



Barwon-South  
Western Region

Barwon-South Western Region extends from Lara to the South Australian border and covers approximately 29,637 square kilometres.

This region has a population of approximately 340,496, which represents 7 per cent of the Victorian population.

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# Barwon-South Western Region

Barwon-South West Region mental health services are managed by South West Healthcare and Barwon Health.

# Mental Health

There are six facilities: three adult acute inpatient units, two community care units, one aged persons mental health residential unit and a Prevention and Recovery Care Unit (with 24-hour nursing care).

A total of 70 visits were made to these facilities.

## Accommodation needs

Community Visitors in the Mental Health stream of the Barwon-South Western Region are particularly concerned about the lack of sufficient and appropriate bed-based options for people with a mental illness in the region.

The region has no stand-alone, secure extended care unit. This has been a persistent issue resulting in numerous examples of patients staying for longer than necessary in the adult acute inpatient units or being transferred elsewhere, only to be returned because of the inability of services to cope with patient needs.

Community Visitors have also reported the occasional incident where patients have been moved to other wards within the hospital or have had to be moved to other hospitals away from their local community because of bed shortages.

One positive outcome concerning Barwon Health is the inclusion of the additional services of the Prevention and Recovery Care (PARC) unit, which provides six additional beds with 24-hour nursing staff care.

## Environment

Community Visitors are of the view that South West Health Care provides high-quality service within the limits of its staffing resources. The adult acute unit and the community care unit have well-kept surrounds and are well-equipped with recreational materials.

Warrnambool Hospital is now undergoing a major redevelopment with a new, five-bed, community care unit being built to replace the existing inadequate community care unit.

## Individuality

Of significant concern to Community Visitors this year was the delay in organising interpreter services for a patient in the adult acute inpatient unit at Geelong. It took seven days for an interpreter to be available, exacerbating the considerable distress the patient experienced, as they were unable to understand the reasons for their involuntary admission and were unable to communicate effectively with staff or Community Visitors.

Community Visitors have observed the benefits of a monthly meeting being held for residents, their relatives and friends at the aged persons mental health residential unit at the McKellar Centre in Geelong. At these meetings, information is provided regarding practice and future plans, and attendees are encouraged to give feedback about the service.

## Opportunities for recreation, occupation, education and rehabilitation

While various examples of activities for patients have been noted by Community Visitors, a lack of support and appropriate physical space for the program officer at the adult acute inpatient unit in Geelong has been a long-term issue and, perhaps more so, in the present climate where there is an emphasis on decreasing the use of seclusion.

There has been extensive indoor refurbishments including new furniture, painting, new curtains, a lounge for female patients and a vast improvement to the outdoor areas recently. The outdoor areas are now better set-up for some activities.

## Staffing

Community Visitors in this region have at various times been disappointed to discover that some staff at mental facilities in the region have been unfamiliar with the Community Visitors Program or the role of Community Visitors.



# Health Services

In 2007-08, Community Visitors conducted 91 visits to 12 SRSs in the Barwon South West region. Five of these facilities were pension-level and the remaining seven facilities provided supported accommodation at above-pension cost.

## Accommodation need

Community Visitors report that the total number of pension-level facilities is not enough to accommodate demand, and to ensure an adequate and appropriate mix of residents.

## Environment

Community Visitors report that there needs to be more government funding to ensure that there are properly maintained and sufficient SRS facilities in the region. If the profit margin is not enough to attract interest in opening and maintaining SRSs, then the decline in these facilities is expected to continue. SAVVI funding has gone some way towards improvements. Examples include a noticeable difference to the environments of SRSs with new paint, new furnishings and some additional staffing resources introduced in all pension-level SRSs in the region.

## Opportunities for recreation

Community Visitors note an improvement in activities for residents in both pension-level and above-pension accommodation facilities. Outings are common in above-pension facilities.

## Safety

The number of residents with mental health and intellectual disabilities is increasing in some SRSs as alternative accommodation options are few and difficult to access. Community Visitors are aware of situations where this has created an atmosphere of violence and fear, and put vulnerable residents at risk. As such, this inappropriate mix is becoming an issue where there are limited external supports, especially at night and at weekends.

Community Visitors have, however, noticed an improvement in documentation and recording of incidents in most SRSs, and the requirements around residential statements are being adhered to.

## Staffing

In most SRSs, Community Visitors are aware of staff who have no formal qualifications or specific training who, at times, have been left in facilities where situations of medical crises (such as people having psychotic episodes) are everyday occurrences. Community Visitors believe strongly that compulsory certificate-level training should be a requirement of employment in SRSs. For example, staff should be required to have undertaken Certificate IV and crisis management training.

