

## SENATE COMMUNITY AFFAIRS REFERENCES COMMITTEE

### INQUIRY INTO AGED CARE

**TO: The Secretary  
Senate Community Affairs References Committee  
Suite S1 59  
Parliament House  
CANBERRA ACT 2600**

We write on behalf of the Headstart Community Access Programme and wish to put forward recommendations to the inquiry on **Point** © of the Terms of Reference with regard to young people with disabilities living in nursing homes.

#### **Recommendation for Flexible Accommodation Options for People with an Acquired Brain Injury**

The Headstart CAP provides a range of support for people with an ABI to increase their life skills and access recreational, social or educational activities of their choice in the community. Our aim is to assist people increase their involvement and participation in their local community with the aim of developing great independence in lifestyle.

The service has functioned in the Hunter Valley for 16 Years. During that time we have become increasingly aware of the lack of flexible accommodation options for younger people with acquired brain injury. We currently provide a service to approximately 60 people including a number of younger people in nursing homes.

The problems these younger people face are additionally difficult with extreme physical disability and varying degrees of cognitive deficit. Many are left all day with little options for age appropriate socialisation and few opportunities to create or pursue activities of interest. Overworked staff in nursing homes by default, become the sole source of socialisation due to further problems of lack of available transport to enable the person to participate in the community.

The current situation is that there is minimal access to permanent flexible funding packages which would enable support for continued life skills, independence, assistance with structuring the environment and ongoing monitoring of changing needs.

We are sure this inquiry will receive numerous submissions which highlight the problems and the devastating **inequities** for younger people who have been placed in nursing homes. For that reason we wish to put succinctly some of the solutions we can identify that arise from our experience in working in the community sector.

Each recommendation embraces an attitude of movement into a less restrictive environment for the person with severe disabilities. This is in direct objection to the current situation where once placed, the person is viewed as having found their accommodation "for life" irrespective of possible improvement or the right to try another less restrictive option.

The basic recommendations we make form part of a range:

1. **Long term care – high dependency units** of a small number of beds – with dedicated staff experienced in severe disability and rehabilitation. Targeted to the people with high nursing needs and medical support. Therapy and rehab to be continued, single rooms. The aim still exists to move into other

community options. Access to age appropriate community based activities is viewed as the right of the individual resident.

## **2. System of Flexible Packages of Support – Personal Care and Community Access/Social Integration Focus.**

- a. Packages of funds could accommodate the personal care needs of younger people who could gain access to Department of Housing accommodation . These packages could provide personal care at the times required and also provide support for the person to access activities of choice in the community. These packages could cover transport costs and attendant care when the person is in the community at large.
- b. These packages could support the younger person who is already in a nursing home gain access to another option in the community by paying for support in a similar way to (a). The needs for these people extend from available transport to an event and the available support for personal care/behavioural needs whilst in the community pursuing an interest.

## **3. Supported Villas**

Units that are single, self contained, where people have supported access to community agencies and on site support for issues such as maintaining stability etc. The villa concept could be permanent or transitional and should be able to accommodate changing needs of the individual in terms of personal care and their access to appropriate social involvement. Such packages could accommodate people with severe injuries.

## **4. Long term Case Management**

The lack of an effective system of long term case management leads to further crisis for young people in nursing homes. Their access to additional or alternate services is already fragmented. Due to the complexity of brain injury, case management is essential in ongoing care and support. Case management has the potential to increase the capacity of generic services to appropriately meet the needs of people with ABI. For the person and their family it offers a proactive approach to minimising the impact of brain injury and ensures that opportunities for further skills and life choices are enhanced.

People with ABI benefit from a structured environment, memory strategies, consistency and continued opportunities to develop new skills in a supportive environment. People have a right to live in their “home of choice”.

All these issues have been clearly documented over many years however Brain Injury appears to remain the **invisible disability** in term of further committed funding to provide the best possible alternatives for flexible support and accommodation options.

