

**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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Witnesses

Mr J. Minter, programs manager, Loddon Mallee region, and

Ms A. Strietman, coordinator, carer and community support services, Annecto.

**The CHAIR** — Welcome to the hearing. 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. Please introduce yourself before making a verbal submission. Thank you for being here.

**Mr MINTER** — My name is Jason Minter and I am the regional manager for Annecto aged-care services, and this is my colleague Annelies, who has recently been appointed as coordinator for the older carers initiative aged-care services. I am not sure if you know a little bit about Annecto. It is a not-for-profit organisation. Our roots are in Melbourne and we provide disability services and supported accommodation in the metro, east, west and northern areas of Melbourne. Mildura was opened in 2002 as primarily an aged-care support service. Since that time we have developed into carer support services, additional aged-care services and most recently we were successful in a submission to FaHCSIA for an older carers initiative to provide assistance to older adults and young adults with disabilities. That is where we are at in terms of providing community aged-care packages and support services.

We deliver packages through LGAs within the Loddon Mallee in the areas of Mildura, Swan Hill, Gannawarra and Buloke. We have support workers and support staff in each of the LGAs. We cover around 50 000 square kilometres. Most of that area is obviously in rural and remote locations as identified by ARIA, and it extends as far out as Murrayville to the South Australian border and across to New South Wales. Our area of coverage is fairly large. We deliver primarily, in those particular areas, community aged-care packages, extended at-home packages and also dementia-specific packages to older, frail Australians. Our National Respite for Carers program is primarily the LGA at Mildura, and that covers about 22 000 square kilometres of rural and remote locations in Mildura alone.

The cottage is specific. It was actually established for older carers caring for persons with dementia or high needs. We also allow carers to stay there at times, to have a break, in conjunction with the care recipient. We understand that people need to travel long distances throughout Loddon Mallee, and sometimes it is easier to have two people come along allowing the carer to have some time-out in Mildura while the care recipient is cared for in the cottage. That model seems to have been working very well in the last two years.

Our most recent initiative obviously is around disabilities although, as I indicated earlier, Annecto has been delivering disability services in the area of supported accommodation for about 50 years in Melbourne, so our roots are fairly tied to disability services, and it seemed to be an opportunity to look at extending those types of services to the Loddon Mallee region. Earlier this year we were successful in getting some funding establishment dollars for the establishment of a program assisting older carers with older children with disabilities. Obviously there is still some talk around how this program is going to look and the transitional process between the federal and state governments, and we are waiting to hear back from our local representatives to see how this is going to look in the next few months.

That is pretty much where we are at with delivering disability services. We have actually got clients in Swan Hill who we are at present delivering disability services to under the FaHCSIA initiative. Our service is pretty much based on community care, community-type support, assisting people to remain living in their own homes in the community for longer — that is, I guess, in terms of the disability support programs that we are offering within Loddon Mallee at the moment.

**Ms STRIETMAN** — I guess to add to what Jason has said, the program which I started working on — the older carers respite program, for carers who look after people who have disabilities — commenced in about June this year and, as you are no doubt aware, the transition from the commonwealth to the state is still in progress, so we have not been able to actually admit new people since 1 September, which is when the carryover was supposed to take place. Since then there has been a gap in the process. We understand that that is being resolved but we have not got a date by which time it will be resolved. At the moment we have a waitlist of people who would like to enter the program — older carers who look after, in most cases, a child with a disability.

I understand from the little we do know from the new guidelines that the criteria for the carer will change slightly. It will not necessarily have to be a parent; it can be any person who cares on a permanent basis for a person with a disability, which is a great change and will cover people who have looked after a person since the person was three — and the person is now twenty-something — but because they were not the natural parent they could not get involved with any program before. That will be a positive change. It is somewhat frustrating, I guess, for people to be waiting for the transition to take place, because we cannot take anyone in.

One concern that may arise from the disability component in this program is that we do not know the new guidelines. We do know if to be eligible people will have to have an individual service plan — or so we understand. From our understanding and our experience, there are a lot of much older carers in the community who care for a person with a disability, who for whatever reason — sometimes because of past experiences, sometimes because they felt it was their responsibility to care for that person — have not had services around that person previously. So we have some concerns about the fact that if it is true that the person with a disability will need to be part of some sort of individual service plan, that may preclude and may discourage parents or older carers from entering the program, because we will not have the time to build up a rapport with them to encourage them to look at the future. If they are willing to have respite, they just want respite; they do not want strings attached. Sometimes, as you no doubt know, we have to build up a rapport to assist people in looking at other areas that may be relevant in the whole context of the person with a disability.

