

**FAMILY AND COMMUNITY DEVELOPMENT COMMITTEE**

**Inquiry into the provision of supported accommodation for Victorians with a disability  
or mental illness**

Geelong — 23 October 2008

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Witness

Ms D Francis, family carer.

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**Ms FRANCIS** — My name is Donna Francis. I am an aunty and guardian of my niece, who has been under the care of DHS. Her mother was a single parent, so we have taken Nikki on as her aunty and uncle. Over the eight years we have had an enormous amount of problems with the house that Nikki has been in. She has been assaulted by two staff members; one was dismissed, the other was moved to another house. She has been mishandled by staff on a regular basis. She is still in the house that Kate, that young lady that was here before, was in.

Over the eight years I could not even count how many supervisors and new staff who have needed new training and all that sort of thing have come in and out of that house. Consistency just has not been there. We have had an enormous number of meetings with DHS, with Lana and Natasha Williams on a regular basis. We go over the same issues, we document them. My niece has very high needs. She has moebius, which is a paralysation of her face and throat and things.

She is PEG-fed (percutaneous endoscopic gastrostomy-fed) and she needs suctioning out quite often. She is non-verbal but she can make sounds; she also has cerebral palsy. She is 23 years of age but probably has the mentality of an 8 to 10-year-old. She knows what is going on, she is very social, she likes to be around people and things like that. Like Kate said, there is no-one in the house who is able to talk with her — there is one other client who has come into the house.

Staff find it very difficult because they are busy with other members of the house. Because they do not have the time to sit down and have interaction with those people who need to have a conversation, they find Nikki to be very demanding, and I think this is where abuse comes into the mishandling of her.

I recently had a back operation. We see Nikki on a weekly basis because we have to do that to make sure she is okay. That was at a meeting after an incident last November where she was assaulted by a care staff member. The outcome was that they could not guarantee that would not happen again. I find that appalling as a guardian and an aunty. No-one knows Nikki's life expectancy; she might be in care until she is 80, I do not know. She has a very rare disability.

She suffers a lot with pneumonia and has bowel trouble and things like that. We have been documenting what is happening, and we keep jumping up and down on the spot. Up until this last year — there was an assault in November. January through to March there were all these issues about no bowel charts and all of the other health issues she had. She kept going into hospital and had to be resuscitated; she got pneumonia. Her general health issues were not being met. Because of her mouth structure and everything else, her oral hygiene is a problem. We would pick her up, and we would have to take her home or take her somewhere to clean her mouth properly. She was going into placement with yuckies on her teeth; they had not bothered to clean her teeth. We see these issues on a weekly basis with this house.

We pick Nikki up on a weekly basis. We have meetings regularly with DHS. We speak to the people where she goes to placement and everything else. There have been times where it has been great, and there have been times when it has been really difficult. As I said, because of my back injury I have not been able to have as much input with Nikki over the last eight weeks, and in that eight weeks there were four incidents. There was one where she got up in the middle of the night, got an incontinence pad in the bathroom and put it down her throat and choked. They had to call an ambulance and get her to hospital very quickly; she could have died.

What we are trying to get in place with this house — and I think we have been really reasonable over the years with a whole lot of different things — is an active night person. Because of Nikki's needs she is up a lot during the night, and that causes a lot of stress for the staff. They are saying that they are handling it, but obviously by the issues we have had they are not handling it. We have got the documentation, we have got the times that these things are happening, yet they are still refusing to put in an active night person.

They are saying they could not do that in that house and that she would need to go to aged care. I think at 23 years of age, to try and find a place for her in aged care is just not acceptable. They just keep blocking. We have all of these meetings and we have all these strategies that we are going to put into place. I go to the house and I try and tell every new member in the house, 'You need to have consistency with Nikki — she will latch onto you. She wants that connection with you'.

All of her needs have to be met by the carers in the house. She has to be fed by them, she has to be suctioned out by them, she has to be showered by them. All of her needs are reliant on these persons. Nikki knows what is going on. If she takes on board that this person is not going to do a good job, she will zone in on the staff members and say, 'I know that Marg will look after me so that is who I want to look after me'.

We go to the house on a regular basis, we put the same strategies into place but we still have the same issues. I do not know where else to go, to be really truthful. We have thought about aged care, but it is not a practical thing for a young girl of her age. There needs to be more houses. The staff have to be better trained. There needs to be somewhere where there are medical staff on board because health issues are a big thing.

We know there is a good chance that Nikki would choke to death in her sleep because of the need for suctioning out. That was said to us at a meeting after one trip to hospital, and I am thinking, 'Why would you not put in an active night person?'. I know that could still happen, but Nikki could be up two or three times a night banging on somebody who is having a sleepover. The other day when we had the meeting their system was, 'We have a bell over her door so we hear her'. I said, 'Who heard her when she choked herself with the incontinence pad?' or somebody else said, 'Who heard her when she stuck the latex glove down her throat and gagged?' and, 'Who heard her when she was in somebody else's room and then she was mishandled when she was brought out?'

Who heard her when she has been assaulted in the house?' Their theory is that it is her word against her carer. But she has a swollen nose and carpet burns up her leg. She has the ability to tell you what happened, and that is what she has done. There are police reports and everything about this. But once again it comes back to her word against the carer. I think, 'Where are their rights?'. It is really quite sad and quite scary.

We are not in a position to take her home; we have four children of our own. She needs 24-hour care, that is why we have her in care. She is either stuck in the house and we worry every night that she is not going to be well looked after; or we have to try and find her somewhere in aged care. Even with that they were saying they think they are looking after her appropriately. Where else do we go with this? Like I said, we have these meetings and we put things into place and then we get a phone call the next day from the supervisor saying, 'That is not really going to be convenient for us as staff members'.

I said to them last week, 'You need to take that up with your superiors. That is what was discussed at the meeting'. A month or six weeks later these issues still are not being addressed. It has been ongoing for eight years now. We are trying to take it further. I just want Nikki to be happy and to be safe in a house. There is a duty of care, and part of that duty of care would be an active night person in the house so that if she is choking, somebody might hear her. If she is disturbing other people, that should not happen either.

But part of who she is and her disability is that she does not sleep very much — she can sleep for a couple of hours and be awake for six. In her eyes she is not doing anything wrong and it is just part of her care, but they just seem very unwilling to put that into place.

**Witness withdrew.**