

TRANSCRIPT OF PROCEEDINGS

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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 STEVE MITCHELL
Program Manager
Interchange Loddon Mallee**

**MS JOOLEE HUGHES
CEO
Interchange Loddon Mallee**

BENDIGO

WEDNESDAY, 19 NOVEMBER 2008

THE CHAIR: The next witness will be Steve Mitchell. Is Mr Steve Mitchell here?

MR MITCHELL: Good morning. How are you going?

MS HUGHES: Good morning.

THE CHAIR: Good afternoon.

MS HUGHES: Afternoon? Not – surely not. We'll try and be quick.

MRS POWELL: No, no, no.

THE CHAIR: That's all right. I'm Jude Perera. I am the chair of the Family and Community Development Committee which conducts this inquiry, and to my right is Jeanette Powell, the deputy chair and also the member for Shepparton, and to my extreme right is Mary Wooldridge, committee member and member for Doncaster, and to my left is Johan Scheffer, member for Eastern Victoria region, and also committee member. 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 Act (2003), the Defamation Act (2005) and, where applicable, the provisions of reciprocal legislation in other Australian states and territories.

Any comments a witness makes outside the hearing may not be afforded such privilege. We are recording the evidence and will provide a proofed version of the transcript to each witness at the earliest opportunity, so for the Hansard please introduce yourself, both of you, and give a brief description of the organisation you represent today, then make your verbal submission followed by the questions.

MR MITCHELL: Okay. I'm Steve Mitchell. I'm the program manager for Interchange Loddon Mallee, and this is - - -

MS HUGHES: Joolee Hughes, CEO from Interchange Loddon Mallee. Interchange Loddon Mallee is a respite and recreation organisation for people with a disability, any disability virtually, so sensory, mental illness, all of the disabilities. We cover the region of the Loddon Mallee, so we have offices in Bendigo and Swan Hill and we cover the whole region. Essentially, we provide respite for families who have a child with a disability or, in many cases, children, through a number of programs, some involving volunteers, other programs involving paid workers. We also provide day programs and recreation-based community-based support for that option, adolescents with a disability.

So whilst we're not directly involved with the accommodation area, we actually provide services to a lot of our clients who come from those areas or who we can see will need them. So I guess that's – that's the main part of our submission, and fortuitously, this situation happened in the last few weeks where we have been providing respite for a young person who was relinquished at a very young age and he was put into respite and we were asked to do that respite. It kind of lunched on from there from respite to caring for and then becoming more or less the parent, so the respite carers became, essentially, his family. So this went on for 10 years, and all of

the usual sorts of developments and links were made, and this young man was fairly entrenched in the family.

All the way, it was always seen to be a temporary thing, not a permanent thing, but it kind of lurched from year to year with sometimes very little support, I have to say. When that child turned 15 or 16, the carer was very clearly saying that she felt, you know, some other options needed to be looked at, and this went on, and she was given some hope that changes would be made and that accommodation would be available for this young man. It went on and on until he was 18, still nothing. And recently, he was relocated out of this area, which is where he's been all his life, to another area, because that was where there was a spot, and we feel fairly strongly that that was pretty inappropriate, given that this boy is not verbal and has a degree of autism.

Whether you're familiar with that, but usually people with that degree of autism like to know where they are and who the people are that they're with, and like routine, and don't cope well when they're out of that routine. He's also non-verbal, so he didn't actually get to have a say about what was happening, really. The people that were closest to him weren't really consulted all that well, and certainly, us as an organisation who have been caring and providing for his support for all that time were not really party to some of those decisions, which we found not helpful for him, really. So that is kind of an example in the drastic – that end of the scale, illustrative of some of the situations that occur.

However, it does happen fairly regularly. Perhaps not to that degree, but that seems to be the scenario and the sequence of events, and you know, it seems that, quite openly, the system is in crisis model. So some of these people only get to go somewhere when they're homeless. And openly, that is talked about in the bureaucracies that have the say about some of this sort of stuff. It's very much crisis-driven and very much dollar-driven. I guess the other thing that was highlighted in that scenario was the outcome, I think, was one that needed to happen, but the transition process, there was no attention paid to, despite the fact that there was lots of indicators and lots of time to plan for that.

