

TRANSCRIPT OF PROCEEDINGS

O/N 98328

FAMILY AND COMMUNITY

DEVELOPMENT COMMITTEE

MR J. PERERA MLA, Chair
MR W. NOONAN MLA, Member
MRS J. POWELL, Member

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

WITNESS:

ANGELA ARMSTRONG-WRIGHT, DIRECTOR, FAMILY CARE

SHEPPARTON

RESUMED

[2.35 pm]

THE CHAIR: Since you were here before I'm not going to go through the introductions so we will get onto the job straightaway. Introduce yourself and the organisation you represent for the Hansard.

MS ARMSTRONG-WRIGHT: Sure. Angela Armstrong-Wright. I'm the director at FamilyCare. We are a non-government agency. Service the whole of the West Hume so from Cobram – we've got major offices Cobram, Shepparton, Seymour, Kinglake, Alexandria and Wallan. So one of the largest, probably, rural regional. We provide child and family services, aged and disability services, carer services. We provide drought, mens coach the coach, which is our baby, which Jeanette knows. Yes, so they're our key services. We have about 140 staff. Yes.

I guess I'm here talking from FamilyCare's perspective. It's not necessarily – we're not a direct service provider, not a direct user necessarily of supported accommodation services. However, we have really close links and there is a close flow-on effect and about the stretching of our services due to the limitations, I guess, in some of the accommodation services across – particularly I'll talk about our West Hume region. I think what we tend to see currently in this environment is, you know, the three major new pieces of legislation that are coming out in terms of the Children's Youth and Families Act because mental health matters and the Disability Act and there's been some significant issues for us. The flow-on effects about the clashes between those Acts and the intents behind those Acts.

An example is Children's Youth and Families Act where really we adults are playing a secondary role in some ways so it's really focused on the best interests of the child. That in some ways, in terms of a housing support service, is, you know, quite contradictory where often children are not even considered in the equation. So we tend to actually get a whole lot of flow on, I guess, from what currently happens in West Hume, so that's basically what I'll just talk about.

I guess what we would see really is that there's been an overstretching of our service in terms of responding to the needs in the community. As, I mean, I guess clearly you know there's a whole push to keep people in their own homes. Inherently with us there are some problems in that we work with mothers and families that have both a mental illness and/or disability so where you have dual diagnosis and in terms of the Child Protection Act the way that works with the new Act it's really difficult actually to try and get any type of accommodation that actually supports mothers or fathers and their children. I can't actually recall when – a current accommodation example where we've actually been able to put a mother and her kids and/or father and their kids actually into accommodation support service.

A lot of the problems that we tend to find are people who fall between the cracks. So those people have an undiagnosed or unregistered disability so – or people with a mental health issue actually aren't registered who actually aren't at crisis point so quite episodic in terms of the way that they're parenting or the way that they live their lives. So there's still huge gaps and cracks in some of those – the collective service system that we would see that actually end up on FamilyCare's doorstep. I think one of the things that we're finding more and more is that - the inflexibility of that accommodation support service across the whole of West Hume. For a start, regionally and rurally, there are very few options, particularly in Mitchell Murrindindi

so the southern West Hume region. There is no facility based respite at all. So that means that we're actually, you know, having to put an enormous amount of services in home, which some people actually don't want. That also extends to the northern part of West Hume, there's very limited supported accommodation full stop really and it's still very much run by the silo service system.

So we have the mental health system that's very much focused on the episodic, the nature of making mum or dad well. So we have a whole inherent problem about kids, where they go. If they're going into any type of other supported accommodation it's usually not accommodated for. We rarely see a mother who presents to us with a severe mental health – well, perhaps it's okay at the severe end, crisis psychotic end, they tend to be picked up more and more but still the accommodation options for that mother, unless it's in, you know, hospital, then where do the kids go? It's still really limited.

That next level down when they tend to actually perhaps be a bit more stabilised and perhaps needed support in terms of not our family support but accommodation support, it's just about zero really. There are no flexible options for us to be able to work. What we're finding more and more now is, as well as particularly families that have either a mental health problem or a disability – the grey area disabilities - we have a lot – a really high and increasingly high and it's state-wide, it's a national issue as well, around presenting the high reports to Child Protection.

