Department of Human Services, Disability Services, Questionable Activities in Official Denial by DAS Management, but for which they and staff are well aware.

It should be noted that the following list is not exhaustive, and is not exclusive to any one location. Many of these practices, directly or indirectly, restrict the residents' quality of life.

1. Many direct care staff rorting their rostered hours….. Arrive late, leave early!
2. Many direct care staff rorting work hours on private business (phone calls, etc), watching TV, chatting and drinking coffee with other staff for long periods, etc, etc.
3. Direct care staff rostered on a shift where there is no specific work, as a result of some questionable HACSU agreement.
4. Direct care staff lore negating management's right and role to manage service within departmental care policy, standards and values.
5. Erroneous bullying claims on House Supervisors by staff as a work avoidance tool.
6. Direct care staff "Factional Division and In-Fighting".
7. Direct care staff peer pressure to work at the lowest common denominator.
8. Direct care staff using "Client Choice" as a work avoidance tool.
9. Poor man-management of direct care staff by unsuitable managers and house supervisors.
10. Managers not adequately supporting House Supervisors.
11. Managers (above house supervisor) rarely visiting the houses.
12. Managers (above house supervisor) failing to ensure the house staff are compatible and work as a team.
13. Managers (above house supervisor) failing to ensure all staff in an "Active Support" house are fully supportive, in practice, of the defined "Active Support" principles for the residents.
14. Managers (above house supervisor) have insufficient "Industrial Training and Experience" to support the House Supervisor to fully implement departmental care policies, standards and values, in the face of HACSU supported staff lore.
15. DAS management issue avoidance and sweep-it-under-the-rug tactics when facing families questioning service level and quality.
16. Families having to continually repeat their stories on questionable service provision, in the face of revolving door DAS management (above house supervisor.
17. Direct care staff withholding from, or claiming client refused to take their (psychotic) medication, so the client's behaviour gets worse, and the staff can persuade the doctor to prescribe a higher dose.
18. Food items in house, going missing.
19. Staff having Bistro food at client expense.
20. Little accountability for pharmacy items.
21. Time sheets signed for every day, at the start of the week.
22. Residents' personal cash vulnerable to pilfering, and management not concerned as the department is responsible for its replacement.
23. Direct care staff at PRS allowed to do 12 hour shifts. They could not possibly provide QOL care after 8 hours!
24. House Supervisors say the residents are no problem, it's the staff who create most strife.

25. Staff have been known to bring their dogs to work and bath them in the resident's facilities.
26. Staff seeking increased medication for sitting residents, to give staff more time to cope with an incompatible client forced on them by client services.
27. Related staff working in the same house – potential conflict of interest, cronyism and nepotism.
28. Staff refusing to use CERS credit cards to get housekeeping and the resident's expenses.
29. Staff refusing to drive department vehicles despite having a current drivers licence.
30. Staff watching "Foxtel TV" that is paid for by the residents, whilst the residents are in bed by 6:30pm.
31. Ghost Shifts. Shifts where staff sign on, usually the previous day, but don't do the shift.
32. Staff stealing the residents' PRN medication. Easy to do, as this is often not used often.

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WHY CARING PARENTS HAVE TO LIVE FOR EVER

Caring parents having a son or daughter with an intellectual or multiple disability need to live for ever because almost all services, **supported accommodation**, in-home support, respite day services, sheltered workshops, education, etc, etc cannot, at present, be relied upon to get it right for those with little or no ability to adequately advocate for themselves.

Just some of the reasons why (If you know more, let us know):

1. Clothes being mislaid or lost, even when clearly marked.
2. Wearing the same shoes all the time, especially runners (when has a range of shoes)
3. Washing quality poor - stains frequently not removed with Preen – woollens ruined in hot water, etc, etc.
4. Clothes not ironed, or consistently ironed.
5. Inappropriately dressed for the weather and environment.
6. Generally, poorly dressed.
7. Bed made up when wet.
8. Top sheet not consistently put on bed.
9. Manchester and towels in poor condition.
10. Meals poor – lots of takeaway
11. Cut lunches, for day activities, poor.
12. Poor grooming, including teeth cleaning and nail cutting.
13. Shoes not cleaned.
14. Reluctance to use generic services for medical, hair care, etc, etc.
15. Very little meaningful interaction, developmental and social activities – loss of skills.
16. Failure to make or attend medical and dental appointments – Not in the staff diary, no one read the diary, or no staff wanted to go.
17. Casual staff sent with resident to medical appoints, because regular staff don't want the bother

18. Staff infrequently attending a resident admitted to hospital.

19. Injuries frequently not noticed or reported.

20. Reluctance to treat minor abrasions and rashes.

21. Residents needs have to fit in with staff needs, mood and availability.

22. Delays in taking residents to a doctor (Example: Sector manager visiting a CRU on a Friday, observed a resident with a streaming cold. On asking when the resident will be taken to a doctor, the staff said, "On Tuesday when his key worker is back!"

23. The "Key Worker" is intended to represent the resident's interests with the service provider, especially where the resident has no family or effective family. Yet key workers frequently do little more than the average workers (staff). And the key worker's loyalty is naturally with their employer – the service provider.

24. A "Case Manager" is also intended to represent the resident's interests with the service provider. Again, the case manager is employed by the service provider!

