

TRANSCRIPT OF PROCEEDINGS

O/N 98337

FAMILY AND COMMUNITY

DEVELOPMENT COMMITTEE

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

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

Witnesses:

MR PETER McLEAN
Support Manager
Loddon Mallee Housing Services

MR BRADLEY QUINN
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Loddon Mallee Housing Services

BENDIGO

9.40 AM, WEDNESDAY, 19 NOVEMBER 2008

THE CHAIR: Good morning, everybody. My name is Jude Perera. I am the chair of the parliamentary Family and Community Development Committee which is conducting this inquiry, and first of all, I'd like to acknowledge our parliamentary colleague, Damien Drum, who is the member for Northern Victoria, who is here, as he – as I think unfortunately he has to leave very soon. To my right is the deputy chair of the committee, Jeanette Powell, member for Shepparton, and next to her is Mary Wooldridge, member for Doncaster, and on to my left is Johan Scheffer, member for Eastern Victoria region.

Before we start, I'd like to make an announcement. Our assistant clerk of the parliament will be here, Bridget Noonan. If anybody in the public gallery would like to participate in the public hearing of the evidence to the committee, they need to register, and they'll be given an opportunity of five to 10 minutes at 12.30. We have a one hour slot, 12.30 to 1.30, so you will be allowed five minutes, five to 10 minutes. So if you want to do so, you have to register with Bridget. Now, the committee is looking into issues such as the standard, range and adequacy of care and accommodation currently available, the appropriateness of the current service providers, how unmet need is managed in Victoria, accessibility and appropriateness of accommodation for rural communities, ethnically diverse communities, indigenous Victorians, and the impact of the current service provision on families and carers.

This committee is an all-party investigatory committee of the Victorian Parliament and is due to report to the Parliament by 30 June next year. After this, the government has up to six months to reply to the committee's report and recommendations. 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 we 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 make your verbal submission followed by some questions. Thank you.

MR P. McLEAN: Peter McLean, the support manager for Loddon Mallee Housing Services. We're a homeless persons agency providing housing and support to people who are disadvantaged and homeless in this region. Our vision, I suppose, is to pursue excellence in everything we do, and we have a set of values by which we operate, and so we've developed a value-based culture to ensure that what we do is to the best of our ability, I guess, in terms of meeting all the requirements that are constituents, whether that is the Department of Human Services and/or our clients, require.

MR QUINN: I'm Bradley Quinn. I'm a case manager with the outreach support team with Loddon Mallee Housing Services. Pete is basically my boss, and we answer to Pete, and basically, we're out there assisting people that are homeless or in threat of becoming homeless.

THE CHAIR: Thank you. So you want to make any - - -

MR P. McLEAN: Well, I refer to the annual report which has just come out today. Our annual stakeholder's meeting is actually tonight, so you're getting a preview, but I refer to page 11. We're talking about people and people just living their lives, or trying to live their lives and achieve a quality of life for themselves, so I think we should never lose sight of that. So what we try to do, I suppose, as an agency, is improve the quality of life for people who are experiencing homelessness or who are at risk of becoming homeless, as I said. We've never wavered from that vision and we're always trying to find new ways to build support options and opportunities and generate possibilities for our key stakeholders and our clients in this regard.

We, in our technology, have moved from simply being an office-based service many years ago to now very much going to where the client is and trying to be involved with the client where they are, and I think that is a critical element of our work. And with the advent of, kind of, assertive outreach methodologies, we've positioned ourselves in terms of our support, and in terms of our resources, to get to where the client is, where the person is. And I think that has enabled people to access the services that they need, and we're now steeped in that kind of approach to helping people. In terms of direct case management, we're a small agency in some ways.

We look after 60 clients at any one point in time through our support services and, additionally, 180 clients indirectly supported through our cost relief programs, and 31 clients served by case coordination programs on a daily basis. So they're daily kind of members. We have been instrumental in prototyping what we call "joined up solutions" now for at least the past five years. This has been achieved by integrating a suite of responses through home-based outreach support, disability, mental health, intensive case management, complex care, case coordination and cost relief programs as well as employment initiatives. We have a range of internal and external partners who obviously help us in that endeavour.

