

"Smoke, Mirrors and Failure to Implement"

Victoria has some good legislation and well documented care policies, standards and values, and lots of good intentions. These remain just that, as they are not fully and consistently implemented at service points for those they are intended - people with a disability

The Victorian bureaucrats respond to:-

"Drug restraint 'shame' in care homes"

<http://www.lisainc.com.au/userfiles/file/Drug%20Restraint%20shame%20in%20Care%20Homes%20Sunday%20Age%209%20May%202010.pdf>

Dr Jeffry Chan, Senior practitioner, Department of Human Services, said in the Sunday Age, May 16, 2010:-

"It is a bitter irony that a government that has leading practice and legislation about the issues of restraint for people with a disability should be attacked for its leadership in this very area.

Nowhere else in Australia is there a systematic and legislative approach where disability services can be guided towards a better and more enlightened way of protecting and supporting a vulnerable group of people with complex needs.

I am not trying to make light of a difficult and worrying situation. These forms of restraint have long been in use. The real story is that something is being done about it at last. My office has established transparency by publishing an annual report so the disability sector can see the data about what is being done to whom and where, and have a constructive debate about how we can best care for and protect people.

Right now there are strict controls on the use of any restraint. Before any decisions are taken carers have to have a plan for how they will support the person they are caring for. They must justify the use of any restrictive intervention on the grounds of the least restrictive principle. Safety of everyone involved and protecting the human rights of people with a disability are guiding principles".

Mr Lloyd Williams, State Secretary, Health and Community Services, said in the Sunday Age, May 16, 2010:

"Service support to people with behaviours of concern. This article has done nothing to further the argument for better resourcing of the disability sector because she misses a fundamental point an overuse of chemical restraint in the

disability sector is just one symptom of a systemic failure that is the result of years of funding neglect that dates back to the previous liberal government.

The characterisation of staff "reaching for drugs as a quick solution" is offensive to disability services professionals. Staff do not "reach for drugs" in the absence of appropriate arrangements first having been put in place by treating health professionals.

The Health and Community Services Union supports a reduction in the use of chemical restraint. It is important to understand that managing complex behaviours of concern is multi-faceted, challenging and resource intensive, often requiring risks to be taken. Any reduction in chemical restraint needs to be properly resourced and implemented by appropriately trained and supported staff.

Disability services professionals need to be provided with options and, in some instances, increased skills to better manage people with complex behavioural needs.

LISA Comment: Victoria certainly has some leading policies and legislation, but the consistent implementation of their direction, intention and spirit at government service points is extremely questionable. This is due mainly to the inability of government service management to set, monitor and maintain direct care staff work value expectations (KPIs) to reflect the true direction, intention and spirit of government care policies standards and values for the quality of life care of people with a disability.

The major concern parents have for their family member living, or about to live in a supported accommodation group home is quality of life care, as basic minder care is the most common in government facilities.

Basic minder care does little to reduce the reliance on drugs to manage behaviour. Behaviour management through meaningful and consistent interactive, developmental and social activities ("person centred active support/positive behaviour support") should precede and complement any psychotic medication.

Yet, whenever active support is mentioned, direct care staff in government facilities scream we have no time for that, we need more resources and training.

see - [Bound to Care](#)

<http://www.lisainc.com.au/userfiles/file/BOUND%20TO%20CARE.pdf>.

Whereas, it is the inability of government systemic management to properly manage their direct care staff to ensure residents receive quality of life care on minimum psychotic medication, rather than basic minder care on maximum medication.

Note 1: [NSW Ombudsman wants to hear](#) from NSW Families who have a child with a disability living at home.

<http://www.lisainc.com.au/userfiles/file/NSW%20Ombudsman%20consults%20with%20Families%20.pdf>

Mary Lou Carter of Carer's Alliance says, "This is the opportunity so many wait for - Tell them in no uncertain words what you want for your child with disabilities and your family!"

Note 2: [Disability Care & Support Submissions](#) are now being posted on the Productivity Commission's website.

<http://www.pc.gov.au/projects/inquiry/disability-support/submissions>

Note 3: The deadline for [submissions to the Productivity Commission](#) (<http://www.pc.gov.au/projects/inquiry/disability-support/make-submission>)

has been extended to now close on **16 August 2010**

<http://www.pc.gov.au/projects/inquiry/disability-support/issues>

Note 4: [Personal GPS Tracker/Locator](#).

(<http://www.lisainc.com.au/userfiles/file/GPS%20Personal%20Tracker.pdf>)

Many people with limited capacity are vulnerable to becoming lost. This device may provide some peace of mind for families/carers.

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