Questions
The following are some questions which may provide a guide to you in framing your
Submission to the Committee:
1. What have been your experiences with supported accommodation in Victoria
with regard to availability, suitability, and adequacy of care for people with a
mental illness or disability?
Availability is extremely poor, very hard to get and difficult to plan for.
Suitability poor and we are given no input. Adequacy of care has only been satisfactory
at one service provider the others have been appalling.
2. What is your experience of trying to access supported accommodation in terms
of information, planning and decision making?
It is a long, involved, stressful and time consuming procedure, in most cases it has been our inability to cope
which has further compounded our situation the tasks.
3. What other approaches/models should be considered to address supported
accommodation funding, planning and delivery?
Supported accommodation funding should be covered by a NATIONAL DISABILITY LEVY.
Planning and delivery should involve all parties, contain a number of choices, for example
on home property accommodation, support for parents or guardians to develop their own;
delivery should be planned for well in advance, adequately trained staff who are consistent and permanent.
4. What are the implications for individuals who need but cannot get supported
accommodation? Is the alternate accommodation that is available adequate and
care appropriate?
The implications are grave and the alternate accommodation is inadequate and not care appropriate.
It can make you think of leaving or committing suicide.
There is no alternative accommodation other than hospital.
5. What is your view on the provision of accommodation and care in private,
government and community sector managed supported accommodation?
The provision is extremely limited and I am aware of only one suitable accommodation service
which is privately funded and totally client focussed and structured on a medical model; Very Special Kids.
6. What are the positives and/or negatives of the current approach to provision of
supported accommodation on families and carers?
In a nutshell; cultural change greater respect and input to decision making and a NATIONAL
DISABILITY LEVY are the only positives.
7. What issues need to be considered in the accessibility and provision of supported
accommodation for people from:
• Rural and regional Victoria
• Culturally and linguistically diverse backgrounds
• Indigenous Victorians
Support and access to their person centered needs and aspirations and accessibility to the specific networks.
Good transport support for rural and regional areas with focus on limiting travel time and providing support.
8. What other issues do you think need to be considered which have not been
addressed by the above questions?
For the person who has the disability and or their parents or guardian, being supported to plan for a time
when DAS will be suitable; according to their needs. Assurances of support and the provision of DAS to be
available. The recognition of Levism.

Levism ☁ (a state of milieu, identity of humanitarian focus.)
THE DEPARTMENT OF HUMAN SERVICES – STANDARDS
Department of Human Services VALUES –
1. Collaborative Relationships
2. Quality
3. Responsibility
4. Professional Integrity
5. Responsibility

The Standards and the Department Values are not adhered to.
Kathryn Lamb, Noble Tabe, Arthur Rogers and Minister Lisa Neville deserve to be relieved of their positions; if there is any credibility, or the issues I have raised in my submissions need to be addressed.

Politicians cannot continue to pretend they don’t know what the issues are!

There needs to be a public displayed board where complaints can be posted. Also complaints of inaction, service and funding - to be acted upon in a specified time period.

In DAS there should be a Complaints Log available to the public. It would state the number of incidents and the type and the different procedures used in addressing them specifically. (Privacy edited)

If such a process existed in 2003 when it was recorded that Peter Zandler assaulted a client then may be there wouldn’t have been a repeat in 2005. (Were the police called in 2003?) And why are these same people who handled the first assault (incident) and the second assault (incident) still working in top line management.

These people do not have the mandatory qualifications for the job either and further to the point an accountant manages the North West Region.

When the budget for Disability Services blows out Dorothy Wee takes allocations from Client Services and Client Partnerships.

When does management advocate for realistic funds from the Commonwealth and how can these managers realistically know what they are requesting funds for, or not providing for?

Specialist Services and DAS continually state that they do not have the funding. This does undermined the 2006 Disability Act.

My sons Person Centred Plan is whole of life, the Government needs to be responsible to the 2006 Disability Act to ensure his special needs are supported.

THERE NEEDS TO BE ACCOUNTABILITY AND ACTION.

The Government needs to be responsible to the statistics of births and acquired condition and have in place a mechanism capable of carrying this financial reality.

The managers of the Department of Human Services need to be aware, it is their responsibility to support - A NATIONAL DISABILITY LEVY, where is their client focus?

The Department must insure staff are given mandatory training to deal with all facets of Restrictive Intervention. This should be to help staff support people with behaviours of concern and not just from an Occupational Work Safe perspective.

Levism (a state of milieu, identity of humanitarian focus.)
Restrictive Intervention needs to be properly documented from its initial point and accurate policy drawn up to support direct care staff. The Senior Practitioner’s Office needs to have firm definitions and procedures around all Restrictive Intervention, at the moment it does not.

