

**FAMILY AND COMMUNITY DEVELOPMENT COMMITTEE**

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

Geelong — 23 October 2008

Members

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Witnesses

Ms R. Malone, chief executive officer,  
Kate Dalton, resident, and her mother, Marianne,  
Ms Janeen Blackmore, resident, and her mother, Ms Judy Blackmore,  
Penny, resident, and  
other residents and carers, Gateways Support Services.

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**The CHAIR** — Can you please introduce yourself and anybody else giving evidence, and give a brief description of the organisation.

**Ms MALONE** — Good morning, everyone. My name is Rosemary Malone. I am the CEO of Gateways Support Services, and we are a local disability organisation. I will talk about us a bit more in a moment. I introduce Kate, who lives at Tate Street, and Kate's mum, Marianne; and Janeen who lives at Tate Street also and her mum Judy; and Adam who lives at our Lawrence Street house at Camperdown; and Penny who has gotten a little bit tired of waiting and is doing some walking around.

Given that we are talking about supported accommodation, we actually wanted some of our residents to be able to come because it is about their lives. Hopefully Kate and Marianne might tell you a little bit about their story as well, if they can. I will just introduce Penny who is now sitting down the back and has been very patient. Penny lives at Lawrence Street in Camperdown.

Thank you very much for your time. I suppose we wanted to talk about some of the good things and some of the difficulties that we see. For us disability supported accommodation is about a good life and a real home in the community. That fits with Gateways' mission. Our mission is to empower and support children and adults who have a disability and additional need and their families to maximise their quality of life, their potential and their positive relationships in the community. We are a community-based organisation. We have a community board of management and we were set up to address unmet need. We are based in Geelong but we have some services across the Barwon South Western region. We provide services to support families.

Penny might go for a walk. But today is about Penny and that is why it is important that she is here.

**The CHAIR** — That is okay. We could have issues with Hansard recording this.

**Ms MALONE** — Gateways provides services to families who are living in the community supporting children and adults with disabilities. We provide a range of disability services including respite and we run seven community residential units, six in Geelong and one in Camperdown.

In general the people we support have quite complex needs: 55 per cent of our residents have behavioural needs; 30 per cent have autism; 30 per cent have complex physical needs; and 50 per cent have complex medical needs. The people that we are supporting usually really cannot live independently in the community, and the demands for families caring in that role are very extensive. We support the state disability plan; we support the Disability Act, with a couple of reservations, and the directions it is providing to actually safeguard the rights and to improve the quality of life for people with a disability to have a full role in our community.

In terms of our services, if you want to have a look through the booklet, Bilston Court is a group accommodation for five residents; Denman Street is group accommodation for five adults with disabilities; Lawrence Street in Camperdown is for five residents with severe disabilities and autism; McNeill Court, again, is group accommodation for people with complex needs; and Tate Street is group accommodation for six residents; Torquay Road is group accommodation for five adults; and Titian Court is a temporary facility, which we will move to a permanent facility in 2009.

You talked earlier today about quality service provision, and I suppose for us quality is really assisting people with a disability to actually live the life they want to live. We respect and actively support our residents to make decisions and to promote their quality of life. We encourage them to continue to develop their skills and confidence. I think it is really important, because we work with people with severe disabilities, that they continue to learn and develop; and it is really important that they have opportunities to do that.

We support our residents to work, to volunteer and to contribute to their communities, so they are not just people who receive; they are actually people who give as well. We also support them to participate in all aspects of community life. If you come from Melbourne, you may not have realised how excited we got about a year ago when Geelong won their first grand final since 1963. Our residents were out in the streets celebrating with everybody else, because that is being part of our community.

I talked a bit about the service model and the aims of the service, but we actually are providing a home for people, so it is very important that we have the right physical environment. We need the right environment to actually care for people's physical disabilities. We also need the right kind of design to care for people with complex behavioural needs; and we need to provide a safe working environment for our staff.

Five of our current services are in very suitable facilities. One of them, which is temporary, is in the process of being replaced, and we are excited to actually have a purpose-built facility. So we have one service which is currently not really adequate for the people that we support. It is about the service model and the quality of care, but it is also about having the right kind of physical environment.

