

# Young people in residential aged care: Is Australia on track to meet its targets?

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## Abstract

Over 4500 people under 65 years of age live in residential aged care (RAC) in Australia, and they experience poorer quality of life than people with similar disabilities in other settings. Governments have long aimed to reduce admissions of young people to RAC, but in 2019, for the first time, the Australian Government adopted target dates for resolving the issue. The targets include reducing admissions of young people to near zero by 2022 and ensuring almost no one remains in RAC beyond 2025. The national strategy focuses mostly on housing and support needs being met via the National Disability Insurance Scheme. The present study drew on quarterly data from the National Aged Care Data Clearinghouse to examine progress toward these targets. Significant progress was evident in terms of young people entering RAC: admissions reduced each quarter between September 2018 and July 2020, halving over two years. No progress was evident in terms of young people leaving RAC for better arrangements; the trend neither increased nor decreased. Prospects for achieving the targets are discussed.

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**KEYWORDS**

aged care, NDIS, nursing homes, people with disabilities, young people in residential aged care

## 1 | INTRODUCTION

The number of young people living in residential aged care (RAC) facilities has long been recognised as a problem in Australia. Over the past decade, the number of young people (under 65) living in RAC at any given time has typically ranged between 5000 and 6000 (Brown et al., 2020; NDIA, 2020a, p.34). Younger people admitted to RAC remain in RAC for a considerable period, with very few leaving before they turn 65 (Bishop et al., 2020; Brown et al., 2020). As individuals age out of the under 65 cohort or pass away, they are replaced by a steady stream of new admissions (Brown et al., 2020; Summer Foundation, 2015).

Aged care is, by definition, not intended or designed for younger people, but the Age Care Act (Cth) allows RAC providers to admit people under 65 when they are assessed to have no other viable option (Parliament of Australia, 2005). However, a large body of research suggests that for many younger people in RAC, alternative housing and support services are in fact feasible and provide a greater quality of life (Sloan et al., 2009; Winkler et al., 2012; Winkler et al., 2015). Indeed, the health, well-being and social participation of young people in RAC are particularly poor, in comparison with people with similar disabilities in other settings and compared with the general population (Oliver et al., 2020). Although individuals and their families may give consent to being admitted to RAC, many report feeling forced into RAC by a lack of access to disability services and disability-appropriate housing (Barry et al., 2019; Winkler et al., 2007).

A variety of state and federal inquiries, policy reviews and initiatives over several years have affirmed the consensus that RAC should be a destination of last resort for people under 65 (Parliament of Australia, 2005; RCACQS, 2021; Senate Community Affairs Committee, 2015; Summer Foundation, 2019a; Young People in Nursing Homes National Alliance, 2011). The number of young people admitted to RAC has been one symptom of what was recognised as growing inadequacies in the disability system across Australia (Foster et al., 2016; Summer Foundation, 2015). The lack of appropriate alternatives has stemmed from historical underfunding and undersupply of disability services, with numerous inequities and inefficiencies in eligibility and allocation. This lack of services means that younger people with complex disabilities often feel like there is no other option for them.

The introduction of the National Disability Insurance Scheme (NDIS) was a large-scale national reform aimed at addressing these underlying problems. It aimed to address service shortages, create innovation and efficiency and give people with disabilities more control over supports they receive (Buckmaster & Clark, 2013; Foster et al., 2016; Productivity Commission, 2011). The NDIS Act (Cth) legislated an entitlement for eligible people aged under 65 to individualised funding for any and all “reasonable and necessary” disability support. Although there is ambiguity in the concept of “reasonable and necessary” (Foster et al., 2016; Venning et al., 2020), there is arguably an implied entitlement to funding for disability support services sufficient to meet needs within an age-appropriate setting. As such, the NDIS was expected to greatly ameliorate the problem of young people in RAC.

The first individual funding plans were provided in 2015 to eligible people in designated age groups and trial geographic areas. Areas and age groups were then gradually added over 5 years, with all state and territory residents eligible by July 2020 (NDIA, 2020a, p. 98). However, the mere introduction of the NDIS did not immediately reduce the numbers of young people in RAC. An analysis of RAC data from 2008 to 2018 showed a slight (statistically

nonsignificant) reduction in admissions from 2017 to 2018 (Brown et al., 2020). However, there was not yet evidence of a sustained reduction in rates of admission nor an increase in rates of “exit to community”.

