

YOUNG PEOPLE WITH A DISABILITY IN AGED CARE.....

Neville's story

January 2015

Neville Kerswell, born in 1964 in the farming community of Ayr. Neville is one of six children, his siblings all sisters, all attended schools in the Burdekin district. Neville recalls living a wonderful life, and was a bit wild growing up. Neville loved cars, football and boxing. Neville completed his trade and worked as a panel beater.

Around the age of 36, Neville started showing symptoms of Multiple Sclerosis or MS the name most people recognise. MS is a disease of the central nervous system. Its symptoms are varied and unpredictable. The cause of MS is unknown and there is no cure. Treatments are available to ease symptoms and slow down the course of the disease. Neville's MS has attacked his spinal cord, and he has been wheelchair dependent for many years. Neville recalls the horrific spasms he was enduring, which would often just throw him out of bed. Neville sought treatment at Townsville Hospital around 2012 to free him of the intensity of the spasms. He recalls waking up after the treatment not having feeling in his arms and legs. Nearly eighteen months were spent at the Townsville Hospital followed by a transfer to Ayr Hospital as a social patient for a further 18 months. As a social patient, Neville was charged a daily fee of \$52 which caused him financial hardship. Ayr Hospital could no longer accommodate Neville as a social patient, as beds were needed for the acute. The Director of Nursing was trying to assist Neville in accessing nursing homes in Ayr which did not have vacancies. When a vacancy presented for Villa Vincent Nursing Home in Townville, Neville reluctantly accepted.

Living in aged care was a short term solution for Neville. Neville knew units were to be built by Burdekin Flexi and had his hopes on returning to Ayr to occupy these units. This has not eventuated. Neville entered Villa Vincent Aged Care in August 2013 and to this day is still a resident.

Advocacy was provided to Neville whilst he was a social patient in Ayr hospital and continued when Neville arrived at Villa Vincent. Supports were sought, issues with the Nursing Home were resolved. Inappropriate accommodation was offered to Neville by Dept of Communities and it was disappointing to reject the offer of living in the community. Advocacy ceased when all issues resolved.

Neville requested further advocacy in December 2014 as he was lonely, isolated and no longer wanted to be separated from his friends and family. Neville has an aged mother living in an aged care facility in Ayr and his last visit with her was December 2013. Neville's mother was ageing and deteriorating and Neville misses his family.

January 2015 saw the Queensland election date announced. This gave IAT the opportunity to bring the issue of YPINH to the attention of the electoral candidates. Invitations were sent and no responses were received. Letters of invitations were sent the current LNP to meet with Neville and hear his story about a young person living in an aged care facility. No responses were received. Neville was wanting his voice heard and a suggestion of talking to the Townsville Bulletin was put to Neville and he was keen to be heard.

Townsville Bulletin reporter met with Neville and his Advocate Anne Hansen. Neville told of his ongoing sadness of being isolated, being the youngest person in the wing of the home, how he does not mix and stays in his room. Neville misses his mates and his family. He misses going to the pub for a beer and for lunch. There is so much Neville misses out on. Neville is aged 50.

Townsville Bulletin presented a wonderful article, photo included on Friday January 23rd. Refer attached.

As Neville's advocate, further information was required on the units in Ayr where Neville has expressed interest in living. Phone calls with the owner of the complex offers some hope for Neville, his lifeline is to receive individualised funding from Department of Communities to realise his dream of moving back to Ayr, to his family and to his friends and to again enjoy life's simple pleasures in his own home town.

“

If I got back to Ayr, I'd be a lot happier. It's depressing sitting here all day. I'm not real good at the moment.

NEVILLE KERSWELL



LONELY DAYS: Neville Kerswell, who has multiple sclerosis, with Anne Hansen of Independent Advocacy Townsville.

