

FAMILY AND COMMUNITY DEVELOPMENT COMMITTEE

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

Melbourne — 5 November 2008

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Ms L. Bishop, chief executive officer, St John of God Accord; and

Ms K. Presser, state manager, and

Ms S. Fordyce, senior policy advisor, National Disability Services Victoria.

The CHAIR — Welcome again. 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 ask you to introduce yourselves and to give us a brief description of your organisation and to make your verbal submission.

Ms PRESSER — Thank you very much for giving us the opportunity to attend today. My name is Kerry Presser, and I am the state manager of National Disability Services (NDS) Victoria.

Ms BISHOP — I am Liz Bishop, and I am the vice-chair of NDS Victoria, and the CEO of St John of God Accord.

Ms FORDYCE — My name is Sarah Fordyce. I work with National Disability Services Victoria in a policy role.

Ms PRESSER — National Disability Services is the industry representative body for disability service providers across Australia. In Victoria we have 200 members, who provide a range of services that include supported accommodation. We have summarised our submission to the inquiry. We thought it would be useful for you today to hear from a service provider who can add to the kind of information that we were able to convey in the submission as well as cover the major points that we believe are important for people with a disability in this area. With that, I would like to hand over to Liz Bishop.

Ms BISHOP — At NDS we have a vision for people with disabilities in Victoria that is congruent with the state disability plan and legislation, and that is that people have a right to live in and be part of their own community as do all other people — in residential neighbourhoods and homes similar to those of all other Victorian citizens — and an opportunity to develop their independence, their personal ambitions and their relationships.

We have a summary of recommendations. We recommend that the Victorian government develop a long-term plan for supported accommodation, invest in and implement strategies to achieve sufficient housing for people with a disability, expand the range of housing options, build sector capacity and capability, adopt a person-centred approach to all service delivery and focus on quality-of-life outcomes, and transfer all services provided by government to the non-government sector.

There are some underlying concerns with the current system that we would like to highlight. They include the current unmet demand for supported accommodation. The current figure for people on the urgent waiting list — that is, the people who are captured on the disability support register — sits at 1358, and demand is increasing by 4 per cent to 5 per cent annually. That is compounded by people who are living at home with ageing carers and placing a large amount of pressure on those carers, who are worrying about what will happen to their son or daughter when something happens to them.

This is also placing an immense amount of pressure on the current respite system. People have difficulty accessing respite on a regular basis. When people cannot get a break from their caring role on a regular basis they are often thrown into crisis. Given there are very few options for the person they are caring for, that adds stress to an already stressful situation that may be a medical or financial one or in fact people having to move out of their home into supported accommodation themselves as they age.

We believe that there is a lack of overall system planning around shared supported accommodation and that the system is crisis driven. The absence of an overall planning framework as well as the recent decision to unbundle housing support with care support systems has compounded the crisis-driven problem we have at the moment. There is no systematic tracking and limited individual planning in relation to some sort of accommodation support for people, especially those living with an ageing family. There is also an inadequate data-collection system.

Since 2000 there has been a virtual cessation of growth in shared supported accommodation housing for people and a transfer of the capital program to the Disability Housing Trust and housing associations. Whilst this separation of housing and provision and the establishment of the trusts was welcomed as a positive move, it has been very slow to deliver any growth or any numbers of accommodation spots for people awaiting urgent, or not even urgent, placement.

The current social housing policy and the lack of universal housing requirements for new houses in Victoria mean that the requirements of people with a disability, especially people with medium-to-high support needs are not addressed. We have concerns about the sector's capacity to deliver on state policy at the moment. Organisations are experiencing unprecedented governance, management and operational challenges arising from an increasingly high demand for their services and expansion of the individualised funding model, which is supported by the sector but raises significant challenges in a change to non-government organisation systems. There appears to be inadequate funding to enable services to change and adapt their current system to new ways of operating. The increasing compliance and administrative burden on organisations keeps compounding.

Underlying all of that are current and continuing challenges in relation to the disability workforce. It is difficult to recruit and retain staff who are on low salaries and whose jobs are not highly regarded within the Victorian community. We are currently working with DHS and the Victorian Managed Insurance Authority to look at the sector's capability within all the factors that I have just talked about.