There needs to be specific training for Supervisors who work in CRU in DAS and Supervisors of all other Service Providers.

I was pleased to be able to provide input into the Complaints, Incident Reporting and DINMA Business Process Review project. I am critical of the fact that there is a constant aversion to the fact that Incident reports should have an initial number from the source - See below: Important to have a unique identifier at the point of origination. I am also critical of the fact that no one will understand what this point means - See below: Query raised that parents/carers/guardians involvement in or disclosure of the incident.

To often Quality is described as risk management. Cost cutting and avoiding issues is the risk management.

Below is a summary of our discussion and your overview of the process from my involvement and opportunities for improvement.

Raising Incident Report
- Incident type does not necessarily capture the essence of the situation
- Believe Incident type is not aligned with the restrictive intervention legislation
- Incident type of ‘Breach of Human Rights’ should be available and this to align with Human Rights Charter, and if it is not there it is not aligning with legislation.
- When the Originator receives requests from DHS (Head Office) to change content and wording of Incident Report is not good practice because the Incident Report can loose meaning.
- If multiple people exposed to an incident, people exposed to the incident also sign off the actual wording of the incident report to confirm/approve accurate recording of event, and the form should have an area to accommodate this.
- Important to receive closure to the Incident Report or provide feedback to the originator.
- Where the Incident Report goes and actions taken should also be fed back to the originator.
- Important to communicate to the people in the house the importance of Incident Reporting and to see visibility at the other end of the process is very important.
- Recording log of Incident Report actions and visibility of outcomes should be evident in the houses by the owner of the Incident Report.
- Important to have a unique identifier at the point of origination.
- The Incident Report form should have a better way of recording multiple CAT 3 incidents.
- The correlation between of Incidents and DINMA’s (OHS Concerns) is lacking – should be able to identify at the point of the Incident Report more OHS concerns. Should be more than a tick box.
- Query raised that parents/carers/guardians involvement in or disclosure of the incident.

DINMA
- Be inclined to fill out the DINMA rather than the Incident Report for a client at this moment.

In my verbal submission I talked about the incident report draft and asking questions on Notice to Lisa Neville.

As a result of this parliamentary submission and the consequent inquiry I expect my outstanding questions to be answered.

It is no longer acceptable that decisions regarding the Disability Sector are answered and implemented by people in suits. There is a need for total transparency or as I have been saying levism. The Disability Act of 2006 and its objective of integration, participation and inclusion for the individual needs to be embraced and implemented at this level, where decisions are made.

As a result of this submission I expect to be contacted and will make myself available to partake in issues which are ultimately related to disability, policy and service and service implementation.
My wife and I have had some newspaper stories published as a result of experiencing systemic indifference to the care of our son, through service providers. For example being on the school bus for up to four hours per day, school is a twenty minute drive.

While the Disability commissioners Office did at least re-direct us when we made the complaint; it is only too obvious that the boundaries of bureaucracy create barriers and promote indifference and apathy.

The Department produces brochures and posters which largely represent proper gender.

I am aware of residents who are suffering under the active support initiative. The heading of this book and its photo is misleading and these people obviously do not have profound disabilities. *(left)*

At forums where the Commissioner’s Office has held presentations, this is the brochure handed out.

The Commissioner does not personally attend.

The public are not told of the Adverse Events Policy and how their complaint may not represent a complaint (in the eyes of the Commissioners Office) at all.

People need to be able to complain about the marginalizing of any individual, group or service. Policy must be specific to the benefit of the person who has the disability and it must be transparent.

They are not told of the bureaucratic boundaries. *(left)*

The Department should not try to dictate what constitutes a complaint.

People who have disabilities do not need to be shuffled from one department to another. The white slit in this picture is to represent the difficulty in trying to get a complaint posted through such a great restriction. *(left)*

The Commissioner should be able to solve complaints which occur in other government departments, for example the Education Department.

The Commissioner Office needs greater jurisdiction or perhaps the State needs a designated Minister for Disability.

Broadband has one.
Levism (lēˈvizəm) levist, levan

The body of social doctrines formulated by Matthew Potocnik, (named after his son Levi) the basic tenet of which is dialectic human value, theory of the development of humanity which rejects apathy and indifference, particularly, where indifference, apathy and inaction in decisions of policy and the governing of people is non transparent and detrimental.

Levism not to be indifferent or apathetic, where policy is transparent and the individuals needs are the focus and paramount.

Levism a state of milieu, identity of humanitarian focus.

The line between two points, the first point being recognition and the second point being action.

In visual art where light or paint depicts light which represents understanding or awareness, attitude and direction specific to individuals subjective to society; often political.

Not Levism (Inability belonging to; society (culture) or environment) to support the individual. Failure to navigate the step.