



**NorthAble**  
DISABILITY SERVICES

# **Residential vs. Rehabilitation:**

Do We Look After? Or Look Forward?

# Residential Care


## What is Residential Care?

- 🌀 **Residential care** refers to long-term **care** given to adults or children who stay in a **residential** setting rather than in their own home or family home. There are various **residential care** options available, depending on the needs of the individual.

# Who Needs Residential Care?

- 🌀 People who have support needs that cannot be met in a community setting due to:
  - 🌀 Needing significant overnight support
  - 🌀 Significant risk if left without supervision/oversight
  - 🌀 High/Complex needs (physical, behavioural etc.)
  - 🌀 Limited natural support
  - 🌀 Fiscal Responsibility

# What do NASC consider before placing a person in Residential Care?

- 🌀 What does the person want? What are their goals?
  - 🌀 What are the support needs of the person?
  - 🌀 What are their natural support networks?
  - 🌀 What are the supports that can be provided in the community?
  - 🌀 Do the natural and funded supports meet the needs of the person?
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**Have All Support Options Been Exhausted???**



# Rehabilitation

- 🌀 **Rehabilitation** is the act of **restoring** something to its original state, like the **rehabilitation** of the forest that had once been cleared for use as an amusement park. The noun rehabilitation comes from the Latin prefix **re-**, meaning “**again**” and **habitare**, meaning “**make fit.**”
- 🌀 **Rehabilitation** is a **treatment** or treatments designed to facilitate the process of **recovery** from injury, illness, or disease to as normal a condition as possible.

# Rehabilitation – “Traditionally”

- 🌀 Focuses on ‘Recovery’ from a specific condition or event – stroke, accident, illness
  - 🌀 Is for a specified time frame
  - 🌀 Is considered for people who meet certain criteria that determine their ‘suitability’ for rehabilitation (Rehab Potential)
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# Case Study 1: Hone

- 🌀 58 year old male
- 🌀 Lives Alone
- 🌀 Joiner, Builder, Musician, Author
- 🌀 Enjoys fishing, gardening, tramping, reading and “social occasions that more often than not involve alcohol”
- 🌀 Referred by DHB Inpatient Rehabilitation Unit following Right Mid Cerebral Artery CVA



# Support Needs Identified

- 🌀 Left-sided Hemiplegia – minimal movement in Left arm
- 🌀 Elbow crutch and Assistance of 1 for all mobility
- 🌀 Assistance with all transfers
- 🌀 Assistance with all Personal Care Tasks
- 🌀 Unable to complete any Household Management tasks
- 🌀 Poor Attention Span
- 🌀 Moderate Impairment in Foresight, Planning and Problem Solving

# How can he be 'Looked After'?

- 🌀 Client's goal was to return to his own home
- 🌀 Limited Natural Support available – lives alone, one son in local area not able to provide practical daily support
- 🌀 Could be supported with Core PC/HM tasks via funded support
- 🌀 Support needs required high level of oversight outside of core tasks
- 🌀 Ward recommendation of permanent hospital-level care

**Have All Options Been  
Exhausted???**



# Rehabilitation

- Placed in slow-stream rehabilitation facility for 218 days – 7 months
- Supported to address social issues whilst in placement – POA, debts
- Step-down process – in shared home first then unit on site

# Looking Forward

- Returned to living independently in own home
- Support Package in place of 23 PC and 10.5 HM per week (HM includes meal prep)
- Some continued Community Rehab Team involvement – now discharged
- Returned to making music
- Recently arranged out of area cares – Hone's on holiday!!

# Case Study 2: Deborah

- § 42 year old Female
- § Lives alone
- § DSS client since young age
- § Diagnoses of Hydrocephalus and Spina Bifida
- § Full-time power chair user
- § Dog Owner

# Situation Overview

- Pressure Areas
- Poor lower Limb Circulation – Risk of Amputation
- Recurrent hospital Admissions
- Socially Isolated – Limited Family the only outside contact
- Frequent disputes with Providers
- Depressed, Fearful, Teary

# How Could she be 'Looked After'

- 🌀 14 PC, 10 HM hours/week – tenuous due to conflict with provider
- 🌀 Was accessing 'Respite' within Aged care – used as recuperation
- 🌀 43 Consecutive days in 'Respite'
- 🌀 Family pushing for Full time Placement within Rest Home
- 🌀 Client had lost hope – was also requesting placement in Rest Home




**Have All Support Options Been  
Exhausted???**



# Traditional Rehabilitation

- Placed in slow-stream rehabilitation for 212 days – also 7 months
- Firm medical input – pressure areas cleared and managed
- Allied Health overview – wheelchair, transfers
- Re-training re. effective ADL's, PC and HM
- Re-training re. medical self-management


# Further Rehabilitation...

- 🌀 Social Re-Integration – Including Transport
  - 🌀 Re-introduction to Vocational Opportunities
  - 🌀 Supported to access counseling
  - 🌀 Supported to learn coping strategies
  - 🌀 Supported to retrieve her Voice
  - 🌀 WINZ came to the Party!!
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# Transition Home

- 🌀 Planned transition over a one month period
- 🌀 Handover Coordinated between Rehabilitation Facility and HCSS Provider
- 🌀 Slowly increasing time spent in own home

# Looking Forward

- 🌀 Back in Own Home
  - 🌀 22.5 PC, 14.5 HM – due for review October
  - 🌀 Check-in one month after home – too busy to talk!!
  - 🌀 Regular contact with NASC – sorting issues as they arise
  - 🌀 And her little dog too....
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# Money Talks


## Hone

- 💰 Rehab Placement =  
\$53,462.32 total
- 💰 Residential Placement =  
\$66,320.28pa
- 💰 Funded Support on Discharge =  
\$45,411.13pa
- 💰 Savings over 10 years =  
\$155,626.38

## Deborah

- 💰 Rehab Placement =  
\$36,972.80 total
- 💰 Residential Placement =  
\$66,320.28pa
- 💰 Funded Support on Discharge =  
\$50,293.36pa
- 💰 Savings over 10 years =  
\$123,296.40

# Key Points

- 🌀 Play the long game
  - 🌀 Think about who you would 'normally' refer
  - 🌀 Talk to your local facility
  - 🌀 Have faith
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**Thank You**

**Questions?**