**Mr MINTER** — I guess one of the things we are finding — and again being relatively new to the disabilities area — when we are going out there and doing the needs analysis and seeing where people are at, is that a lot of people are not actually on what is called the DSR. Obviously that is causing a lot of issues in terms of how this program is going to look if we are hearing that people receiving services need to be on the DSR. Where is that leaving people that may not want to be involved with human services or have that type of relationship? I think again it is about building the rapport, as Annelies has said. Let us get in there rather than say, ‘You need to do this first’. Let us talk about it. Let us talk about the issues and where that is going to take you.

I think that is something that has sort of come out of our discussions. As Annelies has indicated, because we cover such a large area we now have a waitlist, and this is something that we are going to have to manage in terms of the service coming into play with disability services, and how we do that is going to have to reflect on how I guess DHS is going to make those connections, if you know what I mean, and how we move forward with it. As you are all aware, care and support services are very passionate. We are very passionate in terms of the people that we see and the other organisations we have spoken with. I think people are just saying, ‘Okay, you are saying it’s here. Where is it? We want to go with it. We want to move with it.’

**Ms STRIETMAN** — I think the other area that needs attention is the fact that the respite, as it was offered under the commonwealth, was additional respite for people. It was respite that was provided to people independent of any other service that they were getting, whether it was respite, overnight accommodation or whatever. So under the flexibility of the program, one was entitled to have up to 24 hours respite a month. That could be accumulative where, if parents or carers wanted to go away for a weekend, the hours could be accumulated to enable that to happen. Alternatively, if the person with a disability wanted to go away for a weekend, again the hours could be accumulated and the support worker could go away with that person.

We are not clear at this stage whether or not the new arrangements will do away with that additional component of respite and will incorporate it as part of an individual service plan, which will then mean that the purpose for which the respite was established — a carer — will fall within the context of the plan for the individual with a disability, and it may actually adversely affect the carer because the respite was for the older carer. We certainly tailor it towards the person with a disability, to encourage them to fulfil their ambitions, but the prime target in the whole thing was the carer because it was respite. It is called respite for older carers. So if that additional respite is to be part of the individual service plan, does that then take away from the funding for the person with a disability or does it diminish in a sense the opportunity for the older carer to get that respite? We do not know the answer.

**Mr MINTER** — Just capping off what Annelies has indicated around carers support, obviously it is a package deal. You cannot separate the two. I think that if you are looking at supporting the care recipient, you need to be supporting the carer. Talking from our experience in aged care more so at this stage, obviously if carers get ill care recipients sometimes end up in hospital or they both end up in hospital and it causes further grief for the family unit and extended family. We have found that in our practices, particularly in aged care are now within disability,

supporting a carer is the way that we have been actually able to assist the family group because you are not just looking at the carer, you are also looking at the relatives, the other family, the significant others in the persons lives. I think that is really important to look at. Obviously it is a package deal. You cannot separate them out. I would not think that DHS would look at that. I think it would be a package arrangement. But maybe in terms of the assessment criteria, there needs to be some specific information associated with what are the carers needs. How can we support the carer through this process by supporting the care recipient also? I think that is important on the ISP planning process.

**Ms WOOLDRIDGE** — Thank you for that. I would like to understand some of that unmet need, and I have a few questions around what you just said — for example, to decide to go into this area you obviously decided that there was a gap. Is there a lack of respite in this community generally? Is that your assessment? Have you any way of quantifying or grappling with what the needs might be?

**Mr MINTER** — Given that we run the NRCP (National Respite for Carers program) for older carers coping with dementia or behavioural issues, there is certainly need in that particular area, and we have looked at trying to address that through NRCP services locally. In terms of disability services, yes, absolutely. There is definitely a lack of those particular types of services across the region, not just Mildura. We are talking about the other smaller rural locations as well where we tend to do a lot of work. Sometimes we would like to see other services available or places where we can actually refer, given that we work so closely with the people in the community to assist them to stay at home. There does come a point in time where some out-of-home respite may be appropriate. There does not seem to be a lot of those facilities available per se.

Planned respite is very important. I think that is something that we need to do more of, assisting carers to have that planned respite in terms of providing for their mental health and their wellbeing.

**Ms WOOLDRIDGE** — So on your waitlist then, how many or what sort of hours have you not been able to provide? Did you say there has been no respite since 1 September?

