

# Government Disaster Management

## Can the NDIS fix this?

*Direct care staff of the Department of Human Services, Disability Services, Victoria, get paid the same rates no matter the group home environment in which they work. DHS management are totally unable to effectively set, monitor and maintain direct care staff work value expectations within job descriptions and within departmental care policies standards and values - Just two parts of the disaster recipe!*

### The Victorian Auditor-General's Report, 2008 says:

Victorians living with a disability face significant barriers to social and economic participation in the community. These barriers are exacerbated by the difficulties people with a disability experience in accessing adequate and appropriate care and support.

The reactive nature of DHSs response to accommodation needs, combined with the stringent prioritisation criteria, is likely to continue, and therefore perpetuate a crisis-driven system.

Some houses operate from an institution mindset, catering for residents physical needs rather than operating like a home where residents are encouraged to develop an independence limited only by their own capacity. DHS has not assessed the suitability of its houses in regard to the goals of the State Disability Plan and the *Disability Act 2006*.

In almost all SSA houses, support provided to residents through the day was highly structured and little time was devoted to helping them develop new skills. Staff were well-equipped to manage residents daily activities (such as meals and personal hygiene) but had limited time available to implement all aspects of resident support plans including residents aspirational goals.

Some houses encouraged a residents family or guardian to attend meetings. We identified primary carers, support staff and families as the most active advocates for residents. However, grievance processes were mostly internal processes with little independent accountability: residents made their complaints known through staff, who may have had a conflict of interest.

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.

A more systematic approach is required for measuring resident satisfaction with SSA accommodation

**The Community Visitor's Report, 2008/9 says:**

Community Visitors, under the Disability Act 2006, find it is not uncommon for a group of people to have their lives completely disrupted by the introduction of a new resident and for staff to be confronted with huge challenges in the ability to manage appropriately.

Inappropriate placements and incompatibility compromise existing householders and limit the capacity of staff to provide a safe environment. Community Visitors ask DHS to assess, as a matter of priority, whether these residents should be living together. The high level of incidents has resulted in a significant turnover of staff.

Staff changes have led to further inconsistency in support, adding to and perpetuating unresolved issues for the residents. Because of the residents behaviour there is minimal furnishing, pictures are high up on walls, there are no homely or personal items in the general living areas and all sharp implements are locked away. The escalation of the violence can only be detrimental to the residents health and wellbeing and has also had an impact on the ability of staff to provide support. The outbursts appear exacerbated by numerous interrelated factors, including the amount of time the residents spend together in the house, their differing levels of capacity and functioning, competing and conflicting personalities. In another DHS house, an external consultancy group was engaged to review the resident mix following issues caused by the inappropriate placement of a resident.

Community Visitors also report on the disturbing situation in a group of houses at Plenty Residential Services (PRS) The safety and well-being of a group of people with high support needs is compromised by the use of outdated staffing rosters which leave them with inadequate staff support at critical times. **Note:** PRS is like a retirement village, and is located in the Northern suburbs of Melbourne ([google maps](#) - Springfield Terrace, Bundoora - satellite mode)

Many person centred plans for the people at Greenfield Terrace (PRS) state the importance of leisure and community activities to minimise their behaviours of concern. The present minimal staff support substantially limits opportunities for community inclusion for people and leads to boredom and a sense of incarceration. Effectively, for four hours a day, six people, who often have high support needs, are supported by just one staff member. Community Visitors are of the opinion that this is absolutely unacceptable and falls short of the

principles in the Disability Act. DHS management has advised that no funding for additional staff support is available.

Community Visitors remain concerned about the variation and monitoring by DHS to ensure that plans meet appropriate DHS standards. Community Visitors also remain concerned about the variable quality and commitment to the implementation of the plans.

The board finds that lack of adequate support planning for any person living in residential services is unacceptable and calls on DHS to ensure that all service providers, including its own Disability Accommodation Services, fulfil their obligations under the Act.