With the introduction of the Act one of the things it was meant to do was actually redirect, you know, some of those presentations straight into the child protection system, into the family support system but particularly mothers and families that have dual diagnosis, even grey dual diagnosis, we're certainly still seeing a major increase in that and the flow-on effect of that, even around accommodation, being able to support parents in that current situation, is child protection don't have any option in terms of the new Act and looking at the child's best interests. Their interest is to potentially remove the kids. The out of home care service system, as you may or may not know, has absolutely exploded. It's bulging. It's unworkable across the state and the country.

So you have parents who are unstable in terms of looking for supported accommodation, who need that overhead support. If you can't get that, the kid is removed, it goes into foster care, it comes over to us. So it's quite a – you know, I would say that in some instances it's really quite a dire situation that we have lots of new fantastic initiatives in terms of the Acts and the intents of the Acts but I think the linking of the Acts, about getting the Acts together, is really causing now some of those greater cracks and supported accom is one of those.

We tend now to be actually putting mothers, who present to us, in the most inappropriate accommodation. Caravan parks continue. We've recent examples in Seymour. We're putting mothers with a mental illness and their kids into a caravan park alongside paedophiles which is a regular normal kind of thing that happens. There are very few other accommodation options really in West Hume. Cobram, for example, is very limited. There's basically nothing there. Yarrawonga, the outlying towns.

Our other option is we tend to put mothers – and this is both mothers with an intellectual disability who are falling outside the service system for whatever reason – not everybody who has a registered ID actually is part of the DHS state system – into private cheaper rental accommodation and trying to get support services into that but traditionally we find those private rentals are geographically isolated, no public transport, no other support services, reliant on outreach services to go and service someone in Flowerdale or Kinglake – awful. Ends up to be traditionally awful situations.

I think what we also tend to see a lot is the flow-on effect in terms of emergency relief and welfare. I mean, we all try to do our best in terms of working together where we're seeing people – I guess the hidden homeless stuff that tends to happen - and it's at agencies like our own that people tend to present on the doorstep with nowhere else to go where we go back and advocate to the traditional pathways or SAP services to try and actually get people in. This waiting list is miles long and unless you're at a major crisis end, traditionally goes to a monthly panel.

And the monthly panel people sit around with their own value base. Someone might be coming from the mental health system primarily and their idea is to get the single person who doesn't have kids with a mental health issue on the top of the panel priority. Ours, for example, would be looking at the best interests of the children in terms of – you know, and I guess you've got DNA services who sit around there who also advocate on their own behalf so it ends up to be quite a battle of the wills and, you know, quite overt about the way that you try and push that along. I wrote a few little things.

I think the other thing that rurally we find particularly is the dryness. I don't – I guess we no longer call it the drought. I think the new push is – clearly it happens up here – is the dryness that we feel actually has increasing issues in terms of mental health problems. We have people, you know, coming off the farms. Severe mental health problems. Might be seen immediately but it's that next level down again about how we – what kind of support we put into people, what we do in terms of non-government support, what we do in terms of the community to be able to support that but still, I guess, it's really difficult for us and like agencies in the sector to actually do that.

If we actually can't get someone with safe secure accommodation over their heads, regardless of the support services that we can get in, it's the accommodation level and the flexibility, being able to move people in and out when they need it when they need it, to stabilise or – is the killer, basically for us. It's the accommodation. I guess it's, you know, its Maslow's hierarchy of needs that if we can't get those basic things like accommodation and safety in place then our jobs in terms of actually making people productive and connected and well is incredibly difficult so that's probably what I would say.

The other two things, regionally I think it's important to know probably about West Hume is that Shepparton has one of the highest rates, at least in Victoria and if not between New South Wales, of young mothers giving birth and inherently lies lots of problems about mental health issues. We've had an extraordinary significant jump

increase in mothers with mild intellectual disability and/or parents having kids and how we actually service those, again falling through the service sector, is difficult.

