

FAMILY AND COMMUNITY DEVELOPMENT COMMITTEE

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

Melbourne — 30 April 2009

Members

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Witnesses

Ms L. Kokocinski, chief executive officer (affirmed),

Ms E. Ignys, advocacy manager (affirmed), and

Ms W. Chau, direct client services manager (affirmed), Action on Disability within Ethnic Communities.

The DEPUTY CHAIR — I would like to welcome everybody here today. I declare open this public hearing of the Family and Community Development Committee's inquiry into the provision of supported accommodation for Victorians with a disability or mental illness. The committee is looking into issues such as the standard, range and adequacy of care and accommodation currently available; the appropriateness of the current service providers; how unmet need is managed in Victoria; accessibility and appropriateness of accommodation for rural communities, ethnically diverse communities and indigenous Victorians; and the impact of the current service provisions on families and carers.

This committee is an all-party investigatory committee of the Victorian Parliament and is due to report to Parliament by 30 June next year, after which the government has up to six months to reply to the committee's report and recommendations. All evidence taken at these hearings is protected by parliamentary privilege as provided by the Constitution Act 1975 and further subject to the provisions of the Parliamentary Committees Act 2003, the Defamation Act 2005 and, where applicable, the provisions of reciprocal legislation in other Australian states and territories. Any comments a witness makes outside the hearing may not be afforded such privilege. We are recording the evidence and will provide a proof version of the transcript to each witness at the earliest opportunity.

I now ask witnesses to make a verbal submission, after which the committee will ask questions. I welcome Licia Kokocinski, the chief executive officer of Action on Disability within Ethnic Communities; Elizabeth Ignys, the advocacy manager; and Wesa Chau, direct client services manager.

Ms KOKOCINSKI — Firstly, I thank the committee for inviting ADEC to again come and give a presentation. We had an informal discussion at the beginning of your inquiry. We did not formally submit while you were having public hearings earlier, but we did actually organise for some of our clients to give formal evidence before the committee, and I thank you for that opportunity on their behalf. I also understand that later in the morning you will be talking to the Director of the Victorian Transcultural Psychiatry Unit, and I think that is highly appropriate given that we both have an interest in this matter. Again, thank you very much for taking the time to talk to us and for the invitation.

A lot of this will be reiterating what I said at the informal presentation in front of the committee several months ago. Many of the issues that multicultural communities face are actually very similar, in fact identical, to the situations facing people generally in the community — families and people with a disability. However, we find that they are magnified greatly because of the fact that there are language issues, and that their culture, language and religion is not of what you would call the general Australian population.

I will go through the issues one by one and number them. The first issue that we deal with at ADEC is the shortage of supported accommodation. It is not only a shortage generally across the board but also a shortage of places that are really suitable and appropriate for people from different cultural backgrounds.

The second issue that we deal with is the cultural approaches. On the one hand, while we talk about including people from ethnic communities in the general population and we work very hard with families on creating an understanding of what happens out there in the mainstream world, and in fact we spend a lot of time building bridges between multicultural communities and mainstream service providers, what we find — from our experiences and both of my colleagues will give you some case studies soon — is that the cultural approaches of many of the accommodation services are really not appropriate. In fact many organisations do not provide a diversity of approaches.

I am not blaming the service providers at all, because they are pressured and they are stressed and they have got people with high-support needs all demanding their attention. So I am not for one minute trying to cast aspersions on their skills. However, I think we would suggest very strongly that service providers really need to be embracing working with ethnic communities as a matter of normal course of business, rather than as something you add on when you might have someone as a client from a different ethnic background coming to your service. There are religious issues especially due to food. We have found from our experiences by carers having brought to the attention of providers that there are issues about food, and

yet because of all sorts of reasons these issues are not taken up and then the family ends up at ADEC to seek advocacy on the family's behalf.

Many of our clients and many people from ethnic communities are fearful of complaining, or of being seen to be criticising service providers, because whatever scant support services they receive, they are fearful that they will be removed. That would be an issue that is widespread amongst ethnic communities. While we work very hard to try to create a culture within the communities of self-advocating and stating their case, we find that there is a real genuine concern about repercussions if families are seen to be complaining.

