Government Captive Market Services

A captive market is a group of consumers who have limited choice in terms of the products or services available to them - they have little or no choice. This restrictive practice is imposed on the majority of people with a disability and their families in Australia.

Classic Captive Market Direct Service Providers:

- Telecom was (Telstra is not).
- Government Departments.

The Negative Effect of a Captive Market:

- Captive Market service providers have no reason to consider customers or customer service.
- Captive Market service providers are introvert - Seeking to provide only what they consider is appropriate, not what the consumer needs, wants or is entitled.
- Captive Market service providers bureaucratically negate consumer requests to maintain their power over those who attempt to make service requests and/or set expectations.

Captive Market Classics

- These are actions by captive market service providers which defy logic and good management practice in order to maintain their bureaucratic power over people - those they are intended to serve.

Examples of Captive Market Classics:

- The management of the Victoria Police Radio & Electronics Division refused to accept for two years that an incorrect and very cheap component in their vehicle communication equipment caused the equipment to fail in hot weather. The cost in labour, vehicle wear and fuel for vehicles to travel from police stations all over Melbourne to a central workshop to have the component replaced was astronomical.
- The Department of Human Services, Victoria, in response to residents of group homes who have **no meaningful communications** should have their personal clothing discretely identified said, *"The department does not consider it appropriate to require all residents to put their names on every item of clothing if they choose not to!"*

  Since when did those with such limited capacity and having no meaningful communications (no "intentional communications"), have the ability to make such meaningful judgement, or understand such consequences?

Captive Market v Customer Satisfaction

A recent business survey showed **the top five reasons someone buys a product**, are:-
1. Confidence that your products and services will meet their needs
2. Quality of the product and service
3. The level of service that is provided
4. Selection or range of offers
5. Cost

NOTE: Cost is number 5! **Confidence is number one!**

The top reason is that they believe that you can deliver a solution that it will take away whatever the pain is that they are currently feeling, and produce the pleasure they are seeking.

The pleasure caring families with a member living in a supported accommodation group home are seeking, to feel they do not need to live for ever, are numbers 1, 2, 3 and 4!

This is just what departmental care policies, standards and values offer, but not what the regions deliver!

With a captive market, the department/regions have little reason to consider leaders in customer experience say that working with customers is a privilege, not an entitlement! They recognise their competitors also offer great products and services, and that to retain and attract customers, they will need to delight them every day at every organisational touch point.

The Disability Act 2006, Victoria, Policy & Information Manual says:
At the centre of any support strategy are people with a disability, their families and carers, guiding the way that support is provided in their homes and communities. Rights and accountability outlines how to support high quality services, better accountability and make practice more transparent.

Services for people with an intellectual disability should be designed and provided in a manner that ensures that a particular disability service provider cannot exercise control over all or most aspects of the life of a person with an intellectual disability.

All staff providing disability services need to:

- Consider and respect the role of families and other people who are significant in the life of the person with a disability.
- Acknowledge the important role families have in supporting people with a disability.
- Acknowledge the important role families have in assisting their family member to realize their individual physical, social, emotional and intellectual capacities.
- Where possible strengthen and build the capacity of families who are supporting people with a disability.
- Have regard for the needs of children with a disability and preserve and promote relationships between the child, their family and other people who are significant in the life of the child with a disability.

Independent monitoring may:
Assure compliance of disability service providers with the Standards.
Involve people with a disability who receive services, their families and carers.

NDIS (National Disability Insurance Scheme/Medicare Service):

We hope NDIS will be the vehicle to open the market to service providers who need and value people with a disability and their families. In most fields of service provision**,** consumers are able to purchase from those providers who are offering high quality service. Whereas, at present, group home residents are unable to change their service provider or move to another group home service provider without DHS involvement and approval.

Protection of consumers rights and interests:
The processes and activities of service providers must be open to scrutiny by key stakeholders, particularly consumers and their representatives.

The Department of Human Services, Disability Services, Victoria, is a funding provider, a regulator, a direct service provider and a landlord - Has direct and indirect control of almost all services for people with a disability throughout the State of Victoria. And their Minister is responsible for both service provision and the monitoring of that by Community Visitors - A very captive market and conflict of interest not conducive to being open to scrutiny or the provision of real and meaningful quality of life care.

Yet, DHS HO Publication: Quality Framework, Consumer Assessment 5.2, says, People with a disability and their family members and carers should be empowered to have a say in the services we provide. By listening to and acting upon concerns, ideas and suggestions of support users, we can use their knowledge, expertise and experience to make improvements to the quality of service delivery and outcomes for people with a disability.

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Government Disaster Management
Can the NDIS fix this?

Direct care staff of the Department of Human Services, Disability Services, Victoria, get paid the same rates no matter the group home environment in which they work. DHS management are totally unable to effectively set, monitor and maintain direct care staff work value expectations within job descriptions and within departmental care policies standards and values - Just two parts of the disaster recipe!

The Victorian Auditor-General's Report, 2008 says:

Victorians living with a disability face significant barriers to social and economic participation in the community. These barriers are exacerbated by the difficulties people with a disability experience in accessing adequate and appropriate care and support.