**Ms STRIETMAN** — That is correct, no additional enrolments.

**Ms WOOLDRIDGE** — So existing enrolments can get the respite they are due but people coming on cannot. How many on your waitlist approximately?

**Ms STRIETMAN** — We have about six in Kerang; we have actually stopped listing them in Mildura because we did not want to raise expectations. Whenever you talk about respite with clients, there are going to be expectations. There are a lot of disability services out in the Mildura area that know we exist and are ready to refer people once we know that we can take people again, which has just been a partnership sort of arrangement. But we do not want to raise false hopes in people. I visited people in September who are still waiting to hear from me, and I keep ringing them to say, 'I am sorry, I do not have any information for you'. It is not a good image for the funding. It is not a good image for us. It is not a good feeling all around.

In terms of the respite issues in rural and remote communities, there are actually two issues. One I alluded to before, which is the parents who sometimes are very reluctant to accept respite from people because they feel they should do it themselves. I am talking about people who grew up in an era where you were to do it yourself. So having lived out on properties, somewhat isolated, it has been a sometimes one-person respite, a one-person care arrangement, or with the support of family and friends there has been some. For those people to accept new services coming in is a very big issue.

The other issue out in rural and remote communities is the issue of trained staff. It is difficult, let us be frank, given the pay that people get to do these jobs, to encourage people to take on those roles. It is even more difficult if you take into account the distances to be travelled. We have support workers in, say, Swan Hill and Kerang who, if they were to cover the Buloke area, which could be a trip of 50 to 100 kilometres, they would have to do that trip before they could provide the respite and then come back again. So there are some issues that need to be addressed in terms of encouraging local people to undergo the training. I guess that is where we need to play a role as well in terms of funding the training so that we get them on board trained and can provide the respite at a local level.

We have other issues to consider where people are reluctant to have a person from their community coming into their home to provide respite because it is seen as an intrusive sort of thing. That is particularly so in certain

locations. It is not just the simple issue of, 'We do not have respite' or, 'We do not have this', there is a whole lot of plays in progress, but I do believe that with appropriate planning all those issues can be addressed — once we know what the guidelines are going to be.

**The CHAIR** — How many staff do you have for respite services?

**Mr MINTER** — There would be about 40 support workers across the region. We have got about 20 office-based staff throughout the region as well.

**The CHAIR** — So 40 people cover 50 000 kilometres?

**Mr MINTER** — Yes, but that is growing all the time. I think we are growing at about 25 per cent a year at this stage. We have just recently begun partnerships with regional training offices and networks to assist us to grow and manage trained support workers through our service. We are seeing some great outcomes with MADEC locally. It has assisted us with support workers in Ouyen and Swan Hill and it is about to assist us in the Donald and Buloke regions. One of the issues we will always face is trying to find or locate people to work in rural and remote locations, to deliver appropriate community aged care, and qualified to that effect. Having this partnership in place is giving us that opportunity. We obviously have the people who need the services in these areas; what we did not have before was that staff. We are now seeing a bit more of a transition towards finding and locating people.

**The CHAIR** — Where do they come from? Are they locally trained?

**Mr MINTER** — As Annelies indicated earlier, it is really hard to employ someone in a small rural community — the next-door neighbour — because of the 'Who wants to know everyone else's business?' sort of thing. We sometimes go out of the town a little bit further and that person would then travel in, say, 20 kilometres or something like that to assist in that community. It depends if the person feels comfortable. We try and match people obviously to what their care needs are.

There are quite a number of people in local communities who have been doing a lot of this work on a volunteer basis to some extent too, so it is a matter of equipping them with the necessary additional skills and training and giving them the opportunity to work as paid employees in their local community. We are not there yet but we are getting there. The road is there, it is just a matter now of equipping our support worker service further.

**Ms STRIETMAN** — The other issue that we face, particularly in rural and remote communities, is, as Jason says, the road is there but sometimes we do not have the transport to drive on the road. We are faced with people who may want to go, say, from a small community into a major town. If there is no vehicle to do that, most of the communities — 99.9 per cent of the communities — would not have a bus or a taxi or something like that. We would prefer to use public transport where at all possible, so we have a real transport issue.

If, for instance, a person with a disability would like to go to watch a footy match in their neighbouring town, we would have to try to arrange transport for the 50 kilometres to get to that town, and that adds additional costs for the carer or the client and the service provider. Those issues are real issues for country regions.

