

**FAMILY AND COMMUNITY DEVELOPMENT COMMITTEE**

**Inquiry into the provision of supported accommodation for Victorians with a disability  
or mental illness**

Melbourne — 22 October 2008

Members

Mr B. Finn  
Mr J. Perera  
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Mrs E. J. Powell

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Ms M. Wooldridge

Chair: Mr J. Perera  
Deputy Chair: Mrs E. J. Powell

Staff

Acting Executive Officer: Mr M. Bromley

Witnesses

Mr T. Tregale, and  
Mrs H. Tregale, parent carers.

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**The CHAIR** — Thank you very much for coming along. Before you start I would like to stress the fact that this is a parliamentary inquiry; it is not run by the government.

**Mr TREGALE** — We are Tony and Heather Tregale. We are parents. First of all we would like to just say in regard to what we were listening to before that we consider that rather than ‘child’ the panel should use the term ‘family member’. We have a problem with using ‘child’ for a 32-year-old. ‘Family member’ we find is a more appropriate term. We come from the perspective of quality of care in DHS group homes, which is particularly relevant for those coming out of the “needs register”, so that they come to quality rather than something else. When we are in it, (a group home) we want to have quality. First of all, DHS controls the Disability Support Register and has a captive market. Consumers have no choice! This is rather like the former Telecom used to be — ‘If you don’t like your phone, we’ll take it away!’. DHS says, ‘If you don’t like what we do, take your family member away!’. The public service culture is not conducive to implementing the department’s care policy standards and values at the service point to achieve quality-of-life care for the residents of its supported accommodation group homes. That is our finding. Parents and families have been using their energy fighting the public service culture, which appears never to be able to produce the level and quality of care which would allow parents to depart this world in peace — and I think this was said by the previous parent. This is the important thing: people want to depart the world in peace! I think everyone wants to do that. They certainly cannot at the present time; they are not sure.

DHS staff were not invited or encouraged, as far as we are aware, to submit to this inquiry. DHS direct-care staff have a lot of input and a lot of them would like to say how it is, and they are being prevented from doing so. DHS management does not use complaints as tools to service improvement, therefore individual complaints are revolving doors. It does not use systemic complaints to improve the service, so individual complaints are revolving doors; parents are continually bringing up individual complaints. There is no truly independent complaints process with effective teeth to ensure that care policy standards and values are maintained. We consider the DHS policies, which are extensive, are in fact very good. They just need to be implemented as defined and intended, and with the spirit of these policies — at the service point to give the quality of care. We consider community visitors are ineffective. We have been community visitors; we were community visitors for six years when the legislation first came out. We find that they are ineffective in getting down to the detail of why a person does not have quality of life. They are quite good at looking at basic care, but when it comes down to the real details of why someone does not have quality of care, we find them quite ineffective. We have recently got reports under FOI from our son’s home, and that sort of thing (Quality of Life Care) is not in the reports at all.

We find DHS does not set, monitor and maintain staff work value expectations. To say they need more skills is fine and to say they need more pay is fine, but if you are going to do that, let us set the expectations. We find in the private sector they set the expectations. My wife has actually worked in the field. She worked for four years behind those closed doors. Not because we needed the money but to find out what happened behind those closed doors. In the private sector, the not-for-profit sector, they sat her down and said, ‘This is what we expect you to do’. In the DHS her first job was in an institution, Janefield. She walked in and asked ‘What do I do?’ and was told ‘Wander around and find yourself a cup of coffee. Find yourself something to do’. Nobody ever set the expectations! I worked in electronics for the police department, and the same thing happened. Nobody set the expectations! In large companies the most important thing is that labour charges are expensive and so they set the expectations. So giving more skills and more pay is fine, but let us have the expectations set, monitored and maintained by the management.

DHS is the landlord and the service provider, therefore residents have few rights in their long-term home. This has been a major concern over many years. We find it is more of a hostel than a home. A hostel is management run. We are concerned that at DHS direct-care staff are not encouraged to report questionable activities, such as abuse. There are many reports of people saying, ‘We were scared of not being supported if we found someone being abused’. It is certainly the case! We are concerned that DHS direct-care staff have insufficient support from DHS

management. Certainly the previous speaker found the same thing. We find the direct-care staff do not have the support. We find day programs are poor in comparison with special schools within the education department. That is to say, if someone moves from education, which we found was absolutely first-class, to a day program, their quality of life just drops like a brick and their skills drop, because there is no comparison with the education department's special schools. Thank you.

**The CHAIR** — Thank you very much for your presentation.

**Witnesses withdrew.**