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*Facilitating semi-formal shared living opportunities
for older Australians and people with disabilities*

Discussion paper

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Summary

It is well known that Australia has an ageing population and there is concern at all levels of government regarding the future cost that will be borne by the health and aged care system as the largest generation, the baby boomers, move into retirement. At present older people represent one in every seven Australians, but by 2050 it will be one in five. Maximising their capacity to live independently and stay out of permanent residential aged care will be crucial if the aged care system is to cope with this new level of demand.

Similarly, the vast majority of people with disabilities only receive support from their families and friends (66%). Only 4% receive support from the formal sector and 11% receive no support at all. As a result, many people with disabilities have a large number of unmet needs that are crucial to their physical and social wellbeing. This exacerbates the burden and stress felt by their families and places additional pressure for formal support on the specialist disability sector.

The availability of informal carers for these people is in decline. In 2003 13% of all Australians identified as being a carer for an older person or person with disabilities. This reduced to 12% in 2012 and shows no sign of reversing. However, at the same time the Productivity Commission expects that informal carers will provide 80% of aged care services and support the majority of people with disabilities to live independently and access the community-based services that every ordinary Australian would access.

It is clear that innovation is needed to increase the potential for older Australians and people with disabilities to remain living in their homes longer, in ways that maximise their independence and wellbeing, and safeguard against preventable risks that would otherwise exacerbate the stress experienced by their carers and push a need for more formal support. In this respect, semi-formal shared-living models such as 'Homeshare' and 'Good Neighbour' have had great success both domestically and abroad.

These models typically involve an older person, or person with disabilities, providing low-cost or free accommodation to another person in exchange for an agreed level of domestic and/or social support. It is semi-formal in the sense that neither the "Homesharer" nor participant gain financial profit from the arrangement; it is a voluntary exchange of resources – around 10 hours support per week in exchange for a place to live – but it is supervised and monitored by a professional service provider. These models have worked particularly well in Victoria and there

is strong interest from the NGO sector for these to be supported by the Australian Government to combat the growing pressures facing the aged care and disability support sectors.

New reforms recently legislated under MyAgedCare and the National Disability Insurance Scheme (NDIS) have shifted the direction of the aged care and disability sectors to a consumer-driven basis. Under these reforms services are funded on an individualised basis, determined by an assessment of that person's care and support needs, and priced according to a pre-defined list of eligible support categories. However, systemic issues in the pricing and payment structures place innovation for new semi-formal service models, such as Homeshare, at risk.

This is because the MyAgedCare and NDIS pricing systems do not clearly account for indirect service costs that do not involve a paid relationship between a carer and the care recipient. However, it is the informal and unpaid aspects of Homeshare programs that contain their most significant and meaningful benefits. These include company for the person, and the security of knowing someone else is there if they need help. Such indirect benefits are not recognised as 'formal care' under either MyAgedCare or the NDIS, as the person supporting the older person or person with disabilities is not paid. Therefore, there would be no provision in the person's NDIS or MyAgedCare plan to manage and maintain the relationship.

As a result, shared living programs that are based on a voluntary exchange of resources do not have a clear place in the new structure of aged and disability care funding. As the NDIS and MyAgedCare develop, they should be adapted to ensure that these arrangements are not excluded as they deliver important social and economic outcomes. Furthermore, the new reliance on consumer-driven demand for services should not stifle innovation and development of new types of services. If the NDIS and MyAgedCare fund only formal, and well-known and established services, the development of new services by non-government groups may be restricted.

There is a strong economic case for Homeshare, but its potential benefits are realised only with institutional support. As such, if the pricing and payment structure of the NDIS and MyAgedCare were revised to include it as a claimable support option, this would formalise their availability and support the outcomes the sector has been able to generate already. The effects of this would be twofold. Firstly, it would assist in reducing carer burden and stress, extend the life of informal support provided by friends and family and allow many older Australians and people with disabilities to remain living at home longer. Secondly, it would enable the Government to realise greater cost-efficiencies as increasing formal care comes at a cost, while supporting the extension of informal or semi-formal care could assist in reducing costs.

Introduction

Under the NDIS and MyAgedCare reforms the Commonwealth Government has established a nationally consistent system of care and funding arrangements for older Australians and people with disabilities. Before their inception, aged care and disability services were mostly provided through block-funded grants that State and Territory Governments paid to specialist service providers. These providers managed all aspects of service provision, intake and access. Separate funding and service-delivery arrangements created multiple assessment and eligibility processes both within and across jurisdictions and this resulted in many people not receiving the support and services they required how, when, or in the ways they needed them.

But now, under the new structure of the NDIS and MyAgedCare reforms, the policy rhetoric has shifted – the person’s eligibility for support and the options available to them are nationally consistent, the programs are administered by one level of government and services are encouraged to be delivered on a consumer-directed basis. No longer will service providers be directly funded by government – instead the funding mechanism is individualised and the participant empowered to choose who supports them and under what terms.