I suppose the future, as we perceive it, is going deeper and deeper into that, trying to find ways of assisting people by having alliances with other people, agencies, to increase the quality of life for the people that we serve, and therefore, networks, alliances, partnerships, with employment services, allied health, mental health, education, and housing services provide a roadmap for us, I guess, into the future for a merging need in this area. Many of these relationships are embryonic at this stage and well established, but we see that as a growing area of building a network of support for people, you know, where they live, which we think is critical in this environment.

There is a bit of a case study there that gives you a story of a client within our psychiatric disability support service, and this particular client, through the proper supports and living in – and supported in their community – actually has a job now, so we get very excited about real outcomes for some of our clients. So perhaps that's all I'd like to say at this stage.

MRS POWELL: Should I start?

THE CHAIR: Yes.

MRS POWELL: Peter, you were – on your submission in here, we know that you find homes for people with a mental illness and with a disability. Obviously, people with a mental illness are fairly chronic homeless as they move from one place to another. The services that you provide, do you buy those services in? How do you case manage somebody that has a mental illness in your housing?

MR P. McLEAN: We basically provide an in-home based, you know, outreach support service, so we go to where the person is living and work with them in that way. We do provide some houses for people with mental health issues, but mainly from the support side of the business, we really just – we go out there and actively engage and get them involved, and try and build the supports in the community that they need if they don't have them, so it's really trying to help them participate and increase their quality of life in the local communities in which they live. Does that answer the question?

MRS POWELL: In a way. I just wondered whether you have certain houses that are for people with a disability or people with a mental illness?

MR P. McLEAN: We do, but they're not specially built at this stage, although we are engaging in a project at the moment where we are doing that. So this is a small – we have a couple of clients who have very complex care needs, and these came to us through the justice system, the forensic system, and we want to build four units. We've actually – at the moment, purchasing the land. We'll build four purpose units that will have the appropriate supports in place to help those kinds of people, and we've got a waiting list for those kinds of people. The big problem with bricks and mortar – well, it's not a problem, bricks and mortar is easy. We've got the capital access to do that. Bricks and mortar is the easy bit. The real problem for people, I think, with disabilities, is having the right supports in place, and that can be very expensive.

MS WOOLDRIDGE: I'd be – I suppose digging into that further, because one of the core – the core look of this review is supported accommodation in the context of 24 hour or significant care for people with a mental illness. So it's a CCUs, CAUs, park facilities, and the tie in with SAAP services, I suppose, is: are you seeing many of your clients that are coming into SAAP-based services who should really be in another context? And what's the relationship between supported accommodation for people who need high levels of support – and you've said that support is the hard bit – and accessing other types of services, because often those supported accommodation services are full. So I'd like to understand, I suppose, with your client group that you see over time, are you seeing them coming through SAAP when they should be coming through different mechanisms?

MR P. McLEAN: To understand our system, it's an integrated system. So basically, we have incorporated our mental health with our SAAP, so that's kind of an integrated kind of approach, that our case workers work with clients who have disabilities, and mental health issue is a homeless issue. I mean, homeless people are homeless because of what Jeanette's saying, you know, the mental health problems. In terms of the 24 hour care, we do provide that kind of care for two clients. As I said, they came to us through - - -

MS WOOLDRIDGE: So they're part of the complex need group, are they?

MR P. McLEAN: They're the complex care needs group.

MS WOOLDRIDGE: And they'll be coming to you from – discharged out of the psych ward, or - - -

MR P. McLEAN: Well, no. I can give a little bit of a history without saying too much, but one person was in trouble with the law. They'd run away, their carers couldn't cope any more. This person had run away, got into trouble with the law, was saved really – they found him in the bottom of a hopper of a train that was about to go under a grain silo. Just happened to be noticed as the thing was going underneath and they got him out before he suffocated. So he was deemed to be at risk and homeless, and that is why we picked him up, perhaps somewhat naively initially, because we didn't know what we were doing, really. And we weren't given a lot of information.

