlink FACP clients relied on Australian Government pensions as their primary source of income—either the Age Pension (11 clients) or Disability Pension (19 clients). All clients hold a health care concession card, and all clients receive a discounted rate of co-payment to receive an Interlink package. Seven clients are not required to pay fees at all; the remaining 23 clients pay either \$0.71 or \$1.14 per day.

Use of formal services

Twenty-nine of the 30 clients were receiving assistance from government aged and community care programs when they entered FACP. Twenty-six clients were receiving assistance through the CSTDA, and three clients were receiving assistance from another unspecified government program.

One client was on a waiting list for residential aged care placement at time of entry to the project.

Assessment and referral

The majority of Interlink FACP clients were referred to the project by Helping Hand Inc. (18 clients). Another service agency referred 10 clients (Table B5.4). Nine clients had completed an ACAT assessment on the same day or prior to referral (Table B5.5). For these clients, the time between completion of an assessment and referral to the project varies from 3 to 359 days. ACAT assessment was completed after referral to the project for 21 clients.

Twenty-six clients are recorded as having an ACAT assessment, and four clients are reported as having had two ACAT assessments in the 12 months prior to entering the project.

Table B5.4: Interlink FACP, number of clients by source of referral

Referral source	Number of clients
Helping Hand Inc.	18
Other health or community service	10
Other agency	2
Total	30

The care of FACP clients is managed by a disability worker (18 clients), a social worker (two clients) or multidisciplinary team (10 clients).

Table B5.5: Interlink FACP, number of clients by days between completion of ACAT assessment and date of referral to project

Completion date of ACAT assessment	Number of clients
Before referral	
Less than 21 days	3
61–90 days	1
91–120 days	2
121–180 days	1
181–365 days	2
<i>Total</i>	9
After referral	
Less than 21 days post referral	7
30–39 days post referral	8
40–49 days post referral	6
<i>Total</i>	21
Total	30

Health conditions and health status on entry

The number of health conditions recorded for Interlink FACP clients as at entry to the project ranges from one to nine. Eight of the 30 clients had five or more health conditions. Table B5.6 shows the primary health conditions recorded on the Aged Care Client Records for Interlink clients.

Table B5.6: Interlink FACP, number of clients by primary health condition

Primary health condition	Number of clients
Intellectual and developmental disorders	19
Cerebrovascular disease	4
Diseases of the nervous system	3
Diabetes mellitus—type II	1
Mental and behavioural disorders	1
Diseases of the intestinal tract	1
Arthritis and related disorders	1
Total	30

Eighteen clients were assessed as being at risk of falls due to impaired gait or balance (Table B5.7). Three clients were both vision and hearing impaired.

Table B5.7: Interlink FACP, number of clients by selected sensory, mental and physical condition

Health condition	Number of clients
Impaired gait or balance—at risk of falls	18
Vision impairment	6
Hearing impairment	3
Vision and hearing impairment	3
Total or partial paralysis	4
Diagnosis of depression	6
Disorientation/confusion	1
Missing or non-functional limbs	1

Clients were taking between one and 13 different types of medication (a modal number of five medications is recorded for six clients). Ten of the 30 clients were taking seven or more different types of medication.

Disability support staff, family members or other advocates were asked to rate the client's health status and change in health status over the past 12 months using a 5-point Likert scale (Short-Form 36). Health status was reported for 15 clients, in each case by a disability support worker. Health status was rated as good (five clients), fair (nine clients) or poor (one client). One rater believed that the client's health was much better 12 months earlier and four raters stated that the client was in somewhat better health than a year before. Six clients were said to have been in about the same state of health, and four clients in somewhat worse health. Change in health status was not reported for 15 clients. Thus, according to disability support staff, the health status of around one-third of clients was comparable or somewhat better than 12 months earlier.

Level of core activity limitation

Most Interlink FACP clients experience mild or moderate activity restriction in the areas of self-care (19 clients), mobility (22 clients) and communication (16 clients). Where there is a severe or profound level of restriction, it is most likely to be in the area of self-care (Table B5.8). Thirteen clients (43%) had a severe or profound level of core activity restriction at time of entry to the project.

Table B5.8: Interlink FACP, number of clients by level of core activity limitation

Core activity	Level of activity limitation				Total
	No limitation	Mild	Moderate	Severe or profound	
Self-care	1	6	13	10	30
Mobility	4	9	13	4	30
Communication	7	5	11	7	30

Support needs

Most Interlink FACP clients always needed help or supervision in seven out of nine major areas of activity (Table B5.9). Support needs tended to be more intermittent in the areas of communication and mobility.

Table B5.9: Interlink FACP, number of clients by level of support need

Area of activity	Level of support need			Not rated	Total
	Does not need help or supervision ^(a)	Sometimes needs help or supervision	Always needs help or supervision		
Self-care	1	12	17	—	30
Mobility	5	23	2	—	30
Communication	4	20	6	—	30
Domestic life	—	7	22	1	30
Community and social life	—	7	23	—	30
Relationships and interactions	1	9	20	—	30
Managing finances and employment	—	4	26	—	30
Learning and applying knowledge	1	10	19	—	30
Performing general tasks and demands	1	11	18	—	30

(a) Includes clients who do not need help or supervision but who use aids and/or equipment.

— Nil.

Use of medical and hospital services prior to entry

Baseline profiles contain information about a client's use of medical and hospital services in the 6 months prior to entering the project – the 'pre-entry period'. Of the 30 clients for whom data is reported, all but one had visited a medical practitioner at least once in the pre-entry

period. The reported number of visits to a medical practitioner in this period varies from one to 17 per client, with a mode of four visits recorded for four clients.

Six clients are recorded as having used hospital services in the 6 months prior to entering the project, of whom three recorded unplanned hospital admissions. These three clients collectively accumulated 48 unplanned hospital bed days over approximately 540 person days. Individually, they recorded between one and 42 days in hospital for unplanned admissions in the 6 month period.

Conditions recorded as occasioning admission to hospital in the pre-entry period include:

- breathing difficulties/shortness of breath
- neurotic, stress-related or somatoform disorders
- intellectual and developmental disorders.

Four clients recorded a fall with injury, one client was rendered immobile and was without assistance for more than 30 minutes, and one client suffered another serious medical emergency during the pre-entry period.

Client baseline assessment results

Activities of daily living

Client Modified Barthel Index (MBI) scores at entry range from 8 to 20 out of a total 20 points. The mean score was 13.2 points with a standard deviation of 3.4 (median 13).

According to the baseline MBI results, the ADL functioning of FACP clients can be classified as follows: severe dependency in 14 clients; moderate dependency in 13 clients; and three clients were independent in ADL at time of entry. Twelve clients were always or at times incontinent of faeces and 18 clients were always or at times incontinent of urine. Ten clients were always or at times doubly incontinent. Twenty-five clients were unable to bathe or shower without assistance and 22 clients needed assistance to use the toilet. The majority of clients needed help in the areas of grooming, dressing and feeding; around one-third needed help with transfers.

Interlink FACP clients were totally dependent in between zero and seven types of IADL (out of seven) at the time of entry to the project. Most clients either needed assistance or were unable to perform all IADL.

ADL and IADL scores recorded at baseline assessments are summarised in Tables B5.10 and B5.11.

Table B5.10: Interlink FACP, number of clients with dependency in activities of daily living as assessed at entry to project.

ADL	Dependency level			Total
	Independent	Partially dependent	Fully dependent	
Bowel management	19	9	3	31
Bladder management	13	14	4	31
Toilet use	9	17	5	31
Bathing/showering	6	..	25	31
Dressing	9	17	5	31
Grooming	4	..	27	31
Feeding	12	19	—	31
Mobility (level surface)	27	4	—	31
Transfers	22	8	1	31
Stairs	6	18	7	31

Notes

1. For bowel and bladder management, 'independent' equates to continent; 'partially dependent' equates to occasional accident; 'fully dependent' equates to incontinent.
 2. A person who uses a wheelchair independently is recorded as independently mobile.
- Nil.
 .. Not applicable.

Table B5.11: Interlink FACP, number of clients by level of dependency in IADL as assessed at entry to project

IADL	Level of dependency				Total
	Help not needed	Help needed	Completely unable	Not assessable	
Get to places outside of walking distance	4	25	2	—	31
Shop for groceries or clothes	—	24	7	—	31
Prepare meals	1	15	15	—	31
Household chores	—	19	12	—	31
Self-medicate	1	23	6	1	31
Monetary transactions (e.g. pay bills)	—	9	22	—	31
Use the telephone	2	11	17	1	31

— Nil.