Some solutionie things that I think there's a real move and there's certainly a push about trying to align some of the services in terms of breaking down the silos so housing support – really interested in housing and with services to this, child protection to that, I think the Acts are intended to actually to bring some of those together so the hope and the intent is that we can all work together in terms of being able to support people in terms of those range of accommodation options.

The other thing I would say rurally as well is national skill shortage. Regional Victoria are absolutely struggling to find staff to actually go in and support, even in home or support the accommodation services if we need to so that certainly has a major impact on us regionally.

Things about connecting people, you know, if they can get into supported accom whatever that may be, SRS, CRS, community house, DHS house, have very little infrastructure in terms of community transport, public transport. So I think, you know, basically they're some of our issues from our perspective but certainly not direct service issues but the flow-on and the stretching of our services and the impact and I guess, in some ways, the frustration about not actually being able to do anything about some of those things. So, yes, that's, from our perspective, probably it.

THE CHAIR: Thank you.

MRS POWELL: Angela, the issue you raise is one of the reasons why this committee is investigating the whole thing because we have been made aware that over a number of years there is that scarcity of the different sorts of support out there and the flexibility of support. One thing you were saying about you might have to put somebody in inappropriate accommodation and you know that when you start it might be a caravan park and it might be near paedophiles. Where do you go with those concerns? Who do you go to and what's the response you get?

MS ARMSTRONG-WRIGHT: Again, traditionally, some of those final decisions about caravan versus rental versus whatever actually end up usually in housing services so we may go back again to the panel and advocate or go back to rural housing or pathways or MIF, Mental Illness Fellowship, and actually advocate and say, you know, it's inappropriate, it's not good for the kids, but some of those final – some of those advocacy decisions actually end up - laying that final decision, whether it's caravan park or a private motel, end up with housing. So this is where that crossover lies between what we can actually do and what we can't do with the frustration that lies in terms of some of the SAP and some of the accommodation services.

In some ways you could probably say that – we have raised it in the past. We've gone back regionally to regional DHS. We've raised it. I sit on a couple of CEO committees for our regional – for the whole of the Hume region. So we're going back to the department about some of our complaints. We're looking at some of those things but I think it's – you know, it's probably a more systemic issue and an individual issue. I mean, if you don't have the accommodation options in terms of –

the other compelling factor as well is the new Family Violence Act which comes into play in three weeks and it has its own new set of ways to work so in fact we have these four huge pieces of legislation and I think the need to actually mesh them together to ensure that we actually don't have – the housing just looks after housing.

Yes, so we would go back to the department. We've done that in the past but traditionally, I guess, we tend to network together. We would go back to housing, any of those range of housing services, and say, it's not on, it's not good enough and often, you know, the response is there are no other options. We're working on it. Waiting list

MR NOONAN: Yes, thanks Angela. You – as an agency you provide carer support and disability services? Yes?

MS ARMSTRONG-WRIGHT: Limited disability services. We tend to do – we have a whole range of funding, philanthropic, state, FCIA, federal, etcetera.

MR NOONAN: Right.

MS ARMSTRONG-WRIGHT: Our disability is primarily around respite and working primarily with kids. So we actually don't do any ISP. Although I sit on the advisory body for ISP stuff for the Hume region but it's something that we're looking at introducing because I heard you talk before, which was interesting, about actually getting agencies that are well trusted and provide really good services. I think we need to be able to actually, you know, broaden these services to be able to do that but we don't currently do what ISP do.

MR NOONAN: So I think I picked up – in your submission you talk about, in terms of your service, delivery; there are some people that don't want some services in the home. Can you – well, elaborate on that comment?

MS ARMSTRONG-WRIGHT: Particularly we're finding – carers is a really interesting one because carers traditionally are – they don't perceive themselves as carers so that invasiveness is very difficult. We tend to now see presenting more and more older carers who are actually now suffering mental illness, dementia, depression, so it's quite difficult actually to be overt in the way that you actually try and get in and do – provide support services. The other area that we find really difficult is parents in the child protection system.

