

FAMILY AND COMMUNITY DEVELOPMENT COMMITTEE

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

Geelong — 23 October 2008

Members

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

Mr J. Scheffer
Mr A. Somyurek
Ms M. Wooldridge

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

Staff

Acting Executive Officer: Mr M. Bromley
Research Officer: Dr T. Caulfield

Witness

name withheld

The CHAIR — The final witness I would like to call upon is **name withheld**

My name is **name withheld**, and I work for **name withheld**. I am here to speak to you as a direct care worker. It is probably just a bit different perspective to what you have been hearing today. 20 years, working in the disability field, I have seen many changes and not all of them for the better.

We now have written plans for just about everything imaginable, which of course increases the paperwork to a huge extent. The hours are not given to us to carry out this paperwork. People are working over and above their hours, and overtime is virtually nonexistent. We just seemed to have lost track while we are actually employed and what we are supposed to be doing.

The recruitment and retention rate of staff is pretty deplorable. It is a huge issue, and it impacts on the house supervisor being constantly required to train new staff. The complex criteria for new or casual staff means not necessarily getting the right person for the right job. You just about have to be a Rhodes scholar to answer some of the questions in the interviews. We have an ageing workforce. As the roster lines and the non-friendly hours mean younger staff are not attracted to positions. They do not stay. Burnout and stress issues impact not only on staff but also the clients. The consistency of staff is not there, and clients then act up.

With the ageing client group it is an issue that is not being addressed adequately. Parents and siblings, as you have heard, find that they are very anxious, very worried about what is going to happen to their child once they have gone. The compatibility in the CRUs is a huge issue. It is like not always necessarily right for the clients to be living in certain different age groups, different types of disabilities, different behaviours. It appears that if there is a bed, that is fine — you go there.

All other training is almost nonexistent or very hard to access. The lady before me spoke about her daughter and PEG-feeding. That sort of training is virtually not available. The needs of the clients are becoming more complex. We have dual disabilities, medical needs. We have higher behaviours of concern that cause assaults on staff, and that is increasing. The occupational health and safety issues are often not addressed adequately, and manual handling injuries are all high. Management's attitude is often, 'Deal with it' — if there is no money.

We have insufficient powers to provide one-to-one support for clients, meaning the whole house attends an outing as opposed to individual outings. People are not getting their needs met in that regard. This causes frustration to both the clients and staff. Also many staff are gaining higher qualifications and are finding it difficult to get the recognition for this, which means that there is very little scope for career advancement with the department. It is not an ideal world, but I am sure we can do things better.

The CHAIR — Thank you very much. We will conclude these proceedings for today. Thank you all very much for your presence and your contributions.

Committee adjourned.