



16 January 2014

Committee Secretary
Senate Standing Committees on Community Affairs
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Re: The adequacy of existing residential care arrangements available for young people with severe physical, mental or intellectual disabilities in Australia

Dear Secretary

Independent Advocacy Townsville wishes to make the following submission based on our experience of working with young people with severe physical, mental and intellectual disabilities in advocating for appropriate housing.

Being young is about having a lifetime ahead of you, yet aged care is designed for someone who is at the end of their life. The realities of aged care mean a young person will share a residence where the average age is 83 and the average life expectancy is just three years (Australian Institute of Health and Welfare 2011). More importantly, in most cases, their specific care needs will not be met and differ greatly to those of the elderly residents.

Client A had a fall at the Acquired Brain Injury unit in [REDACTED] in 2010 and sustained a broken ankle. Client A was transferred to [REDACTED] home for the aged after her discharge from The [REDACTED] Hospital. [REDACTED] is a one and a half hour drive from [REDACTED] and Client A had no supports, family or friends in [REDACTED]. Client A was 47 years old at this time.

IAT have been advocating for Client A for two and a half years to have Client A returned to supported accommodation in the community in [REDACTED] or [REDACTED] as per her request. Client A clearly articulates she does not like living at [REDACTED] Home as she cannot access the community due to her reliance on a wheelchair, use the local swimming pool or access the local shops due to poor access for wheelchairs. Client A could not be rehabilitated at [REDACTED] due to not being able to access the physiotherapist on site. Client A has been immobile since 2010from a broken ankle.

There is no appropriateness of aged care living for young people with disabilities. Aged care does not stimulate or offer recreation activities for the young. Music, games, entertainment, meals, meal times, wake and retire to bed times, are all structured around an aged person.

Alternative systems should be housing for age appropriate within communities, just like you and I if we had to purchase/rent our own homes. We look at the neighbourhoods, the surrounds, is there parklands, waterways, access to public transport and shops, schools. We would have the choice; there is no choice for young people who live in aged care, regimental and structured.

The introduction of NDIS for Young People in Nursing Homes will allow them to have a choice of their accommodation wishes - aged care or community care. But will there be suitable accommodation available and accessible with the right amount of supports to meet the needs of people who want to leave aged care. Currently there is insufficient accommodation, services and funding available to meet these needs.

Current jurisdictions do not consult with or respond to the organizations supporting young people with disabilities. Having people on a Register of Need is ticking the boxes in administrations. Politicians need to integrate and listen to the issues and really hear their subjects. Until such time politicians mix and visit in this sector, there will be no real understanding of the issues and lack of resources available to allow people a quality of life. Until such time politicians make a change in their schedules, and realise there other issues apart from roads, schools, health, employment all of which are important, but photos on roads are more impressive than a photo with a young person in an aged care facility.

Client A is 49 years of age and currently living institutionalised in a country town where she cannot access the services she is desperately seeking. The provider of physiotherapy made the claims; they could not provide physiotherapy to Client A as their resources were stretched. What resources will Client A require when she eventually becomes completely immobile and bedridden and unable to feed herself?

How are Client A's basic human rights being met? Client A has continually advised she does not like living at [REDACTED], why are her requests being ignored? Why is reassessing her for rehabilitation taking so long? Why does a body who has been appointed to make decisions in Client A's best interest, ignore the person Client A has requested be her voice? Client A's voice is not being heard, the expectations of her living in an aged environment, socialising with aged persons, living with restrictions, are unrealistic. As a community who is supposed to be looking out for our most vulnerable, we are failing Client A.

Client B is 50 years of age and living at [REDACTED] Nursing Home for the aged.

Client B has been living in aged care and in public hospitals for the past 3 years. Client B is from [REDACTED] where he has a large family and friends and has an aged mother living in an aged care facility in [REDACTED], who he never has the opportunity to visit.

Client B has always maintained and articulated his wish to live where he can have family support. This person is currently on the Register of Need and a Department spokesperson has advised Independent Advocacy Townsville on two separate occasions "Client B has a roof over his head, so his needs are being met, though inappropriate"

Currently in [REDACTED], units are being built by [REDACTED] for people with disabilities, and we have been advised clients need individualised funding to meet criteria to live in these units.

A Department spokesperson advised Independent Advocacy Townsville, nobody receives individualised funding any more. How can a unit complex built for people with disabilities, accommodate people if there is no individualised funding, only block funding?

We have a man, aged 50, who has lived in [REDACTED] all his life, and wants to return to [REDACTED] to be with his family and friends, and is not suitable for these units because of funding.

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Independent Advocacy Townsville