From a home to their homes

Alternatives to young people living in nursing homes.

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SUMMER
FOUNDATION

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ABOUT THE SUMMER FOUNDATION

The Summer Foundation is dedicated to overcoming the concerns of a section of our society that is overlooked; the issue of younger people living in nursing homes. Our foundation focuses on practical research and seeks to provide workable solutions that improve the health and well-being of these young people.

VISION That people with acquired disabilities and complex care needs will have inherent value as members our society, with access to services and accommodation that support their health and well-being.

MISSION To foster the development of the next generation of services and solutions that promote the health and well-being of people with acquired disabilities and empower them to particpate in the community.

Key Aims of the Summer Foundation

- To locate, connect and inform people under 60 years of age with acquired disabilities currently living in nursing homes, and their significant others.
- To locate, connect and inform people under 60 years of age with acquired disabilities who are at risk of admission to residential nursing homes, and their significant others.
- To provide leadership to, and collaborate with, the disability, aged care, community, acute care and housing sectors to develop solutions for people with acquired disabilities and complex care needs.
- To facilitate the completion of practical research projects that examine the needs of people with acquired disabilities and complex care needs, and to measure the efficacy of services and solutions.
- To foster the development of the next generation of solutions that enable and empower people with acquired disabilities to participate in the community and pursue a lifestyle of choice.

INTRODUCTION

Today there are around 3600 Australians under 60 years of age living in aged care facilities.

These facilities are designed to provide accommodation and care to frail older people in their final years. They are not designed or adequately resourced to provide support for young people with disabilities. Aged care facilities are not able to support people with disabilities to actively participate in the life of the community.

People under 60 living in residential aged care are at risk of occupational deprivation, a term that describes what happens to somebody who cannot take up a meaningful occupation due to factors outside their control. As a result they become isolated from their peers and often have limited community life.

It's usually the case that younger people are admitted to aged care because more appropriate accommodation is not readily available; this is a problem that the health and community service system has struggled with for years. In February 2006, the Prime Minister announced a $244 million Council of Australian Governments (COAG) initiative, which will enable some young people in residential aged care to move to more appropriate accommodation and support. This initiative will largely focus on people who are aged under 50 and has the potential to make a tremendous difference to the lives of a group of people who are effectively excluded from actively participating in society.

Some younger people and their support network will be interested in exploring alternative accommodation options. However, many people will find it difficult to imagine living anywhere other than in an aged care facility, and are unlikely to have any knowledge about the range of accommodation options that can be developed for people with complex needs.

This booklet provides information to people with disabilities and their families about a range of supported living options so that they can make choices about their future accommodation and support.

DEVELOPING SUPPORT & ACCOMMODATION MODELS

Achieving a successful accommodation and support solution for a person with complex needs is an involved process. Developing an accommodation and support solution for people with severe disabilities requires an understanding of the person's support needs, and consideration of the most successful way of meeting those needs. It is rarely as simple as finding a free bed in an existing service.

Here are some points to consider in developing accommodation and support options as well as information about some of the models that others are currently utilising.

Developing a support model

The essential starting point is to develop a detailed understanding of the individual's needs and interests, and then select and structure an appropriate living environment as well as a support structure that will best meet the individual's needs. Even when you can identify an existing service, you will need to tailor or fine tune the support structure and living environment to meet the person's specific needs.

In general, the following principles apply:

- Start by working out the individual's broad support needs (e.g. 24 hour care / active or inactive overnight care / able to be left alone for some of the day, if so when, etc. The CANS and 24 hour worksheet are really helpful)
- Identify the ***essential*** factors that are necessary to enable the individual's key goals and support needs to be met. Ensure your solution addresses the essential factors and as many of the less essential or optional factors as possible. You will no doubt have to make some compromises and this will require a degree of problem solving
- Work from the general to the specific (e.g. start with the broad geographical location and narrow it down, start with a general idea of who the person is most suited to live with, and then narrow it down to specific individuals)
- Match the person's support needs to that offered by potential environments. Consider ways to compliment the support provided or fill gaps in support (e.g. with other paid or gratuitous support / specialist services)
- Understand and build in ways for support needs to be adapted to the person's changing needs (e.g. allow for the person progressing in their skills)
- Ensure that the option:
    - is acceptable to the individual and the support network
    - meets needs and ensures safety, dignity
    - maximises independence and opportunity
    - is sustainable

Structuring Support

The examples on the following page illustrate ways in which aspects of the support model can be problem-solved. On the left is a list of questions to answer in order to arrive at an understanding of the type and amount of support required.

