

# CORRECTED VERSION

## SELECT COMMITTEE ON PUBLIC LAND DEVELOPMENT

East Kew — 26 September 2007

### Members

Mr D. Davis

Mr P.Hall

Mr P. Kavanagh

Mr E. O'Donohue

Ms S. Pennicuik

Mr B. Tee

Mr M. Viney

Chair: Mr D. Davis

Deputy Chair: Mr B. Tee

### Staff

Secretary: Mr R. Willis

Research Officer: Ms C. Williams

### Witnesses

Ms L. Godwin, executive officer, and

Mr L. Waterfall, president, Kew Cottages Parents Association.

**The CHAIR** — I welcome the Kew Cottages Parents Association: Louise Godwin, the executive officer, and Leo Waterfall, the president. I indicate that all evidence taken at this hearing is protected by parliamentary privilege as provided by the Constitution Act 1975 and further subject to the provisions of the Legislative Council's standing orders. Any comments you make outside the hearing may not be afforded such privilege. Witnesses will be provided with proof versions of the transcript in the next few days.

Leo and Louise should now make some remarks and we will then follow up with some questions.

**Ms GODWIN** — Firstly, I would like to express the association's appreciation for the opportunity to address the committee today. The Kew Cottages Parents Association has promoted the welfare of residents at Kew Cottages since 1957 through fundraising and associated activities and has lobbied the community and government to secure better services and rights for intellectually disabled people. The association believes that at the heart of the select committee's deliberations is an ethical dilemma, which each committee member must struggle with — that is, how to weigh the benefits of the state's acquisition of 93 new community residential units for the 450 former Kew Cottages residents through the sale of the land with the permanent and irreplaceable loss of the state ownership of the Kew Cottages site.

The Kew Cottages Parents Association has always believed that it is the responsibility of the state of Victoria to properly fund services for people with intellectual disability and would argue that an ethical government would not require the proceeds of the sale of Crown land to fund basic accommodation services for people to whom it has a duty of care. Since the late 1980s the association has lobbied for improved accommodation for Kew Cottages residents. In the face of relentless government failure to fund these essential services and improvements and in the era of government neglect which saw the tragedy of the fire in 1996, the association proposed the sale of one-third of the site to fund new houses on site. This was seen as a last resort which was proposed in response to the state government's absolute refusal to put the funding into vital improvements at Kew Cottages. The association has absolutely no doubt that it was of the utmost priority that the accommodation for the 450 residents be upgraded to meet current standards.

The debate about the model of accommodation — community residential unit versus village versus cluster — and what form of accommodation should have been built on the Kew Cottages site, is perhaps not a matter for consideration by this committee; however, the KCPA would like to state that options in addition to the individual CRU, or community residential unit, should have been made available to Kew Cottages residents, depending on their individual needs and wishes.

Despite the association's long battle to see the development of alternative models of accommodation, communication with our members has revealed that the majority of former KRS residents are now happily settled into their houses and are certainly benefiting from the smaller living environment and more personalised care and support that is possible. A significant proportion of families continue to believe, however, that their relative is no more part of the wider community than they were at Kew, with many — in fact, the majority — probably believing that their relative belonged more to a community at Kew Cottages than they do now. In the light of the experiences of these members the association is hopeful about the manner in which the houses on site at Kew have been planned and located, but still has the following issues of concern regarding the Walker Corporation development plan, particularly in the context of Melbourne 2030. I will pass over to Leo to outline these concerns.

**Mr WATERFALL** — Issues of concern: given that the association's responsibility is to the 100 Kew Cottages residents who will live on the redeveloped site, the issues that concern us most are those that we believe may negatively affect the safety, independence, health and wellbeing of these individuals. The first of these is the density of the development. This has been an issue for the whole of the redevelopment, particularly as it affects the capacity of some residents to move around the site independently and safely. We have been somewhat reassured by

the Walker Corporation's decision at this stage to lower the number of dwellings to 380 dwellings; however, the management of traffic on site remains a concern.

A small percentage of on-site residents has always had considerable freedom to walk around the site without the need for staff support. Our objective is to maintain the freedom and independence of these residents and to avoid a reliance on staff support to achieve this independence. The experience of off-site families, including my son's, has revealed in general that when staff support is required the freedom and independence of residents to move around within their local community is profoundly limited, as staff cannot be released from their responsibilities to their CRU and DHS regions have not been allocated sufficient funding to hire the additional staff required.