The reforms have also sought to address the increasing demands facing both sectors – Australia has a rapidly ageing population and the levels of unmet need for both older people and people with disabilities are increasing. At the same time, the level of informal care and support available to them is decreasing, placing many at risk of not being able to remain living in their own home without the right mix of formal support. However, the current operational guidelines for the NDIS and MyAgedCare do not encourage unique and innovative housing solutions which would reduce the level of formal care that would be required to maintain a person’s independence if their informal supports were stripped away.

This paper highlights how Homeshare models could combat these pressures, and the systemic issues that arise from them not being explicitly included as a service-delivery option for participants in either scheme. It is structured in three parts. It firstly provides a brief snapshot of the rising demands facing each sector and the declining availability of informal carers. Secondly, by drawing on evidence from the aged care sector in Victoria and an illustrative case study from the disability sector in NSW, we highlight the benefits of these arrangements and the outcomes they can generate for participants. Thirdly, we describe the access process to an NDIS and MyAgedCare package and the structural adjustments that would need to be made in order to make Homeshare and Good Neighbour models an option for participants.

Service demand and unmet need

OLDER AUSTRALIANS

In 2012 there were 3.3 million people over the age of 65 years in Australia and 1.7 million of them have some form of disability. Older people now represent 14% of the total population, or one in every seven Australians, rising from just 12.6% in 2003. The Government has long noted a concern regarding the (un)sustainability of the aged care system, with particular concerns about rising health costs and the ability of the health system to serve the increasing numbers of older people needing care. In this respect, the NSW Age and Disability Discrimination Commissioner, Susan Ryan, recently said the next 15 years will intensify transitional pressures as the largest generation (the baby boomers) moves into retirement¹. By 2053, the ABS estimates that 21% of the population will be aged 65 and over (8.3 million people) and 4.2% will be aged 85 and over (1.6 million people) (Table1).

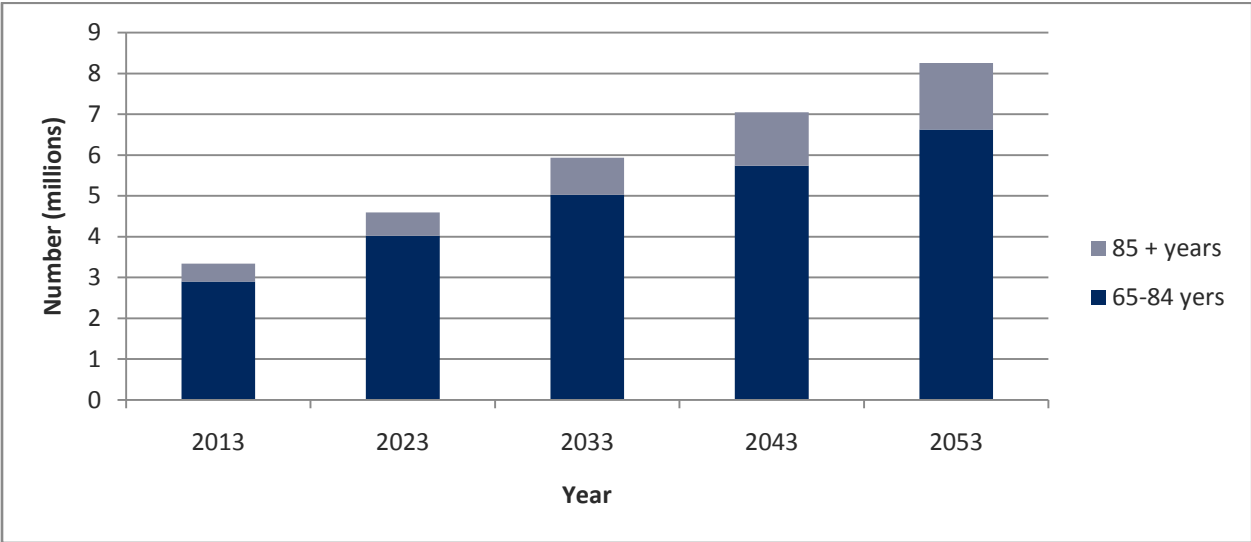


Table 1: Australian population projection to 2053²

¹Australian Human Rights Commission (AHRC). (May 26, 2016). *NSW report highlights aging population crisis*, Media Release. Retrieved from: <http://newsboost.com/newsroom/australian-human-rights-commission-ahrc/nsw-report-highlights-aging-population-crisis>

²Adapted from: ABS. (2013). *Population Projections, Australia, 2012 (base) to 2101*, cat. no. 3222, Table A9

As people age they often require some form of formal support in order to retain their independence and remain living at home. In this respect, using ABS data from the *2012 Survey of Disability, Ageing and Carers (SDAC)*, we find that:

- The majority of older Australians live in a private dwelling and not in permanent residential care (90% for people over 65 and 77% for people over 80).
- Almost half the people over 65 require assistance with at least one activity of daily living (42%) and one-third need some assistance with personal activities (29%).
- The most common areas of reported unmet need are in managing their health (25%), maintaining their property (23%), staying mobile and completing domestic household tasks and chores (18% each) (Table 2).

