

FAMILY AND COMMUNITY DEVELOPMENT COMMITTEE

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

Geelong — 23 October 2008

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Ms G. Laby, advocacy officer; and

Ms S. Cropley, board member, Barwon Disability Resource Council

The CHAIR — Welcome to the public hearing. I will read out a formal statement: 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 will provide a proof version of the transcript to each witness at the earliest opportunity so that it can be corrected as appropriate.

I ask you to make an oral submission. First of all, please introduce yourselves and give a brief description of the organisation you are representing.

Ms LABY — My name is Glenda Laby. I am an advocate at Barwon Disability Resource Council (BDRC).

Ms OKAI — My name is Carol Okai. I am executive officer of Barwon Disability Resource Council.

Ms CROPLEY — My name is Sharron Crophy. I am a parent and have been involved with BDRC for some years. I would like to start, if I may, and give a little bit of background on our organisation. At Barwon Disability Resource Council we often refer to ourselves as BDRC. We have been active in the Geelong region for some 33 years. Our main work in the past has been information and provision of advocacy for people with disabilities, their families and carers. In the last few years we have branched out into some other areas, partly due to a defunding of advocacy some 11 years ago which meant that our services changed slightly. However, we still do a reasonable amount of advocacy and have received some of that funding back in the last few years. We do a range of programs, as I said, dealing with individual clients. We also do some systemic advocacy in the region that affects the broader community.

We would probably like to give a greater overview than we can today. We would love to say that we know everything that is going on in the Geelong region about supported accommodation but we cannot do that mainly because of our lack of resources. But we can say that there is an unmet need. Our advocacy statistics show a great number of advocacy and information queries about accommodation in a variety of forms from a variety of people. Our advocacy works with individuals with any kind of disability and in any age group, so from children right through to the elderly; and it can be psychiatric, physical, cognitive — whatever kind of disability or chronic illness a person may have.

As an introduction we would like to say that there is still an amount of unmet need in this community. I will now handover to Glenda who will talk little bit more about the availability and suitability of accommodation.

Ms LABY — A lot of the work that I have done as an advocate in this region has been in relation to supported residential services in Geelong and on the Bellarine Peninsula. BDRC's work in that area began when concerns about abuse in a particular SRS became known but needed to be investigated further and it was very difficult to get to the bottom of the situation.

As a result of BDRC's work with some other organisations in the community, we were able to request an investigation by the Department of Human Services and that led to some changes in staffing at that particular SRS. Following that, BDRC was funded to provide some self-advocacy training into pension-only supported residential services — one in Geelong and one on the Bellarine Peninsula. That is probably work that I have been doing on a weekly basis with those two SRSs for nearly two years, only recently ceasing due to funding ceasing.

My opinion, from my work with SRSs, is that it is not an ideal way for people to be living in our community. My particular problem would be with the fact that as a community we are saving money while people are funding their own supported care; and the price of paying for their own supported care means that those people are no longer able to afford any kind of community access.

For a lot of the people I have met in these residences maybe the only thing they enjoy is smoking cigarettes, and they cannot afford to do that for more than maybe one or two days a week. Their money runs out after that. For all those residents I have met who are living in a remote area down on the Bellarine Peninsula to find even 80 cents later in the week, once their money has run out, to catch a bus to come to Geelong is impossible.

Talking more about the CRUs, the community residential units, run by some of the community organisations in Geelong and the Department of Human Services, a positive government initiative has been that in-home support packages have meant that this year a lot of people — I think 11; I do not know where I got that number from — are going to be able to move out of community residential units into their own independent accommodation, with some kind of in-home support. That also means that 11 places in CRUs in this region are going to be freed up for people to move into, hopefully, off the waiting list.

Further work on this kind of initiative would result in better outcomes for people with disabilities and their families, with greater choices. This kind of initiative could be applied also to residents of SRSs, to perhaps make better and more appropriate accommodation available to those people.