25. Apart from parents, family and friends, there is no provision for purchasing or replacing items and equipment which would help to enhance the resident's lifestyle. The resident's finances build year after year, with the resident having few possessions. Whereas, most residents can benefit from such items as, a trampoline, an exercise bike, balls, talking toys, communication aids, TV, video recorder, drawing boards, etc, etc.

26. Staff loaned a resident's radio to another resident for an extended period, without consulting the parent of the resident to who the radio belonged. The resident to whom the radio belonged had no meaningful communications.

27. Staff threw all washing in together, into the industrial washing machine – colours, whites and soiled clothing!

28. Staff refused to soak stained clothes in Napisan, just sent it to the mother of the resident to deal with.

29. Resident's rooms and windows frequently dirty.

"HOME OR HOSTEL"

When the Victorian Government embarked on providing supported accommodation in the community for those with a disability who's elderly parents were struggling to provide for them. Government intention was that these houses be group homes, not hostels.

Equally, when the Institutions were closed there was a determination that people who had been living in prison or barrack room like conditions for years, would now enjoy a group home in the community - Not a Hostel!

The general Australian definition of living in one's home, is that of ownership and security. A place where one has rights of determination to decide who enters, or what they do or don't do in your home. The general Australian view of a hostel is a place of temporary accommodation, where there is a manager who makes the rules under which the people who choose to stay there live.

The government department charged with translating government funds into group homes throughout the community, was the Department of Human Services. The Department, together with the Community Visitor's Program developed excellent care policies, standards and values, with positive intention that these houses in the community be real long term quality homes for those with intellectual and multiple disabilities.

It is therefore disappointing that direct care staff lore, union pressure and bad overall management makes these houses in the community, staff work places where the resident's have few if any real rights.

Although the residents pay rent, they have no rights under the Residential Tenancies Act! They have no rights to choose their support staff, say who comes into their home, be consulted about major physical changes to their home, or be consulted when there is a vacancy in their home for a new resident.

Group homes are therefore little more than Mini Institutions or Hostels!

Sunday Herald Sun, June 28, 2009, page 27.
STEPHEN DRILL

'Spy' mum tells of abuse

A MOTHER of an autistic man has revealed how she went undercover as a Department of Human Services carer to lift the lid on neglect and abuse within community-based homes. Heather Tregale became a carer to spy on staff who look after people like her son, Paul. She says that during her years with the department as a direct care worker, she witnessed physical and psychological torture of patients.

The worst cases were: staff tipping a patient out of a wheelchair because he had rolled over to watch them cooking a barbecue for themselves. carers who had admitted to "belting" clients were simply moved on rather than sacked.

An autistic man made to sit in the corner for hours over two days as punishment for annoying a carer.

A disabled man slapped across the face by a staff member for wetting his pants.

Staff making her stand watch for the supervisor while they played eight-ball on the clients' billiard table.

Mrs Tregale took on the challenge of caring for people like her son in an official capacity after a DHS bureaucrat told her she did not know what she was talking about.

Mrs Tregale, now 68, worked for the DHS as a carer for almost four years between 1995 and 2000.

She said patients' behaviour became increasingly worse because carers would fail to interact with them.

"They were more like wardens than carers," she said.

"Instead of talking to the residents, the staff would just drink coffee and wait until the end of her shift."

Mrs Tregale who, with her husband Tony, runs a lobby group for people with autism, has called on the DHS to have an overhaul of training.

Mr Tregale said parents needed more say over how children like his son were cared for.

The department doesn't care how much you badmouth them - they get paid no matter what they do, he said.

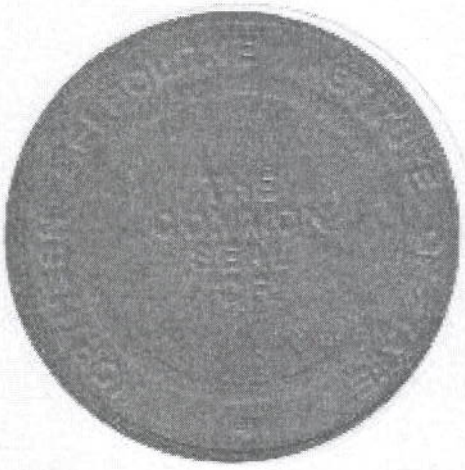
NORTHERN MELBOURNE INSTITUTE OF TAFE

Heather Julia Tregale

has completed the requirements for the award of

ADVANCED CERTIFICATE
IN
RESIDENTIAL & COMMUNITY SERVICES (INTELLECTUAL DISABILITY)

a course accredited under
the authority of the State Training Board



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EXTRACTS FROM "BOUND TO CARE" AN ANTHOLOGY OF FAMILY EXPERIENCES BY RESCARE UK

"It is a great shame when so much valuable time is spent on paperwork instead of where it really matters, providing a nurturing environment for our loved ones. Our family members are human beings, but because they serve no obvious useful purpose to the community, they are generally treated as second-class citizens!"

"There was a garden and play area, but it required staff to take the residents and stay with them. As the garden was out of sight of the house, this activity was never given high priority. Staff preferred to stay in the house and watch the television!"

"It has alway been understood that caring for people involved encouraging social interaction, for example, through staff playing with residents. Shortage of staff resulting from lack of resources was always blamed. No one ever made it compulsory for staff to involve residents in activities!"

"A social worker from a child assessment unit said, You'll have to get on our backs, it you want anything. I know it shouldn't be like that, but we only take notice of those who really shout for what they want!"