Picture: EVAN MORGAN

NO FUNDS TO LIFT A LONELY SPIRIT

CHRIS MCMAHON



HE sits in his wheelchair in his room all day, feeling trapped and lonely with no one his age to socialise with. Neville Kerswell is 50, and has been in and out of hospitals and homes since he was 39, after being diagnosed with multiple sclerosis in his home town of Ayr. His latest, in a long line of living arrangements, is a nursing home in Mundingbarr where he spends his days in his room, "depressed". Mr Kerswell needs 16 hours of

care a day, he needs help to get in and out of bed, someone to prepare his meals and help him with personal care, but what he really needs the most is the company of his friends and family. "I'd love to get back to Ayr. All my family and friends are there. I know everyone there," Mr Kerswell said. "If I got back to Ayr, I'd be a lot happier. It's depressing sitting here all day. I'm not real good at the moment," he said. Anne Hansen from Independent Advocacy Townsville said there was a place in Ayr for Mr Kerswell that had just been built and was empty, but he lacked the funding required to move in there and was in a long list of potential candidates.

"He needs funding to support him. He has been assessed as needing 16 hours supported accommodation," Mrs Hansen said. "He just needs somebody to bring him lunch and to put him into bed." "They call it a sleepover shift and the Department of Communities have those options all of the time, but for Neville there is no funding." Mrs Hansen said Mr Kerswell's options would open up if he was to get the accommodation in Ayr, which is now available. "If Neville got back to Ayr, he would be able to get down to the main street and pop into the pub and have a meal with his friends, but here, that's just not possible." "Neville needs to have individual-

sed funding and the Department of Communities need to allocate that funding," she said. "They have said to me there is no funding available for Neville, he will just have to wait." Mr Kerswell said: "I just want to go back to Ayr to spend time with friends and family." "I used to love going fishing on the river down there, watching footy and boxing with my mates, but there isn't much opportunity to do that here. When I do get a visitor, we go out for dinner, but that's about the only time I get out." "I just sit here all day. It's lonely and depressing. The more I sit here the more I think it's not real good, my quality of life isn't great."



Eugenie Bouchard

New twist to tennis twirl row

AN Australian Open commentator has been slammed after asking one of the female tennis stars to "give us a twirl". Ian Cohen was interviewing 20-year-old Canadian Eugenie Bouchard after her impressive second round win when he surprised her by talking about her outfit. "Last night you tweeted that you loved Serena's outfit... she was kind enough to give us a twirl, can you give us a twirl and tell us about your outfit?" he said. World No.7 Bouchard obliged but appeared embarrassed, and later talked about the incident in a press conference. "I don't know, an old guy asking you to twirl, it was funny," she said. Twitter soon lit up with many asking whether Roger Federer would be asked to do the same. While others described it as "perky", "creepy" and "sexist".

Health risk as booze flows

ALMOST half of Australians are risky drinkers who consume five or more standard drinks on one occasion, but most do not think their boozy behaviour will affect their future health. The VicHealth and FebrFast study of more than 2000 people showed that more than three quarters of them were not worried about drinking. VicHealth chief executive Jenni Hecher said people's attitudes to alcohol consumption were very concerning given that many were drinking at levels that would put them at risk of short-term harm. More than two thirds said they would consider giving up alcohol for a month, females were far more receptive to a period of abstinence than males.



Prince Andrew and Virginia Roberts in 2001.

Private jet records show Randy Andy in same destinations as 'sex slave'

PRINCE Andrew was in the same place as alleged "sex slave" Virginia Roberts on three occasions she claims they had sex, it has emerged. Flight logs for the private jet owned by the Prince's former friend Jeffrey Epstein show the teenager's movements in 2001, when she claims she was

forced to have sex with the Duke of York three times. Reports show Andrew was in London when Roberts claims they were photographed together with his arm around her waist. In early April that year they were both in New York and then in the Ca-

ribbean in the same week. Mum-of-three Roberts stated in court papers that she was made to have sex with Andrew when she was just 17, which is under the age of consent in the US Virgin Islands where Epstein is said to have hosted the Duke for one of the alleged sex sessions.

