

Extracts from the KPMG, July 2015, 30 page, Review of Safeguarding Practices in DHHS Disability Accommodation Services

The Review ([Link to](#)) cost \$70,000 of public money. Yet the department has released no outcomes resulting from the review. We suspect the Review is, as is the standard department practice, collecting dust.

1. This review included a document review of the policies and procedures related to recruitment, induction, performance management and professional development and, processes and guidance material for clients, families and staff on reporting complaints and allegations of inappropriate staff behaviour and abuse.

The Review did not include consultations with residents or their families

2. The review primarily focused at service and individual levels, specifically considering policies, procedures and practices.

3. Residents depend on House Staff for assistance with daily activities, providing House Staff with a significant level of influence over resident safety and wellbeing. Consequently, inappropriate House Staff have the potential to pose a risk to resident safety, particularly considering that the operating model for group homes often means staff are required to support residents on an unsupervised basis.

4. There are clear processes and procedures for residents and their families to lodge complaints. Residents and families have access to both the general Department of Health and Human Services Complaint Form.

There are also clearly established policies, procedures and practices for staff to follow in lodging, investigating and responding to incident reports. There are standard incident report forms as well as guidance material for staff to ensure reports include all relevant information and are completed within the necessary timelines and that all relevant managers are notified of the incident and endorse all decisions.

5. Consultation with residents and their families was considered beyond the scope of this project. Consequently, this report does not represent the views of residents or their families.

This Review identified a number of areas where current policies, procedures and practices could be strengthened to improve resident safety.

6. There was particular concern about a perceived tendency for some casual staff (in particular) to display a lack of work ethic and a lack of respect for residents. Staff at all levels were concerned that working in this sector was seen as a career "gap filler" where people at the beginning or end of their career could make good money without any passion for the residents.

Managers reported a tension in the system between the desire to recruit the right people, and the pressure to fill shifts.

Induction programs are also an opportunity to provide initial training to staff, particularly necessary given that Group Home Staff no longer require a minimum Certificate IV qualification, and new staff may not have experience working with people with disability, or within a group home environment. Induction periods should be followed by an orientation period in which new staff have the opportunity to observe and learn from more experienced staff and build on their understanding of the policies and procedures discussed during induction.

That staff are aware of how and to whom they can raise concerns about incidents of abuse and neglect, feel confident to make a report if they have witnessed abuse and neglect, will not be punished by colleagues or the organisation for raising concerns or reporting suspicions' of abuse.

House staff frequently referred to the importance of their "gut feel" about other staff members, and whether they can be trusted unsupervised with residents.

House Staff expressed frustration over their view that often when an incident at the house is reported involving a staff member, the Division's response is to move the implicated staff member to a different house.

Performance management is an important mechanism for House Supervisors to hold House Staff accountable in cases where House Staff are not providing residents with the required level of support.

DHHS ensures that poor performance is actively managed and non-performers are terminated.

Some staff reported having an Operations Manager that they see frequently, who is constantly identifying areas to improve the way the house operates. Other staff reported not having seen their Operations Manager in months. This is consistent with the focus group with Operations Managers, where staff admitted that their underperforming houses take up majority of their time.

7. Recruitment and selection processes should be supported by the development of a "person description" that describes the attitudes, values and personal traits that are desirable in a disability support worker, and ensure that staff who are employed into DAS demonstrate the desired characteristics.

New staff who are deemed unsuitable for continued employment should be terminated within the probationary period. Decision making about ongoing employment or termination should be supported by well documented performance feedback from House Supervisors and staff.

House Supervisors and staff should actively encourage family and friends of residents to visit the House regularly, and create an environment that welcomes visitors. Residents who do not have regular contact with family or who would benefit from additional support should be actively encouraged and assisted to access an Advocacy Service to obtain a personal advocate.

8. The majority of the issues that came forward in this Review are not unique to the groups homes examined. Many of the challenges identified relate specifically to the nature of the support environment and are relevant to the sector as a whole.

The NDIS is the most significant social reform in Australia since the introduction of Medicare in 1975. At full Scheme, it is expected that over 460,000 people with disability-will be participating in a competitive marketplace for supports and services. The NDIS reforms fundamentally change the nature, focus and funding approach of the current disability support sector. These changes are structural and significant, however, they are necessary to address the shortcomings in the current system and empower people with disability to achieve economic and social independence and full participation - the ultimate objective of the Scheme. The changes will also have a significant impact of the roles of state governments with the National Disability Insurance Agency being established to implement and manage the operation of the scheme.