But we started looking after this guy, and we've now had him about seven years, and that support package was wrapped around him by the Department of Human Services, so it enables us to deliver seven day, 24 hour support to him. He's now got a job, and so – that's after seven years, eight years, but there is – it just shows that with the right kinds of support, things can happen. So these people are living in that kind of setting, so very one-on-one kind of support, very high intensive support.

MS WOOLDRIDGE: So what sort of cost would that be?

MR P. McLEAN: I don't know. It's very – it's high. You know, it's four or 500,000 to look after the two that we have. It's quite expensive. It's – you know, it's individual support.

MS WOOLDRIDGE: So there is a CCU – sorry, to just – I just want to understand this. So there's a CCU in Bendigo, Community Care Unit, which is that sort of - - -

MR P. McLEAN: Congregate living.

MS WOOLDRIDGE: - - - congregate living for people with mental illness.

MR P. McLEAN: Yes.

MS WOOLDRIDGE: Would he be more appropriate in that context, or why wouldn't he be in there, which is an established mechanism, versus coming in individually, SAAP-based services, you guys haven't got the context of it, you know – I mean, I'm just wondering why he has ended up in one versus the other, do you think?

MR P. McLEAN: You would have to ask the DHS that. I don't really know the answer to that, except that I don't think he could live in a congregate setting.

MR QUINN: If I could just interrupt - - -

MR SCHEFFER: So are you saying it works for him?

MR P. McLEAN: It works for him, yes.

MR QUINN: If I could just go back on that, I think you'd have to ask him. Because that is what he wants.

MS WOOLDRIDGE: That's what he wants?

MR QUINN: And it's all person I went deep sea fishing with him the other weekend. This man's life is – he does the things he wants, he does make choices, and we ensure that they're informed choices, and he has the right to make good and bad choices like we all do, and he is already in his community, in his house. Why take him out of that and put him in a segregated community? You know, what – yes.

MR P. McLEAN: I can see the problem. I can see - - -

MS WOOLDRIDGE: No, no, I'm not necessarily saying it's a bad thing.

MR P. McLEAN: Yes, yes, yes.

MS WOOLDRIDGE: I'm just trying to understand - - -

MR P. McLEAN: Yes, I'm not quite sure of the history of it. I think it was one of those things that was an emergency at the time, and it's one of those things that has gone on, but we've made real advances with those guys' lives, you know, so – and that is why we're moving toward more of a – we're trying to bring the cost down by creating this new unit, set of units, where we'll have four units and be able to look after some more clients and therefore reduce the support dollars. So it's – I guess it's weighing up the cost-benefit analysis, I guess, in terms of looking after people in that kind of way. You know, that is really the issue, and how do we reduce the impost on the taxpayer to make sure we're doing the right thing as well.

MR SCHEFFER: Sorry, I was – that was actually what I was going to ask you.

MR P. McLEAN: Yes.

MR SCHEFFER: It just neatly moved into the area I was going to ask you to expand upon. You – did I hear you correctly? Did you say "Department of Justice"?

MR P. McLEAN: Well, he came through the Magistrates Court.

MR SCHEFFER: No, no. Not that gentleman. When you were talking before about the four units that you're building that you've just touched on there.

MR P. McLEAN: The Disability Housing Trust are involved in that.

MR SCHEFFER: Right, sorry. I misunderstood entirely. I thought - - -

MR P. McLEAN: Yes, Disability Housing Trust. I think they've just changed - - -

MR SCHEFFER: Right. Could you talk to us about the history of that and how that is shaping up for you?

MR P. McLEAN: Yes.

MR SCHEFFER: Yes.

MR P. McLEAN: Loddon Mallee Housing Services are the first affordable housing association in Victoria, and that means that we're building all kinds of housing developments, and I'm not expert enough to really talk about that part of our business. I can talk about it in a generic sense. So we were involved in a development project in Parkville, and some of the offsets for that were to build some houses for people with disabilities in relation and in partnership with the Disability Housing Trust, and we've allocated, I think – well, at this stage, four units to Bendigo, which is great, because it's an offset. I think there is some in Geelong and elsewhere. The manager for that is not here – for those projects.