Buckingham Palace has emphatically denied Andrew had "any sexual contact or relationship" with her. The flight logs for Epstein's black Gulfstream jet reportedly show Roberts was flown from Florida, to Canada, Paris, Granada in Spain, Tangier in Morocco and London in March, 2001.

Suffering from lack of funds

IT DISTURBS me that Neville Kerswell is in an aged-care facility for people aged over 65 all because of no funding (TB 23/01/15).

Politicians are making all sorts of election promises at the moment, while Mr Kerswell does not even get a look in for funding that would enable him to have a life.

I'm sure if it was a politician's partner, son, daughter or relative, then the individualised funding would be found.

Mr Kerswell should not have to wait any longer to get a life, a life he can feel good about. I think politicians need to be reminded Mr Kerswell can vote, and so can his family, his friends and those of us who support Mr Kerswell to achieve such a basic human right, to live in his own place near family and friends.

PAM SPELLING,
Idalia

quote

... that your love may abound
and more in knowledge and in
ent. Philippians 1:9

Currently one IAT Advocate has 3 YPINH (Young Persons in Nursing Homes) in Townsville region and has two clients at TTH waiting to be discharged into Nursing Homes. There are many more, but have not engaged the services of IAT. People as young as 20 are entered into aged care facilities, once discharged from hospital as there is no suitable accommodation in the community. People are having extended stays in hospitals and rehab units as they are waiting for appropriate accommodation on discharge. Is this why there are wait lists in our public hospitals????

Nationally there are over 6500 YPINH, over 1200 in QLD

Build/buy appropriate accommodation in the community to accommodate people's needs, and this will free beds in hospitals and nursing homes for the people who need them.
YPINH deteriorate and die.....

Australia's ratification of the United Nations Convention on the Rights of Person with Disabilities in 2008 reflects the Australian Government's commitment to promoting and supporting the equal and active participation by people with disability in economic and social life. Understanding the prevalence of disability in the Australian population, and the socio-economic characteristics and needs and unmet needs of people with disability, is important in informing policies, planning services, and removing barriers to participation

National Disability Insurance Scheme NDIS will commence in QLD July 2016 and be fully implemented by 2019.

Ageing and Disabilities is a growth area.....

Governments need to look at the financial benefits as well as the financial costs in this area.

Placing people in appropriate accommodation will create jobs for this sector.....building, support roles, caring roles, housekeeping and domestic roles..

CURRENT YPINH CANNOT WAIT FOR NDIS IN 2019...THEY NEED TO BE APPROPRIATELY ACCOMMODATED NOW... OR RISK FURTHER DETIORATION!!

16 January 2014

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Re: The adequacy of existing residential care arrangements available for young people with severe physical, mental or intellectual disabilities in Australia

Dear Secretary

Independent Advocacy Townsville wishes to make the following submission based on our experience of working with young people with severe physical, mental and intellectual disabilities in advocating for appropriate housing.

Being young is about having a lifetime ahead of you, yet aged care is designed for someone who is at the end of their life. The realities of aged care mean a young person will share a residence where the average age is 83 and the average life expectancy is just three years (Australian Institute of Health and Welfare 2011). More importantly, in most cases, their specific care needs will not be met and differ greatly to those of the elderly residents.

Client A had a fall at the Acquired Brain Injury unit in Townsville in 2010 and sustained a broken ankle. Client A was transferred to Eventide home for the aged after her discharge from The Townsville Hospital. Charters Towers is a one and a half hour drive from Townsville and Client A had no supports, family or friends in Charters Towers. Client A was 47 years old at this time.

IAT have been advocating for Client A for two and a half years to have Client A returned to supported accommodation in the community in Townsville or Mackay as per her request. Client A clearly articulates she does not like living at Eventide Home as she cannot access the community due to her reliance on a wheelchair, use the local swimming pool or access the local shops due to poor access for wheelchairs. Client A could not be rehabilitated at Eventide due to not being able to access the physiotherapist on site. Client A has been immobile since 2010from a broken ankle.