The reactive nature of DHSs response to accommodation needs, combined with the stringent prioritisation criteria, is likely to continue, and therefore perpetuate a crisis-driven system.

Some houses operate from an institution mindset, catering for residents physical needs rather than operating like a home where residents are encouraged to develop an independence limited only by their own capacity. DHS has not assessed the suitability of its houses in regard to the goals of the State Disability Plan and the *Disability Act 2006.*

In almost all SSA houses, support provided to residents through the day was highly structured and little time was devoted to helping them develop new skills. Staff were well-equipped to manage residents daily activities (such as meals and personal hygiene) but had limited time available to implement all aspects of resident support plans including residents aspirational goals.

Some houses encouraged a residents family or guardian to attend meetings. We identified primary carers, support staff and families as the most active advocates for residents. However, grievance processes were mostly internal processes with little independent accountability: residents made their complaints known through staff, who may have had a conflict of interest.

DHS should assess residents satisfaction, directly or through their family and friends, with their accommodation on an on-going basis, and incorporate the results into a system of continuous improvement.

A more systematic approach is required for measuring resident satisfaction with SSA accommodation

The Community Visitor's Report, 2008/9 says:

Community Visitors, under the Disability Act 2006, find it is not uncommon for a group of people to have their lives completely disrupted by the introduction of a new resident and for

staff to be confronted with huge challenges in the ability to manage appropriately.

Inappropriate placements and incompatibility compromise existing householders and limit the capacity of staff to provide a safe environment. Community Visitors ask DHS to assess, as a matter of priority, whether these residents should be living together. The high level of incidents has resulted in a significant turnover of staff.

Staff changes have led to further inconsistency in support, adding to and perpetuating unresolved issues for the residents. Because of the residents behaviour there is minimal furnishing, pictures are high up on walls, there are no homely or personal items in the general living areas and all sharp implements are locked away. The escalation of the violence can only be detrimental to the residents health and wellbeing and has also had an impact on the ability of staff to provide support. The outbursts appear exacerbated by numerous interrelated factors, including the amount of time the residents spend together in the house, their differing levels of capacity and functioning, competing and conflicting personalities. In another DHS house, an external consultancy group was engaged to review the resident mix following issues caused by the inappropriate placement of a resident.

Community Visitors also report on the disturbing situation in a group of houses at Plenty Residential Services (PRS) The safety and well-being of a group of people with high support needs is compromised by the use of outdated staffing rosters which leave them with inadequate staff support at critical times. **Note:** PRS is like a retirement village, and is located in the Northern suburbs of Melbourne (google maps - Springfield Terrace, Bundoora - satellite mode)

Many person centred plans for the people at Greenfield Terrace (PRS) state the importance of leisure and community activities to minimise their behaviours of concern. The present minimal staff support substantially limits opportunities for community inclusion for people and leads to boredom and a sense of incarceration. Effectively, for four hours a day, six people, who often have high support needs, are supported by just one staff member. Community Visitors are of the opinion that this is absolutely unacceptable and falls short of the principles in the Disability Act. DHS management has advised that no funding for additional staff support is available.

Community Visitors remain concerned about the variation and monitoring by DHS to ensure that plans meet appropriate DHS standards. Community Visitors also remain concerned about the variable quality and commitment to the implementation of the plans.

The board finds that lack of adequate support planning for any person living in residential services is unacceptable and calls on DHS to ensure that all service providers, including its own Disability Accommodation Services, fulfil their obligations under the Act.

Community Visitors report this year on the case of a young man living in a locked environment in a DHS house in the Eastern Metropolitan Region with no apparent plans in place to improve his circumstances. They also report on multiple issues with behaviour support plans in the North and West Metropolitan Region and, most alarmingly, on the use of

prone restraint in the Grampians Region

Community Visitors express concern about a house where there is a high turnover of house supervisors. Some DHS houses have had constant changes in these positions. Over the last two or more years and Community Visitors have noticed an escalation in behaviours of concern as well as ongoing damage to the houses. Community Visitors have observed that the house supervisor [click H/S link] can be a key factor in achieving positive outcomes for residents and for staff wellbeing and morale.

The report recommended several strategies to try to improve the quality of life for the residents. It also outlined that introducing a new resident, whose needs or behaviour would be disruptive to the routine of the unit, would reduce opportunities to support this fragile resident, aggravate his sensory sensitivities and be detrimental to his wellbeing.

Despite this, DHS introduced a new resident with many complex behaviours of concern that added to the complexity of care already provided in this house. The new resident was very noisy particularly at night as he was wandering, entering other residents rooms and vocalising loudly to the detriment of the other residents. Parents of these residents are very involved and DHS has been meeting with them to address any issues caused by the new residents introduction to the house. Community Visitors continue to monitor this situation.

Community Visitors reported on the introduction of a resident to one DHS house who requires staff supervision at all times while outdoors. External doors are required to be locked which restricts access for other people who may wish to use the backyard.

