TASMANIAN INDUSTRIAL COMMISSION

Industrial Relations Act 1984

T Nos 5044 and 5110 of 1994

IN THE MATTER OF applications by the Health Services Union of Australia, Tasmania No. 1 Branch and the Tasmanian Chamber of Commerce and Industry Limited to vary the Welfare and Voluntary Agencies Award

re Clause 7 - Definitions and restructure of the award

DEPUTY PRESIDENT ROBINSON

HOBART, 30 September 1994
continued from 29/9/94

TRANSCRIPT OF PROCEEDINGS

Unedited

MS HARVEY: Mr Deputy President - - -

DEPUTY PRESIDENT ROBINSON: Yes.

MS HARVEY: - - - just before Mr Fitzgerald starts, I did give an undertaking that I would provide a copy of the workers compensation board figures in relation to workers compensation claims by industry because I did claim that this industry was the only industry that was in fact increasing and I do have a copy of it here. Unfortunately, I did not have time to photocopy it but perhaps if I just make it available rather than enter it formally into transcript.

DEPUTY PRESIDENT ROBINSON: Yes, well, we can have it copied during the day.

MS HARVEY: Yes, okay.

DEPUTY PRESIDENT ROBINSON: Well, I think it probably would be appropriate, if it is going to be part of the record, that if we get some copies done at an appropriate interval and mark it and we know its status then.

MR FITZGERALD: That would be fine, yes, sir. We would be happy with that. I think it might be more appropriate that we have a chance to respond to it formally.

DEPUTY PRESIDENT ROBINSON: Yes.

MR FITZGERALD: I am not sure if there are any other threshold issues; I do not think so. No, okay.

DEPUTY PRESIDENT ROBINSON: What about this - - -

MR FITZGERALD: The additional date.

DEPUTY PRESIDENT ROBINSON: - - - additional day, yes. I think it has been conveyed to the parties that it is not possible, given the resources of the commission and other things which are going on - - -

MR B. FITZGERALD: Yes.

DEPUTY PRESIDENT ROBINSON: - - - for us to have Tuesday, 11 October, and the question is whether or not we go to another date at this stage.

MR FITZGERALD: My problem, Mr Deputy President, is two-fold. One was - Thursday was suggested, but I do have other commitments on that day, and secondly, I am due to respond on the 19th and the 21st and our new committee of management is having its initial meeting - it is elected every four years in those two days, the 17th and the 18th, which gives me no time to prepare a response. You will recall that throughout this hearing I always was a little surprised at the number of days being set and suggested that perhaps we should set more and Mr Fitzgerald said it was not necessary, so I find myself now in a very difficult position.

DEPUTY PRESIDENT ROBINSON: How about the suggestion that, okay, if you do not want to nominate another day at this stage, how about - - -

MR FITZGERALD: Well, I just wonder if even the 12th is possible, if that is - - -

MS HARVEY: No, it is not, I have got commitments all that day.

MR FITZGERALD: We all have commitments.

MS HARVEY: Well the other thing could I suggest perhaps we start earlier, say put an extra hour and a half in each day?

MR FITZGERALD: It is not always appropriate in these sort of proceedings in terms of preparation and last minute preparation - it makes it very difficult. I would prefer to stick to the normal commencing times of the commissioner.

DEPUTY PRESIDENT ROBINSON: Yes, well, the commission is prepared to start early to make sure that the case is completed on time.

MS HARVEY: Well, I am available certainly on those two days to start at 9 and then - I understand that Mr Fitzgerald's comments but he is the one that has put us in this position by - - -

MR FITZGERALD: Well, I would reject that. I mean, Ms Harvey has had adequate time to run her case and we have allowed extensions, etcetera, and we have been trying to respond as best we can in terms of the time-frame; there has been no undue delay. There has been some, you know, strong insinuations by Ms Harvey that we are deliberately trying to delay it. We will complete in a reasonable time. We appreciate there has been adjournments to allow us to prepare our case but I reject that comment made by Ms Harvey.

MS HARVEY: I was not implicating actually it was done deliberately, just for the record, but it is a bit of a problem because we have - I do not think that you would deny it, Mr Fitzgerald, would deny that we have actually set dates a long time in advance and I have got a real problem in relation to that week of the 10th to the 14th trying to fit it in, given the dates that are available to the commission.

DEPUTY PRESIDENT ROBINSON: Well look, okay - - -

MS HARVEY: The Monday, the 10th, is not a possibility?

DEPUTY PRESIDENT ROBINSON: No.

MS HARVEY: Well, Mr Fitzgerald did indicate that he thought that it was very likely that it was going to be finished on the 7th, I mean, is that still the case?

MR FITZGERALD: Well, it is always difficult to know. I am not really certain at this stage, Mr Deputy President, you know, we will endeavour to, certainly - we are not wanting to take more time than we need, but at the same time we need to have adequate opportunity, as Ms Harvey had to present her case and for us to present ours.

DEPUTY PRESIDENT ROBINSON: Well, is there a good chance that everything will go according to plan?

MR FITZGERALD: I think I could say that optimistically, yes, Mr Deputy President.

MS HARVEY: Well, let us - I mean, I have already foreshadowed what I will be seeking in relation to operative dates if the matter is dragged out, so perhaps we leave it at that and hope that Mr Fitzgerald is going to make the date.

MR FITZGERALD: Could we just go - - -

DEPUTY PRESIDENT ROBINSON: Yes, we are wasting a lot of good tape on this.

OFF THE RECORD

MR FITZGERALD: Thank you, Mr Deputy President, if I call our first witness for this morning, Mrs Kathleen Keating, please.

KATHLEEN JEAN KEATING, sworn:

MR FITZGERALD: Thanks, Mrs Keating. Just perhaps for the information of the commission, Ms Harvey and the commission of course have copies of this statement as well as Mrs Keating, so we intend to follow the same pattern as previously, Mrs Keating basically to read the statement and for myself to ask some supplementary questions if we could.

Mrs Keating, the statement before you, could I ask who prepared that statement?--- I did.

Right. Okay. And when was that statement prepared, could I - - -?---Two nights, three nights ago.

Okay. Now, if I could get you to address some of the errors in the first page of the statement, you mention you have two children there; could you make some comment particularly in respect to Timothy?---All right. Timothy is our second son. He was born in 1980 and he has a Rubella type virus that has left him with a mental - intellectual, severe intellectual disability, plus he has some physical disabilities as in cardiac - and has had cardiac surgery.

Thank you, and I wonder whether you could make some comment rather than going through each of the details of your professional qualifications, but just make some - some comment in terms of your professional qualification and your current employment?---All right. I am a registered nurse. I have been employed since - or started nursing in 1963. In 1990/92 I went to university and obtained a Bachelor of Applied Science in Medicine and am currently employed as the clinical nurse consultant/manager for Community Nursing Home Help and Home Maintenance at both Burnie and the west coast, and I have also had some experience acting as the director of nursing for very short periods of time; the assistant director of nursing for eight months, and then chose to go back and be a clinical nurse consultant so that I had client contact.

And if we could just go over to the second page, are there any other comments that you want to make in terms of your professional background?---Not really, except that within my profession our actual - our funding, part of our funding is HACC, Home and Community Care Funding which also deals with frail, aged and disabled, young disabled, so that I can bring some of my own personal experiences back into the workplace and vice versa.

Right, okay. Could you elaborate on that, Mrs Keating, just that last statement of yours?---Well, I have had an instance just recently where a client in the community was living with an elderly relative, his relative died, and I found it necessary, you know, that he needed some ongoing care. Actually, instead of the nursing staying with this gentleman we referred him back to Family Based Respite; he needed social skills and training, not professional care.

And why did he need, if you can talk about that case?---He had lived with his mother who had cared for him. She had taught him some skills but not all skills and he needed guidance with - to make sure that he continued his own personal daily living requirements in hygiene because his mother had always reminded him to do those sort of things, and help with his shopping and cooking and cleaning and non-nursing duties.

Thank you. If - there is no other comments you would like to make in terms of your professional background?---Not that I know of, no.

Okay, thank you. If we could just go over to page 2 and if you would like just to read from the statement at the bottom of the summary of that, in that first paragraph, at the bottom of the summary of your employment record. I think it starts where you are a university student, if you would just like to start reading and then I will ask you some supplementary questions?---Sorry, I have lost where you are actually.

It is the second page of your statement and it is the first part, Summary of Employment, just the last sentence of that "while a university student", yes?---Oh:

> *While a university student I was employed part-time at the Panorama Nursing Home Multicap Burnie. It is an 18-bed nursing home for persons with profound intellectual and physical disabilities.*

I wonder if I could just top you there; could you make some comment in terms of that experience and your experience particularly with the disability sector now?---I firmly believe that people with profound intellectual and physical disabilities need to have nursing care as in people in that nursing home environment, because of the physical disabilities, not the intellectual disabilities. The physical disability, for example, with scoliosis deforms the body in such a way that it impacts on the internal organs and therefore they need to have medical assistance, but in my mind they are the only people that need professional nursing care.

If you like, would you like to continue just with reading your statement, your involvement with the disability service?---Okay:

In 1980 our son Timothy was born and it was eventually diagnosed he had contracted a Rubella-type virus in utero. Following cardiac surgery we then had to face the fact he was intellectually disabled with severe behaviour problems. Services we have accessed for our son began with early special education, social training, speech pathology and the psychological assessments.

Have you any comment to make in respect to those initial services you accessed?---Not with that particular lot.

Right?---With the early education we found we actually accessed them from the community services that were available. The next lot with the Behavioural Management, Rocherlea Respite Centre, the psycho-social assessments, we did have trouble accessing those services. We found that early in the piece - if I may give you an example, ringing up to ask for help meant at least the three month delay, and the only way I could manage - well, I was so stressed at one stage I burst into tears and said, "You take him or I'll kill him," the situation was so bad at home. And they did, but it was only in severe crisis that I actually got help for my son and myself and my family.

Thank you. Would you like to continue just with that?---Yes, certainly. Quindalup Special School in Hobart and the Mothercraft Home in Hobart: at that stage the services in Tasmania were very poor and we had to do something with our son, it was evident he could no longer live at home. We approached the coast for services and was turned away at Devonfield and told to come back when he was 6. We then accessed Hobart, and that was the only service that was available to us. While Quindalup was excellent as a school, the Mothercraft Home was institutionalised, and it was in that time that Tim got a Giardia lamblia infection that he'll live with now for the rest of his life. It was also in that time that Tim was in the care of trained nurses that I first stated to realise you don't need trained nurses to look after children like our Timothy.

Right. Can you elaborate on that statement, Mrs Keating?---Professional nursing staff or professional staff look at the professional issues, the medical side of the child or adult, and they don't actually address the issues of the social issues. They're not as receptive - we're not trained as nurses to deal with intellectually disabled people, it does not come into our curriculum at all, so they are not skilled people to look after them.

Okay. Thank you. I am not sure where we are in the statement. I think we were probably going to schooling, were we?---Early schooling at Quindalup.

Yes?---And then living in the Mothercraft Home.

That is right. Thank you?---We accessed respite at Panorama, that was after that period of time. Since Timothy was 6 he has been in Devonfield and attended Mersey Heights school.

Right. Could you just elaborate on the actual service offered at Devonfield where he has been?---Yes. Timothy lives in community living. He actually lives in a home in Don Road that has anything - it can take up to five children, at the moment there's currently three in the home, and he has carers within the home. We have been through a period of houseparents, but houseparents are usually young and they end up having babies and no longer cope. We found that to be that they only stay two or three years, then they move on. So currently at the moment we have a gender mix of staff in there and that's working very well.

DEPUTY PRESIDENT ROBINSON: And that is 24-hour care?---It is 24-hour care. They work until the children are in bed at night, and of course they are junior children so they are usually settled by 10-ish, 11 anyway, and it's a sleep-over arrangement.

MR FITZGERALD: Okay. Thank you very much. And in terms of the support he receives during the day, can you just outline that?---His support during the day, he goes to Mersey Heights School during the day, so in actual fact the home is closed during the day and he accesses if he's at the school unless he's ill.

DEPUTY PRESIDENT ROBINSON: That is an ordinary school?---It's a special school.

A special school?---Yes. There's currently at the moment - I'm not quite sure of the numbers - I think it's somewhere around 65 children in that school in extra special education, but they also - they're into an integration program as well, and some of them are integrated into normal schools.

Yes?---It depends on their ability, yes.

Yes. Right?---Timothy will never be to that stage. He'll always stay in care.

Right.

MR FITZGERALD: Okay. Sorry; I did not cut you short there?---No.

Okay. Well, if you would like just to go back to your statement where it is I think headed Parent Involvement - - -?---All right.

- - - and just continue to read, please?---I've been involved in the Epilepsy Association, and in fact started the first north-west support group. I have dropped out but that is continuing. It had a period of lapse and is continuing at the moment. I was on the residential - I started - when Timothy went back to Devonfield, within the first 12 months I started on the residential committee as a member and eventually as the chairperson - we have revamped that at the moment - and then on to the board of management at Devonfield within 12 months again of being on the residential committee, and I'm currently still on the board - my position there is as advocate for the residents within Devonfield; and I'm also a member of Australian Parent Advocacy, which is a nationwide program.

Thank you. Would you like to continue with your evidence on the statement?---In the statement of claims I have based these on personal experience:

> *I believe the only intellectually disabled persons requiring specialist nursing/para medical care are those persons living in a nursing home because of profound mental and physical disabilities* -

such as Panorama:

> *I believe that intellectually disabled persons with mild to severe disabilities have the right to live a normal community lifestyle of their and their advocates choosing.*

I just wonder if you could elaborate. Is there any particular reason why you make that statement?---I have found actually with professional people - and while I am a professional myself, I am not putting them down in any way - that they actually take over the role of parents and families because of their training, and I'm very much in that Timothy is my son and I have the say in what happens to him and his life and I make the decisions. Even though he can't live with us, I'm still his mother and he still has a father, and we both care for him very much.

DEPUTY PRESIDENT ROBINSON: When you say the professional people or the people looking after him now do not understand that he needs to have those choices himself, do you know what the qualification or experience of those particular people you talk about are?---With professionals I find it's the nursing profession, social workers, psychologists, mental health workers, physiotherapists, even down to the dentist, will tell me what he needs.

Okay.

MR FITZGERALD: But they are not people who are normally employed, are they, in places like Devonfield or residential type places. They have carers who are not - not dentists, not physiotherapists - - -?---No.

- - - not nurses?---They're not - no.