Ms CROPLEY — I am a carer, so what I share with you today is at the cost of reliving some of the pain, but I consider it well worth the telling if it makes it easier for the families that follow. I have to give a little bit of history, if you will forgive me, because it is a personal story.

I was at Berry Street doing my mothercraft nursing, and I watched the children with special needs have different treatment. So way back then, when I was 17, it seemed unfair and quite horrid that those babies, so-called retarded — a word I loathe — were given much less attention and interaction. I made a promise to myself to do something about that one day.

Eventually, 10 years later, it became my turn to become a parent. My much-wanted and long-awaited baby arrived. She was doing all the right things, all the lovely so-called normal things, until at 13 months of age she was given the triple antigen injection. This resulted in loss of eye contact — I don't usually get this upset — loss of vocalisation, and loss of sleeping and relating to the world around her. Meanwhile, my second child was about to be born. So one's maternal instinct kicks in big time, even doubles, when you see someone struggle so hard with the world. There is not really language for the love this big, or words to describe my concern for her and her future. Within this first adjustment period I became a single parent — which is not uncommon.

The disability brought with it stigma; we were an imperfect world, and in this world perfection matters. Because she was my child, it was as if I, too, was stigmatised and the one with the disability. I learnt that all the love and hope in the world will not change the disability or the diagnosis of severe autism for my daughter; thus a sense of helplessness and enormous grief descended. The colours of my life had simply faded and a sense of helplessness descended. The trauma and shock of Anna's diagnosis takes years to wear off. It is sort of like holding the wake, but with the person still breathing.

The issues from my experience and from meeting with countless other parents during early intervention right through to special school and on to placement services are obviously grief, stigma, isolation, limited money and therefore limited life choices, depression in the carer and the carer's emotional wellbeing, and time with one's non-disabled child — generally just trying to keep it all together and not being able, in my case, to get home and community care respite, to be able to go to work part time, because money gives us choices.

Anyway, you will be glad to know, our family moved on, creating a new sort of normal. When Anna was eight and Luke was seven I remembered the promise I had made at Berry Street, so to add to the mayhem of our household, for some reason I took on the care of an 11-month-old with Down syndrome. I must have thought I was Mother Bloody Teresa! Anyway, six years later I

came to the realisation that I had made a really dumb decision. In hindsight, it is a gift to know what one is capable of — and one my warring heart still struggles with, because I had to relinquish the care of that little boy. But this is the story.

I eventually accepted that I was not coping with my three children, that I must have some time out and that I needed to ask for help, which goes against the grain for most of us. Obviously I had gone from being pretty much a virgin services consumer to consuming all I could about what supports were available, because I was just not coping. I now had to find my way through the jigsaw puzzle of services and then through the delightful parade of people who came to assess me and mine and assess how genuine my need was. This compounded the indignity of the situation, because I asked for help and then I did not get the help I needed, which was an ensemble for disaster.

This constant looking after my children, and especially finding time for my non-disabled child, who was later diagnosed with bipolar — but that is another heck of a story — takes its toll, and I asked for more respite. Again I was refused. I got depressed, and that spiralling despair led to an increase in stress, leading to an increase in my illnesses. I got pneumonia, and the doctor ordered bed rest or hospital. The children were taken into respite so that I could recuperate, but then they were returned, 24 hours later. I even have a very nifty newspaper article, with me looking somewhat sick and the story on a page of the Addy — a bit sad.

So this model is not a good one, obviously. It is a crisis model. I fought long and I fought hard, and eventually I found a place for Anna — with some fantastic advocacy from Barwon Disability Resource Council, and Carol in particular — and I found another placement for the child I had taken care of, but it is an ugly journey. Anna's placement, would you believe, did not work out, for a number of reasons. She was not allowed to take her guide dog with her, and she was not allowed to use augmented communication — she is non-verbal and she types. So that group setting was not for her. Eventually I competed with 100 other families and the Department of Human Services granted Anna the one space, and we are happy with that placement.

