

# Shoalhaven Community Options Program

## A HOME AND COMMUNITY CARE PROJECT

auspiced by the Home Care Service of New South Wales

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The Secretary  
Senate Community Affairs References Committee  
Suite S1 59  
Parliament House  
Canberra ACT 2600

Dear Senate Community Affairs References Committee,

In the Shoalhaven Area there are no facilities for young adults with Disabilities to cater for their respite needs OR long term residential care. For respite they must all go out of area. Their only choice for long term care is to move out of the area away from family and friends, or see if a local aged care facility will accept them which is highly unlikely and inappropriate.

There are NO group homes in the Shoalhaven for people with **physical** disabilities who can not manage alone. Parents Carers Clients and Service providers, have been asking/lobbying the government and DADHC for appropriate facilities for younger people with disabilities longer than I have been working in Community Services which is 13 years.

There are not enough group homes in the Shoalhaven to cater for the numbers of young adults with **intellectual** disabilities in our area.

The current Home and Community Care programs in the Shoalhaven are not adequately meeting the needs of the elderly or those of younger people with disabilities. There are insufficient funds to support them. Home Care Services send a list of unmet needs to DADHC every few months.

All services in our area are working to capacity.

Shoalhaven Community Options Program has been requesting EACH packages for the Nowra Area to assist older people in need of Nursing Home placement who are unable to access residential care as there are no places available. There are limited EACH packages in the Milton/Ulladulla area as they have only one aged care facility. Nowra residents are unable to access these packages.

There are no current formal service arrangements for the transition of the elderly from acute hospital settings back to the community. This is causing repeated admissions to both the public and private hospitals in our area. Our program has been requesting facilitated discharge funding and/or COMPACS in all our planning documentation, meetings and correspondence with DADHC. We have not received funding for this sorely needed service, as we are informed there are no funds available. We have been having meetings with the local Discharge Planners both Public and Private as well as Area Health to gain support in accessing these funds.

There are no permanent residential facilities for people with Dual diagnosis such as Dementia and Mental Health issues. These clients are refused entry to residential facilities as they pose a potential danger to staff and other residents. The workers in residential facilities are not trained to care for people with mental health issues.

I do not think there is a shortage of aged care training available for community service providers and workers in the Shoalhaven and most services have their own training programs. I know some local Nursing Homes also run their own ongoing aged care training programs.

I do think there is inadequate training in mental health issues for the care of those clients with dual diagnosis.

Aged Care courses should include mental health training to enable both community and aged care services to care for these clients adequately and without fear.

As a part time TAFE teacher I am concerned that local people wanting to do aged care courses are put off by TAFE fee increases and can not afford to attend training. There is a shortage of workers partly due to this, as well as insufficient funds to employ them.

I personally assess and monitor the health, services and safety of 40 HACC clients. I believe the paperwork and computer work has "overgrown". Being a comprehensive assessor, the new ONI tool is not 100% effective to use as it does not cater to assess children with disabilities.

Using *both* the ONI tool and the CIARR is very time consuming and MDS stats must be done every 3 months. The ONI tool is not computerised as yet, and MDS stats can not be gathered from this.

I hope this information helps to answer some of this inquiry.

Yours Sincerely

Susan Moore  
Project Officer