But of course we are here mainly to consider various gradings of carers and the claim is that additional training of a particular sort may be useful for those particular carers and that they be classified and paid accordingly and I am not quite sure what your position, your attitude is, in relation to - - -?---Right.

- - - the claim before us?---All right. If - if you train these people, I've based that statement, the other statement of professionals on my experience to date. My - my concern now is if you train people into a specialist area of disability they will have - no, that's - I'd better rephrase that - they will then take over the role as a professional and want to do all for the - for my son rather than to do - than to leave that role to me. I'm not quite sure whether I'm getting it down clear.

DEPUTY PRESIDENT ROBINSON: No, I understand what you are saying?---Yes.

But why would - why do you say that they would not appreciate the very points that you are making, that people with disabilities need to have as much freedom of choice as possible?---They do need to have as much as freedom of choice as possible.

Yes, but why do you say that the people would not - would not understand that, carers would not understand that very point?---I'm basing it on experience and I - and just from what I've seen. They - professional people don't seem to - they may seem to make decisions for them rather than with them. You need to have a hair cut, you need to go and buy clothes, you need to go and get a new pair of shoes, rather than somebody saying I want a new pair of shoes, can I go and buy them for myself. And they seem to make those choices for them. Going to the doctors with them, they'll speak on their behalf rather than letting them speak for themselves.

But you are a professional person, you are highly trained in the nursing profession and you - and you do not make those sorts of judgments for - for your own son. Is it only because you are close to and understand - - -?---I make those - - -

- - - through - understanding through having a child?---Yes. It - it's because I've had Timothy that's actually changed my attitude. Without

Timothy I don't know that I would've understood. We - we don't have, as I said before, we don't have training for intellectually disabled people at all.

Right?---And I don't think I would've thought about it, I'd have used my professional role and thought for them rather than with them. It is my understanding as a mother that's changed my mind. Yes.

But as a tutor nurse you would be teaching people?---Yes, but I teach them - I teach nurses nursing skills but I teach - within Devonfield I teach social skills.

Right?---Yes.

Right. Thank you.

MR FITZGERALD: If we could just go back to the statement, and I think you were up to the third point?---Yes.

Yes. Would you like to continue?---Okay. I believe the above category of intellectually disabled persons cannot live in their normal community city if it is based on a medical model.

Sorry, if I could stop you there. Could you describe what you believe to be a medical model?---I believe a medical model to be with a registered nurse or somebody of that station in charge of the actual home where the person lives in with carers, again based very much on the Panorama experience; there was always a registered nurse on duty.

Okay. Would you like to continue?---I believe these people need kind and caring persons as close to a normal family as humanly possible. I believe in cost effective, efficient services to this group of citizens. I believe in staff training to meet the needs of this community that is based on normal social skills and behavioural management.

Yes. Would you like just to comment on that particular aspect, please, Mrs Keating?---I believe that, and I - I firmly believe that as a parent we teach our children the normal social skills and we don't gain any professional education in this line and I believe the people who apply for positions in places like Devonfield are very much - they have a very unique understanding of intellectual disability and they stay within the service. They come to it with the social skills that they have themselves and that they have taught their own children.

Right. And how do you see training in turn - you know, formal training in this area?---I see formal training in understanding individual needs within

- within the home itself. For example, you can have - you can teach somebody epilepsy and the signs and symptoms of it, but you can have six epileptics in a home and not one of them - all the fits will be different, so I believe in the education being based on a needs basis within the home.

DEPUTY PRESIDENT ROBINSON: But are not there courses available which would teach those very things that you - - -?---Not in my understanding and not in the text books that I've read. They teach epilepsy in the forms of petite mal, grande mal and in the types of - - -

Yes, but are not there - are not there courses in social welfare which would be designed specifically for care of disabled people?---Yes, there are. Through the TAFE.

Yes?---Yes, yes.

Yes, and are they not appropriate do you think?---I have - - -

Assuming you are aware of the curriculum?---Yes. I'm not aware of their full curriculum - - -

No?--- - - - and I would say, yes, they would be appropriately trained people. They've - it's an accredited course, to my knowledge, but I still believe that you can - even though you train people - perhaps I should clarify that in, in - with professional training nowadays, what they are doing is giving you a base line of training, even in the nursing profession, physios, in the medical profession, you get a base line. You actually gain experience by work. For example, now they are putting out registered nurses who have a base university degree and - but they have no specific qualifications in general nursing, they have no practical qualifications.

Do not they have to do some practical work on the way through?---No, very minimal. Very minimal, and it's basically in the last year, and they actually bring them out after their third year they come back out into the workforce and that is where they gain their practical experience.

Yes. Yes, they are not hospital trained like they used to be - - - ?---Not - not like I was hospital trained.

- - - no, in the majority?---Yes.

Yes?---So it's text book learning that we're getting now days not hands on experience, yes.

Yes, I'm aware of divided opinion as to the worth of hospital training versus university or college training?---Well, having been a recipient of

both, with the degree, I believe in mixing them both together and extending the training to four years.

Right.

MR FITZGERALD: That might become a model for the future, hopefully?---Hopefully, yes.

Would you like to continue with your statement?---Yes.

I am just trying to see where you are?---Yes:

> *I do not believe these citizens need professionally trained medical care that is on a 24-hour basis. I believe the right to access community based professional personnel available to all citizens as per their individual needs and personal choice. I believe that service providers can assist or advocate for these citizens to access community health services. I believe our system currently has accessible professional services that can be used for assessment and behavioural management of persons with a mild to severe intellectual disability. My experience indicates that staff at Devonfield have access to external education that is available in this state and Devonfield offers in-service education to staff.*

Sorry, could I just take you back to one point prior to the last statement?---Mm.

What has your experience been in accessing professional services?---I don't have any problem accessing professional services in the community. I do it on behalf of Timothy but to date there may be a waiting list for something but no more than I as a citizen would also experience for myself. If it's an emergency he's in straight away and if it's not I wait but it's always been available to me.

I am sorry, if you would like to just go back to your statement?---Okay.

I think you were up to as a parent and being a board member?---Yes:

> *As a parent/committee member/board member, I have had access to education sessions offered to staff as part of my knowledge and development on intellectual disabilities. From Mersey Heights in and Devonfield I have also attended interstate conferences.*

Could you just give some idea of the types of conferences you have been to?---Yes. I went to a conference in Sydney that was actually Mersey Heights and Devonfield combined and it was from School to What and it

was looking at services, what happens after 18 when they finish school and what sort of services or employment do they go into and that was a national conference with American speakers, it was very good.

Okay?---And the next one I went to was at Armidale in New South Wales again and that was looking at the access to services and the type of services that we want for people with intellectual disabilities.

Were there any particular thrusts for those conferences in terms of what you see at Devonfield?---I'm sorry, I'm not quite - - -

Well, was there any particular angle if I can describe it as that in terms of the approach of handling people with disabilities?---Well, we certainly need to look at how you handle people with - from after schooling and what happens to them then and with the other conference in Armidale it was just looking at what they need. I've lost my thought on Armidale.

Right, okay. Would you like to go back to your statement?---Okay.

I think it was Timothy's early years?---Yes:

> *Timothy's early years, Timothy's 12-month experience in Hobart was a nightmare for us. He lived in a larger institutional setting and was cared for by nursing staff. Nursing and paramedical staff are not educated in the management of intellectual disabilities but like parents gain by experience. During this time he contracted a bowel infection, giardia lamblia, which he will live with for the rest of his life. Timothy did not eat and he lost weight. I always observed him withdrawn - Timothy is autistic - and lying in the foetal position and that was always on the floor. He clung to me and cried each time we returned to the home, his only way he could indicate his dislike of being there. At this stage in 1984/85 we had no choice of services available to meet his needs.*

DEPUTY PRESIDENT ROBINSON: Could you remind us where Timothy was actually located in Hobart?---He was at the Mothercraft Home in Gore Street and he attended Quindalup - that was in Pirie Street, I believe it has moved now, yes.

MR FITZGERALD: Would you like to recommence on the next part of your statement over the page?---Okay:

> *Timothy came to live at Devonfield when he was six when they re-opened the junior service. Timothy's early years, he comes home every second weekend and all school holidays now. I have*

involvement in his care and development. I attend to all his medical needs.

Is that principally because of your nursing qualification or - - -?---No, because I'm a mother and I insist it's my right, yes:

I attend to his personal requirements of grooming, clothing, hair and his access to what health services he needs. Timothy is 50 minutes from home and in times of crisis I can go to him. Staff are encouraged to communicate freely with families for individual residents needs particularly in the junior service. He has a gender mix of staff.

Can you just elaborate why you make that particular statement?---Yes. I made a statement earlier that we tried twice with house parents and they lasted for two to three years because they were young and they by then perhaps two or three babies of their own and they found it necessary to move out of the home and parents don't change in your normal home environment every two or three years and it was very disruptive to the children. So to get the gender mix of mother and father then it's built into the staff and actually that's working a lot better because even though you have a change of staff you don't have the figure heads that keep moving out.

DEPUTY PRESIDENT ROBINSON: Right. So you are saying that only female staff were employed in the period - - -?---No, no, they were couples, in the house parents were couples.

Oh, I am with you. Yes, sorry?---Yes, they were house parents, yes, but because the female kept get pregnant and their family grew then they needed to move on.

MR FITZGERALD: Okay. I think you were at point 8?---Yes:

I have not experienced a vast turnover of staff as Devonfield offers a supportive environment to residents and staff alike.

Could you just elaborate on that statement, please?---They seem to get - they get a lot of support from their management and supervisory staff. They have access to them all the time, that is during office hours and after hours. They are - - -

MS HARVEY: Can I just interrupt? I am just a bit concerned about whether this is hearsay evidence or something the witness has direct experience of and perhaps if she can just clarify that before continuing?---Right. It's actually from experience as a board member that

I know that they have had access to them and also as a parent when I'm - there's been some reason that they have not been able to contact me that they actually contact the home supervisor. That's when Timothy has had ear infections.

DEPUTY PRESIDENT ROBINSON: So you have contact with other parents and you have contact with management?---With other parents. I'm speaking from this on behalf of Timothy, it's my contact with him. There's another set - there's another - parents of another boy in the home that I've spoken to and, yes, they do have access to - the staff do have access to those parents as well.

Okay. Would you like to just continue with your statement, Mrs Keating?---

> *Staff development training courses conducted on site through TAFE have afforded me the experience of lecturer for subjects commensurate with my level of education and experience.*

Would you like to elaborate on that statement?---There has been some courses offered through the employment services where they have conducted 12-week training programs within Devonfield itself. They have actually advertised the position and the lecturers have been drawn through TAFE - it is through TAFE as well - through TAFE and through Devonfield's resources.

DEPUTY PRESIDENT ROBINSON: Is there any qualification gained by staff who participate in those courses?---Not a recognised qualification, no. They actually work on site as well so by doing - having the lectures is in conjunction with on-site training.

Right. And do you think that that training is beneficial to the staff?---Definitely, yes, yes. They do need that training. If they are looking for employment within Devonfield they do need to have some training that is within the city that they are employed so that they also understand the role and policy of Devonfield as well, or wherever it might be.

What if the staff though did not have any training but they were people, say mature people, people who had good parenting skills - who had a commitment, a true commitment to being good carers, would that not be enough to get them through to be able to do the job all right?---Yes, it is. It is enough to get them through to do the job.

But you - - -?---But the additional skills on the - the additional skills that we are teaching are not actually, or the additional skills that I was involved

with - we are not actually dealing with people with disabilities, that was learned on site. What I was - the lectures that I gave were communication skills and that of course can come in any walk of life; grief and the grieving process; listening skills. So it was skills that we can all learn and do learn through our normal life, but it if they are highlighted in education you become more aware of it so that there is an advantage. It is something you do not need to do, but it helps.

Do you know what other subjects were taught by - - -?---Basic first aid was another one; Alzheimer's, because of the ageing problem with the intellectual disabilities and there is a link between that and Alzheimers particularly with the Down Syndrome people, so it was specific external sort of skills. They are not skills you need to work in the environment, but they are skills that would enhance working there.

Does that mean that they would enhance them with - - -?---Yes. You do not - you can learn the basic skills on the job of looking after intellectually disabled people, but they are skills that you carry through -you can carry through a lifetime. You can, by being made more aware of, perhaps, Alzheimers then maybe it would help you to deal with it. But they are not skills you get through basic education.

At the moment you cannot get them through TAFE, or - - -?---Through TAFE you could, but you certainly would not get them through university.

I see?---I am not real sure on the TAFE curriculum so you would probably only have very basic education.

Yes, well - yes, that is your understanding?---Mm. Yes, yes.

Thank you.

MR FITZGERALD: If you would continue your statement at point 10?---

> *By committees and the board of management I have involvement in policies and planning and also the future development of Devonfield. I do not believe that services such as Devonfield need professional carers in residential services but rather persons with normalised life experiences and social skills that are expected by our everyday society.*

Sorry, actually, we are probably covered in areas but I just wonder whether you could just briefly elaborate on that point, please?---Again, it comes back into the normal social skills that we learn and we - we learn from our parents and pass down to our children.

DEPUTY PRESIDENT ROBINSON: Do you everybody learns those these days?---People that do not learn them do not end up working in places like Devonfield. They are special people that go there for employment. I could not do it myself, and as a mother it is not the employment that I would choose, but they are special people.

I am sure they are?---Mm.

MR FITZGERALD: Okay. Would you like to continue with the statement?---Yes:

> *New staff members need orientation and support at the commencement of their employment. They also need ongoing education as identified to meet their individual needs. There are many and diverse opinions from professionally trained personnel on behaviour training programs, assessment mechanisms, communication skills and medical requirements for persons with an intellectual disability. There are also many and varied training packages and assessment protocols. I do not believe it to be cost effective and efficient to override these services with professionals when these people require kind, caring personnel with a knowledge of the expected social norms of society. My experience is that persons who seek employment in intellectual disability services have a kind and caring special interest in this field with a unique understanding of the needs of intellectually disable people.*

Right. If I could, just a final couple of questions: there is a further statement of some six pages which follows your statement. Can you just outline to the commission what the document is?---Right. Recently I spoke at the national conference for family based respite, at the Casino at Launceston.

DEPUTY PRESIDENT ROBINSON: I am sorry, which society?---The National Family - - -

MR FITZGERALD: Respite, I think you said, was it not?--- - - - Based Respite Services - - -

DEPUTY PRESIDENT ROBINSON: Oh, yes?--- - - - had their national conference at the Casino and they had a six parent panel and that is the address that I gave.

