

Submission
No 22

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

Organisation: DARE to CARE
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Dare

to

Care

(A SUB-COMMITTEE OF PATH Inc.)

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

Dear Committee Members

Thank you for the opportunity to participate in this Inquiry.

About *Dare to Care*

Dare to Care is a disability advocacy group concerned with the needs, rights, interests and aspirations of people with disability in the Nepean and surrounding areas, including Penrith, Blue Mountains and Hawkesbury. Our focus is the adequate and quality provision of respite care and supported accommodation to adults with disability, particularly but not exclusively people with intellectual disability and cognitive disability.

As a sub-committee of PATH Inc, ***Dare to Care*** comprises parents and carers, people with disability and others concerned with the unmet need for respite and supported accommodation for people with disability in Penrith and surrounds. All of the parents and carers in our group are aged between mid-40s to 80 years old, and our adult children with disability are mostly mature adults in their middle years.

Dare to Care can be contacted via PATH Inc PO Box 1288, Penrith NSW 2750.

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

TERMS OF REFERENCE and Responses

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,
There is a vast unmet need in the Nepean LGA with regard to Supported Accommodation. Funding under Stronger Together, although very welcome, has not met this need.

Historically families are blamed when unable to cope imposing unfair penalties through their inability to cope as contained in former draft policies & procedures. We acknowledge that this inference does not appear in the final policy but we are concerned that the message still remains.

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

(i) services provided, or funded, by ADHC,

Are we to believe that ADHC should remain as provider of last resort? Long waiting list on Intake & Referral Register particularly for supported Accommodation 24/7 for people with dual diagnosis, severe and profound disabilities (See Stronger Together "3, Improving the system's capacity and accountability"). There are no vacancies other than for those from large residential centres, the justice system and the homeless.

(ii) ADHC Regional Areas,

(c) flexibility in client funding arrangements and client focused service delivery,
We need much more individualised/DIRECT funding to the clients. Service provision should be client focused to best suit the needs of the person with disability.

(d) compliance with Disability Service Standards,

Large groups do not necessarily comply with these Standards.

(e) adequacy of complaint handling, grievance mechanisms and ADHC funded advocacy services,

It is important that these are adequately in place and clients are fully aware of the procedures. They should be encouraged by service providers to make a complaint to improve the service delivery to meet The National Disability Standards. More direct funding regarding all advocacy services is critical.

(f) internal and external program evaluation including program auditing and achievement of program performance indicators review, and

Raise quality of disability services across the board. A government and non-government responsibility for monitoring and evaluation should be carried out regularly.

(g) any other matters.

- The Department to take leadership in best practice in all departments.
- Make Early Intervention a priority and plan for the future.

- Placement of children under 12 years of age with severe challenging behaviour – this has become an issue in our group.
- The medical profession should be more disability aware as should be the community at large.
- More disability diagnostics centres should be available.
- Transport to and from respite to assist carers
- Stronger Together's vision for disability services should be maintained in a more comprehensive manner.
- Accountability and transparency across the sector.

Thank you

Yours sincerely

Joyce Bellchambers
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For and on behalf of Dare to Care