

Submission  
No 105

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

Name: Name suppressed  
Date received: 6/08/2010

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Partially Confidential

**Submission to the Inquiry into services provided or funded by the  
NSW Department of Ageing, Disability and Home Care (ADHC)**

Date: 05/08/2010

The Director  
Standing Committee on Social Issues  
Parliament House  
Macquarie St  
Sydney NSW 2000  
Fax: (02) 9230 2981

Dear Director and Standing Committee on Social Issues,

Thank you for providing the opportunity to make this submission into the inquiry of services provided or funded by the NSW Ageing, Disability and Home Care.

I am the partner of a person with a disability.

We have recently moved from \_\_\_\_\_ back to Australia. My partner is an Australian citizen. I cannot believe the outright blind eye that has been turned to the people with a disability in New South Wales. These are the issues that I think you need to look at rectifying:

1. Homecare/Respite-(in so far as having enough people hired to be able to responsibly care for the number of people that need it in the community, done in a timely fashion as there isn't a 2 month waitlist for care,
2. Paying homecare workers enough so that they do not cancel the night before to their agencies without any notice leaving clients high and dry without adequate care.
3. The set up of this government agency as a whole to work together instead of on their own,
4. Transportation around non urban settings,
5. Allotment of more funds for soft goods such as catheters and leg bags

1. Homecare/Respite. My spouse went into the hospital for unexplained condition on \_\_\_\_\_. He was not even in the hospital 1 hour before we got a phone call from homecare respite saying we had been dropped from the program and that the hospital would have to sort it out. The homecare company had already billed the government for the time but refused to provide the care even after he was discharged hospital on the \_\_\_\_\_.

We have a case manager \_\_\_\_\_ . We have been to our local member Grant McBride with no real headway. We had the spinal cord discharge and social work team at Royal North Shore Hospital also assisting us with accessing homecare. They were also unable to unearth any answers or arrange care.

2. Once interim care was arranged, we received a phone call at night on \_\_\_\_\_ from the agency saying that 80 percent of their staff had called in to say that they wouldn't be showing up for work and that no one would be coming to provide care the next day. This sort of unreliability for a service that is needed by people that are unable to help themselves is appalling. More staff and better wages may alleviate this problem.

3. Proposed solutions should consist of having all departments work together under one group i.e. Community Care Office -Case managers, RN's, AIN's, occupational and physiotherapists all work together out of one division.

4. There are very few accessible buses on the Central Coast. People that are confined to scooters or wheel chairs have difficulty getting to and from work, school, and leisure type places via public transport. They should be allotted the same services and options to transport as every other person in this state. You are discriminating against them by not having these services available. The train stations on the central coast as well are not fully accessible as there is only ramp access on one side of the platforms. We can get on the train but are unable to get off due to the fact that the next station that is accessible is 20 mins down the line.

5. Subsidy for soft goods should be increased to reflect actual costs.

Again, thank you for providing the opportunity to make a submission to this very important and timely inquiry and I trust that the committee will make appropriate recommendations to address any issues.

Yours sincerely,