



SOUTHERN SERVICES
REFORM GROUP

SSRG Workgroup Meeting
Workgroup: Consumer
Date: 23 January 2012

Present: Jean, David, Bill, Geraldine, Michael, Sally, Bev

Apologies: Carole, Donna

Agenda Items	Discussion	Actions
Welcome and apologies	<ul style="list-style-type: none">• Sally welcomed everyone to the meeting.• The meeting was opened with a birthday cake and singing Happy Birthday to Jean. She was also presented with a small gift.• Members asked for 'stick on' name tags to wear during meetings.• Members were given a copy of the Consumer Empowerment Survey Report and an invitation to the HACC Service Principles Consultation on 20 February 2012.	<ul style="list-style-type: none">• Bev to make name labels.
Previous minutes	Previous minutes were accepted.	
Business arising from previous minutes	<ul style="list-style-type: none">• Sally has not yet been in touch with the lecturer at Flinders University. She would like to develop a clear plan and a professional presentation before contacting him.	

Discussion	<ul style="list-style-type: none"> • Sally attended a meeting last Friday at Resthaven - they are one of the organisations working on an innovative project to improve things in aged care. Resthaven has engaged a consumer, Kate Swaffer, who has younger onset dementia, to work on the project with them. <p>Kate is part of the Adelaide Fringe this year and is presenting her story, 'My Unseen, Disappearing World', from 25 to 28 February, 2012. An invitation was issued to all to attend.</p> <p>Kate Swaffer's story is about dementia, laughter, dancing, tragedy, sadness, humour, memory loss, playing cards alone, grief, tears, shock, humiliation, stigma, keeping secrets, daring, engagement and inspiration; hysterical, poignant and life changing.</p> <p>My Unseen Disappearing World is sponsored and supported by Alzheimer's SA, Resthaven, The Big Issue and Scot's Church.</p> <ul style="list-style-type: none"> • The Consumer Empowerment Survey is finished and Sally has given members a copy to take home and read. The paper has already been used as evidence for a grant that SSRG have applied for, it will be part of the SSRG report that goes to Disability, Ageing and Carers, will be presented to other SSRG workgroups, to the Better Practice Project and it will be on the SSRG website. • Members were invited to attend the HACC Service Principle Consultation, 20 February 2012, 1 – 3 pm. The organisers want to hear consumers views on how they currently participate in planning and directing the services they receive and their ideas for how services could measure whether HACC Service Principles are being implemented in practice. Sally can arrange transport if needed. 	
Consumer Issues	<p>Comments made by consumers:</p> <ul style="list-style-type: none"> • A lot of organisations feel they are doing great work but unbeknown to them other organisations are doing the same work. There appears to be little communication between groups or organisations. Each has their own model and there doesn't seem to be a State or Federal standard - consequently there is little uniformity and best practice is not always being shared. 	

	<ul style="list-style-type: none"> • There should be a uniform policy throughout Australia not different rules from state to state. • It is important to make sure all people get heard equally no matter what their position is in the community. • Access to services under one banner or a 'one stop shop' is useless if the phone number is not easily accessible. • Companion Card has unrealistic criteria to obtain it. It asks for single disability as the criteria - some people do not qualify on one disability alone but if asked about other illnesses/disabilities they would definitely meet the criteria. • Free air conditioning is available to certain people with disabilities if required for medical reasons. Again, the criteria are limited and unrealistic. Some illnesses that perhaps should be on the list are not and consumers are missing out. • Carers SA is lobbying to get people with disabilities and their carers the same transport concessions as aged people. • It would be more productive if there was greater consumer consultation to solve problems. • How do you navigate the system? If an educated/system wise person can be pushed aside how does someone without any knowledge get listened to? This can be very disempowering. • Bill is chair of the ACH Consumer Group who meet at Kapara. The next meeting is in February. We may in the future give Bill information to share with this group. • The Federal governments' funding system introduced in 2008 is heavily weighted towards high care recipients in nursing homes, with less low care places available. The aim is for people with low care needs to be cared for at home. (info from Geraldine) • It has been suggested that high care places in nursing homes are being held back for 'emergency' respite recipients making it very hard to even find placements for high care recipients. • Services in nursing homes/hospitals seem to be struggling. Clients are made to wait long periods of time for essential nursing services eg. bed pans, cleaning up messes. Clients are left with little or no dignity. • Care workers are not allowed to be friends with their clients. In some 	
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	<p>cases this is unrealistic. Friendships just happen sometimes and can be a good thing for the working relationship between client and worker.</p>	
<p>Planning a presentation of consumer stories</p>	<ul style="list-style-type: none"> • A general discussion was held about what the stories are to be about and how to present them. David had sent an email to Sally with a suggestion as to how and what to present in the stories. Copies of this email were made for everyone and it was agreed to follow this guideline. This needs to be done in a very clear, non-threatening manner that will ultimately present possible solutions to the issues raised. It also needs to be presented in a structured framework, addressing each of the elements and using various methods such as powerpoint. <p>Below is a copy of the guidelines to be used:</p> <ul style="list-style-type: none"> • Patient demographics, Age, gender, living arrangements • Care needs • Services supplied • Issues that have arisen • Potential solutions <p>Using this framework, the lecturer can take messages away in a non threatening manner & have ownership of implementing solutions from an educational perspective.</p> <p>We need to cover the areas of access, availability, affordability, appropriateness, equity & cultural perspectives as well as potential solutions that have been attempted to address the issues.</p> <p>Adult learning suggests utilising as many senses as possible (see, hear, do) to reinforce a message so an option would be PowerPoint to augment a real life story (Vignette) as presented in a crisp & concise manner</p> <p>A document of what was on the PowerPoint with a comments section</p>	

	<p>as to potential solutions so he goes away with a trigger to recall.</p> <ul style="list-style-type: none"> • When we present our stories could we invite the Mayor of Onkaparinga to be present? • Have stories finished by 13 February to allow time for collation and writing of presentation. • Post-paid envelopes to be sent to members for return of stories. • Those wishing to can email stories back to Sally. • David offered to help type and format stories – offer accepted. 	<ul style="list-style-type: none"> • Members to give stories to Sally by the agreed date. • Bev to send out pre-paid envelopes.
Birthdates	Members were asked to supply their birthdates to us so we can celebrate birthdays at our meetings. A list was taken by Bev.	
	This group is open to expansion if you know of any people wishing to be involved.	
Next Meeting	Dates of 27 and 29 February were discussed, no decision was made.	<ul style="list-style-type: none"> • Bev to book a meeting room. • Sally to inform the group of details.

Next meeting date confirmed: Wednesday 29 February
Time: 10:30 to 12:30 pm
Place: Onkaparinga Council, meeting Room 2