Even when you actually have the purpose-built house, that does not make it a home. Here in the booklet I have referred to some research recently done by Alan Robinson, Patsie Frawley and Christine Bigby, who looked at when a house is a home. I suppose what they talked about was that it is not just a building where people live, but a place that actually reflects their personalities and their interests, with the decor actually set up for them — like you have at your homes. We probably have very different homes that reflect our interests and our personalities, and where people live actually needs to reflect the things that are important to them.

If you go to Tate Street today you will see that we have some fantastic artwork done by Janeen and other residents, and we actually have a dog, which the residents made a decision about. They have to be involved in organising it. And I suppose in terms of the decor and how life is organised, it is about really the choices the residents make; it is about their life.

I might just hand over to Kate and Marianne for a minute to tell their story, and then I might tell some stories about people who have not yet had access to supported accommodation.

**MARIANNE** — Kate, would you like to talk?

**KATE** — Hello. I cannot remember all of my old house; I have forgotten things, but I do remember some things. I was not allowed to talk to staff when they went outside to have a coffee. There was no-one to talk to in the house. The others were not able to talk.

I did not have a key to my room. I had to ask a staff person to let me in all the time. I had to go to the staff every time I wanted to get out of my house, because the door was locked all the time. I was not allowed to use the TV. I had to ask staff to use it when I wanted to watch it. I was not allowed to use the telephone because staff might need it. There was no fun. I was bored a lot. There was nothing to do on the weekends. I am very happy in the new house. Staff help a lot. It is good to be able to talk to people. Everyone is happy there.

**MARIANNE** — Thanks, Kate.

**Ms MALONE** — Marianne, did you want to add anything — just perhaps a bit of background about where Kate has lived?

**MARIANNE** — Yes. Thank you very much for the opportunity to speak. I guess the first thing I would like to say is that I actually think the title of the inquiry is inadequate. We have had huge problems because there is disability or mental illness; when you have both you fall between the cracks. We have actually had a situation where the two departments were at loggerheads about

who was responsible for Kate, and that has been a nightmare. That was my first point; I just really think the title of the inquiry should say 'and/or', not 'or'.

To give a little bit of background, Kate is 29. She suffers from intractable epilepsy, which has resulted in a brain injury and some psychiatric difficulties. So her needs are complex. When I say 'intractable epilepsy', Kate lived at home with us for 22 years, and I am talking 30 seizures a day — it was an enormous load; we did not have time to do anything else, just survive basically. When she was 21 she was offered a Vagal nerve stimulator, which started to improve the number of seizures considerably, and after two years it was obvious that there was a huge improvement.

I got her a position in a rehabilitation centre run by mental health. She was to be placed there for 12 months. She made huge gains with their occupational therapy and she had the support of all the staff in the day programs. She lived there for three years, and finally they turfed her out because no place was available for Kate to live. She actually used up someone else's rehab spot for two years. The disability services department would not pick her up. It just had this ongoing view — it was a nightmare.

Finally the mental health people made some move, but I will talk about that a little bit later. My husband was unable to get away from work to be here today. He has just written a little bit that he wanted to say. Under 'general response', he wanted to say — and I could not disagree with him:

In our experience there are not positives in the current approach to the provision of supported accommodation. It's crisis driven, mismanaged, mean-spirited and belittling and humiliating for all concerned. It runs on deceptions and manipulations. It causes mistrust, anger and antagonism and enormous anxiety and fear in disabled people and their carers. And it also demoralises and hardens departmental staff.

Issues of planning, adequacy, suitability, provision of information, assistance in decision making, etc. are irrelevant when the end result for year after year after year is that there is no appropriate accommodation available.

It makes a nonsense of all the other things.

We had so many meetings where really they were just telling us that there was nothing there — they would just have a meeting to try to tide you over a bit. But I feel so sorry for the departmental staff: they have to try to make something out of nothing.

Our own experience with dual disability issues was now mental health and three years in rehab, and then they finally removed Kate from their accommodation, claiming to us that disability services were refusing to take responsibility for her and were in breach in of the memorandum of understanding between them. That is all very well, but I do not know what we were supposed to do about it.