Psychological and behavioural symptoms

Data on behavioural and psychological symptoms at time of entry to the project were reported for two clients. One client displayed intermittent memory loss, occasional wandering or intrusive behaviour and was occasionally physically aggressive. The other client displayed wandering and/or intrusive behaviour and other behavioural and psychological symptoms on an extensive basis.

Client discharges

During the evaluation period, two clients transferred out of the project to another agency and remained living in their group home. Two clients died (Table B5.12). MBI scores for these clients were either stable or showed improvement. No behavioural data were recorded for these clients.

Table B5.12: Interlink FACP, client discharge summaries

Discharge client	Discharge accommodation setting/ discharge reason	Length of stay (days)	Modified Barthel Index	
			Baseline	Final
1	Transferred to another agency	232	10	10
2	Transferred to another agency	198	12	12
3	Deceased	277	11	16
5	Deceased	210	13	13

Disability and Ageing Lifestyle Project

Age and sex

The mean age of DALP clients was 47 years, with ages ranging from 35 years to 56 years (Table B6.1).

Table B6.1: Disability and Ageing Lifestyle Project, number of clients by age group and sex

Age (years)	Males	Females	Persons
	(number)		
30–39	2	—	2
40–49	1	1	2
50–59	2	2	4
Total	5	3	8
	(per cent)		
30–39	25	—	25
40–49	13	13	25
50–59	25	25	50
Total	63	38	100

— Nil.

Language and communication

Three clients had little or no effective means of communication with others. Four clients communicated effectively using spoken language and one client used sign language. One client has a first language other than English.

Accommodation and living arrangement

All clients resided in supported accommodation. Years at usual accommodation ranged from 6 to 18 with a mean of 10 years.

Income and concession status

All DALP clients relied on the Disability Pension as their primary source of income and all clients held a health care concession card. DALP does not charge client fees for project services.

Use of formal services

All clients were receiving assistance through the CSTDA prior to entering the project.

No client was on a waiting list for residential aged care.

Assessment and referral

All clients were referred to the project by their accommodation service. Accommodation service staff complete forms in the DALP Referral Pack, which includes

- client referral form
- client consent form
- risk indicator form (medical conditions, transport and physical environment needs, nutrition, behaviour, personal safety and protection, financial vulnerability)
- assessment of support needs
- the Broad Screen Checklist of Observed Changes (Minda Inc.).

Forms are forwarded to Options Coordination, South Australia, for screening and referral to the Aged Care Assessment Team.

ACAT assessment of six clients was completed within 14 days of referral to the project (one client's ACAT assessment was completed within 23 days of referral).

A multidisciplinary team manages the care of DALP clients.

Health conditions and health status on entry

The number of health conditions recorded for the DALP clients at entry to the project ranges from four to 11. The primary health condition recorded on the Aged Care Client Records for all clients was mental retardation/intellectual disability.

Five clients were assessed as being at risk of falls due to impaired gait or balance at time of entry (Table B6.2). Four clients were vision impaired and five clients had a diagnosis of depression.

Table B6.2: Disability and Ageing Lifestyle Project, number of clients by presence of selected sensory, mental and physical condition

Health condition	Number of clients
Impaired gait or balance—at risk of falls	5
Vision impairment	4
Hearing impairment	—
Diagnosis of depression	5
Disorientation/delirium	3
Total or partial paralysis	1

— Nil.

One client was not taking medication on entry. The other six clients were taking between one and six different types of medication, two of whom were taking four or more different types of medication.

Disability support staff, family members or other advocates were asked to rate the client’s health status and change in health status over the past 12 months using a 5-point Likert scale. Health status was reported for all clients, in each case by a disability support worker. Two clients were said to be in good health, four in fair health and two clients were said to be in poor health. The current health status was said to be somewhat worse than 12 months earlier for seven clients and the eighth client was said to be in a much worse state of health.

Level of core activity limitation

Half of the client group experienced severe/profound limitation in communication activities. Self-care limitations were more likely to be mild to moderate (six clients) than severe or profound (two clients; Table B6.3).

Four clients had a severe or profound level of activity limitation in at least one of the core activities of daily living.

Table B6.3: Disability and Ageing Lifestyle Project, number of clients by level of core activity limitation

Core activity	Level of activity limitation				Total
	No limitation	Mild	Moderate	Severe or profound	
Self care	—	2	4	2	8
Mobility	2	1	4	1	8
Communication	3	—	1	4	8

— Nil.

Support needs

The majority of DALP clients always needed help or supervision in seven out of nine areas of activity (Table B6.4). For most clients, the level of support needed to achieve mobility is less than the level of support needed in other areas. Notably, five out of seven clients always need help with self-care tasks and six clients always need help with more general tasks and demands.

Use of medical and hospital services prior to entry

Baseline profiles contain information about a client’s use of medical and hospital services in the 6 months prior to entering the project – the ‘pre-entry period’. All seven clients had visited a medical practitioner at least once in the pre-entry period. The reported number of visits to a medical practitioner in this period varied from one to 20 per client. Cumulatively, the seven clients recorded 47 visits to a medical practitioner in the pre-entry period. One client had used hospital services in the 6 months prior to entering the project.

Three clients recorded a fall with injury, one of whom was rendered immobile and without help for more than 30 minutes.

Table B6.4: Disability and Ageing Lifestyle Project, number of clients by level of support need

Area of activity	Level of support need			Total
	Does not need help or supervision ^(a)	Sometimes needs help or supervision	Always needs help or supervision	
Self-care activities	—	3	5	8
Mobility	3	4	1	8
Communication	3	1	4	8
Domestic life	—	3	5	8
Community and social life	—	—	8	8
Relationships and interactions	—	1	7	8
Managing finances and employment	—	—	8	8
Learning and applying knowledge	—	2	6	8
Performing general tasks and demands	—	2	6	8

(a) Includes clients who do not need help or supervision but who use aids and/or equipment.

— Nil.

Client baseline assessment results

Activities of daily living

Client Modified Barthel Index (MBI) scores at entry ranged from 9 to 17 out of a total 20 points. The mean baseline score is 14.1 points with a standard deviation of 2.9 (median 14.5).

Classifying MBI scores to levels of dependency in ADL indicates that two clients were severely dependent and six clients were moderately dependent when they entered the project.

Most clients were unable to bathe or shower and dress without assistance. Most clients were independently mobile (walking or wheelchair use).

DALP clients were totally dependent in between one and six out of seven IADL at the time of entry to the project. At baseline, all clients were either unable or needed assistance to prepare meals and were unable to safely self-medicate.

ADL and IADL data from the baseline assessment are summarised in Tables B6.5 and B6.6.

Table B6.5: Disability and Ageing Lifestyle Project, number of clients by level of dependency in activities of daily living as assessed at entry to project

ADL	Dependency level			Total
	Independent	Partially dependent	Fully dependent	
Bowel management	6	2	—	8
Bladder management	4	3	1	8
Toilet use	5	3	—	8
Bathing/showering	1	..	7	8
Dressing	2	5	1	8
Grooming	—	..	8	8
Feeding	5	2	1	8
Mobility (level surface)	6	2	—	8
Transfers	5	3	—	8
Stairs	3	4	1	8

Note: For bowel and bladder management, independent equates to continent; partially dependent equates to occasional accident; fully dependent equates to incontinent.

— Nil.

.. Not applicable.

