

TRANSCRIPT OF PROCEEDINGS

FAMILY AND COMMUNITY

DEVELOPMENT COMMITTEE

MR J. PERERA MLA, Chair
MR J. SCHEFFER MLA, Member
MRS J. POWELL MLA, Member
MS M. WOOLDRIDGE MLA, Member
MR B. FINN MLA, Member

**INQUIRY INTO SUPPORTED ACCOMMODATION
FOR VICTORIANS WITH A DISABILITY OR
MENTAL ILLNESS**

WITNESS:

**MS MARIAN CORBETT, REPRESENTING BALGARTNIE, PDRSS
ARARAT, GRAMPIANS COMMUNITY HEALTH CENTRE**

**BALLARAT
THURSDAY 20 NOVEMBER 2008
RESUMED**

[11.37 am]

THE CHAIR: I'd like to call upon Jeanette Bosci, acting CEO. Is she here?

MS CORBETT: Grampians? You mean me?

THE CHAIR: Grampians Community Health. Sorry. Thank you very much.

MS CORBETT: Marian.

THE CHAIR: You were here before so I am not going to go through the introductions. You were here before, weren't you? Okay. All evidence taken at these hearings is protected by parliamentary privilege as provided by the Constitution Act 1975, and further subject to the provisions of the Parliamentary Committees Act 2003, the Defamation Act 2005 and, where applicable, the provisions of reciprocal legislation in other Australian states and territories. Any comments a witness makes outside the hearing may not be afforded such privilege.

We are recording the evidence and will provide a proofed version of the transcript to each witness at the earliest opportunity. So please introduce yourself for the Hansard and also give a brief description of your organisation, then continue on with your verbal submission followed with questions. Thank you.

MS CORBETT: I feel a bit overwhelmed. My name is Marian Corbett, and I'm representing Balgarnie, which is a PDRSS in Ararat, and therefore Grampians Community Health Centre. That is located in-store but does work right throughout that region up to Horsham. I brought a couple of our pamphlets because I suppose our support for accommodation is probably - and that is - sorry. It's home-based outreach supporting people within their own homes. It was interesting to sort of follow Tamara giving a clinical perspective of what she sees in the region. Coming from outside Ararat and - outside Ballarat, I should say - and being aware of what happens in Horsham and right throughout this whole region.

In our area, if someone becomes unwell, they are actually brought to the acute unit in Ballarat. If they need long term extended care, they come to Ballarat. We have one SRS in Ararat which is basically - it's a private concern, and it looks after a mixed clientele, and as far as I know, that is the only SRS that side of - apart from Leemont - to the border. So we don't really have a lot. What we find at Balgarnie, we work very closely with clinical services in the region. We actually have funding to pay for 1.4 EFT staff to assist people in their own homes.

We've actually juggled the books, I suppose, to provide more, because we can't do it with 1.4. And actually, that is all I'm going to say. You can ask me questions. I'm not going to take your time up with a ramble.

THE CHAIR: No, no. Thank you very much.

MRS POWELL: Can I just start by asking - the SRS in Ararat, how many clients can they take?

MS CORBETT: I think they hold up to 50 clients that – give or take a few. They are a mix of people with an ABI, a psych illness, or an ID, and they do have some homeless people. So it's – but it's privately owned.

MRS POWELL: And the staffing, do they provide the staffing themselves?

MS CORBETT: Yes.

MRS POWELL: How many staff do they have?

MS CORBETT: I know it's a family-run business, and as far as I know, they'd have three or four. But I'd – you'd need to talk them about it.

MS WOOLDRIDGE: So you're providing the home base support.

MS CORBETT: What we actually, as a PDRSS, and across this region, all PDRSSs, we actually did a joint education last year because there was no sort of standard anywhere, so as an initiate, we actually said that we would all do training up to a certain level so that we were at least all coming from the same direction, and I suppose, given mental health standards, we have always sort of promoted that we would try and keep people within their own communities and a lot of our programming rather than happened in the centre was actually pushed back into the community, so where we can, we do as much as we can. Which means keeping people at home.

But listening to Tamara talk about her four groups of people, we probably found that yes, we have transients. Any of the really long term people are probably long gone from our area. We do have a lot of young people who become unwell when they've left home, so at 23, 24, they're returning home very unwell to move back into their parents' homes, which sometimes causes its own problems. So we have to not only support that young person, but we also have to support the families to deal with that. And sometimes, it means looking for other accommodation for them, and I suppose dual diagnosis now, people with drug and alcohol, substance abuse, psych illness, is also an issue.