So the issues are obviously that we need a better vision and future for families. This is my dream, my vision: if we could have responsive, adequate and understanding services and a clearer pathway to those services, instead of the fragmented one we have; if we could keep having increased carer payments so that carers might have a holiday with their child — we never had holidays; if we maybe could develop a fundraising platform and a contingency fund, so that we could buy specialised equipment; and if we could have wonderful folk in our lives who we could borrow to be extended family members, like aunts and uncles, cousins, father figures and grandparents. I do not want much.

One more thing: if we could have better paid and better qualified respite workers who love what they do and who are rewarded for that, then we would have consistency of paid workers involved in our child's life or our young adult child's life. Thank you for listening, and may we have hope together.

Ms LABY — Thank you, Sharron. Following on from that, I have worked in a variety of disability services in this region for about eight years and I have come across plenty of anecdotal evidence of people not getting places for their offspring until one of the parents has died and the other has developed a chronic illness of some sort. At that point of time the parents are very elderly and also their offspring is probably 50 or 60 years old before they are going to have to change their life and finally get a position in a community residential unit, which I think of course is completely uncivilised.

I think parents should be able to retire at a reasonable age without going into their 80s and 90s still being desperately worried about what will happen to their offspring. Also, I do not think people in their 50s and 60s should be having to make that kind of adjustment from living with mum and dad to moving to group accommodation.

I have become aware of a change to the way the disability support register, which is the waiting list for supported accommodation in this region, will be operated — that is, that when a vacancy in, for example, a CRU becomes available, they are going to look at people who are already residing in CRUs in the region and see if the position that has become available would actually be better suited to somebody at another house, perhaps somebody who is aged and may now need to move to a house that has a better infrastructure for supporting someone who has increased support needs. That is a very promising and commendable change, although I would be very concerned about the people on this waiting list who are desperate and who will now have to wait longer while that process takes place.

It sounds like it is quite a long process. If someone is identified as being appropriate for that kind of move, their parents and family will be consulted and there will be a long period of time when they can make up their mind about whether or not that move is something they want for their offspring or their family member. It is something that will add to the time that desperate people on the waiting list will be waiting. Do you want to say anything else, Sharron?

Ms CROPLEY — I have just a little example of the adequacy of care. Now that my daughter is in a community residential unit, her workers finish at 9 o'clock and then Anna goes to placement, like a lot of other young people. A situation arose where Anna and the worker were in a taxi and Anna was dropped off at placement. The worker, unfortunately, did not ensure that Anna went into the door of the placement, nor did the taxidriver. Unbeknown to me and others, there was no placement on that day. Anna stood outside for 6 hours, on a hot day, unable — because of her lack of self-help skills, which are at about a 3-year-old level — to access any water or any food. Those sorts of things should not ever happen. That was a pretty horrendous day and is a rotten example.

Ms OKAI — It is probably the gaps in responsibilities between, say, the accommodation provider and the day program provider, and sometimes where that responsibility finishes. For a person with a disability to be left out in the sun, standing in the one position for 6 hours, is just horrendous. And of course we went through the advocacy at the time with those individual organisations and were assured it would not happen in the future. But it should never have happened in the first place. Sometimes there are those gaps between responsibilities, which I think are important.

Ms CROPLEY — CRUs do not accommodate people during the day if there is a curriculum day at day placement. You have heard about those things. If there is a child or a young adult who is sick, staff cannot cover that, so in my case the child comes home, or whatever.

Ms OKAI — Yes. You cannot even chuck a sickie or have a mental health day. It is not going to happen.

Ms CROPLEY — There is not the funding.

Ms OKAI — It can lead to colds and flu being spread through the day program and people actually getting sicker because they are sent off to day programs when they really should be at home. On the retirement of people with disabilities, we know some initiatives are happening in this region in that regard, but it probably needs to happen faster. What happens when they do not want to go to day program any more? And then there are the gaps between the responsibilities.