**Mr MINTER** — Distance is our nemesis.

**Mr NOONAN** — I am trying to piece some of the information together. ISP packages — how many people do you service who receive an ISP or an independent support package?

**Ms STRIETMAN** — At the moment we do not because we have not had that criteria yet. That is a new one that we think is coming in.

**Mr MINTER** — We believe the system is going to move to an ISP arrangement but there is nothing that is really written to confirm that arrangement. There is talk at the moment but we would obviously like to see some firm arrangements in terms of how it is going to look. We have been advised it will happen. It is just when, I guess.

**Mr NOONAN** — On that basis, have you provided a level of information to those in your network about what is likely to come? If so, what is the reaction to that?

**Mr MINTER** — We have said what we know. I think we have been very transparent with other services. It is probably the best way we have had to look at, ‘This is where we are, this is where we want to go to, but we are not quite there yet’. I think we have used the line of reassurance: it will happen but we obviously need to iron out a few of the issues associated with how the program is going to look.

People have been quite receptive of that. Although there is the feeling of, ‘When is it going to happen?’, I think the expectation is it is going to and it is just a matter of when. We receive phone calls and some follow-up. Sometimes people are eligible for other services. For example, an older carer may be eligible to access our National Respite for Carers Program. We do tend to use other services or other referrals or our internal services to assist people in an emergency situation. We also run an after-hours emergency support service, so people can pick up a phone and call us if they need assistance.

**Ms STRIETMAN** — I guess the limitation of that is that the National Respite for Carers Program is only available in the Mildura LGA. For instance, at a recent carers meeting in Kerang it was very clear that people felt very frustrated with a system that would prohibit them from utilising additional respite — sometimes new respite — because they would like to utilise it but we could not offer them anything. We cannot offer them the cottage in Mildura or anything like that because they do not live in that LGA. The funding for NRCP is just for the Mildura LGA. Anything outside that, we cannot offer alternatives. The frustration level for people who live in those communities is extra high because they miss out.

**Mr MINTER** — It should be noted we are hoping to change that. An NRCP round has just recently been released and we will be looking at the other LGAs to assist.

**Mr NOONAN** — Can I just unpack that? Annelies talked about parents who want respite but are a little concerned about losing some level of control. That is not evidence that we have heard before our committee at this point. Can you talk that through a bit more so that we can understand that more clearly?

**Ms STRIETMAN** — It is only anecdotal; I cannot give you any hard data. I can give you an example of one person that is very clear in my mind. Her son was in residential care when he was young. He was abused and so he came back home. He then started working in a recycling place and got his fingers crushed.

He has had a double whammy of unfortunate and very sad experiences. He is now at home. He is very happy at home, but his parents vow that they will never put him in a system, so they have put things in train. Fortunately they are able to do that. They have purpose-built their home around him so that when they are not able to look after him the adult son can stay there.

In other areas — and I guess the disability services in this area can back that up — there are people, particularly in rural areas, who because of the isolation that they have are not able to travel into Mildura to access Mildura services. There are no services elsewhere, so they have done the job themselves. Sometimes that is through necessity, sometimes it is because they felt it was their duty. In that sense, for them to have to trust a service provider to come into their home and develop systems for them is a concept that can be scary. It is sometimes not easy to face the future and to look at what may happen when we are not around.

Sometimes it is not a very safe thing to do. Sometimes people are receptive but most of the time one would have to build up a rapport with the family to enable that to evolve and develop. You cannot just walk in and say, ‘Let us plan for the future’. That is where I was coming from. When you look at all the carers who have done the job themselves for the last 40, 50, 60 years or more, sometimes that transition to accepting other players is a scary concept.

**Ms WOOLDRIDGE** — You have been operating the older carers program for three months?

**Ms STRIETMAN** — Yes.

**Ms WOOLDRIDGE** — And how many clients are in there?

**Ms STRIETMAN** — We have only got two because it was before 1 September that we started, and after 1 September we could not get any new intakes. We have people on our waitlist from the Kerang, Swan Hill, Bendigo area, but we cannot place the people at the moment.

**Ms WOOLDRIDGE** — My question is what would be an estimate that you would say of those who do not have individual support plans but who may wish to access a service? If it shifts, what sort of proportion of those who may need it are going to be potentially excluded? I know it is a hard number.

**Mr MINTER** — It is tough.

**Ms STRIETMAN** — I really would not like to give a figure on that. But if you look at the rural areas, if I look at the feedback I have had from rural areas and people out there, you would say it could be up to 5 per cent or something like that. I really do not want to put a figure on it.