But basically, it means that we can, as part of the agreement of developing the Parkville site, we were able to build some properties for people with disabilities, and we're going to use that to help house these people and a few others that the Department of Human Services have on their list.

MR SCHEFFER: Right, so who will own them?

MR P. McLEAN: Loddon Mallee – that is an interesting question. Loddon Mallee Housing Service will own them, but we own them on behalf of, you know, the taxpayer. We're a steward of government money, so we don't – I suppose we own them, we have title to the property, but it's not really – yes. And, well, the ownership allows us – what's good about the affordable housing association is that by owning the land, we can then leverage that asset to build more houses, whereas the government can't do that, and that is why affordable housing associations were set up, so they could leverage the asset to build more and more houses.

THE CHAIR: Do you deal with indigenous Australians and people from multicultural background? Do they have special needs or different ways of dealing with them?

MR P. McLEAN: We have worked a lot with indigenous people, particularly in Mildura, Swan Hill, along the river, and also several years ago, we took over the management of what is now called BADAC when it was in a bit of financial difficulty. We've always felt that indigenous services should be run by indigenous people and agencies, but we're there to support when we can and help people when they request that support. In terms of – yes, I do think people – we all have different needs, so I think we treat everyone with dignity and respect and we try and meet that. That is one of our high values, and we would try and meet people's needs, whatever that happened to be, to the best of our ability, and in line with standards and all that sort of thing, so to answer your questions, I suppose, is that yes, we do deal with indigenous people and we deal sometimes with people with – coming from different cultural and linguistic backgrounds. But again, that is treating people as they turn up and dealing with people appropriately in that context.

MRS POWELL: As we've travelled around Victoria and in country areas as well as in the metropolitan areas, some of the issues we're hearing is – and I think, Brad, you picked up on it about what works for each person is not the same for everybody?

MR QUINN: That's right.

MRS POWELL: So there needs to be a number of different options. There needs to be flexibility. Some people might like to be in a cluster area, some might like to be one on one. Some might like to be in their own homes with support package. What we're hearing is about the words "crisis" and "dire", talking to agencies, because there is just not enough housing out there to provide that flexibility for people to be able to go into an accommodation of choice, if you like. Is that your experience?

MR P. McLEAN: Yes, that's correct. Yes.

MRS POWELL: Could you expand on that?

MR P. McLEAN: Well, I can – from my experience, is that when – for example, I attended recently and spoke with an aged carers group forum, you know. And here are people who are aging with children who have disabilities, and they're very concerned about the future of their children. Housing is a difficult thing, as I say, because it's – there seems to be a shortage of it for all sorts of people, you know, whether that is working, poor, or whether that is people with disabilities, or whatever. And then there is also the problem of equity and how do people – do they have enough collateral to invest in housing for their loved ones. And even if they – I suppose what I – I'm thinking as I talk, Jeanette, so you'll forgive me, so I hope that's – you can follow me here, because my brain is going all over the place on this one.

The other side of it is that I think the real issue there is having the right supports as well, so as I said before, you can build an asset, or lots of houses, but we don't want to get into the situation, I think, where we're building low cost accommodation and creating problems for the future 20, 30, 50 years down the track. I think we've got to find the most effective solutions we can now, perhaps using shared equity models or where families can afford that. Trying to find, you know, this congregate – right kind of congregate living. I mean, we've moved away from high – you know, with the deinstitutionalisation in the '90s to this more tailored approach to people, but it's a very expensive commodity, I think, in terms of – for everybody. I mean, it's a difficult thing to tailor and custom something to everyone's needs, so I suppose there's some trade-offs in those kinds of decisions that we have to make. So I don't know if I've answered that. I seem to have – my head has gone all over the place on that one, because I just - - -

MRS POWELL: I guess what I was trying to work out was whether you think that there is a shortage of - - -

MR P. McLEAN: Yes.

MRS POWELL: - - - service sorts of accommodation?

MR P. McLEAN: Yes.

MRS POWELL: And what that accommodation is?

MR P. McLEAN: The answer is yes.

MR QUINN: Even respite - - -

MR P. McLEAN: Yes, respite, all that.

