

Submission to Parliamentary Inquiry into abuse in disability services

My Name is Aldo Pitre. I have been a Community Visitor for some 8 Years, 6 of those as a Regional Convenor or team leader. I live in Nunawading and together with my team, we visit approximately 38 residences. There are 5 non-government providers who run the houses we visit: Able, Annecto, Ashcare (now part of Scope) Oakleigh Centre and Yooralla. The latter has the most residences.

I usually visited twice a week and my role includes liaising with providers and DHHS. Over the period, there has been in excess of 800 visits. These visits usually last 90 minutes talking to residents, staff and any family in the residence at the time of the visits as well as inspecting paperwork.

Based on my experience as a Community Visitor, I offer the following observations for your consideration:

Abuse is a constant problem. Bullying is very prevalent and very hard to prove. I highlight staff attitudes to the residents they care for as many are poor at this interaction and I have discussed this issue at liaison meetings on many occasions.

There are a lot of barriers that need to be overcome before a case can be made. Whilst, sexual assault is even harder to prove. The residents will not report it for many reasons:

➤ **Who do they tell? That is the biggest problem.**

It is not easy to tell so we NEED to make it easier.

They feel it is their fault!

Who will believe them?

They fear reprisals from staff.

It may be the staff caring for them who are undertaking the abuse

Staff will not disclose suspicions either for pretty much the same reasons as well as concern about losing their job.

To stop abuse we need to make it easy to report to a totally INDEPENDANT person with full powers of investigation. To be clear a Community Visitor does not fit that category but the Public Advocate may if their powers were extended.

Family Contact:

Talking to families in most cases, they complain about the care. As a Community Visitor, I try to investigate every case reported. In the majority of cases, I found that that they were minor eg stolen clothing was a lost sock, food too hot or not hot enough, etc.

There are serious problems with staff levels which impacts on the residents causing mood problems and in turn impatience. In most cases, I felt the complaints were more in sadness and anxiety that they have to leave their family member in these facilities. Some of the latest examples are where both parents spend every day at the facility criticising staff and causing great

problems for staff and other residents. Common sense tells me to take their complaints with a great deal of caution.

Volunteers:

The majority of Community Visitor volunteers are retired professionals. Many had senior management positions with a great deal of experience in evaluation and assessment. The job is not black and white. Each case is different and what works in one house will not work in another. It has to be adjusted to specific requirements. It is important that any monitoring mechanisms, such as Community Visitors, are flexible in understanding and have the experience to evaluate events as well as the training to keep abreast of issues, emerging trends, best practice etc.

Suggestions that volunteers are replaced by paid staff makes me wonder why? The major advantage of Community Visitors is complete independence. We are not beholden to anybody - be it superiors or hope for promotion. One can say we are the perfect worker because we do this job not for money but because we want to. I cannot see how we would improve the situation with paid staff. In addition, the extra cost would no doubt reduce the monies spent in the disability area causing more problems.

In conclusion, I urge that

1. We need to make it a lot easier for the residents to report abuse independently
2. Training for volunteers is greatly increased to ensure they undertake the role to the highest standards.

Aldo Pitre