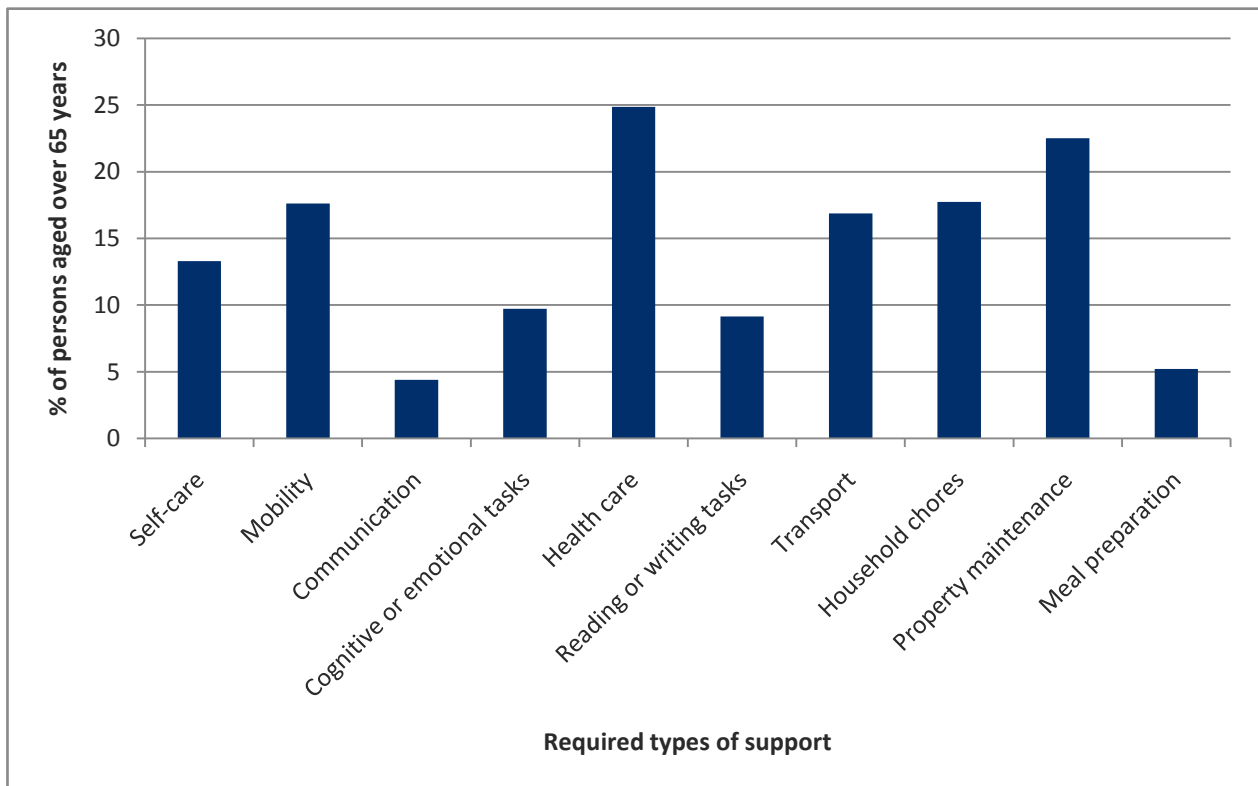


Table 2: Reported needs for assistance for older Australians³

³Adapted from: ABS. (2013). *Disability, Ageing and Carers, Australia: Summary of Findings, 2012*, cat. No. 4430

AUSTRALIANS WITH DISABILITIES

The 2012 *Survey of Disability, Ageing and Carers (SDAC)*, defines a person as having a disability if they have a limitation, restriction or impairment, which has lasted, or is likely to last, for at least six months and restricts everyday activities. In respect to people that meet this definition, the survey finds that:

- There are 4.2 million people in Australia with disabilities and 40.6% are aged 65 years or over and 46.5% are aged between 25 and 64 years.
- The majority of people with disabilities live in a private dwelling (99.4% for people aged between 15 and 64 years and 95.6% for people over the age of 65 years).
- Of those people with disabilities living in a private dwelling, 2.4 million (60.2%) reported that they needed assistance with at least one activity of daily living.
- For people with disabilities aged between 0 and 64 years, their reported areas of need are predominately in cognitive/emotional tasks (28.6%) and health care (21.9%),
- For people with disabilities over the age of 65 years, their needs are primarily in health care (41.2%), property maintenance (40.9%), household chores (34.1%) and transport (31.3%) (Table 3).

