TRANSCRIPT

FAMILY AND COMMUNITY DEVELOPMENT COMMITTEE

Inquiry into services for people with autism spectrum disorder

Bendigo — 17 October 2016

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Mr Murray Dawson-Smith, chief executive officer, Distinctive Options.

The CHAIR — I welcome everyone to this public hearing of the Family and Community Development Committee's inquiry into services for people with autism spectrum disorder. This hearing is one of a series of public hearings being held by the committee in regional Victoria, and we are very pleased to be here in Bendigo today. We have held a hearing previously in Geelong, and we anticipate that we will have hearings across Victoria during the next few months. All evidence presented at this hearing today is protected by parliamentary privilege and cannot be subject to the actions of any court. Our first witness today is Mr Murray Dawson-Smith.

Mr MURRAY-SMITH — Thank you very much for the opportunity.

The CHAIR — Thank you very much. Welcome to our hearing, Murray, CEO of Distinctive Options. Thank you for attending today. All evidence at this hearing taken by the committee is protected by parliamentary privilege as provided by the Constitution Act 1975 and is subject to the provisions of the Parliamentary Committees Act 2003 and other relevant legislation. Any comments you make outside the hearing will not be afforded such privilege. It is a contempt of Parliament to provide false evidence. Recording of the proceedings will commence today, and you will be sent a proof copy of the transcript and be able to make factual or grammatical corrections if necessary. Murray, thank you very much for your submission to the committee.

Mr MURRAY-SMITH — You are welcome.

The CHAIR — It is much appreciated. I invite you now to make a 15-minute presentation to the committee.

Mr MURRAY-SMITH — I would prefer to keep the presentation fairly short because the submission was quite extensive with a significant number of recommendations in it. I would like to start by simply pointing out that I have had nearly 20 years now in the disability sector and prior to that working with disadvantaged people throughout Australia and internationally. That includes time in the South Pacific as well as in Africa, so I have had fairly extensive experience of working within disadvantage and disability, and I suppose within the context of that probably the last 12 years has been specifically working with support services and providing support to individuals with an autism spectrum disorder.

As a result of that I guess we have looked at whether we are actually achieving the goals that we set out in terms of providing quality of life outcomes for people with disabilities and in particular people with autism. It was my view when the national disability insurance scheme was first launched that they had profoundly underestimated the numbers of people with autism who would present for support services, and that has been borne out now with the statistics that are showing that some 31 per cent of all packages are going to young people or to individuals with an autism spectrum disorder, and we believe a further 9 per cent to 10 per cent of those who have an intellectual disability would also demonstrate some of the characteristics of autism. And so the concerns that we have had all the way through would be around the capacity of the service system to meet the needs of people with autism, and that relates predominantly I think to the training and the skills development that takes place, but also, and just as importantly, it also asks questions around how we are developing a system that supports children from the beginning of diagnosis through to adulthood and then into older age. Part of the concern that we have is around the capacity of the system to do early diagnosis and therefore to provide support to very young children when they are first diagnosed. The statistics and the research tell us that the earlier we identify autism and the quicker we get those supports in place, the better the outcomes are. In saying that, I am not convinced often that some of the service systems that provide that early intervention are necessarily ideal either.

Apart from that I suppose we would also argue quite clearly that we have some real challenges with the education system, and we think that some of these are related partly to the teacher training system that is in place but partly also to the ability of schools to respond to the needs of children with an autism spectrum disorder within their classrooms. Clearly we are seeing and getting anecdotal reports at least that in many, many instances schools are now looking at one or two students in every class that tend to be on the spectrum. That suggests that the diagnostic rates of 1 in 100 or 1 in 150, depending on which ones you would like to argue, are out of touch with reality. A lot of the research that has been taking place in Europe is now suggesting that the assessment tools we use around diagnosing autism are gender biased towards males and do not pick up females, and so again, despite the traditional notional view that it is 4 to 1, we would argue that it is not 4 to 1 — the diagnostic rates — but that it is much closer to 1 to 1 than we predicted.

I have seen that I guess in my own experience regularly when we have a family coming in to see us and mum will be sitting there talking about dad having a diagnosis of autism and I am watching mum presenting with many of the same characteristics but in a different structure and a different sort of style, if you like. So I will often sit there watching mum frantically writing notes down every time we speak and thinking, 'Well, there's a good indicator of someone who perhaps might have some of the characteristics of autism without a formal diagnosis'.