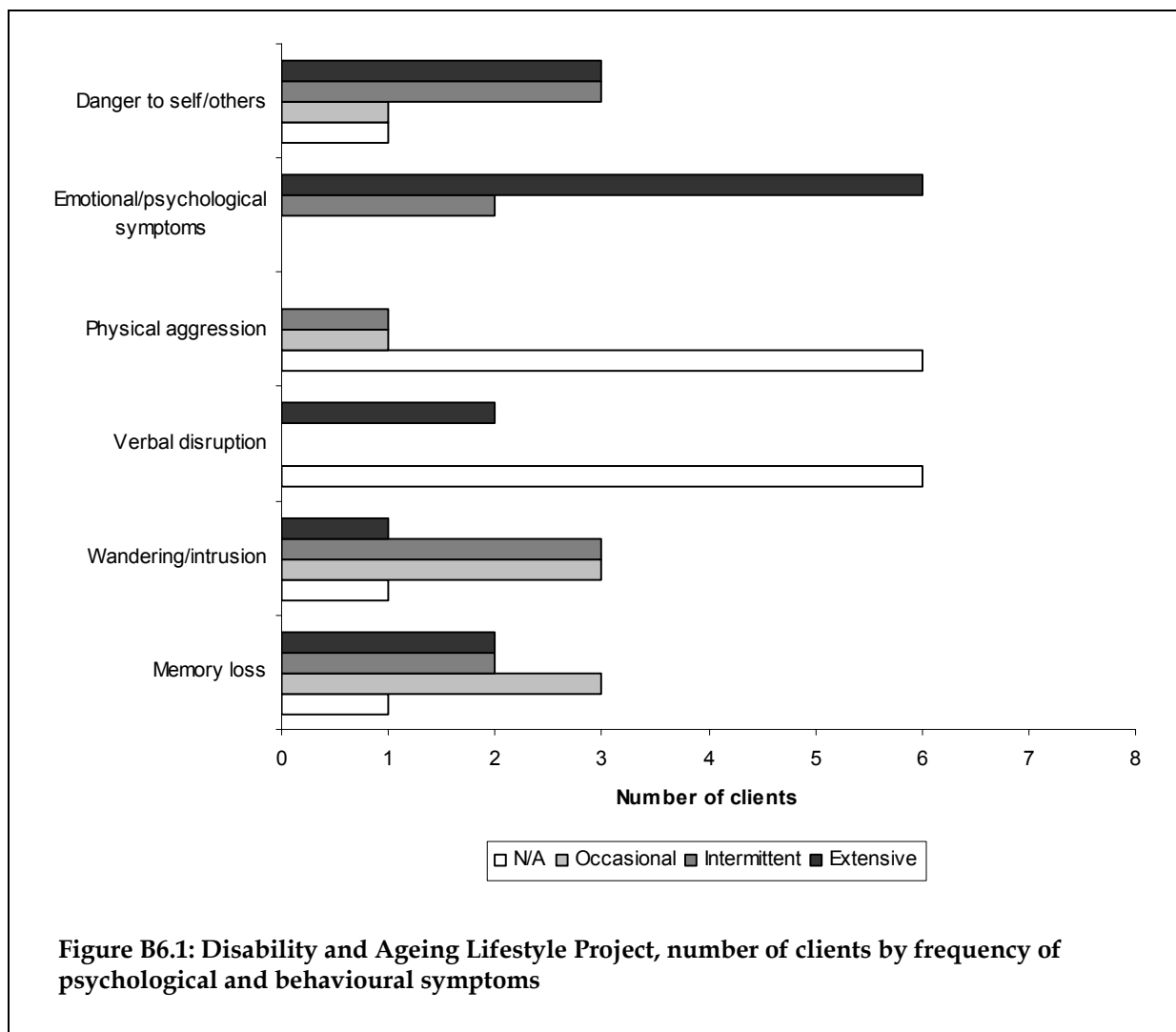
Table B6.6: Disability and Ageing Lifestyle Project, number of clients by level of dependency in IADL as assessed at entry to project

IADL	Level of dependency			Total
	Help not needed	Help needed	Completely unable	
Get to places outside of walking distance	—	7	1	8
Shop for groceries or clothes	—	5	3	8
Prepare meals	—	5	3	8
Household chores	—	4	4	8
Correctly administer own medications	—	—	8	8
Monetary transactions (e.g. pay bills)	—	—	8	8
Use the telephone	1	2	5	8

— Nil.

Psychological and behavioural symptoms

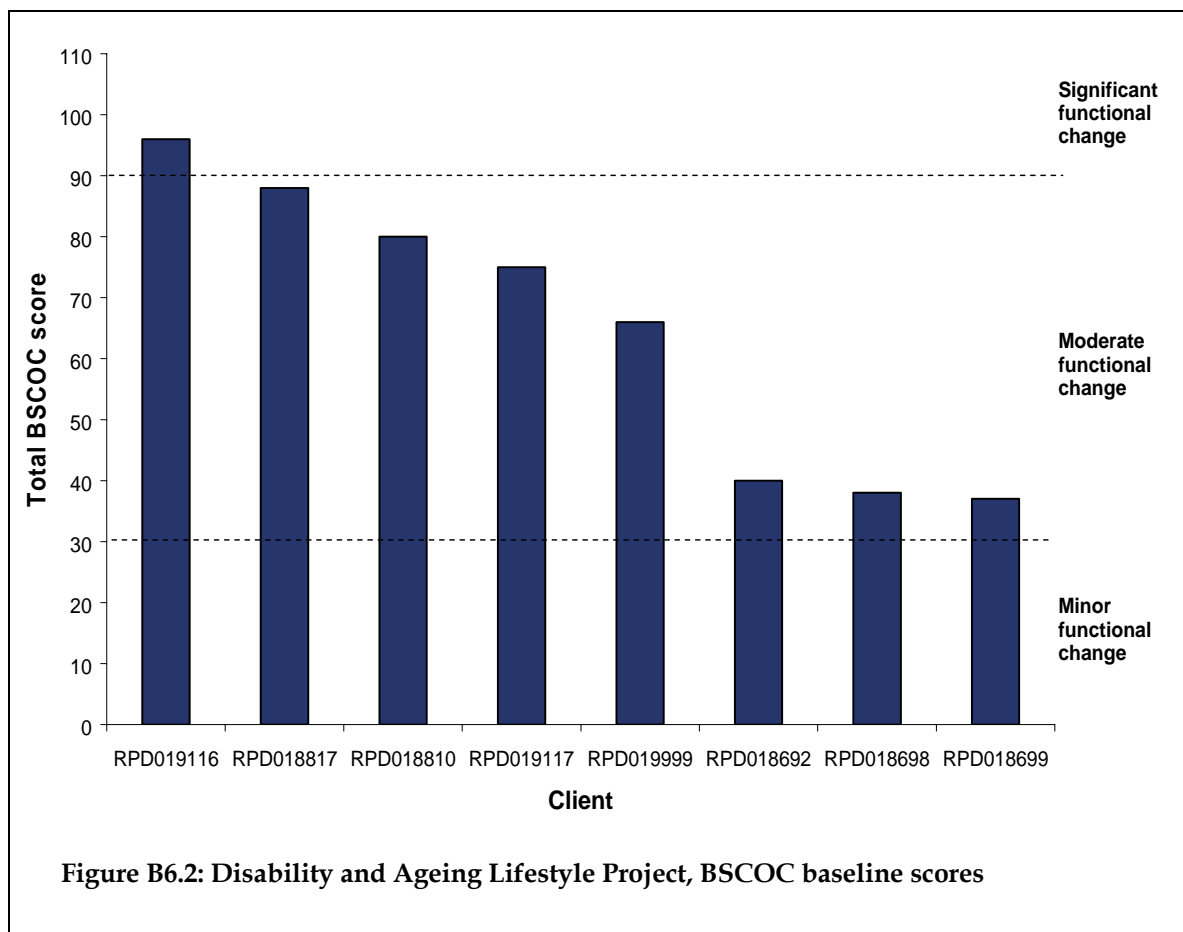
All eight clients exhibited three or more psychological or behavioural symptoms on an intermittent or extensive basis. Six clients exhibited two or three behavioural symptoms on an extensive basis. Most notably, six clients presented as a danger to themselves or others either intermittently or extensively (Figure B6.1). Periods without supervision pose a high risk for these clients.



Broad Screen Checklist of Observed Changes

DALP routinely conducts the BSCOC (Minda Inc.) assessment and has provided one assessment score for each client taking part in the evaluation. This assessment was conducted at approximately the same time as each client entered the project.

BSCOC scores at entry ranged from 37 to 96 points, with an average score of 65 points (standard deviation 23.7). All clients had registered functional change in the period prior to assessment. Figure B6.2 shows that one client experienced significant change and the remaining seven clients experienced moderate change.



Client discharges

No clients were discharged during the evaluation.

Disability Aged Care Service

Age and sex

The mean age of DACS clients was 58.5 years; ages ranged from 47 years to 79 years (Table B7.1).

Table B7.1: Disability Aged Care Service, number of clients by age group and sex

Age (years)	Males	Females	Persons
	(number)		
40–49	—	1	1
50–59	5	4	9
60–69	2	4	6
70–79	—	2	2
Total	7	11	18
	(per cent)		
40–49	—	6	6
50–59	28	22	50
60–69	11	22	33
70–79	—	11	11
Total	39	61	100

— Nil.

Language and communication

One client had little or no effective means of communication. Fourteen clients had effective spoken communication, 2 clients used sign language and one client used another method of communication. All clients are from an English-speaking background.

Accommodation and living arrangement

All DACS clients live in a Senses Foundation or Activ Foundation home. Years at usual place of residence ranged from two to 32 years (mean 10.8 years). Five clients had been living in the same home for 15 or more years.

Income and concession status

Most clients rely solely on the Disability Pension as their primary source of income (15 clients). Two clients receive income from other sources in addition to the Disability Pension and one client relies solely on private income. All but one client hold a health care concession card. Client fees are not charged for DACS services.