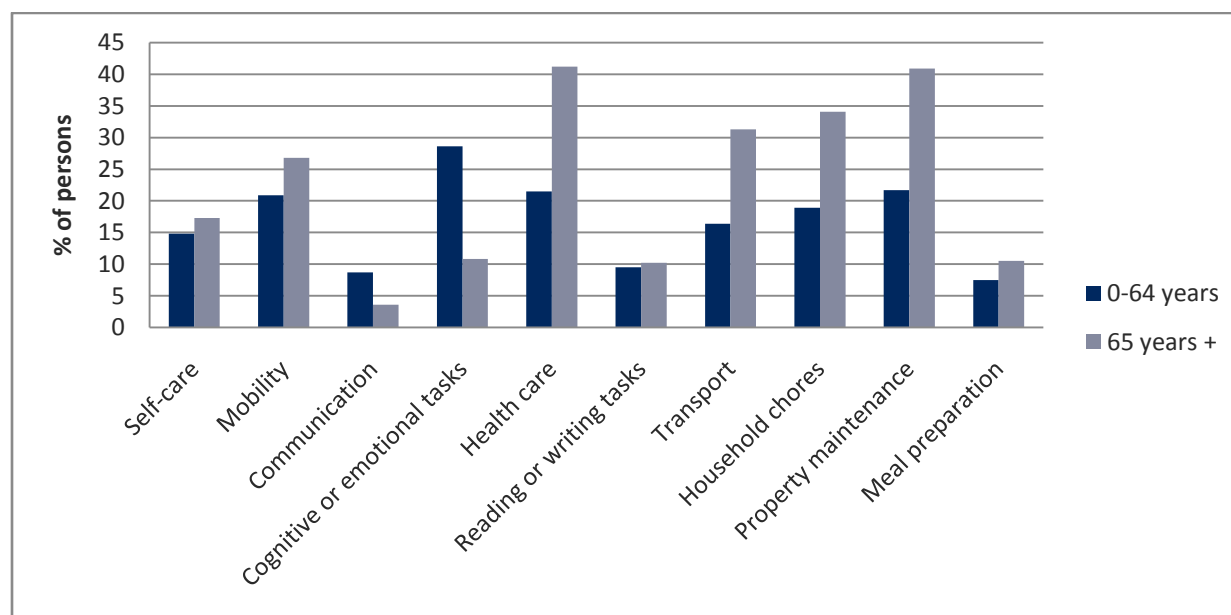


Table 3: Reported needs for assistance for Australians with disabilities⁴

⁴Adapted from: ABS. (2013). *Disability, Ageing and Carers, Australia: Summary of Findings, 2012*, cat. no. 4430

DECLINING AVAILABILITY OF INFORMAL CARERS

The Productivity Commission anticipates that by 2050 more than 3.5 million Australians will be expected to use aged care services each year and that 80% of these will be delivered in the community through informal carers such as partners, family, friends and neighbours⁵. Similarly, the NDIS will fund support for people with disabilities only after first accounting for the informal supports already available to them – those arrangements that are part of natural connections with family, friends and community services.

However, despite both systems' reliance on informal carers and sources of support, the proportion of Australians who are carers has been consistently declining since the early 2000's – from 13% in 2003, to 12.1% in 2009 and then to 11.8% in 2012.

The SDAC data tells us that the majority of carers for older people live in the same household as the recipient of care (70.9%), but that the great majority are also over the age of 65 and are actually the recipient's partner (81.4%). This finding mirrors other data indicating that the majority of informal care for older people is usually provided by the person's own children or partner. A major implication is that as the population ages, substitute co-resident carers will be needed. This is because ageing partners will be unable to continue to provide these informal supports in the long-term.

For Australians with disabilities, the Productivity Commission's *2011 Disability Care and Support Inquiry* found that the vast majority of people with disabilities aged under 65 years receive only informal support from their carers for assistance with core activities of daily living (66%). Shockingly, only 4% of received support from the formal sector and 11% received no support at all. The Inquiry corroborates the general expectation of a downward trend in the availability of informal carers and that more needs to be done to safeguard against preventable risks that would otherwise increase carer burden and stress⁶.

⁵Productivity Commission. (2011). *Caring for Older Australians – Inquiry Report, No. 53 – Volume 1*. Retrieved from: <http://www.pc.gov.au/inquiries/completed/aged-care/report>

⁶Productivity Commission.(2011). *Disability Care and Support – Inquiry Report, No. 54 – Volume 1*. Retrieved from: <http://www.pc.gov.au/inquiries/completed/disability-support/report>

HOW HOMESHARE AND GOOD NEIGHBOUR MODELS COULD HELP

Taken together, this data highlights that there will be a long-term reduction in the availability of informal support which will place significant demand on the formal system in the years to come. It also shows us that the reported areas of need for both older Australians and people with disabilities fall into the scope of what a Homeshare or Good Neighbour arrangement could offer. They could provide valuable help in assisting the person to attend medical appointments and co-ordinate their daily activities, such as taking medication on time, exercising regularly and keeping their house clean and tidy. This would allow the person to increase their capability in living independently and increase their confidence in related activities of daily living.

Being realistic, we know that Homeshare and Good Neighbour models will not be a single solution to all the pressures that will be faced by the aged care and disability support systems – but they could be a valuable part of the solution. This is because increasing the availability of semi-formal care would enable people to continue living at home for longer without needing additional formal support from the specialist sector, or having to rely solely on the informal support provided by partners, friends and family. The next section of this paper elaborates on some of the successful outcomes that these models have had in Australia.

Service Delivery Outcomes

THE AGED CARE EXPERIENCE

Homeshare models in the aged care sector have been successfully implemented in Victoria since 1999, with Wesley Mission currently having approximately 30 households participating in their program⁷. In addition, there are two well-established programs for older people based in Melbourne's Northwest and Eastern Metropolitan Region that have been slowly expanding over the past two-three years with great success. These programs have been block-funded to date by the Victorian Government, however their funding will cease at 30 June 2019 when the current grant term ends. From that point the Commonwealth will assume funding responsibility and participants will be transferred to alternative care and support packages under MyAgedCare.