I suppose the reason that we then made a submission to the inquiry was that I have a background in autism, which allows me to make some comment and some fairly informed and professional comment, but also that there is an opportunity we think for state government to add value to the national disability insurance scheme. We would argue very strongly that those advantages that we could add to the national disability insurance scheme are cost neutral, if they cost at all. They would relate, for example, around the schools. We do not see that there is any reason why you as an employer of teachers cannot in fact insist on particular criteria being met by new graduates. We believe that it is not unreasonable for the department of education to say, 'If you wish to work for us, you have to demonstrate that in your course of training you had 120 hours of teacher training around disability'.

I say generally around disability because again we would suggest that many of the characteristics and therefore the responses to autism are just as appropriate for people with an intellectual disability as those with autism. I cite, for example, the use of timers. I work with a young man who has Down syndrome who also gets quite agitated if he is not on time for things. We use a timer for him just as we would for someone on the autism spectrum, and it has an amazingly powerful relaxing outcome for him as well.

So we would argue very strongly that the education system can very simply say, 'If you wish to be an employee of us as a new graduate, you need to demonstrate that your teacher training has comprised 120 hours of education and that you have attended and participated in one special school setting as one of your skill settings'. So the teachers then entering into the mainstream school system have the competency and the skills to work with people with a disability. There is no cost to government to make that an employment criteria. Education services that are doing teacher training will very quickly figure out, 'If we want people to come to our school, we're going to have to meet that criteria as an employment deal-breaker'.

We would argue very strongly that the government can very quickly make those kinds of changes with the use of a pen. Likewise government has consistently, over a number of governments of both persuasions, talked about inclusive schools. We would argue again quite simply that we should be putting one of the KPIs of the principal as the development of an inclusive school system, and the principal should be able to demonstrate that as part of his criteria to meet his performance indicators. Again there is no cost to government to do that, but what it does demand is that the school from the principal down starts taking inclusion as a serious part of its school system.

I suppose the other part to that is then if we are looking at the schools and then moving into that adult service system, which is I think where the major challenges are for us as a service provider. Again we would argue that one of the concerns is that we think we have moved from the tail and that the tail is now wagging the dog. When I look at, and as the research done by La Trobe University demonstrates, the standards that we have now that have been developed by the department — and I have to own some of that because I was in the original group that wrote the standards — we have moved from a system of practice, looking at our practice and determining whether our practice is appropriate. We have now looked at whether we have appropriate policies and procedures in place, as if that in itself will in fact give us good practice.

We would argue very strongly that when the auditors are coming in, the question we would often ask our auditors is, 'Do you have the competency to actually look at my practice and tell me whether my practice is appropriate or inappropriate?'. The answer is, and the research that is being done by La Trobe University is demonstrating, that in the DHHS standards, for example, 81 per cent of those standards are around the written policy and procedure, so the determination of competency is based around written procedures and policies. We would argue very strongly that then the 19 per cent of practice is from when I talked to a parent, I talked to a staff member, I talked to a person; when I get that, somehow or other that tells me whether I have got good practice or not.

We know from some fairly recent articles and some fairly recent concerns around a service provider that in fact they have got certification, but at the same time all of these issues have been raised around their practice. So the concern for us would be, if we are going to have an effective system, that we think there are an enormous number of things that we could do or government could do that have no cost implication. So, for example, to look at the standards, it is very simple for us to say, firstly, ‘If you want to audit an organisation, demonstrate your competence in good practice to be an auditor’, rather than, ‘You’ve passed this exercise around being able to read a policy and a procedure’. Show me your practice skills.

We have had an experience with our own organisation where our auditors claimed that we were using restrictive practices. We have gone to the office of the senior practitioner, and he has told us that we do not. So we have had to waste an enormous amount of time. And that was not based on observation of practice; it was based on a service plan, on a document. When we said, ‘Have you actually looked at the practice?’, the auditor’s answer was, ‘No, I’ve only looked at the plan’. I do not understand how we can think that is good practice.

So from our point of view, a recommendation — and we have put it in our submission — is that we believe we need to be much more focused on the auditors looking at our practices, coming in and spending time observing practice and then telling us whether we are a proper service or not, then looking at our documentation to see whether it supports that. I do not believe that is the case as it exists now in the service system. I will stop there because obviously it is contained in the documentation, and you may have some questions that you would like to ask.

The CHAIR — Thank you very much, Murray, and thank you again for your submission and the substantial number of recommendations contained within.

Mr DAWSON-SMITH — It is called seizing the opportunity.

The CHAIR — No, we appreciate that you have a wealth of knowledge in this area. I think you were with Amaze. Is that right?

