

Isolated Islands in a Sea of Acceptance and Fear

Most people with disabilities, their families and stakeholders have little choice but to accept that which the general population would not, for fear of intimidation, retribution and persecution.

Even the few who openly challenge support services, are expected to prove their findings of questionable service level and quality beyond reasonable doubt and to a degree which will stand up in the supreme court.

Service providers, especially the Department of Human Services in Victoria, are considered beyond reproach by the range of independent statutory bodies who are intended to hold this government department to account, as the funding body of this department fails to do so. The funding body is the state government - the Minister for Disability Services and Reform.

Successive ministers who fund their department, traditionally protect their department from consumer and public scrutiny. We ask, "Who holds this government department accountable for service provision within its care policies, standards and values?"

The department's internal complaints area says, if the complainant is not satisfied with the outcome of their complaint, they are most welcome to take their complaint/s to external complaint investigation bodies. This might, at face value, seem most generous. Whereas, most businesses in the marketplace would go to extreme lengths to avoid customers feeling the need to take a matter to Consumer Affairs or the ACCC.

With numerous levels of public service management failing to properly and consistently manage the business of setting, monitoring and maintaining direct care staff work value expectations, to ensure care and support of vulnerable people is consistently within the department's extensive and comprehensive care policies, standards and values, there is little hope of the residents of DHS group homes ever receiving consistent quality of life care and support, in contrast to minder care.

So many day services are little more than minder care, arguing they must provide age-appropriate programs. For an adult person at a 3 year old intellectual level, an example of age-appropriate programs might be, having a coffee at a local café, walking in the park, making a banana smoothie, going to the spa, etc. These provide little skill training or continuation of the person's time at a special developmental school. Activities of this nature are little more than time-passing activities.

Certainly, there is potential for the NDIA (National Disability Insurance Agency), through ISP support service funding, to change all this - eventually.

The NDIA says, *“It is envisaged by September 2014, all existing Victorian Government clients in the launch site will have transferred to the NDIS”*.

Things will not necessarily improve as a consequence of this, if consumers/stakeholders just hand-over their ISP for the service provider to carry on as usual. Direct care staff will not see the transparent change of support service funding source, and will carry on as usual.

The intention of ISP money in the consumer’s pocket, is to drive service provision towards entitlement services, rather than the result of most block-funding being charity-handout services.

It becomes the responsibility of the person receiving the ISP money-in-their-pocket, to ensure the person they are representing is receiving care and support which is meaningfully enhancing their quality of life, including behaviour, skills and human rights enhancement.

The Productivity Commission took the easy option of placing the onus for service quality on the service user, rather than the onus on service the management to proactively self-monitor service outcomes, and ensure the effectiveness of service evaluation bodies like community visitors and service evaluation organisations.

Parents getting no younger, who are seeking a break from responsibility, will find there is little respite under the ISP funding format. When they are no longer able to continue the ISP task, much of the ISP funding will need to be managed by agencies, at a cost.

Much of intention of the ISP format, to drive service level and quality in the market place, will be lost for those most in need of proactive quality of life care, as those with high support needs and behaviours of concern do not easily move from one service provider to another. They need significant time to settle. So much of the ISP intention of try-it-out, is lost.

Service level and quality should not be dependent of the actions of consumers or their representatives, but on the proactive action of all levels of service provider management in self-monitoring service integrity.

Managers of CSOs competing in the market place, must have a customer satisfaction philosophy if they wish to retain their market share.

Public service managers discourage feedback from both consumers and employees, as there is no business to grow, just quiet maintenance of the status quo within public service regulations to the satisfaction of employees rather than consumers.

There are few islands of service provision which radiate the level of confidence parents seek in order to depart this world in peace that their family member will receive, will continue to receive quality of life care.

Extra 1 [Yooralla carer raped women in wheel chairs](#) – The Age, Nov 20, 2013.

Extra 2: [Supported Care Crises](#)

Extra 3: [Real Home or Hostel](#)

Extra 4: [Message from Carers Alliance NSW, re Housing](#)

Extra 6: [Abuse and Neglect](#) – Child Protection NSW

Extra 7: [Serious Neglect](#) – Aged-Care UK

Extra 8: National Disability Insurance Agency – [Service Pricing for Victoria](#)

In conclusion for 2013, we would like to take this opportunity, being our last full distribution bulletin until February, to wish all our members and readers a very Merry Christmas and a Happy New Year - See you in 2014 ...

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