I think planning, perhaps, is one of the keys where it could improve and to utilise the information that organisations like ours has about families and children from an early age, and where they might end up, kind of when they're 15 or 16 or 18 or adult, in fact. So that would be something that we would be offering to people to help in that planning way, to actually look at the data and have some idea of, you know, 10 or 15 years down the track where that might end up and what needs to be done to address that. The situation with supported accoms at the moment, I think you know a lot, although improving some of the cultures in some of the places are very much still about running the facility rather than the needs of the people who live there, and just some things – some examples of that is that many of the community residential units are not staffed during the day, so people who feel sick or don't want to go somewhere for the day can't stay home because there is not going to be anyone there to look after them or support them.

And I guess, in some of them, cultures develop, and I'm not sure how you fix some of that stuff, but in some of the – some more than others, there is a culture of a kind of behind closed doors culture, I guess it is, and although that is improving, I think there

is still some work to be done. You know. Little things, really, like birthdays and celebrating someone's birthday, or you know. Acknowledging their birthday, and I know that sometimes we've done that, but they don't get that at home. So – I mean, little things, but big things to some of us, you know. Just normal stuff that we would take for granted. But that has been our experience, and as I say, although improving, I think there is still a bit of work to be done, and we'd be happy to contribute in a collaborative partnership of ways to do that, and certainly to offer support or information or our assistance where possible. We have got some data and lists, and we'll provide that to you at the end if you like.

MRS POWELL: Joolee, can I pick up on your issue of saying that the CRUs are not staffed during the day? That has been an issue that the committee has heard from a number of places. Are you able to complain to somebody, and who do you complain to, and what is the outcome?

MS HUGHES: Well - - -

MR MITCHELL: You can do a lot of complaining.

MS HUGHES: - - - we could, and we have, and to some extent we get a reputation for complaining, but in terms of that, the almost standard response is the dollars aren't there to do it.

THE CHAIR: Whom did you complain to?

MS HUGHES: Well, I think the whole sector has complained to DHS and to, you know, the people that run those places. It's largely the department CRUs that have this sort of rostering arrangement, and it's about the dollars.

THE CHAIR: Did you complain to the Disabled Services Commission?

MS HUGHES: No, we haven't at this stage. I'm in the process of using that avenue for a similar situation. The Disability Commissioner hasn't been around for a long time.

MS WOOLDRIDGE: Can I ask, just on your comment on that, just – you think it's largely the DHS ones. I mean, one of our terms of reference is to look at the difference between government-provided and non-government. I'd like it if you could expand a bit on that commentary in relation to the staffing, and just anything else that you observe in terms of the differences between the two.

MS HUGHES: Staffing would be the main one, I think. The private one sometimes is – I guess the usual sort of quality issues around those places. Whether that – what they're conforming to and who is checking, and you know, I mean there is a couple around town that have a lesser reputation than others, and that can – and we can only make that deduction by the way the person is that we take out or is participating on our programs, or what they say. And from our own observations, we can only make assumptions.

MS WOOLDRIDGE: And the staffing element of it, is that the hours of staffing? Or do you see any difference in quality or – or do you have any – I know you’re looking at it sort in the secondary context, but the staffing differences, is that hours of coverage or are there other staffing differences as well?

MS HUGHES: I think it’s both. I think it’s the hours and, to some extent, the culture that develops in some of these places. And I know that DHS has tried to address that issue by moving people around and, you know, changing the rosters so that there’s not clusters of the same group of people all the time, and I think that’s a good thing. And the others that don’t have the ability to do that, I think it does become an on-play with culture, and it’s kind of when you’re in there, you don’t perhaps pick up that you could be doing things in a different way .

