

**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**

WITNESSES:

**MR JOHN CLEMENTS, FINANCE MANAGER AND ACTING CEO,
G.V. CENTRE DISABILITY SERVICES**

**MR MARK O'BRIEN, RESIDENTIAL MANAGER, G.V. CENTRE
DISABILITY SERVICES**

SHEPPARTON

RESUMED

[12.03 pm]

THE CHAIR: We will get the session under way. You were here before but still I'll introduce the Deputy Chair of the Committee, your local member, Jeanette Powell and Wade Noonan, Member for Williamstown and Tanya Caulfield, our research officer and assistant clerk of the Parliament Bridget Noonan. Now, all evidence taken at this hearing 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 the 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 we will provide a proofed version of the transcript to each witness at the earliest opportunity. So please introduce yourself and the organisation you represent and make your verbal submissions followed by the questions.

MR CLEMENTS: Thanks for the opportunity to present today. My name is John Clements, finance manager and CEO, acting CEO actually for GV Centre Disability Services and Mark O'Brien, as well, who is our residential manager. Background of the organisation, we run a day program, primarily between 9 and 3. We also have a supportive employment program which is federally funded. We run outreach services and we also run five community residential houses as well too and you get a mix of clients across those houses. So initially we're just going to present just obviously the guidelines you gave me of the questions and then some other notes at the end and we'll have a chat from there.

THE CHAIR: What does the GV stand for?

MR CLEMENTS: Goulburn Valley.

THE CHAIR: Goulburn Valley.

MR CLEMENTS: Yes. We're about 52 years old too, so we've been around for a long time. As a lifespan of a person with disability has increased at the same rate as the rest of the population the availability of vacancies has slowed over the years. Also, as the age of people with a disability has increased, the instance of early onset dementia has increased among people with Down Syndrome.

What was previously a very suitable accommodation placement can quickly become inadequate and the level of care required to keep these people healthy and safe. People with more complex needs are now presenting for support accommodation placement and require more medical model rather than a basic care model of service. Staff do not have the skills necessary to provide the level of care required and the rate of pay does not attract nursing staff and therefore the level of care sometimes is inadequate.

People are still often placed in an available vacancy through crisis rather than based on compatibility. The choice is offered to accept a placement or not. There is rarely another option. Many years ago families could place their family member's name on a waiting list for support accommodation, nominate whether they might need it in 10, five or one year's time, so obviously a lot of other people talked about that today.

This gave them the peace of mind should something unexpected happen to their family member, then they would be cared for so obviously at the moment it's really a crisis basis – a crisis basis register.

The register has shrunk so where there is 70 people on that, in reality there could be hundreds and hundreds that family members are caring for but it is not until they get to that age where the family member is elderly or deceased actually they come on as a priority and then one of the service providers will have to pick them up. A decision was made only to maintain a list of people requiring urgent accommodation options. This decreased the size of the previous waiting list but also took away the opportunity for planning by families.

The previous waiting list also mapped the future needs for support accommodation which should have been helpful for government planning. As a service provider it is vital that we assist families to navigate the system when the times comes for them to seek accommodation for the family. The process can be very lengthy and this becomes most frustrating for families as they have to wait to hear the outcome of panel meetings and other necessary protocols. All this adds to an already stressful situation for all involved.

Funding should be more flexible and individualised to cater for different levels of support. Models of pooled individualised funding can provide support while encouraging skill development and confidence is a transition step to independent living. Due to the constraint state of crisis management, it is difficult to plan ahead and provide the most appropriate accommodation with fellow residents of choice. For both people with a disability and people with mental health issues who need but cannot get support accommodation the risks are enormous. They may finish up in a caravan park or some other low cost situation where they will be played on due to their vulnerable status.

They will not have the supervision to ensure that their medication is managed, nutrition is adequate or finance managed. Health is then compromised and substance abuse prevalent due to influence of others who may share the same level of accommodation options. This situation can lead to a downward spiral in social and emotional stability which is very difficult to recover from.

The fabric of almost all units is excellent. Older units have been replaced with full accessible locations. Staffing training is available and expected within our organisation and minimal qualifications are now mandatory and award conditions. So we always feel that you need this if you're going to go ahead with a model, that you actually have the base infrastructure in place instead of just putting a model out there and just running with it. A favourite geographic location is often not available or years of delay. Client care would be jeopardised if roster cuts continue. Here we're talking about with obviously CPI increases with the department normally runs around 2.7 or 2.9 a year but due to the cost of inflation, around say, four, sometimes four and a half per cent.