The parents association is somewhat reassured that the developer has allocated 30 per cent open space, excluding roads; however, we are highly concerned about the limited outdoor space for activities within individual CRUs — they have very small internal yards — and the difficulty of moving around the site external to the houses. Once again, access to public open space or community facilities will be dependent on there being sufficient staff or funding to provide additional support staff to permit individuals to be accompanied for outings to these locations.

The second issue of concern is access to health care facilities and services. The association has consistently advocated for the need for improved medical and dental services throughout Victoria for people with an intellectual disability. The special needs unit at the Royal Dental Hospital continues to make great efforts to respond to the needs of people with an intellectual disability; however, there is insufficient commitment from the state to develop similar services in other hospitals, and the demand at the Royal Dental Hospital continues to outstrip supply. Waiting lists at other hospitals such as Monash continue to grow. KRS clients living in these regions are waiting longer and longer for basic checks, and many are being forced to pay for private dental services, which is placing an increased strain on their finances.

With the shortage of suitable medical and dental services the parents association believes that a very great opportunity has been missed in not developing such services as part of the KRS redevelopment. A centre providing such services would have been an asset not only to those KRS residents remaining on site but to the community in general. Similarly a great opportunity has also been missed in the decision not to include other services such as aged care. The absence of suitable aged-care services for people with an intellectual disability in Victoria is a major problem. This will be of particular concern as many KRS residents are nearing the age where such facilities may be required. Despite the DHS policy to fund individuals to remain in their CRU, funding and individual needs do not always make this possible.

The association has been highly concerned about the lack of public disclosure on the finances of the redevelopment. The state government has always stated that the purpose of the sale of the public land on which Kew Cottages are located has been to raise the funds necessary to build new houses for the residents. Any money left over at the end of the redevelopment would go back into disability services. The parents association has consistently expressed to the government its concerns about the lack of public disclosure on the finances related to the contractual agreement between the government and the developer and the state government's anticipated returning of leftover funding to disability services. Today we remain completely unclear as to how much money will be collected from the sale of the land and how much money will be available for future use for those Victorians with that disability.

The most recent disclosure by the Minister for Major Projects indicating that \$7.5 million has been returned to disability services represents the first indication of the likely returns to disability services from the redevelopment. However, it is unclear what this represents. Is it a net figure or a gross figure? It gives no indication of the possible future returns as the redevelopment proceeds. The association has serious concerns about the state government's tendering process. The association's objective has always been to get the best possible result for residents remaining on

site. The Department of Human Services has regularly assured us that the tendering process would achieve this objective. Our faith in the process and our hope for a positive outcome has not been helped by the actions of Walker Corporation in its effort to offload the contract to another developer even before the actual construction of stage 1 had commenced. In combination with Walker Corporation's unwillingness to meet with the association and family members in order to develop a positive relationship, this has left us questioning the integrity of the process and the developer's real commitment to achieving the best results for our residents.

A secondary issue of concern is the lack of local infrastructure. The parents association has consistently supported the local community in its concerns regarding the lack of local infrastructure supporting the community who will live in the development. These concerns include the current inadequacy of public transport, roads, education services, and child care, as well as public medical and dental services and provision for affordable aged care. Additionally we share the community's concerns that there appears to be an absence of appropriate, responsible and coordinated planning to resolve these problems. We thank you for the opportunity to make this presentation.

**The CHAIR** — Thank you to both of you. I might ask you about your concerns on the tendering process. Perhaps you have some explanation as to why Walker Corporation will not meet with the association. Has there been any explanation tendered?

**Mr WATERFALL** — Yes. We wrote asking to meet them and they sent us a letter back saying, 'We do not wish to meet you'.

**The CHAIR** — Do you think in this way that there can be any possibility of Walker Corporation carrying out the project in a way that is sensitive to the interests of the — —

**Mr WATERFALL** — It is still possible that they will, but it would be very nice if they would talk to us and get our views on any particular matter. About two weeks ago we had a stakeholder forum — the first one for 12 months — where Walker Corporation presented their case. That is the first time we have met them for 12 months. It was with a lot of other people, and you really do not get much out of a meeting like that. We wanted face-to-face meetings where the parents — people — could talk to them, and they just refused to meet us.

