

“KEY WORKERS AND CASE MANAGERS”

Original care for those with an intellectual or multiple disability was an Institution. Parents were told by the medical profession to place their young child with a disability in an Institution, and to go away and forget about the child.

Putting a child in an Institution was almost like handing the child over at the door of a prison; with an inference of never seeing the child again.

The next main step in the provision of care for those in our society who were seriously disadvantaged by having an intellectual or multiple disability was the CRU (Community Residential Unit) - the supported accommodation group home in the community for up to six adults. Yes, adults not children! The Victorian Government decreed, when the Institutions were closed, children should now be cared for in a family home setting.

With an increasing range of information and services, and ever improving early intervention and special education, caring parents were able to increase the living skills and ability, the quality of life of their child with a disability. By the time their son or daughter was an adult, he or she had often moved forward significantly in overall ability.

Given parents do not live for ever, or are unable to provide the necessary level of care for ever, many sought a supported accommodation group home for their family member.

Parents saw the group home structure as having the provision to emulate their role, through the “Key Worker” and “Case Manager” positions of the group home. The intention of these positions being to independently represent the person’s interests and wellbeing, as would a caring parent. This looks good on paper, but gives false hope.

In practice “Key Workers and Case Managers” are employees of the

service provider. Naturally, their first loyalty is to their employer. So how can they possibly represent the interests of a resident, as would a caring and pro active parent?

We ask those aging parents whose family member is still on the unmet demands list, and are doing it tough with little or no respite or hope for the future, to help encourage service provision to be quality of life care, not a minder care.

Those parents who have done the hard yards helping their family member achieve goals and skills over many years, are not impressed to see their family member declining in a supported accommodation group home where there is little more than minder care.

Indeed, the Auditor General's recommendation 4.1 says, *"DHS should assess residents' satisfaction, directly or through their family and friends, with their accommodation on an on-going basis, and incorporate the results into a system of continuous improvement"*.

(http://www.audit.vic.gov.au/reports_publications/reports_by_year/2008/20080312_disability_accom.aspx)

Given the conflict of interest of the key worker/case manager concept, we ask, “How can caring/aging parents feel free to depart this world in peace, knowing the “Key Worker/Case Manager” concept, intended to provide their family member with parent style pro active representation, is flawed?”

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