

**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

Mr B. Finn

Ms M. Kairouz

Mr W. Noonan

Mr J. Perera

Mrs E. J. Powell

Mr J. Scheffer

Ms M. Wooldridge

Chair: Mr J. Perera

Deputy Chair: Mrs E. J. Powell

Staff

Executive Officer: Dr J. Bush

Research Officer: Dr T. Caulfield

Witness

Ms N. Edwards, housing expert, aged and disability team, Spectrum Migrant Resource Centre (affirmed).

**The DEPUTY CHAIR** — Thank you for coming, Nadereh. I will just go through what this committee is looking into. 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. Would you now like to give us your information.

**Ms EDWARDS** — Thank you for inviting me here; I am quite excited about this process. My role is assisting with care and housing for the aged. I work with Spectrum Migrant Resource Centre. I assist frail elderly people with low incomes who are from ethnic backgrounds and who are homeless or are in insecure housing and in need of care.

The local government areas I cover are Darebin, Banyule, Yarra and Whittlesea, and temporarily I cover Hume and Moreland. I will be speaking about the clients I see in these areas. I would like to point out that I have been working in this role for the past year and a half. Prior to that I worked for seven years as a housing information and referral worker with a transitional housing manager as part of the generalist service.

I agree with what ADEC said about the experience of people from ethnic backgrounds and their needs and in relation to supported housing accommodation. In looking at the aged-care guide for those areas that I mentioned, I have found that there is hardly any accommodation. For example, in the Hume area — and I am talking about SRSs — there is only one place available in Sunbury. In Banyule there are three places available. They are private places, and when I asked at one of the places they said they charge \$600 a week. That is not affordable for people on a pension. They charge one month in advance. When I looked at the other areas that I cover there were hardly any places available. That is in the private sector.

I tried to find out about the public sector from the Victorian Public Sector Residential Aged Care Services list, but there is hardly any low-care accommodation available within those regions. It makes it clear that it is very difficult to find accommodation. To start with it is very expensive for the clients and their families, and it is very hard to access. If they manage to get into some of this accommodation, it is very difficult for their families to visit them and it is hard for them to contact them. There are all the restrictions that the people from ADEC talked about in terms of culturally and linguistically appropriate services because none are available. Yes, there is the issue of appropriate food and appropriate cultural and religious activities, and a lot of the time there are issues about language. People might have been here for 40 or 50 years, but that does not mean they can speak English, so they have those difficult language problems.

In my experience I have found that overall my CALD clients refuse to go to SRSs. Generally, they do not like the model of sharing. They do not like to live in a communal setting. What they prefer, and they always stress this to me, is that they want to be cared for in their own home — what we call the in-home respite care model. That is what they always ask for. They do not want to be going to a place far away from their community. A lot of them are private people. They do not want to be losing their independence. They always feel that this is the way that they would lose their independence. Is this because of what they have experienced previously and what they experience now? They are the debates that you can have, but that is what I constantly hear.

Our huge problem is the scarcity of public housing. There are long waiting lists, lack of availability in the areas that the clients are looking for. It makes it very difficult for people who are all on low incomes, they are on pensions, to actually have somewhere of their own to live, where they can receive the in-home respite care model. This is what I constantly come across with my clients.

If it is all right I would like to give you some case studies very briefly. Currently I am working with an elderly man who is 77 years old and is from a Croatian background. He was living in the country, but due to health problems he had to come to Melbourne. He stayed with his daughter for a year and a half. Due to some conflict, financial situation, the daughter did not want him there any more. Now he is homeless. He has type 2 diabetes and high blood pressure. He has fluid in his lungs. Recently he had a heart attack and also he has a walking frame that he needs to walk with. He was put in crisis accommodation for a few nights, but after that he just hated the idea of being in this kind of a situation. That was not where he could live. Rather, he had a friend and he said he was going to the friend's house, waiting till late at night when his friend came and then he stayed with him.