Use of formal services

Thirteen clients were receiving assistance through the CSTDA when they entered DACS. Four clients were receiving HACC services and one client was receiving assistance from both CSDA and HACC.

No client was on a waiting list for residential aged care when they entered the project.

Assessment and referral

Clients were referred to the project by the Senses and Activ disability services. ACAT assessment was completed after referral for all clients (Table B7.2). Three clients recorded two ACAT assessments in the 12 months prior to entry.

A registered mental health nurse manages the care of all clients.

Table B7.2: Disability Aged Care Service, number of clients by days between completion of ACAT assessment and date of referral to project

Completion date of ACAT assessment	Number of clients
After referral to project	
Less than 21 days post referral	3
21–60 days post referral	9
61–90 days post referral	4
91–120 days post referral	1
121–180 days post referral	1
Total	18

Health conditions and health status on entry

The number of health conditions recorded for DACS clients at entry to the project ranges from two to nine, with a mode of five medications recorded by six clients. Twelve of the 18 clients had five or more health conditions and three other clients had four or more health conditions at time of entry. Table B7.3 lists the primary health conditions recorded for DACS clients.

Table B7.3: Disability Aged Care Service, number of clients by primary health condition

Primary health condition	Number of clients
Congenital malformations, deformities and chromosomal abnormalities	9
Intellectual and developmental disorders	8
Poor vision	1
Total	18

All clients were assessed as being at risk of falls due to impaired gait or balance and there is a high prevalence of sensory impairment in the group (Table B7.4).

Table B7.4: Disability Aged Care Service, number of clients by presence of selected sensory, mental and physical conditions

Health condition	Number of clients
Impaired gait or balance—at risk of falls	18
Vision impairment	10
Hearing impairment	6
Vision and hearing impairment	4
Diagnosis of depression	3
Disorientation/delirium	1

Clients were taking between two and 11 different types of medication at the time of reporting. Fifteen clients were taking four or more different types of medication (modal numbers of five and six different medication types were recorded by five clients in each case).

Level of core activity limitation

Senses clients are predominantly severely or profoundly limited in the areas of self-care, mobility and communication (Table B7.5). Only one client was recorded as not having had a severe or profound level of core activity limitation at time of entry. DACS is one of the more highly ADL impaired groups in the evaluation, with a high proportion of clients with severe or profound mobility limitation in addition to the often disability-related limitations in self-care and communication.

Table B7.5: Disability Aged Care Service, number of clients by level of core activity limitation

Core activity	Level of activity limitation				Total
	No limitation	Mild	Moderate	Severe or profound	
Self-care	—	—	2	16	18
Mobility	—	1	4	13	18
Communication	—	1	3	14	18

— Nil.

Support needs

The majority of DACS clients always needed help or supervision in seven out of nine areas of activity (Table B7.6). In the areas of communication and mobility, half of the clients always needed help or supervision; the remaining nine clients needed help or supervision on a more intermittent basis. In other areas of activity, most notably self-care, financial management,

domestic life and learning and applying knowledge, all or nearly all DACS clients needed constant help and supervision.

Table B7.6: Disability Aged Care Service, number of clients by level of support needs

Domain	Level of support need			Total
	Does not need help or supervision ^(a)	Sometimes needs help or supervision	Always needs help or supervision	
Self-care activities	—	—	18	18
Mobility	—	9	9	18
Communication	—	9	9	18
Domestic life	—	1	17	18
Community and social life	—	2	16	18
Relationships and interactions	—	5	13	18
Managing finances and employment	—	—	18	18
Learning and applying knowledge	—	1	17	18
Performing general tasks and demands	—	5	13	18

(a) Includes clients who do not need help or supervision but who use aids and/or equipment.

— Nil.

Use of medical and hospital services prior to entry

Baseline profiles contain information about a client's use of medical and hospital services in the 6 months prior to entering the project – the 'pre-entry period'. All 18 clients had visited a medical practitioner at least once in this period. The reported number of visits varied from two to 15 per client.

Four clients were recorded as having used hospital services in the pre-entry period, of whom one had visited the emergency department only, two had unplanned hospital admissions (cumulatively spending 39 unplanned days in hospital) and one had a planned hospital admission.

One client sustained a fall with injury and another client suffered a serious medical emergency during the pre-entry period.

Client baseline assessment results

Activities of daily living

Client total Modified Barthel Index (MBI) scores at entry ranged from 5 to 18 out of a total 20 points. The mean baseline score for DACS clients was 12.2 with a standard deviation of 3.5 points (median 13). Classification of the baseline MBI scores into ADL dependency levels indicates that eight clients were severely dependent and 10 clients were moderately dependent in ADL at entry to the project.

Six clients were either always or at times bowel incontinent and nine clients were always or at times bladder incontinent. Five clients were at times or always doubly incontinent. Most

clients were unable to bathe or shower without assistance. The majority of clients needed help in the areas of grooming, dressing, toilet use and feeding. Over half of the clients were independently mobile (walking) although most needed help to negotiate stairs (Table B7.7).

Dependency in IADL varies, from some clients who are totally dependent in six out of seven IADL to others with no more than partial dependency. On average, DACS clients were completely dependent in four IADL at time of entry. Most clients were completely dependent in the areas of preparing meals, using the telephone, handling money and doing housework.

Table B7.7: Disability Aged Care Service, number of clients by level of dependency in activities of daily living as assessed at entry to project

ADL	Dependency level			Total
	Independent	Partially dependent	Fully dependent	
Bowel management	12	2	4	18
Bladder management	9	3	6	18
Toilet use	7	9	2	18
Bathing/showering	1	..	17	18
Dressing	2	9	7	18
Grooming	3	..	15	18
Feeding	6	12	—	18
Mobility (level surface)	11	7	—	18
Transfers	9	9	—	18
Stairs	3	12	3	18

Note: For bowel and bladder management, 'independent equates to continent; partially dependent equates to occasional accident; fully dependent equates to incontinent.

— Nil.

.. Not applicable.

Table B7.8: Disability Aged Care Service, number of clients by level of dependency in IADL as assessed at entry to project

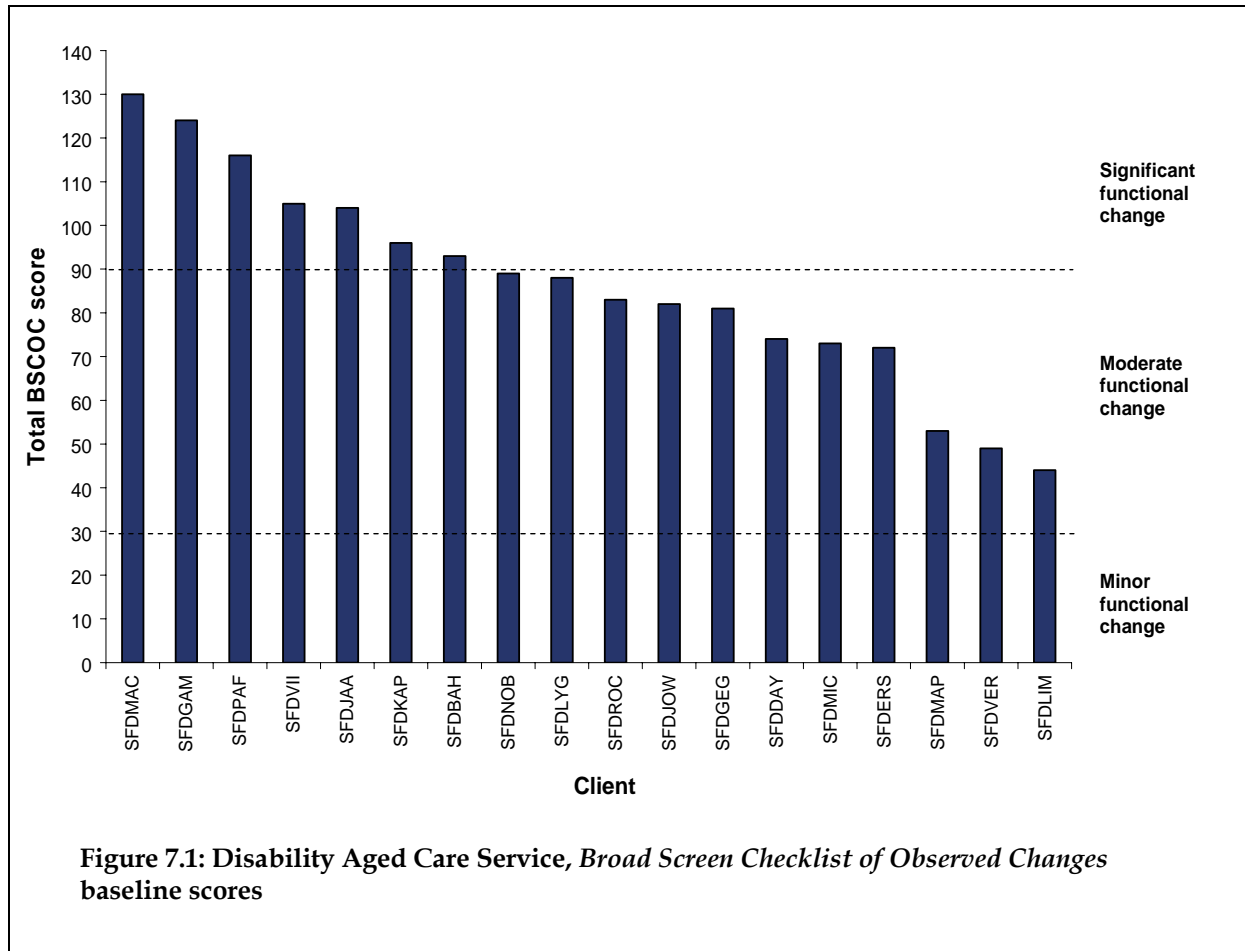
IADL	Level of dependency			Total
	Help not needed	Help needed	Completely unable	
Get to places outside of walking distance	1	17	—	18
Shop for groceries or clothes	—	8	10	18
Prepare meals	—	3	15	18
Household chores	—	8	10	18
Correctly administer own medications	—	3	15	18
Monetary transactions (e.g. pay bills)	—	1	17	18
Use the telephone	—	3	15	18