Client A is 49 years of age and currently living institutionalised in a country town where she cannot access the services she is desperately seeking. The provider of physiotherapy made the claims; they could not provide physiotherapy to Client A as their resources were stretched. What resources will Client A require when she eventually becomes completely immobile and bedridden and unable to feed herself?

How are Client A's basic human rights being met? Client A has continually advised she does not like living at Eventide, why are her requests being ignored? Why is reassessing her for rehabilitation taking so long? Why does a body who has been appointed to make decisions in Client A's best interest, ignore the person Client A has requested be her voice? Client A's voice is not being heard, the expectations of her living in an aged environment, socialising with aged persons, living with restrictions, are unrealistic. As a community who is supposed to be looking out for our most vulnerable, we are failing Client A.

Client B is 50 years of age and living at Villa Vincent Nursing Home for the aged.

Client B has been living in aged care and in public hospitals for the past 3 years. Client B is from Ayr where he has a large family and friends and has an aged mother living in an aged care facility in Ayr, who he never has the opportunity to visit.

Client B has always maintained and articulated his wish to live where he can have family support. This person is currently on the Register of Need and a Department spokesperson has advised Independent Advocacy Townsville on two separate occasions "Client B has a roof over his head, so his needs are being met, though inappropriate"

Currently in Ayr, units are being built by Burdekin Flexi for people with disabilities, and we have been advised clients need individualised funding to meet criteria to live in these units.

A Department spokesperson advised Independent Advocacy Townsville, nobody receives individualised funding any more. How can a unit complex built for people with disabilities, accommodate people if there is no individualised funding, only block funding?

We have a man, aged 50, who has lived in Ayr all his life, and wants to return to Ayr to be with his family and friends, and is not suitable for these units because of funding.

There is no appropriateness of aged care living for young people with disabilities. Aged care does not stimulate or offer recreation activities for the young. Music, games, entertainment, meals, meal times, wake and retire to bed times, are all structured around an aged person.

Independent Advocacy Townsville

YPIRAC target population

Table A1: Permanent aged care residents aged under 65, by age group, as at 30 June 2003 to 30 June 2011

Year	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Under 50									
2003	392	219	220	76	66	21	<5	<20	1,010
2004	380	219	229	64	67	22	<5	<20	997
2005	397	218	236	66	67	20	<5	<20	1,019
2006	391	221	244	65	60	15	<5	<10	1,007
2007	374	210	226	63	53	12	<5	<10	945
2008	335	209	179	58	55	11	<5	<10	857
2009	333	181	158	58	54	14	<5	<20	810
2010	304	145	131	54	53	15	<5	<10	715
2011	287	133	119	49	48	12	<5	<10	658
50–64									
2003	1,818	1,232	1,052	402	322	133	50	60	5,069
2004	1,833	1,309	1,080	419	370	134	44	60	5,249
2005	1,912	1,334	1,134	425	413	138	45	54	5,455
2006	1,952	1,365	1,156	430	423	130	43	51	5,550
2007	1,997	1,367	1,163	449	423	132	56	45	5,632
2008	2,036	1,406	1,178	460	435	141	63	33	5,752
2009	1,989	1,400	1,147	483	421	149	63	41	5,693
2010	2,059	1,383	1,157	484	422	148	65	45	5,763
2011	2,010	1,393	1,115	447	504	137	69	48	5,723
Total									
2003	2,210	1,451	1,272	478	388	154	<60	<80	6,079
2004	2,213	1,528	1,309	483	437	156	<50	<80	6,246
2005	2,309	1,552	1,370	491	480	158	<50	<70	6,474
2006	2,343	1,586	1,400	495	483	145	<50	<70	6,557
2007	2,371	1,577	1,389	512	476	144	<70	<60	6,577
2008	2,371	1,615	1,357	518	490	152	<70	<50	6,609
2009	2,322	1,581	1,305	541	475	163	<70	<70	6,503
2010	2,363	1,528	1,288	538	475	163	<70	<60	6,478
2011	2,297	1,526	1,234	496	552	149	<80	<60	6,381

Source: AIHW analysis of the Aged and Community Care Management Information System (ACCMIS) as at December 2011.