They booked Kate into an entirely inappropriate hostel without contacting us — Kate knew nothing about it, and neither did we. She was just booked into somewhere, where old alcoholics and God-knows-what lived, which was not appropriate for her. Staff in either system, mental health or disability — not all staff, but a lot of them — are unfamiliar with best practice in the other system; and also some staff were quite resentful that they were asked to look after someone outside their expertise. It is a huge problem, this mental health and disability. If the person has both issues, then who looks after them adequately?

Designers of houses, even quite recently built ones, cater primarily for people in wheelchairs, but not for people with other disabilities like epilepsy. Bars in bathrooms are something to fall on and hit: they are dangerous. They can be recessed and suit people with epilepsy and people in wheelchairs, but it is not being done.

Another thing which came up to me was that the director of DHS is responsible for both mental health and disability services. But the two departments have such a completely different approach to legal issues that I do not understand how the same person can be directing both of them. In our experience, disability services — in their quest to satisfy lawyers' advice — tends to lose sight of

a person's need to live a life, whereas mental health does not have that attitude at all. That is awful — when you go from one to the other, suddenly you are not allowed to walk down the street because you might have a seizure. Anyway, we all have a seizure probably, but anyway!

Initially, then, when disability services finally did pick Kate up — in response to a cardiologist saying that a member of our family just could not continue in this role any longer — the finding that was offered to Kate initially was to support her in a place of her own. The department was then unable to say how many hours of support each week would be offered. So we were not really able to consider the offer. I mean, how can you decide about something you do not know the details of? That is just ridiculous. But that is the sort of position you are put in as a parent: it is impossible.

Then there are all those intimidating meetings, where there are Michael, Kate and I, and up to sometimes six, even eight on one occasion, departmental workers. It is because they have to tell you there is nothing, so they bring an army with them — because they do not like to do it either.

The next thing — and this was the first offer that was made to us after we rejected the funding package for Kate to live in her own place — a caravan park was suggested. Then someone said, 'Could you find someone who would be happy to have Kate in a bungalow in their backyard?'. When we queried the manager of this unit about that, the answer was that staff are told to give all options. It does not matter if it is an appropriate option or an adequate option. To me, talking about caravan parks is just a waste of time. But it puts you on the back foot. You are starting to think, 'What is this?' — anyway, it was awful.

The next thing was aged care, and again they would say, 'No, it's not aged care. Someone lives there; they are 30', and we would go and look at it and there would be one 30-year-old and everyone else was over 70. That is just tricky. I do not understand why DHS workers are put in the position where they have to be tricking their clients; I just think it is horrible.

Anyway, we required ministerial assistance to keep Kate out of aged care, which luckily we did. After that there were serial ad hoc temporary placements, some of them good, some of them not so good; Karingal's was excellent. Then we got a letter from the regional director with whom we had already had a meeting about all this because it was going on and on. We got a letter recommending a placement and we thought, 'If she is recommending it, it must be good'.

We were so naive. It was a locked, medical and understaffed community residential unit run by DHS. The staff were continually feeding, bathing and toileting residents and there were ongoing behaviour problems from another unhappy resident, which scared Kate, and she also felt isolated and miserable with no-one to talk to and nothing much to do. Her mental health then deteriorated — it had been quite stable for a long time — and it looked like becoming chronic, so the use of mental health services went up enormously.

Apart from the anguish of all this, and while all that was going on, Kate actually lived with us for about a third of the time. I could not leave her there; I just could not. Our continual complaints that this placement was inappropriate and damaging for our daughter were met with the reply that nothing else was available. Fortunately, eventually, a good home did become available after years of never giving up on complaining. Is this how it should be? I do not like to complain. I have had to complain for years. I do not know how we have found the energy sometimes, but we just keep going because you have got someone you absolutely cannot bear to see in the situation they are in, so that is how you get your energy, but it is not fun, I can tell you.

