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Failing our vulnerable

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Melbourne has been twice voted the world's most liveable city. This year, we slipped a tad to No. 3. First or third, it is a place that we, as Victorians, are immensely proud of and we proudly proclaim we are "the place to be". However, for some Victorians, it is not the place to be and life is not very liveable at all.

In the 1960s, governments around the world, under pressure from rights groups, started closing institutions for people with disabilities and mental illnesses.

Low-cost, supported accommodation, backed with services to help people live more dignified lives in the community, were meant to replace the institutions. But an adequate supply of such community-based housing never eventuated and so those released from institutions, and those who followed, ended up in private-sector accommodation originally designed for the frail aged.

Supported residential services were originally formed in 1973. They were intended for older people not quite ready for nursing homes but who still needed more support than "home alone" afforded. Thousands of people with a mental illness and sometimes also with a disability started moving into this type of accommodation.

Since the mid-1990s, community visitors have been reporting the changing demographics of such accommodation. They have also noted the tendency for some supported residential services to create an institution-like environment, thereby negating the original intention behind closing institutions.

Today, there are 187 supported residential services throughout Victoria owned and run by private business people and housing about 6000 people. Nearly half charge the cost of a pension (usually a disability pension) to live there. These are known as pension-level SRSs and it is these that community visitors are most concerned about.

What is life like for people in such pension-level care homes? Bleak.

Community visitors report that residents regularly spend 75 per cent of their pension for a bed and three meals a day; some are spending up to 95 per cent. Often residents have to share a room with only a curtain for privacy; there are reports of three to a room. Meals are often inadequate: community visitors regularly find tinned food on the menu, outdated food in the pantry and the freezer, and little variation in the offerings. There are few activities on offer and thus the main one is sitting outside having a smoke.

The residents include men sharing with women; in pension-level SRSs, men outnumber women. Young people, teenagers from 18 years onwards and perhaps with a mental illness, share with frail elderly people perhaps in the early stages of dementia.

People in the throes of psychotic episodes who have been inadequately medicated or who have been recently released from acute mental health units still not stabilised wander the bare corridors of these default institutions.

People with physical and intellectual disabilities who might also have a mental illness are called "complex cases" and it is their needs that are perhaps the most unmet.

Community visitors hear of women lacking disposable income who trade sexual favours for a "ciggie". These favours may or may not be provided to fellow residents or even staff - there are also willing men on the street happy to oblige. In some large pension-level homes, rooms hidden away in rabbit warrens also hide abuse.

People in supported residential services are a particularly vulnerable group. They are often reluctant to complain, because they fear reprisals, such as being removed.

For someone without a disability, living in a pension-level home would be tough enough. But disability carries an extra economic burden. They may need specific food, more heating and sometimes special clothing, prostheses and other aids. Medical bills are higher.

The reality of life in a pension-level home is one that most Victorians have never heard about, never seen and don't know exists. I am confident that if they did know, they would put up their hand to help in whatever way they could.

The Government has taken some steps to address the issues by way of announcing a review of the regulations governing such accommodation. It has also provided \$40 million over five years to help private owners improve the condition of buildings.

This has helped. But, at the end of the day, it must be said these measures are piecemeal. Community visitors have been reporting to Parliament on these conditions for many years.

The answer is more low-cost accommodation with adequate support. How that is achieved is a question for government, but we, as a community, must come to grips with it or else lose our right to our civic pride.

Apart from the rights violations involved in maintaining the status quo, it is economically inefficient. The revolving door syndrome under which people are discharged from mental health units to these homes and then cycle back to hospital is not only cruel but also inefficient. The cost of lives barely lived because people cannot get the help they need is a scourge on us all.

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This story was found at: <http://www.theage.com.au/opinion/society-and-culture/failing-our-vulnerable-20090924-g4n1.html>