MR QUINN: I think the aging carers and the people with the disability, they're – you know, their children at home, they're 50. And people with a disability now are living a lot longer, and so we need – there needs to be more respite accommodation so that the child can get used to being away from the parent. There has got to be a weaning process there, and the parents – they find that dealing with the parents, it's very hard for them to do that, and they know they have to do that. But there is not enough respite out there. There is not enough accommodation for respite. I hope I was just answering – and the CAUs, there is not enough CAUs.

And where the CAUs are in – like, if we're talking about regional Victoria or rural Victoria, because here we are in Bendigo – I can take you down the road to a CAU where there is five people with disabilities living in it, and not one of them are from Bendigo. So straight away, their natural support networks have been – they've been dragged away from, their intimate relationships, and when we're talking about people, we're talking about natural support works and intimate relationships. And intimate relationships to someone with a disability might be a friend that they watch a movie with. It might be their sister, it might be their cousin or their dog.

And the supports, well, everyone's different. You know, we've got to find out what their needs are and to help them get those outcomes. Then we have to find out what supports we need to put into place. If the people we're dealing with are indigenous, then we call on – like, we've got a fantastic setup with this “joined up solutions”, where in 10 minutes' time with one client in front of me, I might have spoken to BADAC, the Bomford Centre – you know, just tapping into all the resources around to put the supports in place for that person to be able to achieve their outcome.

MR P. McLEAN: Yes, that is what we do. I suppose it's a bit like a consultant – person turns up, let's find a solution. And so we're always looking for a solution, and that is a great way of putting it, because we just – you know, have to cobble these things together very quickly.

MRS POWELL: So you virtually case-manage the person?

MR P. McLEAN: Case-manage the situation, I think. You know, and say, “Okay, how do we understand this situation? Who do we need?” You know. “Do we need a GP, do we need this, do we need that? Let's put it all in the mix and then prioritise, obviously prioritise those things in terms of – do they need housing straight away? Let's get that organised.” It may be a trade-off, but we get them into something. And then - - -

MR QUINN: Got to get a roof over their heads.

MR P. McLEAN: - - - get a roof over their head, and then we try to start putting the supports together to help that person live their life with some degree of certainty and quality. But it's not – it's a bit like sitting in front of a customer and saying, "I'm going to deliver this product to you to make it work for you." So yes, that is how we approach it. It's - - -

MR QUINN: Everyone is custom made.

MR P. McLEAN: Yes, in that sense, it's a custom response, yes.

MR SCHEFFER: So Peter, you talked before in your opening remarks, you said that for the future, I think you said wanted to go deeper into what you're doing and perform more reliances to deliver better services and looking at future emerging needs. I just want you to talk a bit about that in a minute, but in a context of – where from a system level, we've seen over the last few years, we've got a new Disability Act.

MR P. McLEAN: Yes.

MR SCHEFFER: We've got the DISTSS State Disability Plan. There's increased budget – not adequate, I hear you say, but an increased budget nonetheless, significantly under Fairer Victoria and the 100 million plus in mental health, and you talked yourself about the Disability Housing Trust, which is a relatively new sort of initiative. So there has been a lot of movements in that area.

MR P. McLEAN: Yes, a lot of good things, yes.

MR SCHEFFER: But of course, there is more to be done, and you know, we've heard from you saying there is – you would still characterise the situation as a crisis not exclusively to people with disabilities and mental illness across the system. It's impacting particularly unevenly on this group.

MR P. McLEAN: Yes.

MR SCHEFFER: So in that kind of scenario, do you think that we – as a state, we're facing the right direction? And then how are you sort of working, in your organisation, for the future in the ways that you touched on earlier?

MR P. McLEAN: Yes, I think that – I think they're the right directions, yes, absolutely. I suppose I follow my nose a bit. I'm an entrepreneur that way, in the sense that I – if I see an opportunity or a problem, I'll say, "Okay, how can we fix this?" So from the ground-up kind of solution approach that Loddon Mallee Housing is, it's saying, "Okay, what can we do here?" And so we are – we know we work within constraints of whatever the boundary conditions are of a situation, but I think in terms of – I think there is – I mean, I think the approaches of government are very good in terms of trying to find some levers that will alleviate this situation.

