

Submission
No 47

**INQUIRY INTO SERVICES PROVIDED OR FUNDED OR
THE DEPARTMENT OF AGEING, DISABILITY AND
HOME CARE**

Name: Name suppressed

Date received: 05/08/2010

Partially Confidential

Inquiry into services provided or funded by the Department of Ageing, Disability and Home Care.

Background

I am interested in Legislative Council's Standing Committee on Social Issues in relation to services provided or funded by the Department of Ageing, Disability and Home Care with regard to the *Terms of Reference* points (d), (e), (f) and (g).

TERMS OF REFERENCE

Apologies for any cross postings

1. That the Standing Committee on Social Issues inquire into and report on the quality, effectiveness and delivery of services provided or funded by the Department of Ageing, Disability and Home Care (ADHC), and in particular:

(a) the historical and current level of funding and extent of unmet need,

(b) variations in service delivery, waiting lists and program quality between:

(i) services provided, or funded, by ADHC,

(ii) ADHC Regional Areas,

(c) flexibility in client funding arrangements and client focused service delivery,

(d) compliance with Disability Service Standards,

(e) adequacy of complaint handling, grievance mechanisms and ADHC funded advocacy services,

(f) internal and external program evaluation including program auditing and achievement of program performance indicators review, and

(g) any other matters.

My submission to the inquiry specifically relates to the incongruous placement of a autistic male into the _____ group home at _____ by;

1. many breaches of ADHC/DADHC policy.
2. forcing _____ to go against its better judgment and established policy with regard this placement.
3. violating basic human rights
4. not following obvious OH&S guidelines to numerous incidents of breaches of safety and wellbeing since the placement and including _____ during the proceeding transition period
5. ADHC staff bullying the _____ staff during the transition period and also since the placement began.

1. The transition period was continued even though this contravened ADHC's own documented standard for service entry which states: page 1.1.2 "An agency has a procedure to involve existing residents of a group home in deciding overall compatibility and in selecting new residents". In this case the service provider, _____, and the current three residents all objected to the placement, but ADHC proceeded with the placement. It is, at best, poor practice to insist that a provider accepts a new resident whom they clearly believe is unsuitable in this particular household.

DADHC decision to push ahead with this new resident goes against DADHC standard 3.0 Decision Making and Choice which states: "each person with a disability has the opportunity to participate as full as possible in making decisions about the events and activities of his/her daily life in relation to the service he/she receives".

During the transitioning process there are numerous documented violations of personal space, protested physical contact, bedroom and bathroom entries while in use, that by DADHC insistence on the choice of the new resident has contravened another of their own standards: 4.1 **The Right to Privacy Dignity and Confidentiality**; 4.1.9 "service uses are provided with private space to carry out their personal activities such as showering, dressing and toileting".

DADHC Policy, **Allocation of Places in Supported Accommodation** – 4.1 Guiding Principles (2) "People with a disability have the right to live in the available accommodation option that meets their assessed support needs, manages identified risks and maximizes their independence." With this in mind it is quite clear DADHC can not guarantee that they have fulfilled the responsibility of *Duty of Care* for the three adults in residence when determining a suitable housemate?

I would also like to draw your attention to, Section 5.11 of the Allocation of Places in Supported Accommodation - Policies and Procedures:

"A transition plan will be developed for each person who accepts an offer of supported accommodation to facilitate a move that meets the person's needs. At the beginning of the transition, residents residing in the accommodation service and their families and carer will be informed that a new person will be moving into the service. During the transition there will be opportunities for all residents and families to meet each other." This process did not happen. There was correspondence in _____, from the families of the existing members raising objections to this placement.

However the process still went ahead.

Also it is plain to see that the original three residents have now been placed in an abusive situation over which they have no control. The _____ staff have been instructed not to try to stop the new resident when he carries out his routine physical

violations. This directly goes against ADHC standard: 10.6 "abuse refers to threatened or actual physical, sexual or verbal assault including physical or medical restraint" The new resident is large, strong, nimble and quick moving and clearly capable of inflicting damage to the older, slower, much smaller and more frail residents.

2. senior staff reported that they could not recommend this placement on the grounds of compatibility and they offered to set up a separate house with the financial support of ADHC.
3. The original three members have been forced to live with someone by whom they are intimidated and put in situations that have caused many violations - both physical and mental.
4. There are many and continued protested physical violations on a daily basis (there have been more than one hundred such violations in eight months against my brother, see attached log of incidents please note that this log only pertains to and there is an equally extensive log pertaining to the other two members of the household) that have taken place since the new resident moved in late . A correctly conducted risk assessment should result in a safety method statement that eliminates the risk, however this risk is unable to be eliminated or properly managed. As per ADHAC publication **Guidelines for Managing Challenging Interactions**: 3.2 "If risks posed by a client's behaviour, physical or medical needs cannot be managed to preserve the safety and wellbeing ..and the staff who provide care, services must be altered, suspended or discontinued."

Why has this not been evoked?

5. There is the unacceptable bullying by DADHC/ADHC staff towards Staff, firstly by saying to senior staff that ADHC would withdraw their financial support for cottage if they did not take this new resident and secondly, there are obvious continuing signs of bullying by inference and by trivializing staff reports of incidents and making them feel incapable. I would suggest to the inquiry that they interview , and find out why policies have been overridden by ADHC in this ongoing situation. There needs to be some investigation into the waste of funds by ADHC to make this decision work.

Finally, does a serious accident have to occur before our concerns are treated as merely minor and unimportant?