## 1.1 | Recent developments

There are reasons to expect that progress may be evident in more recent years. A landmark policy development was the setting of targets for reducing the numbers of young people in RAC. In its 2019 interim report, the Royal Commission into Aged Care Quality and Safety (RCACQS, 2019, p.252) recommended targets which the Australian Government adopted shortly after (Morrison, 2019).<sup>1</sup> The government's Younger People in Residential Aged Care Strategy 2020–25 (DSS, 2020) now states that:

The Australian Government's targets, apart from in exceptional circumstances, seek to ensure there are:

- no people under the age of 65 entering residential aged care by 2022
- no people under the age of 45 living in residential aged care by 2022
- no people under the age of 65 living in residential aged care by 2025

Around the same time, initial actions in the government's new strategy were implemented. Specifically, the National Disability Insurance Agency (NDIA) introduced specialised planners to work with NDIS participants currently in RAC to develop their first individual funding plans (DSS, 2020, p.6; Morrison, 2019). Meanwhile, NDIS Health Liaison Officers were funded to assist hospitals to connect patients with the NDIS at or before discharge (NDIA, 2019b; NDIA, 2020c, p.51). Guidelines for Aged Care Assessment teams were also revised to emphasise the principle of referring young people to RAC only when there are no other options (DSS, 2020, p.6; Morrison, 2019). The extent that these measures were effective may be evident in 2019/20.

Another reason to expect progress is that, since the previous review to 2018 (Brown et al., 2020), the NDIS and the market for disability services have had two more years to mature. Participants who joined the scheme in the early years have now had more time to understand NDIS processes, refine their individual funding plans, compare and trial support providers and arrange NDIS-funded home modifications or assistive technology. Meanwhile, providers have notionally had time to adapt to the new funding environment, increase their capacity to handle more clients and improve their service quality to compete to attract clients. If the market-based model of the NDIS has produced more and better disability services as envisaged, non-RAC arrangements may have become viable for some people. With most eligible people becoming NDIS participants by the end of 2018<sup>2</sup>, in the latest available data (to 30 June 2020 at the time of this study), some initial reduction in admissions of young people to RAC should be evident if the NDIS has begun to achieve its aims. This initial reduction in admissions would likely come from the subset of people who have the fewest barriers to living outside of RAC. For these individuals, a fledgling NDIS could quickly make a difference by bolstering their supports, tipping the scales to prevent support crises and housing crises and thus avoiding RAC.

For young people already living in RAC, most who were eligible entered the NDIS during the last years of roll-out. The number of people in RAC who were also NDIS participants grew from 641 as at 30 June 2017 to 3690 as at 30 June 2020 (NDIA, 2020a, p. 107). Having individual NDIS funding would be a minimum requirement for most individuals to leave RAC for a better alternative, and there would be some lag between having access to funding and organising alternative arrangements. Conceivably, enough time may have passed to allow some people to exit RAC.

Another more recent development is the supply of Specialist Disability Accommodation (SDA). SDA funding, when included in an NDIS participant plan, subsidises the cost of renting dwellings registered with the NDIA as meeting certain accessibility criteria. This was intended to incentivise developers to invest in building a range of accessible dwellings and compete to attract SDA-eligible participants as tenants (Winkler et al., 2020). NDIA reports indicate that the number of participants with SDA funding rose from 4191 (as at 30 June 2017) to 14,982 (as at 30 June 2020) (NDIA, 2020a, p. 527); over the same period, available SDA dwellings rose from 497 to 4360 (NDIA, 2020b, p. 35). A component of this growth in SDA funding and dwellings is only an increase on paper, because over this period many people living in state-based shared supported accommodation were transferred into the SDA system as was their existing housing (Summer Foundation, 2021). Nevertheless, surveys of SDA developers conducted showed that at least 1000 new SDA dwellings were expected to be completed within this time frame (Summer Foundation, 2019b). Therefore, to the extent some growth represents new funding and newly built dwellings, one might expect some effect on reducing numbers in RAC.

On the other hand, a variety of factors could have impeded progress. The NDIS is a complex reform, and although the scheme has matured over time, regulations, systems and operational processes continue to change frequently. A 2014 independent review commented on the rushed launch of the scheme, likening it to “a plane that took off before it had been fully built and is being completed while it is in the air” (Whelan, Acton & Harmer, 2014, p.7). Many fundamental aspects of the scheme still remain under development. A recent parliamentary inquiry (Joint Standing Committee on the National Disability Insurance Scheme, 2020) identified numerous problems with how participant funding plans are developed and approved. The government itself has signalled new approaches are needed for efficiently and accurately assessing support needs (DSS, 2020). Young people in RAC and at risk of entering RAC are among the most likely to be affected by administrative problems, given their needs are among the most complex.