I have offered him the option of SRSs; we can get the assessment done for him and we can get him into a SRS. But he has clearly refrained from anything like that. He does not like to live in a communal situation. He is a private man. He likes his independence. He does not want to be living in this kind of a situation. As well, it is very expensive — it can be 85 per cent of your income — and that is not appropriate for him. He tells me that he was in a caring role for 39 years. He worked here and cared for people in those situations. He does not like to be the one who is receiving care in that way. He just wants to, if possible, get public housing that he can afford to live in and then receive home respite care.

The other situation that I had was that of an elderly lady. She was 65 and of Egyptian background. She returned to Melbourne after living in Egypt for a few years; she wanted to live back in Australia and she is an Australian citizen. When she returned she was staying with her friend for four nights. Then St Vincent de Paul THM put her in a lodge for a few nights — usually four nights is all you can arrange for crisis accommodation.

After that she was put in a woman's refuge for a few nights, because there was nowhere else for her to go. Again, she has diabetes. She has got high blood pressure, she has heart disease. She walks with the aid of a walking stick. She clearly needs assistance and care. When I asked her if she wants to have an assessment done for her, if she would like to go to an SRS, she did not even want to entertain the idea. She said that in the best situation they would be charging 85 per cent of her income. She will not be able to eat the food and she will not be able to speak the language. She wants to have her own place, a small place she can live within her community, which was in the Glenroy-Broadmeadows area. That was the model she preferred.

These are the situations. I have another case, if you want me to go on.

**The DEPUTY CHAIR** — I am just looking at the time. We would like to ask you some questions. Are you able to leave that case study with the committee so we actually have it on record as well?

**Ms EDWARDS** — I have lots of scribbles over it. I can email it to you.

**The DEPUTY CHAIR** — That would be great; thank you very much. It is just that I think some of those issues might be teased out in some of the questions that we ask.

**Mr NOONAN** — Thank you for your presentation. Just so I can be clear, you assist people who are both aged and also people who have a disability; is that correct?

**Ms EDWARDS** — Yes.

**Mr NOONAN** — Can you give the committee a sense, given that we are an inquiry that is looking at the issue of people with a mental illness or disability, what proportion of your work is focused to assist people with a disability?

**Ms EDWARDS** — When we are talking about disability, there are usually frail, elderly people who have some kind of a physical disability. Usually that is in terms of their mobility issues — that is what I am talking about. They are about 50 per cent of my clients; I cannot say exactly.

**Mr NOONAN** — Fifty per cent that are?

**Ms EDWARDS** — That are frail and elderly, who have mobility issues.

**Mr NOONAN** — So what about the other 50 per cent?

**Ms EDWARDS** — They are again elderly people, but they might be not so much frail. They usually might have some sort of health issue but are not so much deteriorated. Usually, those are my Chinese clients who are usually enjoying better health.

**Mr NOONAN** — So the 50 per cent that you would consider to have a disability or they would consider to have a disability, what proportion of those people would have a carer living with them?

**Ms EDWARDS** — My program is actually assisting people who are homeless or who are in an insecure housing situation, so they are temporarily living with either their families or friends or somewhere until they are able to get a permanent place for themselves to live. Most of them rely on their immediate family to care for them, or a friend to care for them.

**Mr NOONAN** — Really I think you have made the point a number of times about there being, in your experience, a fairly high proportion of people that very much want to hold on to their independence in that situation. What assistance can your agency provide to people in terms of navigating their way through the support mechanisms that exist through local government, state government and federal government?

**Ms EDWARDS** — Yes. What I always offer them is the fact that if they are living in a temporary situation or they are living in a private rental, we offer them council services; or can arrange assessments for them that they are able to get services so their carers can come to their home and care for them. So the idea is that, we give them all of what is available within the services in terms of home care so they can stay within their community. With our program, for example, they may need to arrange hospital appointments, and also assistance with other services, for example, Centrelink, or we may have to negotiate even with their utilities services as well as with the nurse and carers.

**Mr NOONAN** — Okay.

**Mr SCHEFFER** — You focused on the clients you are working with who do not want to live in communal settings. They have said a number of times they want to live in some small accommodation and have in-home help. There are — and we are aware of them — settings where there are a lot of people from CALD backgrounds who are living in communal settings. It just felt to me it was a bit unbalanced what you were saying. Was it just that that is the cohort you work with? What would be the percentage or proportion of people from CALD backgrounds who are comfortable in living in communal settings and those that are not?