MR FITZGERALD: What is the Respite - can you just explain what that association is?---Family Based Respite is a HACC run service home and community care that is personal carers. If is frail, aged and disabled

persons in the community needing the personal care-type services and grooming, shopping, housework - - -

DEPUTY PRESIDENT ROBINSON: What is HACC?---Home and Community Care. It is a Commonwealth and federal - it is Commonweath funds put into the state and this state chooses to use them for health.

MR FITZGERALD: And from what point of you did you give your address at that conference?---From a parent point of view.

In terms of your nursing involvement was there any emphasis given there?---No. My nursing skills give me a better understanding, I suppose, in some ways, but that was purely and simply as a parent.

Okay. I have no further questions, unless you do, Mr Deputy President.

DEPUTY PRESIDENT ROBINSON: Yes. Just on the last page of your statement, Mrs Keating, at the end of number 10 you say, I think as you have said right through, that you do not believe that services such as Devonfield need professional carers in residential services. I am not quite sure still as to how you would define a professional carer as opposed to, I suppose, amateurs?---If you had a nurse in charge of a group home - - -

So you are talking of nurses?---No, not necessarily. If you had a nurse in charge of - well, I suppose I'm using that because I am a nurse - or a social worker, you could have a social worker in charge, it's - - -

Yes. I am trying to really put a handle of when you talk about these professional carers that you think are not suitable to be providing - to be employed in services providing residential services?---If you are employing professional people, they look at things from a professional angle, and I'm basing this on my own experience, not nursing.

Yes; but again you have nominated nurses?---Social workers.

Social workers?---Psychologists.

Psychologists?---Yes.

So they are the people you do not believe would need to be employed in residential care?---No, I don't.

Well, they are not - - -?---They are not at the moment, no.

No, no. And is it your impression that this case is about employing such persons as carers?---No, but if you're employing, you are looking at

employing people who are trained or skilled in intellectual disabilities. They end up with the same qualifications as those - I mean, we don't have people - we don't have people - - -

What, they would end up with, what, degrees?---Yes.

Is that your understanding?---That is my understanding they'd end up with a degree or a diploma, associate diploma, yes.

Right. And you think that that would be a distinct disadvantage to carry that sort of baggage that they could not still be really good care providers?---Yes, they are, but they look back on their training as opposed - - -

Yes, but do you agree with what I say or not, that it would prove a disqualification, in effect, if they carried the baggage of having an academic qualification?---No. It would depend on the person. I mean, people with that qualification can be employed, I'm not saying that they can't - - -

Right?--- - - - but I don't find that they necessarily have to have that qualification to be able to do the job.

Right. Of course - yes, as I say, I think you have answered my question, that you do not really - you are not - we should not take literally what you say when you say you do not believe that services such as Devonfield need professional carers, and you have defined what those people are?---Yes. What I'm saying is you don't have to have that - - -

No?--- - - - that professionalism to be able to care for these people. You can do it without, yes.

Right. Is your opinion influenced by the fact that funding, I think, is acknowledged as being a difficult problem throughout the industry of providing care for intellectually disabled people and people with associated physical disabilities? If funding was no problem at all, would that change your view on what you have said?---No.

No?---It would not, because I find these people with - I've been looking at it then from my parent role, and what I have found with the people with the ongoing education is that they overrode me as a parent, and I found that very upsetting and it made me extremely angry. I really had to fight for my right to look after my child and to be responsible for my child. They made decisions on his behalf - and I guess it comes back to getting that Giardia infection.

Perhaps they are not properly trained then; they do not have, arguably - - -?---The medical - - -

- - - the added training necessary to be able to understand as you do the special needs of disabled people?---No. But people with education I found - if we go away from that medical-type model - people with education, with enough education, would decide on my behalf, for example, or Timothy's behalf, that he needs a particular behaviour management program without consulting me on what program he needs.

Yes?---I find that they are overriding my right as a parent then, and I get extremely angry with that.

So your own experience has caused you to make the statement?---Yes.

Yes. Thank you for you patience?---Thanks.

I have no further questions at this stage.

MS HARVEY: Yes. Perhaps if I could have till 5 past 12?

DEPUTY PRESIDENT ROBINSON: Five past 12? That is fairly generous. We will say 12 o'clock.

SHORT ADJOURNMENT

DEPUTY PRESIDENT ROBINSON: Ms Harvey, at some appropriate time we will give your most recent exhibit an identification number.

MS HARVEY: Right. Okay, Mrs Keating, you may have to bear with me because I might ask you a few sort of clarification questions before I actually put a question to you because obviously you have given quite a lot of evidence this morning but I just want to clarify in my own mind what you are saying about professional people and I want to make sure I have got it right. As I understood what you were saying was that professional people, they do not understand intellectual disability and take too much control and override parents?---It's not that they don't understand on a professional basis of training programs and those sort of things but they do tend to override parents.

Right, okay. And you - particularly is this just nurses, psychs and social workers I think you stated?---It's dealing - school teachers is another area, occupational therapy.

Any others?---That's based on my own personal experience and they're the people that I've dealt with at the moment, yes.

Right. So these people are inappropriate because - well, I am still not quite clear on what you are saying?---It's not that they are inappropriate. It is that they presume that it is their right to decide to make a decision on behalf of my son that's a decision I want to make or want to be involved in the making of.

All right. But it is only degree qualified people that have - show these signs?---They are - well, to date they are the only ones I've dealt with.

So it is only the degree qualified and no other qualified?---Diploma degree.

Diploma degree?---Yes.

Okay. So were you actually aware that there is a degree course in rehabilitation offered by Charles Sturt University?---I am aware that there are some mainland courses but not specifically from where.

Right. Have you looked into their curriculum at all?---No, I haven't.

So you could not say whether people trained through that course would have the same problem?---No.

Right, okay. So you are not seriously then saying we should not interpret your comments to mean that every degree qualified person is basically insensitive your role as a mother?---To the ones I have dealt with to date they have been.

Oh, okay. So it is the ones you have dealt with. What percentage of trained, for example, social workers, psychs, etcetera, do you think you have actually dealt with?---The percentage on a whole I wouldn't know.

Of those people that have graduated from these courses?---They are - I've dealt with them on an individual basis depending on service not on percentage.

Was it a half a dozen, a dozen?

MR FITZGERALD: Well, it is a very difficult question for Mrs Keating to answer. She had no idea about the numbers employed in the area.

DEPUTY PRESIDENT ROBINSON: Perhaps Mrs Keating would be able to answer the number that she has dealt with and we can all - - -

MS HARVEY: Yes, just the number that you have dealt with. So professionals that has led you to make this fairly - this statement?---All

right. I've dealt with hospital based personnel in every major hospital in Tasmania, Launceston - - -

No, I am asking you not about hospital personnel, about the number of social workers that you have dealt with, for example?---Social workers were from Rocherlea and there was one there. Psychologists through the special early education through Mersey Heights School, through Rocherlea - - -

How many rough?---Oh, there'd be one in each service but, I mean, people come and go and - so I've probably dealt with one - the service has one psychologist but it might be over a period of time, different ones.

So, what, say five?---Probably, yes.

Okay. And the - I think the other one you said was OTs?---OTs I've dealt with through the school at Mersey Heights, through the hospital, because I do access hospital medical services as well for Timothy and through the hospital based services and, no, not through Quindalup. From my memory I - it was a phone call but - - -

DEPUTY PRESIDENT ROBINSON: It is not easy. You can only give estimates, yes.

MS HARVEY: Yes. No, just roughly?---But, no, it's too long ago, yes.

So you do not think it perhaps might not be a little bit of a generalisation to say that all degree and all professional staff have this problem when really just - from the figures that we are just roughly running through even to be generous we are really talking about four professionals that you have interacted with?---In dealing with Timothy I wouldn't deal with any more than that.

Yes. No, that is fine and I understand that and I am not dismissing that that is your experience but do not you think it is perhaps a bit of a generalisation to say that they are all like that?---I've not had any that are not. Even dealing with 12 they've all been like that.

So you think it is fair enough to say on the basis of 12 people that all professionals trained in Australia show this - - -?---I can't answer that. I can't answer that. I don't have that knowledge.

Okay. Well, I will not pursue it any more. I think the point is made. So obviously it is quite a problem with these professionals that you have had dealings with in the sense that they have not understood intellectual disability in the role of parents. Do you not think that it may actually be

possible that services by employing professionals themselves could actually train them to operate in an appropriate manner?---That's not been my experience to date and these people have been employed in disability services some of them.

But say, for example, you as a board member of Devonfield was to employ, for example, an OT and you gave them extremely - in your role as a board member gave them a very clear instruction about the sort of attitude they would take to parents?---I've actually found in experience dealing with these people that I've had to reiterate my point as a parent. I can say it once and I say it twice and I say it again because they still don't seem to get the message very clearly that I want to be involved and they tend to still - over a period of time, yes.

But as an employer you would have a lot of weight behind you, would you not, as compared to just a parent by yourself?---Oh, my word. If you're an employee in the service, yes.

Yes. So that perhaps - yes, so that it may in fact make it easier to control these people to make them provide a proper level of service if you were there employer?---I'm not likely to be their employer.

No, through Devonfield board? I am asking you to speculate obviously?---I don't know that I can really answer that.

Okay, thanks. Now, you are actually a C and C you said. I understood, and correct me if I am wrong, that you are actually working in community health and in the HACC program on the north-west coast and on the west coast; is that right?---That's right, yes.

Right. So all the nurses you employ in that service there is that actually operating in the medical model?---Yes, it is.

Right, okay. So that is a model that you think is appropriate in community based - - -?---It's medical/social because we don't only look at the medical model of people but the idea and the aim of that particular service is to keep people out of institutions and the hospital environment. So we also have to look at the social side of their life as well and you certainly don't have - the home helps are employed to do housework and shopping and ironing and that's certainly not a medical model.

Right. So - but your nursing staff, for example, would they be involved in perhaps providing people with emotional support or social support if it was necessary?---Yes, they do but they also do the home help assessments as well, so they're very much - we lean towards the social side of it.

Social model?---Yes.

Okay. So in effect you are not really operating in the medical model? You are trying to cover social needs as well as just pure physical needs?---We're operating basically in the medical model.

Sorry, I thought you said you were also looking at their social needs?---But we do look at the social side as well.

Right?---It's a dual role but it's - the principal role is the medical model but they still have to consider the social implications as well.

I am trying to be clear about this because say, for example, in a group home environment obviously there are some physical needs that have to be looked after. I hear what you say about them not having to be nurses, but that they do look at their physical needs and their social needs; is that not correct?---Yes, they do. When they look at their physical needs, if it involves nursing they call in our services.

So given what you have said that your service does involve social as well as medical - you know, as well as physical requirements of your clients, are you saying that your nursing staff are unable to do that, because they are obviously very qualified - - -?---They go - - -

- - - so given your experience then they probably run roughshod all over the clients?---If the nursing staff go into a home, into a group home, it is for a specific - - -

No, I was talking about your community clients, your HACC clients.

MR FITZGERALD: Well, it is a bit confusing. We seem to be wavering from the group home situation to Mrs Keating's own involvement. I just wonder whether it could be made clearer.

MS HARVEY: Yes, I will certainly make it very clear.

MR FITZGERALD: I certainly was lost there.

MS HARVEY: The point I am trying to make is that in your HACC services you have already testified on the record that that involves both some physical support as well as some social support which is in some ways analogous to a group home situation, right, except that they are not nurses.

MR FITZGERALD: Well - - -

MS HARVEY: If I could finish?---I don't - - -

MR FITZGERALD: I am not sure whether that was the case.

DEPUTY PRESIDENT ROBINSON: Well, that is the question.

MR FITZGERALD: But I am thinking Ms Harvey is saying that it was answered in that way, that it was in some way analogous to a group home, and I do not think that was ever said.

DEPUTY PRESIDENT ROBINSON: Well, the witness can confirm or deny.

MR FITZGERALD: Well, as long that is the chance, but it seemed to be that Ms Harvey was saying that it was a response given by the witness.

DEPUTY PRESIDENT ROBINSON: It is a leading question which is permitted in cross-examination.

MS HARVEY: Yes, in cross-examination.

The point I am getting to, you have testified that in a HACC service there is a need to look at both physical needs of the clients as well as their social sort of developmental needs, because you are trying to keep them out of institutions, I think, was the word that you said?---Yes.

Right. So the question I am putting to you is: do your nurses or the nurses that you employ do that adequately?---I'm still - I think I might need to rephrase it to sort of clarify what you're saying as well; that I don't see any comparison between the group homes for disability services and my nursing career, yes.

Fine. Right, let us forget that then. But in terms of your HACC staff, the nursing staff you employ in your Community Health Services role, you accept that they have a social as well as a physical role - - -?---Yes.

- - - and I am asking you again, do your nurses staff do that adequately?---Yes, they do.

Right. And are they qualified professional staff?---They are qualified professional nurses that learn the social situation when they come into the employment. Actually we find there's a lot of discrepancy between hospital-based nursing staff in the community.

So there are professionals who in fact do not - who are not totally insensitive to the needs of clients and take control of their lives and run

roughshod?---It's something that's learned on the job, yes; when they first come in they are insensitive.

So all your staff who are nurses who come into that service who have not been in a community-based service before are insensitive?---They receive on the job training, on the job education within their orientation program to specifically look at social needs as well as the physical health needs.

DEPUTY PRESIDENT ROBINSON: Because they need it, because they need that?---Yes, they need - they don't obtain that within the hospital environment, yes.

MS HARVEY: Right. So it is possible to have professionals employed who do not show these characteristics that you were talking about in your statement?---I'm still not quite clear on what you're asking of me.

Let me make it clear. You made some very broad generalisations about professional people in relation to provision of service, particularly with regard to social areas, and you basically said that you did not think that they were appropriately - should be employed in this area?---Yes.

And so I am asking you is it that in your experience in HACC, which has this dual role, it is obvious from what you have said that it is quite possible to have professionals employed in these capacities?---I don't see any comparison between the community nursing and - the role of community nursing as compared to disabilities.

No, I was asking you about community nursing?---All right.

MR FITZGERALD: I just wonder if the witness could answer the question, please, she was in the middle of answering a question.

DEPUTY PRESIDENT ROBINSON: Go on.

MS HARVEY: All right. I have finished with - I think I have finished with the issue. I think the point is made.

MR FITZGERALD: I still do not think the witness has completed the answer to the question. It should be fair to the witness that the witness should be allowed to complete the answer.

MS HARVEY: Quite happy to.

DEPUTY PRESIDENT ROBINSON: That is what you can bring up in re-examination to clarify.