It has also been suggested that transitioning to a market-based scheme, although improving service access and quality for some people with disability, might disadvantage others (Backhouse, 2017; Carey et al., 2018; Muir & Salignac, 2017). Market forces can have unintended consequences, with potential risks of, for example, market gaps for certain services (Carey et al., 2018), “cream-skimming” of high value customers (Backhouse, 2017), disincentives for inter-provider collaboration (Foster et al., 2021; Green et al., 2018) or exploitation of vulnerable participants (Russi, 2014). Although various mechanisms exist to regulate and “steward” the market (Carey et al., 2018), it is conceivable that unintended market dynamics could have emerged and affected numbers in RAC.

Another consideration is that, during the first half of 2020, the COVID pandemic may have disrupted provision of formal and informal disability supports (Kavanagh et al., 2020). It seems possible that progress toward the targets may have been disrupted to some extent as a consequence.

## 1.2 | Aims of study

Given the consensus that young people need not live in RAC, and the resolve of the Australian Government to remedy the issue by 2025, it is important to monitor whether Australia is in fact on track to meet its targets. To this end, the present study updates the analyses of Brown et al. (2020) with quarterly data for the financial years 2018/19 to 2019/20, to evaluate whether progress has been realised in this period. Government reports have already highlighted a decrease of around 1100 in the number of people aged under 65 living in RAC since 2018 (DSS, 2020, p.6). However, changes in this number (enrolments at a point in time) are affected in part by mortality and ageing out (Brown et al., 2020). Progress is therefore more meaningfully

measured in terms of admissions and “exits to the community”, these being the mechanisms amenable to intervention (Brown et al., 2020). The present study focuses on these two variables. We present the most recent trends, examine differences by state and age and discuss implications for meeting the national targets.

## 2 | METHOD

The Australian Institute of Health and Welfare provided custom data extracts from the National Aged Care Data Clearinghouse database, covering 2018/19 and 2019/20. Because these administrative data were provided in an aggregated deidentified form, ethics approval was not required for their analysis.

Data comprised counts of admissions to, separations from and enrolments in RAC; each was disaggregated by age group (0–44 years and 45–64 years), state and territory, and quarter. These data were combined with those obtained by Brown et al. (2020) covering 2007/08 to 2017/18. All data pertain only to “permanent” RAC and thus exclude instances recorded as respite care. As in Brown and colleagues' study, “exits to other RAC” were subtracted from admissions so that admissions reflected entry into RAC from outside of RAC.

Analyses in the present study followed the same method as used by Brown et al. (2020), but with some alterations. Whereas Brown and colleagues age-standardised on 5-year age groups, the present study did so on two age bands (0–44 years and 45–64 years). To check whether this was appropriate, we compared the two methods on the data from Brown and colleagues' study (2020) and confirmed this change had a negligible effect on relative movement in the time series. Linear models were fitted using both ordinary least squares and robust iterated reweighted least squares (Holland & Welsch, 1977). Where time series contained outliers with high leverage values, or where statistical significance differed between the two methods at the  $p = .05$  threshold, the robust regression is reported.

Because of the shorter time frame, time trends in the quarterly data were just as apparent in the unstandardised counts as the standardised rates. Therefore, although regressions were conducted on standardised rates, for simplicity of interpretation, figures present quarterly time series in terms of counts.