Ms LABY — Just quickly, I know you have just had a presentation from a psych service in this region. I am very concerned about the overstretched psych system using SRSs, which I have already identified as being, I believe, inappropriate accommodation options for people. But because of the overstretched mental health system the SRSs are being used as part of case planning. People are being discharged from acute services straight to these very underresourced and unsophisticated support services, in my opinion.

Also I spoke to a couple of my clients recently. They are a couple who both have an intellectual disability, and the wife has a psych disability. She uses the respite system in this region which is run by the Department of Human Services. Respite costs \$48 a day, which is a lot of money for people who are on a pension. She tends to stay three days in a row, which really stretches these people's pension; and her husband does a really hard job as a carer.

With the Privacy Act the staff at the respite centre will not tell him anything. She had a fall, and they would not tell him that she had hurt herself while she was in their care, and they referred to the Privacy Act. He does not know what she is doing when she is in respite because of privacy; if she has attended a scheduled medical appointment they will not tell him, because of privacy, what has gone on in that medical appointment, or what recreational activities she has participated in while she has been in respite.

Ms OKAI — We want to just talk a little bit about the affordability; we have also mentioned that in the past. We have examples of \$2500 being spent on taxis per year when living in a CRU, and although this is not strictly about the accommodation, it is a lot from a person's pension. The house has a bus, for instance, but only uses it for leisure. Many individuals are not able to catch the local bus service due to their disability. In the SRSs they end up with \$20 spending money; people cannot even afford the 80 cent bus fare to Geelong from Queenscliff or from the Bellarine Peninsula. A lot of couch surfing does occur amongst people with a psychiatric disability. They stay with friends until they wear out their welcome, and we have noted that any increase in the pension then gets an accommodation fee increase, so it is not a great gain.

Although SRSs did receive an injection of funding for improvements, unfortunately sometimes well-intentioned funding has a way of not quite working out for the residents. I think that is where we need to be the watchdogs, if we can be. Glenda has a specific example about the lockers.

Ms LABY — For instance, the Department of Human Services recently allocated some money to the Supporting Accommodation for Vulnerable Victorians Initiative — or SAVVI funding, which you would be aware of — to improve viability and capacity to meet residents' needs at SRSs. In the SRS that I have been working in within this region, some locked cabinets were purchased for every resident of this service. But the staff, who do tend to be undertrained, decided the residents would lose their keys, so they were not provided with keys to those locked cabinets. For people who are living, as we have been saying, on \$20 a week spending money — which includes paying for shampoo, clothes and that sort of thing — if somebody has their packet of cigarettes stolen, it is absolutely devastating. So a well-intentioned initiative can be ruined by some sort of lack of thought.

Ms OKAI — Yes. I will speak just a little bit about that. The reason we are talking about SRSs is that people are in that accommodation when we really feel a lot of them should be in other supported accommodation. As we said before, we feel we need to be the watchdogs for these kinds of establishments and practices. We do not have the resources to carry out this work on an ongoing basis. While the community visitor is one resource that acts as a watchdog, unfortunately, it is only as good as the volunteers it attracts. I remember when the question of abuse arose at the establishment that Glenda talked about earlier we spoke to the community visitor, and she told me she was concerned that towels were being left on the floor. That was her main focus — that the place was untidy — when actually physical abuse was occurring, and to us that was obviously more important.

I suppose this is a bit of a plug for advocacy again, but we think that advocacy needs to be built into any initiative that comes in, so that people can develop their own self-assertiveness and advocacy skills. We have got an example of some case-based funding for young people in nursing homes that in the last few years has been a new initiative; what they did is incorporate some sort of case-based advocacy in that, in that the organisation is paid for so many hours if it practises advocacy with a particular client. It goes as part of the package, because a lot of people, when you say to them 'Would you like an advocate?', they do not even know what it is. They do not even

know what their rights are; they do not know how to assert those, so they often say 'No' or 'You can do it for me' to the worker. They do not quite understand what it is about. So if it is inherent, then we feel that we can make some progress for those people to then be more assertive in their next endeavour and become their own self-advocates. That is why we think it is really important, and it is working in this particular organisation we talk about.