But it's very complex. It's got huge complexity to it. That's why I struggle to get my little head around it. But I've got to start somewhere, and I think one good place, what Brad is saying, is start with the person, and then say, "Okay, how can – what can we put in place for this particular person that is going to improve their quality of life, what's going to make their life a little bit more manageable in some way?"

MR SCHEFFER: So when you talk about forming new alliances and better alliances, is that, like, partly a technical thing? Like you're getting better databases, getting better systems in place where you know who's doing what in your – in the area in which you work, or – like, what does that mean, day to day?

MR QUINN: Talking to people.

MR P. McLEAN: Yes, picking up the phone and - - -

MR QUINN: I mean, some of the greatest databases around.

MR P. McLEAN: Yes, they have a good relationship - - -

MR QUINN: They don't know what that person next to them is doing. It's – with me, like, we've got EASE here, domestic violence for women, and they also assist with housing, so if I get a client that I think fits in there, or they've got a client who fits in there, it's a matter of me going over there, knocking on the door, and saying: hi, this is who I am, this is what I do. Have a cup of coffee with them, talk to them. So now it's just a phone call, and it's people. Because people have to help people. These people have fallen through gaps in the system. The system is people. I don't cop that. I don't – and what we're doing here is - - -

MR SCHEFFER: Just asking, just asking.

MR QUINN: No, no, but what we're trying to do – no, it's me saying for Pete – so many times I hear people that: they slipped through the system, they slipped through a gap in the system, and that means that someone, another person, didn't see a human being with an issue, with a mental health issue.

MR P. McLEAN: Yes. I think we have to take responsibility for making that happen, and I expect my staff, and I expect myself, to know those networks and to make it happen. It's more like making it happen. We can do this, we can – it doesn't matter what the problem is in front of us. Who do we need to contact to do this? Now, I'm a bit like John in terms of strategy: people first, ideas second, technology third. Databases are useful, but in the end, it's about getting a result for the person, and if I've got people with really good ideas with people who can connect people to other people and make something happen, to me, that's – you know, technology is always going to be behind that.

It can support it, it can be really good, but technological solutions are way down the track. I can have bad machinery, good people, and get a good result. So I think we've got a – you know, our focus has got to be on the person. I keep saying that. It's got to be on the people, and both – I think both in terms of the client, but in terms of the processes and systems we use and the actors in the system, the agents of the

system, like my own staff and myself – if we don't know something, we better get out there and find out about it and make it happen, because someone's life situation is at stake here. So yes, we take a very entrepreneurial approach to this – I use that word in a very positive sense, I think, in the sense that we're trying to find a solution here.

MRS POWELL: Can I ask a question just following on from that? Yesterday at Shepparton, one of the pieces of evidence that we heard was from a parent of an adult child with a disability, who said that they found it very difficult when DHS sent anything out, because it was in not family friendly wording. They couldn't understand it, and sometimes, they would almost have to go to somebody and say, "What exactly does this mean?"

MR P. McLEAN: That's right.

MRS POWELL: "What exactly support have I got?" Whereas, Brad, you're saying you sit down with them, with the person and the family, and you say, "These are the supports that you've got." What we heard was some agencies are told, "You can't give them the options, you actually have to go to DHS," and then what DHS does is say to them, "Well, there is a website that has all of that," and they said 70 per cent of their clients don't have access to websites, and the other ones that go in to – that go in to DHS, they get a letter back, and they said it's such bureaucratic speak - - -

MR P. McLEAN: There is a lot of bureaucratic nonsense. I mean, I – rather than send something, I'd rather send someone.

MRS POWELL: Yes. So that was their concern, it was a letter. So you actually overcome that by actually having a physical contact with them and saying, "This is what your options are. This is what you can do, and this is what you're entitled to."

MR P. McLEAN: Yes. You need to someone to talk to.

MR QUINN: And it's not just reading out the document to someone, because you might read a paragraph and then spend the next 15 minutes explaining that paragraph.

MRS POWELL: Explaining it, yes.

