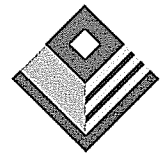


JNS:mra



WWHS

The Executive Officer,
Family and Community Development Committee,
Parliament House,
Spring Street, East Melbourne VIC 3002

Dear Executive Officer,

Opportunity to make a submission to parliamentary Inquiry into the Provision of Supported Accommodation for Victorians with a Disability or Mental illness.

I refer to your call for submissions to express concerns for the provision of Supported Accommodation in our region for Disability Clients.

West Wimmera Health Service is in the unique position of being the primary provider of Aged Care and Disability Services in the Hindmarsh Shire in addition to supporting West Wimmera Shire and the Rural City of Horsham.

Our catchment has a severe shortage of Supported Accommodation Placements, thus placement is extremely difficult and choice of accommodation rarely occurs.

Please find attached our submission highlighting the crisis that rural and remote communities are facing in relation to this issue.

I trust our submission will assist with the Parliamentary Inquiry into the provision of Supported Accommodation in Victoria.

Should you require any further information please do not hesitate to contact Ms Jan Hutton-Croser – Director of Disability Services 03 53911095 in the first instance.

Kindest regards,

Yours sincerely

Mr John N. Smith
Chief Executive Officer

West Wimmera Health Service

Incorporating Nhill, Kaniva, Jeparit, Rainbow, Natimuk Hospitals, Goroke Community Health Centre and Cooinda
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Victoria 3418

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Jeparit
Tel (03) 5396 5500
Fax (03) 5397 2392

Rainbow
Tel (03) 5396 3300
Fax (03) 5395 1411

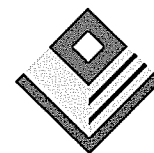
Natimuk
Tel (03) 5363 4400
Fax (03) 5387 1303

Goroke
Tel (03) 5363 2200
Fax (03) 5386 1268

Cooinda
Tel (03) 5391 1095
Fax (03) 5391 1229

Address all
correspondence
to the Chief
Executive Officer

Submission to the Parliamentary Inquiry into the Provision of Supported Accommodation for Victorians with a disability or Mental illness.



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Overview of West Wimmera Health Service 'Cooinda' Disability Service:

**West Wimmera
Health Service**

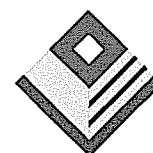
Incorporating Nhill,
Kaniva, Jeparit,
Rainbow, Natimuk
Hospitals, Goroke
Community Health
Centre and Cooinda

1. A small rural and remote service provider with 17 State funded clients and 13 Commonwealth funded supported employees.
2. Cooinda was established in 1975 by the community to respond to the need of children with disabilities (some are still here as adult clients).
3. In 1999 Cooinda merged with West Wimmera Health Service and since that time we have maintained a professional service giving program choice to clients and taking on board the needs of carers.
4. Crisis in accommodation availability in the Wimmera, Hindmarsh and West Wimmera shires is well documented.
5. Difficulties faced by Cooinda include :
 - Elderly carers are dying and leaving adult clients with no carer network.
 - This has resulted in Clients being stressed because they have to leave their place of "work" and go to a different community.
 - Clients are disadvantaged by being moved through no fault of their own to communities where they have no valued status and no one knows them.
6. West Wimmera Health Service has highlighted this on many levels and still no action.

Reply to the questions in particular, the Family and Community Development Committee is investigating:

1. *the standard, range, and adequacy of care and accommodation currently available;*
 - West Wimmera Health Service incorporates "Cooinda" Adult Training & Support Service providing Day Programs and Supported Employment for people with a disability. We are a small rural and remote service provider with a catchment area of 17,000 square kilometres; There are seven accommodation placements available in Nhill at either a Community Residential Unit (full care) or Support Accommodation house (minimal care). These places are all taken and clients have no choice of where they live, and in desperation accept the current living conditions which highlights the inadequacy of the number of placements available.
2. *the description of current government funded supported accommodation;*
 - In Nhill there is only one Community Residential Service catering for 5 State clients and one minimal Support

Accommodation House operated by Woodbine Accommodation services, Warracknabeal, The closest Accommodation service to our catchment is Horsham, 75 kilometres away, which has extremely high occupancy demand.



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**West Wimmera
Health Service**
Incorporating Nhill,
Kaniva, Jeparit,
Rainbow, Natimuk
Hospitals, Goroke
Community Health
Centre and Cooida

3. *the Government's response to and the methods for measuring unmet accommodation needs and how it can be improved;*

- There is minimal publication about the unmet need to Government in rural small towns. Locals are familiar with the lack of accommodation options. There needs to be an easy use system at Centrelink as it is clients go through Intake to registrar interest.

4. *alternate approaches addressing unmet needs in supported accommodation in Victoria;*

- It is crucial for funding service providers to have viable accommodation houses in their local community, like Abbeyfield housing in Curtain Canberra. This allows 10 placements within a flexible model designed to meet clients choice
- Access to funding for rented housing in the client's home community with care services.
- Increase the accommodation placements in the Wimmera, Hindmarsh and West Wimmera Shires

5. *an estimation of supported accommodation to meet future demand with an appropriate range of services;*

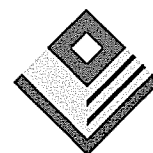
- In the past nine years there is a documented loss of 10 people to our communities with disabilities who desired to stay at Cooida but could not access supported accommodation.
- To meet current need and plan for the future, a 10 bedroom Abbeyfield type accommodation package is needed.

6. *the adequacy and appropriateness of care and accommodation provided in various government, private and community facilities because of insufficient places in the current supported accommodation system;*

- The current system is inadequate in many areas as it;
 - i. Does not allow choice of whom they live with.
 - ii. Does not allow clients to live in their community.
 - iii. Does not allow freedom to have friends visit with privacy.
 - iv. Does not allow individual life style.

7. *the appropriateness of the current mix of service providers;*

- In Nhill there are only two types CRU or minimal support, there should be a greater choice.



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Health Service
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- Client choice is minimal with Individual personalities not being able to be taken into account; clients are forced to live with people not of their choosing.

8. *the impacts on families as a consequence of the current provision of supported accommodation;*

- Devastation when you are an aging parent who can no longer look after your Adult child, who you have cared for all your life and now they have to reside in a distance town to receive accommodation.
- Devastation for the person who has to leave their community where they have grown up and are known and valued, to go to a strange community

9. *the accessibility and appropriateness of supported accommodation for specific groups including rural communities, culturally linguistically diverse communities and indigenous Australians.*

- Rural communities have unique challenges, like the tyranny of distance, the lack of transport, the high cost of fuel, which are every day occurrences.
- Even with the above, we still are more likely to have vacancy in day programs, because of the lack of supported accommodation.
- We offer whole of life support to allow clients to have a normal social life because of the caring nature of small communities.
- By not having supported accommodation we are taking away choice for people with disabilities.
- When emergency respite is needed and no vacancy is available, clients are taken to a motel.
- Indigenous Australians have little to no support with accommodation in this community.

C. S. O.

17th October 2008