Obviously all businesses have to be profitable nowadays to be sustainable and unfortunately sometimes you have to cut your rosters to make other parts of the business profitable because you have to be there for long term. Families are afraid

that if they refuse an offer for accommodation that they deem is inappropriate, they will go to the bottom of the list and will have to wait again for many years. Sometimes they feel intimidated by professionals. Geographic locations may be impossible at times to be accessed by elderly parents due to lack of public transport and again this is actually children of families going out with the areas as well.

Specialist services are often depleted and the level of care decreases due to skill shortage. Groups will take a long time to accept their family members will be adequately cared for. Reluctant to use generic services. Some families are happy to use services, others prefer to remain in their community. We also look in here, obviously been a rural area office, we look at the lack of OTs and speech pathologists, all the other support mechanisms that we need to actually run lots of programs.

Many families are fearful of being pressured into accepting a level of care that they believe inadequate. Individualised funding packages will not provide 24 hour support unless shared among several people and families are not comfortable that they – that there be no one on site overnight in case of emergency. Increased respite is offered to alleviate some of the stress prior to a placement being found but often causes more stress as elderly parents may be expected to vacate their homes while a stranger comes in and cares for the family member. Facility based respite has decreased.

There's other things here. I don't know if you're aware, obviously with the bulk funding that we get for our residential units, more particular to sleepovers, we are not normally funded to actually provide active sleepovers in our houses so if we do have a client who requires more care through the night, as they get old, obviously that's money that's got to come out of the other funds within the organisation. That's always been a problem for elderly staff – elderly clients in CRUs - if there comes a need for them to actually move onto a nursing home environment. It would be more better that they could stay within their current environment but obviously there's more dollars available to getting nursing staff and they will actually roster more staff on through the night.

Obviously the way the clients are coming through – I suppose the system nowadays – obviously the models actually are moving towards more of a nursing home model-clinical model. A lot of young children who are surviving now who have complex medical needs, obviously they might live 40 or 50 years so obviously for trained staff - that's an issue in trying to get nursing – as to trying to attract nursing staff to their profession as well within the not-for-profit sector.

A greater transition is probably required as well too obviously for residents that are going on to nursing homes. Again, under our – not the the funding we get from the State Government we apply the Disability Act 2006. When clients obviously go into aged care they apply the Aged Care Standard so there's actually a gap on the transition from the client across to that facility. And again, we have, from a previous employer, we had a client who was elderly who moved into a nursing home. He was obviously going – he wasn't going too well, he was going downhill but because he went into that nursing home environment the staff there didn't know what – knew what his needs were because they hadn't been working with him for years, they weren't really aware of his actual mental needs and that stimulation required to actually give him a happy life so subsequently he passed away very quickly.

There's other things here. Obviously we talked about whether funding can actually be automatically increased. We talked about as a client gets older so again to actually free up spaces in nursing homes, the guys that are living in the current CRUs. And the other thing is obviously to be aware that sometimes specific needs of the clients in the houses and the mix, which Mark will talk about later, can obviously affect the whole dynamics in relation to independence as well.

Talk about the service needs registry, obviously only caters for high needs but obviously as an aging population in general – because that service needs registry has now decreased, whether there is any way to actually gather the stats to see actually how many – whether it is through Centrelink and who is actually receiving carers payment or carers allowance, they should get a true figure of actually how many families are in the situation they are at the moment. And I have got a few other things just to finish off.

In relation to the model, I've just talked about whether it's public or private who actually fund different models. A good idea could be to obviously to promote models for houses as a investment opportunity. Investors maybe could have a waiver from stamp duty. So it obviously takes – obviously the government lose that money but for an investor putting in they're saving it, similar with not-for-profits as they are a community organisation they get a waive on council rates, reduced rates so obviously for investors who could build houses could have a waiving of that rate.

And again, in whether they're promoting it as a – well, it's actually regular income, obviously, through Centrepay so obviously for investors they would want to buy something and have it sitting there and just go away and have it managed as well. Also Mark helped this year was obviously the high costs to run CRUs. Obviously we've got a differing need of clients and houses and trying to get more backup of staff so Mark will probably be able to explain actually, on our five houses - because all these are cost-driven too.

