

TRANSCRIPT OF PROCEEDINGS

FAMILY AND COMMUNITY

DEVELOPMENT COMMITTEE

MR J. PERERA MLA, Chair
MR J. SCHEFFER MLA, Member
MRS J. POWELL MLA, Member
MS M. WOOLDRIDGE MLA, Member
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**INQUIRY INTO SUPPORTED ACCOMMODATION
FOR VICTORIANS WITH A DISABILITY OR
MENTAL ILLNESS**

WITNESS:

MRS AND MR TONY TREGALE, PARENTS

**BALLARAT
THURSDAY 20 NOVEMBER 2008**

RESUMED

[11.37 am]

THE CHAIR: I would like to call upon Mr and Mrs Tregale.

MRS POWELL: Would you like to come up together?

THE CHAIR: Two – yes. You are together?

MR TREGALE: She decided that she had her own piece so - - -

THE CHAIR: Okay.

MR TREGALE: - - - she wasn't going to stay with me. Today. Today.

THE CHAIR: I'm not going to go through any introduction part as you were here from the beginning - - -

MR TREGALE: No, no. We know. Absolutely.

THE CHAIR: - - - so you've got five minutes.

MR TREGALE: All right, thank you.

THE CHAIR: Yes.

MR TREGALE: I'm Tony Tregale. I'm a parent, and I speak about quality of life care in CRUs or group homes, supported accommodation group homes. That is the focus of my presentation here today. (1) DHS-supported accommodation group homes are, in our opinion, hostels, not homes. I think this was raised here before. Residents and their families are frequently not consulted over changes, as direct care staff consider a group home as their workplace, where they cannot be moved if they do not wish to be. So we're not consulted. We had an example of that very recently. Most of us here today have control over who comes into our home.

When we become elderly, we need support from HACC services. If we do not like a particular HACC – that's Home and Community Care worker – from the local authority, we can tell the HACC office and request that particular person not be sent to our home again. This is not so for the residents of DHS group homes. They do not, therefore, have reasonable rights in their long term home. The public service culture of job security through captive market government funded services, having no reason for and no reliance on customer service and satisfaction. It is not conducive to the provision of consistent – and the Auditor-General used that word – quality of life care for the very vulnerable residents in its supported accommodation group homes

The department should not, in our opinion, therefore be providing direct care services. They should not be providing direct care services they are not accountable. It appears the main reason the department's direct care services have not been handed over to the non-government or not-for-profit sector is the pay differential.

Department staff get paid, and I saw recently quite significantly more than non-government staff, or NGO staff. So whilst the department gets paid, and department bureaucracy is extremely wasteful, there is far less accountability for the provision of quality of life care for the very vulnerable and disadvantaged people, the residents of DHS group homes.

Service inconsistency, as reported by the Auditor-General, is further compounded in DHS direct care services by the department's trend towards the reduction of central management in favour of autonomous house supervisors. Most DHS group homes have offices equipped to run BHP. Huge! There is now even less central supervision to ensure all houses provide consistent quality of life care within the direction, intention, and spirit of the department's care policy standards and values, which I say are very, very good, if they were only implemented at the service point consistently. Department house supervisors interpret these policies differently, if there is no central management looking after the central policy for all of the houses.

There is a current trend towards support packages for individualised funding for those with the ability and support to seek generic services, yet the residents of DHS group homes are denied individualised funding of their government-funded support costs, and any form of residential tenancy rights, they are denied residential tenancy rights! The resident's choice of service provider is therefore totally restricted. They cannot say, "I don't like the service, I'm going to some other service." Yet another restrictive factor is the department's despotic control of the DSR, the "Disability Services Register". Without these restrictive practices and factors, the residents of DHS group homes could say, "We don't like DHS service. We are going to City Mission, Nadrasca, etcetera."

They would have choice. We all have choice, with Telstra and Optus and so on these days. Many times, we have been told by DHS staff, "If you don't like what we do, take your kid away." They can say this, because they know we have no choice, and that their jobs are not customer service orientated - to the satisfaction of the customer. With a few service accountability factors available to the residents of DHS group homes, residents and caring families have to look at every available avenue to monitor that. Yet community visitors are not obligated to contact families, parents and families, following their visit to a group home where the residents have no meaningful communications.

When a community visitor visits a home, they can't talk to the residents, they only talk to the staff. And they're not obligated to contact the family and say, "Do you have a problem?" Thousands of very elderly parents struggling to care for the disabled family member at home are being both blocked from access to reasonable respite, and queue-jumped by able-bodied parents who abandon their disabled family member on respite services. Dumping – I'm going to use that term reservedly – on very few available respite services is becoming an epidemic. Many respite houses cater for four, five, or six residents, yet most have at least two places taken by abandonment.

Some have all but one of their places taken by abandonment. So people are asked to care for their family member at home and you don't even get a break! With the Department of Human Services extreme pressure to free respite places for legitimate use in giving a well-deserved break to families doing it tough 24/7, the department is dumping totally incompatible people on the very compatible residents of existing group homes. One incompatible person can totally destroy the quality of life of the four or five others. The department is moving the problem around rather than solving it!

Apart from allowing respite facilities to become blocked from legitimate use, they are effectively moving an incompatible member, with whom the family cannot live, on to a compatible group of already disadvantaged, people in a group home. The problem is compounded as respite places become depleted for those doing it tough in caring for their family member at home. Families are therefore driven to the despair of having to consider abandoning their family member at respite, because there is little hope of the family member ever getting into a permanent group home. Thank you.

THE CHAIR: All right. Thank you. Thank you very much. Mrs Tregale?

MS TREGALE: My name is Heather Tregale. I'm a parent and an ex-DHS support worker. Mismatched residents in CRUs. The DHS, from the disability support register, are putting residents into CRUs with very high support needs and challenging behaviours, who are destructive, aggressive, violent, and very noisy – with residents who have been living together, who are reasonably compatible with one another, where they should be in a behaviour support unit where the staff have positive behaviour training and extra remuneration. Most of the houses, where the vacancy is filled by an incompatible client, is where the sitting residents are unable to say anything as they have no meaningful communications.

The parents or guardians are not consulted, which goes against the department's own policy. It then becomes a hostel, not a home! Actions of this nature by DHS disrupts the whole household, and the staff are not motivated to do any developmental programming or social activities because they are busy making sure that the incompatible client is not interfering with the other residents. So it becomes a minder service! My instance of a couple of months ago – we have an incompatible client in his house - my son was knocked to the ground, kicked three or four times in the neck and shoulder area.

Will the department do anything? Of course not! Because he will have to be seriously injured before they do anything. He will have to be lying in a pool of blood or dead! These actions happen in DHS houses, and the non-government sector, as the DHS controls the Disability Support Register. Parents should be able to depart this world in the knowledge that their family member is safe and secure, which is depicted in DHS manuals, but DHS do not follow their own policies. Head office makes the policies. The regions do what they like, as they are a law unto themselves!