**The CHAIR** — They just rebuffed all attempts?

**Ms GODWIN** — We approached Walker Corporation and actually invited them to attend the AGM last year — in 2006 — with the invitation extended to the development manager, in the hope that she could get to know us a little bit given they were marketing the site, and also in the hope they would share our objective of trying to build a really positive, inclusive and quite vibrant community on site given the mix of people who will live there. The association is very keen to start talking about the mechanisms that might be in place to facilitate and see that sort of community develop. We invited them to attend the AGM. The marketing manager graciously accepted and then had to withdraw her acceptance. As I understand it, Walker Corporation's position was that there were too many other stakeholders involved for them to be able to talk to everyone, and that all communication must continue to be through the DHS, and that is where things stand. They are very approachable when it comes to stakeholder forums which, as Leo said, we have not had for a very long time. They are certainly very pleasant and very approachable, but that is the extent of the consultation or communication.

**Mr WATERFALL** — We were quite shocked when they accepted the invitation and then said they were not going to come. We wrote to them after that asking them for a meeting, but they declined.

**Ms GODWIN** — That is right.

**The CHAIR** — It is very disappointing.

**Mr HALL** — Thank you for your presentation. We appreciate learning a bit more about the history of all of this from a parent's perspective. You mentioned the 450 former residents of Kew Cottages. I presume they are all now community based?

**Mr WATERFALL** — Three hundred fifty. There are still 100 to move into the houses on site when they are built.

**Mr HALL** — I am aware of that, but where are they now?

**Mr WATERFALL** — The other 350 are in 73 houses — —

**Mr HALL** — No, the other 100.

**Mr WATERFALL** — They are living in normal accommodation — —

**Ms GODWIN** — Units on site.

**Mr HALL** — They are still on site.

**Ms GODWIN** — They are still on site, yes.

**Mr HALL** — Okay.

**Ms GODWIN** — Walker Corporation has sort of bounded off one-third of the site where the construction is taking place — —

**Mr HALL** — Yes, I was aware of that.

**Ms GODWIN** — And so there are a number of units that are still on site.

**Mr HALL** — The selection process for those 100 residents, was that done in conjunction with the wishes of the families and the residents themselves?

**Mr WATERFALL** — Yes. They did an assessment of needs for every resident. A part of that was a meeting with the family members to ask them what their preference was, whether they wanted to stay on site or go off site, and also what sort of dwellings they would like to live in. But if you asked for anything else bar a community residential unit, you did not get it. That was the choice there. You could indicate what you would like, but the only one you could have was a community residential unit. More than 100 expressed their wishes to remain on site, but there was a limit of 100 placed by DHS on the number who could stay on site. There are quite a few parents who are disappointed they were not among that 100. It is probably fair to say that most of those who have been moved off site who wished to remain on site in general are reasonably happy with the final solution, but there are still some who are unhappy and would have preferred to remain on site.

**Mr HALL** — Do you maintain contact with the parents of those who are now in a community setting?

**Ms GODWIN** — Yes, we do.

**Mr WATERFALL** — I am one of them.

**Mr HALL** — All right. Thank you very much.

**Mr TEE** — I understand that the financial details are all on the web — the contract is on the web, so if you wanted to have a look at the financial details, they are there, including the \$7 million plus formula for whatever else comes through. I suppose the only question I had was when we had a look at the site this morning and we had a look at one of the units, which looked reasonably impressive, there was also a discussion around there being a community leisure centre.

I just wanted to get a sense of what access you have to the community leisure centre, which, as I understand it, has a lap pool and a spa and a number of other sort of community facilities.

**Mr WATERFALL** — Are you talking about the existing one or the proposed one in the future?

**Mr TEE** — The proposed one in the future.

**Mr WATERFALL** — The details of that have not been confirmed. There have been concept plans bandied around and as late as the stakeholders forum last week they have yet to be approved. We can only comment on concepts and not whether they are going to be reality. I think it is fair to say the three-lane lap swimming pool is not going to be of great interest to our residents. The hydrotherapy pool which they are talking about will be of great interest. What is of more interest to us is the cafe and any other community facilities, particularly health-care facilities, they provide, which are still very much in the air.

**Mr TEE** — There will, as I understand it, be consultation rooms for health-care providers. Is that your understanding?

**Ms GODWIN** — That is what has always been what the state government has always committed to. There has been no clarification or clarity over what that exactly means other than rooms for visiting health professionals.

**Mr WATERFALL** — Rather than our request which was to actually have not rooms but actual clinics fully manned all the time, not only for medical but for dental, and also an aged-care facility, which they declined to offer.