We think across Victoria we need local organisations to be the watchdogs alongside a program of self-empowerment for individuals and their families. We probably have some other stuff, but we know we are short on time. We are happy to answer questions, and some of that might come out.

The CHAIR — Thank you.

Ms WOOLDRIDGE — I am happy to start. Thank you very much, and thank you particularly, Sharron, for sharing your story. One of the aspects of that, Sharron, is in terms of the transparency of the decision-making process for your daughter to get access to supported accommodation. We have to report on the appropriateness of the transparency. I would be interested to hear from you in relation to your experience of navigating that system in terms of what sort of information and what sort of input you felt you had, and time frames and that sort of context just in terms of being a parent trying to navigate that.

Ms CROPLEY — The time we frame was very lengthy, and I just got more and more worn down, and by the time a suitable placement was found my daughter was then in a clinical depression herself. As far as the transparency goes there is a degree of it, depending on your worker — very much depending on the Department of Human Services worker. We had a fairly good one, but she was somewhat hamstrung by systems and policies and protocols that did not seem to enhance our situation. The need is so great; it is such a head-banging exercise. And I learnt by having my picture in the paper that it moved mountains, which is a lousy thing to learn — that you have to yell and be the squeaky wheel constantly, and you are competing against other vulnerable and needy families. It is not a good position; it is very unenviable.

Ms WOOLDRIDGE — Did you have a sense of why you were selected? You said 1 versus 100; do have a sense of why you ended up at the top of the pile in that process?

Ms CROPLEY — I began to get more and more vocal, as I said, and I used the f-word at a DHS meeting and banged my head on the table in frustration. I thought that might have helped, even though I would have preferred not to get that desperate. Again, just constantly asking and battering, and I did do a little sit-in in their offices for a while with my three children, which was quite effective. Not good stuff.

Mr NOONAN — Can I also thank you for your courageous display in telling your story and also compliment you as an ex-worker for Berry Street; I think they do a terrific job in the state, still. I guess my question was in relation to the individual packages you referred to in the region and whether or not you could expand on, anecdotally I suspect at this point, whether or not you are aware of other people who might look at this as an opportunity to change their circumstances to their preference, because I think that 11 number is quite a significant move. Therefore in terms of looking at the adequacy of the number of beds, we certainly hear a lot about that, but to free up 11 beds— the question I suppose is: are others out there who would be looking at that situation, and is that a situation of their preference or the fact that they no longer like living in the arrangements they are in?

Ms LABY — That is a difficult question to answer; that would probably be something you would need to talk to the Department of Human Services in this region about. Just anecdotally, yes, I do believe that those people did want to live independently, and I think that tends to be people's preference, to live by themselves. I do not know if as a student you ever lived in a share house, but it is a difficult thing to do, live with other people, and these are not people

you get to choose. You do not get to interview the next person who is coming in; that is a decision that is made by the systems.

I had the impression— but again you would need to check that— that that 11 was going to be an exhaustive figure, that that would be the result of the review that would take until the end of this year or take 12 months, and that by the end of that year they were assuming that 11 people would be moving out and freeing up those positions, but I do not imagine that is something that will recur.

Ms OKAI — We do know of some people who have not gone into supported accommodation yet who would be quite interested in taking up individual packages if they could choose their providers and not be linked into specific providers, and that is what the packages enable them to do. I think there are people like that out there. I am thinking of people who use wheelchairs and some older people who may well need to move into accommodation. I am not sure if that answers your question, but anecdotally we believe that would be so.