Obviously the more that we can have spare surplus the more we can invest in actually building another house for say another three or four clients in say five years time but Mark will probably explain actually our mix of houses that we have and obviously what effect it has on costs as well.

MR O'BRIEN: Yes. One of our houses has a number of aging clients. We've got 25 clients in total and 15 of them clients would be aged over 50. One house, in particular, has a client that is aged 73 years and he's not able to attend day placement every day so it's optional at the moment if he wants to go. Every day he stays home that's an additional cost to the house, that's not included in our bulk funding so that blows the budget out, obviously, very quickly. We also have two challenged behaviour houses. The clients, if they have behaviours of concern, they don't attend day placement and again that's the same scenario, quickly blows our budget.

Active nights come into play when there's behaviours of concern. They're not funded. We're only funded for a sleepover. So, yes, it quickly, yes, raises the costs of the house. The client mix that we have is not actually that suitable. We've got two challenged behaviour houses. One house has four residents. Three are challenged

behaviours. The one client that is not challenged behaviour he only lives there because it was the only house that was available in the Shepparton region so, yes, it's not very appropriate that he lives there.

We also have a female house. Four of the female residents are non-verbal. One of the clients is high-functioning. She has no one to communicate with in the house besides the staff. She's actually on the DSR register but she will probably stay there for a long period of time because she's not considered a priority because she already has accommodation. She has mental health issues and having no one to communicate with her on her level just increases her problems. Then we have further incidents because of that factor. Yes, that's probably all on the houses.

MRS POWELL: All right, thanks. We've heard a number of people talk to us about larger complexes. You did have one – was it at Wooringai?

MR O'BRIEN: Yes, that's right.

MRS POWELL: It was a larger complex and it was closed down because the government decided it was better to go into the independent houses so that the clients could go into the independent houses and you're saying you've got five of those.

MR O'BRIEN: Yes.

MRS POWELL: Do you think that's working? Which did you think worked better? The larger complex or the individual houses?

MR O'BRIEN: I think the smaller houses definitely works better.

MRS POWELL: Yes.

MR O'BRIEN: It's a more homely environment. When Wooringai did split it, that split up into three houses. We initially got some funding for one of the houses which opened first and then we had to split the remaining funds for Wooringai into two houses and so that was an additional costs again because it's three times the amount of staff that you required for three houses than you did to service Wooringai and so, yes, again additional costs.

MR NOONAN: I think you've been in the room since the start of the day, is that right?

MR CLEMENTS: Yes.

MR NOONAN: Good. And you're a financial officer as well as acting CEO which is handy.

MR CLEMENTS: Yes. I'm also too a parent of two children with high function autism too.

MR NOONAN: Okay.

MR CLEMENTS: So a lot of these I'm looking at too is for – my children are 10 and 15 – is actually what needs they need in 10 years time or 15 years.

MR NOONAN: Sure.

MR CLEMENTS: And actually – and as the other presenters said as well, even ourselves as parents get lost with what's out there and being in the industry I know where to go but for other parents they just don't know where to go.

MR NOONAN: Thanks for that. So you're well placed in terms of – both of you are well placed in terms of answering our questions. I think our first witness talked about transparency and accountability and you receive, by the sounds of it, multiple sources of funding from Commonwealth, states, based on the various programs and services that you offer. I think our first witness sort of raised the issue of accounting for all of that and in your own submission you talked about using some reserves from time to time where you can for expansion which is terrific.

You have been around for 52 years, so you're obviously doing very good work in this community. Can you talk us through the accountability transparency approach in terms of receiving multiple funding sources and how you ensure that those that are scrutinising your organisation can be assured that the money is ending up in the service or the area that it should be.

MR CLEMENTS: Under our accounting package, some organisations, I know just from hearsay actually, everything gets lumped into one thing. Ours is all split up into individual so we've got profit and losses we actually run on each of the five houses. We run profit and losses on the day programs. We run profit and losses all our business services which – actually a lot of community involvement there to. The community services – the community employment program. We run a Flower Power business, delivering flowers into the business, so the clients go out and deliver them. Sweets manufacturing, propagation and retail nursery, Good Looking Lawns business, landscaping business.

