

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, 29 September 1994
continued from 6/9/94

TRANSCRIPT OF PROCEEDINGS

Unedited

DEPUTY PRESIDENT ROBINSON: Yes, Ms Harvey.

MS HARVEY: Yes, Mr Deputy President. I just have a number of exhibits to hand up; I have discussed it with Mr FitzGerald, it arises from, you will recall, the inspections we had earlier and I indicated I was going to hand up a composite exhibit just with PDs and associated matters. Mr FitzGerald asked me to delay that so he could consult with the employers so I have delayed it but I think it is appropriate now at this time to actually table it, and I have discussed it with Mr FitzGerald and I understand there is no problem with that. I also have one other exhibit which I wish to hand up, which is an extract from Hansard, about commitments from the state government to fund variations in this award. So, if I could just hand up these.

DEPUTY PRESIDENT ROBINSON: Thank you.

MS HARVEY: Now, in numbering this, Mr Deputy President, I think if I could just seek leave to vary the number I gave to my last exhibit, which was HSUA11; if we could vary that to HSUA8 and make this HSUA9?

MR FITZGERALD: Which was HSUA11?

MS HARVEY: HSUA11 was an exhibit that went to the federal log, a commitment from our national organisation to - - -

MR FITZGERALD: Oh, sorry.

MS HARVEY: - - - remove anyone who had been inadvertently logged where a dispute had already been found in a previous log.

DEPUTY PRESIDENT ROBINSON: Okay.

MS HARVEY: Look, I will not take up much time with this. The purpose of tabling this exhibit is to enter into the record in a formal way, particularly the position descriptions and examples of individual program plan processes that arose from the inspections, so, I do not wish to take up a lot of time but if I could perhaps just take you to a few key points that I wish to draw the attention of the commission to.

DEPUTY PRESIDENT ROBINSON: Right. I have labelled this HSUA9 incidentally.

MS HARVEY: Thank you. In HSUA9 in tab 1 there is a position description in the last, second last page for a support worker, and you will recall that Euphrasia is a supported accommodation service.

DEPUTY PRESIDENT ROBINSON: The tabs are not numbered, are they; they are coloured, are they not?

MS HARVEY: No, I apologise for that, they are coloured. So, in the first tab in the second last page it is headed, Position Description Support Worker. So, this is a position description for a support worker in accommodation services run by Euphrasia which we visited on inspections, and if I could just draw your attention to halfway down the page the emphasis on:

Assisting in training programs, to promote residents acquisitions of skills -

and a little bit, two points further down:

Ensure medication is managed and administered responsibly and safely.

And over the page the first dot point:

Implement individual training programs - - -

MR FITZGERALD: Well, sorry, Mr Deputy President, but I thought the purpose of the production of these documents was simply for just producing them today as part of the inspection processes. I did not think Ms Harvey was going to highlight points or, indeed, make any supporting submissions relating to them. I thought that opportunity was given to her when she was in the process of making submissions. We were happy to allow these documents to be presented on the basis that they were presented during inspections and became formal exhibits as part of this process but not for further submissions; I think that is going too far.

DEPUTY PRESIDENT ROBINSON: Well, I do not think there are any submissions.

MR FITZGERALD: Well, there is highlighting of certain points and I think that is beyond our agreement in respect of these matters.

DEPUTY PRESIDENT ROBINSON: Well, I suppose ultimately I have got the say as to what exhibits I will allow and what the processes will be. The only difference is that the HSU is finished its evidence in-chief and there were some query as to whether or not the submissions, this particular type of exhibit would come forward or not.

MS HARVEY: Well, could I just, sorry.

DEPUTY PRESIDENT ROBINSON: Now that it has I would not like to see you opening up a new argument.

MS HARVEY: No, I am certainly not seeking to do that, Mr Deputy President, and if I could just comment that the reason it was not in my submissions in-chief nominally is because I acceded to the request by Mr FitzGerald that I delay so that he could consult with his employers in case there was more up-to-date information available and if I had done it when I intended to we would not have had this argument. So, I am not seeking to run any additional submissions whatsoever; I just merely want to draw attention because I am mindful of the fact that just handing these up without any reference to them means there is no record of the critical points in transcript.