Mr NOONAN — Just a very quick question, Sharron, in terms of your journey with Anna, from being a young person— I did not pick up Anna's age now.

Ms CROPLEY — She is now 29.

Mr NOONAN — Just in terms of the journey, the life journey, and in terms of the support that you have received with Anna perhaps as minor in terms of age as opposed to an adult, I wonder if you could distinguish the sorts of service or support between being a minor and an adult.

Ms CROPLEY — That is a really good question, because in early intervention it is pretty full-on. There is a lot more support; there is a lot more offered to you initially in the way of behaviour modification and placement. That was my experience. Anna got in; she was the youngest child in Victoria to go to full-time special school at three, because Irabina believes that the younger you get a child, the greater chance of good educational outcomes and behaviour modification et cetera.

Once she hit 18 the bucket of money with the Futures for Young Adults is actually given to myself to choose placements, and that is an interesting exercise. I chose two different placements, two days a week: Lawrence Street three days a week and Karingal, rather than just one placement, because I wanted to pick and choose for her the things that she likes doing. And I guess once a year we have a meeting with a general service plan, so it is a lot less than there was. And Anna was also for many years integrated into regular schools, so there was a lot of support there and that was fantastic. We did, again, fight for a full-time aide, and she got one; one fell off the back of a truck when I threatened to go on Ray Martin's show. I think I would not be here without advocacy. I have got to stress how vital that has been to my journey. To go to department meetings and have a Carol person with me means I am not alone.

Mr SCHEFFER — My question is for Glenda. It sounds like a game show, doesn't it?

Ms LABY — Do I get \$1 million?

Mr SCHEFFER — We will have to see if we can work a recommendation, Glenda! You were talking about the disability support register earlier, and I do not want to put words in your mouth, but I just want a clarification. I thought what you said was in general that was a good process, but it was too slow. Would that be fair? My follow-up was: if that was the case and you can qualify that, then what were the things that would need to be done to speed it up, given that I guess from your experience, Sharron, the kinds of decisions that families and people need to make sometimes need an appropriate amount of time but not too much time?

Ms LABY — I guess people need to know that the government is planning for the future. If, say, some parents are in their 50s, they need to know that there are plans to make sure their offspring is going to have a place before they, the parents, move into their 80s and 90s. There was a campaign many years ago where people with quite young children were putting their names on a list. It was called something else; I cannot remember what it was called before it was the disability support register. There was a campaign; a lot of people were putting their children on that list so that the government would get an idea of the numbers that were going to be needing supported accommodation in the future. Then there was an overhaul of that list, and I think it might have been to get some of those names off that list and maybe to clean it up again as well.

I think the register needs to serve two purposes and to be used for planning. The parents need to know that planning is occurring and that there will be real initiatives in the future for their offspring. It needs to be organised so that people are not getting to the point where one parent is dying and one has a chronic illness before their offspring are getting a place. What an appalling position to put people in!

I remember talking to a person who worked in a pharmacy and had a young child with a disability. She had as part of that campaign put her child on that list as needing accommodation in the future. One of her regular customers, an elderly man, came in and said, 'My offspring' — I think his child at that point was late 50s — 'has finally got a place'. She said, 'You and your wife must be so pleased'. He said, 'My wife died. That's when we got a place'. That just should not happen.

Ms OKAI — Also, with the process and with the register you often have to have a case manager through the department. I think that process regionally across Victoria could be fastened up, so to speak. To have to go through intake and get a case manager and all of that process often takes a long time.

There are a lot of people out there we come across with disabilities who do not realise they have to register with the Department of Human Services. There is a whole group out there who do not even know much about it, particularly if they have acquired a disability, if their disability has accelerated beyond what it might have been or if their parents have passed on — there is a whole range of things. You get a lot of people who do not even know the process, and it takes a lot longer. I think the Department of Human Services needs more workers in case management and intake.

Ms CROPLEY — Originally when Anna was younger you always had a case manager, and I think when she got to 13 you were given one only in crisis. Is that still the same?