Table A2: Permanent Indigenous aged care residents aged 50–64, 30 June 2003 to 30 June 2011

Year	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
	50–64								
2003	20	<5	50	41	<5	<5	—	39	157
2004	23	6	57	53	<10	<5	—	37	184
2005	23	<5	56	59	9	<5	—	35	186
2006	25	5	60	54	<10	<5	—	37	193
2007	28	5	57	62	7	<5	<5	33	195
2008	36	9	60	54	7	<5	<5	22	192
2009	27	10	61	59	<10	<5	—	29	195
2010	43	11	72	63	5	<5	<5	33	231
2011	42	7	67	68	<5	—	<5	38	227

Source: AIHW analysis of the Aged and Community Care Management Information System (ACCMIS) as at December 2011.

Table A4: ACAT assessments for people aged under 50 at referral, recommended long-term care setting, 2006-07 to 2009-10

Recommended long-term care setting	2006-07	2007-08	2008-09	2009-10	Per cent change 2006-07 to 2009-10
Private residence	317	311	288	277	-12.6
Other community	41	41	30	40	-2.4
Residential aged care—low level care	61	77	53	48	-21.3
Residential aged care—high level care	281	280	278	225	-19.9
Other	22	<40	20	58	136.6
Not stated/inadequately described	5	<5	—	142	2,740.0
Total	727	745	669	790	8.7

Notes

1. Some clients may receive more than one ACAT assessment within a financial year.
2. Table excludes 54 clients in 2006-07, 54 clients in 2007-08 and 8 clients in 2008-09 with invalid age data.

Source: AIHW analysis of selected data from the Aged Care Assessment Program Minimum Dataset.

Table A5: ACAT assessments for people aged under 50 at referral with recommended long-term care setting of residential aged care by state and territory, 2006-07 to 2009-10

State/territory	2006-07	2007-08	2008-09	2009-10	Per cent change 2006-07 to 2009-10
New South Wales	116	110	133	96	-17.2
Victoria	81	98	68	55	-32.1
Queensland	78	61	65	46	-41.0
Western Australia	26	45	24	29	11.5
South Australia	30	27	27	28	-6.7
Tasmania	7	10	6	11	57.1
Australian Capital Territory	<5	<5	<5	<5	n.p.
Northern Territory	<5	<5	<10	<5	n.p.
Total	342	357	331	273	-20.2

Notes

1. Some clients may receive more than one ACAT assessment within a financial year.
2. Table excludes 54 clients in 2006-07, 54 clients in 2007-08 and 6 clients in 2008-09 with invalid age data.

Source: AIHW analysis of selected data from the Aged Care Assessment Program Minimum Dataset.

Service users—disability

Table A20: YPIRAC service users, by primary disability group and age group, 2010–11

Primary disability group	Under 50		50–64		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
Intellectual/autism	69	10.1	52	12.9	121	11.2
Physical	82	12.0	47	11.7	129	11.9
Acquired brain injury	324	47.4	168	41.8	492	45.3
Neurological	197	28.8	126	31.3	324	29.8
Sensory/speech	<10	<1.5	<5	<1.2	9	0.9
Psychiatric	<10	<1.5	<10	<2.5	12	1.1
Total service users	684	100.0	402	100.0	1,087	100.0

Note: The 50–64 age group includes a small number of YPIRAC service users (<5) aged 66 who were included in YPIRAC for operational reasons.

