

**Supplementary  
Submission  
No 86b**

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

**Name:** Mr John Paul Carr  
**Date Received:** 30 September 2010

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**Submission to the Inquiry into services provided or funded by the  
NSW Department of Ageing, Disability and Home Care (ADHC)**

Date: 30 September, 2010

John Paul Carr

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

Thank you for the opportunity to speak to the issues I raised in my submission into the inquiry of services provided or funded by the NSW Ageing, Disability and Home Care.

My name is John Carr and I've been associated with HomeCare (as a consumer of their services) for 25+ years, I did also sit on a branch management committee of HomeCare for about 3 years, around 1985 to 1988.

My submission and, supplementary, raised many issues, some of those issues are outside the terms of reference of this inquiry, therefore those specific issues will be raised in an other more appropriate place.

So the views I express here today will relate only to those included in those terms of reference, and as to how they relate to me as a consumer of services provided by ADHC.

They will hopefully demonstrate how out of touch arbitrary decision making can severely impact a persons quality of life negatively, and contribute to their social exclusion, when, ironically, that very government departments purpose is the opposite.

I'm here today to try to save The Home Care Service of NSW from the wreckers, that's it, pure and simple.

For me and countless others in the community it was and is a life support system, a 'quality' of life support system.

For the last 25 years I have relied on HomeCare to assist me on a daily basis with every little thing that most people take for granted when they wake up to their alarm

in the morning. From that pulling back the blankets and swinging your legs out of bed and the first trudge to the toilet, making your way to the kitchen to fill up the jug for that essential first cup of coffee, most people don't even think about that part of their day, that then breakfast, shower, teeth, shave, dress, hair, briefcase, out the door and jump in the car and off to work.

Well for me it's a little different, I'm after the same result though, from the alarm going off, to the jumping in the car and heading off to work.

When my alarm goes off it's the intercom buzzing, HomeCare has just arrived to provide my personal care service, I'll press the button to open the front door to let her in, exchange pleasantries (or a quick whinge more likely, this has been a long worn routine, but pleasantly familiar), meanwhile she's picking up clothes discarded on the floor by me the previous night, then she'll help me pull back the blankets and assist me to sit up (I have to take ten minutes to get used to sitting up, so as I don't faint getting onto my shower chair), she'll bring me a piece of toast and a cup of coffee for my breakfast, she already switched the jug on as she came in, then she'll hand me my first batch of tablets for the day (the real reason for the coffee), then it's on to the shower chair, shower, teeth etc, I won't bore you with more detail but the showering part takes up about half an hour, then it's back on the bed, dry, powder, connect urine leg bag etc get dressed, bring other chair to the bed, transfer to that, now pull and arrange my clothes so they are comfortable and look neat and positioning in the chair is right (luckily I'm mobile enough in myself to maintain that through the day), there is a lot left out here but now I'm at the stage you are, ready to head out, and that only took an hour and a half.

For me that has been the most important part of my day and that was the short service, there's a longer version with a much earlier start when I go to the toilet.

For most people your day really starts when you get to work, well if it hadn't been for HomeCare providing those services for me over the years I wouldn't have been able to have been in full time employment from 1986 to 1996. The latter of those years I worked in the finance division of the DOH Head Office at Liverpool, at some points acting in quite senior positions. I parted ways with the DOH in 1996 to pursue other things.

Recently after a long absence from the workforce I had the opportunity to again take up full time paid employment, I'm only 55 (I had been doing a lot of advocacy work for people with disabilities and others off and on during those idle years). So I approached my SC to work things out.

This is when my experience with HomeCare just turned on it's head, there was a complete change in the way they dealt with customers my SC who hadn't been the best one I had worked with seemed to be actively obstructive in her actions towards me and my input. Her attitude was that she was in charge and she would arrange things her way. My complaints to the SCM fell on deaf ears, I was referred back to my SC and told to work it out with her, that it was not her policy to get involved in day to day rostering issues. The end result of these discussions with HomeCare was that I was unable to accept that employment, simply because my input was completely ignored, the changes proposed by HomeCare in no way met my needs. I had never

been treated with such callous disregard before in my life, as mentioned in my original submission, I was made to feel like a second class citizen.

Those responses relate to the Standing Committee's terms of reference 1.(c), (d) and (e)

Further to that I pursued my complaints to the SCM's supervisor who was now the Regional Manager of DADHC, that was when I first became aware that DADHC had taken over the Home Care Service. Those further complaints failed to gain any just result, simply because at no time did they attempt to adhere to their own (in compliance with the Disability Services Act) Complaints and Feedback mechanism.

I will refrain from further comment about those matters as they are now to be heard in another place.

It is my view that the reintroduction of the Branch Management Committee's would eliminate any chance of those things ever happening again.

A Branch Management Committee consisted of the BM and representatives of Community Care Providers, Community Nurses, OH&S Officer, a consumer representative, an O.T., a Field Worker, Social Worker, anyone relevant to the delivery of Home Care services and there was a Regional Liaison Officer also part (not necessarily the Chair). It would bring the BM back in touch with the office, any complaints would have been dealt with locally, expediently and transparently, otherwise they could be dealt with then at this level. It would be appropriate for dealings with other agencies and promote the understanding and needs of all parties before conflicts occur. These meetings were generally held on a monthly basis and in my experience they worked very well, they really engendered a spirit of cooperation on all levels.

I feel that I may be very close to running out of time, so I will end there, I hope that my views have been of some help, again I thank the committee for this opportunity to speak.

Yours sincerely,

John Paul Carr