The other issue we also find is that relates to the gender of support workers within accommodation centres. I appreciate that these are difficult issues to resolve, but I wonder whether there might be some kind of a process within accommodation providers, whether they be respite or permanent, that they actually need to be developing some cultural action strategies within the organisation about how you work with people with particular needs. If we really are talking, at an organisational level and at a system-wide level, about having person-centred approaches, which is the current orthodoxy now in disability services, then this also needs to apply to accommodation centres and respite providers.

I would submit that one of the issues that are magnified for families from ethnic backgrounds is that by and large there are no extended family supports — and I know this from my experience and that of my colleagues as well, because neither of us were actually born here; our families came here. The family supports are across-the-miles, across the seas, thousands of kilometres away, and so you need to put yourself in the situation of a family that requires some support and yet is unable to receive it from the extended family because the family is not there. Supporting a person in an accommodation centre when the family is not there is really quite a traumatic situation.

This brings up the issue of respite and also permanent care for families who need to go overseas. We have some cases where families are very reluctant to use accommodation. Say the family member has to go overseas. A member of the family is dying or is gravely ill and the Australian leg of the family needs somebody to go overseas, maybe to say their last goodbyes; there are all sorts of reasons. Then what we find is that accommodation for the person who requires it is not available at the time the family needs it. Also there is this whole issue of when it is available and is it appropriate, and that is always the issue that we have to face.

There is a question of data, and from our knowledge — and I know the research is pretty damning — the percentage of people from ethnic communities, from ethnic backgrounds, who use disability services, including accommodation and respite, is actually very low. I know that the department is trying to rectify this and its data collection is getting better, but I would like to say that the data collection is not very transparent.

There is also the issue about how often data collection is made. There is also a question about the seriousness that DHS takes in making all organisations multiculturally and culturally appropriate. The department has, for many years, had a policy of making all disability support providers, whether they be residential or support services, culturally appropriate. From our perspective this policy direction has died; the implementation of the policy has died a very slow and painful death and not much is really happening. I do not know how the department is going to redress what I think is 5 per cent of disability support users coming from ethnic backgrounds — and this was in 2002. I know that the government made a stated commitment that it was going to turn that around by the end of the 10-year plan in 2012. I do not really think it is getting very far.

There are two other issues that I want to raise quickly. There is the issue of community visitors. From our experience and from the knowledge we gain from our carers, community visitors find it difficult to advocate and actually report issues of breaches of human rights. Not only that, there is too much dialogue that goes on between community visitors and staff, and situations that come to the attention of community visitors become totally watered down.

There is another issue which is very, very central to ethnic communities, and that is ageing carers. Because of the reluctance to use accommodation, society is facing a time bomb, and I really cannot put it any more seriously than that. The carers who came out — the people, the migrants who came out — in the 1950s and 1960s are now in their 80s. They are becoming very frail themselves and require support, and many of them are now caring for older disabled people with disability and high-dependency needs.

I do not know what the government is going to do about it, and I am not getting much joy. I know that we got some money to run some programs for ageing carers but that has been watered down because of the COAG arrangements and the transfer to the state government. The only reason that ADEC actually managed to get our service running was because, to be quite blunt, I made myself thoroughly unpopular and rattled the cages with the Director of Disability Services Division. I have a lot of respect and a lot of admiration for Mr. Arthur Rogers, but it was the only way that I actually managed to get our service running. The issue for our ageing carers is very grave. They are old, becoming frail, needing accommodation services themselves, and they are still battling on and caring for their person with a disability. Please do not think the family is going to take up the cudgels when they pass away, because that does not happen. I will now hand over to my colleagues — first of all, Elizabeth, who will talk about some of the situations that she has to deal with as an advocate.

Ms IGNYS — The findings are based on my own experiences as an advocate and those of other Individual Advocates at ADEC over a number of years. I would like to reinforce the message that many ageing carers from non-English-speaking backgrounds are not known to this system because they have never sought support. We sometimes find carers who have been caring for their children for 20 to 30 years and not being even aware of simple benefits like the carers allowance. You can appreciate the inability to tap into the system if you do not know about it. The navigation of the processes is also quite a big problem for someone who does not know the welfare field and does not speak the language.