Ms OKAI — Yes; it is actually worse with the new legislation, in my opinion.

The CHAIR — Could you elaborate on that?

Ms LABY — It is my personal opinion that this particular region is not correctly interpreting the legislation as it was intended. I have spoken to some other intake services in other regions who I believe are interpreting the legislation correctly. I believe what is wrong with the way legislation is being interpreted in this region is that they are interpreting it as meaning that only people with significant disabilities should be prioritised as needing support and that the limited resources should be given to people with significant disabilities rather than people with significant issues. There are a lot of people in Geelong with slighter disabilities who are not getting any support at all who have in the past been able to get case management when they have had particular issues that needed help.

The CHAIR — My last question is the same question I asked of the HOPS group before, and that is stepping back and trying to take a broad historical view about where things are moving and where they are shaping up to, reminding you that the Disability Act and the disability plans brought in individualised packages and the redevelopment and refurbishment of a lot of facilities which you alluded to in your presentation. How do you think it is shaping up? Is it moving in a

direction that is going to have more of the same, or do you think it has got some positive potentials? What is your general sense?

Ms CROPLEY — It has come a long way since the Year of the Disabled; it has got a long way to go. The Berry Street scenario would not happen today — we know that. That was 30 years ago. My journey took eight years. You are talking about someone who had to wait until his wife died.

Ms OKAI — I think there have been some improvements and there is some way to go, but I think certainly some of the new legislation will work in favour of people with disabilities. I mean, there were a couple of other things. There are no boarding houses in this region like there are in Melbourne. We are not saying that that is an ideal situation at all, but it gives people another choice on the margin. Perhaps some other models for supported accommodation, like lead tenants or a whole range of other models, could be engaged with, thinking a little bit more outside the square. I suppose we are concerned, too, about the future closure of Colanda, and that will need to be carefully planned and a provision will need to be inbuilt for advocacy and support for those individuals leaving Colanda if that comes about. That is in this region.

Another impact we think, too, is a lack of accessible transport, being in a rural and regional area. We are talking about just Geelong, but we have got huge areas out there and people getting in and out, so a way in the future of moving forward hand in hand with some of the other improvements would be to get that accessible transport up. We know there is legislation and it is by a certain date et cetera, but enacting that in practice sometimes takes some time. For instance, a local bus service now has a timetable available only on the internet of when the accessible buses are running, or you have to phone the company the day before to find out if the bus on your route is going to be accessible for you to get to work on that day. They do not program it. Yes, they have got some accessible buses running, but they are not programmed appropriately, so it could be any old one. Those things go hand in hand with people living in accommodation out in the sticks who need to be a part of this community. But we certainly think the change is occurring. It is never as fast as we would like — never — but it is occurring.

The CHAIR — One of you mentioned the extended family payments and fundraising platform. Could you elaborate on that? What are you looking at?

Ms CROPLEY — You know how we have the singing thing — this is quite peripheral, perhaps — called *Australian Idol*; why can we not have a fundraiser called *Australian Carer* and have all that money and all that support from the community? I do not want to be a hero, but I want to see people have choices and money. One of the things I often see, and it was our experience, is that we did not have extended family to support and give respite. Wouldn't it be wonderful to have aunts and uncles and a community who cared — who put their hands up and said, 'Yep, I'll be the step-in auntie'? It would be just so nice to not feel so isolated; I would love it. Yes, *Australian Idol* watch out!

Mr SCHEFFER — We will see if we can legislate for that.

Ms CROPLEY — That would be great.

Mr NOONAN — I notice you have some notes there; if you wanted to submit something to us, that would be really good. I must congratulate you for inserting *Australian Idol* into our inquiry. It was not expected, but very welcome, thank you.

Ms CROPLEY — I did not mention *Dancing with the Stars*.

Mr NOONAN — You have now.

Witnesses withdrew.