What support does the person need?	Help with showering
Why do they need it?	Balance and mobility issues
When do they need support?	In the morning
Where is the support to be given?	In the individual's bathroom
Who will deliver the support?	Personal care worker in group home employed for a 2 hour shift (in addition to shared support)
How will they deliver it?	1:1 supervision and hands-on help to transfer

What support does the person need?	Help with problem solving unfamiliar situations
Why do they need it?	Executive function difficulties relating to ABI
When do they need support?	Incidentally throughout the week when novel situations arise
Where is the support to be given?	Via telephone or in person, depending upon availability of support person
Who will deliver the support?	Parent
How will they deliver it?	Verbally, followed up with written step-by-step instructions depending upon complexity of issue

What support does the person need?	Hoist transfers from bed to wheelchair with assistance of 2 people
Why do they need it?	Physical mobility issues
When do they need support?	Morning personal care, lunchtime for return to bed for rest, 2pm return to chair, after dinner to return to bed
Where is the support to be given?	Individual's bathroom and bedroom
Who will deliver the support?	Parent and attendant care worker
How will they deliver it?	Hands-on help of both people

What support does the person need?	Cognitive support
Why do they need it?	Prompting for leaving the house with wallet and keys etc
When do they need support?	Every time they leave the house
Where is the support to be given?	At the main entrance to the house
Who will deliver the support?	The Occupational Therapist to set up the strategies for the individual to self-prompt
How will they deliver it?	A checklist of things to take and a prompt to look at this list posted at the front door

Understanding the support needs helps to decide on the accommodation model within which this support can be delivered. It is important to consider the full range of personal, domestic, community, vocational and avocational activities the person participates in across the week. Different activities will probably require different amount and types of support, which dictates the development of a flexible model.

LIVING WITH FAMILY

John & Louise's Story

Five years ago, John was riding his bike to work when he suffered a bleed from an aneurysm which resulted in a severe brain injury. At the time of the injury, John and Louise were engaged, were working hard to pay off their lovely terrace home and had a busy social life. John survived, but was left severely physically disabled and confined to a nursing home.

John has a very high level of disability and can only move his head a few centimetres. He also has profound memory loss and is unable to remember events from hour to hour. So, he is totally dependent on others to assist him with everyday activities and requires 24-hour support with someone on call overnight.

From the start, Louise was determined to bring John home. But she met a lot of resistance from health professionals, family and friends who thought her plan was unrealistic. Although she found it a huge learning curve to understand John's brain injury, care needs and the equipment and supports he would require to live at home, Louise persevered.

They were married when John was still living in a nursing home. Preparing for the move home required persistence, planning and hard work to put everything in place. Now with the help of a wonderful team of disability support workers, the couple are living together in their home.

Today John participates in a range of home-based activities and is a regular at the Irish Club. John gets 44 hours of paid care which enables Louise to study nursing. They also receive ongoing assistance from a case manager, occupational therapist, speech pathologist, the Aids & Equipment Program and a continence subsidy program. Louise continues to provide a high level of unpaid care to John each day, however both John and Louise are thrilled that they are together again.

ABOUT LIVING WITH FAMILY

All of us start out living with family in our early years. Then, as we grow up and move out of the family home, we pick up the skills required to live independently. But some people acquire a disability before they have had a chance to learn these skills or experience living on their own or with friends.

On the other hand, there are those who became injured after they had experienced independent living and who consequently have more fixed expectations about independent living.

There are different challenges and considerations for those who are thinking of pursuing the option of living with family.

For some, it provides a transition from hospital or residential aged care to more independent living; for others it will become a more permanent accommodation option. Either way, living in the family home will require family members to provide an on-going level of care to their disabled relative, and may require them to accept a steady stream of external care providers, such as disability support workers.

Living with family may not literally mean re-entering the family home. There are many other possibilities such as extending the home to provide self-contained accommodation, building a bungalow, or placing a moveable unit on the family property for the individual.

These options may offer increased privacy and independence to both the individual and the family. Although there is the risk that a separate living area will become an extension of the family home and thus reduce privacy, though this is less likely to happen with a bungalow. An intercom between the family home and the person's living area may maintain privacy whilst still offering support.

