

FAMILY AND COMMUNITY DEVELOPMENT COMMITTEE

**Inquiry into the provision of supported accommodation for Victorians with a disability
or mental illness**

Melbourne — 22 October 2008

Members

Mr B. Finn

Mr J. Perera

Mr W. Noonan

Mrs E. J. Powell

Mr J. Scheffer

Mr A. Somyurek

Ms M. Wooldridge

Chair: Mr J. Perera

Deputy Chair: Mrs E. J. Powell

Staff

Acting Executive Officer: Mr M. Bromley

Witness

Mr L. Williams, state secretary, Health and Community Services Union.

The CHAIR — Mr Lloyd Williams is from the Health and Community Services Union.

Mr WILLIAMS — Thank you, Chair; that is right. We represent the professional and industrial interests of the disability services workforce in both the government and non-government disability services sectors. I have taken this opportunity just to have a quick 5 minutes with the committee. Whilst we have made a request to the inquiry to make a formal submission on 5 November, we are unclear as to whether that will be possible, so we have come along today to just take this opportunity, and we will be putting a formal submission in writing to the committee which is being developed at the moment.

I will keep it as brief as I possibly can. I just wanted to cover a number of points. We all know that the disability services sector — and we look after mental health as well, so accommodation services right across disability and accommodation for people with mental illness — is a very complex services system, a multifaceted services system. There is no question — and I think the point was made earlier — that whilst Victoria leads the way in Australia, there is much more that needs to be done in terms of choice of accommodation and also individualised support once people are in accommodation.

In terms of individualised choice, we just want to make some very quick comments about that. We believe that the notions of individualised choice are well supported, but the issue around individualised funding is that we believe it is currently being used as a demand management strategy as opposed to providing a wide range of choice and individualised support for people with a disability and/or a mental illness. Individualised funding is not meeting the needs of individuals with high needs. It is being used to avoid the issues of accommodation support, so it impacts on our ageing families, as the committee has heard. Ageing families are extremely concerned about their loved ones and what will occur as they get older and are no longer around. There is a real need to ensure that individualised funding is not used as a demand management strategy but it is used as a progressive method in order to provide people with individualised outcomes.

In respect of accommodation services, we have been arguing with non-government service providers and government service providers that there needs to be greater support so that people who are in shared supported accommodation are also funded at an individualised level to ensure that people can have individualised outcomes in shared supported accommodation. What I mean by that is that if one person wants to go to the footy, five people should not have to go to the footy, or if one person wants to go to the beach and have some individual inclusion into our community, it should not be a group outcome for the whole group. In terms of dealing with individualised support of people, we need to ensure that that is exactly what it is and that it is not a demand management strategy to keep people out of much-needed accommodation and services. Just quickly on the accommodation issue, there is no question that there is a need for more accommodation services. As I said before, whilst Victoria leads the way, there is a lot more that government and our community can do to provide greater access to accommodation services. There needs to be greater population planning to ensure that we are looking not just 5 or 10 years ahead, we are looking 20 years ahead in terms of delivering services for people who need accommodation services.

We need to ensure that one size does not fit all. I agree entirely with the comments that I have heard today, that it is not one size fits all, it should not be that a five-bed CRU is the model for everyone. Whilst they provide much better environments than what institutional care has previously provided, we need to ensure that the people with high needs — high behavioural needs, ageing issues, high medical issues; people with dual disabilities, that of intellectual disability and a coexisting mental illness — have appropriate accommodation and care to provide for their special needs. We support the suggestion that there should be models of service delivery that provide a whole range of different environments through which people can be provided with better outcomes.

Finally, I want to comment on the debate about the service provider issue. We believe that there should be a continued balance between government and non-government services, as there currently is. Services have evolved through the provision of services by non-government service providers for people who generally have physical and sensory needs. As the people from Yooralla said today — they talked about their clients, primarily those who have physical and sensory disabilities — people with intellectual disabilities are among the most vulnerable people within our society. We believe that government has a duty and it is in the public interest that government leads and provides balanced care outcomes for individuals. We believe it is a function of government to care for those people who are most the vulnerable in our society.