In the past 12 months in this region, Community Visitors have found many instances where the Office of the Senior Practitioner has conducted comprehensive reviews for people who are subject to the use of chemical restraint, mechanical restraint and seclusion strategies to manage behaviours of concern. The outcome has been a reduction in the use of medication for some people and more positive strategies for improved lifestyles being introduced.

A resident was moved into a house where compatibility with the settled resident group became a major problem. The new residents regular instances of aggressive and destructive behaviour made other residents fearful for their own safety. A number of changes were made to the house including locked doors and window shutters to prevent the newer resident threatening violence. This limited the freedom of all residents to move in and around in the house. In addition, they constantly complained about feeling unsafe. Community Visitors made regular reports about the situation. One resident advocated independently for change by contacting senior management of DHS to demand that action be taken to relieve what he viewed as an untenable situation. The resident who had been moved in was transferred to alternative accommodation and given extra staff support.

The above extracts, from these eminent reports, reinforce the views of many elderly parents still caring for their family member at home. They say they would rather take their family member with them when they depart this world, than trust the care of government direct care services.

This does not mean there are not good government direct care group homes. There certainly are, but they are often heavily reliant on direct care staff integrity, in contrast to good management direction having the ability, right and motivation to set monitor and maintain direct care staff work value within job descriptions and care policies, standards and values. So care level and quality can, and often does, fluctuate with staff changes, and with staff attitudes not conducive to the provision of quality of life care.

Resident incompatibility can, and often does reduce the quality of care for all residents. Staff and compatible residents should not have to tolerate excessive behaviours of incompatible clients for whom government services have failed to provide proper behaviour management in a designed environment by properly trained, motivated, encouraged and remunerated staff on which expectations have been set. Expectations that they provide properly designed behaviour management to raise the client to a compatible level to live in harmony with other residents of group homes in the community.

The DHS in Victoria considers all staff are equal as regards personal skills, ability and attitude. Good staff are therefore not recognised or praised for outstanding work. They are often ostracised by peer pressure and staff lore - generally called "house politics". So many either give up trying, or find other work.

DHS Regions repeatedly claim inability to provide care within their HO care policies, standards and values is due to insufficient resources. Whereas, we have witnessed - "They can!" Inconsistency and minder care being a direct result of management/staff attitude and exploitation of their captive market consumer base.

When consumers have no choice of service provider, the service provider has little reason for customers or customer service. This is demonstrated by the well documented attitude of DHS Regions towards those who dare to complain.

Yet, DHS HO Publication: Quality Framework, Consumer Assessment 5.2, says, People with a disability and their family members and carers should be empowered to have a say in the services we provide. By listening to and acting upon concerns, ideas and suggestions of support users, we can use their knowledge, expertise and experience to make improvements to the quality of service delivery and outcomes for people with a disability.

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National Disability Insurance Scheme
"Entitlement, Choice, Rights and Customer Service"

Can government department direct care services for people with a disability ever be within the comprehensive, extensive and well documented care policies, standards and values of Federal and State Governments?

In Victoria, the Auditor General, Community Visitors and the recent Parliamentary Inquiry into Accommodation Services all question service outcome. Especially that of government direct care services. Dr Rhonda Galbally says, "Why is it that we lack the will to close this gap?".

The gap between service intention and service provision in government direct care services is mainly due to attitude - The traditional introvert and defensive public service attitude towards those they are intended to serve.

In non government services, CSOs, the gap is mainly as a result of low funding per se, especially compared to government direct services. With NDIS (Medicare), services would receive similar funding, as do present medical services from Medicare.

It is difficult to find anyone with a good word to say about Victoria's largest direct care service provider - the Department of Human Services, Disability Services, which has control over almost all services throughout Victoria. NDIS would/should remove this despotic control.

People said similar about PMG/Telecom. Most complaints were about their arrogance, indifference, apathy and total power over the very people they were intended to serve.

Big business in the market place were affected mostly by Telecom's attitude towards customer needs. Businesses needed high technology communications to be competitive in the market place, especially overseas markets.

Telecom had little reason to improve services - they had little reason for customers or customer service. Their market was captive, public service, federal government funded Australia wide - Consumers could go nowhere else. There was no choice!

Finally, the Howard Government broke Telecom's monopoly, to open its captive network to Optus. And, Telstra was born mainly free of public service attitude.

Telstra was/is in the market place and needing to retain their customer base. So customer service was/is now a prime factor of their service.

Consumers finally had choice, and enjoyed customer service almost overnight in comparison with Telecom - such was the sea change.

A similar paradigm shift is needed if we are ever to see consistent, meaningful and customer focused quality of life care for all with an intellectual or multiple disability and their families - Quality of life care services where parents do not feel they have to live for ever!

Although the NDIS will drive change, it may not, alone, have the dynamics to remove the very entrenched government direct care services to be provided by community service organisations - Leaving government (the DHS) to monitor CSOs to ensure their care services are consistently implemented within the direction, intention and spirit of comprehensive Federal and State Government care policies, standards and values.

Caring parents need to be able to depart this world with a clear view and assurance their family member will receive real and meaningful quality of life care when they are no longer around to help ensure this.

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