Pros and cons of living with family

- May provide more consistent, dedicated and flexible care
- Offers familiarity with physical and social environments
- May rely on a high level of care by family members
- Not as costly as other support options (due to sharing accommodation and living costs and reliance on care by family members)
- May impact upon family relationships
- Risk of the family limiting the individual's lifestyle choices (e.g. risk taking, friendship groups)
- Risk of role confusion (e.g. partner/parent or caregiver?)
- Increased demands on family with accompanying stress and caregiver burden
- Reduced privacy of other family members when paid carers and therapists work in the family home
- May not be viable in the long term when, for example, parent caregivers get old or ill

LIVING ALONE WITH SUPPORT

Mark's Story

Six years ago, a car accident left Mark with a badly broken body and severe brain injury. After many months of rehabilitation he returned to live with his parents, and then moved to a group home with shared support. But Mark found it difficult to live with other people; he wanted to live by himself.

Initially, his family and support workers were unsure whether he'd be able to manage on his own. Mark moved into a small house, around the corner from the group home that he had lived in, which gave him privacy and his own space. It also had 24 hour on-call support available from disability support workers in the group home.

Now Mark has developed a morning routine of going to the group home to get his medication, and then taking one of the residents out for coffee at a local café. But he's not entirely left to his own devices. Every week support workers give him 11 hours of assistance with integrating into the community, and each evening a support worker visits for an hour or two to help him with domestic tasks.

Mark is lucky enough to have a very supportive family and he speaks to his mother and brother most days. He also has ongoing support from a Neuropsychologist to help him manage his challenging behaviour and an occupational therapist to help him become more independent in managing his domestic and community tasks.

ABOUT LIVING ALONE WITH SUPPORT

Although many people with a disability would love to live on their own without any support, it is not always possible or practical. But it often is possible to integrate the support required into daily life and direct it towards helping with specific everyday tasks and activities.

There are a number of ways of getting this support.

Sometimes it can be provided by family members or significant others. Alternatively it can be paid for, and most commonly provided by disability support workers. However some people are not keen on the idea of paid carer support, so another alternative is to get 'normalised' assistance in the form of a cleaner or gardener or personal assistant etc. Quite often people will use a combination of these different methods of support.

The level of support can be varied according to the needs of the individual. Some may want direct, one-on-one supervision and assistance 24-hours a day; others may only need weekly phone contact and occasions visits. There are also many options in between.

Another important consideration that requires planning is the physical environment of the house, apartment or unit in which the person chooses to live. The accommodation should be tailored to meet the needs of the individual. All kinds of things need to be thought about: for example the number of bedrooms, size of garden, facilities for pursuing hobbies (e.g. shed for woodwork), level of home maintenance, required accessibility, room for carer accommodation and space for entertaining.

Pros and cons of living alone with support

- Potential for more choice and control over everyday decision-making and the opportunity to direct one's own care
- Greater opportunity for lifestyle choices
- Homemaking can provide opportunities for meaningful, productive occupation
- Living alone, with or without home ownership, may provide a sense of achievement
- Offers tailored support which can be modified over time as support needs change
- May be cost effective if support needs are low; but can be very expensive for people who have high support needs
- Often the most expensive option as the individual would incur all care-related expenses rather than being able to share costs with co-residents
- 24 hour support programs require a high degree of input to establish and maintain, and require extensive coordination
- The person is potentially quite vulnerable and it is vital that ongoing monitoring and crisis support is factored into the support program
- Whilst some people enjoy time alone and value the opportunity of making their own friends, others may experience social isolation when living alone

SHARED SUPPORTED ACCOMMODATION

Anne's Story

Twenty years ago, Anne was studying outdoor education and looking forward to a bright future, when she was struck by a car while riding her motorcycle.

In the course of living in a nursing home followed by a long stay in hospital, Anne worked hard on regaining her independent living skills. The work paid off and eventually she moved into her own unit where she lived by herself for a few years. It was a major achievement, but as time went by Anne discovered that living by herself was not right for her; she found it lonely and challenging, and moved into a shared supported accommodation where she has now lived for the past few years.

Now she lives with three other people in the home which is located next to a facility for people with disabilities. Support workers are on hand during the day, and should assistance be required overnight, the support workers from the facility next door can come over.

Anne thoroughly enjoys her independence and the opportunity to get involved in the local community. She is a regular at the local market, sits on a committee at the local council and does volunteer work. But while the social side of communal living is fantastic, some of the inevitable rules associated with communal living can be frustrating at times. For example, she has her own cat but it is not allowed in the house during the day.

For Anne it has been a worthwhile journey. In the beginning, she thought a nursing home would be her only option; but with a little help and a lot of perseverance she has now taken control of her life.