So people actually in Mark's house, there's two, obviously some of those involved in there. Everything is transparent. Obviously, under the new Act too, for client funds, each of those is now being split down to the individual so when someone has got an ISP all the funding that goes into it will be – you can track it. All the wages come off it. We then proportion it in super and Workcover but any expenses that come directly out for programs is transparent and the clients and their families have got a right to see that and that gets issued to them as required. So whether it is quarterly, six monthly or yearly.

There's always an admin expense and this has always been a grey area with CPI and with normal CPI and then your funding increases you get – in the past it might have been 20 per cent was your total admin costs to run everything, including your transport as well, now it's very hard to gauge because of all the other costs of the business. We do put them – obviously highlight an admin expense on it as well too so everything is accounted. One thing with transport costs, which has been brought up as well, is whether – this probably becomes more a federal side – whether obviously – the fuel tax credits – whether they actually could be driven down to actually not-for-

profits if you've got a vehicle that's 4.5 tonne, I think, or higher, I think. We actually run about – how many transit vans? Seven?

MR O'BRIEN: Seven, yes.

MR CLEMENTS: We run seven Ford Transits so we actually pick our – all the clients up at their houses and - during the day and that – the cost to us is obviously huge and the same as any other organisation in getting the clients to and from work but obviously with a fuel tax credit that could cut it down by half which obviously then gives you more money to – like create weekend programs. We do that at the moment but actually, because fuel is so dear, you have to look at your expenses at the end of the day.

MR NOONAN: So you consider yourself best practice as an organisation then as you look around to others that provide services in the same area.

MR CLEMENTS: Yes. We're ISO accredited so we have an audit each month, each year, so a lot of good quality practices for all the houses and for all the day centres.

MR NOONAN: Terrific, thank you.

MRS POWELL: You said you had five – you run five houses. You've got two challenging behaviour houses which cost a fair bit of money. Are they subsidised by government or by the other houses because obviously you're going to have high needs from those clients so therefore you need to have more monitoring. How do you get the money for those particular houses?

MR CLEMENTS: It's all block funding. The challenge behaviour houses do receive additional funding from – than the other houses. One client with higher needs than anyone else receives an additional \$60,000 for support until he goes to bed but it is all just in block funding and I don't know how they come up with a figure. It's not on unit costing. It's just what they decide – the department decides that's the money that you require.

MRS POWELL: And that covers the cost?

MR CLEMENTS: On some occasions. We have just restructured our roster to reduce the cost because we were going over our budget.

THE CHAIR: Well, moving on from that point, you mentioned that in one house you have four females non-verbal, non-verbal and one with challenging behaviours.

MR O'BRIEN: Yes.

THE CHAIR: Who is responsible? Like you manage five houses?

MR O'BRIEN: Yes.

THE CHAIR: So you can mix the way you want or it's just the fix - - -

MR O'BRIEN: No. No. Because once you get offered a place, that's where you live. If you wanted to move to another house you'd still have go through the DSR application process again to get replaced. It's not just a matter of configuring it yourself.

THE CHAIR: Not communicating with the carers or parents, no. You have to go through DHS.

MR O'BRIEN: Yes, that's right.

THE CHAIR: Right. And the other one is, you mentioned ISPs, the individual support packages. They are not – they don't cover 24 hours nor do they cover skill development. What are the things they cover?

MR O'BRIEN: The ISPs are more for outreach support or day placement. They're not for permanent accommodation. They don't cover it. I think that they should have a component of ISP funding added to the block funding so people could choose activities of their choice for the weekend. For example, there's, you know, five clients in a house. There's only one vehicle and two staff on at the weekend. You can't provide five different activities for each resident and so there is choice provided to the clients but the choice might be one or two options and, yes, it's on common ground rather than activities of choice.

MRS POWELL: With the nursing home model, you were talking before about the problem when people with a disability get older and frailer.

MR CLEMENTS: Yes.

MRS POWELL: Do you know if there's any models anywhere that we could have a look at or investigate because what we're looking at is perhaps the model for people living independently but we also need to know about accommodation for people – where they can go when they do get older and nursing homes are full as well in country areas. So do you have a model anywhere that - - -

MR CLEMENTS: No, but there's a – I know in Canberra there's a – I think it was privately funded – a gentleman put together a residential unit style there. I actually came from a previous not-for-profit in Sunraysia-Mildura region about three months ago and we actually had a – we had a CRU with six beds and we also had another three units out the back, which was our transitional side so clients would go into the house, firstly, to gather their needs and plan, and then hopefully move out into the unit again with some supervision and the main part from there, obviously move into the house, an independent house altogether.