People quite often do not participate in decision making because of, again, the lack of knowledge of existing support systems and the inability to express their views. Families from non-English-speaking backgrounds are less likely to complain about a service or demand services or changes to services due to, as we have mentioned, language difficulties and also the political context of the country of origin and the cultural views on complaining. In some cultures you just do not complain about the services; you accept them as they are. Or, if you come from the oppressive regimes, you will be fearful of taking up any issues and complaining about anything that is given to you.

Some of the above also happens because of shame and guilt of having to put someone into supported accommodation, or fear of being ostracised by one's own community. It is assumed that it is your duty to look after your own and 'you do not put them away' Also many carers see supported accommodation as charity and not as their right. Sometimes my clients report to me that they feel as they are being ungrateful, or that they should be grateful for what they are already receiving because in their country of origin they would not have even one quarter of the service supports they have in Australia.

The DEPUTY CHAIR — Can I just stop you for a moment. I am mindful of the time and what you are giving us is really important information. Are you able to hand that to the committee, because we would like to ask you some questions?

Ms IGNYS — I will have to write it up and email short summaries of all the points.

There is a problem with the ownership of supported accommodation. Quite often staff members see it as, first and foremost, their place of employment rather than the home of the residents. So at times even the visiting hours are dictated by the staff rather than having the house open as home to those who would like to visit or for the families to visit.

Also residents spend a significant proportion of the time unoccupied or disengaged. There is tokenistic involvement of residents in day-to-day household activities. That is another problem.

There are difficulties in securing case management for residents in supported accommodation. Case management is still a case closure driven system. Constant struggle is to have staff complete

communication books. Communication with families is sometimes very difficult because staff do not like completing written records and regard administration as a burden.

On the process of matching residents, at times you will have a mismatch of residents and, consequently, violence issues or sexual abuse or propositioning. Residents are also at risk of being moved to nursing homes prematurely if their needs increase and there is not enough funding to assist them in supported accommodation. Sometimes residents are placed far away from their informal support networks and they cannot afford transport to visit friends or family members. Some regions have better supports for CALD people and some do not. I have one client in the eastern region who has her family in the northern region. The only option to be close to the family would be placement in a nursing home in the northern region, which the client does not want to take up because she is too young.

On staff turnovers in houses with people with challenging behaviours, there is the issue of wanting to maintain the staff even if they do not perform. The staff is not always supervised properly. due to the absence of formal appraisal systems. .

The DEPUTY CHAIR — Is there a lot more? We just want to ask some questions.

Ms IGNYS — These are the findings that clients have reported to us.

The DEPUTY CHAIR — We might be able to tease out some more of those findings in our questions.

Mr NOONAN — Thanks for that. I am sorry we are on a tight time frame; it is because we have got other witnesses lined up. My question was really about the adequacy of training. You have identified a range of issues around cultural sensitivities, gender, religion — about those sorts of issues generally.

Ms KOKOCINSKI — The minimum training requirement is a certificate III or IV in disability work. We teach it at ADEC, so I suppose I have a vested interest. But you can have all of the competencies that are mandated, but that does not really mean that you are able to work in that field. For us, the quality and the intensity of the education of the workers is one way to address that. We would say that that issue needs to be addressed, and it is not simply by raising the bar, by having, say, a diploma level. It is really looking at the quality of the current training that is available. The certificates III and IV are now widely available. There is a very high take-up rate among people who want to do that work which allows them to work in a disability service, but I think the issue that we would question at ADEC, as a trainer, is that the quality of the training is the key. The better the quality of the education that you give to your potential workers, the better standard of service they are going to provide to residents.

Mr NOONAN — Do you integrate those aspects of training even though you have to do competency-based training to get the certificate III?

Ms KOKOCINSKI — It has to be competency-based training because the certificate — —

Mr NOONAN — Do you integrate those aspects into your program?