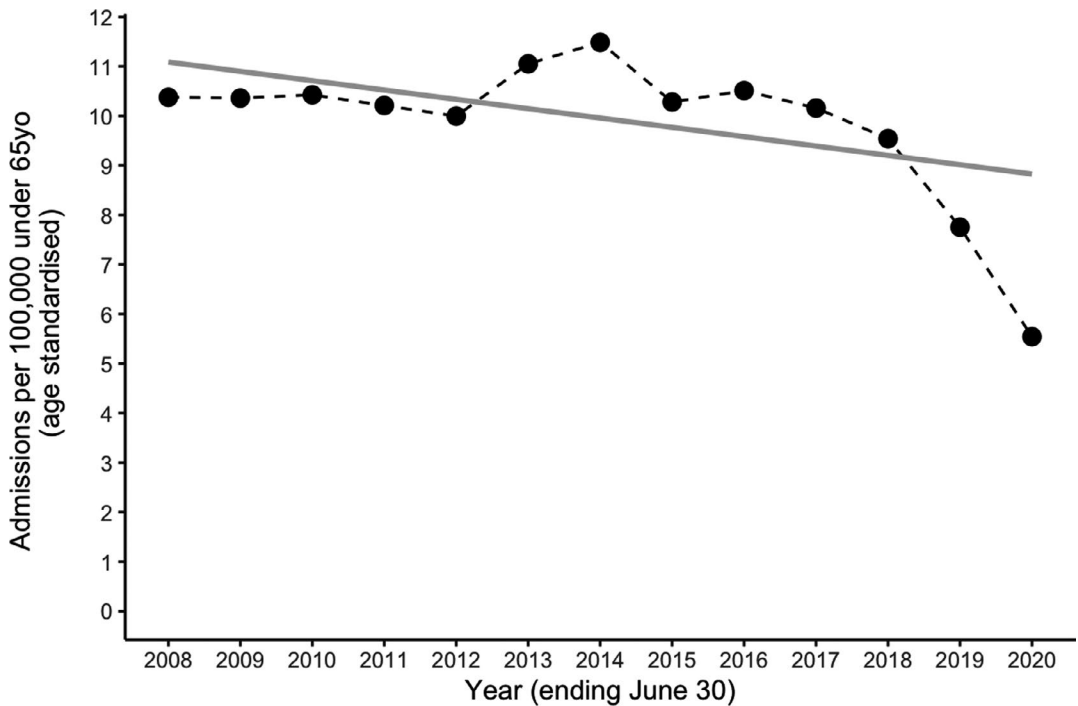
## 3 | RESULTS

### 3.1 | Admissions

Figure 1 presents annual age-standardised rates of national admissions from 2007/08 to 2019/20. Compared with the period from 2008 to 2018 ( $M = 10.40$ ,  $SD = 0.51$ ), the annual rate of admissions was substantially less in 2019 ( $M = 7.75$ ) and even less again in 2020 ( $M = 5.55$ ). With these years added, robust linear regression (Holland & Welsch, 1977) across the 13-year time series showed a statistically significant negative slope (slope =  $-0.19$ ,  $t(11) = -2.262$ ;  $p = .040$ ).

Figure 2 presents just the national admissions from 2018/19 and 2019/20, on an unstandardised quarterly basis. It is seen that over this period, admissions reduced monotonically each quarter, reducing from 480 admissions in the September 2018 quarter to 239 in the June 2020 quarter. This represents a reduction of 50% over two years. Linear regression on the age-standardised rates showed a statistically significant negative slope (slope =  $-0.145$ ,  $t(6) = 7.966$ ;  $p < .001$ ).

To determine whether this trend differed by age or State, disaggregated counts and rates were examined. Admissions of people aged 0–44 only accounted for just 2.29% of admissions (range from 2 to 14 admissions per quarter); therefore, it is clear that the 45–64 age



**FIGURE 1** Annual age-standardised admissions per 100 000 estimated resident population (ERP) and its robust linear trend (2008–2020)

group overwhelmingly accounted for the aggregate trend. Given this sparseness of admissions in the 0–44 age group, statistical comparison of trend between age groups was not appropriate. For State, hierarchical regression was conducted but did not show a statistically significant moderating effect of states/territories on the trend of quarterly age-standardised admission rates. The (State + Quarter) main effects model explained 68% of the variance, and the (State X Quarter) interaction model explained 69%. The difference was not significant,  $F_{\text{change } 4,30} = 1.22, p = .322$ .

Given that national admissions of people under 65 had reduced, as a post hoc analysis, it seemed important to confirm that admissions of people over 65 had not also reduced. Linear regression on these quarterly data did not show a slope with a statistically significant difference from zero (slope =  $-6.805, t(6) = -1.735, p = .133$ ).

### 3.2 | Exits to the community

Figure 3 presents the annual age-standardised rates of national exits to the community from 2007/08 to 2019/20. It is seen that the annual age-standardised rate was not any greater in 2019 (0.78) or 2020 ( $M = 0.79$ ) than the average over 2008 to 2018 ( $M = 0.86, SD = 0.08$ ). With these years added, the linear regression across the 13-year time series did not show a statistically significant slope (slope =  $-0.003; t(11) = 0.517; p = .615$ ).

Figure 4 presents just the exits to the community from 2018/19 and 2019/20, on an unstandardised quarterly basis. It is seen that over this period, exits to the community per quarter ranged from 37 to 51. Linear regression on the age-standardised rates did not show a statistically significant slope (slope =  $0.0004; t(6) = 0.137; p = .895$ ).