So it's bad enough, in essence, families being in the child protection system but them to actually come over to Family Support Service and try and actually put a range of different workers in and then accommodation services, then a housing worker – I mean, people say, you know, enough is enough. I don't want to be invaded. You know, I don't want all those services to come in home and people say, I'd much prefer I could just have a decent break if I could, you know, stay episodically somewhere if I'm mentally unwell which is what we tend to find. The fluidity of being able to keep well is - really struggles. It is really a service sector issue rather than a person's own ability.

MR NOONAN: It's not the first time we've heard this but given we are in November now, if you look back on this year, how many of those individuals or families that your agency services would have knocked back some services throughout the course of this calendar year?

MS ARMSTRONG-WRIGHT: It's a complicated question because if it comes – from our child and family services sector, that may have mothers with mental illness and/or disability, there's a fine line between whether they can knock it back or not knock it back in terms of the Act. So - - -

MR NOONAN: So I'm looking at carer support and disability services as part of your work? Less than five?

MS ARMSTRONG-WRIGHT: Yes. Look, it's not a lot because the service that we provide is quite a specialist service, so it's not a generic disability service. So we actually provide services around school holidays, vacation care, drama groups for kids so it's actually – we have massive waiting lists so it's actually – they're not services that we traditionally would get knocked back on.

MR NOONAN: Yes. But it's a very small proportion? Just so that we can understand.

MS ARMSTRONG-WRIGHT: Yes.

MR NOONAN: If it's less than five out of – it sounds like hundreds that you are servicing across the course of a calendar year.

MS ARMSTRONG-WRIGHT: Thousands and thousands.

MR NOONAN: Thousands and thousands. Good, thank you.

THE CHAIR: Angela, I don't know whether I misunderstood, at some stage you mentioned the families cannot be put into a single service. Is it because it's not available for the whole family to go in or is there a necessity or is there a case where you can give some examples?

MS ARMSTRONG-WRIGHT: They can be serviced by a single service. I think the accommodation options is more the point. That it is really difficult to find accommodation options, whatever, supported accommodation options for mothers with their kids who have a mental illness and/or you know, fathers, single fathers with their kids who have a mental illness or a disability. So there tends to be very few supported accommodation options that are flexible enough. And I guess if we work – we work from the premise of the new Act around looking at the child and their best interests and what suits that so it's really hard to get the other service sectors who come from different value bases to actually understand that and housing is a really good one where it's crisis driven.

It might be single people who actually need crisis accommodation at the moment who have a mental health issue or a disability so there's a lot of, you know, the argy-barginess about us trying to say: well, these people actually have kids. Well, you

know, their mental illness is more severe so they may be more at risk. So there is a whole lot of competing, in some ways, for very scarce resources.

THE CHAIR: Do you have any recommendation for that to fix that?

MS ARMSTRONG-WRIGHT: I think – well, I do in some ways but I think the traditional notion of having a housing service, a drug and alcohol service and a mental health service, a family service is probably past its due date. I mean, there is no reason in some ways why a family service agency couldn't have some housing dollars as well or have some opportunities to actually have their own housing so that when people come in and present to an agency it's not about them going to a whole new service sector to try and advocate but saying we have a range of housing options that happen with our West Hume region. We can actually control. We can put people in and out as they need to.

Similarly too, you know, drug and alcohol services. It might be viable for them to actually pick up some of the other dollars around ISP, for example, so you could actually do it without lots of invasiveness, with lots of different staff in. It could come from the one service. It could come from one staff member, potentially. I think it's still – the fragmentation is still actually leaving lots of cracks. Hard to do.

MRS POWELL: Is that one of the impediments to certain people getting well, because if a mother is having some mental problems and knows that if she goes to be cured or helped then the service will only take her and get her to maximum health. What then happens to her children if she is a single mum? The children can't stay by themselves in a home. There's nowhere for them to go. Is that the sort of thing that's needed where you have – if a mum or dad is going into a facility to have their medication checked and we have supported accommodation they're not allowed to take the children in there, is that an impediment or can you see some sort of service that will take the family as well as the person that is going through the tough times with a mental health issue?