Under 'Recommendations' we just put that there needs to be many more housing options of different sorts available for people with disabilities. There is an urgent need for the issue of people with multiple complex needs falling between the different departments' narrow perspectives being addressed. I, myself, feel disabled people would benefit from less bureaucracy and more disability workers, and also less pamphlets. There are pamphlets about everything, and if you read them,

you think life is wonderful, but actually then you discover it does not exist. That is pretty demoralising when you are desperate, exhausted and tired. I actually think spending on quality-of-life issues for disabled people leads to happier people and savings in spending on mental health and behaviour intervention.

I might just say that, for instance, I do not think any of us could tolerate having to book a car on a roster not with people around in our neighbourhood but with one over there, one over there and one over there. You cannot ever do anything spontaneously. Community residential units experience that on a daily basis. They do not even have a vehicle per house. It is pretty hard to get people out. You have got to plan it all in advance. I am glad they can get out some of the time, but these are people who cannot get around easily on their own, a lot of them. Anyway, that is just one thing; there are lots of things.

I think there needs to be a balance between the disability services legal requirements and quality-of-life issues, because that is crucial to a successful housing placement. It is no good just providing the shelter of a house and food and cleaning. People have to live, and if that is not happening, then it is cruel, and they have got enough to deal with. This is what has been so good about Gateways. Gateways has a huge emphasis on a person's strengths, and the staff are focused on the strengths and the staff are focused on the potential. It makes a huge difference. It has made an enormous difference in our situation.

Accommodation should be really close to public transport, community sporting facilities and shops. Some of the houses are so far out you cannot get to do anything much because they are a long way from anywhere. That is pretty tough, too, for people who do not have a car and cannot jump on a train.

Thank you very much for the opportunity to speak.

**The CHAIR** — Thank you very much.

**Ms MALONE** — Can I ask Janeen to speak? Janeen lives at Tate Street as well. Janeen, would you like to come up and read what you have written? Just sit here and read what you have got.

**Ms Janeen BLACKMORE** —

My name is Janeen Blackmore, and I live at 25- 27 Tate Street, East Geelong, in the Gateways residential unit. I like living at Tate Street because staff help me in everyday life. Staff take me to the meetings for the Having a Say conference, where I am on a committee. Staff help me to clean my room and support the Geelong Football Club — go Cats! I have lived at Tate Street for six years, and I do not want to live anywhere else. I give my staff 100 out of 100 for cooking my tea. Love, Janeen.

**Ms MALONE** — I want to talk about unmet need briefly, but do we have time for Judy to add her comments, as Janeen's mum?

**Ms Judy BLACKMORE** — It is a very brief comment.

**The CHAIR** — Yes, briefly; sure.

**Ms Judy BLACKMORE** — Mine is quite a positive comment, which I do not imagine there are too many of. Janeen was cared for by us at home for the first 31 years of her life. Understandably her requirements did affect our lives, to the extent of my husband's career, as he worked for an international company, and in addition there was always the uncertainty of the future with a disabled family member. So when, six years ago, an offer came for her to move into a DHS-funded Gateways-run supported house, we felt we had to accept it for her future. It was very traumatic for Janeen and therefore for us as well to move from that certainty and routine at home, which she felt had just vanished for a while.

I can just imagine what it must be like for many when they experience the trauma of changing carers and moving into new accommodation, all at one time, when they lose that parent or those parents.

Janeen is now very happy living in her supportive and caring environment at Gateways Tate Street house, and she feels comfortable, secure and at home. Amazingly these days she balances and accepts two homes, because she is happy to come and see us and happy to go back home to Tate Street.

We feel it is just so important for people with disabilities, like Janeen and many others, that they have as much continuity and consistency as is possible in their day-to-day care, and the ongoing management of Gateways has been generally able to achieve this. The carers have to be congratulated for their wonderful efforts. They are all always striving to improve the quality of life of their clients, and Janeen adores them. We feel so comfortable in that situation.

I have just got to say about shared supported accommodation for people like this that it is just so important that it be available. We are just so aware of how lucky we are, and there is such a mass of unmet demand for similar accommodation. There are so many disabled people and carers in the community whose lives would be dramatically improved if they had access to this type of accommodation and the security of knowing that it was there. Thank you for listening to me.