ABOUT SHARED SUPPORTED ACCOMMODATION

A number of shared supported accommodation facilities have been established across Australia, and are now run by either private or public-funded disability services. They are usually set up to offer long-term placement and don't usually incorporate rehabilitation services. However, most have the flexibility to accommodate at least some of the needs of each individual resident.

Pros and cons of group homes

- Provide pleasant living environments in suburban setting
- Offer opportunities to participate in a wide range of domestic and community activities
- Provide opportunities for social contact with others in the home or local community
- Generally have a good staff-to-resident ratio for people with moderately high level needs
- Staff may have experience, or be offered training in managing people with specific disability types (e.g. acquired brain injury, MS, Huntington's Disease)
- May not be suitable for very high-needs individuals (e.g. if intensive nursing care is required or wandering is an issue). However the person may be able to obtain a high level of one-to-one support in addition to normal staffing levels
- There are limited vacancies in many shared supported accommodation facilities due to high demand and low turn over
- Group homes may not exist in the individual's preferred location
- Many people prefer to live alone or may not be agreeable to sharing with other people with disabilities
- Often there is little opportunity for selecting housemates on the basis of compatibility
- There may be a mixture of disability types and ages resulting in very different support needs
- Varying opportunities to personalise the living environment and the structure of support

LIVING PART-TIME IN SHARED SUPPORTED ACCOMMODATION

Peter & Grainne's Story

Peter and Grainne had been married for 2 years when Peter sustained a severe brain injury in a car accident in 1987. The injury left him with a high physical disability level and he requires 24-hour support and assistance with most everyday activities.

Peter lived for years in a long stay hospital prior to moving into shared supported accommodation where he shares support with three other people. Since Peter's accident, he has always lived at the family home on the weekends.

Over the years Grainne has had pressure from various health professionals to stop work and take Peter home full-time. However she has resisted it, and maintains that the best thing for their marriage is for Peter to live in supported care during the week and at home on the weekend. Grainne visits Peter every evening during the week and takes him home from Friday night to Sunday night. It's an arrangement that allows both of them to maintain balance in their lives.

ABOUT LIVING PART-TIME IN SHARED SUPPORTED ACCOMMODATION

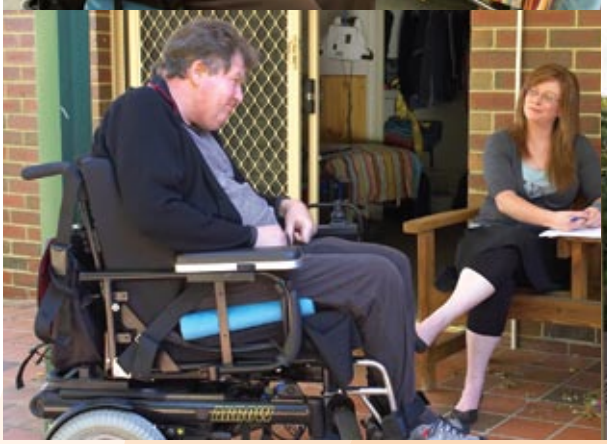
Some families are keen to be actively involved in the care and the life of a disabled partner or relative but find that looking after them 24 hours a day, seven days a week, is too demanding.

Although a part-time arrangement is not common and may be difficult to arrange in terms of staffing and funding, it can be an ideal solution for some families. It's an arrangement that can work in different ways. Some families may want to have the individual at home for the weekends; while others who manage to have them at home during the weekdays, because of the availability of day-time activities, want time off over the weekend.

It might be possible to arrange for a pair of individuals to share occupancy of a bedroom in shared supported accommodation. While one individual used the room during the week, the other would use it on the weekend. It might be difficult to arrange, but would mean that they could live with their families on the other days of the week.

Pros and cons of living part time in shared supported accommodation

- It may be difficult to find two people who want to live in the same group home on a part time basis
- Storage of equipment, personal items and clothes in one bedroom may be problematic
- Additional resources may be required to change linen and clean the bathroom and equipment between occupants
- Having two part time co-residents may be disruptive to other household members
- This arrangement may enable the family and the individual to maintain some balance in their lives
- This may be a more realistic long term solution than living with family seven days per week



SHARED HOUSING WITH PEOPLE WITHOUT DISABILITIES

Matthew's Story

Matthew was a 19 year old university student when he suffered a severe traumatic brain injury. Due to the severity of his cognitive-behaviour impairments, his support needs were very high and his family was told that he would need to remain in a locked facility indefinitely. Matthew required 24 hour supervision however, shared supported accommodation services were not an option because one of the key triggers for his challenging behaviour was his dislike of living with other people with disabilities.