Community Visitors report this year on the case of a young man living in a locked environment in a DHS house in the Eastern Metropolitan Region with no apparent plans in place to improve his circumstances. They also report on multiple issues with behaviour support plans in the North and West Metropolitan Region and, most alarmingly, on the use of prone restraint in the Grampians Region

Community Visitors express concern about a house where there is a high turnover of house supervisors. Some DHS houses have had constant changes in these positions. Over the last two or more years and Community Visitors have noticed an escalation in behaviours of concern as well as ongoing damage to the houses. Community Visitors have observed that the house supervisor [[click H/S link](#)] can be a key factor in achieving positive outcomes for residents and for staff wellbeing and morale.

The report recommended several strategies to try to improve the quality of life for the residents. It also outlined that introducing a new resident, whose needs or behaviour would be disruptive to the routine of the unit, would reduce opportunities to support this fragile resident, aggravate his sensory sensitivities and be detrimental to his wellbeing.

Despite this, DHS introduced a new resident with many complex behaviours of concern that added to the complexity of care already provided in this house. The new resident was very noisy particularly at night as he was wandering, entering other residents rooms and vocalising loudly to the detriment of the other residents. Parents of these residents are very involved and DHS has been meeting with them to address any issues caused by the new residents introduction to the house. Community Visitors continue to monitor this situation.

Community Visitors reported on the introduction of a resident to one DHS house who requires staff supervision at all times while outdoors. External doors are required to be locked which restricts access for other people who may wish to use the backyard.

In the past 12 months in this region, Community Visitors have found many instances where the Office of the Senior Practitioner has conducted comprehensive reviews for people who are subject to the use of chemical restraint, mechanical restraint and seclusion strategies to manage behaviours of concern. The outcome has been a reduction in the use of medication for some people and more positive strategies for improved lifestyles being introduced.

A resident was moved into a house where compatibility with the settled resident group became a major problem. The new residents regular instances of aggressive and destructive behaviour made other residents fearful for their own safety. A number of changes were made to the house including locked doors and window shutters to prevent the newer resident threatening violence. This limited the freedom of all residents to move in and around in the house. In addition, they constantly complained about feeling unsafe. Community Visitors made regular reports about the situation. One resident advocated independently for change by contacting senior management of DHS to demand that action be taken to relieve what he viewed as an untenable situation. The resident who had been moved in was transferred to alternative accommodation and given extra staff support.

**LISA Comment:** The above extracts, from these eminent reports, reinforce the views of many elderly parents still caring for their family member at home. They say they would rather take their family member with them when they depart this world, than trust the care of government direct care services.

This does not mean there are not good government direct care group homes. There certainly are, but they are often heavily reliant on direct care staff integrity, in contrast to good management direction having the ability, right and motivation to set monitor and maintain direct care staff work value within job descriptions and care policies, standards and values. So care level and quality can, and often does, fluctuate with staff changes, and with staff attitudes not conducive to the provision of quality of life care.

Resident incompatibility can, and often does reduce the quality of care for all residents. Staff and compatible residents should not have to tolerate excessive behaviours of incompatible clients for whom government services have failed to

provide proper behaviour management in a designed environment by properly trained, motivated, encouraged and remunerated staff on which expectations have been set. Expectations that they provide properly designed behaviour management to raise the client to a compatible level to live in harmony with other residents of group homes in the community.

The DHS in Victoria considers all staff are equal as regards personal skills, ability and attitude. Good staff are therefore not recognised or praised for outstanding work. They are often ostracised by peer pressure and staff lore - generally called "house politics". So many either give up trying, or find other work.

DHS Regions repeatedly claim inability to provide care within their HO care policies, standards and values is due to insufficient resources. Whereas, we have witnessed - "They can!" Inconsistency and minder care being a direct result of management/staff attitude and exploitation of their captive market consumer base.

When consumers have no choice of service provider, the service provider has little reason for customers or customer service. This is demonstrated by the well documented attitude of DHS Regions towards those who dare to complain.

Yet, DHS HO Publication: Quality Framework, Consumer Assessment 5.2, says, People with a disability and their family members and carers should be empowered to have a say in the services we provide. By listening to and acting upon concerns, ideas and suggestions of support users, we can use their knowledge, expertise and experience to make improvements to the quality of service delivery and outcomes for people with a disability.

**Note 1:** [NSW Shock Budget for Disability](#)

**Note 2:** ["Doors which lock when closed"](#) - Opinion sought!

**Note 3:** ["Educating our future generations"](#)

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