— Nil.

Broad Screen Checklist of Observed Changes

DACS routinely conducts the BSCOC (Minda Inc.) assessment and has supplied one score for each client taking part in the evaluation. This assessment was conducted between April and June 2004.

BSCOC scores range from 44 to 130 points, with an average score of 86.4 points (standard deviation 24.1). Figure B7.1 shows that seven clients experienced a significant change in functioning in the period preceding assessment, and 11 clients experienced moderate functional change. The project team reported that these measured changes reflect functional decline in the period prior to entry.



Client discharges

One evaluation client was discharged from DACS after 76 days with the project to enter high level residential aged care. This client was severely dependent in ADL on entry to the project and had registered significant functional decline in the period prior to entry. No other clients were discharged during the evaluation period.

Ageing In Place

Age and sex

The mean age of AIP clients was 52 years, with ages ranging from 40 to 62 years (Table B8.1).

Table B8.1: Ageing In Place, number of clients by age group and sex

Age (years)	Males	Females	Persons
	(number)		
40–49	—	1	1
50–59	3	2	5
60–69	1	—	1
Total	4	3	7
	(per cent)		
40–49	—	14	14
50–59	43	29	71
60–69	14	—	14
Total	57	43	100

— Nil.

Language and communication

Six clients had effective spoken means of communication; one client was non-communicative. All clients were from English-speaking backgrounds.

Accommodation and living arrangement

Clients resided at Oakdale Lodge, a residential facility for people with disabilities. Years of residence ranged from 2 to 34. Four clients had been living at Oakdale Lodge for more than 20 years.

Income and concession status

The Australian Government Disability Pension was the primary source of income for all clients. All clients held a health care concession card. Client payments towards the cost of accommodation form part of the project budget; however, clients did not make additional payments to participate in AIP.

Use of formal services

All clients were receiving assistance funded through the CSTDA prior to entering AIP.

None of the clients was on a waiting list for residential aged care when they joined the project.

Assessment and referral

AIP clients were referred to the project by Oakdale Services. Clients had their ACAT assessments completed on 17 January 2003, 6 months prior to project establishment, during the project planning phase.

The care of AIP clients is managed by disability staff at Oakdale Lodge, in consultation with a representative of Advocacy Tasmania.

Health conditions and health status on entry

The number of health conditions recorded for AIP clients at entry to the project ranges from three to eight. Three clients had six or more health conditions.

Dementia in Alzheimer's disease was listed as the primary health condition for two clients and the primary disability *Intellectual and developmental disorder* was given as the primary condition for the remaining five clients.

AIP clients were taking between zero and nine different types of medication at the time of entry. Two clients were taking three or more medications.

Three clients were reported to be in very good health when they entered the project. Two clients were rated as being in good health, and one client was rated as being in fair health. The health of five clients was rated as being about the same as it was 12 months earlier, and one client was rated as being in somewhat worse health than a year ago.

By comparison with clients in other projects, AIP clients were younger and fewer exhibited the range of sensory, physical and mental health conditions considered here; however, four of the seven clients were at risk of falls (Table B8.2).

Table B8.2: Ageing In Place, number of clients by presence of selected sensory, mental and physical conditions

Health condition	Number of clients
Impaired gait or balance—at risk of falls	4
Total or partial paralysis	1
Missing or non-functional limbs	1
Vision impairment	—
Hearing impairment	1
Diagnosis of depression	—
Disorientation/confusion	—

— Nil.

Level of core activity limitations

AIP clients typically experienced moderate to severe or profound activity limitation in the areas of self-care, mobility and communication (Table B8.3). Five clients had a severe or profound level of limitation in at least one area of core activity.

Table B8.3: Ageing In Place, number of clients by level of core activity limitation at entry to project

Core activity	Level of activity limitation				Total
	No limitation	Mild	Moderate	Severe or profound	
Self-care	—	1	2	4	7
Mobility	2	1	3	1	7
Communication	1	—	2	4	7

— Nil.

Support needs

The level of support needed by AIP clients was highest in the areas of learning and applying knowledge, interpersonal relationships and managing finance and personal affairs (Table B8.4). Most clients sometimes or always needed help or supervision in all nine areas of activity.

Table B8.4: Ageing In Place, number of clients by level of support needs

Area of activity	Level of support need			Total
	Does not need help or supervision ^(a)	Sometimes needs help or supervision	Always needs help or supervision	
Self-care	—	5	2	7
Mobility	2	4	1	7
Communication	1	3	3	7
Domestic life	—	3	4	7
Community and social life	—	1	6	7
Relationships and interactions	—	1	6	7
Managing finances and employment	—	—	7	7
Learning and applying knowledge	—	1	6	7
Performing general tasks and demands	—	3	4	7

(a) Includes clients who do not need help or supervision but who use aids and/or equipment.

— Nil.

Use of medical and hospital services prior to entry

Baseline profiles contain information about a client's use of medical and hospital services in the 6 months prior to entering the project – the 'pre-entry period'. All six clients had visited a medical practitioner between two and six times in the pre-entry period. There is no record of

hospital use and no client is recorded as having experienced a medical emergency in the pre-entry period.

Client baseline assessment results

Activities of daily living

Modified Barthel Index (MBI) scores at entry range from 11 to 19 out of a total 20 points. The mean baseline score is 15.9 points with a standard deviation of 2.6 (median 16.0 points). Five clients were unable to bathe or shower without assistance. All clients were mobile although one needed minor help with transfers (Table B8.5).

Table B8.5: Ageing In Place, number of clients by level of dependency in activities of daily living as assessed at entry to project

	Dependency level			Total
	Independent	Partially dependent	Fully dependent	
Bowel management	7	—	—	7
Bladder management	5	2	—	7
Toilet use	6	1	—	7
Bathing/showering	2	..	5	7
Dressing	1	3	3	7
Grooming	—	..	7	7
Feeding	3	4	—	7
Mobility (level surface)	7	—	—	7
Transfers	6	1	—	7
Stairs	3	4	—	7

Note: For bowel and bladder management, independent equates to continent; partially dependent equates to occasional accident; fully dependent equates to incontinent.

— Nil.

.. Not applicable.

All clients showed some level of dependency in IADL when they entered the project (Table B8.6). On average, AIP clients were totally dependent in five out of seven IADL at the time of entry. Two clients were totally dependent in all seven IADL.

Table B8.6: Ageing in Place, number of clients by level of dependency in IADL as assessed at entry to project

	Level of dependency			Total
	Help not needed	Help needed	Completely unable	
Get to places outside of walking distance	1	6	—	7
Shop for groceries or clothes	—	5	2	7
Prepare meals	—	2	5	7
Household chores	—	3	4	7
Correctly administer own medications	—	—	7	7
Monetary transactions (e.g. pay bills)	—	1	6	7
Use the telephone	—	—	7	7

— Nil.

Participation in life activities

The client, family member or disability support worker rated the extent to which the client was able to participate *with the assistance currently available to them* in a range of life activity domains when they entered the project. In all cases, extent of participation ratings were provided by disability support staff (summarised in Table B8.7). The results show that, as at entry to the project, most clients experienced moderate to severe participation restriction across most areas of activity. Higher levels of participation restriction are apparent in activities involving high level cognition and mental processing (interpersonal and social interactions; financial management) than in the areas of self-care and mobility.