**Ms EDWARDS** — I suppose I could not tell you that because my experience is for the area that I work with.

**Mr SCHEFFER** — Yes.

**Ms EDWARDS** — And in those areas that I work with, and all the clients I have come across that have needed care, they refused the idea of communal settings. So they refused the idea of being in a nursing home or a supported residential — —

**Mr SCHEFFER** — So is that a function of the sample who you see rather than necessarily a big characteristic of people coming from CALD communities?

**Ms EDWARDS** — We at the Spectrum Migrant Resource Centre see a lot of people from CALD backgrounds. My experience also with working with a general service is that I still see a lot of people from CALD backgrounds. The majority of the time — this is my experience of the past nine years that I have worked — people from CALD backgrounds do not want to live in communal settings. That is all I can say from my experience.

**Mr SCHEFFER** — That is fair enough.

**The DEPUTY CHAIR** — Naderah, one of the challenges some of our CALD communities are facing is that many years ago when people aged, they stayed at home with their families or they moved in to their family home. With a lot of marriages now where they are not marrying a person of the same ethnic background, there is not the desire to have the older person at home as some backgrounds used to have many years ago. Is that an issue now where it is not an as-of-right that the older people, or a frail aged person, goes into the family home of the son and daughter?

**Ms EDWARDS** — Yes, hugely.

**The DEPUTY CHAIR** — Is that one of the challenges?

**Ms EDWARDS** — Yes, definitely. That is what I see a lot. One of the communities where that is very evident is the Chinese community. A lot of them who are grandparents are now becoming homeless because when they were living with their children they were caring for their grandchildren, and then the grandchildren become teenagers and there is conflict and a lack of space in the house for these two completely different generations. So I see a lot of people from that background. Or they just cannot live with their families anymore. There are also other nationalities where this is the same. I also work with Assyrian clients; they are having exactly the same problem. So yes, this is absolutely happening.

**Mr NOONAN** — I see that you are running a multicultural disability respite program.

**Ms EDWARDS** — Yes.

**Mr NOONAN** — And it provides up to 24 hours per month for people aged 60 years or more who are receiving the carer allowance. Can you give a description of how valuable that is for the carers who access that service through Spectrum and to what degree that assists carers in providing them with the necessary respite for them to maintain a situation where the person they are caring for, that independent situation, can continue?

**Ms EDWARDS** — The carers, or for the people who are being cared for?

**Mr NOONAN** — For the carers.

**Ms EDWARDS** — Sorry, I do not understand the question.

**Mr NOONAN** — Then I will ask it very simply: what role does the respite program play in providing for people who are carers with adult children to remain in a independent home situation as opposed to a situation where they go into supported accommodation?

**Ms EDWARDS** — I think I am having a blank moment.

**Mr NOONAN** — That is all right. How valuable is your respite program for carers?

**Ms EDWARDS** — Yes, we do have a respite program for carers. So do you mean, how do we support the carers? I was getting mixed up a bit.

**Mr NOONAN** — That is all right. I probably confused you, sorry.

**Ms EDWARDS** — So we have one program, if understood your question correctly, to give the carers the opportunity for a day so they can leave their parents or who they care for at our day care centre. It was

a pilot program so that they could be cared for. It is all culturally appropriate, so if they are from Vietnamese background they have Vietnamese staff who look after them, there is food prepared for them, all Vietnamese. Then the carers could either take a day off. That particular program is for carers who are employed and want to go back to work. There are also PAGs, planned activity groups, which are for day care for the people. Is that what you are talking about?

**Mr NOONAN** — That will be sufficient. Thank you.

**The DEPUTY CHAIR** — Nadereh, can I thank you very much for coming before the committee. The information you have given us is really important. You will receive a copy of the transcript. You will be able to make any minor changes, any spelling changes, and then if you get back to us with that. Again, thank you very much for making yourself available.

**Witness withdrew.**