

# Casual Staff - Factor in QoL Care

The DHS Regions in Victoria have for many years had a dedicated, in-house, system for providing their supported accommodation group homes with emergency support staff, through the casual staff pool operators at their staff replacement offices.

"Will this be replaced by the on-line, high tech, 'RosterCoster'?"

Which ever way emergency staff are rostered, in-house pool, agency, direct or on-line, the main concern of residents and their families is the competency, motivation and dedication of casual staff to ensure residents receive meaningful quality of life care. and that their families are recognised, respected and engaged.

Families see casual staff as both good and not-so-good. They see them as both "much better than permanent staff" and as "just being there and/or questionable".

Permanent staff also see casual staff as both good and not so good. Casual staff are almost always blamed when things go wrong - like clothing or medication mixed up. They are directed to do things permanent staff are not keen to do - Medical and dental appointments are favourites to get casuals to do, and is one of the main reasons for "CHAP" (Comprehensive Health Assessment Program).

House supervisors often see casuals as a golden opportunity to get those things done, which permanent staff seem reluctant.

Many casual staff will not take permanent, or pseudo permanent positions, as they attempt to avoid becoming involved in house politics.

Many casuals really want to do good work, but are frequently restricted by peer pressure and lore to maintain the basic minder care status-quo. This is compounded by permanent staff who infer, "We are not paid to direct or help casual staff - They are paid more than us!"

Families and CSOs may find some of the DHS rules for casuals enlightening!

*"Casual staff may be required to sleep-over at a SSA home. In accordance with DHS Policy and Code of Conduct, staff must not consume alcohol, or any other substance which will affect their ability to carry out their duties. This includes drugs or medication such as **sleeping pills***

*Depending on the circumstances, if a staff member is not able to be easily awoken whilst on sleep-over duty, they may be held responsible if any harm occurs to clients or there is damage to property.*

*If staff have a medical condition which would impede on their ability to carry out a sleep-over they must notify their SRO.*

*Staff Must Remain at the house during the period of the sleep-over."*

**LISA Comment:** We feel confident that most families, and the general community, will view the above as providing them with little confidence of service quality for those in our

community with limited capacity - those with intellectual or multiple disability. Being a further illustration of this government department's failure to properly manage its services to ensure all residents receive meaningful quality of life care within its [active support guidelines](#) and [other material](#)

Given casual staff are paid more than permanent staff - Work value expectations should be set, monitored and maintained that these staff shall act, and be equally responsible as similar nursing staff. And, that permanent staff be responsible for ensuring casual staff are properly supported and directed, especially during their initial times at the house.

**Extra 1:** [Bruce Bonyhady spreads NDS to RACV](#)

**Extra 2:** [Carers Legislation - Carers Recognition Bill 2010](#)

**Extra 3:** [Senate Inquiry](#)

**Extra 4:** BSPs & Residential Statements are tools to monitor QoL Care. Others are progress notes, the record of client expenditure and clients' communication diaries.

**Extra 5:** [DHS Classics](#)

**Extra 6:** [Autistic Children Punished \(UK\)](#)

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**NOTE:** We are always interested in feedback and information; general, specific, good or bad. if you wish anonymously: Our mail address is 73 Nepean Street, Watsonia, 3087.