Notwithstanding the success in Victoria, Homeshare in some areas has lagged, notably in Sydney. A pilot program for older people ran from 2000-08 under the auspice of The Benevolent Society, but this program was discontinued due to concerns from their funding bodies regarding the costs of facilitating matches. However, renewed interest is emerging with at least five organisations applying for seed funding through a current NSW Family and Community Services (FACS) funding round aimed at "Liveable Communities"⁸.

THE DISABILITY EXPERIENCE

The model of semi-formal care offered under a Homeshare or Good Neighbour arrangement has been facilitated in the disability sector on an individual case-by-case basis. Providers, generally, have not been block-funded by government to offer this as an option to their participants, and there has been no legislated quality-management system to guide and monitor performance outcomes.

⁷ Wesley Mission. (2015). *2015 Annual Report*. Retrieved from: https://wesley.org.au/wp-content/uploads/2015/11/U3459-WMV-Annual-Report-2015_LR.pdf

⁸ Personal communication with HANZA.

The only exception that we are aware of is a block-funded program funded by the ACT Territory Government operated by Community Connections Inc. Its program provides services to people with disabilities in the ACT and in nearby parts of New South Wales, and as of 2015 was supporting 14 Homeshare matches.⁹ However, Community Connections is currently in the process of transitioning its participants to NDIS packages. This is because the ACT started to transition to the NDIS from 1 July 2014.

In Western Australia, Perth Home Care Services has done developmental work over the past seven years with a major focus on Homeshare's potential for younger people with disabilities. It has worked creatively to encourage people to participate actively in setting up their shared living arrangements and has achieved many great outcomes.¹⁰

In the majority of cases, it has been up to the person with disabilities and their family to propose the idea to a service provider who may or may not have the capacity to provide that type of support. Governance arrangements have been agreed between the person with disabilities, their family and their chosen provider, with safeguards built in as the parties deem appropriate. In almost all cases these models have involved a fee or charge being deducted from the individual's existing disability funding to account for the provider's overhead governance costs and any other fees associated with maintaining the relationship. The following case study is an example of this arrangement in practice and confirms the merits of formalising the availability of such arrangements into an established service that could be offered to participants under the NDIS.

⁹Community Connections. (2015). *Annual Report 2014-15*. Retrieved from: <https://irp-cdn.multiscreensite.com/e6164612/files/uploaded/FINAL%20approved%20Annual%20Report%202015.pdf>

¹⁰WAis (2012). *My Life, Your Life, Our Life: A Guide for Flat-mates, Homesharers & Co-Residents*. Retrieved from: http://waindividualisedservices.org.au/wp-content/uploads/2014/05/WAIS0002_My-Life-Your-Life-Our-Life-3.pdf

Workability's Independent Living Units on the South Coast of NSW

The Disability Trust (Workability) is a disability service organisation that has been providing services to people with disabilities on the South Coast of NSW since 1991. Its services include carer respite, in-home support, community based engagement, recreation and peer support programs, information and advocacy, and vocational and employment and training services.

In late 2014 Workability and the NSW Department of Family and Community Services (FACS) expanded the availability of supported accommodation services for people with disabilities on the South Coast utilising the Good Neighbour model. A fully customised 5 x 1 bedroom villa complex was built and five people with disabilities were supported with individualised support packages that would enable them to live in the units with a level of formal in-home support that was matched to their individual needs. The model was based on the following key principles:

- The service will operate as an *intentional community* – under this arrangement the five residents are actively involved in the governance structure and decisions relating to the day-to-day operations of the unit complex, including who else lives in the units.
- A person from the community who has the capacity and commitment to be an *actively supportive neighbour* was recruited. This person provides occasional assistance to others in the unit complex in exchange for a small contribution of \$10 per week for rent. They reside in a 6th bedroom that was converted out of a communal living area.
- The Good Neighbour receives no fiscal benefit or payment from any of the residents for the support they provide. They are not formally employed by Workability, however are listed as a volunteer and provided with full-training and staff development opportunities.
- The residents manage their individualised funding as they choose, involving the formal service provider/s of their choice.
- Residents and the Good Neighbour manage issues as they arise at formal monthly tenancy meetings with Workability. These meetings provide the governance and program oversight critical to success.

The model commenced in January 2015. Since that time Workability has observed the following outcomes:

- The residents' main request to the Good Neighbour has been for occasional company in the evenings or minor assistance with maintaining their unit and basic housekeeping, such as helping taking the rubbish out.
- Residents' confidence in living alone has significantly increased – reflecting their faith in the Good Neighbour and having someone close by if they need assistance. The Good Neighbour provides the 'reassurance' they sometimes need.
- Increased confidence of the residents in managing their tenancies has also resulted in a general reduction in the amount of paid formal support required. Each tenant, on average, receives only four hours support per day – usually split into a shift in the morning and evening to assist with planning out their day and preparing their evening meal and getting ready for bed.
- The Good Neighbour has been able to encourage the residents to participate in more activities in the community and facilitate expanded social networks.

