

8th September 2010

To the Hon. Ian West, Chair of the Social Issues Committee,

RE: SCIA's Submission to the New South Wales Social Issues Committees inquiry into Services provided or funded by the Department of Ageing, Disability and Home Care (ADHC)

In response to question on notice:

In your submission you raise the issue of ADHC funded advocacy services. On page 10 you state that "there is clear potential for ADHC funded advocacy service providers to not 'bite the hand that feeds them' (whether real or at least perceived) at the expense of a clients' ADHC related issue leading to a conflict of interest".

How do you suggest this potential conflict of interest for ADHC funded advocacy services be managed?

The content in the SCI Australia submission was provided to bring to the Committee's attention that: "there is clear potential for ADHC funded advocacy service providers to not 'bite the hand that feeds them' (whether real or at least perceived) at the expense of a client's ADHC related issue leading to a conflict of interest", with the proposal for the Committee to recommend this important issues to be reviewed and addressed.

Although SCI Australia suggested the NSW Attorney General may be more appropriate or a preferred option to fund, administer and manage NSW Advocacy Services, in hindsight and much reviewing of current responsibilities and roles of both departments, SCI Australia believes there may be a better option through the role and responsibility of the NSW Ombudsman.

If NSW Advocacy Services became the responsibility of the NSW Ombudsman it would remove any potential conflict of interest or impediment (real or perceived) that may arise when ADHC funded Advocacy Services are being sought by clients with complaints against ADHC provided or funded services. This change in funding, administration and management would also provide some autonomy to the Advocacy Services with the benefit of having a direct link to the NSW Ombudsman for the possible referral of escalated or unresolved complaints.

Furthermore, if NSW Advocacy Services became the responsibility of the NSW Ombudsman, then the collection of data and appropriate reporting on complaints would have the potential to identify systemic issues within the NSW Government Departments and Authorities of which the NSW Ombudsman currently has the responsibility for investigating, reviewing and making appropriate recommendations.

To further address question identified on page 36 of our verbal submission by the Hon. Helen Westwood,

Numbers of ADHC directly delivered care recipients:

There are presently over 52,000 NSW citizens receiving home support, domestic care and personal care from DADHC operated Home Care Services. (ADHC Annual report 2009)

Ratio of Service provision ADHC to NGO:

In terms of care provision it is 72.8% ADHC directly delivered services to 27.2% Non Governmental Organisational provision. (ADHC Annual report 2009)

Spinal specific service needs:

People who acquire a permanent disability of paraplegia or quadriplegia through a spinal cord injury will generally have a lot of common needs but with unique and individual circumstances. There are many variables that impact on people disability, their families and carers which include their age, family situation, level of disability and mobility, if they live in urban, rural, regional or remote locations and whether they are able to seek and receive compensation/damages through an insurance scheme, workers compensation, the NSW Lifetime Care Scheme to name a few.

People with disability, their families and carers may not require any support service or programs, however, many individuals with significant disability and complex care needs may require a variety of services including:

- personal care/attendant care
- flexible respite
- domestic assistance including cleaning, cooking a meal preparation, shopping etc
- food services including Meals on Wheels
- education, training and employment including transition to work
- home modifications and maintenance
- equipment, aids and appliances
- accessible transport including community transport services and wheelchair accessible taxis
- allied health services including physiotherapy, occupational therapy, podiatry and community nursing
- home oxygen service for people using CPAP and BIPAP machines
- people with quadriplegia who are ventilator dependent require 24/7 support

Yours sincerely,

Sean Lomas
Spinal Cord Injuries Australia