**Mr KAVANAGH** — When Walker Corporation was going to attend your meetings, did you decide what you would put to them?

**Ms GODWIN** — We actually did not approach them on that basis. We approached them as an opportunity to come and meet us and talk to members, have a cup of tea. Who did we have addressing? Max Jackson, I think. It was more from the point of view of them actually getting some insight into the families. It certainly was not on the basis of actually trying to lobby in any particular way. That was made extremely clear with the invitation.

**Mr KAVANAGH** — In addition to the clinics that you mentioned and the child care, is there something else in particular you would like from the developer?

**Mr WATERFALL** — Certainly a dental facility is the real facility we would like on site, because that is the real shortage in Victoria. As indicated in our presentation, everywhere in Victoria a lot of the intellectually disabled who have dental treatment actually have to have a general anaesthetic. That means you have to go to a hospital. For instance, at Monash you have got to wait six months for an appointment. If that appointment is cancelled, there is another six months delay.

**The CHAIR** — Just to clarify, traditionally on site that dental care was provided by the state government.

**Mr WATERFALL** — Up until about four or five years ago; I cannot remember the exact date.

**Ms GODWIN** — Before I came — about 2000, 2001, something like that. This is something that families have struggled with because for very many years there have been quite a range of services that are available on site. They have varied from decade to decade in response to the age of the children — at the point they were children obviously — and then their needs as the

grew into adulthood. This has been, as I say, something the parents have struggled with because they have always wanted to see a replication of these sorts of services on site.

**Mr TEE** — Just on that dental issue, I think you indicated that you met, as part of a number of stakeholders, with Walker two weeks ago. Did you put that issue to them then?

**Ms GODWIN** — We have put these issues to them and the state government so often through so many submissions there can be no doubt or question as to their understanding of what the parents association would like to see from this redevelopment. I do not think that is a question at all.

**Ms PENNICUIK** — Thank you for your submission and your words today. I wanted to know in relation to the 350 residents who are now living off the site in terms of access to health services, et cetera, what is their experience and is that informing you in terms of what would be the best arrangement for the 100 residents on site in terms of the things you were mentioning before? If you know what I am asking.

**Mr WATERFALL** — We conducted a survey about two years after — some of them moved out so we got a bit of a representative sample. The biggest problem is dental services, it is just woeful. Medical is not quite so bad, but the competence of GPs to deal with intellectual disability varies widely in the communities. Some are very good and others have very little knowledge of how to handle the particular needs of intellectual disabled people. The community inclusion has gone very well for some. For others, there has been nil. Admittedly, some of that depends on the particular client or resident themselves. Some have problems which make it difficult to mix with the community. The talk of community inclusion for everyone certainly has not occurred yet. It has for some.

**Ms PENNICUIK** — I was wondering if those facilities — Louise, you were saying there were facilities provided before, health facilities and dental — were provided on the site again, whether that would be of assistance not just to the 100 people living on the site but to the others who are maybe struggling.

**Mr WATERFALL** — It would be for dental in particular, not so much for medical unless there were particular specialists on site, which was our initial — —

**Ms PENNICUIK** — You were just saying some GPs struggle — —

**Mr WATERFALL** — Yes, but it is not as big a problem as the dental one. The people remaining on site plus the surrounding residents who are going to come onto the site need medical facilities and we feel they should be on the site. There is more chance of getting somebody expert in intellectual disability if there are 100 people there than having them scattered around the community and each of them getting a few residents.

**Ms PENNICUIK** — You were talking about the density of the development and the traffic on the site and freedom and independence. Have you put any sorts of ideas to the government or to Walker as to how to ameliorate some of those issues?

**Ms GODWIN** — The main solution inevitably is staffing. That is about the only solution in many cases. There will be inevitably individuals who can and will manage the density of the site, provided that there are all the things we have been asking for — sensible speed limits and road design. Walker Corporation has incorporated a lot of these things into the plans for the site. But then there are other individuals we are primarily concerned with who have always had a lot of freedom on the site but maybe will not be able to cope with a much wider community and with more activity on the site. As I say, the only real solution, unfortunately, is staff support, I think, and that comes down to money. And that is always a struggle, somebody to advocate for the individual to secure 6 hours of support so that they can have a dedicated staff member to take them up to the kiosk and have a wander around — you know, if I am still there, come and see me

or whoever it might be. It is going to cost money. I do not know personally what the solution is. I am sure there are a lot of very imaginative solutions being tossed around out there in this area. There are possibly ideas around linking them in with community advocates or supports or employing the key worker model that is used very successfully in some areas, where they might have a key worker who lives within the local community and supports them, but it is complex. As it is, every resident will have to cross the main drive if they want to go up to where the proposed community centre will be, so that means for 90 per cent of them at least they will need a staff member to go with them, whereas at the moment a lot of them just wander around the site to their heart's content.