MS ARMSTRONG-WRIGHT: I think it's certainly an impediment and I think the flexibility to be able to take mothers and groups, whether that be, whatever the group family unit looks like, actually into services more, you know, the crisis driven services to support the whole family unit so they can stay together and move through like normal families do in most situations. It seems that there is still sort of quite a divisiveness about – yes, so clearly there's a need to have those flexibility options and not because somebody is going to go and stay there and live there for the next five years.

It is because that family unit needs to and/or best is in terms of the nurturing unit, to stay together for that period while mum's unwell or dad's unwell or particularly finding now we have a lot of dual parents with intellectual disabilities having children and it's incredibly difficult and, you know, the state pushes to keep them at home but the amount of services going in and is it safe, is it not safe whereas another option to put them in a group setting or supported accommodation setting with other like parents or kids – I mean, it's a total – it's not heard of.

MRS POWELL: Is there a model in Victoria that is like that?

MS ARMSTRONG-WRIGHT: Look, there may be. Not that I'm aware of but there are certainly good models in Canada and the UK that do a lot - far more group work.

MRS POWELL: So in Canada. What are they – do you know the names of them?

MS ARMSTRONG-WRIGHT: No, but they're traditionally fallen out of - the disability services sector over there is really advanced so they tend to fall out of that more than mental health sector.

MR NOONAN: Angela, you've used the term the state government trying to, I think, keep people in their home. I don't think I've got the words right though there – push to keep people in their home.

MS ARMSTRONG-WRIGHT: Yes.

MR NOONAN: We've heard lots of submissions from individuals and organisations which suggest that the individual support packages are in fact of benefit because they do give some opportunity for those that want to sleep in their home to remain in their home. Is that not your experience?

MS ARMSTRONG-WRIGHT: I think ISP is quite different in terms of the flexibility it gives the families whereas the other option is to actually go into a supported accom you don't want to go into. So I think there's quite marked differences between the mental health system and the presenting issues and disability. I thought it was interesting that the inquiry covers both because I think there's really quite significant different issues – some cross over – but quite different issues in terms of actually the presentations and what people really need.

So in terms of disability I would say that it is fantastic to broaden those options and the ISP packages give people the flexibility to be able to stay home which is fantastic. But certainly, you know, the aging in place, the caring in place, the big – the federal push is clearly to actually keep people – even the Children's Youth and Family Act, the push is actually to try and put supports in, keep the family unit together to keep them out of foster care and out of home care and institutions whatever it is. So there is certainly a push but I think that the disability sector, it's a terrific thing in terms of being able to give people options.

MR NOONAN: Right. Thanks for clarifying that. In terms of attracting staff and you talked about attracting staff to rural areas, I am heartened as a city folk to drive up to Shepparton and see the expansion going on in Shepparton so it's obviously a place where people are coming to live and bring their family which is excellent, I think, because they've got a good local member, Jeanette. Can you advise the committee what you do – what efforts you make to become an employer of choice in a pretty competitive sector?

MS ARMSTRONG-WRIGHT: Range of things. We actually won the Victorian Women's Employers of Choice Award, one of them last year. So EBA negotiations. We pay above award wages. We have a whole range of new flexibility of leave options. We have over and above professional development. We have just introduced paid maternity leave. We pay three agency days a year, it goes on and on.

We have an award for fees. We do study leave, new scholarships, rotation of staff. We advertise in The Age. We are giving staff that we would never traditionally have given community use of cars in terms of when the petrol prices - come down, thank God – were really high.

We actually have a whole new work team structure that actually gives, particularly Y gen, the opportunity to have some say, some influential say the minute they walk in the door, that's what you have to do to keep them. We have the best IT technologies so we do a whole range of things. Clearly that's over and above what we're funded for at a unit price level. We advocate strongly backing the region. I've just finished sitting on the state wide family services unit price index which is the first looking at how much we're paid per unit cost. Yes, so they're the kind of things we do. We do a whole range of things but, you know, Shepparton, Seymour, we don't have major tertiary institutions here. Kids don't stay and study here. They go to Bendigo, they go to Melbourne and that wipes out a huge percentage in the whole Hume region basically, West Hume region, we don't have a major tertiary institution.