The workforce issues, which I think we spoke about last time, are exacerbated by the disparity in pay and conditions between the non-government workforce and the government workforce to the tune of about 28 per cent higher salaries in the government sector. Also we have decreased access to training and supervision of staff.

Mr SCHEFFER — A decrease, did you say?

Ms BISHOP — Yes, in the non-government sector.

The CRU model is not a suitable living situation for many people with a disability. Residents have little choice about with whom they live and where they live. Support is provided within a group model. Where a person is in a desperate situation often they will take any place that is available to them. Sometimes this compounds the difficult situation of living with people they do not like or people they are living incompatibly with, in terms of their need, their behaviour or their age. Lots of different factors are not able to be taken into account during a crisis.

Recently there have been more innovative housing solutions such as one, two or three-bedroom units in the community or the KeyRing model that has been adopted from Britain, which have been welcomed but which require sufficient funding to make a difference to the whole system.

People with intellectual disability continue to be housed in institutions in Victoria. We believe that this is at odds with the government's and the sector's vision for people disability, and that they must close. There is a danger within a crisis-driven system that the system will revert back to more congregate care settings to house higher numbers of people. We urge that that not occur. In terms of our recommendations, we recommend, first and foremost, that a long-term plan for supported

accommodation be developed, that that plan have a 10-year vision and that a broad consultative process be used to bring together from disability and housing the key stakeholders in the system.

The development of a planning framework will hopefully enable the resolution of a range of complex policy issues through that stakeholder engagement, including data collection and the disability support register; the link between accommodation and support; the separation of the provision of housing and support; accommodation for people with high support needs, who we believe are greatly missing out at the moment; and the extension and promotion of innovative accommodation and support models, including those that maximise community investment in local solutions. It is recommended that the planning framework incorporate population-based planning for supported accommodation to ensure planning provision into the future in sufficient quantity in the locations identified through population data.

We wish to see investment and implementation strategies that would support achieving sufficient housing for people with a disability. Supported accommodation for people with a disability requires substantial government investment in both capital and recurrent funding. We estimate that an investment of \$45 million per annum is required to address within three years half the current demand on the disability support register. That excludes people eligible for commonwealth government accommodation funding.

People with a disability need adequate access to social housing. It is recommended that the current levels of access to social housing be increased. International experience indicates that universal housing regulations are the most effective way to grow the state's stock of universally designed housing. This approach would significantly increase housing options in the community for people with a disability and would also have benefits for many other community groups. We recommend that the Victorian government commit resources to a staged implementation of universal housing regulations for all new homes and major renovations.

We would like to see housing options expanded through the development of a wide range of supported housing options for people with a disability that would reflect the diversity of individual preferences and need and be reflective of the level of diversity in the wider community. That should include short-term accommodation and housing suitable for young people who cannot live full-time with their families and for whom no foster families are available. It is important that residents' fees are set at levels which enable people to retain modest disposable incomes sufficient to enable their participation in the community. As I said earlier, we recommend that all institutions be closed and that their residents be offered options within the community.

We recommend that the government invest in building the capacity and capability of registered non-government service providers to provide high-quality support to people living in supported accommodation in the community.

We recommend the development of supported accommodation that uses a person-centred approach to service delivery. We have information that the government is not interested at all in individualising in the foreseeable future the people who are living in shared supported accommodation at the moment.

We advocate for the transfer of services from the government to the non-government sector, as we believe that the government is in a conflict-of-interest role in being the funder, a provider, a regulator and a policy-maker.

We also advocate that the government-operated supported accommodation facilities receive per annum almost \$40 000 extra funding per service above the equivalent non-government provider. The transfer of government-operated homes to the non-government sector would free up funding for disability supports to many people awaiting services.

We believe that there is greater potential for Victoria to achieve the vision articulated in the state plan, with the shift to individualised approaches together with appropriate resources to ensure

choice in quality. Accessible disability supports would increase the self-determination of people with a disability. An individualised approach on its own is not sufficient. We recommend a systems approach to planning for the development of supported accommodation and housing options that includes a whole-of-government commitment, ongoing stakeholder engagement, the development of a planning framework, substantial ongoing capital investment, changes to housing policy and building of sector capability.