In terms of what worked best, Workability commented that the effectiveness of the model was increased by the Good Neighbour having a background in disabilities and was a local in the community – the person recruited had worked in the sector before and already had a good understanding of how best to communicate with and support people with complex needs. The families and friends of the residents were also actively involved in the recruitment process and assisted in choosing the “right person for the job”. Resident and family feedback has been consistently positive.

Workability is currently finalising a formal review and evaluation of the model with the aim of expanding its use of good neighbour models under the NDIS.

Ref: Interviews with The Disability Trust's Senior Management Team (August 2016)

Consistent with the feedback from Workability regarding its Good Neighbour model, the NSW Department of Family and Community Services' 2014 review of the accommodation support and funding models that are available to all people with disabilities in NSW found that:

- The best service delivery outcomes are obtained when people with disabilities are able to live independently as they choose. This requires enhancing flexibility of funding to be tailored to individual needs relevant to the person, family and community.
- Being able to support people to live independently in the community with an appropriate level of semi-formal care substantially reduces the amount of formal care they need.
- Housing affordability is a barrier to many people with disabilities being able to live independently. Successful outcomes are more likely when the person has help in identifying social housing options or arrangements where that person could live with others.
- Living independently assists many people with disabilities increase their self-determination and autonomy, further their personal development, improve social connectedness and increase their physical and emotional wellbeing. These changes are facilitated by the person being able to make more choices about their lives, such as the activities they participate in and the people that support them¹¹.

THE FORMAL COST OF RESIDENTIAL AGED CARE

The Productivity Commission's 2011 *Caring for Older Australians Inquiry* explored the issue of residential and community aged care options available for Australia's ageing population. Its fiscal analysis showed that in 2009-10, Australian State and Territory government expenditure on aged care was around \$11 billion, with two-thirds of that expenditure directed to residential aged care. The average public cost of a high residential aged care place in a nursing home was found to be \$51,500 per year (72%), whilst the private contribution was \$20,047 (28%). However, if the person could be supported with in-home support under the Home and Community Care Program (now referred to as the Commonwealth Home Support Program (CHSP)), this would reduce to a \$2000 public cost and \$100 private cost.

¹¹NSW Department of Family and Community Services (2014). *Support Accommodation Evaluation Framework: Summary Report*. Retrieved from: https://www.adhc.nsw.gov.au/_data/assets/file/0017/311246/Supported-Accommodation-Evaluation-Framework-Summary-Report.pdf

Furthermore, modelling work conducted by UnitingCare Life Assist also demonstrates that based on 52 Homeshare matches, Homeshare volunteers provided more than 12,420 hours of unpaid service which would have otherwise attracted a paid cost of \$709,144. This results in an average “cost” of \$13,637 per participant, far below that which would be required if the person were in a fully funded nursing home bed¹².

Similarly, previous modelling work conducted by TAI indicates that Homeshare arrangements have an estimated fiscal benefit of \$1.1million a year based on a program that has 32 ongoing matches at any single point in time. This delivers a combined net benefit to the householder and homesharer of \$771 per week¹³.

Live-in companionship and care, therefore, has the potential to deliver sound economic returns, particularly for government, as it reduces the need for permanent residential care. However, notwithstanding these advantages, the model’s greatest returns are social and emotional: friendship, companionship and intergenerational exchange and understanding.

Now, this paper turns to discuss the current assessment and eligibility processes for both NDIS and MyAgedCare packages to highlight the systemic issues blocking Homeshare and Good Neighbour models from fitting into the new reform agenda.

¹²Killimier, H. &Cavedon, T. (2015). *The Victorian Homeshare Project*. Presentation delivered at the 2015 World Homeshare Congress. Retrieved from:

<http://www.worldhomesharecongress2015.org.au/cms/uploads/helen%20killmier.pdf>

¹³ Campbell, R. (2015) *On for young and old: The economics of Homeshare*. The Australia Institute. Retrieved from:

<http://www.tai.org.au/content/homeshare-report>

How to access services through the NDIS and MyAgedCare

NDIS: ASSESSMENT AND ELIGIBILITY PROCESSES

A person is eligible for the NDIS if they:

- Live in Australia, *and*
- Are an Australian citizen or hold a permanent visa, *and*
- Have an impairment or condition that is likely to be permanent (i.e. it is likely to be lifelong), *and*
- Their impairment substantially reduces their ability to participate effectively in activities, or perform tasks or actions unless they:
 - Have assistance from other people, *or*
 - Have assistive technology or equipment (other than common items such as glasses), *or*
 - Can't participate effectively even with assistance or aids and equipment, *and*
- Their impairment affects their capacity for social and economic participation, *and*
- They are likely to require support under the NDIS for their lifetime.

If the person meets these criteria the NDIS will fund the 'reasonable and necessary supports' that are related to their disability, after considering the person's informal supports and the formal support already provided by other sectors. The services funded in the person's plan take into account these supports, and must further *"be related to the participant's disability, not include day-to-day living costs that are not related to a participant's disability support needs, represent value for money and be likely to be effective and beneficial to the participant"*¹⁴.