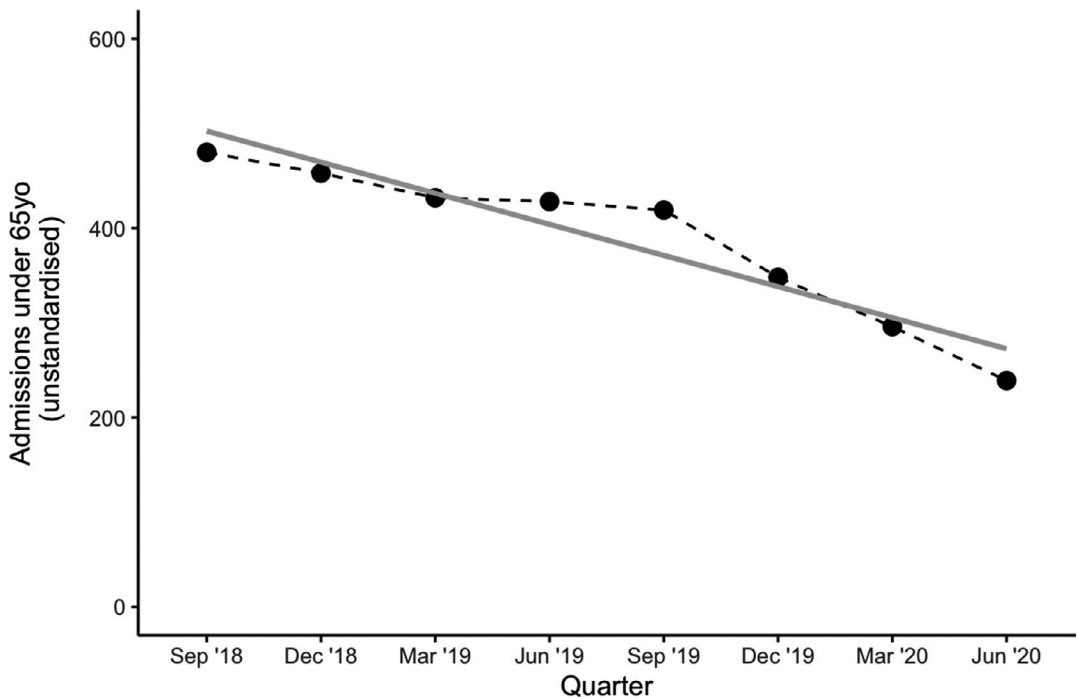


FIGURE 2 Quarterly admissions and its linear trend (2018–2020)

When disaggregated, the 0–44 age group only accounted for 5.5% of exits to the community, ranging from 0 to 4 exits per quarter. Counts were also sparse for most states and territories. It was therefore not appropriate to statistically evaluate trends within Age and State subgroups.

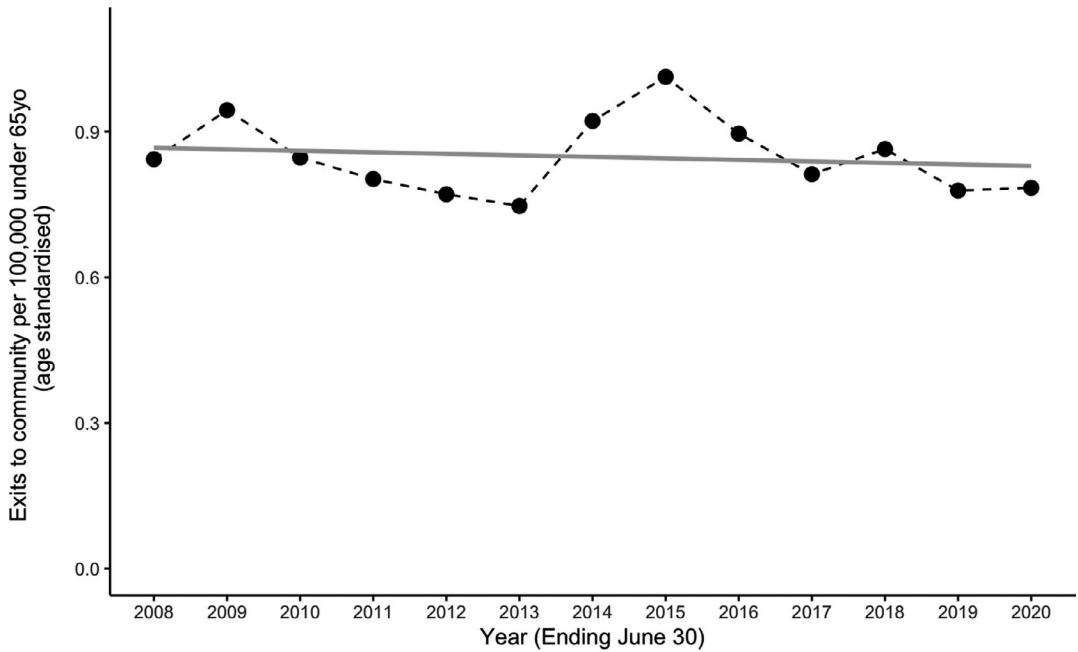
### 3.3 | Number of people living in RAC (enrolments)

The reduction in admissions combined with mortality, ageing out and exits resulted in there being 4860 people under 65 living in RAC as at 30 June 2020. Table 1 presents the disaggregation by Age and State. It is seen that the 45–64 age group accounts for 97% of those remaining in RAC, with a majority being located in New South Wales and Victoria.