Ms WOOLDRIDGE — Thanks, Liz, Kerry and Sarah. My question is on the issue of the potential transfer, because there seem to be some challenging aspects to it, saying that the sector needs more capacity building, that they have difficulty attracting staff and doing training at the current pay rates but then that we need to do the transfer to remove that conflict. And at our last public hearing we heard from the union that its view is that the pressure to be at lower cost, which is what the NGO is proposing it would do, would actually further reduce staff training and further drive down quality of care provided. I would be interested to hear from you on why you think the sector should in more detail, and can, provide the appropriate level of care at that lower level of cost.

Ms PRESSER — Given the infrastructure that government inevitably has, even with improved salaries, which is something that we will be working on through a range of workforce initiatives, there is still the capacity to make some savings and to assign that funding to a range of disability supports that would include supported accommodation for other people.

Both government and non-government sectors experience difficulty with recruitment and retention. There is a workforce strategy for disability that has just been firmed up and will hopefully be funded into the future. We believe that through that workforce strategy we have the potential to undertake a work case study and improve the salaries and conditions of staff into the future, so that while there are issues, there are issues across both sectors with workforce, and we believe that even with a pay increase for staff there is still the capacity to make savings system wide.

Ms BISHOP — While we continue to have dual systems we are not going to solve any of the problems that you have just cited. If government gets to concentrate on the planning and the quality of the system and the regulation of the system, providers can get on with the business of delivering the quality services and concentrate on that aspect of it, then we can get into right relationship with government around the adequate levels of funding to support training, supervision, recruitment strategies, rather than us concentrating on arguing about who is right, who has got the right pay level and constantly having a shift of staff between both systems.

Ms PRESSER — The other issue is that with the introduction of a new quality framework, which will be implemented over the next few years, there will be clearer indications of quality in disability services generally. While the government has not made clear how it will manage the quality accreditation, I can see that it is likely to be linked, quite possibly, to registration of service providers in the future.

Ms WOOLDRIDGE — Do you see a distinction, given that \$38 000 or \$40 000 difference between the two, and what implications does that have? Is there any evidence to prove that there is a difference in quality level or care level or outcomes? What is happening with that disconnect between the funding between the two?

Ms BISHOP — We have not done enough work to be able to say anything about the quality difference. The difference would be about a lot of especially rural services in that a lot of people with disabilities have access to local service providers — a smaller system is possibly able to think more about the person than it is about a number — but we do not have the evidence to be able to say one way or the other.

Ms PRESSER — No, and if government chose to go down this track there would need to be some preliminary work done to look at the factors and the phasing in, the transition and the range of factors that would impact on the transfer, but we certainly believe it is something that should happen.

Mr SCHEFFER — Liz, you said that there was a conflict of interest with government being the funder, the provider and the regulator around services. I am puzzled by that because it seems our system runs the schools, it runs the hospitals, in broadly the same way where government acts as funder, provider and regulator, and it seems a fairly strong thing to say that there is a conflict of interest. That seems to imply that it is one department, or one unit of government, that is delivering all of those functions, but that is not the case. Could you expand on why you think there is a conflict?

Ms BISHOP — DHS is the funder, regulator and provider. It is the one department.

Mr SCHEFFER — But it is a mega department with different functions.

Ms BISHOP — It is a mega department, yes, but often boundaries are crossed within the department from a provider's perspective.

Mr SCHEFFER — Could you give us some examples of that?

Ms BISHOP — We have often been in the position at a local level — and also there is a head office function and regional functions — and a lot of the interface happens at a regional level. Often there is a disconnect between what we are hearing and sometimes at an NDS (National Disability Services) level, at a policy level from head office and then the translation of that into the practical relationship on the ground in a regional office is often interpreted differently by different regions. When you work across the various regions you experience that. Often there is a difficulty when you are having difficulty in providing the appropriate support for people at a particular funding level — you end up in quite difficult relationships around whether the agency can continue to provide service at a particular funding level. And then argument ensues about how we can continue with that and the person is sometimes relinquished into the state's services. It is not transparent in terms of knowing what level of service a person gets in one area and then gets in another area. To say that the system is similar to that of hospitals is premature. Hospitals have an accreditation system, which we do not have in the disability sector, so it is not an equal playing field.

