

2004 Senate Inquiry into Aged Care Young people in Nursing Homes

Client Profile

Ms G is a 42 year old woman whom lives in a small rural town 85km south east of Adelaide. Ms G has uncontrolled idiopathic epilepsy. (e.g. frequent tonic & clonic seizures with associated psychotic features). This condition leads to her frequent hospitalisation. Ms G's unstable health, inability to care for herself independently and need for monitoring increases the likelihood that she will be institutionalised.

Ms G and her siblings were relinquished by their parents at a young age. Following the death of her husband in 1995, Ms G moved to Murray Bridge and lived with her older sister. Ms G's sister was unable to respond adequately to Ms G's continuing support and health needs. Ms G moved into independent accommodation with some disability funded community living support (e.g. assistance with shopping, budgeting, social activities), Ms G undertook work at Orana (supported employment) but this ceased when her health condition influenced her ability to carry out the duties required. Her health status also prevented her from continuing with car washing with Interwork and obtaining employment related services through Commonwealth Rehabilitation Services.

Ms G currently attends the Murray Mallee Community Health Day Care Centre for craft and recreation activities 2 days per week. She prefers to spend the remaining days of the week at home.

In February 2002 Ms G moved in with her new partner whom has an intellectual disability. The cost of accommodation is shared, although Ms G is not listed as the primary tenant. Ms G's partner is able to provide emergency support in the event of her having a seizure (e.g. calling an ambulance and or assisting Ms G to see the doctor). However Ms G's

increased need for ongoing monitoring and a high level on support on a more frequent basis, has placed increased demand on the relationship and her partner's capacity to cope.

On discharge from a recent hospital stay (May 04) Ms G expressed a desire not to return immediately to the family home. She reported domestic issues and other relational problems to staff. Unfortunately due to the lack of alternative supportive accommodation placements available Ms G had no option other than to return home. Additional disability support was put in place to help Ms G through this post-discharge period. A referral was also made for counselling to address the relationship issues and she has been placed on a waiting list for services.

The viability of Ms G remaining in her current environment is subject to a number of factors. These include a) her increasing need for monitoring and high level of support due to her chronic epilepsy and psychosis, b) her partner's capacity to provide the necessary supports, c) relationship breakdown due to domestic issues, d) no direct informal support available to her other than from her partner, e) limited disability funds, f) Ms G's desire to maintain her social network and current defacto relationship by continuing to reside in Murray Bridge and g) no accommodation placements in this country area other than the residential aged care facility.

As a result of Ms G's deterioration in health and her capacity to live independently there has been increased pressure in recent years from her GP and family members to place her in residential care. Ms G has expressed that she does *not* wish to reside in a nursing home and is yet to meet the admission criteria of 'high support'. However, she is resigned to the fact that at the present time as there is no other supported accommodation placements in Murray Bridge she may have little choice. Ms. G reports that she does not wish to move away and leave her sister and network of friends. The thought of shifting elsewhere outside the town

and or into the local aged care facility causes Ms G considerable anxiety and stress. This in turn exacerbates her medical condition.

Recommendations

For Ms G to have the opportunity to continue living in her community in an age appropriate setting she requires

- a) additional in home disability supports e.g. tenancy support – meal preparation, budgeting, shopping, access to social activities, and regular monitoring overnight and during parts of the day.
- b) a supported accommodation placement in either an aged appropriate group home / single unit located in Murray Bridge