Table A21: YPIRAC service users, by primary disability group and target group, 2010–11

Primary disability group	YPIRAC target group				Total
	Group 1	Group 2	Group 3	Group 4	
	Number				
Intellectual/autism	35	32	37	17	121
Physical	36	52	40	<5	129
Acquired brain injury	216	102	147	27	492
Neurological	<100	110	103	<20	324
Sensory/speech	<5	<5	<5	—	9
Psychiatric	<5	<5	<10	—	12
Total service users	390	301	338	58	1,087
	Per cent				
Intellectual/autism	9.0	10.6	10.9	29.3	11.1
Physical	9.2	17.3	11.8	<8.6	11.9
Acquired brain injury	55.4	33.9	43.5	46.6	45.3
Neurological	<25.6	36.5	30.5	<34.5	29.8
Sensory/speech	<1.3	<1.7	<1.5	—	0.8
Psychiatric	<1.3	<1.7	<3.0	—	1.1
Total service users	100.0	100.0	100.0	100.0	100.0

Note: YPIRAC target groups:

Group 1 Agreed to or has moved from residential aged care to alternative YPIRAC—funded accommodation and support

Group 2 Deemed 'at risk' of entry into residential aged care

Group 3 Remain in or enter residential aged care with additional disability support services

Group 4 Remain in or enter residential aged care without additional disability support services.

Table A22: YPIRAC service users, by age group and total number of disability groups, 2010–11

Age group (years)	Total number of disability groups				Total service users	Average number of disability groups
	1	2	3	4 or more		
Under 50						
Under 25	22	7	<5	<5	33	1.52
25–29	20	12	11	6	49	2.1
30–34	26	15	<10	<10	56	1.93
35–39	62	24	17	7	110	1.76
40–44	79	35	18	10	142	1.72
45–49	165	68	47	14	294	1.69
<i>Total 0–50</i>	<i>374</i>	<i>161</i>	<i>105</i>	<i>44</i>	<i>684</i>	<i>1.75</i>
<i>Per cent</i>	<i>60.2</i>	<i>64.4</i>	<i>70.5</i>	<i>65.7</i>	<i>62.9</i>	<i>..</i>
Aged 50–64						
50–54	171	78	32	<20	<5	1.65
55–64	76	11	12	<10	<5	1.55
<i>Total 50–64</i>	<i>247</i>	<i>89</i>	<i>44</i>	<i>23</i>	<i>403</i>	<i>1.62</i>
<i>Per cent</i>	<i>39.8</i>	<i>35.6</i>	<i>29.5</i>	<i>34.3</i>	<i>100.0</i>	<i>..</i>
Total	621	250	149	67	1,087	1.89
Per cent	57.1	23.0	13.7	6.2	100.0	..

Notes

1. 'Total number of disability groups' includes primary disability group and other significant disability groups.
2. The 55–64 age group includes a small number of YPIRAC service users (<5) aged 66 who were included in YPIRAC for operational reasons.

Table A23: YPIRAC service users, by primary disability group and all significant disability groups, 2010–11

Disability group	Primary disability		Other significant disability		All with disability	
	Number	Per cent of all service users	Number	Per cent of all service users	Number	Per cent of all service users
Intellectual/autism/specific learning/ADHD	121	11.2	27	2.5	148	13.7
Physical	129	11.9	335	30.8	464	42.7
Acquired brain injury	492	45.3	27	2.5	519	47.8
Neurological	324	29.8	74	6.8	398	36.6
Deafblind	<5	<0.5	<5	<0.5	6	0.6
Vision	<5	<0.5	<50	4.6	52	4.8
Hearing	<5	<0.5	<10	<0.9	13	1.2
Speech	—	—	166	15.3	166	15.3
Psychiatric	12	1.1	72	6.6	84	7.7
Total	1,087	100.0

Note: 'All with disability' includes primary disability group and other significant disability groups.

Position Statement on Continuing the Deinstitutionalisation of People with Disability in Queensland

June 2013

The Public Advocate supports the right of people with disability to access appropriate support and opposes the placement of people with disability in environments and locations that do not enable inclusion and participation in community.