**Ms WOOLDRIDGE** — So most people actually do have individual support plans?

**Ms STRIETMAN** — They may not have an individual support plan but they might be registered through DHS because of previous involvement; and once you are registered, you never disappear off the register.

**Ms WOOLDRIDGE** — But now you can only get on the register if you actually need it, so there is a whole swag of people who are not on the register who probably are in serious need. Just to understand, because you have said both they need an ISP and they have to be on the DSR, are they the things you have been told, that you need to have both?

**Mr MINTER** — We were led to believe that to access disability services they would need to be on the DSR. Under 'Moving forward', with the older ageing carers initiative, that is the place where I think DHS wants to go with it. How it looked initially was that this was just additional respite — this was 24 hours a month of respite on top of whatever service a person is actually happening. Putting figures on it and saying where the goalposts are, I am only speculating.

**Ms WOOLDRIDGE** — They are either in the system — —

**Mr MINTER** — Or they are not.

**Ms WOOLDRIDGE** — They are either receiving a service or a package currently or part of a plan or they are on the register to receive it, but for those who anticipate that there will be a need down the track but who are not yet at that point, who just need a bit of a break, they are the group that will be excluded through this process.

**Mr MINTER** — Yes. And again we are not sure of numbers on that. We have spoken to a few carers in the more remote locations who are not registered, who require respite and who obviously want to talk more about that with us when the program comes to development.

**Ms STRIETMAN** — The information has also been anecdotal. Talking to service providers in the Buloke shire and in the Kerang-Gannawarra shire, they tell me that they are aware of — I cannot use the term 'a lot' because I cannot quantify it — all the carers who live in very isolated circumstances and the person they care for is not involved with any services; they only know them through, say, health provisions or something like that. They would be the ones who under the original concept would be eligible for the service, because it is just additional respite. It would be a great foot in the door to start planning for the future. But if the criteria is as we think it is going to be, they may well be excluded.

**Ms WOOLDRIDGE** — Thank you.

**The CHAIR** — Your provision of service is very much different to all the people in disabilities?

**Mr MINTER** — Sorry?

**The CHAIR** — Your role in providing support for all the people is very much different to your role in supporting people with disabilities, but is there a difference or is it the same thing?

**Ms STRIETMAN** — The concept of support is the same but I guess what we would like to try to work towards with the person with the disability is achieving their aspirations better than they may have to date, and that is where the individual service plan is great. If we are able to sit down with them and plan for their future, linking

them to whatever opportunities they see available or they would like to have available to them, whether that is living independently or getting a job or whatever it is, then that is where we could assist them in going.

If you provide respite for all the people, you work with them based on their life experiences. With younger people with disabilities you are hoping to extend their life experiences.

**The CHAIR** — Your staff are trained to look after both?

**Mr MINTER** — In terms of types of services, in individualised, person-centred planning we look at a holistic situation. It is across the board, not just within aged care but also disabilities. I would not want to separate out that we would treat people any differently based on what their needs are. In terms of an individualised plan, that is developed in terms of assisting a person to achieve their goals or their life expectations — their hopes, needs, dreams. I guess that is what we would like to think the services we provide assist the person to do. Just to clarify, even with an older person or an older carer I think it is still important that we plan for their futures. I know their needs may be different but we are still future planning for them.

**Mr NOONAN** — I wanted to ask a more macro question about the sector. You are a not for profit operating in both metropolitan Melbourne and outside of it clearly, and across a large region. We have heard today various submissions about partnership arrangements. There seem to be many not-for-profit providers in this space. You have talked about your own growth as an organisation in this part of the world. I just wonder whether you might give us a view as an organisation about where you believe this disability sector might be going in this part of the world in terms of consolidation, growth, partnerships — just broadly in your experience, particularly given that you operate in both a metropolitan environment and a regional/rural environment.

**Mr MINTER** — And there are differences, having seen both worlds. Obviously I spend a lot of time in Melbourne as well as living and working in Mildura. Although we are one organisation, we run differently in terms of metro and rural services. Partnerships are a key influence in rural areas. In terms of the distance and the enormity of what we do, partnerships are a necessity. If it were not for regional training opportunities and networks and other services that we depend on as much as they depend on us to deliver services, I do not think we would have a service in rural Victoria. I think that needs to be made very clear in terms of the importance that partnerships play in the local community.

