

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

Name: Name Suppressed
Date received: 27/07/2010

Partially Confidential

RECEIVED

27 JUL 2010

LEGISLATIVE
COUNCIL

July 26, 2010

Standing Committee on Social Issues

To whom it may concern,

Here is my response in relation to the Terms of Reference you require for the Inquiry into services provided or funded by the Department of Ageing, Disability and Home Care.

I have separated my comments into the Terms of Reference Sections as provided.

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

Had to attend activity day centre whilst sick instead of being allowed to remain at Group home.
Won't pay overtime also untrained staff make that decision with reference to Network Manager who does not attend the meeting and is therefore too remote from any situation to make a reasonable decision.
Insufficient staff to do admin at Group home while needing to be hands on with residents that are non verbal and totally dependent.
Untrained staff often agency or casual.
Unable to provide professional good specialised services i.e. speech therapist, behaviour management.
No house managers or on site person in charge of running group homes

Residents vegetate, persist in self mutilation, self stimulation, unsociably acceptable behaviours.
None or little one on one stimulation. No individual plan implemented.

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

i. services provided, or funded by ADHC

ii. ADHC Regional Areas

The Group home used to be like a home - residents and staff were very happy, good communication between staff and families.

Now, Staff are making important decisions rather than open to discussion to understand the personal and individual needs.

Lack of house management has resulted in a change in all aspects of care, accountability, staff attitude and work satisfaction have all gone totally downward resulting in less than basic standard of care.

Questions asked (and have not been answered to my satisfaction) on frequent injuries, hygiene, diet, behaviour management, no control over self injuries, behaviour programs etc.

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

ADHC rely on untrained group home staff to provide funding assessments. No resident representative when resident unable to provide information on care needs. ADHC do not provide outcome of how an individual's funding for group home care or day centre funding "questions are looked on as its not anyone's business or interest. Not client focused when an abused client needs to have a male do personal care, stresses then self harm occurs.

(d) compliance with Disability Service Standards

Disability standards and ADHC own standards are nonexistent in my personal group home. As far as an implementation of standards goes, when dealing with the area manager, I have to first talk and then write ccing superiors and still receive a vague response.

The system sets up residents to fail in personal needs and goals as these cannot be achieved without additional funding or resourcing.

When I entered the group home, her communication system already in place was not continued. After 6 years and many and lengthy requests an ADHC speech therapist came into the home to train the staff in communication program. This was implemented differently to what she was used to and was unsuccessful and therefore abandoned after 6 months.

Thank you for the opportunity to document my issues, opinions and recommendations for action. Additional
documental evidence can be provided on request

Yours Sincerely,