MR QUINN: That they understand. And I've sat with clients, and I'm lucky. I can do Auslan, and I've had to sign with clients and then I've got signs that I don't understand, and , but there again, it goes back to people with people communication.

MS WOOLDRIDGE: Can I ask – Peter, you mentioned the possible, you know, going to shared equity models and some of those sorts of things. I mean, one of the very clear messages that has come out to families who want to contribute some dollars towards their adult children with disabilities, for example, having a home, is you know – essentially, the message comes back from DHS, "Sure, but, you know, we're not going to – you know, you can't queue jump. You know, you can't get the support package to go along with it."

MR P. McLEAN: Yes.

MS WOOLDRIDGE: So I'd be interested, I suppose, in (a) your response to that. Is that something that sort of sounds familiar? And secondly, how do we get it, you know – because we do want people to have fair access to these things, but some families do have some money that they want to contribute, yes.

MR P. McLEAN: Some resources, yes.

MS WOOLDRIDGE: So have you got any thoughts about how (a) does that, you know, does that sound like what is happening out there, and - - -

MR P. McLEAN: That is what happens. People are supposed to be on the disability register, so that is always the first point of call, you know, get on the disability register. And that is an important thing for people with disabilities to do. So get on the register. Again, I think it's about – yes, people will have their dollar that they can bring to the table. It's whether – whether the government or DHS or you know, the community, can provide the support dollars, but that – the critical element is, it is the support dollars. So I don't - - -

MS WOOLDRIDGE: So how do you – how do you solve the issue of an inequitable access by people who have the dollars getting earlier access than perhaps someone who is equally needy who doesn't have the dollars? Is – you know, have you got any thoughts about that?

MR P. McLEAN: Well, within that – this is an interesting idea, and I haven't flagged this with anyone else - - -

MS WOOLDRIDGE: Heard in here today.

MR P. McLEAN: - - - so I could be shot down in flames here, but - - -

MR QUINN: You're protected.

MR P. McLEAN: Am I?

MS WOOLDRIDGE: But not by his boss.

MR P. McLEAN: All the time? That's interesting. One of the – I think one of the solutions is because with the affordable housing association, we only have to find 25 per cent of equity in a property. So we can probably find that ourselves. It might be that people with equity or with money may be – this is an idea – may be able to use that money for the support if they wanted to, that they could – there might be some arrangement whereby they could use their equity in a different way rather than just in the bricks and mortar. I haven't explored that, because these models have to be really thought through and worked out, but that just comes to mind as you raised the question, Mary.

We've got to find solutions to these problems, and I suppose one thought would be, "Well, if I had enough equity in my own house or whatever, and I was leaving it to my children, would I be able to use that equity in a different form? Say, through a

trust fund or something like that?” I just don’t – I haven’t thought that through fully, but – and there might be, the Disability Housing Trust might be a useful vehicle if people have got money – a lot of money into trusts, then maybe there is opportunity there for providing support rather than just the dollars. So it’s how you put the package together.

MS WOOLDRIDGE: Thanks.

THE CHAIR: For the inquiry, would you like to say what you’d like to see in the future in terms of provision of service, overall, for the wellbeing of your clients? Any recommendations at all?

MR P. McLEAN: Well, I suppose I would be pushing for this kind of listening to the people, listening to the clients. What are they saying? Is it possible, by listening to the client, to find a solution that is tailored to that situation? I think sometimes we – and naturally enough, we have our cookie-cutter kind of approaches to these things, but I think – yes. We try to find a tailored solution, and we’re a small agency, we’re not – you know, we’re not – in terms of support. So there are a lot of bigger agencies out there dealing with mental health and disability and so on, and they probably need to be listened to as well. But our – my solution is to create a kind of a niche response to these needs and drive it that way, because that is what I’ve done, you know, that’s my - - -

THE CHAIR: So you reckon DHSs direction is correct and/or all government policy directions are correct, or – is there anything that can be changed or improved?

MR P. McLEAN: What do you reckon, Brad?