THE CHAIR: Johan? You want - - -

MR SCHEFFER: Yes. I just wanted to – Interchange has been around for 25 years, since 1983, I’m presuming you’ve been there the whole 25 years so, you know, I’m not going to ask you to go into a whole detailed history of it, but just keeping that in mind, you’ve seen a lot institutionally over that period of time, and I was taking Joolee by – you said three times in your presentation, just towards the end of it, that you mentioned something and you said “although improving”. Now, I don’t want to be totally glass half full, because I know it is also half empty, and there are issues there, so I’m not being blind about it. But what did you mean by that? Why did you say that?

MS HUGHES: I think the system generally is improving. We talk about – with the new disability legislation, for example, some of those things and the rights that people have, the human rights legislation. I think people are slowly taking notice of that now and addressing some of those issues, and, you know, there are quality systems in place that weren’t around before. I mean years ago, you know, anyone could set up a shingle and say that they were providing whatever and no one was really able to do anything about it. Now, I think, that’s changing, and I think the rights of people with a disability are increasing and are much more out in the community. And people watch more, therefore more accountability, I think, is being created, and that is a good thing.

MR SCHEFFER: And you talked about - - -

MS HUGHES: I think people are committed to doing good things. I don’t think people set out to think, “Well, you know, we’re going to do it this way.” I think, essentially, people mean well.

MR SCHEFFER: Right.

MS HUGHES: Sometimes we lose sight of just - - -

MR SCHEFFER: And yet, your – at the main tenet of what you were saying is a lot of shortcomings, and I know you don’t come to a committee like this to tell us all the good news. That’s – you know, you come in here to point out the things that we, as a parliamentary committee, need to know about, that we need to recommend to

government to improve. But you talked about a lack of resources, so how – how are you – how do you think that could be fixed and how do you communicate that? How do you talk to government around the knowledge that you accumulate over that quarter century you've been around?

MS HUGHES: I guess we can only use opportunities like this and talk to our local people, which we do regularly about, you know, what's happening and what's topical. Talk to the people at the department where our funding comes from and constantly, you know, provide information to them about what needs to happen and why and provide the data. I mean, all sorts of ways.

MR SCHEFFER: Is that appropriately responded to?

MS HUGHES: Well, there has been no – we received quite a lot of HACC funding. HACC funding is our core funding for Interchange for our children's programs. It's Home and Community Care, for people who aren't aware of that. Now, in the last eight years, there has been no growth fund in that area for what we do. It's very much predominated by the age population, and while – you know, whilst we understand that, it doesn't mean that children with a disability are going away, or young adults with a disability are going away. We still are there trying to provide support for those families. But no growth funding means that in a sense, we shrink and we have to pare back some services.

Disability funding is changing now to individual packages and that – there is some opportunities in that, but at the same hand, there is not a great scope in that for meeting infrastructure costs of organisations to provide that support.

MR SCHEFFER: Okay.

MRS POWELL: Can I ask, Joolee – you're a non-government organisation. Do you have a view about whether a number of people have said to us that the government shouldn't be providing these sorts of services, it should be up to the non-government area, because the government should be regulating, monitoring and funding? Do you have a view on whether you think there is a role to play for government as well as non-government sort of business?

MS HUGHES: I think there is a role for government. I think it's – I mean, it's a responsibility to community. It's – governments are representative of communities, and I think we have to all take responsibility for people in the community that are vulnerable.

MRS POWELL: All right.

MR MITCHELL: I have just a little presentation further on from what Joolee has actually presented. I've got some figures here for our clients. I can only talk to people that we know through the region and I've focused on two different areas, one being the clients that we've got between 16 and 18 years old, so getting to that cusp of the time that they're going to be independent. I've looked at the figures that we've got for the whole Loddon Mallee for our clients, and we've got roughly 56 or 57 people that I've focused on, and of that about 35 per cent of them are in danger of

needing some sort of accommodation now. Well, within – by the time they get to the 18-year-old group.

That means that those 20 or 30 people need to be starting to get some sort of planning process in place to find out of the families exactly what they're going to do, what the system means, what the system actually requires. That is not happening in the majority of cases. The families are pushing, pushing, pushing the system to ask for that to happen, but the system is basically pushing them back, saying that, "You are a person at home, you need to care for that person for their life," basically.