Ms KOKOCINSKI — What happens is that people receive training, and most of them are actually working in the sector at the same time so they are doing both. There is often a lot of worksite assessment. There are a lot of worksite visits by the trainers. It just depends on where they are at with the course.

Mr NOONAN — I just want to be really clear. When you identify the issues around cultural sensitivities, religion and gender, do you actively, as a body, given you have the capacity to influence these things, integrate this into your training activities?

Ms KOKOCINSKI — Yes, we do. ADEC does because that is who we are, but I cannot vouch for other organisations. My understanding is the cultural competency is not mandatory. It is voluntary, because there are a number of things you can bolt on to your competency.

Mr NOONAN — You can do streams.

Ms KOKOCINSKI — From my understanding it is voluntary. At ADEC we build it in. To me it should be mandatory. I mean, this is a multicultural society. I just do not think you can walk away from that.

Mr SCHEFFER — My question is closely related to that, not so much the training part but the organisational arrangements. Licia, in your contribution you talked about the lack of integration, I guess, in the approaches the providers are taking in relation to people with culturally diverse backgrounds, and you did say you would not blame the providers because they are under a lot of pressure. Could you point the committee to models that would be good models for the integration of day-to-day practice in a service that would improve the situation, either here in Victoria, in other states or overseas?

Ms KOKOCINSKI — I would have to think about that.

Ms IGNYS — I think there are already some good models that are out there, but the problem is that not everybody is taking them up. Not everybody is implementing them.

Mr SCHEFFER — Perhaps if you could provide them to us that would be really useful. It is something we have wrestled with for decades and it would be good if we had some examples.

Ms KOKOCINSKI — I would like to put it on the record. One of the issues that I raised in front of the committee several months ago was this whole issue of the government being both funder and regulator as well as provider. I would like to put it on the record, since Hansard is recording this, that I really think that governments of any persuasion really have to sort this out. You cannot do both. You are either a funder and a regulator or you are a provider, because there is a huge conflict of interest there. I know that people work hard, but sooner or later the government is going to have to bite the bullet. I appreciate the political problems involved with that, but it is either going to be a funder and regulator or it is going to be a provider and put the regulation to a completely independent body at arm's length from government. It cannot do both.

Mr SCHEFFER — Would you say the same thing in relation to government schools or public hospitals.

Ms KOKOCINSKI — No. Those are for the public good and I would say no, I would not say the same thing. In actual fact there are some things which ought to remain for the public good. With disability support providers maybe the issue I am grappling with is the fact that we get too many instances where so many of the complaints and so many of the issues that are raised are very often from government-funded providers. Maybe that is where I am coming from, because of that.

Mr SCHEFFER — Are you suggesting that because there are two agencies inside the general umbrella of government that regulate and provide, the regulator is soft on those services that government provides?

Ms KOKOCINSKI — Our experience is a lot more work can be done about regulating, about enforcing the regulations. I have stated this time and time again when I have met with DHS staff. Our experience has been that we get belted about the head about disability standards and compliance, and yet the government sector, from where I am standing, does not appear to have the same rigour. Maybe that is a false assumption but that is the assumption that I get. Maybe you are told something different.

Mr SCHEFFER — Without putting words into your mouth, it could be possible to have a greater separation of the functions, but they still could be kept within the general umbrella of government.

Ms KOKOCINSKI — You would have to convince me that the conflict of interest would not happen in this regard.

The DEPUTY CHAIR — Thank you very much. I allowed that to go on longer because I think it is really important for us to have that on record. I think that is important information. We will be looking at all those sorts of things when we make our recommendations as a committee.

Johan asked you a question and you were going to take it on notice. One of the things this committee will be doing is looking at recommendations. Because you are the body that actually looks after these people, one of the issues — I will not ask it as a question but I will ask you to take it on notice — is about gender issues and religious issues. It is one that the aged industry has been grappling with for a long time, where you have food and gender issues specifically, maybe with Arabic people having female only with female. What we are looking for is perhaps where you see models that might work or where you have some recommendations that you think would work. We are looking to you for some information.

Thank you very much for your time this morning and for coming and putting your information on record.

Ms KOKOCINSKI — Thank you for the time.

Witnesses withdrew.