THE CHAIR: What sort of people do you hire? What sort of - is it welfare studies or what?

MS ARMSTRONG-WRIGHT: Psychologists and social workers as a minimum.

THE CHAIR: That's people who get diploma from TAFE, is it? Do they need a university degree or people with diploma in welfare studies?

MS ARMSTRONG-WRIGHT: Well, more and more now we're actually having to take people with diploma of welfare as a minimum and then through our loan dollars fund them through an awards scholarship to actually get them up to a degree level which is very different than what happens in Melbourne. Melbourne based sector wouldn't actually probably ever take a diploma level entrant.

MR NOONAN: What proportion of your funding would raise privately?

MS ARMSTRONG-WRIGHT: That's funny, I'm presenting at the QEC conference on Thursday about the funding provider relationship. Currently, not much. Nowhere near what we would like. It's clear that over time our diversification of funding needs to happen immediately and ongoingly immediately. We certainly, if we're relying on state funding, would be going backward every year. In fact we kick in our own coffers to actually keep some of our services going because we clearly don't have the funding.

MR NOONAN: What proportion would you raise privately?

MS ARMSTRONG-WRIGHT: We don't raise an awful lot privately but we get some significant philanthropic dollars, Beyond the Blue we're going back to. Probably currently 5 per cent. Probably needs to get to 25 or 30 to be ongoingly viable, I think, to be able to do what we really should be doing in terms of meeting communities needs.

MR NOONAN: Is that – that 5 per cent is that pretty much standard over the last five to 10 years?

MS ARMSTRONG-WRIGHT: No. It was probably zero, nothing, and now we've really made So we've had a really significant push over the last 18 months to two years to really start to build on that so – and that's one of our key strategic goals, certainly over the next three years, is to increase our diversification funding.

MR NOONAN: Okay, thanks.

THE CHAIR: Five per cent is on top of philanthropic contributions?

MS ARMSTRONG-WRIGHT: No, no. That would be it. And it's been even more increasingly difficult, just on that point, with the dryness. I mean, we just don't have major corporate sponsors and things – you know, the economic meltdown, things are significantly tight regionally so.

MRS POWELL: Angela, you were saying that your staffing – we do hear this a lot and particularly in rural areas – the staffing - being able to retain and keep staff and obviously FamilyCare do over and above and beyond what other people do to keep their staff, with the diploma of welfare, does the Latrobe University here do anything to assist you in either running courses for even a degree in welfare? Is that something they would take on board if you actually put it to them?

MS ARMSTRONG-WRIGHT: We've already started some discussions around offering scholarships so we've been actually offering scholarships in Bendigo and Melbourne to try and attract fourth year social work students to come out and do their final place with us and then stay on. It's been mildly successful but that's about as far as our negotiations have gone in terms of that. We do tend sometimes to pick up students who live here, go to Melbourne to do their third year and then want to come home and do their fourth year placement but traditionally then, you know, they go to London or somewhere. We've started some of those negotiations but the void is huge in terms of tertiary, to be able to keep people locally in tertiary.

MRS POWELL: If you had a best practice - from your organisation you talked about some of the people that, you know, obviously you try to help through their times of unwellness, if it's mental illness or a disability, what would you see as the optimum need, in this region, for accommodation particularly but then perhaps even as state wide. Is there something we're lacking here that we really desperately need, in this region, and then even if we can talk about at a state wide level.

MS ARMSTRONG-WRIGHT: I think facility based respite, well, there is – and you know it's certainly not a state government agenda because it's philosophically opposed, I guess, to the de-institutionalisation process - but there is no – very limited in the northern half and there is no facility based respite Mitchell Murrindindi and that's a huge growth corridor area as we see increasingly more and more people. There is no facility based respite. So there are no options for people. Don't have any options. No options. So that's certainly a need.