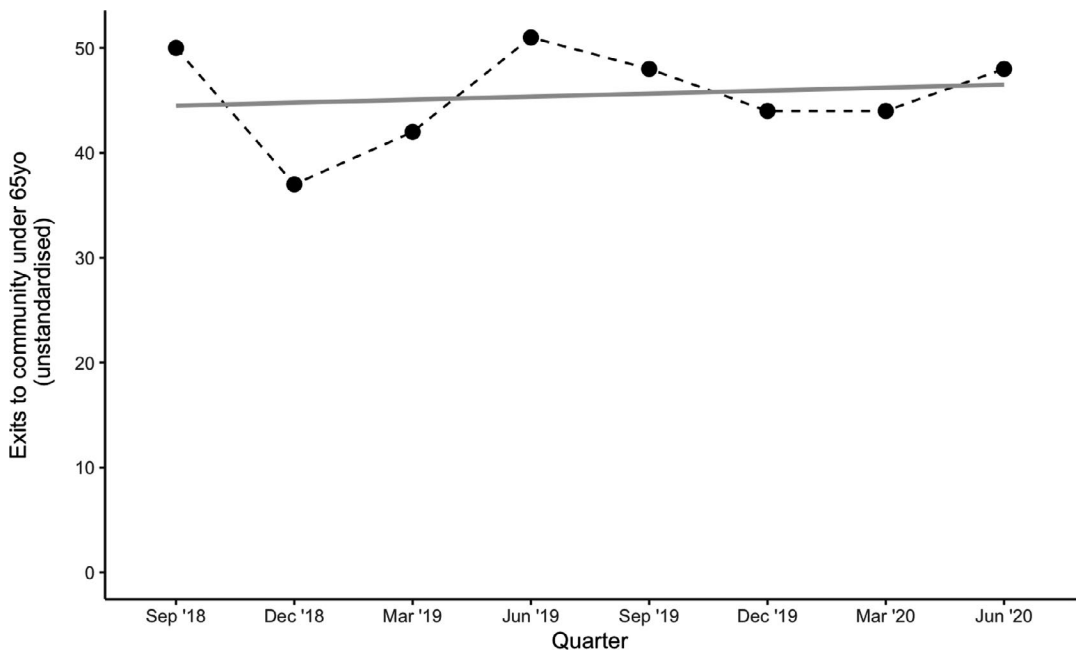
## 4 | DISCUSSION

Two measures of progress are relevant to achieving the government targets: reductions in admissions and increases in people exiting to better alternatives. On the former, the present study shows that from 2017/18 to 2019/20 significant progress was realised: national (age-standardised) admissions halved over two years. The reduction was large enough that it is unambiguous in both the age-standardised rates and the simple counts. On the latter, the annual age-standardised rate of exits to the community was not any greater in 2019 or 2020 than the average over 2008 to 2018.

Although the nature of the data means the present study cannot establish what specifically caused admissions to fall, the reduction is evident across states and territories in proportion to their population size. This finding is consistent with the national nature of the NDIS and the young people in RAC strategy. Also, reduced admissions are not evident for people 65 and



**FIGURE 3** Annual age-standardised exits to community per 100 000 estimated resident population (ERP) and its linear trend (2008–2020)



**FIGURE 4** Quarterly exits to community and its linear trend (2018–2020)

over, consistent with the NDIS age criterion. It is also noteworthy that the decline in admissions began before the COVID-19 pandemic and then continued to decrease at a similar rate over the first half of 2020.



TABLE 1 People living in permanent RAC as at 30 June 2020, by age group and state/territory

State	Age group		Total
	0–44 years	45–64 years	
New South Wales	45	1600	1645
Victoria	44	1370	1414
Queensland	24	916	940
Western Australia	4	364	368
South Australia	9	310	319
Tasmania	4	111	115
Northern Territory	0	41	41
Australian Capital Territory	0	18	18
<b>Total</b>	<b>130</b>	<b>4730</b>	<b>4860</b>

The reduction seen in admissions may be due to combined effects of several factors. In particular, NDIS funding plans may be enabling better supports, thus allowing people to live in SDA and non-SDA dwellings to a greater extent. Additionally, SDA funding in plans and building of SDA dwellings has created alternative housing options. There may also now be new expectations in health and disability systems about what living arrangements are viable for people with complex support needs. Although admissions began to reduce before the announcement of the national strategy and targets,<sup>3</sup> the announcement and initial measures plausibly contributed to further reductions in rates of admissions to RAC.

Despite this considerable progress in reducing admissions, the present study does not show any those currently living in RAC to change to better arrangements. Admittedly, there are limitations to what can be inferred from records of “exits to the community” in the data collected under the Aged Care Act. This is because many “exits to the community” may not actually represent long-term alternative arrangements. Rather, many may be instances where people return to the family home to die within days or weeks (Brown et al., 2020)<sup>4</sup>. This limitation notwithstanding, it is notable that despite the large reduction in admissions, exits to the community have not shown any increase.