Non-government organisations almost work as a cap in terms of how much expenditure there is available for services. We cannot compare apples with apples when a person is within the government system because we are completely unaware of what the costs are when a person is being supported within DHS shared supported accommodation. A lot of things are not counted in looking at the differences between the training level of staff or how many hours are provided when people are required to have extra support if they are unwell or have to stay home from services. A lot of that is unable to be measured equally.

Mr SCHEFFER — I hear what you are saying. Those might well be arguments for improving systems but they do not seem to me to amount to inherent conflict of interest. When I alluded to the hospital system or schools, what I am alluding to is fundamentally, I am putting it to you, there is not a conflict, but what your response was indicating was that there might be room for clarification of processes. That does not amount to a conflict of interest as I hear it.

Ms BISHOP — Possibly not. If we had more information — we have anecdotal stories, but if there was better transparency of information around both systems we would feel more comfortable that we were on a level playing field in terms of apples for apples.

Ms PRESSER — Certainly in relation to investment in supported accommodation and training for staff we understand there are differences in investment at various times, and this is an

example of where the department struggles with a finite budget, as all departments do, and thinking about where it puts it, does it look after its own staff or does it spread that funding across the sector, so there are some challenges for the department and that is an example.

Ms BISHOP — Especially when there are policy changes. Often the government is able to afford a rollout of information and education to staff around changes to the ideology of service provision or, for example, the legislation and changes to legislation. Organisations do not get additional funds to roll out that type of training for their staff.

Staff supervision within shared supported accommodation needs to come out of the funded unit price that we receive. I have been frustrated at trying to get answers from departmental officers about the amount of hours that are available to government shared supported accommodation staff in relation to meeting times, supervision time with staff, so that we can have a clear argument about the non-government sector's capacity to do that. We all know as responsible employers today that we need to be providing staff with adequate supervision and support. We are relying on staff who are, by and large, out in the community working with clients to make good judgements and decisions and we need to be able to be in dialogue with them to support them and see how they are going with that. To be able to provide that level of support to staff is one of the difficult areas in the non-government sector, which I think compounds the workforce issues and the turnover.

Ms FORDYCE — I think there are also some issues in terms of the efficiency as new things come through — new programs for training and staff and so forth. At the moment they are predominantly directed to one group of staff, those working in the government sector, and some of those particular innovative training programs are not then provided to the other group of staff. In addition, in terms of the refurbishment of properties, there does seem to have been a little bit of money over the last few budgets going to the non-government sector but there is a more consistent rollout to the government sector. We are really seeing a quite uneven system, and I think this has implications at varying levels, both in the cultural sense of value for people as well as in practical situations such as the actual state of houses and how many team meetings staff can be paid to attend.

The CHAIR — Can you clarify it further? My understanding is the government sector has 28 per cent more in salaries and better training opportunities for the workers. You are recommending transferring the government sector to the non-government sector and to do away completely with the government sector so the non-government sector employees will have less opportunity for training and lower salaries. Would that lead to people leaving the sector? They will not be attracted to remain in this sector.

Ms BISHOP — I think that the issues are multiple and complex and we cannot just address one part of the service system at one time. We would need to be looking at all of the recommendations to improve the system altogether, which would include increased training opportunities, better wages for all disability staff, a rise in the profile of the work and the community contribution element that support workers give, and a raising of the profile of people with disabilities and their contribution to the Victorian community. I think that we need one support system and it is not just making the transfer from one system to another that would fix things. We need a multi-pronged approach to improving the whole system. At the moment, while we have two parallel systems, we have to do something to address that so we do not have this lack of parity.

The CHAIR — So the non-government sector would increase the training opportunities and salaries and other conditions if the whole thing was transferred?

Ms BISHOP — We would be arguing for an investment in the sector capacity and capability to be able to provide that.

