

FAMILY AND COMMUNITY DEVELOPMENT COMMITTEE

Subcommittee

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

Mildura — 6 November 2008

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The CHAIR — Good afternoon, welcome to the public hearing. All evidence taken in 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. Please introduce yourself for the Hansard reporters.

Mr TONGE — I am the executive officer of the Mallee Accommodation and Support Program. We have a small disability program with our organisation which has grown out of a generalist service, and I am presenting on the background of that generalist service and the impacts we see occurring with people who are often the most disadvantaged group of people and vulnerable people in our community, the people with disabilities and mental health issues.

Our service is the major homelessness provider in this community. It also provides a range of services spread across disability. We have statutory responsibility for placing young adolescents in care as well. More recently, we have become quite involved in the delivery of family services. In the new initiative of government around Child FIRST we will provide a service to manage the central intake and assessment in that process as well.

We are a service that has quite a range of options. I am not quite sure whether what I would like to speak today fits the framework of the inquiry, but it is something that starts at the earlier stage of young people coming through care and just recognising the pressures that are upon families and the lack of support that families at times receive which might well, with appropriate support, result in a young person remaining at home rather than coming into the statutory service system. It was really our experience of providing out-of-home placements to young people that drew us into adopting a more formal approach to accessing funding to deliver disability services in flexible, innovative ways, we like to think.

There are some distinct systemic problems within the area of disability in particular, and obviously we have dual-diagnosis clients as well, where the disability stream within the Department of Human Services becomes less involved in the lives of families and young people with disabilities until they have reached the age of 18.

What we are looking for is a more planned approach. It is something we are really advocating strongly for, that the planning occurs at the earliest stages. It is the work that we do, but there seems to be this missing factor within the framework of the generic disability support framework within the department. Often when young people reach the age of 18 they have perhaps lived through a statutory care system for quite some years, and so often it can be quite damaging and expose them to other factors that might influence the future of their lives. We have had some successes in pushing that planning element and actually moving young people towards independent living. We have established a program called the peer relationship and problem solving program which puts young people through a program of skill development, life skill development, social development and also community connectedness in living. That supports young people in their progress towards independence. We are a Home First provider, and we really value that program but recognise that the available funding and the available packages to extend that are limited.

The other group I speak for is predominantly older men who have come from homeless backgrounds. They come into our service seeking some supports. They are often a group of people who may have had some involvement with the mainstream disability, mental health support service system, but — by their experience or medical state or capacity — choose to slip into the homelessness service system. While they are there, we are a safety net service to achieve that.

Those men present with significant challenges. I suppose it presents us with significant challenges as a homelessness service system, which I believe has probably been undervalued as a tier of

support to people with disabilities, and mental health issues more particularly, because we have not had that specialist content within the service sector. There have been some endeavours by the government currently to address that, but I think we have a fair way to go. More often than not, we know these people much better than the mental health services do. Often that is under recognised by the medical service system. We are building bridges there.

I think one of the positive things we have seen in recent years is the formation of primary care partnerships. We took an active interest in that even though the homeless sector was not seen as being something that you would generally see within the primary care partnership sector. But we took an active role in that partnership, and that has certainly been one of the greatest opportunities I have seen in nearly 20 years with this organisation. We have brought the CEOs, the leaders of organisations, together on a regular basis, including the health sector and the local government sector, and it has really generated some very positive outcomes in terms of planning and future community opportunities.

We are involved in the community engagement framework with the local government. Work has been done there, and obviously there have been reports such as the social indicators work that has been produced by Tony Vinson in collaboration with Mallee Family Care and the council. There are some really good, positive outcomes there.

We are also distributing some urgent relief funding in our community. That provides a steady stream of people coming in seeking assistance from us. We see people who are often living from day to day in terms of their financial management and their existence.

In the supported accommodation sector in terms of the disability field and the mental health field, generally my observation would be — because I am coming from a more generalist service — that people who receive the services or find a more ready access into that type of accommodation have the support or backing of some sort of family connectedness. Often we are seeing people who do not have that connectedness at all. Very often a service like ours becomes that family. We take that on as a responsibility and work towards that.

One of the challenges we have is that people do not always come with the necessary compatibility that is desirable within some settings. That presents some enormous challenges — to advocate, to find a placement for those people to reside in. Sometimes the outcome may mean, because of the deterioration of a person's behaviours — and we had one as recently as last year; we found a place in Melbourne for this gentleman, Wintringham — a good outcome, but they were some of the lengths we had to go to try to find a placement.