**Ms MALONE** — I will briefly follow up on what Daryl said. I agree with all the comments Karingal made. In relation to fulfilling unmet need and a user-friendly service system with improved and easier access and with greater transparency of decision making, the Auditor-General's report clearly identified the great amount of unmet need. We think there are four groups who need targeted support: one is ageing carers of people with a disability; and another is families exhausted by caring for an adolescent or young person with complex behavioural needs, and as an agency that is a particular group that we work with a lot. We see what it is like for families on a day-to-day basis. We have a significant number of clients with autism.

We also see families caring for people with complex physical needs, and the daily physical care is exhausting and wears out the bodies of their parents, but also wears out the relationships in terms of families actually surviving intact. Lastly, there is a group that I do not think has been mentioned at all: families caring for an adolescent or young person with Asperger's syndrome, which is autism without an intellectual disability. These people are totally locked out; they are not eligible for disability services. Some of these high-needs people have all the same problems around behaviour and coping in the world, and the impact on their families, but they do not fit anywhere. They are absolutely invisible; it is serious, and they really fall between the cracks at the moment. I am not sure what is going to happen to that group.

I will briefly go through three stories. Case one is Kerrie, who is a single mother with an 18-year-old autistic son who has threatened his two younger sisters with a knife. The two younger sisters have major psychiatric symptoms and depression, and they are suicidal. These are Kerrie's comments:

When parents have done everything they can for their child and then it goes 'pear shaped' — you have gone past the point of no return. You need something real!

How bad does it have to be? The scary part is when you are in a crisis situation and they want to know if you have exhausted all options.

It is a sad indictment of the situation when you have to abandon your child to get anybody to listen or do anything. Why do we have to grovel and be hysterical? It is very frustrating.

Some options suggested by DHS are just not practical. Why, when the government has figures on the numbers of people who have a disability, can it not be looked at logically?

Kerrie is a single parent who cannot work full time. She is reliant on government support, but then she is pressured by Centrelink to actually go out and get a job.

The second case is June. She is a 63-year-old single parent with health problems, who cares for her son with an intellectual disability as well as being the advocate for her brother with an ABI who lives in regional care in another city. She has recently taken her son off the DSR because she has felt so overwhelmed by the paperwork and is worried that her son would be placed a long distance from her home. This is what June wrote:

The bottom line is all carers have the right to know and want true and honest expectations that their family members will be settled in appropriate accommodation with necessary supports. We are all getting older and we constantly worry about the future of our loved ones. We are passionate about our loved ones and want and need assurance and peace of mind. Carers need to know we are progressing somewhere in the housing issue. These are real social issues — social and geographic isolation that is ignored by government departments.

Our family members want and need independent, safe, secure, decent accommodation with necessary supports in relation to their disability in their own area. I took my son off the DSR ... because I was frightened he might be moved far away.

We're all too tired to keep on fighting and have our voices heard. This week is Carers Week, and there are 2.5 million of us saving the government heaps of money.

I am sick of hearing about everything subject to financial constraints. People need to get the message that we are 'living it' with real financial constraints.

There is too much paperwork with all the bureaucracies. It is necessary up to a point but it becomes overwhelming. The language needs to be easier, with simple precise terms which are better understood by all. I want no more meaningless chatter. Help is needed by carers to complete paperwork. We need our own case manager to help with the paperwork, decision making and understanding the system — not just in short bursts. We need continuity of care.

We need people to take time to really listen. We need real discussion and problem solving with all players getting together and working together. We definitely need more respite houses.

We need streamlined assistance. I've always said there should be a one stop shop for all government departments — DHS disability, employment agencies, Centrelink, and commonwealth health and aged care.

And her request was, 'Please listen. We need practical solutions'.

I would just like to share one more story. John lives in country Victoria between here and the border. He has been the sole carer for his severely autistic 19-year-old son and three other children since his wife died seven years ago. He loves his son and has desperately worked for the past three years to find him a place in supported accommodation. He said:

I feel trapped on the edge of an abyss with little prospect of a positive outcome.