In terms of our growth and where we are going, we have delivered on a number of things we have had to do. We have had to develop service partnerships, because it has given our organisation an opportunity to deliver services in more rural and remote locations. For example, if I have not got support workers in Kinley in Swan Hill, which is almost on the New South Wales border, there is another service there run through the local council and we can actually broker a service through them. Without having that opportunity I think we would be in all sorts of trouble in terms of trying to deliver everything ourselves. I do not think that is the way we are going to go. I do not think that would actually work.

In terms of quality management and control, it is very important that you can do a lot of it to some extent because there is a level of control and management in terms of how you deliver a service, but with service contracts and partnerships, today's service partnerships are very clear in terms of the expectations from other organisations and your own organisation. To answer your question, I think partnerships are most definitely a viable future for delivering services in rural areas, especially remote locations.

**Ms STRIETMAN** — I think it is also very important for the person receiving in our case the respite. If we plan services and they are involved with, say, five or six services, then that person should be at the centre of that whole planning process. The planning process surrounding each individual should be done in partnership with whoever is involved with that person. In the case of people with disabilities and aged people, we talk about person-centred planning that takes into account all of the facets of that person's life, including the services that they are involved with. For us, partnership with that person and the other organisations they are involved with is actually very important.

**Mr NOONAN** — This is a really critical point for me. If you have an individual who is receiving five or six services, who then is responsible for the person-centred planning that actually goes on, which you are a part of as a service provider?

**Ms STRIETMAN** — The individual planner.

**Mr MINTER** — Our organisation would be responsible for the delivering of the ISP; we deliver the service planning. But obviously again we would call upon other services if they are able to assist us to deliver, and it is about choice. We would like to think that our organisation can offer everything to all but realistically we have to set out our limitations and boundaries and think of what we can achieve and provide quality outcomes, and sometimes quality outcomes are other services that can deliver on the goods as well.

**Ms WOOLDRIDGE** — And some of them would have their own planners as well. I think the individual works with a group that they choose to be their planner and then that planner accesses the network of services.

**Mr NOONAN** — You think that system works in your case?

**Mr MINTER** — Yes, providing there is a clear distinction between who is I guess the case manager or the primary planner. I think that is really important.

**Mr NOONAN** — Is there sometimes blurring of that arrangement?

**Mr MINTER** — There can be, but I think at the end of the day if you are looking at the types of services that you are providing, it does work itself through. If a person has been allocated the role of having the ISP function in terms of support and planning and making decisions or gathering that information, I think at the end of the day it is important that that service has that responsibility. It makes it easier for the families too to work with one individual rather than five. Although the families could be well informed that these are the other services we could look at accessing, I still think to have one person, one contact, one area is very important.

**Mr NOONAN** — Thank you.

**Ms WOOLDRIDGE** — I have one more question. We have talked a lot about respite. Just back on the accommodation for a second, out of that group that you work with, are you seeing a failure to access appropriate accommodation for the individual with a disability when they need it? Or are you mainly seeing people at home who continue to be happy to do that and access services? What is the accommodation context of what you experience in terms of your client group?

**Ms STRIETMAN** — Anecdotal feedback to me is that, particularly for people who have an ABI, the accommodation issue is often a very strong issue. We can provide overnight support for people but only up to two or three nights. If the family or the carer wants to go away for a long period of time, they need to look at a residential care facility — —

**Ms WOOLDRIDGE** — So it is aged care?

**Ms STRIETMAN** — It can be aged care. There are some residential accommodation facilities around Mildura, but of course they are limited in the number of hours they can allocate as well. I believe there are some real issues there that have not actually been researched to the extent they should.

**Mr MINTER** — It is the type of models too. If you are looking at the types of accommodation, what would best suit rural areas in terms of whether we are talking about supported accommodation, lead tenancy, co-support — what would best suit a rural environment is the question. I do not really know but in terms of an older carers initiative for a person with disabilities, maybe some form of lead tenant model would be appropriate.

That would give an opportunity for people to remain in the community, remain supported and their children remain supported with a person who is skilled to develop further. I guess that is the question really in terms of the older carers and what happens to their children when they pass on, what services are available for them. This is all about planning now. This is a plan now to develop whether it be an accommodation support service or a community development-type model to provide further assistance for them in the future.

**The CHAIR** — Do you have any other recommendations for the inquiry?

**Mr MINTER** — No.

**The CHAIR** — Thank you very much.

**Committee adjourned.**