

Submission  
No 43

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

**Name:** Name suppressed  
**Date received:** 06/08/2010

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Partially Confidential

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

## **TERMS OF REFERENCE**

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.

2. That the committee report by 30 September 2010.

## **COMMITTEE MEMBERS**

Hon Ian West MLC (*Chair*) Australian Labor Party  
Hon Trevor Khan MLC (*Deputy Chair*) The Nationals  
Hon Greg Donnelly MLC Australian Labor Party  
Hon Marie Ficarra MLC Liberal Party  
Dr John Kaye MLC The Greens  
Hon Helen Westwood MLC Australian Labor Party

## **LEGISLATIVE COUNCIL**

### **STANDING COMMITTEE ON SOCIAL ISSUES**

I submit the following for consideration and attention for the Inquiry into services provided or funded by ADHC:

I am aware of the enormity of ADHC legislative responsibility, the complexity of delivery and the generally honourable intentions of employees to achieve desirable outcomes. Yet I have given concerns with ADHC's judgement firstly in placement and secondly the personnel's capacity to make alternative arrangements to rectify an apparent inappropriate placement. I refer to an ongoing dialogue and strategies over the preceding 12 months between \_\_\_\_\_ members and ADHC. This directly involves my brother \_\_\_\_\_ who has Downs Syndrome who lives in an \_\_\_\_\_ community housing which I have witnessed on numerous occasions and have admired their professional attention to detail and abundant love in delivering quality care.

I specifically address the terms of reference 1(e) above for the committee's assessment.

What concerns me greatly is ADHC's persistence in altering what has worked harmoniously in this \_\_\_\_\_ community living for the past 11 years without due acknowledgement of the concerns of the carers and the residents. One resident has found it necessary to move out because such concerns were not addressed adequately to alleviate obvious anxiety. The following points clarify concerns related to adequacy of complaint handling;

1. ADHC themselves have recognised the '*risk of injury and feelings of anxiety concerns*' by its own current recommendations. Having worked with children who are emotionally disturbed and familiarity with risk assessments, I find some of the strategies questionable in practicable implementation e.g. 'keeping a door stop near the front door...' Sure may work some of the

time but given the variance in intellectual capacities and, again, will it prevent *'helpers or [unwitting] visitors having their fingers jammed [or cut off] in the door.'*

2. I am very concerned for the heightened OH&S issues that now confront this community. Specifics are *'use of locks on bathroom doors to prevent the privacy ....being compromised.'* This has other implications of adequate access re. fire, falls, seizures, etc. Think also of the mind-set now created by individuals concerned. Shattered are the previous eleven years of peaceful co-habitation to an ambience more related to a pack-packer hostel or psychiatric care unit, where individuals now need to have skills or attributes of robustness, resilience, anticipate crisis situations and the capacity to safe guard themselves, protect belongings and witness disturbing occurrences on other residents or rely on others to keep them safe. The juxtaposition of expectation to a new living arrangement and the capacities to adapt to such unpredictable variance is beyond reasonable probability. This unrealistic living arrangement of heightened anxiety leads to another issue of OH&S consideration.

While the lock changes etc. inevitably compromises the physical structure and challenges residents to adapt, my concerns are particularly for the staff and members increased allostatic state or load. Is ADHC aware of how much extra exposure to stress and the implications of how much this could adversely impact on the community members over time? Indicators to increased stress are impaired cognition and creativity, reduce neurogenesis and diminished social skills. The social skills that ADHC have identified are in need of development in this community. With increased stress load, the accumulative allostatic state, will contra-indicate the desired outcomes of members and carers abilities to developed adequate social enhancement programs. Allostasis is a silent imposter on health as it increases pressure on the heart which, if not addressed, will significantly contribute to premature death. Is the outcome to make this work or is the health of the carers and other members worth a compromise?

3. We are aware of the disabilities right to protection in our society. We are aware of duty of care. Tort law and Tort of Negligence implicates that reasonable care is provided and that the law is not concerned with motives or good intentions but with the consequences of action or non-action. My concern with the residents supported care matter is that the expediency of placement over-rides the duty of care to the incumbent residents prior to changes. Further, a degree of negligence seems apparent with risk assessment strategies that had been used previously were not put in place, either by intention or unwittingly, on commencement of a new resident. Safety and mental health of others may well be dramatically compromised in this existing community arrangement. Duty of care, with sequential assessment, needs reappraisal to ensure that safety, mental health and well-being are not compromised.

In summary the compatible community shared living environment has detrimentally altered which impacts not only on my brother's life quality but for all staff and members of the community. Perhaps the lack of appropriate facilities to accommodation varying disabilities compounds this existing concern. Adequacy of complaint handling and grievance mechanisms needs sound review so that the rights of incumbent residents are not dramatically de-valued.

Through awareness perhaps the seeds of change will sprout fields of compassion and implementations that truly reflect the Human Rights Charter.

Sincerely,