Mr DAWSON-SMITH — I was the CEO of Amaze institute, yes. I converted it from Autism Victoria to Amaze.

The CHAIR — That is right, yes, so you have a great deal of knowledge, and we much appreciate you coming along today. I have a couple of questions. You mentioned at the beginning about the increasing number of people being diagnosed with ASD and that the NDIS may not have the capacity to meet that demand. What do you envisage as a solution to that?

Mr DAWSON-SMITH — I guess the concern that I have is that, at the end of the day, it is an insurance model, so once you have committed all the resources of that insurance model to service provision and through programs and service provision to people on the spectrum, the question then becomes, ‘Do I now have to tighten up my criteria and, therefore, to exclude more people from the eligibility range?’. If so, what happens to that particular group of people? They will fall, in my view, on the state. The state will ultimately have to pick up some responsibility for that if the NDIA chooses to tighten eligibility.

The CHAIR — And we have not really seen that eligibility criteria in — —

Mr DAWSON-SMITH — It is not even out there at the moment, in truth.

The CHAIR — No, that makes it a little bit challenging.

Mr DAWSON-SMITH — Absolutely. I think if you listen to the language of the NDIA, and therefore the federal government around the NDIA, there is certainly an emerging language that says, ‘We’re really concerned about the financial costs of this service system’. They have expressed that in any number of different ways.

The concern that I have then is that if you tighten the eligibility criteria — and, as we know, regarding the models of the tier 2 and the tier 3, we have not even had conversations with the government about those — I guess the worry for me is that people are going to fall down through the cracks and state government will have to pick them up in some way, because the commonwealth will say, ‘Well, we’re picking up all the people that we said we would’. So who picks up the rest of them — those episodic people, those people that perhaps function quite well for 6 to 12 months, and then for some reason some crisis comes up and they fall apart?

Who is going to fund the out-of-home care sector? We are seeing now that there are families with children on the spectrum that are using the out-of-home sector as a respite service. They might not call it that and it may not be presented as that, but the fact is, and I know in the period of time that I was with Amaze, we did a significant amount of training with the out-of-home care sector because it was seeing significant numbers of autistic children. Even if they were not diagnosed, they were coming in and presenting with autism and the characteristics of autism in the out-of-home care sector. So again the state government is picking up that cost whether it likes to or not in terms of its obligations through the out-of-home care.

We are seeing the mental health sector. We were contacted through Amaze by a significant number of mental health services saying, ‘The guys that are presenting to us are guys with autism spectrum disorder as well as mental health issues’. The question then is: did they have those mental health issues all along, or were they as a result of their life experiences through the school system or whatever creating those mental health issues for them?

So again I come back to the challenges for state government. If you can add value through better skilled teachers, better early intervention and better service provision from the adult system, my comment to you is that that would in fact reduce that obligation to pick up those extra people that are going to fall out or not be included in the NDIA. For me, the challenge I think for you as a state government is: how do you add value to the NDIA in a sense and therefore address some of those potential issues that you are going to confront?

The CHAIR — I guess the problem we have is that we will not know what that is going to look like until it is actually rolled out, and where the gaps are.

Mr DAWSON-SMITH — I think that is absolutely right, but there are things, though, that I would argue quite clearly you can do, and those are around the teacher training. That is not going to hurt the difference. In fact that is going to add value for you.

The CHAIR — And fortunately that has already commenced.

Mr DAWSON-SMITH — Sure. From a parent point of view, I can tell you now for parents school is the most frightening thing when you have got kids on the spectrum. If state government can say, ‘Teachers will have this skill set. Principals will be obliged under their KPIs to demonstrate inclusive school practices’, it is enormously relieving for a parent to know that they can actually engage in the school system with those systems in place.

And for teachers, obviously my generation is more in the retirement age than the starting age, but I have got friends whose kids are just starting out at teaching, and they are just enormously devastated when kids are in there that they cannot support properly, simply because they have not received the training and the skills that are necessary. Again, for me that is not a difficult task. The notion — —

The CHAIR — I just want to pick up, Murray, if I could, on the out-of-home care comments that you made. Does your service provide out-of-home care support?

Mr DAWSON-SMITH — Distinctive Options does not, and Amaze was only providing training because we did not provide that direct service.

The CHAIR — Yes. So you have just recently arrived in Bendigo as a service provider. Is that correct?

Mr DAWSON-SMITH — That is correct, yes. Our service model has moved from a large service down to small, with a maximum of five to six people in any practice model, and we will set up separate services for every five or six people.