DEPUTY PRESIDENT ROBINSON: Well, I give an assurance that I shall go through the exhibit now that it is formally presented and make myself fully aware of its content.

MS HARVEY: Okay. I am happy with that provided that in my right of reply that I can refer to this if I require rather than take you through it all now, if it is required that I can refer to the body of it and there will be no objection in relation to it not being on transcript.

DEPUTY PRESIDENT ROBINSON: All right, perhaps we had better leave it.

MS HARVEY: Okay, that being the case I will now hand up an additional exhibit that is - sorry, just before I do that I notice that you did agree to that request and I notice that Mr FitzGerald was nodding his head but perhaps it would be useful to avoid any misunderstandings that if he could just confirm that on transcript.

MR FITZGERALD: Yes, I am happy to confirm that, Mr Deputy President.

MS HARVEY: Thank you. If I could just hand up an additional exhibit.

DEPUTY PRESIDENT ROBINSON: Thank you.

MS HARVEY: This would be HSUA10.

DEPUTY PRESIDENT ROBINSON: With the previous one 9.

MS HARVEY: That is correct. Now, Mr Deputy President, the HSUA, as I have indicated before, is concerned about the funding issue, and we have been actively involved in lobbying the current government, both state

and federal, about funding if there was to be any movement in the award rates, and in the recent budget estimates debates we were mindful to provide the appropriate questions to the appropriate people so that we could have some clarification from the minister in a formal manner in relation to their intention, the government's intention, if the Welfare and Voluntary Agency Award did in fact move.

Now, this is an extract from Hansard in relation to the estimates committee for Community and Health Services, which I can confirm I was present at that hearing. So whilst it is a preliminary transcript, it certainly is consistent with my recollection of it, and we would expect a final Hansard to be available shortly. If I can just take you to a question put by Ms Putt in the fourth question down, and it says:

Okay. If the WAVA award is increased by the industrial commission, will the government fully supplement the global funding to account for that?

And then Mr Roger Groom, the minister, responds:

We will have to. As I have said before, we are not going to see anybody disadvantaged in this process. We will negotiate each of their contracts separately and, where necessary, provide the funds. If it is under Commonwealth state joint funding, obviously we will negotiate with the Commonwealth to ensure that it meets its share of the funding. I have already demonstrated in the past financial year that we will ensure that nobody is disadvantaged because, as we see it, the clients are the only victims in any of these circumstances and I believe our first responsibility is to the clients.

So I think he is making it unequivocally clear that he is not going to see clients suffer and, indeed, he has indicated that he had already taken action in the previous financial year, which is precisely what occurred in relation to funding for the \$8 and the sleep-over, whereby finances were made available to cover that cost and the variation in the award, which is what he is referring to in the last financial year. So I think that it is useful that the commission be aware of that, and I must say that we have taken this matter up on numerous occasions and have had numerous verbal commitments, as indeed at least on one occasion the employers have been present with me with a meeting with the minister where again verbal commitments are given.

I regret that I cannot have a formal letter to table, but obviously the minister may be concerned that such formal commitments, how that would be interpreted, and he has had some reluctance to write us letters saying, "I promise an open cheque book." But I think that this is unequivocally

clear that he is not going to see clients disadvantaged and that he, as he says, "We will have to meet the costs of the award is varied." If the commission pleases.

DEPUTY PRESIDENT ROBINSON: I wonder is the minister aware that his comments on transcript of 23 August now form part of this commission's record.

MS HARVEY: Well, I am sure he understands what he says on Hansard is public documentation, so if he is not aware then obviously - I am sure he would have been - that they are public documents that could be used by anybody in the manner that they saw fit.

DEPUTY PRESIDENT ROBINSON: I am quite serious. I mean, if somebody is aware of their words being used in a formal sense, it might be that they would want to seek the opportunity to further explain something which might not have been explained if it was used in a different place, but, however, I have nothing further to add. I think we are back to you, Mr FitzGerald.

