

SUBMISSION TO THE PARLIAMENTARY INQUIRY

I have been a Community Visitor since 2003. In addition, I am a disability Regional Convenor or team leader for the Grampian West area (around Stawell and Horsham) and have served on the Community Visitors Disability Services Board. I also visit in the mental health stream of the Program.

I wanted to outline a couple of examples of the people that my team of Community Visitors have helped over many years. I also want the Committee to consider how people with a disability are abused by mainstream services when they cannot get the help they need which has the potential for disastrous consequences for these individuals.

Grampians West – Example No 1

Community Visitors regularly visited a non-ambulatory, non-verbal young woman. Her only means of communication was by smiling or yelling. They received advice that she had been taken to the regional hospital after falling from her bed whilst being transferred from a hoist by two support staff.

Failing to find anything seriously wrong, this lady was discharged but she was in obvious pain. Many days later, she was again taken to hospital where Xrays revealed a fracture in her leg. By this time, Community Visitors were monitoring her progress and asking for updates from DAS. They were then advised that infection had set in. During a follow-up phone call by the Regional Convenor, DAS advised that a surgeon was preparing to amputate the leg the next day. After warning the Manager to put a stop to this procedure, the CVP Manager was alerted. OPA intervened to ensure that everything medically was done to address her issues and therefore the amputation procedure did not take place.

On a visit to the hospital, Community Visitors were shocked to see this lady on her own in a room crying and yelling and the room smelled strongly of faeces. There were nursing staff nearby but no one made a move to attend her.

Eventually, she was transferred to a small country town hospital for months of rehabilitation.

In the meantime, rigorous manual handling procedures at the CRU were investigated, strategies implemented and careful planning for her future needs.

Three years later, this young woman has returned to her previous level of health and living a very good quality of life. She still has her leg!

Grampians West – Example No. 2

Community Visitors have known a very likeable, strong willed young man for 15 years and been involved in many of his escapades. He is non-ambulatory, has significant deformities, and has had many major life threatening episodes throughout his life.

Our first encounter with him was after he had been out and about with some mates in the regional town. Unfortunately, one lad involved him in selling bogus raffle tickets to a member of the public who called the police. The “mate” ran off, leaving him to face the music. He was interviewed without an ITP and charged and fined over \$100. He was not adequately assisted by support staff apart from applying to State Trustees to pay the fine.

Over the years, there were frequent times when he would advise us of inadequate support. Many discussions were held with Management and the CEO.

His health and wellbeing has always been a factor in his daily living needs. He had many trips to the emergency department at the local regional hospital but was always discharged with no clear outcome or discharge plans.

He had a fall at Day Program and after another hospital admission, was again sent home for rest. He spent so long in bed appearing to be very depressed. During investigation, Community Visitors asked if he was covered by Work Cover and were shocked that no one had thought to ask. This was duly rectified.

Since then, he has not been well. In the last two years, there have been over 20 hospital admissions both in the local hospital and in Melbourne. It was discovered that stents in his head had dislodged. Many operations later, he now has a head implant and drainage tubes. There is so much scar tissue, he has been told no more operations can be performed.

In the last year, he has had pins removed or repaired in his knees and spent many months in a Rehabilitation ward.

Over the years, Community Visitors have on many occasions had to call for Case Management because of his changing needs. There has not been a consistency of care from all service providers – including all health services, medicos, Accommodation Services and Day Program.

He is a courageous person, a great personality, and strong willed to the point of being annoying, but he has been a continuous source of inspiration to Community Visitors who will continue to advocate for him on his fragile journey.

Sheila Winter