Mr NOONAN — Thanks for your presentation. It is very straightforward. I might have said this to you when you came to the informal briefing, that you are well placed to give some direction to this committee about what happens outside Victoria. You would have noticed from the dual terms that the committee has a responsibility to look at the current situation in Victoria and compare it with the best practice in every other jurisdiction. I suppose what I am very interested in asking you in relation to your submission is how Victoria is placed against other jurisdictions around Australia given that two-thirds of your members operate outside Victoria.

Specifically, you have had questions about models for service delivery and funding, so in part if your answer can go to whether there are other jurisdictions where the government does not provide accommodation at all, how those jurisdictions are operating in comparison with Victoria currently. You might also comment on where you believe Victoria is strong and where you believe there is room for improvement.

Ms PRESSER — Tasmania is a state where government is in the process of or has transferred all government disability services to the non-government sector. I believe in other states it is more of a muddled situation, as it is here. I think that Victoria certainly has the lead in terms of its policy base and the aspirations for people with a disability, and we have an opportunity to extend that through to supported accommodation, which is core to people's quality of life and their capacity to engage with the community. Tasmania is certainly leading the way in terms of transferring supported accommodation to the non-government sector but it is early days.

Ms BISHOP — And the ACT I think, too.

Ms PRESSER — Sorry, ACT. Yes, that is true.

Mr SCHEFFER — Tassie and the ACT?

Ms PRESSER — Yes.

Mr NOONAN — Thank you for that. So the policy direction is right in terms of Victoria, notwithstanding the challenges you have put in your recommendations. Do you wish to comment on some of the other states in terms of best practice models in any area, again because this committee will need to report on that aspect before June next year? It is probably an area where we have still to do some research so we are happy to take some direction in terms of where other states might have it right in particular areas in terms of best practice. It does not necessarily have to be in Australia. It can be outside of Australia. I think you referred to the key ring or key —

Ms BISHOP — Key ring model in England.

Mr NOONAN — Key ring model from the UK. We have heard examples from Canada as well and New Zealand. Given that you are in the area of research and policy, it would be useful for us to actually understand that in terms of your response also.

Ms BISHOP — Some of the stuff that we have been doing at the moment involves some Australian examples and some international examples. In Western Australia there is a local area coordination program where planning and resource allocation are separate from service delivery, and people with disabilities and their families are engaged with the identification of a person's needs and then support for local responses that are available to people to meet their needs. Certainly we can give you some contacts around people who are delivering that part of the system. There are articles and feedback about how successful that is as a program in Western Australia.

Mr SCHEFFER — In that model you are saying that planning and resourcing is state government?

Ms BISHOP — Yes, and the local area coordination is a program that is in partnership with non-government but led by government in terms of where it is broken up to and where it is delivered from.

Mr SCHEFFER — Okay.

Ms BISHOP — There is quite a bit of information about that program and how successful that has been in empowering people to make decisions about where they spend their money and in what types of services, and involving families and the person with the disability.

In California, there is a program that has been devolved into a totally individualised support model. I went there and met with the director of the Jay Nolan Centre, Jeff Strulley. This was not able to be achieved without partnering with government and making a major change to the way the organisation's funding was delivered, but it disaggregated all of their shared accommodation into individualised models. The feedback from people with a disability who were existing in the service and who continued to beat down the door for services has been high satisfaction levels with their service arrangements.

I visited a similar program in Massachusetts, and recently in Ennis in Ireland. The Brothers of Charity has devolved all of its services from group models to individualised models in a period of about three years. Service users were all in group homes and now live individually or at a minimum with one other person who they have chosen to live with in their housing arrangements. There are a lot of models around across Canada, the US and the UK.

Mr NOONAN — How do you compare those to where we are heading in Victoria?

Mr BISHOP — I think ideologically and philosophically we are heading in the right direction, and I would not think the examples I have seen are typical of those service systems. They are more at the cutting edge of each country's service system. The US still has large institutions and also has services that are completely devolved of individualised support responses, so I think we have got it right ideologically and philosophically. We need to catch up in terms of the system. We need an overall planning framework. We need to work out what the roles are — who has got what role — and we need to definitely work out who has the power in the relationships in terms of self-determination.