MR FITZGERALD: Thanks, Mr Deputy President. Certainly we will be making comment at the appropriate time in respect to that statement, but I will just note at this time that the unknown aspect of that statement is the negotiation with the Commonwealth which is clearly not known whether in fact the funding will be committed in that area or not, and we will be addressing this statement in full when the appropriate time comes.

DEPUTY PRESIDENT ROBINSON: Yes.

MR FITZGERALD: Mr Deputy President, as you are aware, we have proceeded with our case and we have finalised our workplace inspections, and now we wish to present formal evidence to the commission. We have followed the similar sort of program, and it is difficult indeed to accurately predict times with witnesses, but we have followed much the same sort of pattern as Ms Harvey: two witnesses each day, one in the morning and one in the afternoon, that being today and tomorrow, and a further witness next week when the hearings are resumed. We also I think confirm the convenience which was extended by Ms Harvey that we are happy for the commission to, if necessary, if requested by Ms Harvey, to adjourn for the purposes of cross-examination. Our first witness is the executive director of Multicap, Mrs Millicent Subonj, and if I could call her, please.

DEPUTY PRESIDENT ROBINSON: Do you know how she likes to be addressed?

MR FITZGERALD: I think just Mrs Subonj would be - - -

DEPUTY PRESIDENT ROBINSON: Miss?

MR FITZGERALD: Mrs.

DEPUTY PRESIDENT ROBINSON: Thank you.

MILLICENT SUBONJ, sworn:

MR FITZGERALD: Thanks, Mr Deputy President. What we have done is in fact provided the commission with a folder and I would like each of the witness statements or a summary of the statements numbered but each subsequent statement can be inserted into the folder and so you will have all TCCI exhibits and statements together, and I have provided two copies for the commission and one for Ms Harvey and we will be presenting the statements as we proceed with the witnesses.

DEPUTY PRESIDENT ROBINSON: Thank you. Perhaps we should just give the folder an exhibit number.

MR FITZGERALD: I am happy for that to occur, although it may be necessary, I think with further exhibits to come, that we need to refer to - so long as the statements and exhibits are separately identified.

DEPUTY PRESIDENT ROBINSON: All right. We will just leave it as TCCI witness statements folder.

MR FITZGERALD: Right. Thank you. Well, if I can proceed to the evidence-in-chief from Mrs Subonj. Mrs Subonj has a copy of the witness statement.

Could I just confirm, Mrs Subonj, that - well, could you describe what this - the document you have in front of you, what that is?---It's TCCI witness statement, Millicent Subonj, Executive Director, Multicap.

Right. And you prepared that statement or you - - -?---I did.

Okay. Well, if we could take you firstly - Mr Deputy President, just for the purposes of convenience, we have summarised in index form the areas which we intend to cover in the statement and that is the first page of the statement.

If - Mrs Subonj, if you could just commence to read the statement and if I could interrupt you at times to seek further elaboration of the statement?---

My association with the disability industry began in the area with Multicap in 1984. I've held the position of Executive Director for the past 6 years. I have also held the position on the Board of ACROD, which is the National Industry Association for disability Services for 6 years, the last 12 months as the State Chair.

Could I just stop you there. Can you just describe the role of ACROD for the purposes of the commission?---?---ACROD is representative in each of the states of Australia and is a lobby body or industry association which basically represents the industry service providers of all disability and related services, so it's a national body.

And there is a state branch here in Tasmania?---Yes, there is. There's been a state branch for 11 years and it's been represented on the national body.

And what organisations are members of ACROD in Tasmania, just by way of example?---The RCWA - sections of the RCWA, the St Giles Society, Multicap has been for many years. The Spastics Association, the MS Society, Euphrasia.

That will probably be just enough, just for the purposes of illustration. And in terms of your role as state chair, can you just describe some of the functions and roles you have played in that - in being head of ACROD, Tasmania?---Well, we've - through ACROD in the last three years we've established forums in each of the regions. Unfortunately the north hasn't taken off yet but the south is running forums on a monthly basis for service providers in this region. The north-west runs monthly forums, they've been a little lax lately but basically the forums involve all service providers to enable us all to get together, network and create a more cohesive service base in each of the regions to enable people with disabilities to have a better network of areas to access.

