

Submission
No 106

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

Name: Name suppressed

Date received: 5/08/2010

Partially Confidential

August 5th 2010

The Director
 Standing Committee on Social Issues
 Parliament House
 Macquarie St
 Sydney 2000

Dear Sir,

My name is _____ and I am a careworker with Home Care _____ Branch. I have been with Home Care for the last _____ and am about to retire. Prior to retiring I have decided to lodge a protest for what is happening in Home Care in relation to the drop in standard of care and the calibre of some of the managerial staff they are now employing.

During my _____ with Home Care I mainly provided service to quadriplegics so it is with this in mind that I make my submission today.

Firstly there is a great need for more Grade 3 carers to be employed as often there are not enough to provide the services required and sending just anyone is not good enough.

These Grade 3 carers should have infinitely more training in the requirements of the disabled particularly such things as skin care. I know that the responsibility of personal care lies primarily with the client but if the carer does not alert him/her to problems say on the back then major problems will result. We all know that people with severe disabilities will end up sometime in their lives with pressure sores. These sores then require intervention by other service providers at an enormous cost to the public purse not to mention the cost to the client, both financially and socially, of having to stay in bed for months on end. Prevention is possible with well trained Grade 3 staff.

As Home Care careworkers work in isolation, that is after the initial on- the- job training they are virtually left to their own devices with very little checking up that standards are being maintained. I have found that the careworkers will get slack, sloppy, cut corners and change routines to suit themselves often to the detriment of the client. So there should be far more regular checks of careworkers. Spot checking is an excellent idea too.

Working with the disabled is very demanding physically and after some years it does take its toll. Every careworker should have a regular medical examination and functional assessment to see that he/she is able to carry out the required duties. After the first medical on joining Home Care there is no further check up. OH&S have greatly improved over the last few years so we are seeing a reduction in work injuries. But in my experience I have found that careworkers who find they cannot carry out their duties as initially trained will in fact change routines and procedures to suit

themselves once again to the detriment of the client. They do this so that they can retain jobs e.g. nearer home, or is convenient to them in some way.

Thought should be given to more flexibility so that clients are able to call careworkers other than their allotted time for example in an emergency. These emergencies do not happen often (I am thinking on the lines of bladder and bowel) but when they do they have to be attended to immediately. Many severely disabled people live alone or with elderly relatives and it would be comforting to know there was someone they could call for help. We all know that such emergencies always happen out of office hours and at weekends.

The job description of the managers and service co-ordinators seems to have changed. Once upon a time the co-ordinator would visit a client on a regular basis ensuring client satisfaction. Nowadays they never, or hardly ever leave the office and the human side to their job has been taken away. They need to get in touch with the clients on a regular one to one basis so that they empathise with clients are not treat them as numbers on a page. Then when services fail they can relate more and not shrug off the fact that someone did not turn up due to a clerical error as "just one of those things". There seems to be a callous disregard for the rights of the clients when we, as careworkers, are informed that clients will be told the time to expect their service just as they are told when to expect a plumber or an electrician. I find this totally demeaning. Regular auditing of services not being provided, doubling up of services due to errors on the part of the service co-ordinator and careworker would be a useful tool have.

Many clients are fearful of complaining either because they don't want careworkers to lose their job or they are afraid of reprisals in the form of reduced service or reduced quality of service. There should be an independent body, not too far removed from Home Care, that can deal with complaints swiftly and with assurances that there will be no backlash. One client to whom I provided service for many years told me that when he complained to the manager she visited his home and used "stand-over tactics" (his words) to ensure his silence. It was not until he left that branch that he had the courage to write a letter of complaint to the Regional Manager but again he received no satisfaction there. He was told to go to the Ombudsman. In other words complaints to Home Care are not taken seriously.

These are a few of my thoughts on Home Care which I hope you will find useful.

I am,

Yours sincerely