Depending on the person's needs, 'reasonable and necessary supports' might include services in the areas of education, employment, social participation, independence, living arrangements and health and wellbeing. Figure 1 demonstrates the general access pathways to the NDIS and where conversations about the participant's support needs, aspirations and goals take place.

¹⁴NDIS. (2016). *What are reasonable and necessary supports?* Retrieved from: <https://myplace.ndis.gov.au/ndisstorefront/participants/reasonable-and-necessary-supports.html>



Figure 1: NDIS Access and Planning Pathway

All services provided under an NDIS package need to be formal, offered by providers that meet the NDIA’s registration requirements and defined under an eligible category of support. At present, the NDIA funds services across three overarching ‘Support Purposes’ and 15 ‘Outcome Domains’. These are described in Table 5 and each pay is a pre-defined rate per unit of service, normally on an hourly basis. These rates differ slightly depending on which State or Territory the participant resides in, and any special access or transport arrangements required as a result of the participant living in a regional and remote area.

SUPPORT PURPOSE	OUTCOMES FRAMEWORK DOMAIN	SUPPORT CATEGORY
<p>CORE</p> <p><i>Supports that enable a participant to complete activities of daily living and enables them to work towards their goals and meet their objectives.</i></p>	<p>Daily Living Daily Living Daily Living Social & Community Participation</p>	<p>1. Assistance with Daily Life 2. Transport 3. Consumables 4. Assistance with Social & Community Participation</p>
<p>CAPITAL</p> <p><i>Investments, such as assistive technologies, equipment and home or vehicle modifications, funding for capital costs.</i></p>	<p>Daily Living Home</p>	<p>5. Assistive Technology 6. Home</p>
<p>CAPACITY BUILDING</p> <p><i>Supports that enable a participant to build their independence and skills.</i></p>	<p>Choice & Control Home Social and Community Participation</p> <p>Work Relationships Health & Wellbeing Lifelong Learning Choice and Control Daily Living</p>	<p>7. Coordination of Supports 8. Improved Living Arrangements 9. Increased Social and Community Participation 10. Finding and Keeping a Job 11. Improved Relationships 12. Improved Health and Wellbeing 13. Improved Learning 14. Improved Life Choices 15. Improved Daily Living Skills</p>

Table 5: NDIS Support Clusters and Categories¹⁵

¹⁵NDIS.(2016). *Pricing and Payment*. Adapted from: <https://ndis.gov.au/providers/pricing-and-payment.html>

Therefore, not only does the service that could be offered by a Homeshare or Good Neighbour arrangement need to fit into the scope of one of the 15 Domain Outcomes, but the provider also needs to meet the NDIA's registration requirements and there needs to be some degree of formality around their unit costs and the way they operate.

This is difficult as Homeshare and Good Neighbour models do not operate on a formal basis – the Homesharer is not paid on an hourly basis for a pre-defined and categorised type of support, nor are they fiscally reimbursed in other ways for their time in supporting the person.

The majority of the “cost” for the service is borne by the provider in facilitating the match and overseeing the relationship. These ‘overheads’ are not currently factored as a separate line-item into the NDIS pricing structure. On the contrary, the NDIS has priced the Domains to be *inclusive* of any additional in-direct service costs incurred by the organisation.

To further complicate matters, receiving payment from the NDIA requires that the provider submit a claim once the pre-defined and categorised support or service is provided to the participant. This would make it even more difficult for the provider to receive reimbursement for the support they have provided to the participant, as the type of support they offer does not clearly fit within the NDIA's standardised pricing approach.

MYAGEDCARE: ASSESSMENT AND ELIGIBILITY PROCESSES

Accessing a MyAgedCare package is a little more complex than the NDIS pathway. If the person has low support needs and only requires basic help at home, they can search via the MyAgedCare directory for providers in their local area who can deliver the support they require. Low level of services are funded under the Commonwealth Home Support Program (CHSP) and include services such as planned respite, help with housework, personal care, meals and food preparation, transport, social support and some aspects of allied health. At this time CHSP remains block-funded and the person is restricted to providers who have capacity for that specific service at that point in time.

If the person has higher support needs, they may be eligible for a Home Care package. This is a more coordinated package of services which is tailored to a person's specific care needs. Home Care packages can also be consumer directed, meaning that the Government will pay a nominated amount of funding to their chosen provider to deliver services according to their assessed care needs.

To access a Home Care Package the person will first be referred to an Aged Care Assessment Team (ACAT) for an independent assessment to determine their level of care needs and the funding level that will be attributed to them¹⁶. At the ACAT meeting the assessor will assess and approve their eligibility for a package and give them information about available services in their local area. In some instances they will have to wait for their service, depending on how many other people are on the waiting list, the number of packages available and whether or not their preferred support provider has capacity at that time.

Once a plan is approved, and the preferred service provider is able to offer a suitable package, the person would work with the service provider to co-design a support plan based on the person's assessed care needs as well as their goals and preferences. This plan may include: the care and services they will receive, who will provide them, how much involvement the person will have in coordinating these services, when they are delivered and how much they will cost. This is where a Homeshare or Good Neighbour model could be discussed with the provider and the person as a potential option – this is because the person has greater choice over how the funding is spent. However, notwithstanding this flexibility there are still restrictions as the agreement must be able to fit into a pre-defined range of eligible service types and categories.