Community Visitors are also concerned that there are inadequate staff-resident ratios, especially with the more difficult behaviours of many residents whose mental health issues or other cognitive disabilities may cause them to become violent.

Most managers and proprietors in the region are helpful and welcoming to Community Visitors. There is no hesitation in showing Community Visitors around facilities, or answering questions, and documentation and incident forms are produced when asked. Community Visitors appreciate that the majority of SRS staff have provided Community Visitors with respect when performing their roles.

Within the Barwon-South West Region, there are 38 Community Residential Units and seven residential units at Colanda Residential Services (CRS) managed directly by DHS's Regional Disability Accommodation Service.

Under legislation, CRS requires monthly Community Visitor visits. A total of 98 visits to CRS were conducted during the year.

A further 33 facilities are managed by nine Community Service Organisations (CSOs). Community Visitors undertook a total of 254 scheduled, unannounced, visits, and further visits were also made as a consequence of individual requests to the office.

Regional Conveners and Community Visitors also attend regular meetings with CSO service providers and quarterly meetings with regional DHS management.

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## Colanda Residential Services

### Appropriateness and standard of facilities

#### Environment

Community Visitors acknowledge the challenge of providing a 'home-like' environment within an institutional setting such as Colanda housing 148 residents. Although many examples of staff efforts in this regard are regularly reported, a community standard of 'home-like' is still difficult to achieve due to the behaviours displayed by some residents, safety considerations and building design.

#### Safety

Community Visitors had ready access to incident reports at Colanda by hard-copy personal files or electronically.

### Opportunities for recreation, occupation, education and rehabilitation

#### Individuality

Unfortunately, Community Visitors have noted extremely slow development of individualised support planning with a person-centred approach for the residents at Colanda. It is hoped that outcomes of the DHS Future Needs Consultation Project will include comprehensive strategies to equip relevant staff to undertake individual support planning with each Colanda resident.

Community Visitors note that a number of Colanda residents have support needs relating to a dual disability. Community Visitors continue to monitor the appropriateness of this institution for people with support needs primarily relating to mental illness and where alternative options are limited or non-existent.

#### Restrictive practices

Environmental factors are also taken into consideration by Community Visitors when assessing the issue of least restrictive support practices. Community Visitors report being unsure of whether the least restrictive option is always used.

### Other

#### Accommodation need

There continues to be shortage of appropriate supported accommodation services that can lead to inappropriate use of respite houses and institutional placements.

#### Ageing

The ageing of residents and changing support needs is of particular relevance to the residents of Colanda. Community Visitors are aware of various examples of support being adapted due to age-related needs. Community Visitors are also aware of a younger person with high physical support needs who was residing in a nursing home but was able to relocate to Colanda as this was seen as a more age-appropriate option.

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## Other disability accommodation services

### Appropriateness and standard of facilities

#### Environment

Community Visitors report that the majority of accommodation services visited in the region maintain good environments and note several purpose-built properties have provided excellent living options to a number of people with disabilities.

One particular facility is described by Community Visitors as 'state of the art'. Community Visitors also note that, in the majority of cases, issues raised regarding maintenance are followed up in a timely manner including several issues relating to air conditioning.

#### Case study: House-warming

Community Visitors were pleased to be invited to a house-warming barbeque by the five residents of a newly built DHS-managed house.

The residents and staff put a great amount of effort into organising a very enjoyable occasion where family members, neighbours and Community Visitors were all invited to spend time with the residents, learn about the household and tour the spacious new home and garden.

Community Visitors were impressed with the positive attitude of staff and the initiative shown by all involved to organise such a positive and beneficial social event.

#### Safety

Fire safety procedures are in place and adhered to across the regional disability services.

Access to incident report records differed considerably across the region. In some cases, staff reported to Community Visitors that records were stored electronically, however, at the time of the visits, none of the staff present were able to access the reports.

Community Visitors noted staff had different understandings as to the correct process for incident reporting, including document management. Practices vary from one residence to another, which creates difficulties for Community Visitors in performing their role.

#### Staffing

Community Visitors had contact with many staff in the region who demonstrated a strong commitment to supporting people with a disability to live full and community-integrated lives. However, concerns raised in last year's annual report regarding staff ratios remain.

Community Visitors consider that higher staff ratio levels are necessary to ensure meaningful access to community activities and individual support for all residents. Staff training is also a concern for Community Visitors, particularly in houses where residents have complex physical and medical support needs.

#### Compatibility

The regional DHS has made considerable efforts over recent years to address issues relating to resident compatibility and to consider and plan for reconfiguration where appropriate and possible.

