

SUBMISSION TO THE DEPARTMENT OF SOCIAL SERVICES

NDIS Consultation on Quality and Safeguarding Framework

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My submission comes from the perspective of someone who is an Occupational Therapist, a safety consultant and a trainer in the disability sector. I applaud the move to self management as an option and wish to ensure that the appropriate safeguards are place for those who choose this option, and those who work for them.

Safeguards for individuals who self manage:

The submission is based upon the current legislative environment in Western Australia where the Occupational Safety and Health Act, 1984 is in operation. Most of the rest of Australia operates under Work Health and Safety Legislation.

The basic tenets and underpinning principles are the same and would in many cases be clearer and more stringent in the national Work Health and Safety Legislation.

As individuals become empowered to exercise choice and control over their funding, it is of prime concern to SafeActions, that everyone is safe and that compliance with duty of care in relation to OSH Act is ensured. Individuals, families, brokers and carers new to the areas of control of programs and funding regarding targeted individual supports may be unaware that they will effectively become an employer. Being an employer under the OSH Act places certain duties on the employer regarding occupational safety and health in the workplace. When WA proclaims the national legislation, these obligations will extend to volunteers and students.

Without significant skills development, individuals, families, brokers and carers may be left vulnerable to provisional improvement notices and prohibition notices issued by WorkSafe, workers' compensation and common law suits from not understanding the duties.

Skills development in individuals, families and carers is necessary so that they can:

- *Provide a safe work place within a home environment, for both the worker and the individual.*
- *Assess the competencies of the prospective employee.*
- *Provide adequate information, instruction, training and supervision as per the Occupational Safety and Health Act 1984 (OSH Act).*

Understanding Legal/ Occupational Safety and Health (OSH) Obligations:

Within the home environment, where workers are being employed, the individual or family could be considered the employer and therefore the person ultimately responsible for the health and safety of all. As such they need to be aware of their responsibilities, be able to apply the risk management process, assess for and manage manual tasks risks.

Worksafe WA, in its Code of Practice Manual Tasks, 2010, states that those with responsibilities in relation to manual tasks need to have an understanding of:

- The general duties in the OSH Act and relevant regulations in the OSH Regulations.
- The responsibilities of the employer, employees and others at the workplace.
- The relevant work activities of the workplace.
- How to assess manual tasks using the Code of Practice Manual Tasks (2010).

Common Manual Tasks risks that Participants who self manage may have to control

Any manual task, any action of support poses a manual task risk for the worker and to the individual.

To enable the development of an appropriate individualised manual tasks plan a thorough review of the hazards must be undertaken. This review will include, but not be limited to:

- The age of the individual.
- The working/ caring relationship to the individual.
- The environment e.g. school, university, home.
- Equipment used by the individual for community participation and independent living.
- The specific tasks or skills development that is required.
- The behaviours that are causing concern.
- The medical, communication or tonal specifics of the individual that create additional complexity.

Common manual tasks risk areas that occur in the disability sector are

| MANUAL TASKS RISK AREAS |
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| Transporting in Buses and Vans |
| Transporting in Cars |
| Transporting by Volunteer Bus and Van Drivers |
| Household Tasks Support |
| Assisting an Individual Up from the Floor |
| Falls Risk Transfers |
| Assisting Children in Daily Mobility Needs |
| Transfers in and out of Bed |
| Transfers in and out of Wheelchairs |
| Transfers in community environments e.g. Leisure Centres, Mainstream schools |
| Assisting Individuals with Complex Needs: including medical conditions, alternative communication methods, tone and rigidity |
| Inappropriate use of Slide Sheets |
| Inappropriate use of Hoists |
| Release of Holds from Challenging Behaviour/ Behaviours of Concern |

Impact of Caregiving on the Caregivers

Studies have been done to research the impact of caregiving on the physical health of the caregiver. Tong et al (2004) found the prevalence of low back pain is higher in caregivers of children needing assistance with transfers. This increased prevalence is associated with the transferability of the child and mood of the caregiver.

Johnson (2014), in a study of carers of young adults with cerebral palsy found that most caregivers have an injury from their caregiving role and that only a small proportion had received any information and skills to safely complete their work, some only receiving a brochure. Most reported back, shoulder or neck pain from moving their relative with a disability. Her recommendation is that comprehensive health and safety initiatives, akin to those for paid workers now need to be developed to build health and resilience in unpaid family caregivers.