MR FITZGERALD: Well, that can be so, but I just do not think it is a good practice, Mr Deputy President, for Ms Harvey to be able to cut off a witness in the middle of an answer.

DEPUTY PRESIDENT ROBINSON: Well, I have heard you say "just answer the question".

MS HARVEY: I have too; in fact I think that is where I learnt it.

If I could move on. Obviously your role as a parent, and the paper that you presented to the conference, it does sound as though it has been a fairly stressful time for you as a parent?---I have only put into that paper what I'm comfortable in telling the community. There's a lot of other issues that - yes, it's extremely stressful - there's a lot of issues I haven't put in there and would never publicly state.

Okay. Well, you know, look, I do not want to transgress on that sort of privacy, but I mean there are some things which would help us in this case - - -?---All right.

- - - in relation to. First of all, I understand from the paper and what you have said today that your son has quite a severe disability?---Yes, he does.

A physical disability, I think you said, behavioural, he has autism?---Tim has - cardiac is the physical disability that he will live with. The cardiac surgery has been - has corrected the heart deficit as in the hole, and corrected the hole, but it doesn't correct the murmur or the arteriosclerosis that he was born with.

DEPUTY PRESIDENT ROBINSON: I hope that this is relevant?

MS HARVEY: Yes. I am quite happy for Mrs Keating, if it is too personal, not answer it?---No. I'll only answer what I'm - - -

I understand that, and I am not trying to put her under pressure?---I'll only answer what I'm comfortable with.

DEPUTY PRESIDENT ROBINSON: Yes. I would insist that you do not intrude upon that personal side.

MS HARVEY: Yes, sure; no, I understand that. I understand it is very sensitive.

But just from what you have said, and correct me if I am wrong, there is a whole range of support needed really for your son: there would be physical assistance that was needed?---Not any more.

Not any more? Okay?---Timothy has learnt every step of his life by being taught. After his heart surgery and two days before Christmas we were told that Timothy was a cerebral palsy, and I sat with him on my knee in front of the doctor and cried and said, "No, he won't be."

DEPUTY PRESIDENT ROBINSON: Mrs Keating, you - - -?---No, it's okay, I'm quite comfortable with this.

Are you?---Yes.

I was just going to say you do not have to go into this if you do not feel comfortable?---Yes. I stated this many a time, Timothy has learnt every step of the way of his life: he has been taught to sit, to crawl, to walk, to run, to jump, to now he's a hyperactive child

MS HARVEY: Okay. And I think you said that there was some - there were behavioural management issues with him?---Yes. Timothy is self-destructive: he's a head-butter and a hand-biter.

Right. Okay. Communication skills: he is non-verbal?---Non-verbal, but he communicates very well in non-verbal skills. We learned Makaton sign language to - that's a good point. We learned Makaton sign language, you can get to four signs, and then he gets confused and loses them. This year at school without consultation with me they have started on a new compi-card system, I think it's called, and that was without asking my permission. Now, I don't really like it, and I have had to go back to the school, to the teachers, and state that.

DEPUTY PRESIDENT ROBINSON: You saw that as complicating things, him having two systems?---Two different languages over three or four years, yes, three or four years, and it does complicate the issues.

MS HARVEY: Sure, I can understand that. It is obviously a communications issue, also a normalisation to the theory that obviously you would be providing support, I think you said, to talk about the norms so that he can interact in society?---Yes.

So there is a lot of teaching - you said that basically teaching them to walk and to crawl and everything is taught?---Yes. He still has to - yes, he has been taught, he still has to learn to be able to go out into society and to behave within a reasonable way in society as he is - we are trying to stop him head butting, laying on the floor - on the street and throwing tantrums; not to be able to take things off the shelf that are not paid for; and he has to learn that he cannot head butt everybody that is in the shop that gets in his way as well, because he does that, yes.

Yes, I think actually on page 1 in telling Timothy's story, you actually went into that and a bit of detail about all the effort that has gone into that and obviously it has been a tremendous effort.

DEPUTY PRESIDENT ROBINSON: I am not sure where this is taking us, sorry, Ms Harvey?---Well, if you will bear with me, Mr Deputy President, it is relevant. On page 5, sorry, on page 4, you talk about and you have already spoken about the experience that you had in the mothercraft home with Timothy and the terrible traumas that basically he had as a result of that, and you go into it in paragraph 1 about how, you know, the sort of things that you noticed as a parent. And then in that, I just wonder if you could read to us that final paragraph there, on that page at page 4, talking about how he has improved. I think it starts: "Timothy has matured in leaps and bounds".

MR FITZGERALD: This is the statement, is it not? This is the - - -

MS HARVEY: Yes, sorry, on your actual statement?---Yes.

> *Timothy has matured in leaps and bounds. He is still non-verbal but we communicate well. He is toilet trained during the day, feeds and dresses himself, and he is full of kisses and cuddles and bites and then giggles when you are not careful. We no longer need to repair walls as his head butting is at a minimum and he is easier to control by diverting his attention.*

I am an excellent plasterer, by the way.

You obviously had a role in this yourself as a parent in the transformation of Timothy from the mothercraft to - - -?---I certainly did, yes.

And do you think as a parent you need a lot of skills to be able to turn around that change?---The skills - the way I was able to turn Timothy around was also by again accessing community professional help to help with it. I used the occupational therapist out of the hospitals environment; I used the education, special education early development.

But you must have learned an awful lot in managing all that and following it up and making sure that you - - -?---Yes, I did, I learned from them, but I also took a lot of skills and experience from my other son, Russell, who I had brought up and is eight years older than Timothy, so I also had parenting skills as well.

Yes, right. And so do you think the skills of parents for people are actually recognised adequately - that the parents and people with disabilities whether or not - - -?---By the parents they are.

Not by society very much I would imagine?---No, not so much by society and by - and certainly not so much by professional people.

Right. So when you made the comments about, sort of being a good parents, is sort of enough to work in this area, I assume you are talking about a parent who has been through this sort of experience?---No. By being a good parent who has raised children, as I stated very clearly, that these people are very special people that work in this area and they have an aptitude to work with these people; they have a desire and an interest to work with these children. And they need to have good parenting skills that we all have, perhaps, that helps them. By knowing what is normal you can pick what is abnormal.

So all those things that you said that Timothy needed in relation to - I think we were talking about communication skills, behaviour management skills, normalisation theory, a whole lot of other things, is something that every parent would know?---We all know how to communicate and we all do it very well because we sit here and work with our hands and that is the communication that Timothy has. His communication is by indication more than by having learned the Makaton or the Currins that you want to give him. So he actually learns by sign. He takes my hand; takes me to what he wants and throws my hand at it. If he doesn't want it, if I try to give him something he doesn't want he, in no uncertain terms lets me know. Like one night he - I thought he wanted a dry biscuit and he didn't and in the finish he picked the cup up off the sink and put it in my hand. And I said, "Oh, you want a drink, Timothy, why didn't you sign you wanted a drink?" So - - -

Yes. So there is obviously a very close relationship for this sort of development to occur really?---I found he developed it with the people working within the home as well.

Right. Okay. That is what I just want to come to, the home. You said that there were four other kids in the home?---Yes, there is.

Do they all have parents who take a role?---Yes, they do. They are - all but one in my experience has been a ward of the state and that person, because of that, had a nominated disability services worker there.

So that there was one out of the four that was a ward of the state?---Yes.

Right. And do all parents take as active a role as you would do?---To my knowledge, yes, yes. The children all go home and - - -

But for that child who does not have a parent to take the sort of role that you are talking about really they have to provide what you are describing

in some detail?---Yes, but the disability services workers has overall management of that child in the way of case management, but within the home and within Devonfield there is - whoever is in charge of the home would then see to the other needs, the medical needs, yes.

Right. So this huge transformation we have seen on page 4 of your statement between how he was at the mothercraft and between how he is now, is it fair to say that the staff had a role in that too?---My word they did.

They did?---Yes.

Okay. When we were talking about these staff members who, in the junior service, obviously they did not override your wishes, they worked with you very closely?---Yes. They didn't instigate anything that I didn't want them to instigate or put in any plans for Timothy at all without consultation with me first.

Okay. Do you know what the qualifications of those staff are?---They are people who have applied for positions at Devonfield and to my knowledge have no qualifications, no formal qualifications.

Right. Was Tony Medcraft one of those employees?---No.

MR FITZGERALD: No, he is not a - - -

MS HARVEY: Craig Rollig?---Craig was there as a parent. His wife was actually the house mother, and when I talked about people having two lots of house parents. Lynn was one that was pregnant and then moved out. Craig at that stage had no formal education in disability services at all.

But you are aware he now has an associate diploma?---Yes, I am, yes.

So I assume you would still be quite happy with Craig if he was to be your support worker?---Yes, within the home, but he would still - it would still be under my guidance with Timothy, yes.

Yes, sure, because he would respect that?---Yes. I do not think at any time that I have ever said that they can't have qualifications and saying it is not necessary.

Okay. Now, obviously what you have been through as a parent is very stressful. Can that stress be alleviated by the way staff interact and what the staff do?---No, not - well, no, not really. They add to your stress if they do things you don't like.

So they can reduce the stress if they do it in the right supportive way?---If they do it in the right supportive way but it's also very important that we work as a team. Timothy goes to - he has six hours of schooling each day and then goes home to the home environment and he also comes home to our home environment so it's important that we all liaise and go through on the one program and that we're not - we don't have conflicting programs.

So if you have not appropriately skilled staff they could in fact make - I think - what you have testified says that they can make parent's life hell?---If they're not skilled.

Yes, if they are not skilled?---I have found that if you end up with three or four professionals dealing with these children - - -

No, I am not talking about professional people. I am making a distinction between skilled and professional?---All right.

Because you have said that professional are degree?---Degree and diplomas.

Yes, okay. So, I mean, from what you are saying, forgetting the thing about the degree people because we have accepted that they are not degree these people that you are working with?---Yes.

Would you say that they are skilled, the staff that you deal with?---Yes, they're skilled by on-site training and experience.

Yes. Or other training such as TAFE as in Craig's case, for example?---Yes, yes. Craig had a lot of skills before he actually went to TAFE, yes.

Okay. So do you think that it could be stressful - you said it is stressful for the parents - do you think it could be stressful for the staff working with clients?---Without the necessary support and on-the-job training, yes. I mean, if you were to take somebody off the street and put them into that house with absolutely no education whatsoever, yes, they would be stressed.

Okay.

DEPUTY PRESIDENT ROBINSON: Do you think that it would still be stressful sometimes even with training?---Yes, I do. Yes, very much so, yes.

MS HARVEY: Right. Now, are you familiar with the concepts of competency based training?---Yes, I am but from a nursing perspective.

Sure, the same principles?---Yes.

Could you sort of explain to the commission what you understand that to be about?---Okay. I have just developed the tool for enrolled nurse competencies that's about to be implemented through this state and it is - actually the enrolled nurse competencies are based on maturity, they're not based on skill and it's a set of standards by which they are measured for their level of maturity in being able to do a job but has got nothing to do with the tasks of the particular job.

Is maturity measurable in a competency sense?---It's the way the award is written so it's based on an award.

That is not the question I was asking you. I will put it to you clearly. I am not trying to entrap you or anything but it seems to me that you demonstrate maturity by what you actually do and the way you respond to circumstances; is that correct?---Yes, yes.

So it is not maturity in itself?---No, no, it's the way you respond to a given situation.

Right, okay. So is it not possible that things that you have been talking about, the skills, because you have said it is very skilled work, that there really is some competencies and skills that these workers need to have and they get it in different ways? Some might actually get it from your own sort of circumstances as parenting; some might get it through TAFE and work experience; some may get it through entering and then doing all these courses that you have been talking about but still get the same competencies? Is that possible?---They can have training and, yes, get experience and the training itself doesn't give them competencies. It is the experience.

Sure, sure. Training is a proxy for a competency, is it not?---Yes, yes.

Okay. So it is possible that people would have the same skills from work and qualifications that they could have got through parenting or through some other mechanism that is often called recognition of prior learning?---If it's possible that they can.

Okay. Now, the comments that you made about your involvement in IPPs and behavioural management, I think you said that the qualified staff did not involve you, they just basically ran off and did it and you gave the example, do unskilled do that, do you think?---No, they don't.

So in your experience unskilled staff have no - as you said - an unskilled staff person is someone who just comes in off the street with no education

and no experience. Do you think that they might do that, too?---They've not in my experience done that to me. In fact, they have - I guess because we've always had the school as well where there has been skilled staff who have perhaps implemented the training programs or put forward the suggestion to me.

All right. So the unskilled staff are actually not responsible for what you are talking about in your experience?---No. They - - -

Right, okay. So it is probably not a relevant question because they are not doing it. Okay, is your - the concern that you have been expressing about professional staff and training, you are not saying people are unskilled, as I understand it, but that you do not actually like some of the training that some people go through?---I don't think they need the high degree of skill of diplomas, etcetera, to be able to care for these children or adults.

Right. Are you aware of that the union's application is not arguing that either?---That they have actually skills?

No, that they do not have to have a degree or a diploma to be a carer?---But they will have a level of education.

Yes, but I thought you were saying that that was necessary?---What, that they have a level of education?

Yes?---Formal or informal, I am talking that they only need to have a level of informal education.

But were we not just talking about competency?---Yes, you can still be competent without having a level of formal education.

Sorry, I thought you said - that you agreed with my statement that competency, that you can reach that through different mechanisms but the critical thing was that you were competent. I explicitly put to you that you could have a combination of training and experience to be competent?---You can but you don't - to look after these people you don't have to have a level of training to still be competent to look after them.

Right. But it is possible that you could have a level of training and be competent as well?---You could have. I mean, it's not saying you need it or you - - -

Yes, you are not - - -?---I'm not saying it's vital that you have a level of education.

Well, you are not saying you cannot do it if you have not - - -?---Oh, no, of course not.

No. Right, okay. So, as I said to you before, if I understand you correctly what you are actually saying - and I am sorry to labour the point but it is important - is that it is a skilled work that these people are doing and they do need skills and the can get those skills through either training and experience or just experience or parenting experience, but there is definite skills?---Yes, they are life skills that we're talking about for these people.

But you did say plus education?---Plus education in what way? Can you clarify that?

Well, when I asked you whether you would be happy whether it was stressful people who came in who were - you said that they would need to be educated; that they could not just be - - -?---You need to be educated as in - yes, it depends on your definition of education but you need to have some in-service training and that's probably the interpretation of education.

Okay. Are you familiar with the outcome standards for services?---Yes, I am.

