

## Members

Ms Maree Edwards (Labor) — Chair

Mr Bernie Finn (Liberal Shadow Parliamentary Secretary for Autism Spectrum Disorder)

Ms Cindy McLeish (Liberal) — Deputy Chair

Ms Emma Kealy (National)

Ms Chris Couzens (Labor)

Ms Suzanna Sheed (Labor)

Mr Paul Edbrooke (Labor)

My name is Colin Bayne. I have 35 years experience in working, living and supporting the disability cause. My family has risen to the challenge and I am proud of them. We were fortunate that we were not exposed to the “disability culture” in the early days of our family’s experience. We were not marginalised; we were welcomed into an environment of support and progressive attitudes.

At present, I am reading Kerry O’Brien’s biography of Paul Keating. Paul Keating describes how he “.. was always trying to work out where the balance of power lay in the bureaucracy”. He would either, engage them or go around them, to build a network of people who were useful in doing the actual work in the areas in which he wanted to make change. The only way to bring about change is to take control of the inefficient bureaucracy that doles out an inefficient public service.

The NDIS has a chance to bring about change at a time when change is desperately needed. What needs changing is the culture based on power over people. This issue is constantly a part of the submissions to this inquiry. This institutional culture is present in both government and non-government disability service provision - simply because of the symbiotic relationship between the two. The ability of staff to move between either employer or conversely be denied employment, is evidence of the cronyism which prevails.

This culture also produces “gatekeepers” who keep control using the “waiting list” presided over by the Disability Services Register. I have personally dealt with the DSR as a part of my job. It is a shadowy, nefarious device which is totally autocratic. It maintains control by the manipulating the hope of families. Hope is about the possibilities and after a long journey the DSR leaves you at resigned acceptance. I spoke to a colleague recently who was once a case manager. She hated the job because it was a lot of paperwork and planning that she knew would not eventuate in outcomes.

Another gatekeeper device is the lack of accessibility to a consistent plausible response to your inquiry. I have had experience when trying to access someone/anyone in Disability Services to support my son in regard to a day placement issue. They never received any email so I re-sent the exact same email which was responded to with an apology (which I appreciated). The officer responsible to investigate refused to come to a case meeting and then it took a further 7 months to respond when I complained. We attended the meeting unsupported by DHS and were confronted with a CEO who would not discuss any of the issues.

The overarching feature of the Disability Culture is bullying. The last two staff surveys indicated unacceptable levels of staff who have experienced bullying. I have been bullied in some bizarre ways. It is widely accepted within DHS that as a supervisor you are the meat in the sandwich. You have to appear to maintain an acceptable level of quality service delivery within the house you manage. This has to be done without offending the staff, your manager, your manager’s manager etc. If you annoy your manager you will be targeted by nitpicking, exclusion, isolation, surprise visits, increased workload, undermining and false accusations. Any of these can be applied to any staff member if the bully has “mates”.

Another golden rule, is don’t do! You will be bullied, you will be marginalised, you will be defamed, you will be targeted and you will be hated. Even your friends will regard you with a leery eye because nobody follows policy. Policy and procedure is often supplanted by staff lore, ignorance, personal opinion, old information, misinformation, a lack of comprehension, laziness, prejudice or just the fact that nobody reads anything. This is not helped by the lack of credible dissemination of information. One cause of bullying is sometimes mentioned by managers but this does not mean it is

discouraged. It is referred to as “ownership”. It is when the staff treat the facility as if it is their “home”. This leads to consider it is their right to eat residents’ food, determine what is watched on TV, where residents go on outings, holidays, etc. The most obvious one is the subscribing to Pay TV. In some houses it is resident choice in others it appears to be resident choice. Quite often the residents have a TV and a DVD player in their room and some will be hiring DVD’s and Pay TV. My observation has been that shows watched are determined by staff .

I have seen family members bullied. I brought it to the attention of the Secretary (recently resigned) and he referred me to his “staff”. No surprises there. Who else is going to say anything about the way parents and families are treated except another whinging parent? Being a family member of someone with a disability and working in disability service delivery, you are regarded as an annoyance rather than a resource. Families (outside of DHS) often feel complaining will make it difficult for their family member in care. It is peculiar but this is not always the case. Sometimes it helps good staff get the job done. Yes, there are good, fantastic staff who have taught me, inspired me and supported me. The HACSU sub branch has had many local wins for residents and staff. One issue was OH&S items/toiletries which were paid for by residents and after the Sub Branch spoke up it was paid for by DHS. Another item was the use of government cars from the office being allocated to Shared Supported Accommodation houses for use on weekends/public holidays. The list is quite long hopefully HACSU has a copy.