We are sometimes expected — and we have one such client at the moment — to connect into some relevant support services, where their behaviour is within a congregate setting. It presents some challenges in managing that compatibility and the pressures that places on other residents. He has some similar sort of displayed behaviours as that gentlemen who ended up down at Wintringham.

I suppose coming from a generalist background, our service has always been driven to value-add to the funded dollar and to seek opportunities for new programs as we have grown. We have grown quite rapidly over the last 10 years from a service that had about 10 staff to a service that has about 50 staff now. We have some 20 programs across the organisation, so there is significant growth.

We have always been onto the opportunity to look at funding opportunities, new program opportunities, fundraising and, I suppose, partnerships with other organisations. We have a very strong partnership with Kids Under Cover, a Melbourne-based charity. We are keen to develop alternative accommodation settings that we believe will provide us the flexibility to place people in a normalised setting as much as possible, with arms-length support hopefully, and then support them towards their future independence.

We have had some successes with that with Kids Under Cover and also the director of housing, who built four units some five years ago. That has certainly provided a flexible range of placement options that we manage and we control and decide who goes in and who does not. That has brought benefits to both young people in statutory care and young people who also have disabilities coming into our care as well, as they lead towards independence.

We have some involvement in a leaver care program. That has been enhanced and we are looking forward to the provision of that in the near future. That will be coupled with the mentoring program as well. We have had some success in delivering in the last two years what we call our Kokoda youth leadership mentoring program, where we couple young people with local businesspeople and individuals. A 12-month mentoring program culminates in a trek along the Kokoda Trail. We have had quite some success in that area. In particular we have indigenous members of the community. I would hope somebody would be presenting today around this very issue, because I think it is a bit under acknowledged and a bit under serviced in terms of what the real issues are in indigenous communities in terms of mental health issues and also disabilities and what sort of service provision is provided there. Consistently 30 per cent of our clients are of indigenous background. We provide significant services to indigenous people, but we work very closely with the Mildura Aboriginal Corporation as the identified indigenous-managed service in our community.

It is a bit of an ad hoc sort of coming together of services to homeless men. Some years ago there was a former establishment, a rooming house-type facility back in the early 1980s, Emmaus House. It was a congregate arrangement with dormitory-style accommodation. We moved away from that quite quickly back in the mid-1990s and provided individual accommodation in each bedroom. It is not ensuited, but it is a rooming house-style arrangement. The gentlemen there live independently. We have some daily support half a day during the week to support. They are also supported by homelessness workers. We also run a day activity service, HACC funded, at the rear of those premises, seven days a week. We provide a meal service there as well. That provides a social connectedness for these gentlemen who work towards being able to move forward into independent living as they exit Emmaus House into other forms of accommodation.

That has been a good model of support. As I said, it has been operating since around the mid-1980s. Consistently we have 20 to 23 clients who access that service — some more regularly but some on an irregular basis. It provides a social connectedness, which is so important if people are going to have linkages with communities and feel part of communities. The majority of those people who access that service have some form of mental health issue. Some might have a disability, but significantly mental health issues are the main issues that occur there. Some of those men are accommodated in a neighbouring rooming house as well in terms of long-term housing, and others will seek out possible private rental, obviously through the public housing sector as well.

I will just cite a couple of examples. For long-term housing often bricks and mortar is a solution, but obviously the necessary support is also critical, as is people's feeling of connectedness with community. I can think of a couple of gentlemen who still reside in this long-term accommodation. I think we have extended their lives beyond what they otherwise would have. They have been residing for over 10 years now in their own independent living units. We are still their support; they come into the day centre and they have that connectedness. It works for them. They are gentlemen perhaps who might otherwise move into a supported accommodation facility, or otherwise may have perished, but that has kept those gentlemen going.

I saw another example through the Home First program, where we built in a model of support to a young person with a disability, who had grown through the care system. Where they are about age 16 they are just growing towards adulthood. Her behaviour started exacerbating to the point that she was assaulting fellow students, our staff and we were really concerned about her future, but we were able to access a public housing unit for her through the Office of Housing, and we built a really strong model of support around her through the statutory care system. Now that

young person lives independently with a Home First package, receives minimal supports, lives independently, sleeps over, participates in a couple of social enterprises we have had running for young people with disabilities. One is a small coffee caddy that runs around town providing coffee to businesses around town — just a small hospitality-type service. The other one is a workshop project which has run over about the last eight or nine years, starting in a very small beginning in a shed out the back of our office and now having its own display area and workshop area in an industrial area just on the outskirts of Mildura. They build red gum picnic tables and other red gum products. We get enormous support and the contribution of a large proportion of the timber from the local timber mill. Those people have been doing that ever since the outset of that program, and we are now seeing our people who otherwise would be sitting at home or in need of some day activity project coming into this program. As they have progressed with that we have engaged with them and they have gained their confidence, their skills and their social skills. They are now talking of moving into independent living. We are looking forward to that next adventure.