Are you familiar with the outcome standard that requires parents to be involved in the development of IPPs and in the whole process as well as clients?---I am familiar with the fact that its in there, yes, yes.

Yes. Do you think it is a management responsibility that management has some role in making sure their staff do that?---I think it's a management responsibility to make sure that parents are involved, yes.

That actually concludes the questions that I wanted to ask in cross-examination, Mr Deputy President.

DEPUTY PRESIDENT ROBINSON: I am sorry that you had so long answering these questions, Mrs Keating, but we are all very interested and better understanding what - the sorts of things that you were able to tell us.

MS HARVEY: Yes. I should have thanked the witness, I am sorry?---That's all right, thank you.

I do appreciate it and I know it is fairly gruelling being under cross-examination.

DEPUTY PRESIDENT ROBINSON: If I could throw one at you - - -?---Yes.

- - - if you do not mind. In your opinion should carers in the areas with which you are familiar have the opportunity to improve themselves and to have a career opportunity in caring for disabled people through being better trained and, therefore, better qualified and more competent and if you do believe that they should have a career opportunity within that type of employment, would you think that they would then need to be appropriately paid in accordance with their enhanced career position?---I believe that if people go through training, in-service education, if they go to a TAFE and get a certificate to work with disability services they then put those into a curriculum vitae regime when they're going for jobs that, yes, that should be - it should account as part of their application and their employment that they perhaps would gain employment over somebody else. I believe - and I know - within Devonfield we already have a two-tier mechanism for career payment as in the senior management. Senior level staff already receive a higher increment than the other workers, yes. I also, from my experience, know what career structure did to nursing.

What did it do to nurses?---It - we all received an increment of moneys that we believed were - we were worthy of but from listening now from the workplace we are finding we don't want to employ nurses, its too expensive and they're looking at lower levels of skills.

Like aides to the nursing world?---Yes. And I have witnessed some nursing positions that have not been filled and it's looking at dollar terms, yes.

Do you think that that is associated with the way that was done that there were three streams of nursing? There were management positions introduced within the wards rather than the nursing people being also managers?---Yes, but within community nursing we didn't do that. We argued very much against having those two streams and my title is clinical nurse consultant/manager and I actually do both. It works a lot better and we've always had that stream but still within community nursing we have lost some positions.

Yes. We are diverging a little bit - - -?---Yes.

MS HARVEY: If I could just make the comment in relation to nursing career structure. I think we are talking about a completely different kettle of fish because it was not just career structure. It was also quotas put on certain numbers of positions and a whole bag and box and dice. It was a lot different to this exercise we are in.

DEPUTY PRESIDENT ROBINSON: Oh, well, they are not even under our jurisdiction. Okay, thank you. Mr FitzGerald, do you want an opportunity to re-examine.

MR FITZGERALD: I think if we could just go straight into the re-examination briefly so it allows Mrs Keating to get back to the north-west coast.

Just a few questions in re-examination, Mrs Keating. You made - in answer to a question by Ms Harvey in terms of your own professional environment where you said I think it was difficult for professionals to adapt to some of those practical situations, I think that is probably fairly put, that was only in respect - that statement was in respect of your own professional environment, was it not, not the group homes?---No, definitely not the group homes, yes.

Okay. And you referred to individuals engaged in the disability services areas as special types of people. Are you referring to particular types of people there or can you just further elaborate on that?---The people that apply for positions in disability services have a - some of them have life skills they've brought with them as well from brothers and sisters but not necessarily. They just seem to have a special understanding. I can't explain what that quality is. They just seem to have a special understanding of the needs of these people.

Well, is it an empathy? Would that be the right word to describe it?---Probably. It's just - just special people, yes.

Okay. And you have mentioned life skills not parenting skills. Is that accurately described?---Yes. Life skills for all levels we learn as we go along.

Right. You mentioned in response to Ms Harvey and I think it was also in examination-in-chief about your model for nursing education where you said I think it would be a four-year term more practical experience. Is that something which you would see as appropriate in the disability services area as well?---That they would have a four-year training?

Well, not necessarily a four-year but that sort of concept where you would have a mix of both formal off-the-job training and hands-on experience?---You see, I don't believe in formal training for disability services particularly.

Can you say why?---Again because I'm basing it on my previous experience of trained people dealing with Timothy. I just see it - you are adding another training - trained person along with - I now fight or disagree with OTs, physios, social workers whoever it might be, you're just adding another one for me to have to get over that hurdle of that trained person as well.

Does it come down to what the employer actually requires to adequately - the skills required to adequately perform or to adequately care for disabled people?

DEPUTY PRESIDENT ROBINSON: Is that an expansion upon something which has been raised?

MR FITZGERALD: Expansion. Oh, well, I think it is in response to - - -

MS HARVEY: You did not - - -

MR FITZGERALD: Let me finish please - it is in response to Ms Harvey's question, directly in response to it.

MS HARVEY: If you could nominate which question it is in direct response it would be fascinating because I asked about Mrs Keating's personal experience in nursing. I never went into any view about if she was an employer.

MR FITZGERALD: I can certainly recall questions relating to qualifications and skills.

DEPUTY PRESIDENT ROBINSON: I do not remember anything being raised in relation to the employer's requirement.

MS HARVEY: It is also a leading question.

MR FITZGERALD: There is no - again we are talking about formal rules of evidence, but there is no restriction, as I understand it, even in a formal sense on leading questions in re-examination; it is in response to cross-examination.

MS HARVEY: I understood that we agreed by the rules which you enunciated yesterday which was that leading questions are only allowed in cross-examination, not re-examination.

DEPUTY PRESIDENT ROBINSON: Well, they continually creep in, and I think I used the expression that I screw up my face because I do not like them.

MR FITZGERALD: Well, let me just ask another question, which Ms Harvey will probably also object to, but - - -

DEPUTY PRESIDENT ROBINSON: Not deliberately, surely.

MR FITZGERALD: - - - in terms of - it in my view does directly arise from the cross-examination - is it your view that staff should be compensated for qualifications alone? And that certainly arose straight out of the cross-examination. There was a point in respect to compensation of staff, in my view.

MS HARVEY: Only a question asked by the DP, not me.

MR FITZGERALD: I am entitled to ask it if that is the case. I am entitled to ask it if that is the case.

DEPUTY PRESIDENT ROBINSON: Yes, I certainly put my foot in - more than my toe in the water there.

MR FITZGERALD: Mrs Keating, how do you see that in terms - - -?---Sorry; can I - - -

Compensation for qualification alone, is that appropriate in your view?---No, I don't think it is.

How do you see it then?---I see that they are employed and gain experience, and if a senior management position comes up, they apply for it based on their - based on their experience. If they have other education skills to go with it to get the position, then fine, but they - - -

DEPUTY PRESIDENT ROBINSON: I think my question went to whether or not you believe there should be a career structure in place for carers who want to improve themselves and to remain in the industry and to improve their skills and then be better paid.

MS HARVEY: I just have to object to relevance, because there is no application before this commission that argues people should be paid purely for getting a qualification, in fact our application quite explicitly says you have to utilise certain skills and responsibilities that are immeasurable, and so I really am not quite sure of the relevance of the question or the line of questioning.

MR FITZGERALD: We will move on.

DEPUTY PRESIDENT ROBINSON: Yes, okay, please.

MR FITZGERALD: In terms of - you mentioned Craig Rollie. Which section of Devonfield is he involved in?---He's in OTAS now.

Right. So he is not directly involved in the group homes environment at Devonfield?---Not to my knowledge.

Okay. Are you aware of other staff who are supervising your son particularly who have that formal qualification?---Not anybody supervising my son, no.

Right. Thank you. We talked about the stress - sorry - Ms Harvey mentioned about the stressors in the area. What support, particularly at Devonfield obviously, do staff receive when they are performing their duties?---If a situation occurs that they can't cope with, they ring me direct - if you're relating it back to my Timothy, they ring me and ask me what to do with it. In the instances that I have not been available they have rung the general manager or the supervisor of the home, Lindy, to ask their advice, but usually for him I'm the first line.

Right. And others?---For the others, I am aware of the fact that they have rung other parents in exactly the same way, and I guess - well, I don't guess, but for ward of the state children they would ring directly to the supervisor of the home or through to the general manager.

Right. Thank you. So the environment is stressful, but is it manageable, in your view?---Yes, it is.

Right?---If you have an incident - I mentioned that my Timothy is a head-butter, that he injured himself in such a way that he needed medical attention. As anybody else would do, they would call an ambulance if it was that bad.

Right. I have no further questions in re-examination, thank you, Mrs Keating.

DEPUTY PRESIDENT ROBINSON: Right. We are concluded with your evidence, thank you very much, Mrs Keating, and I apologise again for the length of time that we have kept you in that little box there but we do appreciate the contribution that you have made?---Thank you, sir.

You may now step down. Thank you?---Thank you.

THE WITNESS WITHDREW

MR FITZGERALD: Well, that completes the evidence this morning. We will have a further witness this afternoon if we could.

DEPUTY PRESIDENT ROBINSON: All right. We will adjourn till quarter past 2.

LUNCHEON ADJOURNMENT

DEPUTY PRESIDENT ROBINSON: Mr FitzGerald?

MR FITZGERALD: Thanks, Mr Deputy President. If we could call our final witness for the day, Mr Neal Rodwell, please.

MS HARVEY: I thought you were going to say the final witness.

MR FITZGERALD: No, I did add that last bit to it.

DEPUTY PRESIDENT ROBINSON: How many more witnesses?

MR FITZGERALD: We are looking at one or two, at least one.

NEAL JAMES RODWELL, sworn:

MR FITZGERALD: Just for the benefit of the commission, Mr Rodwell - sorry - Mr Deputy President, we have statements prepared this time in dot point form, and Mr Rodwell will use that as a basis of his evidence. Mr Rodwell has a copy of that statement, as has Ms Harvey and the commission.

DEPUTY PRESIDENT ROBINSON: Good.

MR FITZGERALD: If I could just start at the very start, Mr Rodwell. This statement in front of me here, did you prepare this statement?---Yes. I did, yes.

Thank you. I just wonder whether you could just start reading in terms of the statement, and I will ask you to elaborate on some of the particular aspects of the statement as we go through. Your name, for a start, and then your address, and details from there on?---My name is Neal James Rodwell, and I live at 19 Quiggin Street, Wynyard; 47 years of age. For the last five years I have been the manager of North West Residential Support Services.

Right. We will come to that and the type of services shortly if I could, thank you?---Nine years previous to that I was the personnel manager for

Summit Industries, and prior to that I held a number of supervisory and managerial positions with organisations like Multicap, the Spastic Society in Victoria; I also worked for Adult Education, and I currently teach in the developmental disability course at the Burnie College of TAFE as well.

Right. What number of total years have you had involved in particularly the disability services area?---It would probably be about 30 years now.

Right. Okay. And you have held the position of manager of the North West Residential Support Services for what period?---For the last five years.

The last five years. Thank you. And in terms of your teaching role, how long have you been in that role?---I have been teaching in that role for about the last three years.

Okay. Just for the purpose of the record, the site visit we had, was it your establishment, one of your houses?---Yes. Yes, it was, yes.

Right. Which one was that, just for the purpose of the record?---It was the William Street house.

Okay. Thank you. I wonder if you could just move on to the next area and just give an outline of North West Residential Support Services, the type of service it is and the structure?---The legislative definition would see it as an accommodation service, which is primarily to provide accommodation for people with disabilities. We would see our purpose as doing that in the sense of providing a home with as much of a family feel or structure about it for those people, and our purposes and objects in our constitution state things like helping people to find the home of their choice and then helping them to, you know, establish it and maintain it and to look at helping them with any things that emanate from a home or happen in a home.

Okay. All right. In terms of your structure, could you just give us an outline?---It's a fairly simple structure of a board of management, which currently has nine people on it but there are places for 11 people; the usual incorporation process where these people are elected at an annual general meeting. The overall number of clients in the service would be approximately 60, and I say approximately because there are a small handful of clients that do come and go according to their need, and we would have approximately 90 people employed but most of those are in fact part-time people and they would make up the equivalent of about 45 full-time staff members.

All right. We will come to the staff and their roles later if we could. But in terms of your clients, I wonder if you could elaborate on each of the three areas there indicated in your statement, the tenancy support program for a start?---The tenancy support program would be what we would call a low support program, meaning that clients in that program would receive anything from, say, one hour a week to five or six hours a week. All of those clients, the 27 of them, live either in their own individual flats, that's living independently, or there are three of them that live in a shared home.

Right?---The disability characteristics of those people range from intellectual disability, psychiatric disability, and that would probably take up the bulk of the clients in that program.

What sort of role do your staff perform in respect to that program?---The support in that program is a visiting support whereby staff visit those people in accordance with whatever the need is or what we would be currently helping them with, so they could go in at different times of the day or early evening to help with personal matters, help with finances, help with cooking. For all of those clients there would be some different arrangement depending on what they required. So the staff go in and negotiate with those people, and it's just a fairly simple structure like that.

What sort of hour structure - what sort of hours are actually allocated to clients?---In that particular service the majority of the people would fall between, say, one and five hours - I only have one client there at the moment who is getting 15 hours, but that's an exceptional case - and most of that work would fall in the normal working day or early evening, and there's very little or no weekend work in that program.

Okay. If you would like to move onto the next one, the CRP, or shared houses particularly?---The community integration program with regard to the shared homes, we have got seven houses: three in Devonport, four in the Wynyard area, and there are four individuals in each one of those houses and those houses are - they have a 24-hour roster structure - well, actually, that is not quite correct, because there aren't people in those houses during the day so the support in those houses goes in in the morning and then goes in later in the afternoon with one staff member sleeping over for the night. They would be, what we would call very high support houses. Most of those people are quite profoundly disabled with intellectual disabilities, autism, secondary psychiatric disabilities in some cases and a minority of physical disabilities.

Right. And you mentioned that there is not staff in during the day; what do the clients do during the day?---The clients leave the house and utilise another program for their daily activities. The only times that we would have people at home would be for illness. In one case we have got one

client that stays at home a couple of days a week because of a medical procedure that is carried out by a visiting nurse on those two days. But they are exceptional cases.

Okay. And the final one, the community integration program with individual support contracts?---That particular program, as I understand it, does not have a precedent anywhere else in Tasmania. It came out of the commencement of the community integration program when there was a need to actually set up some sort of support for people who were at risk of going into the institution and we worked with the department on developing individual support contracts whereby they would present an individual to us who was at risk of being institutionalised. We would assess the situation and offer a funding and service agreement and a support program that was costed out, and we would negotiate and finalise some sort of contract. We have now got seven of those. And they are fairly challenging in respect of the people living there. They live in their own independent units and they aspire to a high degree of independence, but they also have complicating disabilities like psychiatric disabilities and so on that make it difficult sometimes to negotiate with them on what might be the best thing for their interests.