¹⁶There are four levels of packages, ranging from low-level care (Level 1 or 2) to high-level care (Level 3 or 4). A summary of the value of the subsidy paid to the provider is available at: <https://agedcare.health.gov.au/funding/aged-care-subsidies-and-supplements/aged-care-subsidies-and-supplements-new-rates-of-payment-from-1-july-2016>

Moving forward: Developing Homeshare as a service delivery option

Homeshare and Good Neighbour arrangements are not yet well known and understood, let alone available or being developed across much of Australia. As a result, not only will the services be increasingly difficult to access under both the NDIS and MyAgedCare systems, but there is also a risk that the individualised nature of funding with an emphasis on either informal *or* paid support might not allow for further innovation in semi-formal service development.

For example, Homeshare and Good Neighbour participants routinely identify the key benefits as having the company and friendship of another person and just knowing there is someone close-by overnight if they need some practical help. Watching television together and conversation are some of the most valued aspects of these programs by participants, which contribute to their sense of wellbeing, social inclusion and confidence in living independently. Yet under the guidelines explained above, there is no clear recognition of these benefits.

Under both systems, participants would need to explain to the NDIS or ACAT Assessor why they needed the level of semi-formal care offered by the Homeshare arrangement, how the support it could offer them was related to their disability or aged care support needs and what outcomes they hoped it would generate. They would also need to explain why they needed help from a service provider to oversee the voluntary arrangement between the 'Homesharer' and themselves, manage that relationship and safeguard against any risks or issues that might arise. If it were approved by the NDIS/MyAgedCare it would then be included as a claimable support in their support plan and budget. However, because Homeshare/Good Neighbour service models are not currently recognised in either the NDIS or MyAgedCare support categories, they are not available to participants. In this respect, despite participants being given more power to choose and direct their funding in ways that are important to them, the types of support they can actually access still very much depends on what the operational guidelines allow.

In an administrative sense, there appears to be provision for Homeshare/Good Neighbour models to operate under the NDIS Support Cluster titled “*Assistance in coordinating or managing life stages, transitions and supports*”, “*Accommodation/tenancy assistance*” and/or “*Assistance in living arrangements (host family/alternative family situation)*”. But the NDIA has not developed or released operational guidelines to describe how such arrangements would be established, funded and monitored in a person’s individual plan¹⁷. And, it’s missed out altogether in the documentation for the CHSP and Home Care package service offerings.

This limits the current ability to offer Homeshare and Good Neighbour arrangements as an option to service users. It also highlights that people might not even know it’s an option – if they don’t know about it, how can they ask for it during their NDIS planning meeting or ACAT assessment? However, even if the person were able to articulate that they wanted it, neither the NDIS nor MyAgedCare resources describe the roles and responsibilities of providers in facilitating shared living opportunities, standards of best practice, methods of quality assurance and there are no systems to protect participants from unfair treatment¹⁸¹⁹. To this extent it appears that semi-formal housing models do not have a clear place to be discussed as an option within their current operating frameworks.

¹⁷ Of interest, the current NDIS Support Clusters and payment schedules can be found at: <https://myplace.ndis.gov.au/ndisstorefront/providers/pricing-and-payment.html>

¹⁸ Campbell, B. (2015). *HANZA’s Ambition*. Retrieved from: <http://www.homeshare.org.au/wp-content/uploads/2015/11/HANZAs-Ambition.pdf>

¹⁹ Youth Action NSW. (2015). *Homeshare: An affordable housing solution*. Retrieved from: <http://www.youthaction.org.au/homeshare2015>

Conclusion

This report has highlighted the social and economic benefits of expanding the use of semi-formal shared living opportunities in order to manage the increasing pressures facing our aged care and disability support sectors. The challenge at this point is that Homeshare and Good Neighbour models need to be set up and trialled in a number of settings using the individualised funding model adopted by MyAgedCare and the NDIS. At the moment, the institutional framework of pricing and payments does not recognise the types of semi-formal supports those models could provide. This leads to the potential for stifling innovation in service development.

It is clear that a strong, nationally consistent framework is required in order to maximise the outcomes that could be generated by the Homeshare model. In order to make this a reality, we recommend that Homeshare providers are equipped by MyAgedCare and the NDIS with the governance, quality management tools and standards of best practice required to make it work. Realising good outcomes depends on the capacity of the system to facilitate such arrangements and the abilities of the practitioners involved. Start-up and seed funding grants like FACS current “Liveable Communities” funding round, if implemented at a national level, would represent an ideal opportunity to enable potential Homeshare providers to:

- Explore and scope opportunities for new housing models in their communities and develop their funding models and costing structures;
- Test and grow them; and
- Replicate and sustain them.

In addition, we recommend that the NDIS and MyAgedCare review their current definitions of support clusters with the intention of including Homeshare as a claimable support option. This would formalise its availability and support the work the sector is already doing, providing greater consistency for those organisations currently transitioning from State-based block-funded grants. In addition, we recommend that the Commonwealth Government seed-fund the development of best-practice guidelines for providers so they have the tools and resources they need to maximise the social and economic benefits to participants.