And the other thing, as I've mentioned before, I guess it's the flexibility of being able to actually support families in different situations. It's still very focused on the person who has the drug and alcohol problem or the person who has the mental illness or the person who actually has the disability rather than – the child and family services was

..... collective unit about nurturing and keeping kids well and the well being best interests of the child. So I think those options that aren't stable but traditionally what happens - you know, you have any option and it gets full and a waiting list so there's not an easy solution but – and I think the merging of housing and some of those other sectors to make it part of their normal business, for example, FamilyCare's normal business to have a range of housing options that we manage and service, you know, is unheard of but it is certainly not impossible and I think that it would cut some of the bureaucracy red tape, some of the waiting lists, the panel presentations, the additional staff, invasion, the privacy issues.

They are my two things. One is facility based and the other would be those range of supported accommodation options.

MRS POWELL: Can I just run something past you very quickly. Somebody gave evidence to the committee where they were looking at what they thought would be a good idea and one of them was an issue with cluster houses where you could actually have the person receiving treatment in one of the areas or a couple of people and then maybe a place that was for the family while they were having the treatment.

MS ARMSTRONG-WRIGHT: Yes. Look, that is well done in disability. That's well – disability services tend to do that a lot. Cluster houses have been tried and tested over the years and there's a range of examples. I do think it's a really interesting model and I think prisons have set some examples about treating parents or mothers particularly in that situation with mental illness and they actually keep that unit together so I think there's some good best practice examples. That is certainly a really good option about actually how we do that.

MR NOONAN: Can I just ask one last question, if we have got time.

THE CHAIR: Yes.

MR NOONAN: You're a bigger agency in this region and we've heard from other organisations. If you had a crystal ball and you look forward another five, 10 years as growth of demand, as is expected, growth of demand hits, can you see any dramatic change in the way the sector is supported and services because you're a big agency and there are small agencies, there seems to be interfacing relationships, partnerships and we've heard it all today, is that – looking forward is that how you see it and is there any greater efficiencies that might become of the sector with some potential restructuring to provide the services that are needed?

MS ARMSTRONG-WRIGHT: Well, you know, the whole notion of rationalisation of services will surely come up in the next couple of years. About having, you know, three or four like services with their own governance, their own bodies, their own HR, their own service sector so I think the rationalisation of services and about actually – there are pros and cons to this, obviously. The localised feel. You know, the flexibility to do local things rather than becoming a bigger agency. I do think though that the rationalisation will occur more and more. We are seeing the influence of some of the bigger church-based organisations moving into our regional areas that have really good state wide infrastructure.

I don't think that's a good idea. I don't think that's a good idea to come in actually and make it that big. I think rationalisation needs to be careful and confined but it still

actually has some local feel rather than those bigger agencies to come in. The greatest growth that we will see in West Hume is Mitchell, so that's Wallan – Whittlesea, Wallan right out up to Kilmore. Unprecedented growth. It will be like taking the city of Greater Shep and just dumping it now in Wallan. There are no plans in terms of growth funding for that.

The other thing that I do think that is really important to think about, I think that in five years time we need to be really conscious about this, is actually having local offices, really well-funded local offices in local towns. We are currently funded, as an example, to provide services in greater Shep, Moora, Strathbogie. Nowhere does it prescribe us to say you should go and have a local office in Cobram, which is what people of Cobram want desperately so we have to fund that to actually go and open an office at Cobram.

MR NOONAN: So you're competing against other agencies for work or has everyone got their own patch?

MS ARMSTRONG-WRIGHT: Pretty much got their own patch and tend to do some good work together but the introduction of some of the federal players, would-be church-based, who have got lots of federal dollars is quite threatening, I guess, to state funded agencies in some ways but West Hume, we pretty much have our own – the resources are so scarce anyway. It's not like, you know, metro, where you might have 10 or 12 family service funded agencies in a region. FamilyCare is the only family service funded - Rumba – we do a lot of work with Rumbalara Aboriginal Services and the Bridge have a tiny little bit.

MR NOONAN: Thank you.

THE CHAIR: All right. Finally, do you want to, on record, make any other recommendations that you have not done already? No?

MS ARMSTRONG-WRIGHT: No thanks. I think I've said my bit.

THE CHAIR: Thank you very much.

MS ARMSTRONG-WRIGHT: Thanks.

ADJOURNED

[3.13 pm]