Mr SCHEFFER — Kerry, I think you described the situation in the other states, with the exception of Tasmania and the ACT, and then Liz mentioned WA as being more muddled. New South Wales is particularly important for us because it is the largest state. Could you talk about New South Wales, and maybe Queensland a bit, too?

Ms FORDYCE — New South Wales has come up with our committee of service providers as an example with some concerns. I think we touched on it in our submission in that we are concerned that because of such high demand for accommodation, such a crisis that needs to be met, there can be a tendency to move people back into congregate care settings, and that is what we are seeing in some recent New South Wales initiatives. There is a lot of concern that as a quick response to this very extreme demand it is easier to build some kind of institution-type thing again, and in Victoria we are so keen not to go down that path. As noted, we do believe in the policy direction of individualised support. Yes, it is at cutting edge, as it is around the world, but that is the way to go. That is the key thing in terms of New South Wales — we have heard about some quite worrying developments.

Mr SCHEFFER — What about in that division of delivery? I think you described Tasmania as leading the way, but it was early days so you were not sure how it would work out, but you would give that a tick as far as that goes. But in New South Wales and Queensland, in that particular dynamic, what is going on?

Ms FORDYCE — I do not know that it is being particularly moved at the moment — not that I have heard. I have not heard the discussion around that. The greater concern has been trying to get that individual focus.

Mr SCHEFFER — Is your organisation prosecuting that argument in New South Wales and Queensland, as well as what you have said here this morning?

Ms FORDYCE — We would be, wouldn't we?

Ms BISHOP — My understanding is that it is nationally NDS is, yes. And there has recently been a large injection of funds in New South Wales as well.

Ms FORDYCE — Yes, after a low base, quite a significant investment. I do not want to really comment on their planning program but I feel that for our state we have got that opportunity. We have a good policy direction. If we have a really robust consultative planning framework we can get some great outcomes.

Ms PRESSER — Queensland certainly has done quite a lot of work to build the capacity of the sector over a few years, so that is certainly something that stands out for that state.

Ms BISHOP — Both states have large workforce planning projects going on at the moment between the government and non-government workforce.

Mr SCHEFFER — In summary it would be fair to say that with the exception of Tasmania and the ACT there has not really been a national drive to go down the path that you are advocating.

Ms BISHOP — There has not been national action. I would say that NDS has advocated for — —

Mr SCHEFFER — But even the debate — —

Ms BISHOP — Yes.

Mr SCHEFFER — You are putting it on the table.

Ms BISHOP — No, it has not been a coordinated — —

Mr SCHEFFER — Okay.

Ms WOOLDRIDGE — In one of the terms of reference we heard a bit about transparency in relation to the financial decision making of the department. One of our terms of reference requires that we also understand the transparency of the government's management of demand and of placement. I am just wondering if you can comment either collectively or individually as a service provider about that transparency in relation to people receiving accommodation and support and how you work with the department on that process.

Ms PRESSER — The transparency has certainly been a common theme in NDS's discussions with service providers. They are concerned that when there is funding available there is not transparency in terms of who that placement will go to, for example, so there is a general lack of transparency around the disability support register processes. That is my understanding.

Ms BISHOP — I think this is the pointy end, and this is where the ideology clashes with the desperation of people needing accommodation, and where it exposes the most complexities and difficulties of the service system.

As a provider, the only time a vacancy occurs in our shared supported accommodation is if a person goes to a nursing home or passes away. Then there is a process of declaring that there is a

vacancy in a house to whichever region that vacancy is in. Then there is the difficulty of the existing group of people who have lived together for 5, 10, 50 years and a person waiting on a register for placement who may be very different to the group of people who are living together. We experience this a lot in one of our programs where the residents are generally elderly and the people on the waiting list are generally young, have behaviours of concern and are highly active.

The situation is desperate for a replacement for that person, but the people who are living together want to live with someone who is more compatible with them, so we have great difficulties in arguing the toss. It is not that one is right or one is wrong; it is a very difficult and complex system. I think the department people are in just as difficult a situation as we are and we are both advocating a position. It causes a lot of heartache and it causes misplacement of people. We do not have enough innovative, flexible responses.