The project recorded no change in clients' levels of participation in any domain.

Table B8.7: Ageing In Place, number of clients by extent of participation

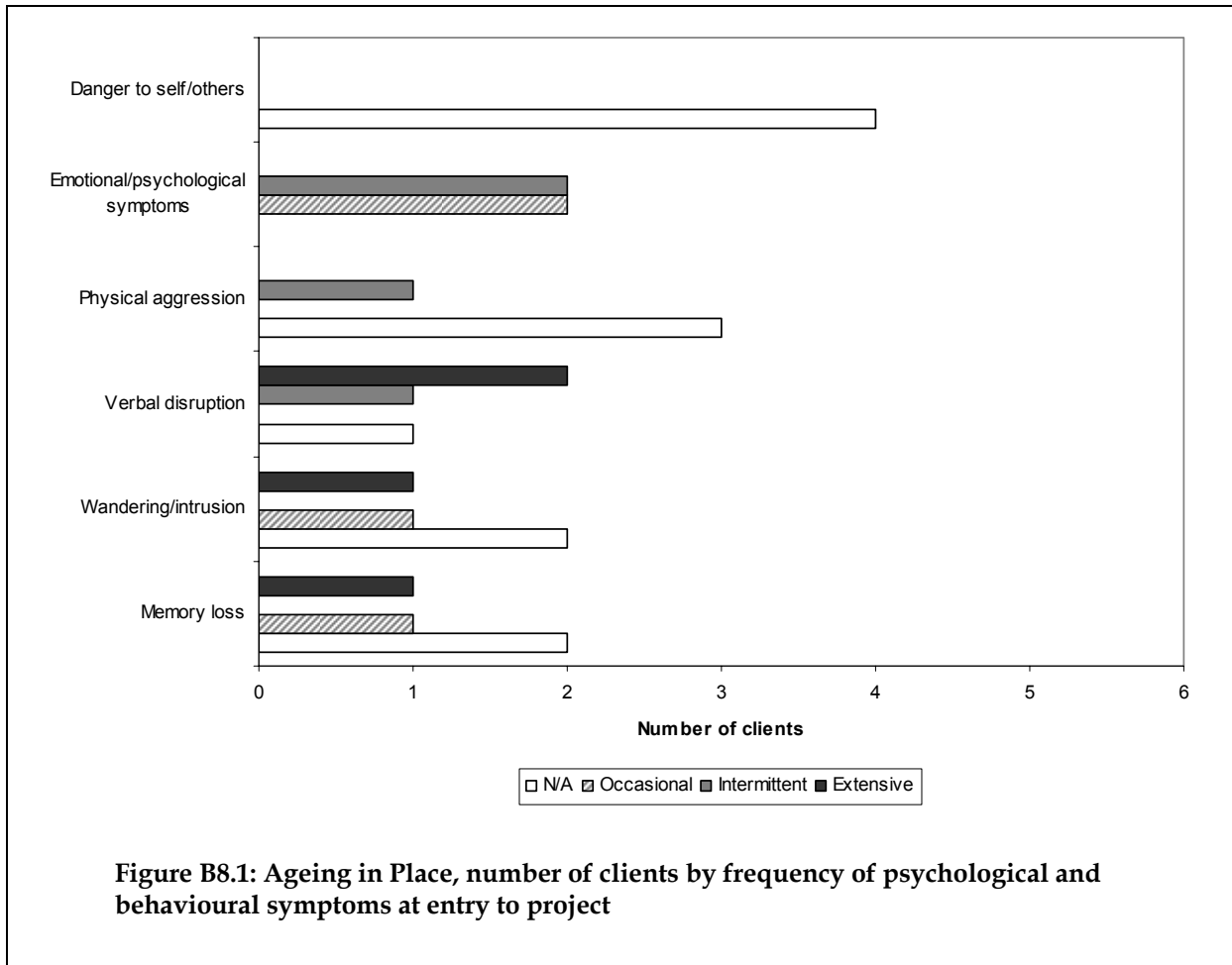
Area of activity	Extent of participation restriction					Total
	No restriction	Mild restriction	Moderate restriction	Severe restriction	Complete restriction	
Self-care activities	—	3	3	—	1	7
Mobility	—	5	1	—	—	6
Communication	—	2	2	3	—	7
Learning and applying knowledge	—	—	3	2	1	6
Performing general tasks and demands	—	3	1	3	—	7
Domestic life	—	—	4	3	—	7
Relationships and interactions	—	—	3	4	—	7
Managing finances and employment	—	—	2	3	2	7
Community and social life	—	1	—	6	—	7

— Nil.

Psychological and behavioural symptoms

Information on psychological and behavioural symptoms was collected for four clients (Figure B8.1). Two clients experienced memory loss and two clients tended to wander (one extensively). One client was at times verbally disruptive, and two clients were verbally

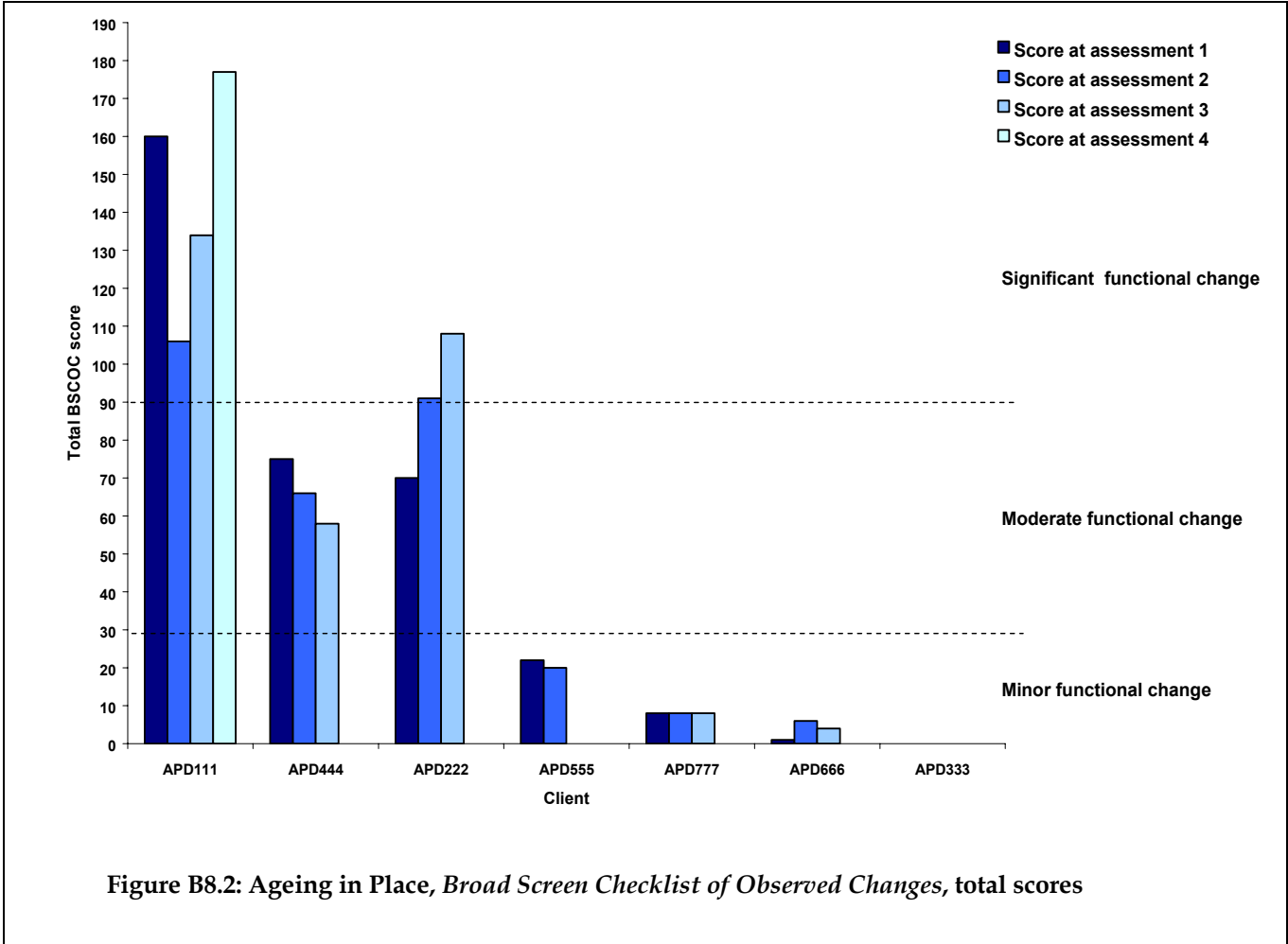
disruptive on an extensive basis. Four clients exhibited emotional or psychological symptoms and one client is at times physically aggressive.