Right. If you would like to move onto the next area, defining client needs, and elaborate on each of those three areas, please?---The primary focus for us would be the building of lives. I mean, that would be how we would orient our staff to understand their roles as being responsible for helping people build and maintain a reasonable quality of life. We have what we call a life enrichment plan that we implement as an assessment procedure where we would cover life areas like health, mobility, leisure, accommodation, planning for the future and so on, and we would do our assessments with those people and their families if their families are involved and the results of that then determine what we do as a service. We do not work in all of those areas; we would refer some of that need to other services, but we would then use that as a basis for what we do. We would also feed our results into the government department, the disability support service, as a contribution to their service co-ordination plan, where we would become one of a number of services that were supporting those people and that would be how we would make our contribution.

Anything further on defining client needs?---No, I do not think there is, no.

Otherwise just move onto the next area if you would not mind?---Yes. Okay, yes.

Staffing arrangements in your service?---As I said before we have a board of management. The people in that board are made up of people like

retired school principles, current school principles, other retired professional people and people currently working in the human services, plus we do have client representation on that board. There are a couple of clients on the board and somebody also is on that board to represent client interests. I am the first paid executive in the structure, so there is one manager. I have three supervisors. The supervisors work - one of them covers the Devonport area; the other two cover the Burnie and Wynyard area and they have a fairly equal spread of responsibility which means that they have some houses, some tenancy support, program clients and some individual CIP clients. In Devonport the supervisor there is mainly concerned with just the shared houses, she has very little of the other responsibilities because there aren't any clients in that particular area.

Right. All right?---The supervisors are on the grade 1 level in the award and we give them the 15 per cent shift allowance on an ongoing basis so that they are happy to be on call.

Right?---Now, they do not get called very often but that is an arrangement that we have with them.

So then I think you have covered it further in your evidence but the on call arrangements for supervisors, could you just outline those?---In terms of - - -

Well, in terms of - are they on call at all times outside their normal working hours, or - - -?---Yes, well, I mean the on call arrangements include myself. My package includes my being on call or at least arranging for other people to be on call so at any time if we are in the area and I would be on call plus the supervisors are on call and we do have three mobile telephones that we use to support that.

I wonder whether you could further elaborate on the statement you make there about protection from over-complication of the structure?---In the - like, in areas like groups homes where you would have most of the time two staff on duty for covering support for four people it is usually, you know, a two to four ratio, but if the structure is too complicated it means that it is hard for those people to separate and leave one on their own, like, we currently run at one level with all of those people on grade 2 so that if one has to leave the house with a client then the other one has equal responsibility and can remain with the other clients. The complication would come say in that situation you had one at a lesser level and who could not be left on their own then it would just restrict movement with regard to meeting clients needs and reacting to emergencies and things like that.

Okay. The next area of staff qualifications and experience, I wonder if you could address those points there?---Yes.

DEPUTY PRESIDENT ROBINSON: Just before you move onto that I have got a small question, Mr Rodwell. You said supervisors are all on grade 1?---Yes.

And they get a 15 per cent shift loading. Does that 15 per cent shift loading apply all the time - - -?---Yes.

- - - or is it only when they are on - - -?---No, it applies all the time. They work like a 38-hour week and that loading is applied all the time.

Right, thank you.

MR FITZGERALD: So just to clarify that. The loading is to take into account the on-call arrangements or some hours outside the normal hours or both?---No, it's just to take into account on-call arrangements or if they're requested to attend to something outside normal working hours.

Such as? Could you just - - -?---Such as going into monitor something in a house and they might have a - well, they have a roster of checking houses at different times to see what's happening during roster periods and things like that.

Right, okay. Thank you. If you could just address this area of staff qualifications and experience, please?---The majority of the people of the support workers in the organisation wouldn't be formally trained. We've got approximately 10 people with disability - with developmental disability certificates, approximately four with associate diploma of welfare studies and we've got one person that is teacher trained but the majority of the people aren't formally trained and are in fact trained internally by the organisation for the better part of their training.

In the terms of those skills required by your organisation how do they match with the formal qualifications held by some of your staff?---Can you just say that again?

Well, in terms of the skills required to perform functions properly - - -?---Yes.

- - - do they match with the qualifications, particularly the formal qualifications, which are obtained by your staff or which your - that your staff hold?

MS HARVEY: A leading question, Mr Deputy President. Perhaps Mr FitzGerald could rephrase it.

MR FITZGERALD: I will come back to it.

DEPUTY PRESIDENT ROBINSON: Well, it has already been asked.

MR FITZGERALD: Well, it has already been asked so I think it has been put to you?---Okay. Do you want me to respond to it?

Yes, if you could?---The associate diploma of welfare studies and teacher training would apply to people in supervisory positions. The developmental disability certificate applies mainly to people who are in full-time key support positions and I think that the people who hold developmental disability certificates need to be aware that they are not going to have all of their skills or knowledge called on all the time particularly in the accommodation service.

Are there any examples you can quote there?---Well, one of the major areas of - there would be the fact that because you are trying to establish homes for people there is a tendency to try and keep, you know, highly structured programs at bay and so there isn't a lot of intensive sort of formal programming in the homes and even in the area of behaviour modification and management it tends to have to be done in a - like a subtle, natural way that sometimes is more preferable to implementing sort of your intense formal programs in the home situation.

Do you wish to elaborate on anything more on the areas of staff qualification experience? It is just that there are a couple of others. You have not as yet addressed teacher trained?---No. Well, I mean, the teacher trained person is - I mean, it wasn't something that we particularly searched for. It's just coincidental that person came with that training. The staff - I mean, for us there are three basic areas of responsibility. There's a lot of supportive responsibility where people just have to support other - the clients on an intensive hands-on way with all of their personal support and so on and then there are the developmental responsibilities which do include teaching people things and helping to, you know, develop good behaviour and habits and so on and the other one is helping people enrich their lives and, you know, there are different approaches to those different areas and different staff suit different areas and supportive responsibilities don't necessarily need highly formal qualifications.

Thank you. The next area, staff training and development. I wonder if you can address that area, please?---Well, as I said before, the primary goal for us is the development of a home with, you know, a family structure or as close to that as we can get and again I just reiterate that

there is some confusion at times between whether a house is going to be a training facility or a home and when you are leaning towards trying to maintain it as a home it does in fact place some restrictions on what should or could be done in terms of very intensive formal training. We orient staff by placing them alongside others for a period of time and that's in addition to - they don't take up - quite often don't take up a position. They will, say, work with two people as an additional person to learn, you know, before they start on their own. We do quite a bit of that and then even after that they would be matched - a new person would be matched with an experienced person for a length of time and we do conduct our own internal off-the-job training where we organise training sessions in the various areas that we pay people to attend and - - -

Can you give some examples of those sort of training courses?---It would be things like in the area of autism, epilepsy, other health related matters, assessment, observation, and things like that.

Okay?---And so external training is always something that we're on the lookout for so we take advantage of all the things that are offered to the industry from a variety of sources and send people to those.

Right. And what - what sort of examples would be there?---Oh, we would send them to normalisation training workshop, we would send them to communication behaviour workshops run by, say, psychologists, speech therapists, things of that nature.

Okay. Anything further you would like to address as far staff training and development?---No, I think that covers fairly well everything that - yes.

Staff conditions, I assume that means physical conditions?---Yes.

Yes. Okay. Could you just outline the sleep over arrangements then, in terms of your homes?---Yes. It's been pointed out - oh, well to me and people talk about the fact that sleep over arrangements in a couple of our houses aren't very good, and I just would like to point out that out of the seven houses that we have there are only two that do not have fully private staff sleep over facilities, and that is because they were the first two houses we were given by the department, the other five we chose ourselves. So we actually rectified that problem as soon as we were able to make our own choice. But the sleep over arrangements in those two houses I think are adequate and I made a particular point about nine months ago when, you know, it was evident that there were going to be other houses that had better arrangements of going and sleeping on both of those houses and taking up the role of the support worker at night time, and I actually slept for 24 nights in two of those houses, 12 of them in the Williams Street house.

So, just with that - for the purposes of the record, the Williams Street house is the house without the separate staff arrangements, is it?---That's right.

Yes?---Yes.

That is one of the two?---Yes, one of the two.

DEPUTY PRESIDENT ROBINSON: That is the one we visited.

MR FITZGERALD: Yes?---Yes, that's right, yes. So I slept in that house at least 12 times and I slept in the bed that the staff would sleep in and just under the normal conditions that they would have to stay there under and I certainly - I mean, I didn't find it horribly uncomfortable and slept all right.

In terms of interaction with clients, what was your experience there?---Didn't have any in the entire time.

DEPUTY PRESIDENT ROBINSON: No great disturbances?---No. And I - and I would, I mean, I would reiterate that because in our budgets, in all the house budgets we actually request every year an amount of money for what we call "waking hours contingency" which is an amount of money that is held over in case we have to pay staff who are woken at night time and the use of that money in the last three years has been absolutely negligible.

MR FITZGERALD: Right?---That we - we could very few claims on that money which indicates to me that there are very few waking hours and when you consider the fact that staff are usually very quick to claim that money if they do get woken, so we don't - we don't use very much of it at all.

Okay. Now if you just could address the next point, the generous shift sleep over trading allowed?---As I said, when we first started the houses we allowed staff to be heavily involved in the building of the shifts and that was because we looked around and one of the main problems with rostered work is that it is socially unfriendly, and that came across as a big concern for staff that, you know, that they might have to miss out on important social functions and family functions and so on, we we've actually always incorporated a generous shift and sleep over trading arrangement whereby staff can in fact trade shifts and trade sleep overs so that they are not restricted in their social habits and so on. And that has always been there and is utilised. It - it's carefully monitored, but it is quite a lot.

Yes. And how does your organisation handle a situation where staff may have difficulty of being able to be available for particular shifts?---We have a relief pool, we have a number of people who are willing to come in at short notice and take up shifts, but we also allow existing staff to take up any unfilled shifts which means that they are at times able to pick up extra work and make extra money.

And the last one?---Just another point of view would be that - that - we've always had what we would call generous leave allowances, we've always worked outside the award on that and allowed people to negotiate their holidays and break them up into, you know, small holidays if they wish, and there have been a couple instances where under certain circumstances we've given people holidays in advance. So I think we've had fairly generous arrangements there, and we - we've always the $20 sleep over allowance right from three years ago, we've never paid anything else.

Right. I think just for the purposes of the record, Mr Deputy President, the sleep over - I cannot be certain when it operated - but it increased from 5 to $20 in - earlier on this year, was it?

MS HARVEY: Yes.

MR FITZGERALD: Right?---Yes.

MS HARVEY: Once upon a time when we used to agree on things.

MR FITZGERALD: And you have actually implemented that some time prior, was it, that $20?---Yes. Well when we started, our very first house, we put to the department that we should pay $20 and they allowed that in our budget right from the very beginning.

You have some good strong negotiating skills then?---Yes.

And just the last point about the number of sleep overs, can you - - -?---Yes, well there are a maximum of seven sleep overs per month and people who hold full-time positions in those rosters are expected to - to do seven sleep overs a month to make it fair.

Right?---Yes.

DEPUTY PRESIDENT ROBINSON: What time would - - -

MR FITZGERALD: Okay.

DEPUTY PRESIDENT ROBINSON: - - - sorry, what time would the last staff finish before the sleep over and the first staff come back on

after?---Around about, say, 9.30 or 10 o'clock would be when one person went home to leave one on their own and then 6.30, seven in the morning would be when the other one came.

MR FITZGERALD: Okay. If we could move onto the next area. Staff responsibility, if you would like to just outline the areas there, please?---Well, as I mentioned before, my package is an on-call package and I do get called regularly and I do get called regularly from Devonport as well and the supervisors again, as I said, that's an on-call arrangement with them as well but the other sorts of back up that we have are - - -

Sorry, before you go on, what is the sort of the pattern of regularity of calling for supervisors when they are on call?---It's very, very small. In fact, they would consider themselves on a fairly good deal I think.

Right, thank you. Can we just go back even a step further. The incidents - the sort of incidents which you would be called for; could you outline those?---That's not very often but the sort of thing that I would be called for would be on the odd occasion, say, somebody with autism was - had become anxious and disturbed and was hurting themselves and it was obvious that there would need to be hospitalisation or something of that nature. I would get called to something like that.

Good. All right. Would you like to continue with that area?---So the other sorts of back up support would be we've always had what we call an open back up support policy whereby staff in houses don't have to get permission to call other staff members in. They can notify us after the fact if that's absolutely necessary so they all have each others - well, all the phone numbers are listed in the houses. If they had a crisis they could call the nearest person to come in and then notify us after that if they wanted to and that happens on the odd occasion but not very often. There are regular staff meetings to make sure that we're aware of any current problems that are occurring with clients and we've always had generous access to the mental health system in the north-west which means that we can get a person from a house into the general hospital or a psychiatric unit directly and very quickly.

All right. Would you like just to address the next area, professional specialist support?---From disability support services we currently draw the use of speech pathology, psychology, social work. We have access to those people and we do utilise those people, not to a great extent but we do call on them for advice in particular circumstances. We also use the mental health system with regard to psychiatry and, that is, that we have generous access with regard to in or out-patient situations and we - well, we use the psychiatry service fairly heavily for the monitoring of medication and medication reviews and any medication crises where

medication doesn't seem to be working or inappropriate combinations of medication, things like that. We use the generic health system. All of our people have their own GPs and those GPs are all prepared to visit the houses if those people can't visit the surgeries.

Are there special arrangements made in respect to GP visits or - - -?---To the houses?

Yes?---Well, we make it clear when we approach a GP that if they are not prepared to make home visits then we would have to find another GP, so they're all prepared to come to the house basically on an on-call basis or if they can't attend they would have another doctor in their surgery attend. So we always have an on-call GP access for houses and we use the Community Nursing Service. There are three people in three different houses that require medical procedures once or twice a week and the community nurse comes into the house, implements that procedure and then when they leave we have staff that would support the person in whatever recovery there might be. We have negotiated partnership in hospitals. That - I mean, just to give you the extent of that partnership we recently had a girl who had to go into hospital who couldn't cope with any form of physical examination without a general anaesthetic and she went in for a number of tests and dental work and everything and that included a lot of preparation with the hospital. We had two staff members that were oriented into the hospital system. They were allowed to attend while the anaesthetic was administered. They were allowed to be in the recovery room. We had lots of very special arrangements that were put into place on that particular day for us. So we've arranged all those sorts of things and so on.