MR QUINN: I – yes. Look, supported accommodation services in communities, I’d – like I’d say in their community, so we’re not dragging people from Pyramid Hill, Echuca, Moama, and then bringing them to Bendigo and, “Hey, you’re in a community now, and I’ll push you around in a wheelchair, now you’re a part of the community.” You just dragged them out of a community. Well, providing packages of in-home support. I’d like to think of that as packages of in-home support with – in natural support networks, in intimate relationships and in their community already. You know, it would be a shame to have to have my son – if I was in that situation – leave me – from 200 Ks away to have to come to Bendigo purely because it’s cheaper to have one hoist for four people rather than to put one hoist there or one hoist there. Does that make sense?

MRS POWELL: Can I follow on from that? We talked earlier about the institutions and how there was some problems with those, and now we’ve gone to more the units in the community - - -

MR P. McLEAN: Individualised support, yes.

MRS POWELL: - - - and we’re not sure – I don’t know if they’ve been evaluated to see how much better they are. There’s been some people who have talked about having medium-sized centres with the support coming in, and the medium size could

be 12 to 20 clients in that area. Can you see a role for something like that, or do you think the other way is better?

MR P. McLEAN: Yes, I – no, I think you’ve got to look at the full gamut, to be quite honest. I think that there are some people who need – to sound very politically incorrect – but they need institutionalised support. There are some people who do. I’m not talking about just mental health here, but I’m talking, you know, there are some clients that I’m aware of that the best thing for them would be if they were in a contained situation. There is no question of that, both for them and for the society. So often – with the institutionalisation, you can throw the baby out with the bathwater to some – you know, there is a danger there. So I think you’ve got to have the full range.

I think you’ve got to try and develop a totally integrated response and say, “Look, this person sits there, this person sits there.” And it’s horses for courses in that context. So I think there is an opportunity for doing all those things. The cost-benefit analysis would have to be done on each one of them to see if it, you know, kind of works. But I think my view – you know, I agree that if we can find solutions that really lift people’s spirits, their health, their mental health, their emotional support, the physical situation, contextualise it to their situation, the better off we’ll be as a community and as a society. I mean, we want to create better communities and better people, but I recognise there are huge complexities to this.

MS WOOLDRIDGE: Could I ask one last quick question? SAAP services are all provided by the NGO sector. One of the debates we’re having here is for supported accommodation. The majority of services are actually provided by DHS with a smaller proportion run by the non-profit sector. And one of our terms of reference says, well, who is most appropriate to provide it? And there is strong arguments either way. I’d be interested in reflecting in SAAP whether you believe that the NGO sector has been effective in being able to provide 100 per cent of the services with staff getting the support and training and, you know, salary levels and all of those sorts of things that they need, or whether you think, you know, what sort of role the government does have as a provider?

MR P. McLEAN: I think it’s patchy. I think there are some really good SAAP services and NGOs and there’s some bad ones. It’s like anything. I think – I don’t think that an agency can be all things to all people. We have a very clear mission, vision and values that we box ourselves to. In terms of mental health, our mission is really to support people with a mental health issue who are in danger of becoming homeless. So I can see that there is a role for departmental services, there is a role for NGOs, there is a role for private sector where that’s now appropriate, so I don’t think anyone could say, “You know, I could be all things to all people,” and there is a danger in some of our service provision to be fairly myopic and say, “Yes, no, we’re the best thing since sliced bread and no one does it as well as us,” and there’s that kind of chest beating goes on.

I don’t think that is the case. I think we’re all in this together. We’re all in this together as a community, and we – that is why I talk about: how do we build the connections that can get the best solution for the person? And it’s not about turf wars or territory. It’s about how we can best serve our community and our society and our

client, and so I think it's a very similar answer in terms of, you know, the integrated response for the actual client, you know, from the very high complex needs to perhaps lower, very low needs. It's the same with government agencies and NGOs and private sector. There is a range of options there that I think is part of our system which I celebrate, you know.

MS WOOLDRIDGE: Thanks.

MR P. McLEAN: I mean, it gives us lots of options. It's finding creative ways of making them all work together. But you'll always get the turf wars and – human nature, I suppose. If all men were angels, as James Madison said, we wouldn't need government. But – and so on.

THE CHAIR: All right. Well, thank you very much.

MR P. McLEAN: That's a pleasure. Thank you for hearing us.