I think we have gained a lot of experience along the way and we are able to support those young people well. One size does not fit all, and I think that is what we are about. It is about trying to find a range of options. We have just created a capital project through the youth homelessness action plan through the Office of Housing. We were successful in only a few projects that were piloted across the state, and we have brought together an innovative model of accommodation which lends itself from one end of the spectrum of absolute support to the other end of the spectrum of total independence. By design it is actually three units under one roof. It is a big house; there are five bedrooms — two 2-bedroom units and one 1-bedroom unit — so we can isolate each unit if the young people have the capacity to live independently, or alternatively we can have them all interconnected and they can draw on that support.

The model has attracted quite a bit of interest from the Office of Housing. I think it probably has some exciting opportunities for people with disabilities in any form of accommodation environment that requires some sort of support or minimal support. We are looking forward to that more particularly.

We have also gone through housing provider registration. We will be registered by the end of the year, and that will provide us with an opportunity to do similar projects as that. We are quite excited about that opportunity that brings us to work more closely with other agencies in developing other models of accommodation. As Sue mentioned earlier, it is about blending people from different walks of life into different settings.

There are great challenges. Being a latecomer, even though I have worked with people with disabilities and people with mental issues for many years — a bit more formally in a funded sense — one of the observations is that the disability sector in particular seems to operate in much isolation from the broader generic service system. I think that is where the challenges are ahead for the disability service sector, and we all share them. I am not sure what the reasoning for that is. I look forward with interest to the new funding arrangements around individual plan funding opportunities.

I just hope that we can all approach the opportunity of genuine primary care partnerships to provide that opportunity. Child FIRST is a good example where we have had quite a number of services come together and build that relationship and work quite intensively to deliver what is going to be a positive outcome for our community. There are already points on the board in that regard. I would like to think that we will all move forward on that basis in the best interests of client outcomes. I suppose of all the pitfalls, competitiveness, which is something that we have suffered as a negative in the past in terms of competition for resources between services, more often than not does not work in the best interests of clients. I think that is probably as much as I would like to say.

Ms WOOLDRIDGE — I would like to focus on the question you have about many of your people, especially older men, in your services generally who have a mental illness. What we

have heard this morning is that, other than the acute inpatient unit, there is no accommodation, no step-down facility, no other accommodation for people with a mental illness, and even for disability there is nothing at the complex end. I know it is hard to anticipate what something might be when you have not got it, but you have high demand from people with mental illness in your homeless services. If there was care in the community for people with mental illness or complex disabilities, how would that change in terms of the access to the SAAP service? What do you sense there?

Mr TONGE — For us the real challenges are the more critical cases. It has certainly improved. Discharge planning has improved from what it used to be like. We used to have stand-up staff at Emmaus House, which I mentioned earlier, and discharge planning involved putting a person in a taxi and sending them to Emmaus House. The police would sometimes drop people around there as well. The model does not operate like that anymore, which does not mean you do not have the liberty of people just turning up on the door, but the response will occur on the first business day. There are other emergency services available, and we do have an arrangement in place where a person can be placed in a motel as an immediate response and then the service can pick up that support. Resources drive that — we just do not have the resources to drive a 24-hour service. I suppose what would improve for us would be that a service of that nature would certainly support a better discharge plan and more appropriately place those people who need a greater level of support than our service is sometimes able to provide.

Mr NOONAN — You seem to be a strong advocate for partnership-type arrangements. You have referenced a number of types. One I was particularly interested to understand more about was when you talked about the alternate accommodation settings where this is a partnership. You have worked with Kids Under Cover and the Office of Housing. You have built four units, and you seem to have some control over who comes in or who you service through those units. Can you expand on that somewhat and explain how that dynamic operates?

Mr TONGE — Sometimes we are bound by rules and regulations when people go into certain sorts of accommodation settings. I suppose that is one of the advantages of going out and creating these settings; it gives you some management control and you can use them as flexibly as you might. It also gives you an opportunity to manage the compatibilities of the residents who are there at the time. More broadly it is not about controlling who goes in and out, it is more about being able to provide a greater opportunity of flexibility. The units were used as a transition towards independence. We are really strong on building independence in people moving into community. As I mentioned, we build programs around trying to engage with people. Our work is very strong on engaging with people. I suppose it is that hard-end work of being persistent to engage and hang in there for the client. Tolerance within the homeless sector is, as it is with many services, absolutely critical in being able to be first chance, second chance, third chance, and it just keeps going, but it is about hopefully moving people forward in a constructive sort of way.