If you would like to continue, Meals on Wheels I think you - - -?---Yes. I just put that down as something that we do utilise particularly for some of the people living in their own independent flats and we from time to time use the full range of specialists as anybody else would like orthopaedic or, you know, if somebody has got a need for a medical specialist we would just attend ophthalmology and things like that and the comment that I would make is that - the size of our organisation, I mean, we need that access and availability to all of those things but I couldn't see that would could sustain any of those professionals on a full-time basis within the organisation. We just simply wouldn't have enough things to take up their time with.

All right. Could you make some comment in terms of access to those services?---Well, like I say, we need access to all of those services. I actually think that they need to come via some external pool like the arrangement that we have now with the disability support services and I don't think that any organisations could have a consortium approach to that

very successfully. There are two many differences between organisations. I think that would be a difficult one to manage.

Is there any restriction on access or availability to those services?---There's nothing that we've found that we couldn't get with the exception, say, of things that are coming on line now like speech pathology is a recent addition, social work has always been there, psychology, we've always got that in one form or another. So there would be some additional things like - occupational therapy is something that probably could be added to that pool, so I would like to see that pool grow.

The issue - the next issue of medication, I wonder if you would like to address that, please, Mr Rodwell?

DEPUTY PRESIDENT ROBINSON: Just before you go on to that, Mr Rodwell. You mentioned that you have had instances where one of your clients needed to go into hospital, and I think you said two of your staff were allowed to go into the hospital - - -?---Yes.

- - - to be there before and after certain procedures. Would that loss of staff for the period of time involved cause problems back at the base from where those people came?---What would happen there is that if a person had to go to hospital urgently, then we would have to call relief staff in to cover the ones that went to hospital. In that particular case there was enough time to plan that so that when they were in the hospital there were other people that were in the house as a backup, yes.

Right. But you do not experience the financial difficulty in covering staff requirements that perhaps some others may have that we have heard about?---No. In our situation we have a contingency allowance for sick days for clients, and we can draw on that money to pay staff to either support them in the home or support them in the hospital, and we have found that that's been fairly adequate. I think one of the problems there is that if you only have one house, you only have a very limited amount of money. If you've got seven houses and you consolidated those funds, you've got quite a large amount of money to draw from.

A little bit more flexibility perhaps?---A bit more flexibility, yes.

Thank you.

MR FITZGERALD: Yes, the issue of medication, I wonder if you would outline that in terms of your organisation, please?---As I understand it, we undertake the same procedure as other shared houses where we have a prescribing GP.

Right. How did you come to that understanding in respect to other houses?---Just by talking around within the industry, and there has recently been discussions with the department and we had discussions with - I think it was the head chemist in the Health Department about the procedure.

Okay. Thank you?---So there's always a prescribing GP, or sometimes a prescribing psychiatrist if it's psychiatric medication, and then each house has a chemist in the town who dispenses - keeps all of the medication at the pharmacy and dispenses the medication into dosette boxes that are rotated into the house; each person has their own individual dosette box. So our responsibilities - we have safeguards so that we check on those boxes, and each shift that comes on has to check the box to make sure it's right and make sure that the past medication has been administered properly. We actually have forms that people have to sign when they give the person the medication out of the dosette box, and we are just introducing a system where all the residents have an alert card that they carry that states the medication that they're taking. If they happen to leave the house or anything like that it's on their person and people know what they're supposed to have, say, at midday or whatever.

Okay. Anything else relating to medication policy?---No; that's basically it. I mean, we do have things, other safeguards; like, if somebody visits a GP or a psychiatrist, and that psychiatrist or GP changes the person's medication, that's not to be implemented in the house until it's cleared by a supervisor. It's just a safety check to make sure that a couple of people are aware of what the detail is and what the change has been, a confirmation that things are correct.

Okay. The next area, complex behaviour, I wonder if you would run through those items there, please?---I actually think that there's some confusion amongst people about modification and management. We would use psychiatric services and psychological services for advice with regard to behaviour modification and management, and the problems that arise there are that we have entered an era where we're moving away from aversive methods of changing and managing behaviour to what we would call non-aversive methods.

Could you outline that for the commission?---Well, simply, it probably is - well, most simply put, that in the past there were punitive measures or punishment was often used as a means of trying to alter somebody's behaviour or manage their behaviour, which often was an assault on their dignity or could be brutal or hurt. I mean, we have a strict policy that none of that's allowed at all, which means that some staff have to retrain, to retrain out of those past practices into the current trends, and that can be a little bit difficult sometimes, particularly when staff want to use their old methods and they're not allowed to. So that the current approach for

us would be a non-aversive method, and that would be, well, to do things naturally, gently, and to maintain the adult dignity and status of those people.

Okay?---And the training and support for complex behaviour, it's highly individualised. You can draw on psychology and things like that for base information, but when it comes down to actually deciding on what you are going to do with a particular individual, it just about becomes, you know, a training program in its own right that focuses around that one person and the complex behaviour.

Right?---It has to be worked out in the home so everybody knows what to do, how to respond and react and so on.

So that is training support in respect to the client, is it?---That's right, yes.

In terms of support for the employees in these situations, how does your organisation deal with that?---Well, we would do things like try and take care with the client/staff match. We do find that some staff are better at handling those sorts of stressful situations than others, so we try and do some matching in that respect that the right people are working with the right clients.

Can you give some examples there just to highlight?---I mean, sometimes - well, some people have a natural response to, say, aggressive behaviour that will only in fact exacerbate the problem, and they may respond aggressively themselves, we refer to that as an absorption factor, and some people are able to absorb aggression and anguish a little bit easier than other people, and step away and take stock and not have a knee-jerk reaction. So we tend to try and match staff in that way, and also train them to be prepared to absorb and step back and not react too quickly without thinking about what they're doing, and also how to see it coming, how to anticipate that somebody might be in a state of anguish or aggression and how to divert that or create some sort of holding situation so it doesn't get out of control, but the instances of that are very very minimal in the service though. The other things we would do is that in those sorts of situations we take particular note of the duration that staff spend with clients. I mean, I have had situations where it's been a general agreement that no staff member would work say for any longer than one and a half hours with one client, so there's a certain sharing of the stress in those situations; teaching them how to support each other in a peer support arrangement, and in those situations myself and the supervisors would always enter into some debriefing situation to make sure that they, you know, were debriefed out of the stress that they were in.

Right?---But I have got to stress it's minimal in the organisation. We don't - - -

The incidence of stress matters?---The incidences of that, yes.

Right. You say that - you have got a question-mark beside "management as the source", so could you just elaborate there?---Yes. It was a comment that - I mean, it's a comment that I would just make personally that I actually think sometimes that the difficulty in those areas is more to do with the skills of managers and supervisors. If they're deficient then staff don't find themselves well supported or well understood in those situations.

You made the comment of insignificant turnovers since your organisation has been operating. Do you have figures on turnover of staff?---I actually think from a rough calculation that our turnover over the last five years would probably be less than 5 per cent.

Right?---And looking back into say all the houses in Devonport that started say three years ago they - nearly all of them still have all their original staff members with the exception of one or two.

Right. And is there any - as an observation is there any reason for that, not only in terms of your service but other services, would you - - -?---I think it is probably to do with the socially friendly roster systems, the leave - you know, the general sort of leave arrangements and that sort of stuff. I would hope it is also to do with the fact that the supervisors and myself work fairly close to the ground most of the time and the people don't feel as if they're isolated or - - -

Thank you. What about the incidence of notification of grievances by staff, would you make some comment on that?---We have a grievance process where people can put that in writing or they can bring it to supervisors or to myself and we have had some about various matters but again a very limited number of complaints and grievances.

Yes, and such items as absenteeism, would you have any study on - - -?---Very little absenteeism - - -

Right, okay?--- - - - and I'll just point out that we haven't had a workers compensation claim in over two years.

Thank you. If you move on to the final area please, Mr Rodwell, the relationship with age and disabilities and address each of those areas please?---We, well negotiate our funding with what is called the resource development unit which is a branch of aged and disability support. That's a fairly straightforward budgetary negotiating process towards finalising

funding and service agreements every year that have certain amounts of money attached to them. With regard to client matters, we have a relationship with disability support services and they provide a disability support worker for each house to work with us and to liaise between the organisation and the various departments and to help liaise with families and so on. And any client issues that required redress through money or major alterations in support provision would be directed back through disability support services, we would need their confirmation to radically change support procedures and arrangements and so on. If we claim to have a crisis of any sort we would notify them and they would - part of their job would be to confirm that we were in fact in a crisis or maybe to advise us that there were avenues that we weren't taking that we could be taking or something of that nature. And we do use disability support services, as I said before, for those professionals and they do also offer us from to time training opportunities that we would take advantage of, and they also monitor the legislative standards. I mean these are just arrangements that I think would be fairly well the same full services. With regard to taking on new clients we tend - we are a partner with them; we do not make the decision solely on our own, we would enter discussion with them as to who new clients were going to be.

I have no further questions. Thank you, very much, Mr Rodwell.

DEPUTY PRESIDENT ROBINSON: Ms Harvey?

MS HARVEY: If I could just have an adjournment say for half an hour.

DEPUTY PRESIDENT ROBINSON: Half an hour.

MS HARVEY: Maybe earlier; I will come and get you if it is less.

DEPUTY PRESIDENT ROBINSON: Well, a maximum of half an hour adjournment will be taken.

MS HARVEY: Well, do you want to say - I am quite happy to say till half past, but if I need an extra five minutes that is okay.

DEPUTY PRESIDENT ROBINSON: Sorry?

MS HARVEY: I am quite happy to make it till half past - - -

DEPUTY PRESIDENT ROBINSON: Yes.

MS HARVEY: - - - the adjournment till half past, but I may just need a few extra moments if it just takes me a little bit longer.

DEPUTY PRESIDENT ROBINSON: Okay. We will adjourn till, prima facie, half past 3.

SHORT ADJOURNMENT

DEPUTY PRESIDENT ROBINSON: Whenever you are ready, Ms Harvey.

MS HARVEY: Mr Rodwell, do you think your staff are underpaid for what they do?---Would you be talking specifically about supervisors or support workers?

Or any of the categories?---I think the supervisors are underpaid fro what they do, yes.

Yes, okay, thank you. Now, in relation to the mobile phone you said that they had been introduced, when were they actually introduced, when were they actually introduced? When did people actually have them in their hand?---Phones - the introduction commenced approximately 12 months ago with one and there has been another two within that 12 months, and it is not a mobile phone as yet in the Devonport area.

Right, okay. So it is not in all areas yet?---It is not in all areas, no, no.

Okay. Now, the comments that you made in relation to the structure that you choose into having placed IO2, grade 2 people in the group homes - just, I wanted to be clear in my own mind, were you implying that the award determined that choice or was it a management decision there?---Could you just say that again? I just lost the thread.

Well, you said that you had - you choose to keep your staff all on class 2 in the award so that you do not have to actually - there is no distinction between senior and junior staff?---Yes.

Now, was that something - a choice that was constrained by the award or was it just really a management choice?---Well, it was a management choice. I was a structure that we chose to implement when we started the shared home part of the service, yes.

Okay. Now you commented on behavioural management and I take on board the comments that you made in relation to aversion versus the more sort of subtle ways of dealing with that. I was just going to ask you, you also commented about the CIP positions that you had that it could be quite difficult to actually negotiate, even though people were at a high level. I was just going to ask you in relation to the subtlety of that work, does that make it less skilled, more skilled - - -?---Could you just do that - - -

Okay, I will try and break the question down a bit?---Yes, just the beginning of it was a bit confusing.

Yes. When you are talking about behavioural management, aversion versus sort of more subtle ways?---Yes.

Can the subtle forms of behavioural management be just as difficult or perhaps even more difficult that the sort of old-fashioned aversion approach?---Yes, I guess you could say it could be just as difficult for different reasons, yes.

More difficult? Could it be said it is more difficult?---No, I wouldn't say it was more difficult, but it could be just as difficult.

Right?---Yes.

But you do have to retrain people?---You have to retrain and a lot of that retraining is sometimes to do with attitude and values and that can be difficult, yes.

So - but behaviour management is not something that people naturally know how to do - something you actually train for?---Oh, we do find people actually that do have a natural empathy for dealing in those situations. I mean, there are quite a few of our staff that I would say have a natural empathy for handling those situations and doing the right thing, but you can also train people as well, yes.

Yes, right?---Yes.

But it is not something you would expect to be able to walk down the street and pick someone off the street and say they could do this?---No, no, and for most of the people that had the natural empathy it is usually valuable to identify for them if they have that and - - -

Develop it?---Yes.

Okay. I was just wondering if you could comment for us on the difference in sort of physical work, I think you would call it as compared to the developmental work that you were referring to in relation to the CIP contract positions?---So, just in terms of - we just talk about the shared houses now, or - - -

No, I was actually talking about the CIP contract positions?---Oh, the contract positions.

I understood you to be saying that it was quite challenging work for the service?---Yes, it is. Those people are all - all with the exception of two of them are living independently which means they are living in their own flats. The two that are the exception are living in a house together with somebody else but there's no sleepover arrangements and they're certainly not what I would call heavily supported and they all are - they are independent and mobile and have opinions of their own and have their own aspirations and so on, which means that working with them is very much a negotiation process, you cannot barge into their home and do whatever you like, you have to negotiate the way - you have to negotiate with them on what might be in their best interests and might not be in someone's, so it's difficult in that sense that by comparison if you worked in a high support home you may, as a staff member, be making all the choices and have all the control. In those contract situation you do not have that and if you are not negotiating it then, well, the people may decide not to have you as a support worker.

No, well, it is okay, yes, I think I undersand what you are saying to me. It sounded to me what you are saying is that it is sort of a - at a different level, it is a subtle level. I mean, is it correct to say that people sometimes wrongly assume that because people have high physical needs that, therefore, it is easier than people who have lower physical needs but perhaps more developmental needs?---Yes. I mean, yes, if I understand you correctly that some people would say it would be easier to work and assist somebody with physical needs than it would be to assist somebody with, say, an intellectual disability or a combination of intellectual and psychiatric disability or something like that, yes.

Right. You talked about three levels of responsibility for your staff: supportive, developmental and enriching?---Yes.

In carrying out their roles in these three areas do staff have a high level of discretion?---As to which area they might work in?