There are many pockets of good ideas; organisations that have shared care arrangements with families; organisations that have worked with one of the regions to look at a better way of freeing up places, but this has meant that we have kept vacancies for far longer than you would like to in order to come up with a creative solution. It is very difficult for the person who needs to be placed and the place where the vacancy sits. Often because of the pressure that is on the system we will only be offered one or maybe two people to consider for the vacancy. There is not an ability to interview and to match and for the people who are living in the house to have an opportunity to select someone to share a house with. We have been doing that more recently, but it is a new notion to go along to a panel with a person from the home where there is a vacancy.

Mr SCHEFFER — That has just recently been introduced, has it?

Ms BISHOP — We just rocked up with somebody at one point, and that was a bit of a shock. Also, you are working with people who have cognitive impairment and it is difficult to explain processes. The system is saying there are so many weeks before the place needs to be filled. People need more time than that to select someone to live with for 10, 20 or 30 years of their life. There are a lot of problems in matching a high-pressure, crisis-driven unmet need with a philosophy that says people have a choice in their life. We will often say that there is not really a choice because if the person does not take the place that is offered to them then and there, do they miss out on that?

Mr SCHEFFER — Part of the issue is the pressure, which I think we understand — so that is over here. Then there is another part of it, and that is how it actually operates, which goes to Mary's question about transparency. How would you fix that bit, leaving aside the pressure part of it, if you can?

Ms BISHOP — You need more time. What we need when we have vacancies or more than one vacancy is time to have an opportunity to look at a broader outlook within our own organisation and within other organisations about what might be a better fit for people. Three organisations down the road and then the government system have inherited a system that has grown higgledy-piggledy, and we need to think about whether the current services could be better matched for people.

All of that takes time that we do not have or that we are not afforded to look at the better matching of people and better options for people. Do we have people in our system who perhaps could live with less support? Have we got people who might like to meet somebody else and live with somebody other than the people they have been living with, and time to look at a better planning framework that might help with that? If we had a planning framework that engaged the non-government organisations more clearly in looking at all of the services that are currently being delivered to see if there are any innovative and creative ideas that can free up places or come up with better matching people where if people have to live with people they do not choose, can we get that choice a bit better?

Ms FORDYCE — I think also following on from that, it touches on the issue around the data collection and what data information is actually sought from people who require accommodation. At the moment it captures people who urgently require accommodation now. It is not set up in terms of the data collection really to look at what accommodation someone might need in three years or five years. Because of that lack of good quality data about individuals who need accommodation, both now and who are coming up, that impacts so that you end up with these crisis situation and not enough time.

Mr SCHEFFER — So you have got the data but you do not have the capacity to feed it into the system?

Ms FORDYCE — At the moment the information is only with the individual and their families, but it is not captured in terms of accommodation needs. Certainly families would be able to, with a planner, indicate that we have a young person but perhaps in three years time, in their early 20s, we would be looking at supporting them to move out. But that is not captured. For the system, that means that you do not actually have a sense of we have an increased number of people who require accommodation in the next 5 to 10 years out in Caroline Springs, in a new growth area, for example, to enable some of that system planning as well. The planning is kind of an issue at various levels of the system from the individual through to the very macro planning. Of course that ties in with a data which feeds in with that sort of system management really.

Ms PRESSER — Certainly I think there is room for more transparency at the stage where accommodation places or funding are made available. That could occur through some involvement of the non-government sector with the government offices responsible for that process.

Mr NOONAN — I want to ask a question about the sector capacity and capability, and perhaps you could give us the benefit of a little bit of history here. You represent 600 not-for-profit organisations in the sector. I just wonder where that has come from in terms of the last 10 years, where it might be now, where it is going and whether or not policy direction, at least here in Victoria, is affecting the number of organisations involved. Is it likely to increase? Is it likely to decrease? Because all of those sorts of issues will have an effect on the sector's capability and capacity. You might also, again, go to Tasmania and talk about what is the likely — you may not be able to answer this in that instance where you have a change of policy, particularly in those organisations that you represent — outcome is.