This has led to a number of success stories with people achieving levels of independence and community involvement not previously considered possible. Community Visitor reports noted increased collaboration between DHS and CSOs in this regard, to the benefit of residents.

### Opportunities for recreation, occupation, education and rehabilitation

#### Individuality

In last year's annual report, Community Visitors noted the varying rate of implementation of individualised support plans in the region.

This is again the case this year. Implementation varies from modest to almost complete. Some of the variation can be explained by the agency practice of reviewing such plans at particular times of the year, hence plans that might be due for review later in 2008 might not yet have been considered. Many of the completed plans are quite innovative and are already improving the quality of life of the residents. Community Visitors have noted the availability of individualised support plans in the Colac area.

Community Visitors have commented on two quite different philosophical approaches to support models in the far south-west of the region. An agency in Terang has adopted a new focus on resident self-reliance promoted through active support strategies, while another agency in Hamilton has a ‘total care’ model. Both models are considered to have their strengths.

### Case Study: Independence

Community Visitors have been impressed with the efforts of one CSO in supporting residents to be directly involved in paying their own rent.

The members of the household visit their local Australia Post outlet and use their own payment cards to make their rent payments each month.

This activity not only provides the opportunity for community access that typifies the activities of the general population, but it also encourages residents to take responsibility for their own transaction card and personal affairs, and builds their independence and money management skills.

A particular issue raised by Community Visitors is the role of local government and other agencies in supporting people with a disability to gain experience in paid employment. This is considered a significant aspect of a fulfilling life in the community for several residents. It is hoped the implementation of individualised support plans will progress this issue through appropriate referrals and support.

Inner-region Community Visitors are disappointed to report that access to transport remains a key issue, as noted in last year’s annual report. Lack of transport continues to form a barrier to meaningful community participation for many residents, however, is less of an issue in the far south-west of the district.

Community Visitors would like to see information provided to residents in more accessible formats. While relevant documentation is often available within a household, the various communication needs of residents must be taken into account to ensure information about complaints processes and the Community Visitor Program is appropriately presented and accessible to all residents.



Difficulties experienced by the wider regional community due to a shortage of general practitioners impacts further on people with a disability.



### Health care needs

Last year, Community Visitors reported the issue of access to preventative health care. An improvement in this area has been noted in the far south-west of the region, however, it remains a major issue in the inner region as does access to dental and specialist services through the public health system.

The requirement for many residents to have a general aesthetic for routine medical examinations and treatments has been raised by Community Visitors as further complicating access to timely, appropriate screenings and treatment. Difficulties experienced by the wider regional community due to a shortage of general practitioners impacts further on people with a disability.

### Least restrictive environment

Community Visitors have been pleased to note up-to-date Behaviour Support Plans across the region that are compliant with legislative requirements, and evidence that these plans are being implemented within least restrictive support practices.

Where restrictive interventions are used, Community Visitors have noted examples of thorough assessments and regular reviews. There are several examples of significant reductions in chemical restraint for people with a disability in the region.





## Other

### Accommodation need

The use of respite services as default long-term accommodation is a serious concern. While DHS reports that individual funding packages are being considered as a way of more appropriately meeting the needs of some people using respite accommodation, Community Visitors note that the demand for respite is likely to be greater than currently anticipated and includes people living with ageing parents in the community.

#### Case study: Revolving door

A resident with a dual disability has endured the consequences of unstable and insecure accommodation since his family was no longer able to care for him in 2004.

Community Visitors noted a decline in the resident's condition while they waited for long-term accommodation and were placed in the inappropriate settings of a respite house and another house located on the site of a local day program.

For over a year, the resident was accommodated in a unit on the site of an institution until their family, in frustration, took them back into the family home. Soon after this, the cycle of long-term, respite-use inevitably resumed, putting additional pressure on both the resident and their family. It was not until mid-2008, that the resident was eventually offered a place at a shared supported accommodation service.

After years of disrupted accommodation, inconsistent support and an unsure future, Community Visitors continue to inquire about the resident's wellbeing in their new accommodation and support arrangement.

### Financial

Community Visitors have made note of the significant impact that the cost of continence aids has on residents. In some cases, Community Visitors consider residents are provided with continence aids in lieu of adequate personal care staff being available.

### Ageing

Community Visitors note the designation of a Shared Supported Accommodation in Warrnambool as a residence for people with age-related support needs to enable 'ageing in place'.

Assessment and decision-making related to the changing needs of people with a disability who are ageing is an area of concern for Community Visitors, in particular, how services manage the transition from formal day programs to more flexible age-related activities. Again, staffing levels need to adapt to the particular needs of ageing residents to ensure they continue to have choices and a quality of life appropriate to their changing needs and activities.

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