As such, it is vital that all caregivers (both paid / unpaid) are provided with the skills and awareness necessary to keep themselves and those they are assisting physically safe.

References:

Johnson, L, 2014. Caring for carers: prevalence and prevention of physical and psychological health issues in long term unpaid caregivers. SAFER Handling Conference Brisbane.

Tong, H, Haig, A, Nelson, V, Yamakawa, K, Kandala, G, Shin, K, 2004. Low back pain in adult female caregivers of children with physical disabilities. Archives Pediatric Adolescent Medicine, 157(11):1128-1133.

Support for ensuring Caregivers have the required knowledge and skill sets

As noted above, research supports that providing knowledge and skills to caregivers results in less injuries to caregivers and a greater level of safety and comfort in transfers for the individual who needs support. This is evident again in Kirby et al's, (2004) research whereby they conducted wheelchair handling skills training program for caregivers. They found that providing the appropriate knowledge and skills in wheelchair handling to caregivers resulted in safe, practical, and effective wheelchair-handling skills as opposed to the safety and skills of untrained caregivers. It has been found that skill improvements are generally well retained and transfer well to the community.

Roberts et al, (2011) found that pain is experienced by carers of wheelchair users who need full time care and that those who received information and skills in wheelchair management and care were three times less likely to experience shoulder and/ or back pain.

There is a need to recognise that the support needs, equipment and complexity of manual tasks will vary with each diagnostic group, including:

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|----------------------------|----------------------------------|-----------------------|
| Cerebral palsy | Acquired brain injury | Autism |
| Muscular dystrophy | Multiple sclerosis | Visual impairment |
| Motor neurone disease | Dementia | Arthritis |
| Global developmental delay | Cardiac and respiratory diseases | Multiple disabilities |

References:

Kirby, R, Miffen, N, Thibault, D, Smith, C, Best, K, Thompson, K, MacLeod, d, 2004. *The manual wheelchair handling skills of caregivers and the effect of training.* 3rd International Congress on Research into the Restoration of (Wheeled) Mobility During and After the Rehabilitation of Persons with Spinal Cord Injury.

Roberts, J, Andrew, K, McAlpine, A, Hogg, J, 2011. *Keeping the wheels turning: a research project investigating the needs of carers supporting people who use wheelchairs.* PAMIS.

Impact of inappropriate caregiving on the individual

Poor manual handling/ manual tasks practices have been associated with injuries to individuals receiving support. These injuries can include pressure injuries from friction, shearing, grabbing and skin tears.

The following transfers are generally considered banned in a working environment, yet, they are frequently reported as being used in the community and that families ask respite workers to use these transfers with the individual who requires care.

| | | |
|---|------------------------------------|--------------------------------|
| <i>Bear hug transfer</i> | <i>Hook under the arm transfer</i> | <i>Cradle or orthodox lift</i> |
| <i>Top and tail lift</i> | <i>Modified shoulder lift</i> | <i>Full body lift</i> |
| <i>Tasks where workers are required to work on both knees</i> | | |

In addition inappropriate practices have been implicated in the following coronial investigations:

http://www.courts.qld.gov.au/_data/assets/pdf_file/0010/167077/cif-anderson-sc-20121019.pdf

<http://www.courts.sa.gov.au/CoronersFindings/Lists/Coroners%20Findings/Attachments/566/CHAPLIN%20Doreen%20Hilda.pdf>

Inappropriate equipment use or storage has been implicated in the following cases.

<http://www.mackworth-healthcare.com/big-fines-after-hoist-death/>

<http://www.agedcarecrisis.com/news/4013-patient-death-leads-to-better-aged-care>

SafeActions strongly advocates for mandatory training for participants who self manage in:

- *Their general duties in the OSH Act and relevant regulations in the OSH Regulations.*
- *Their responsibilities of the employer, employees and others at the workplace.*
- *The current best practice methods managing manual tasks risk.*
- *How to identify, assess, control and review manual tasks using the Code of Practice Manual Tasks (2010).*
- *How to train workers in performing manual tasks safely and assessing competency in the same.*
- *Requirements for equipment inspection and maintenance.*

Provision of adequate training will minimise the risk of

- *Individuals being physically hurt.*
- *Workers being hurt.*
- *Provisional improvement notices and court cases arising from failing to ensure a safe working environment.*
- *Coronial investigations into deaths of an individual with care support needs, where the death could have been avoided if appropriate practices were implemented for manual tasks.*

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