

Submission to the Senate inquiry into aged care the from the Office of the Public Guardian

Responses, comments to terms of reference (c), (d) and (e).

In NSW there are currently 1684 people under the guardianship of the Public Guardian, 307 of these people are living in Nursing homes. Of this 307 people, 54 are under 54 years old, this group includes 2 people in the 20 to 24 year age group, 1 person in the 25 to 34 year age group, 14 people in the 35 to 44 year age group and 32 people in the 45 to 54 year age group. The disabilities that these people have been diagnosed with are – Brain Injury including alcohol and substance abuse brain injuries, Huntington , Multiple sclerosis, developmental disability and mental illness.

The Public Guardian released a discussion paper in 1999, titled **Heads and Tales** that focused on the services that were available for young people with brain injuries. This paper recognized that the options available for young people with brain injuries were very few, with a large number of younger people with brain injuries being accommodated in Nursing homes. When examining the current placement of young people with brain injuries under the guardianship of the Public Guardian it is evident that there has been little change to this situation. Of the 54 people under the guardianship of the Public Guardian currently who are under 54years living in nursing homes 32 of these have a brain injury. This diagnosis of brain injury includes people with brain injuries from accidents and those with alcohol or substance abuse brain injuries.

The Public Guardian's discussion paper **Heads and Tales** included this assessment of Nursing homes' abilities to provide adequate care to people with brain injuries.

In cases of ABI through injury or substance abuse the person may be relatively young. Clearly their support needs classify them as being eligible for Nursing Home care and in fact needing this level of care. However unlike the general group of people who access Nursing Homes through needs related to aging these people may remain in Nursing Home care for 30, 40 or more years. Nursing Homes have not been designed to accommodate residents for such substantial lengths of time.

The Public Guardian is concerned that when discharge planning occurs this group of people have no specialized accommodation available and as a result are placed in Nursing Homes.

One of the major concerns in these placements is that there is little if any access to community services. Nursing Homes whilst being equipped to manage the physical care needs of this group are less able to provide an environment which meets their social and emotional needs.

Community services are currently not funded to provide service to people who live in residential facilities so this group of clients miss out on access to services they may otherwise receive in the community.

When planning for increases in community services, for people with a disability, people with an ABI currently housed in Nursing Homes are not seen to be in need of accommodation and are not considered in planning and funding.

This is further complicated by the fact that once in a Nursing Home there is usually no identified case manager who is able to advocate on behalf of the person to have their current accommodation/needs reviewed.

There is clearly a gap in current planning and service provision to make available to this group of people an accommodation option which is specifically designed to meet their needs.

It was also noted in this paper that the facilities that were once in place for people with a dual diagnosis including brain injury are no longer available.

One of the particular issues and difficulties that have arisen for people with brain injuries is that of dual diagnosis. It is reported that the Health Care system copes very well with the acute phase of the injury when the client has a single diagnosis of brain injury. Many clients of the Public Guardian who have a brain injury also have another diagnosis of mental illness, intellectual disability, physical disability or aged related disorders such as dementia. Alcohol Related Brain Injury is also often complicated by secondary diagnosis. The post critical stage of recovery from traumatic brain injury and the development of long term options for people with brain injuries and alcohol-related brain injury with high support needs accentuates the impact of dual diagnosis/ disability. The Public Guardian finds it very difficult to secure case management services, funding and other resources for people with dual disability. This difficulty was reflected in the material gained through the consultation.

The ability of people with ARBI to seek or gain admission to a psychiatric unit for treatment is ongoing and seriously impacting on people with ARBI more and more. Up until a few years ago, there were a number of units in psychiatric facilities available to provide accommodation, support and treatment (including detoxification and rehabilitation) for people with ARBI. The Unit at Rozelle Hospital closed in the early 1990's. In 1995, there remained only two locations available in New South Wales - Gundara Unit at Cumberland Hospital which provided a three month program for males and females with mild-moderate ARBD including Inebriates, but not those with more serious disabilities such as Korsakoff's Syndrome. The only other hospital offering such facilities was Morisset Hospital with two units - Kaoriki House with 28 beds for short to medium residential rehabilitation for males and females, and Currawong House a 32 bed locked unit offering medium to long term residential placement including rehabilitation programs for males with chronic brain impairment including ARBD. The Units at Morisset Hospital closed in 1995 with restructuring of the hospital.

Other groups of people that are currently under the guardianship of the Public Guardian, residing in Nursing homes due to lack of services available to meet their specific disability are young people with Huntington's and Multiple Sclerosis. Both

these conditions can have an early onset and often the only facilities that are available to provide the ongoing care these people need are Nursing homes. The Public Guardian has 6 people who fall into this group. The gaps in services available to these groups are very similar to other young people in Nursing homes. Lack of access to the community and the inability of Nursing homes to meet these younger people's need while meeting the needs of their overall populations.

Other Issues that impact on the placement of young people in Nursing Homes

The ability of an individual Aged Care Facility (ACF) to decide whether or not to accept a younger person may also present problems. A refusal by a particular ACF can lead to a person having to move out of area. This could have been the case with a younger woman with Huntingdon's under guardianship who will need full time care at some time in the future. The previous DON of the facility close to her home and family said they would not accept a younger person. Fortunately the DON changed and the new one has agreed to take her when she can no longer be supported at home.

Generic in home services can have particular problems at meeting the needs of young people particularly those with different or challenging behaviours . There have been instances where a service has refused to provide in home support on OH&S grounds when staff have been afraid because the client had a habit of talking to the stove - she had a mental illness, but was never considered dangerous. This is often the case with younger people with brain injuries and can lead to admission to an aged care facility.

Recommendations

- Specialist units, Nursing homes, providing high care especially targeted to young people.
- The subsidised funding given to an ACF for a resident could be made available to a person who qualifies for ACF entry but would prefer to stay at home. These funds could then be spent on services, family support, etc, to enable the person to stay at home a lot longer and be a lot happier.
- More transition beds. Transition beds to be used for two purposes - the way they mainly are now (ie simply waiting for a vacancy in an ACF), but also as a rehab opportunity to attempt to help the person regain adequate health and strength to be able to return home. A hospital will often want to discharge someone who no longer needs acute care, yet there is still an expectation of further gains in health. ie - the person is unable to go from hospital to home, but may be able to go home at some time in the future. In these circumstances there is generally a push to get an ACCR done and look for ACF placement. If this occurs, it is most unlikely that home will be a future option. The home may in fact have had to have been sold to pay for a bond in low care ACF.
- In home services that have trained staff that can provide a service to people with some degree of challenging or different behaviours.
- Resources for specific diversional programs or independent community liaison for young people in Nursing homes.
- Case management available to investigate and advocate for a person to return to the community if their circumstances, condition improves/stabilises once they have spent some time in a Nursing home. Often people are considered no longer eligible

for, or a low priority, for community support services to return to the community once they are placed in a Nursing Homes. There is a need for this option to be available.

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