We do not accept the advocacy that governments should not be involved in direct service delivery. Provision of services for people with disability and/or mental illness should not be seen any differently to any other health service; any differently to education, any differently to any other of our social justice services that we provide for our society. In all of those services there is a balance between service providers. Government has a core responsibility in this space, and we believe that should be maintained. In the mid-1990s there was a push to contract out services to non-government service providers. The government of the day then determined it would not proceed, but the reason why it was being pushed at that time was because it was deemed that it could be done cheaper, at a lower cost level, given that labour costs were at 80 per cent of the costs in terms of providing services.

To move in that way would see a downward pressure on quality outcomes, on training, on workforce development, and we have heard a number of comments about the skills needs of staff. We need to be lifting them up and ensuring that these services have high skills from people with a range of developmental skills, medical skills, people who have gerontology skills, to meet the needs of services. An agenda to simply contract out services to the lowest price will drive down quality and drive down outcomes, and we saw those sorts of things happen through the 1990s. I urge the committee to ensure that recommendations to government do not go back to those sorts of philosophies.

In terms of government services, yes, every service has its issues, complexities and problems, but government services are open up to much higher levels of scrutiny in terms of FOI, ministerial oversight, the Auditor-General and quality standards, and they also have higher standards in respect of housing. Yes, there are problems, but it is not a matter of saying that one service provider could provide these services better than another service provider. There should be a balance. Services need to be funded properly. There need to be good standards and outcomes for individuals, and there needs to be a much wider range of options for individuals in terms of housing and support. Our submission — and we would like to expand on these issues at a later date — would be that the models and balance of service provision should be maintained. With regard to people with profound intellectual disabilities, physical and sensory disabilities, and mental illness, the issue for government and for our community is: how much do we invest in ensuring the care of the most vulnerable people in our society?

Mr NOONAN — I hope we can find a spot for you. Submissions we have had this morning have talked about a range of things to do with staffing, and you have mentioned some of them — quality, training, workforce development — but we have also heard about casualisation, turnover, rostering arrangements and employment mix. What might also be instructive for the committee, if we can find a slot for you in November, is for you to bring along some workers from both government and non-government workplaces to perhaps address some of those issues for the committee's benefit. Through the Chair, we look forward to your submission and certainly hope that we can see you again in November.

Ms WOOLDRIDGE — I completely agree with Wade. The other issue I would like you to address is the issue about the workforce and where it is going to come from, which you have not touched on there and which has been raised in some of the submissions. Do we have the pipeline to support these aspirations that we are talking about in terms of the staffing levels, the

training levels that we want to have? And if we do not have a pipeline, how do we get the pipeline? We would be very keen to hear from you on some of those issues as well.

Mr WILLIAMS — I would certainly value the opportunity to make submissions on those, because we do have major workforce issues confronting our society in respect of the provision of disability and mental health services at a whole range of levels — at the specialist level and the lower level support — but also around inclusion. We need a workforce that has specialist skills in terms of meeting people’s physical and social needs. The social needs are very important, because if we just address the physical side and the direct care needs, we are not dealing with the inclusion and the social needs of growing the individual and including them in our society. I think those skills are very important. Whilst the disability workforce has many challenges, it works very hard to provide quality outcomes. Yes, there are glitches along the way — there is no question about that — but the question is how you identify and deal with it quickly, and making sure that individuals are not impacted upon by problems. Some of the problems we have heard today need to be dealt with as well, but it is professionalising a workforce that is most important, and in getting there we would dearly value the opportunity to address those issues in more detail. Thank you.

The CHAIR — Thank you very much. We are looking forward to your presentation on 5 November.

Mr WILLIAMS — Thank you so much.

Witness withdrew.