MRS POWELL: By system, do you mean DHS?

MR MITCHELL: Yes, in the main. In the main.

MR SCHEFFER: So the families are pushing for a plan - - -

MR MITCHELL: Yes.

MR SCHEFFER: - - - at this point?

MR MITCHELL: They want sort of planned response to, "Okay, we need this sort of assistance in the future and it may be two years down the track." That is not happening at the moment.

MR SCHEFFER: So what is DHS actually saying? "No, you don't need a plan?" or "We will plan a bit later on," or - - -

MR MITCHELL: Pretty much, "No, we'll plan a bit later on." Or, "We will be doing some planning for you as soon as we possibly can," and then someone steps in to do that plan and then steps away again. Basically, we have so many staff changes in that area at the moment through DHS that they get lost in the system, basically. They have a case manager come in, start to do the plan, and then it just drops off. The family loses track of where that person has gone. They don't actually get told that person has moved on in the majority of cases. They're just waiting there for a phone call or a letter, don't get it for months at a time, contact the department, can't find them.

So it then goes back to, "Okay, we have to start again." So a lot of the families are actually, in that situation, are getting very disempowered, I suppose, in the actual situation. So they're coming to us and asking us to assist them to do it. Unfortunately, we're not funded for it, and a lot of the other organisations are not funded for it, but we have to do it, because I think the system is failing those families in this situation. Okay, so I've got those stats, but I've also looked at stats for people 18 plus. We've got roughly 60 of those people in the system with us at the moment, and the majority of those – and it's over 70 per cent of those people – are looking for some sort of a supported accommodation, either temporarily or they need permanent accommodation.

They just can't get it. At the moment, there's quite a few of those, probably the majority of the rest of the 30 per cent are actually in a supported accommodation at

the moment, so 90 per cent of the clients that we have that are over 18 basically will – do need some sort of accommodation, be it respite, be it recreation, but they're not getting it. Well, they're getting it in little bits and pieces, I should say, but it's not adequate for their needs. Okay.

MS WOOLDRIDGE: Can I ask on that – obviously, we've changed to the disability support register from the previous mechanism.

MR MITCHELL: Yes.

MS WOOLDRIDGE: Was it better or worse before? Was it different? Has the change in the way it's measured had an impact on that?

MR MITCHELL: The disability support register for me, at the moment, is still a little bit out. We've had families contact the department through the right channels to ask about the disability support register and to get registered on it, and they basically, in the last few months, started to get a fairly positive result in the first 12 months of actually having that register. Unfortunately, a lot of the staff didn't know about it, and they were actually being told by the intake officer that we don't have one, so it was fairly difficult.

MS HUGHES: There's conflicting information about that, too, in terms of what the purpose of it is, so for example, in the region, we were told one thing, and yet centrally, the information was quite different about what the purpose of the needs register was.

MS WOOLDRIDGE: So could you explain those two differences?

MS HUGHES: Well, I think what – I'm trying to recall it. I just know that people – staff have said this to me. In the region, I think we were told that it was – you were only on the disability needs register when the situation was absolutely urgent and at risk of homelessness.

MR MITCHELL: And if you've got a completed plan.

MS WOOLDRIDGE: Right.

MS HUGHES: And centrally, we were told that that wasn't the case at all. It was really for a planning purpose and it was to get an idea of, you know, what sort of plans needed to be done so, you know, longer term. So it would be useful to have some clear information about what it's for.

MR SCHEFFER: And what's that from your point of view? That's not clarified?

MS HUGHES: No, not really.

MR SCHEFFER: Okay.

MR MITCHELL: I think that probably just helps to demonstrate that the system is so convoluted and complicated for us that are in the system, it's so difficult to

understand, whereas the families have got no hope, not without some significant assistance.

THE CHAIR: All right. Thank you very much.

MR MITCHELL: Thank you.

MS HUGHES: Thank you.