I should say that within Ararat, there is a very large – well, they look after people with ID very well, because historically, we had and it turned from a big institution on top of a hill to several houses in the town, so they did their job really, really well. Psych services, as far as I could see, didn't actually follow quite as well, but we're sort of catching up. One of the things that I should say is Wimmera Uniting Care actually do a lot of the crisis accommodation. Grampians does a little tiny bit. Centacare in Ararat have people who can follow up with accommodation issues. We don't actually go out and find people accommodation. We support them in the accommodation that they have.

MS WOOLDRIDGE: What's your sense, then, of – if the bulk of them are appropriately accommodated at home with that support - - -

MS CORBETT: I didn't say that. I said - - -

MS WOOLDRIDGE: No, no, that - - -

MS CORBETT: - - - some of them struggled to be accommodated at home appropriately, but - - -

MS WOOLDRIDGE: Well, that is what I'm asking. What's your sense of - - -

MS CORBETT: What we could do better?

MS WOOLDRIDGE: - - - what proportion should be in alternate accommodation than getting sort of some hours of service in home?

MR SCHEFFER: And also, how many are we talking about?

MS WOOLDRIDGE: Yes.

MR SCHEFFER: Yes.

MS CORBETT: I sort of have a feeling that we can't do as much as we'd like to be able to do to support some of the people that we support. Some of the people – numbers-wise, I suppose, I'm looking at: it's growing all the time, just because people are coming - - -

MR SCHEFFER: Just a ballpark. What - - -

MS CORBETT: Just for Ararat?

MR SCHEFFER: What you work with - - -

MS WOOLDRIDGE: How many clients have you got?

MR SCHEFFER: - - - at Balgarnie.

MS CORBETT: I would say 13.

MR SCHEFFER: 13? Okay.

MS WOOLDRIDGE: And it's growing?

MS CORBETT: And it's growing.

MS WOOLDRIDGE: And of those 13, how many do you approximately think would be better accommodated in, you know, different accommodation other than getting home-based services?

MS CORBETT: None. I think if we can do it well enough at home - - -

MS WOOLDRIDGE: So how many hours are they getting in the home?

MS CORBETT: It depends. It really does depend on - - -

MS WOOLDRIDGE: What sort of range?

MS CORBETT: - - - the person, and the supports they have. Most of – some of the people that I'm talking about actually live with their family, so it's a sort of shared support. You're actually supporting the family to be able to do that, and sometimes that just means getting the person out into some sort of program outside the family or putting something in place so that the family can go and get on with some sort of reasonable life. I suppose with that particular group of young people who come back, they're very different from, say, the people who have anxiety and depression as a result of something that has happened within the town, because their life is in the town.

But if you bring somebody who has seen their life as being somewhere else to suddenly be brought back to a country town and to be adequately placed where they're not – they don't have the same resources that they would have had in Melbourne or even Ballarat. It's a very boring place, so to try and make that meaningful is probably the hardest thing, and to engage a lot of those young people, and to keep them engaged with rural community-based things, and I mean, Tamara talked about the African population in Shepparton. It is so far removed from their vision of what they wanted for themselves that that creates problems.

Like you actually have to try and marry what that vision is into something that you've – the reality, I suppose, and that's always been the difficulty for PDRSS staff to actually sort of work out a way of engaging. And to make it meaningful, not only for the people that we're working with, but for the community.

MRS POWELL: Can I follow on with that?

MS CORBETT: Sorry.

MRS POWELL: No, no, that's fine. Can I follow on with – Mary asked you how many of those, the people that you see in their homes that you give the support for, maybe should be looking at other alternatives. Some of the evidence that we've had on the committee is about aging carers with adult children, and while they want to keep looking after the child for as long as possible, they don't always access the services because they think that they can do it, and they access the services almost when they're in crisis when they get older.

MS CORBETT: Then it's too late.

MRS POWELL: Yes. Do you believe that – do you have clients that are like that where you perhaps would say that, really, there should be a transitional stage of the person being able to leave home for a couple of days so they're not completely separate from the parent?

MS CORBETT: I think – we actually – I'm not sure whether it's in one of those, but we actually have what we call a respite flat that we worked with Office of Housing. It's a one bedroom unit, because our area goes from St Arnaud to Dadswell Bridge to Halls Gap to Beaufort on this side and to Lake Bolac, so we're talking about a huge area. To try and run any sort of service and to do it with the staff that we have is

impossible, so for some of the people in the outlying regions, we can actually bring them into Ararat, let them spend time in a sort of supported accommodation that is independent, because we're not there 24 hours a day, away from their family and give them that sort of thing.

That is one unit for, I suppose, we have something like 70 people on our adult books, so we're talking about a lot more people who could make use of this, but one unit for that many people, we have to really pick and choose, so.