Ms PRESSER — I think there has been a huge shift over recent years for our members in relation to moving more from a welfare model to much more of a business model. There have been a range of government policies that have strengthened the focus quite rightly on quality and on protections for people with a disability, for example, through the Disability Act in Victoria. A range of initiatives over the years have increased the regulations for the sector, the compliance requirements and the administrative burden as well as productivity cuts or efficiency gains, however you want to term them, that have meant that organisations have had to become much more efficient and really pushed in terms of their funding for administration and so forth.

I think what we will see in the sector with policy directions for Victoria are a range of new providers of disability supports. Certainly people with a disability will be able to purchase from a broader range of providers than they have been able to access in the past.

I think the competitiveness in the sector will continue to increase as organisations look to secure and possibly increase their market share. If people with a disability have their own budget in my area, the area that I service — and that is a good thing — and want to purchase services, then I need to make sure that I market my services, that I am very responsive and that I am very customer and consumer focused, which is a good thing. I think there will be a resultant shift in the number of organisations into the future as some grapple with the high level of compliance and administrative requirements under which they operate.

We see that there are different requirements for non-registered providers in the future, so disability service providers that are registered with the department will need to comply with the Disability Act regulations, of which there are many. They will need to comply with the quality framework of the disability services commissioner's complaints processes of senior practitioners, restrictive interventions, focus for behaviours of concern, whereas non-registered providers will not need to comply with those requirements which add significant costs to operations and management. There is a range of pressures on the sector which will affect the structure of the sector in the future.

The CHAIR — Can you explain what issues need to be considered in the accessibility and the provision of supported accommodation for people from culturally and linguistically diverse backgrounds, indigenous Victorians and people from rural and regional Victoria?

Ms PRESSER — Sorry, what needs to be considered in access?

The CHAIR — Yes, people from culturally and linguistically diverse backgrounds, indigenous Victorians and people from rural and regional areas. What are the special conditions of provision and their issues?

Ms PRESSER — I will start and Liz may want to continue. But certainly the training of staff is critical for people from diverse linguistic and cultural backgrounds regardless of whether they are indigenous Australians or not. I think local supported accommodation solutions that reflect the needs of particular cultural groups where there are clusters of people from those groups in communities are very critical. I think the processes that we have as a system in terms of accessing supports need to be looked at carefully for those groups as well in both the type of information that is provided and how we make that information accessible, because there are a number of people, particularly those living with ageing parents, who perhaps are not in the system and do not have any contact or understanding of the possibilities for them until their ageing parent or ageing carer dies.

Ms BISHOP — Mostly it is about making information accessible, adapting information to whichever cultural group we are talking about, working with different cultural groups within their different culture and supporting workers from within a culture to understand what the service system is about to increase people's awareness and access.

Look at groups working together like urban renewal projects; have perhaps a particular organisation that develops a speciality; look at employing workers from within different cultures to work within the system, so that the barriers are reduced, the level of understanding is increased and people feel more comfortable accessing some services where they might not have traditionally.

Ms PRESSER — It is critical that disability services have really good links with community workers who have expertise, the contacts, the knowledge and understanding of particular community groups in local areas, and so the capacity to operate just outside your particular disability service and have the resources to establish and maintain those relationships and facilitate that provision of information and appropriate processes for people that will make them feel as if they were able to access something that is appropriate for their family member is really critical.

The CHAIR — Any special differences with rural and regional areas?

Ms PRESSER — There are particular challenges with rural and regional areas due to the history of accommodation provision in the past. There are some regional or rural areas with institutions and they have gone on to have clusters of CRUs, whereas in other regional and rural areas there is very little. If we look at the social housing policy, this is where it is really critical that we build supported accommodation for people with a disability into social housing projects so that there are options available for them in their local communities. The needs of regional and rural people are of particular concern. There are many people who are located in supported

accommodation well away from their families and the community that they grew up with, which means that they are terribly isolated and it certainly impacts dramatically on their quality of life.

Ms BISHOP — We could look to Western Australia's local area coordination program for some of that because certainly rural, regional and remote needs are quite different in a state like Western Australia compared to Victoria and we have probably got stuff to learn from them about how they are managing it. But as a principle, people should not have to move out of their community for services.

The CHAIR — Thank you very much for your presentation.

Witnesses withdrew.