The role of the Public Advocate is to protect and promote the rights, autonomy and participation of Queenslanders with impaired decision-making capacity through statutory systems advocacy. I am committed to an evidence-based approach that explores and extends our knowledge and influence on inclusive policy, programs and practices to promote improved life opportunities and outcomes for these vulnerable Queenslanders.

Up until the 1980s in Australia, it was common practice for people with disability to reside in large institutions situated on the outskirts of cities. These institutions housed both children and adults with disability in congregate living environments where all day-to-day decisions were made on their behalf by staff. In addition to people with intellectual disability, many people with a physical disability that limited their communication were also institutionalised, often because of erroneous beliefs that they were also cognitively impaired.

The care provided in these institutions was premised on both a medical model of disability, characterising disability as an illness, and a paternalistic approach to people with disability espousing that they were better segregated from the general community to protect themselves and others. There were also many instances of abuse and neglect of people with disability in these institutions.

As a society we have made good progress towards addressing these inequities. Wide-scale movement of people with disability out of large institutions occurred in Australia in the 1980s and 1990s. While outcomes were generally positive, in some instances the lack of sufficient planning inhibited success for some individuals; noting however that there were significant shifts in society's understanding and perception of disability regardless.

The *Convention on the Rights of Persons with Disabilities*¹ has also supported a shift in momentum towards accepting impairment as part of the diversity of our communities. There is increasing emphasis on building the capability of people with disability to maximise their participation in society, as well as increasing the accommodations made by community to meet the needs of people with disability.

In Queensland, many (but not all) institutional living environments have now closed and there has been a concurrent increase in community-based arrangements. However, there are still many people with disability living in 'institutional type' settings and/or who are segregated from the community, often with limited opportunities to increase their autonomy, capability, participation and inclusion.

For example, there are people residing in health care facilities that were originally intended for short-term treatment and rehabilitation, but who remain there indefinitely because of the limited availability of appropriate alternatives.

Additionally, significant numbers of people with intellectual disability or cognitive impairment continue to reside in psychiatric hospitals and other long-stay health care facilities.

Furthermore, the paucity of appropriate services and the limited integration and responsiveness of the Queensland human services system is currently increasing the risk that some service responses, particularly those generated for people with complex support needs, may unwittingly begin to replicate past institutional practices.

¹ United Nations, 2006, *Convention on the Rights of Persons with Disabilities*, adopted by the General Assembly of the United Nations 13 December 2006.

This is already being evidenced for small numbers of individuals who, often as a result of crises in their lives and a lack of more appropriate options for their support, have over recent years been removed from their community of origin and moved to congregate living arrangements that do not meet their needs and/or locations segregated from community. Many of these arrangements were initially intended as short-term emergency responses, and therefore instigated with little planning, but have unfortunately become longer-term placements.

While the complexity of providing appropriate support for many of these individuals is acknowledged, current funding approaches limit the development of innovative service responses, and the current range of available options is narrow therefore inhibiting choice in relation to where and with whom people should live. Furthermore, there is insufficient emphasis given to individualised planning and support aimed at developing a person's capacity to achieve their maximum physical, social, emotional and intellectual potential.

The Public Advocate supports the right of people with disability to have choice and control over the supports they access in response to their needs.

The Queensland Government must carefully develop a plan, based on thorough consultation, to enable increased autonomy for people with disability living in 'institutional' settings while facilitating access to increasingly appropriate support arrangements. A broader range of options needs to be generated with a focus on individualised planning and flexible responses that promote choice, support existing connections with family, friends and/or community, and strengthen each individual's ability to engage meaningfully with community.

There must be an immediate cessation to the placement of individuals in support arrangements that offer little by way of effective outcomes and do little to support participation and inclusion in community.

As Public Advocate, I am committed to monitoring this issue, raising awareness about the circumstances of this cohort and to working collaboratively with Government and other key stakeholders to ensure a positive and planned strategy that will provide increased opportunities and effect positive change in the lives of these individuals.