**Mr O'DONOHUE** — Thank you both for your time today and for what you have said; it has been most informative. You said earlier that more than 100 residents expressed a wish to remain on site. Do you know how many more than 100?

**Mr WATERFALL** — We cannot give you a figure, but we know it is more than 100. Sorry, we do not know whether all these remaining on site wanted to remain on site, but we have a number of parents who have told us they wanted to remain on site and were not permitted. It is ten or more. A lot of them do not have parents, so they are more difficult to represent.

**Mr O'DONOHUE** — I note your comments, too, about the CRUs and the absence of any other sort of arrangement. Did you have any input into the design or the size of the CRUs that are going to be built on site?

**Ms GODWIN** — The size of the CRUs and designs are very much based on standards that are already in existence, so it has been, I am sure, made very clear to parents and certainly to us that the CRUs are no different — the ones on site to the ones off site. They might be more modernist in design to actually fit within the existing sort of streetscape, but in every other way they are the same as every other CRU and conform to those standards. Our issue is not so much around the design of the CRU because we have reached the point, I think, in understanding about accommodation needs that in the majority of cases it would be recognised that a smaller living environment is inevitably much better than a large ward, so we are not fighting over — not fighting — not wanting to debate what the actual CRU looks like. It is the configuration of CRUs, and the association has always had a very strong position on things that are known as villages or clusters, so the notion of actually co-locating in a number of houses on a large site where there might be more open space available, more community within that collection of houses. These are models, but there is an awful lot of support for this concept within organisations advocating for people with autism at the more severe end of the spectrum who actually do not cope with lots and lots of unfamiliar people and crowds. This is a viable option, as I understand it, for them. It has always been made very clear by the association that we wanted something other than the separate CRU, the one by one CRU. What we have ended up with on site is — —

**Mr WATERFALL** — Better than elsewhere.

**Ms GODWIN** — Better than elsewhere because we have 20 CRUs located effectively on about a third of the site. When you look at the plan you can see that a stone's throw across the road is another CRU. There is going to be great potential for residents who have had long-time relationships, friendships, to actually see each other regularly, daily. A lot of staff support is possible; a lot of community support, parents, opportunities for a real sort of sense of community to be held onto within that place.

We believe it is a step in the right direction, but we still believe there is a long way to go. I do most of the work when it comes to actually talking to parents when we have done surveys, ringing them and checking things and reading surveys. We have performed two since 2001 and the three concerns or issues that come up are dental, finances, community inclusion, and so often it is said, 'I think my relative would have been happier if they were in a cluster setting'. This is just about community. It is about belonging. It is about friendship. It is being part of a group of people who

know you, staff who have known you for years. It is a very complex thing and it is perhaps controversial to say, but it is not necessarily replicable in a free-standing house in the community. It is something we all struggle with, I struggle with. For some people with intellectual disabilities it is more of a struggle.

**The CHAIR** — Are the tabulated results of those surveys available?

**Ms GODWIN** — Yes. One of our committee members who is a statistician has been including regular articles in our newsletters, so I can most certainly make that material available to you if you would like it.

**The CHAIR** — The committee would appreciate that.

**Mr HALL** — Can I ask one more question?

**The CHAIR** — Yes. I think we have about another 5 minutes.

**Mr HALL** — My understanding from talking this morning to major projects staff who showed us around the site as it is at this particular stage indicated to us that the 20 residences would be built for stage 1?

**Mr WATERFALL** — Yes.

**Mr HALL** — But ultimately the 20 will be relocated sort of across the whole stage of the development?

**Mr WATERFALL** — No.

**Ms GODWIN** — There are four temporary houses. The plan has always been for 4 of the 20 to be on a further stage of the site, so not to be built for some time. They have designed four temporary houses to sit amidst 16 others in this one third of the site. It is still an issue of concern.

**Mr WATERFALL** — So they can close the rest of the site in one go, and then when stage 2 or 3 — —

**Mr HALL** — I must have misunderstood what they were saying.

**Mr WATERFALL** — This is a concern to us, but anyhow that is another problem long term.

**The CHAIR** — Thank you very much.

Witnesses withdrew.