Broad Screen Checklist of Observed Changes

AIP routinely conducts the BSCOC (Minda Inc.) and provided scores for all clients taking part in the evaluation.

AIP conducted the BSCOC at approximately 6-monthly intervals. The first reported assessments were conducted in July 2003, around the time that clients entered the project. BSCOC scores on this first assessment range from zero to 160 points, with an average of 48 points (standard deviation 58.5). Figure B8.2 shows that one client out of seven experienced a significant change in functioning in the period preceding his/her first BSCOC assessment. Two clients experienced moderate change in functioning, and three clients displayed minor change. Three clients' BSCOC scores increased across multiple assessments, suggesting that their rate of functional change was increasing over time. One of these clients transitioned from the moderate to the severe functional change category. The other clients' rates of functional change remained steady or decreased over time.



Client discharges

No clients were discharged from the project during the evaluation.

Cumberland Prospect Disability Aged Care Pilot

Cumberland Prospect Disability Aged Care Pilot serviced mostly clients with intellectual disability but the group also included people with multiple diverse disabilities (Table B9.1).

Table B9.1: Cumberland Prospect Disability Aged Care Pilot, number of clients by disability group

Disability group	Number	Per cent
Intellectual	17	94
Multiple/diverse	1	6
Total	18	100

Age and sex

The mean age of clients was 62 years. Ages ranged from 40 years to 82 years, with 63% of clients aged 50 years or over (Table B9.2).

Table B9.2: Cumberland Prospect Disability Aged Care Pilot, number of clients by age group and sex

Age (years)	Males	Females	Persons
(number)			
30–39	—	—	—
40–49	1	—	1
50–59	3	3	6
60–69	7	1	8
70–89	3	—	3
Total	14	4	18
(per cent)			
30–39	—	—	—
40–49	6	—	6
50–59	17	17	33
60–69	39	6	44
70–89	17	—	17
Total	61	39	100

— Nil.

Language and communication

Four clients had little or no effective means of communication with other people. Thirteen clients had effective spoken communication and one client used another method of communication. Two national languages were represented (Table B9.3).

Table B9.3: Cumberland Prospect Disability Aged Care Pilot, number of clients by language spoken at home, English and spoken language proficiency

Language spoken at home	How well does client communicate in English?			Total
	Very well or well	Not well	Not at all	
English	7	3	—	10
Danish	3	1	1	5
Non-verbal	—	—	3	3
Total	10	4	4	18

— Nil.

Accommodation and living arrangement

Six clients lived in group homes and 12 clients lived in larger residential accommodation facilities for people with disabilities. On average, CPDAC clients had been living at their home for approximately 28 years (ranging from under one year to 49 years).

Income and concession status

All CPDAC clients relied solely on an Australian Government pension as their primary source of income. Ten clients received the Disability Support Pension and eight received the Age Pension.

Thirteen clients held a health care concession card.

CPDAC does not charge client fees.

Use of formal services

One client was receiving assistance through the National Respite for Carers Program prior to joining the project.

No client was on a waiting list for residential aged care at the time of joining CPDAC.

Assessment and referral

Clients were referred to CPDAC from participating accommodation service providers in the New South Wales Department of Ageing, Disability and Home Care Cumberland/Prospect planning region, with the lead disability service provider, McCall Gardens, acting as an initial point of referral.

The project coordinator, a registered nurse, completes initial screening and manages client care for the project.

Referral is made to ACATs at the Auburn, Westmead and Blacktown hospitals as applicable. Each ACAT has a primary point of contact for the project. Thus, ACAT assessment is mostly completed after referral to the project (Table B9.4); 15 ACAT assessments were completed within 30 days of referral to ACAT.

One client recorded three ACAT assessments in the 12 months prior to entry.

Table B9.4: Cumberland Prospect Disability Aged Care Pilot, number of clients by days between completion of ACAT assessment and date of referral to project

Completion date of ACAT assessment	Number of clients
After referral to project	
Less than 21 days post referral	7
21–60 days post referral	11
Total	18

Health conditions and health status on entry

CPDAC clients recorded between two and eight health conditions at entry to the project (eight clients recorded a modal value of four conditions). Eleven clients were recorded as having four or more health conditions.

Table B9.5 shows the primary health conditions recorded on the Aged Care Client Records for CPDAC clients.

Table B9.5: Cumberland Prospect Disability Aged Care Pilot, number of clients by primary health condition

Primary health condition	Number of clients
Intellectual and developmental disorder	13
Diseases of the nervous system	2
Symptoms and signs concerning food and fluid intake	1
Heart disease	1
Not stated	1
Total	18

Table B9.6: Cumberland Prospect Disability Aged Care Pilot, number of clients by presence of selected sensory, mental and physical conditions

Health condition	Number of clients
Vision impairment	8
Hearing impairment	5
Impaired gait or balance—at risk of falls	16
Total or partial paralysis	2
Diagnosis of depression	1

Clients were taking between zero and eight different types of medication at the time of reporting. Half the clients were taking four or more different types of medication.

Level of core activity limitation

Eleven clients had a severe or profound level of core activity limitation. Between five and seven clients experienced severe or profound limitation in each of the areas of self-care, mobility and communication (Table B9.7).

Table B9.7: Cumberland Prospect Disability Aged Care Pilot, number of clients by level of core activity limitation

Core activity	Level of core activity limitation					Total
	No limitation	Mild	Moderate	Severe or profound	Not stated	
Self-care	—	1	9	7	1	18
Mobility	1	6	6	5	—	18
Communication	3	5	4	6	—	18

— Nil.

Support needs

In most areas of activity, the majority of CPDAC clients needed help or supervision at times or constantly (Table B9.8). Self-care, domestic life and activities involving social interaction and community participation typically involve constant help or supervision for nearly all clients.

Table B9.8: Cumberland Prospect Disability Aged Care Pilot, number of clients by level of support need

Domain	Level of support need			Not stated	Total
	Does not need help or supervision ^(a)	Sometimes needs help or supervision	Always needs help or supervision		
Self-care activities	—	6	12	—	18
Mobility	1	9	7	1	18
Communication	3	10	5	—	18
Domestic life	—	1	17	—	18
Community and social life	—	1	17	—	18
Relationships and interactions	1	6	11	—	18
Managing finances and employment	—	1	16	1	18
Learning and applying knowledge	—	5	13	—	18
Performing general tasks and demands	—	5	13	—	18

(a) Includes clients who do not need help or supervision but who use aids and/or equipment.

— Nil.

Use of medical and hospital services prior to entry

Baseline profiles contain information about a client's use of medical and hospital services in the six months prior to entering the project—the 'pre-entry period'. Fourteen clients visited a medical practitioner at least once during the pre-entry period, ranging from four to 16 consultations per client with an average of nine.

Five clients recorded hospital admissions during the pre-entry period, three via an emergency department. For the three unplanned admissions, a total of 55 patient days accrued plus 35 rehabilitation days for one client. Diagnoses recorded for the unplanned admissions include chronic lower respiratory disease, abnormalities of gait, and injury.

Client baseline assessment results

Activities of daily living

Baseline Modified Barthel Index (MBI) scores ranged from 5 to 18 out of a total 20 points for 16 clients. The mean baseline score was 10.9 points with a standard deviation of 3.3, reflecting a relatively low functioning group in the domain of self-care. On the basis of the baseline MBI, 12 clients were classified as severely dependent in ADL; two as completely dependent; and four as moderately dependent.

ADL scores recorded at the baseline assessment are summarised in Table B9.9.

The project was unable to assess clients in all IADL domains. Three domains had assessments of at least 15 clients. Fifteen clients were unable to manage their own medications. Fourteen clients were completely unable to use the telephone and another needed help to do so. Fourteen clients were able to shop with help but two other clients were completely unable to shop. Hence clients either needed help or were unable to perform in these three IADL.

Table B9.9: Cumberland Prospect Disability Aged Care Pilot, number of clients by level of dependency in activities of daily living as assessed at entry to project

ADL	Dependency level			Total
	Independent	Partially dependent	Fully dependent	
Bowel management	7	4	5	16
Bladder management	3	7	6	16
Toilet use	3	8	5	16
Bathing/showering	1	..	15	16
Dressing	2	8	6	16
Grooming	—	..	16	16
Feeding	3	13	—	16
Mobility (level surface)	13	2	1	16
Transfers	10	6	—	16
Stairs	2	11	3	16

Note: For bowel and bladder management, independent denotes continent; partially dependent denotes occasional accident; fully dependent denotes incontinent.