One possible explanation stems from the fact that those already living in RAC have become NDIS participants only recently. The first participants who joined mostly lived outside RAC. For example, people using state/territory disability programmes were fast-tracked into the NDIS as it was first phased in (Tune, 2019). People who joined the scheme earlier have had more time to fine-tune supports and plan ahead to avoid RAC. People in RAC are more likely at an earlier stage of their NDIS participation. On this basis, it could be argued that simply waiting two or three years may be sufficient to see exits to the community increase. However, to assume that progress will naturally manifest would require a significant “leap of faith”. We suspect that there are additional factors that are hindering progress and will threaten achievement of the targets.

One factor is that living in RAC may itself act as a barrier to accessing alternative living arrangements, such that once someone enters RAC, they become “lost” inside the system and are unlikely to ever leave (Winkler, 2020; RCAQS, 2019, p. 246). It could be that living in RAC makes the transition to a new living arrangement (and the requisite assessments, trials, advocacy, logistics, etc.) more difficult. Moreover, people in RAC are in competition with NDIS participants outside RAC for a limited supply of support services and SDA. To the extent these barriers dominate, few people may successfully exit RAC for better long-term options.

Another factor concerns individuals' desire to leave RAC and whether they feel capable of doing so. Even if someone is unhappy with RAC, they may not perceive that living outside of

RAC is viable for them. For example, they may lack confidence that disability service providers can reliably provide appropriate staff, fear that they would be at risk in an emergency situation or worry about relating to new housemates or neighbours (Winkler et al., 2012). Any alternative to RAC represents many unknowns. Media reports of abuse, neglect and other complaints regarding disability services might understandably also raise fears (e.g. ABC News, 2020; SBS News, 2020; Power et al., 2021). Moreover, the process of planning and transitioning to a new arrangement may itself be daunting and taxing. Therefore, choosing to stay in RAC and adapt to it the best they can may be a rational choice for some people from their perspective. Indeed, in a previous Council of Australian Governments programme (the Younger People with Disability in Residential Aged Care Initiative 2006–2011), given an opportunity to leave RAC, many chose to remain but receive additional funded support in that setting (AIHW, 2012; Senate Community Affairs Committee, 2015; Winkler, Sloan & Callaway, 2007). A person's choice to remain in RAC must be respected, but individuals might choose differently if they could have genuine confidence in the quality and suitability of alternative options, and confidence in themselves to make that choice (Winkler, Holgate, Sloan & Callaway, 2012).

Of course, numerically, if the goal is merely to minimise the number of young people living in RAC, then this can be achieved without any exits to the community at all. As admissions are reduced, then through mortality and ageing out, the size of the cohort will shrink as a consequence. However, relying on natural attrition would not be faithful to the government strategy which explicitly commits to “supporting younger people to leave residential aged care” (DSS, 2020). It would also take over 20 years for the current cohort to be completely dealt with via natural attrition, well beyond the target date.

#### 4.1 | Achieving the targets

The present study shows that at 30 June 2020, there were still 4860 people aged under 65 living in RAC, with new admissions occurring at a rate of around 240 per quarter. To meet the targets, admissions must be reduced to zero and people currently in RAC must be assisted to transition to new arrangements.

It does not seem reasonable to assume that this will necessarily occur naturally and inevitably on the account of the current strategy. The nature of the task means there will be diminishing returns: people who are the first to successfully avoid or leave RAC will be those with fewer barriers to doing so. This implies that those who remain likely have more complex circumstances. Thus, as the cohort of young people in RAC shrinks, further progress will require increasing effort and more targeted activity.

One new targeted measure has been recently announced to assist young people in RAC who are not NDIS eligible: the funding of YPIRAC System Coordinators (Colbeck, 2020). The NDIS Act 2013 (S34(1)(f)) requires that the NDIS not fund care and support needs that would be more appropriately funded through other systems (e.g. health systems). On this basis, a minority of RAC residents under 65 have been deemed ineligible, for example people with palliative care needs as a result of cancer or the end stage of chronic diseases (e.g. chronic liver disease or chronic respiratory disease). For these residents, or for those who are waiting to be deemed eligible, most of the national strategy does not apply. System coordinators will focus on helping these individuals identify goals and seek housing and support services outside of the NDIS. Connecting people to information, advice and advocacy outside of their RAC provider does seem likely to be generally important. Young people in RAC often are not aware of other housing and support options, and RAC providers have little capacity (or incentive) to explore other possibilities (Oliver et al., 2020). Capacity building to trial and consider alternatives over an extended period of time is needed to give people real choice. YPIRAC system coordinators may facilitate this for NDIS-ineligible people.