The CHAIR — So having moved to the regional area, what is your view on the availability of diagnostic services and allied health professionals both in regional areas like Bendigo but also in Melbourne’s west?

Mr DAWSON-SMITH — Bendigo is probably not too bad in that it is an attractive city for people to live in, so you will get service providers. Certainly in my travels with Amaze probably one of the biggest issues that we confronted in terms of feedback from families was that lack of service system. Again, we get people who come in and come out of these service systems. The challenge is to create a system where people are leaving to get qualifications and then returning to their home or to their regional centres. Certainly our experience, particularly with Amaze, was that that was a real challenge — to get services in regional and remote Victoria. Again, I guess the challenge is for us to stop thinking that Victoria does not have remote areas. If you are in a really remote, isolated town, the truth of the matter is you still have to spend enormous amounts of resources and time to get to support services. I think there is a misnomer that somehow or other Victoria is small and therefore it does not have remote communities, and our view and our experience has been that it clearly does have.

Ms McLEISH — Thank you very much for coming in, Murray. I could ask so many questions, actually; I am not sure where to start. With the 120 hours in a teaching degree, I figure that is about four weeks worth.

Mr DAWSON-SMITH — Yes.

Ms McLEISH — What are you seeing that they are getting at the minute? It could either be an education degree or a diploma of education, which would be quite different.

Mr DAWSON-SMITH — In a degree course in many cases they are getting one 3-hour lecture — that is what they actually get — up to, in some situations, a little bit more than that. Again, I think the opportunity there for us is around, if you have to do one teacher training program in a special school, you can add value to the special schools as well. That can actually enhance the quality of special school education. But again our experience has been that it is also not just about, 'I'm going to give you 120 hours'; it is the quality of that 120 hours that becomes critical.

Coming from an autism background, from our point of view, if we can get the communication right, we can get the behaviours right. That seems to have been our experience. So if we can get a child to be able to indicate that they are getting anxious or distressed or that there is a sensitivity issue — 'I am becoming distressed', at whatever — if I can get you to be able to speak that and tell me, and when I say 'speak it' I do not necessarily mean in words, but communicate that with me, then the behaviours disappear. My experience of working with complex behaviours has been that if I fail to put in the good communication strategies, I never deal with the behaviour.

I worked with a CRU in Morwell up until perhaps 18 months ago, and they were going to hand the service back to DHHS because they were having such problems in the house. They engaged me to work directly with the person that they thought was going to be the problem. We walked in, and basically the answer was, 'Put your hand up and say, "Stop". Sit down. I will get you a glass of water', and that was the end of his behaviours. The problem is I then had four other people in the house who also had behaviours, so the challenge for us is to stop just looking at the individual but to look at the environment in which they are in.

Ms McLEISH — I just want to get back onto the teaching element. Where you have seen a teacher be extremely effective, is that skills that they have learnt on the job? Is that skills that they have that are intrinsic to them, or is it something that they have learnt out of a textbook or a classroom?

Mr DAWSON-SMITH — I think it is a bit of a mix and match of all of those things. It is a teacher who is willing to look at alternative ways of engaging with somebody, but it is also a teacher who has been given some of the simple skill sets — putting a timer clock in your classroom, being strategic about where you place a child in your classroom, so a child with autism, for example, who is an absconder, you do not put next to the door. So you think those things through. A teacher who has been given some of that insight will generally set their classroom up a little more strategically. If you are in a classroom where the sun comes in through a window, then I would not be putting an autistic child where they are going to have that sun on them. It is that thinking stuff that we would encourage staff to do. But if a staff member does not know anything about autism, that is kind of guesswork stuff for them. They go, 'Well, when Fred was here, I sat him near there; he did that, so I had to move him'. Now he is going to get distressed because he is used to being in that chair and that is now his place, so it compounds and — —

Ms McLEISH — I am trying to focus on the teachers themselves. Would it be primary, secondary, equally mixed? Do you think the skills are — —

Mr DAWSON-SMITH — I would think that you should be doing both because from my point of view an inclusive school system is one in which a child starts in primary school and works their way all the way through.

Ms McLEISH — What about kindergarten?

Mr DAWSON-SMITH — Absolutely I would think kindergarten and in fact childcare centres should be inclusive.

