

Submission to the Parliamentary Inquiry into the Provision of Supported Accommodation for Victorians with a Disability or Mental Illness

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In response to the discussion paper in relation to supported accommodation and the suggested questions I wish to make the following submission.

1. Experiences with supported accommodation:

- 1.1 My daughter was placed in supported accommodation approximately 9 nine years ago. It was a placement due to a crisis situation. My daughter has multiple disabilities including a bipolar disorder with psychotic features and cerebral palsy. The placement was 'experimental' whereby three young ladies were accommodated in a Office of Housing home (modified to a degree) with staff support when the young ladies were in the home and what is termed "inactive sleepovers". The expectation was that these young ladies would eventually become independent and require only occasional support. It was made very clear from the outset that my daughter would require adult supervision at all times for the safety of herself and the other residents. Needless to say the experiment did not work and the home remains staffed according to the needs of the residents.
- 1.2 The house itself was inadequate both in size and accessibility. All three girls had motorised wheelchairs and therefore also required manual wheelchairs. In addition, a staff sleepover room was required as well as two bathrooms of sufficient size to cater for young ladies in motorised wheelchairs. Further modifications have been made and the house is now more suitable with respect to accessibility. One young lady left and a new resident who did not use a motorised wheelchair has moved into the home.
- 1.3 The young ladies are unable to undertake many tasks both in and outside the home and certainly the upkeep of the garden is beyond them. Staff provide assistance in the home such as meal preparation, bed making, vacuuming and other household duties as well as assistance with personal care for the young ladies. As all residents are on pensions they have limited means to secure more than minimal grass mowing. As a result the outside of the home is less than attractive.
- 1.4 The funding of such places, whether they are termed Group Homes, Community Residential Units, or whatever other names abound, all seem to differ depending on how they are owned, how they are "classed" for funding, how they are staffed and other criteria that remains a mystery. It seems ludicrous that one group of people with almost the same needs as another group are eligible for more or less funding in the home in which they are accommodated. Provision needs to be made in **all** these facilities for both indoor and outdoor maintenance such as the effectiveness and adequacy of heating and cooling, damage repairs (damage is inevitable where psychiatric problems are present and wheelchairs are used), painting, building modification as needs change, plumbing, electricity, garden maintenance (rather

than just grass mowing) and all other maintenance requirements experienced by any home owner.

- 1.5 The staff currently available in my daughter's accommodation is very appropriate but it has not always been the case. It is important that staff are provided who have experience according to the needs of the residents and therefore staff recruitment **must** be carried out specific to the residents that the person will be working with. The supervision and management of the day to day staff is critical and in my opinion the salary of staff with these additional responsibilities is not adequate. Staff consistency is imperative and wherever possible staff changes should be minimal. Of course it is accepted that staff do move on but sufficient incentive should be provided to reduce staff turnover wherever possible.

2 Experience in accessing supported accommodation:

- 2.1 In my experience, unless the situation is almost beyond critical and you are prepared to "thump" the table, scream and cry and almost threaten you have no hope of securing any sort of supported accommodation for your dependent person with a disability of mental illness.
- 2.2 No thought regarding the compatibility of the potential residents.
- 2.3 Planning and decision making? Forget it and be grateful for what you are offered – or that's what is mostly the case. You can make limited headway by again "thumping the table", screaming, crying and threatening..... This shouldn't be the case. Parents/carers and the potential residents should all be fully involved in all planning and decision making.

3. This is a difficult question given that many people have differing ideas. A wide a range of accommodation types need to be offered however, the cost of funding also has to be considered. As a start the range could include:

- 3.1 Group home in the community with a maximum of 5 residents supported and maintained at the level indicated by the needs of the residents.
- 3.2 A group of fully supported units, maintained as required and appropriate.
- 3.3 A group of units for residents who require less support and the support shared across the units according to the needs of the residents.
- 3.4 Adequate and appropriate funding to the family to continue to support their dependent person with a disability or mental illness for as long as they can with the knowledge that appropriate supported accommodation will be available when it is required.
- 3.5 Others models brought forward by parents/carers/potential residents.
- 3.6 Above all the compatibility of residents must be the utmost consideration.

4. Implications when no supported accommodation is available?

- 4.1 People who have disabilities or mental illness suffering neglect simply because their family can no longer care for them adequately and appropriately.
- 4.2 Total family breakdown.
- 4.3 Depression and possibly suicide.
- 4.4 Should I say it? – murder.....
- 4.5 **It should be noted – there is no alternate accommodation available.**

5. Re this question, I think I've said it all. A lot more needs to be done across the board. Nursing home accommodation for younger people with disabilities and mental illness is totally inappropriate – for the people who are aged as well the younger people with disabilities and mental illness.
6. Refer above.
7. I am not qualified to respond to this question.
8. To recap:
 - 8.1 Acknowledgement that the family/carers know their dependent person with disabilities/mental illness better than anyone else
 - 8.2 Acknowledgment that the residents compatibility is of utmost importance
 - 8.3 Adequate and appropriate staffing according to the resident's needs (that includes appropriately trained and recompensed staff)
 - 8.4 Funding for all household maintenance
 - 8.5 Funding for grass mowing and garden upkeep
 - 8.6 Acknowledgment that pensions are lucky to cover board and lodging and perhaps some travel. Things like household maintenance, garden upkeep, support for additional needs, equipment and dare I say leisure and holidays are simply in the dreams of a person on a pension.
 - 8.7 That this submission does not simply get buried and that some acknowledgement and response is forthcoming.
 - 8.8 That notification of public hearings is widely available and not just advertised on a website. That organisations currently providing accommodation of any description are notified of public hearings and that they are **required** to notify their clients/families/carers and members.

Thank You