We also found too, actually sharing the funding obviously gave you good opportunity to actually – without actually building places and working on – obviously one person is obviously going to be lonely in the house and also one person nowadays cannot live – rent a house on their own. A normal three-bedroom house with two clients living in, both houses have a rental of say \$200 a week, it's a private rent so they both get rent assistance, if they both had \$15,000 in ISP each and then you have the spare room in the house, actually the sleepover at the house, or if they were independent

that could be a family member could come and stay in that middle room and that sort of worked well without – it's getting the right landlord that will take you on is probably the main thing.

The other problem is too, is getting stability because people who go into the rental accommodation too, if the landlord decided he wanted to sell off his portfolio and move on and anyone wanted to buy the house as a live in, then you've got that movement again for the client so it's trying to get stability and who would actually manage those houses too, that's the other thing. Obviously other families I've been involved in the past who've actually put their own capital towards the house but again when they pass on, who actually manages it? So does it go back to state trustees or can a separate trust be set up purely to manage accommodation needs for people with disabilities.

MR NOONAN: Can I ask, I think you referred pretty early on to the movement to the medical model of care or a need to. I just wonder whether you can advise the committee, in those clients that you have responsibility for, who's responsible for their health in terms of whether they get regular checks? What happens if there's a medical incident? Can you give some information about that area of your work?

MR O'BRIEN: Yes. Well, every person has an annual check up, a full medical but all the clients have regular check ups and the GP decides when they should have their next check up as well, just like me or you. Besides the annual check up and this regular appointment that's about as far as we go. The GP decides everything. It's not - our responsibility is to make sure they attend appointments that the doctor decides.

MR NOONAN: What if there is a medical incident? How is that managed?

MR O'BRIEN: They'd be admitted to hospital. An ambulance would be called.

MR CLEMENTS: And family notified.

MR NOONAN: Does the situation work currently in your assessment?

MR O'BRIEN: Yes, but the clients get discharged from hospital rapidly and then it's, yes, back to the GP again for a follow up the next day but some ongoing issue an ambulance will come. They're not even keen to take the person on some occasions and they're returned, yes, pretty quickly.

MR NOONAN: Okay. Thanks.

THE CHAIR: Is that the one – earlier on you mentioned there should be a medical model rather than a care model, is that right?

MR CLEMENTS: Well, I suppose the way you're building – because your mix of clients in the house varies a lot – if you just go out and build a normal say four-bedroom home, say with no tracking, but then in two years time you have three or four clients come in who actually need tracking in the house and the lifting device stops, you've got to go back and renovate again so for monitoring, everything so that – unfortunately you're going away from that homely feel but also you have to be

prepared that you don't know who's going to move in in two or three year's time so it's obviously a cost that has to be factored in.

MR NOONAN: Do any of your staff have first aid training?

MR O'BRIEN: All the staff do, yes.

MR NOONAN: All do?

MR O'BRIEN: That's mandatory.

MR NOONAN: That's mandatory?

MR O'BRIEN: Yes. Yes.

MR CLEMENTS: And all of them are also cert 4 in disability too.

MR NOONAN: That's not mandatory though to work for you or is it something you provide?

MR CLEMENTS: Something we request on commencing employment.

MR NOONAN: And if they don't have that certificate 4, do you - - -

MR CLEMENTS: We provide the training, yes, through like an apprenticeship scheme.

MR NOONAN: Right. Are you a registered training organisation?

MR CLEMENTS: No. No.

MR NOONAN: You get that through a TAFE provider?

MR CLEMENTS: Yes. Skills Training Australia.

MR NOONAN: Okay.

MRS POWELL: I was interested, Mark, in your – John, sorry – in your comments about the need to promote models of houses for investment and your comments about you could maybe do some reduced rates or remove stamp duty. Would you also see that as – we've had a number of people talk to us about members of the community or the family themselves, a couple of them getting together, buying a house or building a house, particularly for maybe their son or daughter into the future with some other clients in there. If that happens, who do you see would need to manage what's going on in there and all of the ISPs and all of the grants and things that – you know, if it's a model that works, that's just the building.

