

State public service, union supported, work culture imposed on federally funded support services

The *Health and Community Service Union (HACSU)*, Victoria, through its paper, ["Bullying in the Workplace"](#), sends a message to its members to be aware that any work request made to a direct care worker by a manager or supervisor can potentially be defined as bullying.

Through its comprehensive definitions of bullying, this Union provides its members with an extensive range of work avoidance tools and support, but appears reluctant to define what they consider to be a fair day's work – That is, doing meaningful and constructive tasks as defined within their job description and the department's care policies, standards and values for the whole time for which they are being remunerated.

Many direct care staff in DHS group homes consider their work commitment is just that of providing the residents with basic care and support – meals, cleaning, medication and personal hygiene, for example.

Consistent and meaningful engagement and developmental activities (PCAS and PBS) with the residents is often not considered to be the responsibility of the said direct care staff. Therefore, once the 'domestic work' is completed, many direct care staff consider they are finished for the day – even if this is well prior to the end of their shift.

Whereas, consistent, constructive and meaningful engagement with the residents, either exclusively or in a balanced role, is a vital aspect of the care and support of those with so little in their lives. A reasonable level of engagement and developmental activities provides residents with a quality of life and improved behaviour within their intellectual capacity.

In contrast, the union's *"Disability Unity – winter 2013"*, shows the least of their concerns are those without whom their members would have no job, and the union no business – very vulnerable people with a lifelong disability.

With most DHS group homes being mainly concerned with house politics, union activities and direction, staff needs and wants, and departmental bureaucracy, the residents and their stakeholders are well and truly at the bottom of the heap – often considered a disruption to staff activities.

Whereas, if we were to remove the public service image from department group homes and let the same staff run the house on a contract to ISP funded residents to provide consistent and meaningful quality of life care, there would be an 'over-night' staff attitude change towards customer service, and staff job satisfaction from this customer service.

Successive state governments, since time immemorial, have made little effort to change the public service captive market culture, other than to privatise some services traditionally provided by the public service.

The current State Government of Victoria is not only reluctant to make the management of the Department of Human Services totally responsible for fully and consistently implementing the department's extensive and comprehensive care policies, standards and values, but they are intending to allow the department to be a service provider under the DCA (DisabilityCare Australia).

The Productivity Commission choose the apparent easy option of making service providers accountable for service standards – they put the onus on the consumer by putting money, an ISP, in their pocket to allow them to choose the best service.

Although this may work well for many consumers, it has its limitations for those with moderate to high support needs - those who do not shop the marketplace easily. A large percentage of the residents of current DHS group homes are in this category.

Currently, most NGOs (CSOs) with the support of their peak body, the NDS, are very actively moving from a block funded captive market culture to an ISP marketplace culture. Not so the DHS! They consider their group home residents and stakeholders will remain loyal – prefer the status quo.

With the department as a service provider under the DCA (NDIS), the residents of their group homes will see little benefit from their support service funding being changed from 'bulk to ISP'.

Their public service direct care support staff will not see the transparent funding change. And, most residents and their families will not want to change service provider. They will hand-over their ISP to the department to continue as usual.

Consequently, the intention of the ISP process, that of motivating support service quality, will be lost through the DCA allowing the DHS to be a DCA funded service provider for their existing, mainly loyal, captive market residents.

The intention of ISP style funding, is that consumers shall be seen as having an entitlement to the service, rather than services funded through block funding being seen by the service provider as providing a charity to the consumer, which is traditionally that of the DHS, in whom we see little potential to change.

Practical Active Support:

Active Support is an approach aimed at supporting people with disabilities to become more involved in the day-to-day activities within their home.

A number of DHS houses have had staff undertake training, and piloted the approach. A staff member from one such group home, back in 2005, made the following observations about the implementation of the approach.

Residents:

The residents are all interested in the activities and seem to really enjoy the positive nature of these interactions. Boredom has been greatly reduced and there has been a decrease in challenging behaviours. The environment in the house is happier, with more opportunities for residents and staff to engage in positive activities and interactions. In fact, one of the residents now frequently congratulates himself with phrases such as "Good work" and 'Good cook'.

Staff:

It quickly became obvious that this initiative would be very much "staff driven" and that the success (or lack of) would be directly influenced by the imagination, enthusiasm & determination of staff to put in the thought and effort required.

It was necessary for us to adjust our way of doing and thinking to accommodate the concepts of active support. This is an ongoing process, but we have gradually 'grown' into these new habits and this is happening at an ever-expanding rate.

The most significant change for staff has been in our perceptions of how we see the people we work with. We are now definitely more "ability" orientated in the way we look at the residents.

Instead of looking at the challenges that some people's disabilities present, we are now looking at what each person may be capable of, and presenting the activity in a way that is most likely to succeed and be enjoyable.

We have also greatly reduced the amount of tasks that we automatically carried out on the resident's behalf. Instead, it has virtually become automatic to look at how we can involve any or all of the people living in the house”.

Extra 1: [State Government's Disability Tax](#) – *“Don't cop it on the chin! Stand with us, united against this bureaucratic cash grab from our most vulnerable”.*

Extra 2: [NDIS and Children](#) – Issues Paper

Extra 3: [DCA Website](#) : Call DCA on 1800-800-110

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