The reserves of energy and sanity that I have are slowly being run down. The one thing that until now has kept some light at the end of the tunnel — the hope that my son will at some point be able to move into a permanent situation that gives his life some dignity and purpose and allows me and his siblings to regain some of our lives — is a fast-receding possibility.

The plan seems to be that my son and I are locked in some mutually destructive embrace until one of us dies.

The collateral damage to his brothers and sister who are also locked in is hard for me to quantify, but I know that they have missed out on my time and energy and most of the 'normal' things that families do. It's hard to organise anything — an outing, a trip to the cinema let alone a holiday when the first hurdle of what to do with my son is almost insurmountable.

The smell, the noise, the crazy things like doors that lock you in the house not people out, the constant workload, the need to be aware of him 24 hours a day are hard, but it's the lack of freedom that is the worst.

The thought that at some point I might be able to give my other children some time and attention seems to be a vanishing hope. The thought that I might at some point have some time to regain a bit of my own life seems to have completely vanished.

The platitudes that are mouthed about the need for carers to look after themselves are just another bitter joke. The last time I took time out for myself was in 2001.

The current situation is almost unsustainable. The future is absolutely unsustainable. My son leaves school next year, and the logistics of getting him back and forward to the day placements will effectively mean I cannot continue working — and work is the one thing that has until now kept me a little bit sane.

My second son is about to commence VCE, my daughter is entering her early teenage years and my youngest son, who is also intellectually disabled, is at a stage where he can either progress and make something of his life or regress and lose his potential. My oldest son absorbs my time and energy and the others miss out.

As I'm pushed closer and closer to the edge of that abyss I'm left with two choices — carry on in a fight I know that I can't win, just putting off the inevitable for as long as possible and watching all of my children suffer, or I can take the harder course and tear out a part of my soul by leaving my son behind at respite one day so that my other three children can have some sort of a life.

In summary, we support what Karingal said. We support the NDS position. The extent of unmet need is the highest priority. Ageing carers need to be looked at but also carers of young people with complex needs. We believe that the DSR process is not user-friendly and it adds to the stress and exhaustion experienced by families. We support the development of a long-term plan for supported accommodation; the development of genuine person-centred and family-centred approaches; an increase in the number and range of service models; and the transfer of supported accommodation to the non-government sector to promote best value for public money. Thank you very much.

**The CHAIR** — Thank you.

**Mr NOONAN** — Thank you all for your submissions and presentations, particularly Janeen and Kate and their mums. I know you have made a joint submission with Karingal. I was interested in the issue of the part-time shared accommodation. I think the quote was 'Part-time shared accommodation should be considered as a model for future consideration'.

**Ms MALONE** — I think it is about trying to have a continuum of options and to maintain people being with their families but actually recognising just how exhausting it is. I would support that option as something between respite, which is a weekend a month — maybe it is a fortnight at home and a fortnight in accommodation — and having as many options as possible to maintain people with their families but also to acknowledge the need for a balance in life for everyone. There needs to be quality of life for the person with a disability and for their siblings and their parents if that family is going to survive.

**Mr NOONAN** — The other area I am keen to explore, perhaps with the parents, is this co-contribution arrangement which was alluded to in the last submission — I do not know if you were in the room — in terms of opening up more opportunities where individuals, particularly perhaps ageing parents who want support for dependants, might have the means but the current system does not allow it. That could be available to parents to potentially have a fast-tracking arrangement — I probably have not expressed that well — to cut through some of the experiences that you have talked about.

**Ms BLACKMORE** — Certainly that is an option that I feel should be available. It is something we had looked into while Janeen was still living at home with us. We were told it was just not possible to consider anything ourselves to set her up in any sort of care.

**Mr NOONAN** — You are welcome to come to the table too.

**MARIANNE** — When we were in that limbo when the two departments were both not wanting responsibility, we actually spoke to the CEO of an organisation. Michael and I were in the situation where we would not have had a lot of cash flow but we have assets, and when we die obviously those assets will go to our children. I was wanting to ask them if we could consider building something now. I think the disability housing trust had been announced for the first time

before the official launch. It was talked about for a long time. I do not know whether there is money yet.

