

## INTRODUCTION

The Kew Neighborhood Learning Centre provides a range of activities and classes for people who live or work in the city of Boroondara.

One of our most successful programs is the **Oasis** program. This is a program of educational, social and recreational activities for people who are marginalized in our society. Some of our participants have long-term psychiatric illness; some have intellectual disabilities often combined with physical disabilities. Many of our older people have spent their childhood in abusive families or institutions. Younger as well as older participants live in supported accommodation or with aging parents.

Our program is funded by the Department of Health and Aged Care(HACC Planned Activity Group) with ongoing funding.

This program is NOT part of a case management program for individuals. People choose to attend the House because they enjoy the activities and companionship. They mix with participants of our other programs, they are able to help in childcare or the café, care for the chooks or work in the Men's Shed.

In addition to the Oasis program people with disabilities are encouraged to participate in the other activities of the House.

Example: A young woman with Serious Mental Health issues enrolled the fee for service Yoga Class.

8 Individuals with serious mental health issues have completed the Office Skills Course and Cafes Courses which provides employment training.

The Chinese Activity Group is part of our HACC funded program. Our bi-lingual community development worker meets with older members of the Chinese community each week. In this group there are parents – or grandparents - of young people with disabilities. One of the purposes of the group is to help these families access community and health services.

This submission addresses the problems faced by people with a disability seen from the perspective of a community facility.

***We support the introduction of a National Disability Insurance Scheme because it provides individuals with power to chose services, to plan ahead and to maximize their opportunities to learn and facilitate social interaction.***

***When funding is available on an individual basis the person can chose how to spend it. Under current arrangements an individual can only access services which are funded to supply services .For example if the individual has difficulty in accessing our services no funding is available to assist them.***

## ACCESS TO AND PARTICIPATION IN COMMUNITY ACTIVITIES.

1. *Access to community facilities such as Kew Neighborhood Learning Centre (KNLC) requires transport. In some instances a community bus can be used from the Centre to pick up people from rooming houses or special accommodation houses. However, we have limited access to this bus and others need to come by public transport or taxis. 20 of our clients rely on Taxis to come here for programs. One bad experience with a taxi driver can end a person's ability to come to the Centre. For people in wheelchairs the availability of maxicabs is often frustrating and disheartening with the longest wait for one of our clients being 3 hours to be picked up when she had come here for a one hour program.*

*Public Transport is also a difficult choice for some people with serious mental health issues as it can be confronting and threatening with crowded trams.*

2. Rooming houses and special accommodation residences are subject to budget constraints and in the last 8 years 8 of these within our area have closed. The number of people affected in Boroondara is over 200. Alternative arrangements are made for these people without consideration of their daily lives, their friends and their connections. A number of our program participants have been re-housed in Ringwood or Croydon. The cost of attending becomes prohibitive. The health cost for individuals having to move numerous times has been terrible. Loss of community loss of connection LOSS.

These two examples illustrate how people on low incomes with disabilities have no power over their lives. They are dependent on the goodwill of case managers, taxi drivers, and the managers of their residences. They are on low incomes and many have no family support.

## PEOPLE WITH DISABILITIES BEING CARED FOR BY AGING PARENTS.

1. Over the past 40 years life expectancy of all Australians has risen. However, the life expectancy of a person with a disability has increased at a greater rate. In practical terms this means that a child who is cared for by his or her parents may outlive the parents. If the person with a disability is unable to function as an adult and requires supervision or help with daily living this becomes increasingly onerous for older parents.
2. As parents age, one or other may become ill which leaves the well parent caring for a middle-aged child with a disability as well as an ill spouse. The logistics of caring for two people may be overwhelming.
3. Lack of respite care, small Carer's allowances, inability to work whilst caring for a person with a disability often mean that parents breakdown under the strain of caring for an adult child with a disability.

Example: We have a young man living at home he attends programs here for short periods. He lives with his mother. He has no other friends or contacts and how he will survive when he is alone is the question.

## LACK OF SUITABLE ACCOMODATION FOR YOUNG PEOPLE WITH SEVERE DISABILITIES.

1. Currently there are very few beds available for young people – under 35 - who have physical disabilities. We acknowledge that there are some supported residences available for people with chronic mental illness, but very few for people with severe physical disabilities. An example is a 21 year old woman with dual disabilities placed (temporarily) in an aged care facility whilst waiting for her transitional housing place!
2. KNLC offers activity programs to people in this category but their ability to access the House is restricted. Many of them need to be accompanied by a carer. If adequate transport were available and sufficient individual carers we would be in a better position to offer activities to more people with disabilities.

## LACK OF RESOURCES IN COMMUNITY FACILITIES.

1. KNLC is dependent on grants from the three levels of government and other community groups to provide services. Our building belongs to the City of Boroondara who maintains it on our behalf. However, there is no funding available to enable us to adapt the House to make it more suitable for people in wheelchairs.

Example: because the House consists of two old houses we need a stair lift to enable people with disabilities to reach some parts of the House. We have no funding for a stair lift.

2. We have seen some remarkable improvements in some of our program participants.

Example: Mavis had many hospitalizations for mental illness from her teenage years. She was discharged from the large Psychiatric Hospital in her late 30s. She has lived in many SRS accommodation and been moved many times. In her mid 60's she had another break down and got a case manager(for the first time) and she has also been a participant at this centre for over 12 years. Over the past 5 years her confidence and her mental and physical health have improved. Mavis had limited education opportunities. Through attending literacy classes at KNLC she has learned to read. Now she goes to the library and reads all kinds of books she started with children's stories and now read everything. Mavis is 70 years of age and received for her birthday a book 'Mary Poppins' it was the first book she has ever owned. Opportunities such as this could change many lives.

3. There is no funding available for individuals like Mavis to select activities or programs. They are dependent on the goodwill of others. Routines in accommodation houses do not always fit in with outside activities.

Example: If an evening meal is served early there may not be sufficient time to attend an afternoon program.