

Submission
No 109

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

Name: Name suppressed
Date received: 16/08/2010

Partially Confidential

16th August 2010

Re:

Unsafe Environment, issues with Emergency Procedures and Medication at Group Home-

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

Fax: (02) 92302981

Dear Sir/Madam,

We write to you on behalf of [redacted] Please refer attached documentary evidence on our status as her Legal Guardians.

[redacted] suffers from a complex medical condition which is marked by (1) hypothalamic hyperplasia (very difficult to control increase in appetite) and (2) the need for multiple hormone replacement to treat pan-hypopituitarism.

[redacted] takes Hydrocortisone (aka Hysone). When she becomes unwell, the dose of this medication needs to be change as per her "Sick Day Management Plan". (Document attached) as a result she requires constant care and for this reason, she has been resident of [redacted] since March, 2008.

In November 2008, [redacted] 21 years old, was the victim of a vicious sexual assault perpetrated by a 29 year old Male, resident of the house. This disgraceful act of violence occurred within the home. NSW Police were called to the scene by just one worker who was in charge of 3 clients. The worker, decided to lock herself in the office in order to protect herself leaving [redacted] on the hands of the violent perpetrator.

[redacted] was sent to [redacted] Hospital without her medication from "Sick Day Management" and without any support from the house, by herself in the Ambulance and forensic examination took place at the hospital surrounded by strangers until I arrived [redacted] (mum) from [redacted] one (1) hour later with her medication and to give support to [redacted] who has never has been sexually active and never expose to sexual acts against her innocence .

The acting Accommodation Manager from [redacted] arrived 1 hour and 40 minutes after the incident.

The Police Apprehended Violence Order (AVO) was obtained and a copy of the documentation is attached. The Police Statement of a Witness took place at _____ on December 2008 by _____. This Statement provides further details of her horrific ordeal on _____ (November/2008), describing a previous incident of indecent assault.

As a result of the AVO, the offender was removed from the home by _____

This unforgivable act of indecency has a disastrous effect on _____ and our entire family as a whole. The fact that it happened within her new home while she was supposedly under the adequate care of _____ was, and still is, of great concern to us. Furthermore, we are deeply troubled by virtue of the fact that numerous complaints had previously been made regarding the perpetrator aggressive behavior towards females in the house, prior to the sexual assault in November 2008.

The fact that _____ and ADAHC (Department of Ageing, Disability and Home Care) were aware of previous incidents with the same male touching _____ in the car on her way back from her day program, exposure in the bathroom and yet failed to ensure the safety of all residents within the house, made this assault all the more distressing for everyone involved and until today we never have even an apology from ADAHC.

The matter was first heard in _____ Local court on or about December 2008 _____ has all information regarding the court appearance).

After two (2) or three (3) court appearances, we were requested by _____ to drop the case against the perpetrator. The request was made based on the following:

- a) The offender was 29 yrs old;
- b) The offender suffers from prada-willi syndrome; and
- c) The Manager of the house, _____ employed by _____ advised that under no circumstances whatsoever would another male be allowed to reside in the home.

On the basis of the above statements and representations regarding future management and ensured safety of the residents at the home and better management with _____ medication, we have decided to drop the case against the perpetrator. It was a difficult decision for us however ensuring future safety was our primary focus rather than seeking punishment of the offender.

Given the awful circumstances of what had occurred, _____ had been doing quite well over the past few months having counseling enormous support from her family and was beginning to feel more comfortable and safe in her home at _____ once again.

However, this all changed on June 2010. On this date and to our absolute horror we were advised during a meeting with _____ (Psychologist) and _____ (adopted mother of one of the other female residents) that another male was shortly to take up residence at the house.

Minutes from this meeting confirm that serious concerns regarding a male once again residing at the house were raised on behalf of _____. _____ advised that a meeting was to be held with ADAHC on June 2010 and that after the meeting, any outcomes would be discussed with the family members prior to any final decisions being made.

To our great dismay, no such further correspondence was entered into with us. The next we heard of the

issue was at a further meeting held on June 2010. At this time we were advised that the male was officially entering the house as a resident and if we had any further concerns were taken up directly with ADAHC through their formal complaints procedure.