I was wondering why there could not be some system of government money to build initially but then when we die and that money comes through it could go towards the cost of the house. That would have been a beautiful situation for us if we could have purpose-built something and eventually when we die our estate could go to pay for it, because we did not have a huge amount of money in the first place. But that did not seem to be an option.

**Mr NOONAN** — Thank you.

**MARIANNE** — Another thing we tried with DHS was to see whether we could not get them to contact parents of people with similar conditions to see if we could share something together rather than being solely responsible, because that we might have managed. But it would not facilitate that. The department quoted privacy regulations. I was asking it to contact people and then, if they were interested, for them to contact us. I could not see what the problem with privacy was, but the department would not do it.

**Mr NOONAN** — Thank you. You can stay at the table if you wish.

**Ms WOOLDRIDGE** — Thank you very much everyone. Rosemary, I am interested in understanding from your perspective as a provider — and you mentioned the issue earlier, as did Karingal — what challenges are placed for you as an NGO through having DHS alongside as a provider as well as a regulator? Also we heard earlier about the differentials in funding — \$68 000 a year for NGOs and \$92 000 for DHS providers. What implications are there for you in the differentials in funding?

**Ms MALONE** — I think it is a very complex environment when the department is the planner, the regulator, a service provider and a funder. The complexity of relationships in all of that is very, very complex, and I do not think that is ideal. I just think it makes it very difficult for everybody. In terms of the differential in the cost pay rates are an issue, and in an environment where we have had very low unemployment it has become increasingly difficult to try to attract staff. We work very hard to be a friendly community organisation that actually values its staff, so I suppose we try to find other ways to make ourselves an attractive employer, because we cannot compete when the pay rates are significantly higher.

In terms of the quality of care, we have one set of quality standards. We are all registered disability providers under the new legislation so we all have to meet the same standards, even though we get less funding. I think non-government organisations provide great value for money and good-quality services. We are responsive. We are actually governed by a community board, so we have people using services making sure that we stay on track. I think that direct link is really important. When you look at that differential in cost, we would solve some of our problems if that money could go into additional services. But I think it is very complex when you have DHS playing so many roles in the system.

**Ms WOOLDRIDGE** — As a follow-up question, do you find you lose staff to DHS services because of the differential in pay rates?

**Ms MALONE** — I think it is not that we lose them, it is about who we attract. It is about recruitment in the first place. We do lose some, but in general if people come to work with us, if we can actually attract them, then we might be able to keep them because they like the organisation and the fact that it is smaller and more personal and those kinds of things. But I think it is about competing to recruit in the first place.

**Mr SCHEFFER** — Just to follow up on that, the remark has been made a few times this morning about the complexity of the overlapping roles the government has, which I am frankly quite puzzled by, because it would seem to me that government plays that role in many, many

areas — in education provision, health provision, police and a whole range of areas of service it has provided — so it does not seem to me that it is a very surprising thing. Could you just unpack for us exactly where the problem lies? My understanding is that one section of DHS would do the regulation and the policy development and other sections would do the provision.

**Ms MALONE** — At a regional level there is one manager who is actually responsible for the funding of external services and the funding of internal services. So resources are always limited, and in terms of prioritising, a lot of those discussions are held internally.

There is not always consultation about priorities for funding. So in terms of who is consulted about the priorities, you will be consulted if you are within the department and you will not be consulted if you are outside the department. I think it is about access to providing input, and I suppose it is just that we are outside those processes. And there are limited resources. People have to decide who is and who is not going to get funding. In terms of who is setting the priorities, I think that is a very complex situation to be in. All of disability services — internal and external — is under the one manager. There is no separation.

**The CHAIR** — We will wind up here. Thank you very much for all your presentations and for organising the afternoon site visit. We can raise a few more questions while we are visiting your site.

**Ms MALONE** — That would be great. You will be visiting Tate Street.

**Ms BLACKMORE** — Fantastic!

**Ms MALONE** — And we still have other services as well.

**The CHAIR** — Thank you very much.

**Witnesses withdrew.**