Jodie Cook

Public Advocate (Queensland)

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Anne Hansen

From: Anne Hansen
Sent: Friday, 6 February 2015 11:12 AM
To: 'Tanya.DAVERN@communities.qld.gov.au'
Cc: manager; 'shell_68@bigpond.com'
Subject: Community Grants

Importance: High

Tracking:	Recipient	Delivery
	'Tanya.DAVERN@communities.qld.gov.au' manager 'shell_68@bigpond.com'	Delivered: 6/02/2015 11:12 AM

Good morning Tanya

My name is Anne Hansen and I advocate for people with disabilities in the Townsville region I am currently working on a systemic project –

Young People in Nursing Homes.

I have several clients who fit this grouping, and I see the deterioration of their health, the isolation and withdrawal from the community, friends and family. I have even witnessed the death of my 50 year old client in an aged care facility, a client who I was advocating for her to live in the community.

I refer to the email forwarded to stakeholders – “Expression of interest for housing solutions” and I note it is directed for community organisation. However, I would like to provide information to you and would appreciate if there can be some contact or referral on in regards to this developer.

In my advocacy process for a client who is currently in an aged care facility and wants to return to his home town of Ayr, I have been following the development of purpose built units in Chippendale Street Ayr with much interest. I was advised by the Dept of Communities, my client needs individualised funding to be able to transfer to these units. This is a matter I am still working on for the client.

The information I would like to pass on is: Ayr Developer Tony Falacino, has built purpose built units for people with disabilities believing he had clients ready to take residence. This was also a project Mr Falacino built in readiness for NDIS. The clients, who were assigned to take up residence did not accept the offer through their support provider. Mr Falacino now has vacant units and no tenants. IAT have young clients in aged care and hospital, but no facilities/supports or funding to live in the community.

I note the Grants application specifically states: *“to build or modify housing for adults with disability who are either inappropriately housed in, or at risk of entry into, residential aged care or who are long-stay in public health facilities”.*

Tanya, this request is outside my role as an advocate, but felt the need to pass Tony’s project which is currently sitting idle and he is trying to find an organisation who may be able to utilise the units for the purpose they were built.

I have cc’d Tony into this email, should you be able to contact him, refer on or discuss. I should also mention these units are the **choice** of my client who is wanting to transfer to live in the Ayr community.

Many thanks and if I can provide further information, please contact me.

Warm regards

Anne Hansen | Advocate
Independent Advocacy Townsville

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“We at Independent Advocacy Townsville acknowledge the peoples of the Bindal, Wulgurukaba, Gudjal, Juru, and Girragun Nation as the traditional custodians of the communities that we serve. We pay respect to the Elders both past and present, and extend this respect to all the peoples who are descendants of the traditional custodians.”

When Supported accommodation is not available for young people with disabilities, generally the only option is for an entry into an aged care facility. Most YHPINH think this is a temporary measure, but realistically, it is permanent accommodation.

Dept of Communities will advise YPINH , of being on a Register of Need to be placed into supported accommodation, but until your name appears on the Register of Need as a high priority, a YPINH will stay in the aged care facility. The department will advise YPINH, other stakeholders and family members, "you are safe and have a roof over your head". This is supposed to be a comforting message from our Governments.

Actually, facts are YPINH will deteriorated through limited care, lack of resources, little supports, decreased visits from family and friends and the whole downward spiral commences until vital organs shut down and the person is pronounced **DEAD**....Natural causes.

Your rights are not adhered to :

YPINH will fit in with the facilities routines - wake / shower / meal times /activities and the person will only be offered what the kitchen prepares and cooks, no choices. If you love a juicy steak, this will not be offered as the aged can't chew steak. You will need to catch a cab and go to a restaurant to have this hearty meal.

If YPINH like Bon Jovi, forget it....they will need to acquaint themselves with Slim Dusty, Dean Martin and other old timer classics and also be prepared to attend the weekly Bingo sessions. YPINH will also be invited to learn craft, at the grand old age of 50!!.

INAPPROPRIATE, UNNECESSARY, MORALLY WRONG