Ms McLEISH — And do you see any of the skills that staff in those — —

Mr DAWSON-SMITH — Again, we were engaged by the childcare services to produce a teaching resource for their staff, which we produced for them in 2012, 2010. The childcare centres came to us because they were concerned that, again, parents were asking for their kids to be included and they were unsure about how to manage children on the spectrum. So again the resources have been provided. The challenge is that a resource is only part of the way there. A resource can often just open up a question rather than answer it for you. So I think again it is being careful about the resources that you are producing.

Ms COUZENS — Thanks, Murray. I appreciate your submission and you coming along today, and I am very interested in reading the 32 recommendations made in the submission. As my colleague said, we could ask questions or have discussion about all of those for a very long time, but given that I only have got limited time, the creation of autism-friendly hospital wards was something that I was interested in. We have heard throughout this inquiry the same sorts of issues raised about the difficulty for people with autism to get medical and dental treatment. I just wondered if you could expand a little bit more on that.

Mr DAWSON-SMITH — I think, again, if you go back a little bit, the reality for most people on the autism spectrum is that you can introduce change as long as it is a natural part of your practices, if you like, and where it is not, then there is an obligation, in my view, to create a proper transition process. So for example, if I am working with somebody and they have to go to hospital, then I would automatically say, 'I now need to create a whole social story around this and around what you are going to see and what you are going to expect to see', before they go to hospital. I also then expect that when I get to the hospital the people in the hospital will also understand the transitional process that is going on, and that is where it often falls down.

I can clearly create a social story for an individual and say, 'My name is Jack. I am not well. I am going to the hospital', and I can create photos and all those other things, and we can drive past the hospital a couple of times before, we can actually do a visit to the hospital. If I take those processes in, generally speaking I have a fair chance of success. The problem is then once they are in hospital and they are being supported by nursing and medical staff and allied health staff, are they as equipped and as skilled in terms of creating the support system for those people? Again, with due respect to the hospital system — and I appreciate they do not see that many autistic people, necessarily, coming through — I do not think that is necessarily the case.

So I put them in a standard ward with all of the noises and crashes and bashes that go on with a standard ward. Having been in hospital myself, I do not like those noises. I get woken up at 7 o'clock in the morning. I do not know why I am woken up at 7 o'clock in the morning. I am capable of saying, 'Hang on a minute, why are you waking me up?', but someone on the spectrum simply says, 'What is happening that I am being woken up here?', because no-one has bothered to create a social story for them that says, 'You get woken up at 7 o'clock in the morning'. Now I know that, and I have no anxiety because I know that is what is going to happen.

Again, I think these things are not complex. They are 'Keep it simple, stupid'; that KISS principle is really, really valid for all of these places. Again, I come back to that stuff around that communication, and the lack of communication is often what causes distress.

Ms COUZENS — But it is complex in terms of implementing it within the hospital system, isn't it, because it is not just being on the ward; it is X-rays, blood tests, every component.

Mr DAWSON-SMITH — That is absolutely true. But a hospital could employ one person to do social stories, or in fact a group of hospitals could employ one person to create a whole range of social stories, and all you do is change the photo. Again I think we think this is all really complex and really difficult stuff, but actually my experience is if I create a social story of going to the football, I only have to lift that photo out and change the name to 'my name is Jack and I'm going to the' and I put that photo back in. So for me I think we have got caught up in the view that autism is this overwhelming thing, when I think it is more about us having so catastrophised this that we often forget that many of the strategies we could use to support people on the spectrum are quite simple and quite straightforward. The problem is we think we have to do something more than that, and I think we should start with those really simple things.

Then if you need more, it is absolutely true. As I said to you, we had a woman who went to the hospital. This hospital's approach was, 'We'll just tie her down for three weeks'. Now, we work with her; we have never had to do that. So here is a person who has been enormously traumatised by that experience when there was absolutely no need for it. To me then why not have a quiet ward somewhere that only has one or two people in it, has subdued lighting and does not have the sound that intrudes? I am not sure that that is a massive thing when you are building, remodelling or renewing a hospital site.

The experience has been — for example, in developing housing that is disability appropriate — that if you begin with that at the beginning of the building process, the additional cost to do that is around $500 or $600 to build doors that are wheelchair accessible and to have a passage. If you start with that thinking, they are not difficult. The problem is we do not start with that thinking, and then we end up with this wonderful hospital that is fantastic but it does not actually accommodate the needs of those people that do not fit the neurotypical model. So for me when people say this is complex and so on, actually I do not think it is, but it requires a small investment in my view — and I do not believe it is a big investment.

Ms COUZENS — And that would be one person that guides through.