Mr NOONAN — How did you come to form a partnership with Kids Under Cover? How did that come about?

Mr TONGE — When I first started with the agency we were a very small agency, running a youth service. Three services came together in the mid-1990s. We had a number of Office of Housing properties, but they were minimal and we just needed more properties. We started using caravans quite successfully — this town is full of caravan parks. Some have been really great supporters of our approach and continue to be, but different owners have different approaches and different patrons have different approaches and you can sometimes destroy your credibility quite quickly. At that time we had about 13 caravans. We found it was an easier way to generate resource, donations to service clubs, fundraising and other means. We have no caravans now.

At that point we made a connectedness with Kids Under Cover. They were founded at a similar time to our organisation — no, a bit after us. They were founded around 1990, 1989–90. Their

bread and butter is allocating bungalows to services like ours to put in people's backyards or wherever to provide that extra space that might keep the young person home or provide an alternative source of accommodation space for someone in care. That was our early beginnings.

We built upon that. We maintain that contact. Their founding chairperson, Ken Morgan, is a good friend of a local person and is a good friend of our organisation as well. I suppose we built upon that relationship, and Ken is actually now a patron of our organisation following the four-unit project that we did. Ken is an interesting guy. He promises the world and he delivers. He is a car salesman at the end of the day and he talks big, but he does the work. He has been a fabulous contributor to our organisation, and I think people are aware of the work of Kids Under Cover and their fundraising efforts are impressive. They have been well recognised and credited nationally and statewide for their fundraising efforts. I suppose that is how we built on that relationship.

As far as the Office of Housing is concerned, obviously it has been one of our major funders, and we worked that and built upon that relationship. I suppose it is around participation. We have always been prepared to be involved in statewide reference groups. I chaired the practice development advisory group for SAAP for some three years and have been on that for about seven years. I suppose it is about making those links. We are isolated up here and it comes at a cost, but we travel a lot and we make that commitment. Through that we establish credibility, and with a lot of work and negotiation eventually it comes through.

That last project we did, the three-units-under-one-roof project, we faced some stumbling blocks with that one at the time. I suppose the way we went about that was to invite the director to come up and have a look at what we were doing here. Mark Dall came up and met with us. He was impressed with what we were doing, and Mark has been a fabulous supporter of what we do now. I look forward to some really great opportunities through the Office of Housing, through the housing provider registration.

The CHAIR — Do you have any other recommendations to put on the record?

Mr TONGE — We have a couple of other properties. One is a unit we use quite flexibly, and one is a house. I must say that we used the house quite flexibly for a couple of years when we had a very large Tongan family — a family of 12 — living in a three-bedroom home while they were waiting for a bigger home to become available. We were also quite successful some years ago — in 1994 — when we put in a submission to the commonwealth government to purchase a three-bedroom house for use as a student hostel. Because of isolation we were the only service in Victoria that was funded. There are other such services. There were no recurrent dollars; it was a capital grant.

They sent us the paperwork the following year, so we had another crack at it. We applied for dollars and we received the funding. We purchased a tired motel, and that has been run as a student hostel since 1994. We thought we would get all the students out of the station country, but there is a tradition that those students go away to boarding school. It predominately provides accommodation to homeless people. We do it on an unfunded basis. We have volunteer live-in supervisors, as we do with our other properties. I suppose in return for free rent, power and some phone subsidy, people do a fantastic job. It requires support to support volunteers, but that has had quite a life now. That has generated some great outcomes for lots of young people. The key criteria there is that they need to be in secondary school and they need to have a degree of independence to be able to do that. Where it falls over is when they do not have that. We are well experienced in running that model. That comfortably accommodates up eight young people at a time. It seems to work pretty well.

More recently, after a lot of lobbying of the minister, we have received mentoring funding to establish a residential care unit up here for young people with behavioural problems who are in statutory care. We did not have a residential care unit up here and we were trying to manage one outside of the framework of the funded residential care model, which presented some enormous

challenges and did not always generate the best outcome for young people. A fairly critical incident, which could have resulted in the death of a young indigenous girl last year, prompted me to write to the minister, Lisa Neville, who saw fit to fund us some interim dollars to deliver that model and is mounting a stronger case to the government for the funding of a green site development residential care unit up here. We would welcome your support for that funding exercise. There is a critical need up here. Without delivering an appropriate service, the young people end up in secure welfare in Melbourne, which is not a good experience for those young people, particularly young people who are coming from indigenous backgrounds.

The CHAIR — Thank you very much.

Mr TONGE — Thank you. I hope it has been helpful.

Witness withdrew.