

Barwon South West
Acquired Brain
Injury Network
Grace McKellar Centre
45-95 Ballarat Rd
NORTH GEELONG
3215

Senate Community Affairs References Committee
Suite S1 59
Parliament House
CANBERRA ACT 2600

27/7/04

Dear Sir / Madam

Re: Submission to the Senate Inquiry into Aged Care

We (the Barwon South West Acquired Brain Injury Network) would like to make a submission to the Senate Inquiry into Aged Care, specifically relating to point C of the terms of reference (which relates to the appropriateness of young people with disabilities being accommodated in residential aged care facilities and the extent to which residents with special needs, such as dementia, mental illness or specific conditions are met under current funding arrangements).

Our Network (the Barwon South West Acquired Brain Injury Network) is made up of a wide variety of service provider organizations and individuals working with people who have Acquired Brain Injuries. Members of the network represent our regional health, rehabilitation, case management, attendant care, residential care, local government (Home and Community Care) and disability consumer organizations. The network extends from Geelong to the South Australian border and meets in Geelong monthly, and in Warrnambool second monthly. The primary mission of the network is to improve service delivery to people with Acquired Brain Injuries, especially for people who are non compensable (i.e. people who did not acquire their brain injury in a transport accident or at work and who therefore do not have access to same level of resources that Victorian Transport Accident Commission or Workcover clients do).

Young People with Acquired Brain Injuries in Nursing Homes

We would specifically like to comment in our submission on younger people with disability related to Acquired Brain Injury living in nursing homes. The Network recognizes that for some young people with Acquired Brain Injury a nursing home may be the most appropriate place for them to live (particularly if the injury has been recent, they are currently severely incapacitated and the person is still receiving complex / involved medical and nursing support such as PEG feeds or tracheostomy). However the Network would like to submit that for most younger people with Acquired Brain Injury, the solution of long term living in a nursing home is inadequate and often counterproductive.

This is because:

- Nursing homes, because of their predominant client group, are focussed on providing good physical care for frail clients nearing the end of their lives. Most younger people with acquired Brain Injury will live for many years and for many of them there is some hope for partial recovery and regaining some level of independence. Nursing homes are therefore focussed on maintenance and managing clients who are deteriorating and not on recovery and the physical, social and cognitive rehabilitation that is needed for younger people with Acquired Brain Injuries.

- All younger people, including those with Acquired Brain Injury - related disabilities, have different aspirations and social needs to frail, aged people who require nursing home care. The social environment is often not supportive or helpful for younger people recovering from their brain injury.
- Nursing home environments are often inappropriate for younger people with Acquired Brain Injuries and this environment can often contribute to challenging behavior and conflict in the nursing home. For example, a younger man with an Acquired Brain Injury became verbally and physically aggressive when another client in the nursing home (who had dementia) constantly wandered to his bedside and rummaged through his personal bedside wardrobe. The nursing home environment can therefore be causing more problems than it is solving.
- Current funding arrangements mean that residing in a nursing home precludes the younger client with an Acquired Brain Injury from funding that could provide further rehabilitation or access to community social and recreational programs.
- Often there are no other residential options available for younger people with an ABI who require some ongoing support other than in a nursing home. Even where the young person only needs a fairly limited amount of personal support, the lack of appropriate alternatives means that a nursing home is the only option.

The Barwon South West Acquired Brain Injury Network considers some of the solutions to be:

- A recognition that the needs and aspirations of younger people with Acquired Brain Injury living in nursing homes are quite different to the needs and aspirations of frail, aged people living in nursing homes (younger people with ABI are often on a long, slow road to recovery and to greater independence rather than decline and greater dependence)
- Increasing and extending programs such as the Victorian statewide ‘ABI Slow to Recover Program’ which recognizes that recovery is a very long process after brain injury and which puts in place a variety of flexible measures to aid physical and social rehabilitation for the young person with an Acquired Brain Injury who is currently at nursing home level of care.
- Creating alternative supported accommodation options in regional areas for younger people with Acquired Brain Injury-related disabilities. A few of these accommodation options exist but only in major metropolitan centers and even in metropolitan areas there are not enough to meet even a fraction of the need.
- Increasing access to community rehabilitation and social support programs for younger people living in nursing homes by changing the funding arrangements that currently exclude them.

Thank you for the opportunity to make a submission on this issue.

Yours Sincerely

Bernie Franke

On behalf of the Barwon South West Acquired Brain Injury Network (Barwon South West Acquired Brain Injury Project Officer). Phone 03 52792387