Prior to his injury Matthew had a wide circle of friends and his interpersonal skills and his capacity for relationship are still his key strengths. Matthew responded much better in a normalised environment. Supported strongly by his family, Matthew's rehabilitation team developed a model of community living specifically to meet his needs. Given Matthew's profound memory difficulties it was critical that Matthew live in a local area that was familiar to him prior to his injury. At age 23 Matthew moved out of the locked facility to a home shared with non-disabled tenants. In return for subsidised rent, Matthew's housemates assisted by providing him with friendship, a positive social environment, general supervision and shared direct assistance each evening.

The arrangement has proved a great success for over ten years. Matthew is now extremely reliable in many tasks. He helps out around the house and participates in community activities such as banking and shopping. He has a structured program of leisure and avocational activities, and systems are in place to assist Matthew in maintaining his friendship group. He is also better able to occupy his own time for short periods, and as a result his attendant care hours have been reduced, and he no longer requires 24 hour supervision.

Matthew loves walking along his local shopping strip, where he is a familiar face to many, and he enjoys the independence of visiting cafes as well as travelling on the train, in the company of others, which is one of his favourite pastimes.

ABOUT SHARED HOUSING WITH PEOPLE WITHOUT DISABILITIES

While shared supported accommodation services suit some people with disabilities, there are many people with acquired brain injury who are not able to successfully live with other people with disabilities. Shared living with other people is common for some in the general population such as university students and young professionals.

Pros and cons of shared housing with people without disabilities

- This individualised approach enables the person to live in a familiar suburban setting
- Provides a social living environment for people who seek a lot of social contact
- Housemates can provide positive social role models for people with disabilities who are working on their social skills
- This model takes an enormous amount of time and energy to set up and maintain over time
- Careful recruitment and training of housemates is critical for the success of this model

CLUSTERS OF UNITS

Byron's Story

Byron sustained a severe brain injury, which has left him with limited physical abilities so that he relies on the support of others to complete everyday activities such as meal preparation and shopping. When Byron left the rehabilitation facility he gave consideration to living in shared supported accommodation or a cluster of units. For Byron it was an easy choice, as he was keen to purchase his own unit and have his own space.

Byron shares support with three other people who live in the units adjacent to his. Disability support workers come by to assist him at meal times. Byron keeps his phone with him at all times so that he can press 9 and obtain assistance in the event of a fall or other urgent matter. Byron also has 13 hours per week of attendant care to assist him to participate in community based activities such as shopping, going to the gym and going to the football every second weekend. Byron is also a regular at some social groups in the evening and a woodwork group run by a local disability service.

Byron enjoys the privacy of having his own unit, particularly when he has visitors. He likes the security of owning his own unit. However, like many people who have an acquired brain injury he does not have as many people visiting as he would like. Byron has little or no contact with his friends from before his injury. He doesn't have any social contact with the other people in the cluster of units. He depends on his attendant care program and the three groups he attends for his social contact. Without these groups and the support of his mother he is at risk of becoming very socially isolated.

ABOUT CLUSTERS OF UNITS

This is an environment where a number of people live independently but in close proximity to others who require similar levels of support. For example, they might all live in the same block of units or in flats at the back of a shared supported accommodation facility.

These cluster settings may offer a centralised, funded service that provides flexible shared support to a group of people living the same area. Occupants may purchase or rent their own unit and are able to access 24-hour shared attendant care support. They also receive varying levels of 1:1 attendant care to help them with specific activities as part of daily living.

Pros and cons of clusters of units

- Provide pleasant living environments in suburban settings
- Offer opportunities to participate in a wide range of domestic and community activities
- Provide privacy as well as opportunities for social contact with others in the units and the local community
- Generally good staff-to-resident ratio for people with moderately high-level needs
- Staff may have experience, or be offered training in managing people with specific disability types (e.g. acquired brain injury, MS, Huntington's Disease)
- May not be suitable for those with very high-needs (e.g. if intensive nursing care or a secure environment is required). However the person may be able to obtain additional one-to-one support in addition to shared staffing
- Clusters of units may not exist in the person's preferred location
- Many people prefer to live alone or may not be agreeable to living near other people with disabilities
- There may be a mixture of disability types and ages resulting in very different support needs
- Varying opportunities to personalise living environment and the structure of support

HIGH CARE FACILITIES FOR YOUNGER PEOPLE

Gayle's Story

In 1988 Gayle was in a car accident and suffered a severe brain injury, which forced her to spend years in hospitals and rehabilitation centres. She requires 24-hour supervision and assistance with some everyday activities.