Now about the residents - one of the worst things you can do to someone living with a disability is simply to underestimate them. It is counter intuitive. Each support should be available as required. My training taught about the terminal objective which to me is “goal” focussed and must encompass empathy, compassion, rights and worth, to the recipient. People with a disability have a civil obligation to vote – whether it is physically possible is not the issue. To support someone with a disability you must be supportive rather than predictive. As a care worker it is within your duty of care to provide “active support”. It is a part of the disability carer doctrine and is self explanatory. My son votes – his mother with no training other than being a parent, supported him without chemical restraint, physical restraint or the restraint of the institutional power over people. She took a chance and drove him to the polling booth. Focus on abilities and support.

The responsible use of restraint within the disability sector has been superseded by the ever present fascination for technology. The use of chemical restraint is an abomination and so is the process for approval. It is overseen by an independent person for each resident. It is quite often someone the resident doesn’t know because some residents have no-one in their lives and you automatically get a “one size fits all” mentality. The responsibility of the independent person is not always understood. Psychiatrists depend on the information given by someone with a Certificate IV from TAFE when prescribing chemical restraint. Physical restraint is problematic for everyone in the disability sector. When I see the issue of domestic violence in the media, I think of people with a disability who experience “domestic violent” behaviour from other residents. It is hidden away and further denigrates the image of people with a disability and labels them different and dangerous. Physical restraint still happens but it is supposed to somehow not happen. If you are in a situation where someone is harming themselves, another resident or staff – what would you do? People who put themselves in the way of physical harm to protect others deserve support/recognition and above all meaningful training and supervision.

Incident reporting has been partially covered by an article in Thursday’s Age. Before you change the method you have to make the criterion relevant to all issues which need attention/reporting outside of the immediate service area. You have to then make sure the incident reports actually get written and stop the process being interfered with by local management. Matthew Potocnik and I were lobbying DHS to put in a system where the incident report would be identified by an alpha numeric system created at the facility where the incident occurred because incident reports sometimes “get lost”. We had discussions with [REDACTED] and [REDACTED] who made arrangement for us to see a computer based incident reporting system called ERIC. When the incident report was recorded and

had been “saved” it could not be altered. It could have further information added but the original remained intact. Matthew Potcnik and I asked why it was not in use but there was no reason given and the next meeting was cancelled by [REDACTED] and no further times offered.

The occasional quality/systems auditing by DHS is ineffective and is sometimes done by staff who obviously have no experience at “house level” or have long since forgotten. The sporadic visits from Community Visitors are overall ineffective and ill informed. They miss obvious items such as a decent menu and resident meetings which are often overlooked. A menu with recipes and instructions will determine the shopping list which covers nutrition, culture, resident input and variety. It also makes it easier to stop pilfering and reduce wastage – both of which are a common problem. Most reporting of issues still depend on “whistleblowers” which can be someone doing what is officially expected. They then face the prospect where their concerns are mitigated, sidetracked or simply ignored. This is commonly known as being “hung out to dry” and you have to face the culture that does not appreciate “dobbers”.

I have twenty years of direct care employment in various roles and some of my most recent experiences indicate that some things are worse than when I started, some have remained the same and some things have improved. When I started, Operations Managers (Cluster Managers) were a part of the day to day operations of every house in their cluster. Today, you are lucky to see them at half a dozen team meetings per year and only then for an hour or two. It is definitely time to consolidate any lessons learned and eradicate the institutional culture. One of my Operations Managers said at a team meeting “we treat them a lot better than we used to”. The staff asked me afterwards what did she mean? I couldn’t explain third world misery, abuse and neglect but if Daniel Andrews and Martin Foley are simply going to “open the gates” and leave residents to the “free market economy” – they will find out - because wars, poverty, neglect, and abuse happen every day to people who can protect themselves. What is the chance for the disadvantaged? Grief travels downwards very quickly.

I would also ask if my two previous submissions can be posted with my name indicated.