MR SCHEFFER: So are you planning to set up another one, or another two, or - - -

MS CORBETT: Look, there is a great house behind where we are, but it's owned by the Anglican Church. If we could buy that, I would love it. It would actually mean that we could do that on a much better scale. We'd have the house but we wouldn't have the staff, probably, so – this isn't a begging mission, I presume.

MR SCHEFFER: No, no, but I'm interested in saying, how do you think it - - -

MS CORBETT: But if I was in an ideal world - - -

MR SCHEFFER: No, no, not an ideal world. How do you think about growing the service that you provide?

MS CORBETT: If we could do that - - -

MR SCHEFFER: Yes.

MS CORBETT: - - - we could actually do our job better. If we could actually allow those sorts of things to happen, if we could allow people to value themselves as people.

MR SCHEFFER: So does Balgarnie, though, have a forward plan on how it's already got – from what you've said, you've provided an excellent service within the means and stretching the means that you've got, but there is more to do. So how - - -

MS CORBETT: Always more to do.

MR SCHEFFER: Yes, how do you act on that?

MS CORBETT: You really need to ask me in about a fortnight when we have the next annual plan. Every year, we've actually had that thing, like, we're doing all right, but there is the fear that if you sit there and say, "This is as good as it gets," you'll stop, so we do keep pushing the boundaries and we keep looking for ways, and we will keep looking for ways.

MR SCHEFFER: Right. And are you finding that there is – while, you know, it can be a struggle, I accept that. Are you finding that you're able to expand your programs and services?

MS CORBETT: Sometimes to the detriment of things that we've done in the past. We've had to let go some of the things that we've done. We struggle because we're under funding constraints to do all the things we do. One thing about Balgarnie is that it has a fairly permanent staff. I've been there nearly 20 years, so that's – most of the people have been there fairly long term. We're very lucky that we have clinical services who have a fairly stable staff too within our region, so that we have a really good rapport. We've got somewhere to go. We can toss ideas.

A lot of our programming has come from joint planning with Psych Services, and with some of the consumers that we use. We actually have once a month members only meeting where they actually can put forward their ideas for what they see as the future, but some of those we can work on, some of those are five years into the future, because at the moment there is no way we can accommodate some of them. And some of them are just like ours, pipe dreams.

THE CHAIR: What's your broader view on the individual support packages in terms of the clients and also in terms of provision of service?

MS CORBETT: Sorry?

THE CHAIR: The individual support packages, ISPs? What's your broader view?

MS CORBETT: Grampians Community Health actually in their linkages and their home base, they actually do that, and we've just got federal funding to allow for people to actually use volunteers and pay people to go in and work with families to give respite, from either their parents or whichever way. Personally, I think the more that we can do that, the better we're going to be. In some instances, you need paid staff who are aware of the issues and the difficulties that that may actually present. In some instances, it can be done very well with a volunteer, not a skilled worker

MRS POWELL: I have another question. Part of the brief that we got from you was that you care also for people with disabilities?

MS CORBETT: We have people with an ABI in our program.

MRS POWELL: So that's – it's not just people with the disabilities, it's actually more to do with the mental capacity?

MS CORBETT: Most of ours are – most of the clientele we have at Balgarnie are people with a mental illness or have had, but we also run a program called Bali Club, which is for people with an acquired brain injury. We are able to support their carers, but the program that we've funded for them is one day a week respite away from their families for a recreational program. But we can give their families respite through some type of - - -

THE CHAIR: Yes. Thank you very much.

MS WOOLDRIDGE: Sorry, I've got one more. I was just thinking – given you're providing a lot of services in home, I suppose the question I have is, what's the impact on the families? You know, you've talked about also providing the support to the

families to provide support to the individuals. I suppose I'd like to try and get a bit to the bottom of, well, how are the families coping in all of this context? Not only in a
- - -

MS CORBETT: Sometimes very well, sometimes very badly. As I said, if you've lived with someone for 40 years, and suddenly they're suffering depression because they've lost their job, you've also been part of that journey. But if you have a son or a daughter who returns home at 23, who is probably very unwell, you've actually got on with your life, you've had to readjust your life. Sometimes that readjustment – support groups and carer support isn't probably done as well as it could be either. We actually, at the moment, are only funded for carer respite.

THE CHAIR: That's it? Okay, thanks a lot.

MS CORBETT: No worries.

MS WOOLDRIDGE: Thank you.

MR SCHEFFER: Thanks very much.

THE CHAIR: We'll take a break for 10 minutes, and we'll commence back at half past 11.

ADJOURNED

[11.20 am]