Today, Gayle lives in a shared accommodation facility, which is home to 15 residents between the ages of 25 and 65. This facility has a higher level of care and a more institutional feel to it than the other options described in this booklet. Over the years, Gayle has been offered the chance to try more independent living, but she's content where she is. She particularly enjoys all the opportunities that the facility offers for social interaction and making friends. If at times she finds it difficult to get along with the other residents, it's always easy to go outside or retreat to her room.

It's a friendly environment where she feels at home and, for Gayle, the balance is right. She has the independence she wants, and the assistance she needs, available 24 hours a day.

ABOUT HIGH CARE FACILITIES FOR YOUNGER PEOPLE

There are organisations for specific disabilities that have developed their own care accommodation. These include the Arthur Preston Centre (Huntington's Disease), Cyril Jewell House (Multiple Sclerosis) and Glenhaven (ABI).

Typically these facilities have 15 to 30 residents and have expertise in supporting a specific disability group. Sometimes the facility can cater for changing needs, for example the progression to higher levels of care in the case of Huntington's or MS, or the facilitation of greater levels of independence in the case of ABI.

Current disability policy supports the development of smaller scale housing that is more home-like and less institutional. But this may not suit everyone. Many younger people who have spent many years in residential aged care feel more secure in a "younger persons' nursing home". Sometimes a home such as this may be a stepping-stone to more independent living. Over the years, many people who have lived in a high care facility have moved on to living in a group home, a cluster of units or their own unit.

Pros and cons of high care facilities for younger people

- Can meet the high care needs of specific disabilities
- Although still institutional in nature, a broader range of needs may be met
- Staff may have expertise in acquired or late onset disability
- Limited opportunities to match people of compatible age, interests and other factors
- May be located well away from the person's local area and social networks

GLOSSARY OF TERMS

Aids & Equipment Program

The State Government of Victoria funds the Victorian Aids and Equipment Program (A&EP), formerly known as the Program of Aids for Disabled People or PADP. This program provides subsidies for equipment and home modifications for people with disabilities, the frail aged and those with chronic illnesses, to help them live as independently as possible in the community. Similar programs exist in all Australian states and territories.

http://www.dhs.vic.gov.au/disability/supports_for_people/living_in_my_home/aids_and_equipment_program

Attendant Carer

(See Disability Support Worker).

Case Manager

Working with a person and their support network to plan and coordinate the appropriate treatment, services and support.

Cluster of Units

A group of separate units that can be purchased or rented by people with disabilities who wish to share onsite support from disability support workers.

Continence Subsidy Program

The Continence Aids Assistance Scheme (CAAS) is a Commonwealth program offering assistance to people who have permanent and ongoing incontinence as a result of a neurological condition or severe intellectual impairment. The aim of CAAS is to help eligible clients to meet the cost of continence aids.

http://www.health.gov.au/internet/main/publishing.nsf/Content/continence-caas.htm

Disability Support Worker

Disability support workers provide assistance to a person with a disability with every day tasks that a person without a disability would be doing for themselves and may include the following personal activities: lifting, showering, toileting, grooming, meal assistance, meal preparation, exercise, domestic responsibilities, recreation, personal development, communication, mobility, personal administration, shopping and other independent living skills.

(Also called Attendant Carers).

GLOSSARY OF TERMS

Shared Supported Accommodation

A house where usually 4-6 people with disabilities live with onsite support from Disability Support Workers (also called a Community Residential Unit (CRU) or group home).

Neuropsychologist

A Neuropsychologists understand how brain damage can affect thinking, memory, behaviour and personality. They perform assessments to identify which functions have changed and suggest strategies to help manage those changes.

Occupational Therapist (OT)

An Occupational Therapist assesses the ability to manage daily tasks and recommends home modifications or physical aids that may be needed to perform tasks. They also help people re-learn skills, such as how to dress, prepare meals and maintain hygiene.

Physiotherapist

A Physiotherapists works on a person's ability to move, coordinate and balance and help to relieve muscle stiffness and develop exercise programs. They also assess the need for mobility aids, such as wheelchairs.

Social Worker

A Social Worker helps people locate special accommodation needs, useful community and government services, support groups and provide advice on welfare benefits.

Speech Pathologist

A Speech Pathologist helps overcome problems with communication, speaking and swallowing.

MORE INFORMATION ABOUT ALTERNATIVES TO AGED CARE FACILITIES

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