For NDIS participants, from July 2020, the NDIA introduced a new funding category called Individualised Living Options (ILO) as an alternative to “group home” style arrangements (termed Supported Independent Living). ILO funding is described as funding to help the participant explore and design a custom living arrangement to meet their individual needs and goals and then implement, monitor and refine this arrangement (NDIS, 2021). As described by the NDIA, ILO funding emphasises flexibility and customisation; example arrangements include living with a friend who provides some informal support in lieu of rent, living with a host family, or various mixes of volunteer and paid supports. If provided alongside SDA funding, ILO funding and the ethos surrounding it may well help prevent admissions to RAC and assist transition out of RAC. However, all ILO arrangements must be approved by NDIA on a case-by-case basis under the “reasonable and necessary” test. Therefore, what opportunities are actually enabled by ILO depends on how NDIA sets limits in practice.

From our own experience and connections within the disability sector, we expect that for the admission rate to further reduce, systems for addressing sudden acquisition of serious disability (e.g. traumatic brain injury or stroke), or a sudden increase in need for support (e.g. due to death or illness of an informal family carer), need to be developed and refined. Currently, gaining access to the NDIS (i.e. being deemed eligible) is a drawn-out process, taking weeks or months in some cases (Tune, 2019). Actually receiving funding for housing exploration, housing or associated supports, can take up to 18 months longer (Winkler et al., 2020). In comparison, hospitals can refer people to RAC easily; Aged Care Assessment Teams often perform assessments within 3 days of referral (Department of Health, 2018, p.19).

The accessibility and affordability of mainstream housing may also be a factor in reaching and sustaining the targets. People with disabilities in Australia have been found to generally experience greater housing disadvantage and insecurity than people without disability, including having more difficulty paying rent or mortgage and being more likely to move due to health (Aitken et al., 2019). A promising change in terms of housing policy is the inclusion of minimum accessibility standards for residential housing and apartments into the National Construction Code from 2022 (DISER, 2021). In the longer term, this may reduce the burden on SDA funding to create accessible housing stock across Australia by making mainstream housing more accessible and easily adaptable for people with disabilities. For some people, remaining in mainstream housing may become a viable temporary or long-term option that means they avoid RAC.

Moving forward, it is important to more closely track progress toward the targets, with detailed data on the factors keeping individuals in RAC, and some evaluation of which elements of the national strategy are achieving results. The present study was limited by the data being unlinked and highly aggregated for confidentiality; other than age group and state/territory, individual characteristics were unknown. Access to person-level administrative records may allow deeper exploration; however, the NDIA and DSS have typically reported to Senate Estimates that structured data on why young people are remaining in RAC are not yet available (Department of Health, 2020; NDIA, 2020a). Attaining a clear picture likely requires asking young RAC residents directly (and in a supportive way) whether they wish to leave RAC, why or why not, and what barriers currently block their progress. Although in 2020 the Australian Government did commission a survey of young people living in RAC, it did not go ahead due to coronavirus restrictions (Department of Health, 2020).

Beginning to collect and use this data seems important to ensure continual progress on the national strategy in a timely way as the target dates rapidly approach. In particular, assisting people already living in RAC to move forward on their goals seems crucial given the lack of progress made on exits to the community. Where there are administrative roadblocks for these individuals, fast-tracking their requests for scheme access, SDA funding or other supports may be required. Moreover, a clearer month-by-month public update on the key factors impeding progress would be useful, not just within government, but to the many service providers,

therapists, SDA developers and community organisations keen to assist. The community may well be able to mobilise support for young RAC residents if needs are made clear.

## 5 | CONCLUSION

If achieved, reaching the national targets and ensuring that young people no longer live in RAC will be a landmark accomplishment. The present study has shown that significant progress has been made in reducing admissions, but that as of mid-2020, little progress has been made on helping people leave RAC. Although it may be possible, it is difficult to be confident all targets will be achieved on time. Keeping track of progress, identifying obstacles and adjusting the strategy where necessary may be key to keeping promises on resolution of this issue.

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## ENDNOTES

- <sup>1</sup> The Royal Commission re-affirmed these targets in its final recommendations (Royal Commission into Aged Care Quality and Safety, 2021, p. 121).
- <sup>2</sup> 244,654 (NDIA 2019a, p.13) of a projected 475,000 (Productivity Commission 2017).
- <sup>3</sup> The reduction also began before announcement of the Young People In Aged Care Action Plan, announced in March 2019 (NDIS, 2019). The Action Plan was revised and renamed to become the Younger People in Residential Aged Care Strategy.
- <sup>4</sup> Given this possibility, it is important to avoid using data about people who have exited to community thus far to make judgements about who could exit to community in the future.

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