In line with the complaints procedure we then attempted to contact [redacted] of ADAHC on the telephone number provided by [redacted] being [redacted]. On three (3) occasions we were unable to obtain a response.

Despite all of our reasonable attempts described above, to our great dismay and heartache, we now are advised that the male has taken up residence on July 2010. We were even invited for a BBQ in the house to welcome the new male resident without any consideration for [redacted] traumas or family opinions.

[redacted] medical condition has now been severely compromised as a result of the decision to allow a male to reside in the house, despite the representation made by [redacted] that this would never again occur. We attach a letter from Dr. [redacted] (Endocrinologist), dated July 2010 which confirms this terrible turn in her condition.

Dr. [redacted] Endocrinologist [redacted] have advised that due to her increased anxiety and hyper arousal/stress levels, it is grossly inappropriate for her to be forced to share the bathroom with the new male resident.

The seriousness of [redacted] medical condition is further evidenced by the attached document titled "Sick Day Management for Patients on Corticosteroid Therapy". This document is to be referred to in emergency situations whereby [redacted] is suffering from increased stress levels or after an accident. Please note she has already had to increase her dosage of cortisone as a result of the current increased levels of stress brought on by the decision to allow a male to reside at the house.

We also, attach a hand-written statement signed by [redacted] which clearly describes the anguish she is currently experiencing as a result of the decision to allow a male to take up residence at the house.

[redacted] and ADAHC have a legal responsibility and duty of care to ensure the safety of all residents in the house, and we respectfully request that allowing another male to reside in the house, given previous incidents, is grossly negligent.

We did not proceed to the fullest legal extent regarding the previous criminal act due to kindness and forgiveness on our behalf, however, we refuse to allow [redacted] to be placed in the way of harm once again. For this reason [redacted] is living with her family and we have been advised by the [redacted] that we will receive just four (4) services because [redacted] has to be out of the group home for six (6) months in order to receive more respite, we are following further conversations looking for approval to have more respite.

[redacted] loves her home at group home and her Day Program with [redacted] Disability Services. She is happy and coping well with the diet requirements from her Obesity Clinic at [redacted] in the house and she is receiving great support with transport and recreational activities but at this stage we are struggling with no answers from [redacted]

Doctor [redacted] a family Doctor from [redacted] Medical Centre, saw [redacted] on 04 Aug. 2010 and found [redacted] anxious, tearful with very low mood. She advised me (mum), to take [redacted] to the hospital on August 2.010 where she has been seen with increased panic attacks, low mood with lethargy, and lost of appetite and been clearly diagnosed depressed following her upsetting news and requires counselling which has been arranged for Monday 9th August 2.010. (see attached documents)

A letter from Dr [redacted] was sent to [redacted] requesting support for [redacted] if she has to remain at the hospital but they never replied. (see attached document)

Dr. [redacted] Endocrinologist in charge from [redacted] is looking this week (from August 2010) to approach [redacted] and advised them to re-train staff in order to follow [redacted] medication procedures, that hasn't been followed properly after 19 months since the incident.

We would also like to add that throughout this horrifying ordeal the State Health System has been exemplary in its dealings with [redacted] supporting her and treating her with the dignity and respect that she deserves without this support, although unimaginable, the situation would have been more dire than it is now.

Please, raise your voices for people with disabilities and make families like mine feel safe and care for.

As a last resort ^{free} we will go public with our concerns by contacting Allan Jones on radio 2GB or Channel 9, A current Affair, knowing that this will be very difficult for my daughter and my family.

Thank you in advance on behalf of my family and myself and look forward to your response.

Yours Faithfully,

C.C. Ms. Carmel Tebbut, MP
Deputy Premier, and Minister for Health

C.C. Ms. Linda Burney, MP

Minister for the State Plan, and Minister for Community Services

C.C. The Hon. Peter Primrose, MLC

Minister for Ageing, Minister for Disability Services, Minister for Volunteering, and
Minister for Youth

C.C. Ms. Jodi McKay, MP

Minister for Tourism, Minister for the Hunter, Minister for Science and Medical
Research, and Minister for Women

C.C. Mr. Andrew Constance, MP

Shadow Minister for Ageing and Disability Services