Mr DAWSON-SMITH — I would. I mean, that to me would be the way to go. We employ a person in our service that just does communication tools. That is their job. So every time we have someone with an autism spectrum in, they automatically engage with that person to then develop the communication tools that we need for them to be able to do a good job. As a result our service has no restrictive practices. We do not have a restrictive practice, and we do not have that because we start off right from day one saying, 'We've got autism; we now need the communication tools in place that allow you to come into our service and be supported without you getting distressed, without you getting anxious and without you exhibiting behaviours'. We have had a number of people come in to our service that the department has said, 'We can't do anything with them'. So to me again these were not Einstein or complex treatments. Of course you have got to have an understanding of autism, but if you do, it would be our view that in the main you can work effectively with people absolutely with little commitment to that.

Ms COUZENS — And would you say the same for the housing? I mean, I know we are running out of time, but I just wanted to ask — —

Mr DAWSON-SMITH — Look, I ran a housing service for people with a disability including autism, and again it is the same things. You know, we have got a young girl at the moment who has moved from the town she was in, because she could not manage her accommodation, to where she is now. Again our role is to sit down with her and give her the social stories and the things around how you say no to people, how do you do. Now once we do that we have a successful outcome.

The service that I ran in the past, we had one or two of the guys who would go knocking on every door in the block of flats looking for a cup of tea. Okay; well we gave him a social story — this is how you do that — and that was the end of it. I worked with a young man that, when he walked down the street, every time he saw a particular girl he would grab her and drop to the ground. Now that was quite distressing for the various girls. The answer was that he starred in his own movie about how you go down the street. It took us 2 hours and $200; he has not hurt anyone since, has not grabbed a girl since. So every time he goes down the street now mum shows him the video. You know what I am saying, these are simple solutions.

I think this mum was actually going to bring someone from America over at her own cost to deal with this behaviour. He loves the stage, and so we said, 'Okay, let's have a movie then'. So he also has a day a week of support work in a service. His boss was getting really frustrated because he would go through these processes every morning. Fine, a $200 movie, does not go through them any more. Am I making sense?

The CHAIR — Yes.

Mr DAWSON-SMITH — So I think our challenge is to step back from the complexity of this disability and ask ourselves what are the simpler solutions that we could put in place.

The CHAIR — I am mindful of the time, but I did just want to ask, if you could answer very briefly, that you mentioned in your submission that you provide after-school care.

Mr DAWSON-SMITH — That is correct.

The CHAIR — And holiday programs.

Mr DAWSON-SMITH — That is correct.

The CHAIR — Are you aware of the availability of those services across — —

Mr DAWSON-SMITH — In the special school settings, I think there are only three or four schools that are doing it. We are doing it in Sunbury special development school. We have now offered it to Melton. We are offering it to Kalianna up here. We are also offering it to Jackson school, Western Autistic, so we are rolling it out. We are losing money, but that is okay.

The CHAIR — Why are you losing money?

Mr DAWSON-SMITH — Because at the moment the families that make use of it are those that have really high support children.

The CHAIR — Do you think the NDIS will fund those?

Mr DAWSON-SMITH — Yes, we do. We think they will because we will obviously present it more as a social skills and a developmental strategy.

The CHAIR — And are you the only service provider doing this that you are aware of?

Mr DAWSON-SMITH — I do not think anyone else has thought of it.

The CHAIR — It is just that it has been a common issue that has been raised in our written submissions. There have been a number of people who have referred to that as an issue.

Mr DAWSON-SMITH — Absolutely, and we made the decision that whether we made money from it or not it was a really important thing. Because we were a Sunbury community service originally, we made the decision that it was really important as part of our commitment to the Sunbury community.

The CHAIR — So how are you funding it?

Mr DAWSON-SMITH — At the moment I guess we have got some reserves. You do not lose significant money. You know, you might lose $5000 a year at the moment.

The CHAIR — Murray, I would be really interested to hear more about that. I was wondering if perhaps you could provide our secretariat with some details about the service you are providing in that particular area?

Mr DAWSON-SMITH — Yes, sure.

The CHAIR — That would be very helpful.

Mr DAWSON-SMITH — We are doing the same thing with the school holiday program. It is the same thing. Most of the specialist schools that we have spoken to are probably keener on the holiday program than the after-school program, and the parents are often keener on the holiday program, but we think an after-school program when it goes for a few years and families see it as just a natural part, we think that will grow. So we are investing in the long term, really.

The CHAIR — Thank you so much, Murray. We appreciate your time today, and again thank you for your very comprehensive submission.

Witness withdrew.