MR CLEMENTS: That's the building, yes.

MRS POWELL: How do you see it working with the management of it and making sure that the client fit is working as well?

MR CLEMENTS: Well, I suppose with the planning so whether with another organisation around town, it's making sure first that they've actually got a package that they can actually do that. There's no point putting them into that environment out of their home, say, if one person has got the funding and the other person hasn't so it's sort of unfair. We thought it would be better if just one person did it because once you have two parties attached to that property and if, say, their daughter moved out or say the other person's daughter moved out and they didn't want the other person moving in with the daughter, so then who decides who should move in? So either one person has control and that's probably the grey area that's got to be researched on how it actually would work behind the scenes.

MRS POWELL: And your model of having an investor building a home, who would run those?

MR CLEMENTS: Again, coming back to the service provider, someone like us.

MRS POWELL: Yes.

MR CLEMENTS: So if someone was actually – they wouldn't have to be on a DSR as such because it might be a private investor so basically if three families around town – as a community organisation and there's a builder that said, "Look, we can build you a house" and they know these three families and we'll build it purely as an investment, that's it, and whether that house is then locked away in trust and they continue to get the income but those three families would have to be registered with one organisation around town to have some funding to actually bring across to provide the staffing level they need.

MR NOONAN: Just one more question. You've worked in Sunraysia area?

MR CLEMENTS: Yes.

MR NOONAN: We've actually just been to Mildura. How do you compare provision of services in an area like this as opposed to where you've come from?

MR CLEMENTS: It's a bit hard to judge. I mean, I've only been here for three months. I know there's a lot of good networks from what I've seen already. Because Mildura is a lot smaller it was good and from what I've seen here, it's good too. So I don't attend the actual – like the partnership meetings and all the stuff that Mark attends all the time so – you know, the managers in the organisation - but, yes, there's good community involvement here.

MR NOONAN: Can you just talk us through – because this is something we don't see in metro Melbourne, the partnerships or relationship arrangements in places like Shepparton or the Hume region as it's been referred to.

MR CLEMENTS: Well, we'd have – from my experience we would actually have good relationships even with DHS because we're in a smaller town too. Obviously

you get to know the people a lot more and the staff are probably more stable and the clients too are fairly stable as well too. So there's not a lot of new people coming to the region with high needs. Obviously they will be more - probably locally focused or whether it's in Melbourne or maybe the next closest town but we used to have to run regular monthly meetings – also with case management services – I think because that environment, with the networking, if something did happen you could call on one organisation in relation - we haven't got the staff, can you help in the instance or can you actually put together a case plan for this client too.

So it's making that – probably creating a good personal relationship with the other providers as well knowing that you're doing the same thing, the same focus and that everyone is – will help each other. So obviously the main thing is you want to provide something for the community and for the clients.

MR NOONAN: So it creates more efficiency?

MR CLEMENTS: Yes. And at the moment we're staffing a house jointly with Yooralla. Yooralla are providing just emergency accommodation. They're providing staff during the day and we're providing the active night because they don't have the resources to do it on their own and either do we and so – because, yes, staff are hard to find and DHS pay more money than community support organisations and so staff are hard to retain as well.

MR NOONAN: So that arrangement with Yooralla came through your partnership network in terms of identifying need?

MR CLEMENTS: Yes.

MR NOONAN: Right. Good, thanks.

MRS POWELL: Could I just ask one more question. Some of the issues that have come to us from a number of different areas is the lack of housing. You provide five houses. Do you have waiting lists or do you see that, if you could, you'd have more houses because obviously people are asking you do you have any accommodation. Are you able to provide that accommodation or are you really stretched?

MR CLEMENTS: We definitely – we haven't got a waiting list ourselves because that has to go through the DSR obviously but we always have requests for housing. We've got a number of aged clients in our day service with aged parents and they're always wanting service. We've just had one of the day service clients move into one of our facilities. His mother was in her late eighties and she was living in a nursing home herself or in a retirement village and she was providing care for her son in the same setting. We created a placement without funding for this particular client because she was getting no results through the DSR and so, yes, we've got actually an unfunded bed at the moment, yes, just to assist but we would definitely have a large waiting list if we had one.

THE CHAIR: Okay. Thank you very much.

MR CLEMENTS: We've got that copy of this.

MR NOONAN: Thanks very much.