And how they deal with the problems that arise in those three areas?---They have some discretion and I guess I would put it more in terms of that we make sure that we're aware that there should be allowances for discretion and we also make them aware that there is a matching process for us as well, that's without jeopardising anybody's job or anything like that. So we would identify some people as very good hands-on supporters, like very good at bathing and doing all those intimate things with people but they may not be the people that are very good teachers in terms of training people and when you talk about life enrichment there's usually - people there are usually - well, maybe a little more extrovert or like a bit of a challenge or something like that. So that it's just different personalities and different people tend to suit different

situations. So our approach would be to try and gather a mix of staff where all of those things exist and whatever is required is there at the time.

Support workers on the job they would be - have the discretion within obviously the parameters and policy of the service about the way they deal with things?---Yes. Do you mean that in the sense that they might choose not to do something?

Oh, no, no, the way that they choose to interact or the way that they go about a particular process or just dealing with problems as they come up?---I'm not exactly sure. Can you just ask that again?

It is quite simple. All I was asking you is whether people actually have discretion as your employees as support workers - - -?---As to how they work, for instance, and how they apply themselves?

Within the parameters of the policies?---They have a fair amount of discretion, yes.

Okay, thanks. You obviously as a service provide a lot of training. You enumerated lots of different training options you try to provide for your staff. Has there been any attempt to accredit any of these sort of separate courses, say, for example, for articulation purposes to the DD course?---You mean internal - any of our internal training?

No, I just meant as an industry or as an internal training?---No, no.

Right. Do you think there may in fact be some duplication with, say, for example, the DD course?---Do you say with other things that we might avail ourselves of?

Yes?---Oh, that's possible. That is possible but then again I would always see those situations as either being a revision or just reinforcing something that somebody had learned. You know, maybe they had learned it in a formal course but there's no harm in revising it or reinforcing it.

Right. Do you actually - do you think that the DD courses are important for the industry?---Yes. I think that's been an important development, yes.

Okay. Do you think there is a need to increase - to improve and to have more training in the industry of workers?---I do. Not all people are suited to, well, the type of training that you get through a DD course or an associate diploma of welfare studies. There probably does need to be other sorts of opportunities that would suit other people better.

Why do you think there is a need for more training?---Well, just because like with any other job, I mean, there's certain base knowledge that's required. So, I mean, I would certainly be interested in as many staff of mine having some sort of base to build on and a base for us to train from and, yes, opportunities to go back and redress areas that may be needing more emphasis or changing trends and things like that, yes.

Okay. Just if I could turn now to the issue of professional services. I was just wondering if you could tell us how you found professional services in relation to providing services to particularly your clients? For example, are they sensitive to the needs of workers and parents?---Are you talking about people like psychologists and social workers?

Yes?---They are definitely rapidly becoming that way.

So you have not had major problems with that?---No, no. It's been a process though. It's a similar process that you find within the industry whereby it wasn't uncommon in the beginning to find psychiatrists and psychologists and social workers who hadn't, for instant, kept up on current trends and changes but I find that that's rapidly diminishing now. You know, most of those people are becoming aware that they have to redress that and take careful note of what's happening and so on and that's getting better.

Yes, okay. Actually, just one thing I wanted to be clear about from your evidence is - I wanted to confirm with you that from what you are saying there is a real need for professional services. You were just saying that your service chooses not to employ them because you do not see it as feasible?---That's right.

Is that correct?---That's right, yes. I don't - I can't - like we use from that pool and we use whenever we want it but certainly the use would not sustain the employment of the people by our service. There wouldn't be enough work, yes.

Okay. At this stage, Mr Deputy President, I would just like to show to the witness a number of ads from exhibit 5.2A. I will have to actually physically show him because I haven't got a spare copy, so I hope the microphone will pick me up over here. I am showing to him page 6 on 23 April, The Mercury, residential support worker of the requirement for possession of a formal qualification in the human services field be highly regarded. I am now showing him the ad on page 7 for residential support officers for northern residential support group where it says qualifications, a formal qualification in human services area is required where it lists general nursing psychology, social work or qualifications deemed equivalent by the board of management. I am now showing him on page

8 an ad for northern residential support group training officer where it says qualifications in relevant discipline e.g. psychology, education, developmental disability.

If I could just ask you, Mr Rodwell, in relation to those things that I have just shown you I assume that you are not saying that services should not be able to employ people if they so require with tertiary qualifications?---Oh, no. I think there should be the freedom to do that.

Right. Now, if I could just take you to the issue of medication. You were saying that when you were giving examples of the sort of follow up work needed to access or interact with community provided services such as psychiatrists, that staff may actually pick up . . . . .inaudible. . . . . appropriate medication and refer it back. I assume that you are talking about support working staff who are actually picking this up?---If I recall the comment that I made that you are talking about would be that in most cases in our houses if a person was going to go, say, to visit a GP or a psychiatrist that it would more than likely by a supervisor that went with them but not always the case. So if a support worker went with somebody to a GP because they may have in fact thought it was a simple procedure or just consulting a GP about a simple matter and when the support worker got there the GP advised that there would be a change in medication, in those sorts of instances the support worker is not allowed to implement that change unless they verify it back through the supervisor.

Okay. Why is that necessary? Why did you put in place this procedure?---It's necessary because we find that some of the doctors and psychiatrists over-medicate and over-prescribe and will sometimes misinterpret information that they're given and it's a double check on that sort of thing, yes.

So, really, your support staff need to know the side effects of medication and the impact of the medication and have some knowledge of that?---Very, very basic knowledge of that. I mean, they don't make decisions with regard to that but they - - -

But you are checking what a medical practitioner determines?---Yes, checking back through a supervisor who may, for instance, check back through another GP or another psychiatrist or something like that.

Yes. I am not suggesting they are medically qualified - - -?---No.

- - - but they do need to have some knowledge of side effects of drugs and effects of drugs?---We would say that they need to have the knowledge that these things are important and there can be bad - bad side effects and

combinations but they don't have to have all the knowledge about all the drugs.

Yes, sure?---Yes, yes.

Okay. Now, in terms of these, I think you were talking about accessing professional services, the actual - your support workers obviously they would have to follow up, for example with, you have mentioned you have got a number of clients who have psychiatric difficulties where you would see a psychiatrist or psychologist, I assume they do not just go there for that episode of care, that there would be some follow up in terms of the way that their plan is implement - - -?---Yes.

- - - within the house; is that correct?---Yes. And in most instances it would be the supervisor that attended those because of things like strategies that would have to be implemented in houses or observations that might need to be made with regard to medication and things like that. So, in - in most instances it would be a supervisor that attended to bring that information back and implement whatever had to be implemented in the house.

But in terms of implementing it, they would actually communicate it to the direct support staff - - -?---Yes.

- - - and they would be responsible for the daily implementation - - -?---That is correct, that is correct.

- - - and reporting back to the supervisor and monitoring?---That is correct, yes. Yes, yes.

Now, you were talking about behaviour management programs and you stated that they were highly individualised and could be quite subtle. I think actually - sorry, I have already dealt with this questions, I asked you before about it so we will leave that?---Right.

In relation to stress, you obviously as a service have worked quite hard to alleviate stress; is that a fair comment?---Yes. Well, we - we gave that a top priority. In fact, we decided that if we could attend to that area we'd probably eliminate a lot of other problems that might come down the track, so we concentrated on that.

Why did you do that?---Because I've been in the industry for 30 years and I thought if I hadn't learnt some of those lessons by now then I probably shouldn't been a manager.

Yes, but you say the industry itself is - obviously had experiences where other services, where stress has been an issue?---Yes, but I'm thinking a long way back here - back here. I mean, the sort of history that I've had is over a long number of years and, yeah, I mean I'm just sort of saying that if one learns about, you know, how you support people and how you minimise those things, and I was just taking advantage of that. My main concern wouldn't be that there was a high level of stress, I think it's - it's, well pro-active in the sense that you don't want it to happen.

Yes, sure?---Yes.

Do you think all services do the same?---No, no.

So stress could be an issue in other services?---Could be, but I think the sources for it would need to be fairly carefully examined.

Okay. Now, I just want to turn to the issue of funding which you addressed in your evidence. What would be your view, what would happen if the award actually moved an increase in costs, if for example the union's claim was successful and there was an increase in wages through the award, what would be the impact and what would you do about it?---Well, I don't have any other option but to approach the department about it, because the service is 100 per cent funded by the department, we do not generate any funds of our own so with any increases of that nature then I would approach the department and there would have to be some negotiated response to that.

What would you say to them?---Give me some more money.

And if you do not? And if you do not - they do not?---If they don't? Well, I mean the situation that we find ourselves there is it a negotiated situation that there if there is - if there is an award rise, for instance, then I would approach the department and we would have negotiations as to whether we needed the money to meet that right now. I mean, we may have - you know, we may be running at a surplus for some reason, we're not using our contingencies and we would negotiate our situation in accordance with those things so that we would negotiate to get to the end of the financial year successfully inside the budget on whatever grounds, you know, raised in those negotiations but it would be my expectation that the department would have to meet that fund - that cost - that extra cost at some stage and they may in fact enter negotiations with me with regard to how we might reduce costs; that's a possibility. And all I can say is that, I mean I would have to enter those negotiations on the basis of how it would impact on clients, whether we could continue the service safely and properly, and so on.

But is it true to say that if the department did not fund it then obviously you could not meet the costs - - -?---No.

- - - that they would be - face an impossible logistical task in trying to rehouse 60 clients?---Oh, I would imagine so, yes, yes.

So really they have no choice?---I don't think they have a choice, no.

Thank you, that is all the questions I have.

DEPUTY PRESIDENT ROBINSON: Just on the question of funding, would or are you able to say whether or not current and previous budgets would have a contingency type of provision for - if there is any such thing - normal wage increases, say, if there was to be a national wage increase type thing which was to go across a large sector of the workforce if not all of the workforce; would there be any provision?---No.

No?---No, in our situation there is absolutely none so that when I negotiate a contract I have to negotiate it on the costs of the day, and even if there was an award increase come in two months down the track it's never been calculated into - the contract is done on the costs of the day and then it's taken as it comes.

Yes?---Yes.

Thank you. No further questions from me at the moment.

MR FITZGERALD: Just two very brief ones from me, Mr Deputy President.

Mr Rodwell, in terms of those advertisements which Ms Harvey showed to you, does your service require those sort of qualifications for your support workers?---No. They're not a compulsory requirement. Our advertisements would - would note the fact that there might be some qualifications that would be desirable or helpful but they're not compulsory.

Right. Just in terms of the cost implications of an award coming into place, that you addressed to Ms Harvey, is your concern more relating to the cost per se or the structure which you talked about in your evidence-in-chief?---Yes, well, if I understand you correctly, my concern would be the impact that it's going to have on the clients in the service, and I'm very aware of the fact that I may, you know, at any time be called in to negotiations to consider cutting costs which, I mean, there's always a problem because often that will impact on the quality of the service. That would be a major concern of mine, yes.

I have no further questions, thank you.

DEPUTY PRESIDENT ROBINSON: Nor I. We are most grateful for your coming here today, Mr Rodwell, and giving the evidence that you have given and you may step down and we wish you a safe return to your destination?---Thank you, right.

THE WITNESS WITHDREW

MR FITZGERALD: That completes our evidence today, Mr Deputy President. I would seek the adjournment until the next hearing date.

DEPUTY PRESIDENT ROBINSON: Yes. Before we do adjourned, Ms Harvey, you did hand up an exhibit today which we have not marked, it is headed: Workers Compensation Board Annual Report 1992/93.

MS HARVEY: Yes, Mr Deputy President, just in handing - I am quite happy for it to receive a number, I assume it would be HSUA10, you must be up to, but I just want to make it very clear that in tabling it that the only purpose of doing was that Mr Fitzgerald questioned the statement that I made to the witness, but you will recall I did actually retract the statement and said it was not really relevant, because figures are very aggregated and so I mean in that sense they are not particularly meaningful and I just do not want to waste any time of the commission and Mr Fitzgerald rebutting figures that I concede are very aggregate and very difficult to - - -

DEPUTY PRESIDENT ROBINSON: You see it is important for me to know whether that information was an aside or it is - it is to form part - - -

MS HARVEY: Sure, I understand that.

DEPUTY PRESIDENT ROBINSON: - - - of your supportive case. I mean, if I was to accept or to reject or admit this as evidence, accept it or reject it, quite properly someone could argue in their appeal that I had erred in relation to that particular matter and the error would be so great that it might influence the outcome.

MS HARVEY: Okay, well, look let us give it a number, we will call it - if we - if I call it HSUA 10, but I just - I would be quite happy to concede the point that I have already made because I do not want Mr Fitzgerald to spend hours on end rebutting something that I do not put much weight on.

DEPUTY PRESIDENT ROBINSON: I am reliably informed that it should be HSUA11.

MS HARVEY: Eleven it is.

DEPUTY PRESIDENT ROBINSON: And we do not want to upset this house. So HSUA is admitted as a document.

MR FITZGERALD: Do you want to continue with it or not?

DEPUTY PRESIDENT ROBINSON: And you do not choose to speak to it further?

MS HARVEY: No, I do not.

DEPUTY PRESIDENT ROBINSON: No.

MR FITZGERALD: Can I just have one moment, just off record, with Ms Harvey in respect to it, just if I could?

DEPUTY PRESIDENT ROBINSON: Yes.

OFF THE RECORD

DEPUTY PRESIDENT ROBINSON: I would just like to identify further the source of the information; is it an extract from an official report was it?

MS HARVEY: Yes, my understanding is it is an extraction from the Workers Compensation Board Annual Report 1992/93.

DEPUTY PRESIDENT ROBINSON: Right. Yes, as titled, I beg your pardon.

MS HARVEY: Yes, as titled.

MR FITZGERALD: Can I just question that, does that mean to say the annotation at the bottom is also part of that report or is that - - -

MS HARVEY: No, it does not mean it is part of the report.

MR FITZGERALD: Thank you.

MS HARVEY: The annotation at the bottom is not.

DEPUTY PRESIDENT ROBINSON: Okay.

MS HARVEY: It is a note.

DEPUTY PRESIDENT ROBINSON: Thank you. Anything further for today?

MR FITZGERALD: Nothing further.

DEPUTY PRESIDENT ROBINSON: Well, I wonder if anyone would mind if we ceased at this time instead of going through to a quarter to five?

MR FITZGERALD: No.

DEPUTY PRESIDENT ROBINSON: If there is no objection we will adjourn till the next day of sitting.

HEARING ADJOURNED