— Nil.

.. Not applicable.

Client discharges

No clients had been discharged by May 2005.

Appendix C: Services and expenditure tables

Table C1: Innovative Pool Disability Aged Care Interface Pilot, project combined services expenditure by service type (\$), September and December quarters 2004^(a)

Service type	September quarter	December quarter	Total
Assessment	12,697.95	10,720.10	23,418.05
Care coordination and case management	56,474.78	55,211.20	111,685.98
Medical services	1,174.50	621.50	1,796.00
Physiotherapy/occupational therapy	4,345.95	5,902.68	10,248.63
Behaviour management therapy	2,783.60	3,903.60	6,687.20
Counselling and support (client and carer)	1,273.00	1,273.00	2,546.00
Other allied health care	16,512.85	20,654.50	37,167.35
Personal assistance	75,236.01	91,341.41	166,577.42
Domestic assistance	15,443.46	15,320.89	30,764.35
Social support	94,704.49	113,701.44	208,405.94
Leisure and recreational programs	12,798.00	11,846.00	24,644.00
Food services	512.70	751.00	1,263.70
Transport	16,493.38	21,994.45	38,487.83
Home modifications	—	750.00	750.00
Provision of aids and equipment	2,939.45	27,876.48	30,815.93
Total	313,390.12	381,868.24	695,258.38

(a) Excludes MS Society Changing Needs and Cumberland Prospect Disability Aged Care Pilot.

— Nil.

Source: Project financial reports.

Table C2: Far North Coast Disability Aged Care Consortium, expenditure on services by service type (\$), September and December quarters 2004

Service type	September quarter	December quarter	Total
Assessment	1,131.53	260.00	1,391.53
Care coordination and case management	4,417.32	3,604.60	8,021.92
Medical services	326.50	326.50	653.00
Physiotherapy/occupational therapy	987.04	3,135.58	4,122.62
Behaviour management therapy	108.40	162.60	271.00
Other allied health care	755.85	913.50	1,669.35
Personal assistance	33,031.16	20,638.86	53,670.02
Social support	3,120.17	3,250.19	6,370.35
Domestic assistance	5,490.46	1,873.89	7,364.35
Provision of aids and equipment	653.45	2,536.80	3,190.25
Total	50,021.88	36,702.51	86,724.39

Source: FNCDAC financial reports.

Table C3: Central West People with a Disability who are Ageing, expenditure on services by service type (\$), September and December quarters 2004

Service type	September quarter	December quarter	Total
Assessment	2,204.73	1,831.10	4,035.83
Care coordination and case management	8,084.01	10,986.60	19,070.61
Physiotherapy/occupational therapy	734.91	1,831.10	2,566.01
Personal assistance	11,023.65	12,817.70	23,841.35
Social support	38,215.32	46,693.05	84,908.37
Transport	13,228.38	17,395.45	30,623.83
Total	73,491.00	91,555.00	165,046.00

Source: CWPDA financial reports.

Table C4a: Northern Sydney Disability Aged Care Pilot, expenditure on services by service type (\$), September and December quarters 2004

Service type	September quarter	December quarter	Total
Care coordination and case management	21,481.00	23,307.00	44,788.00
Other allied health care	535.00	1,250.00	1,785.00
Personal assistance	11,430.00	37,521.85	48,951.85
Social support	337.00	5,000.00	5,337.00
Provision of aids and equipment	2,286.00	25,339.68	27,625.68
Total	36,069.00	92,418.53	128,487.53

Source: NSDACP financial reports.

Table C4b: Northern Sydney Disability Aged Care Pilot, quarterly expenditure on selected service types (\$) between 1 April 2004 and 30 June 2005

Service type	Quarter ending					Total to 30.6.2005
	30.6.2004	30.9.2004	31.12.2004	31.3.2005	30.6.2005	
Allied health assessment—physio.	2,691.00	1,944.00	1,971.00	4,059.00	264.00	10,929.00
Allied health assessment—occ. ther.	4,686.00	2,688.00	2,875.80	3,102.00	693.00	14,044.80
Personal assistance	4,688.76	16,676.11	29,349.77	37,870.45	52,348.53	140,933.62
Social support	649.44	884.28	8,200.07	13,594.26	13,608.58	36,936.63
Physiotherapy	0.00	6,714.00	13,630.84	14,926.60	21,802.08	57,073.52
Provision of aids and equipment	765.00	2,236.36	25,542.68	35,434.00	3,521.04	67,499.08
Other allied health	1,095.00	415.00	1,391.01	1,152.00	1,110.00	5,163.01
Hydrotherapy	—	—	—	174.24	4,193.52	4,367.76
Diversional therapy	—	—	—	—	748.00	748.00
Total	14,575.20	31,557.75	82,961.17	110,312.55	98,288.75	337,695.42

Notes

1. Quarterly expenditure reported by NSDACP in September 2005 is not intended to be all inclusive. For example, expenditure on needs assessment, case management and coordination by the NSDACP team is not included.
2. Discrepancies appear in the two reports of expenditure on personal assistance, social support, and provision of aids and equipment in the quarter ending 31 December 2004.

— Nil.

Source: NSDACP (New Horizons), 7 September 2005.

Table C5: Flexible Aged Care Packages, expenditure on services by service type (\$), September and December quarters 2004

Service type	September quarter	December quarter	Total
Assessment	563.00	2,250.00	2,813.00
Care coordination and case management	4,545.00	1,000.00	5,545.00
Physiotherapy/occupational therapy	—	135.00	135.00
Personal assistance	10,095.00	5,903.00	15,998.00
Social support	45,368.00	43,620.00	88,988.00
Domestic assistance	1,680.00	2,280.00	3,960.00
Home maintenance	—	750.00	750.00
Total	62,251.00	55,938.00	118,189.00

— Nil.

Source: FACP financial reports.

Table C6: Disability and Ageing Lifestyle Project, expenditure on services by service type (\$), September and December quarters 2004

Service type	September quarter	December quarter	Total
Assessment	669.69	182.00	851.69
Care coordination and case management	3,348.45	546.00	3,894.45
Behaviour management therapy	130.20	1,196.00	1,326.20
Personal assistance	130.20	871.00	1,001.20
Social support	2,574.00	10,048.20	12,622.22
Food services	21.70	260.00	281.70
Transport	720.00	2,054.00	2,774.00
Leisure and recreational programs	2,618.00	3,120.00	5,738.00
Total	10,212.24	18,277.20	28,489.46

Source: DALP financial reports.

Table C7: Disability Aged Care Service, expenditure on services by service type (\$), September and December quarters 2004

Service type	September quarter	December quarter	Total
Assessment	6,918.00	6,197.00	13,115.00
Care coordination and case management	13,835.00	14,556.00	28,391.00
Physiotherapy/occupational therapy	2,624.00	801.00	3,425.00
Other allied health care	15,222.00	18,491.00	33,713.00
Personal assistance	5,708.00	7,502.00	13,210.00
Domestic assistance	5,728.00	8,622.00	14,350.00
Total	50,035.00	56,169.00	106,204.00

Source: DACS financial reports.

Table C8: Ageing in Place, expenditure on services by service type (\$), September and December quarters 2004

Service type	September quarter	December quarter	Total
Assessment	1,211.00	—	1,211.00
Care coordination and case management	764.00	1,211.00	1,975.00
Medical services	848.00	295.00	1,143.00
Behaviour management therapy	2,545.00	2,545.00	5,090.00
Counselling and support (client and carer)	1,273.00	1,273.00	2,546.00
Personal assistance	3,818.00	6,087.00	9,905.00
Social support	5,090.00	5,090.00	1,180.00
Domestic assistance	2,545.00	2,545.00	5,090.00
Food services	491.00	491.00	982.00
Transport	2,545.00	2,545.00	5,090.00
Leisure and recreational programs	10,180.00	8,726.00	18,906.00
Total	31,310.00	30,808.00	53,118.00

— Nil.

Source: AIP financial reports.

Table C9: Cumberland Prospect Disability Aged Care Pilot, expenditure on services by service type (\$), March and June quarters 2005

Service type	March quarter	June quarter	Total
Assessment	9,741.18	4,586.25	14,327.43
Care coordination and case management	9,378.00	10,845.00	20,223.00
Physiotherapy/occupational therapy	1,337.50	25,123.81	26,461.31
Other allied health care	—	681.70	681.70
Personal assistance	8,352.50	24,793.83	33,146.33
Provision of aids and equipment	3,478.00	3,806.10	7,284.10
Leisure and recreational programs	1,770.00	7,559.47	9,329.47
Total	34,057.18	77,396.16	111,453.34

— Nil.

Source: CPDAC financial reports.

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