And you say in your statement you have been involved with that organisation for some six years. Is that - - -?---Yes. We also have an access and mobility committee. The access committee has done a lot of work in the Hobart area in particular, ensuring access to public buildings, access to streets and the actual use of places that people with disability, particularly in wheelchairs, are having a great deal of difficulty with. It's quite an active body.

Okay. If you would like just to continue reading your statement from point 2 please, Mrs Subonj?---

In my opinion the ingredients for an effective service is the recognition that the clients needs are most important. The client is not an interruption to our work, they are our work, they're not a statistic they're real people with feeling, emotions and frustrations. A client deserves the same courteous and attentive treatment we give our employer and as we, as individuals, expect to receive. To work successfully in this Industry, a person firstly needs - a good attitude, belief in and dedication to the client and the ability to maintain consistency in their dealings with the client.

Could I just stop you there. In terms of professionals working within the services, would that make your services easier to manage?

MS HARVEY: A bit of a leading question.

MR FITZGERALD: Well, I think the whole process of this evidence, including Ms Harvey, we - on many occasions we did not seek to object because of the leading nature of it. I think given the nature of the evidence it is inevitable we are going to be leading.

DEPUTY PRESIDENT ROBINSON: I have just about given up trying to stop people from asking leading questions?---Well, we - as an example, we employ an OT, which is an occupational therapist, at Panorama Nursing Home. It would be fair to say that she works possibly four hours of her 40 hours a fortnight as an OT. The rest of the time she's probably best described as a highly paid support worker. Fortunately we're able to share her time across many other areas of the organisation to take advantage of her skills. It could - I could also say that of all the clients the most difficult ones have come from Willow Court where several professionals are working with clients so I don't know that it's the answer to everything.

MR FITZGERALD: Is it so that professional help is not needed, is that what you are saying?---No. They should be provided to the region and accessible to people when and as they require it.

Could you just elaborate on the statement that a person needs a good attitude and belief in and dedication to the client; if you could just further elaborate on that point, please?---You mean from my statement?

Yes?---These qualities are inherent in an individual. Training and qualifications can enhance those qualities and help the person achieve more. Without the qualities the training is only a paper asset.

Okay. Is there any way you can illustrate that statement, Mrs Subonj, in terms of your involvement with Multicap?---Well, yes, I suppose I can in saying that without that attitude people with just paper qualities tend to come in with an idea that they can follow a sheet of paper or that they can just go on working and hoping that something will be achieved at the end of the day. We have actually sought professional advice in past crises that we've had with new clients. We've tried to follow programs that have been given to us with these clients. In most cases the professional advice is that we maintain consistency. It's - our staff have come to recognise that the most challenging behaviour is bought about through boredom and frustration. A consistent and positive approach by staff in most situations alleviated difficulties and problems and when we've applied to professionals for advice in that respect they've agreed with that same direction.

Right, thank you. If you could commence reading, I think, from point 3, qualifications for training?---The staff in each of the services are given service training in a trial period in which to meet the challenge or work - or depart with dignity. They are given policy and procedures and work practices within that service. They are provided with supervision until they can demonstrate a level of responsibility after which they may only have indirect supervision at times and at any time that they need support they've only got to ring a number and senior staff or even one of the other homes, so there's always some contact.

Right.

DEPUTY PRESIDENT ROBINSON: Could I ask from your statement in the first paragraph you say that staff in each service are given service training and a trial period in which to meet the challenge or depart with dignity. In your experience have new staff who are recruited in the majority met the requirements after their initial - - -?---In the majority they have, yes. There have been the odd - - -

Yes, but there would be some - - -?---Yes, people who recognise - - -

- - - who prove that they are not suitable?---Yes. Within the first two weeks you usually lose them.

Would you have any idea of the percentage of people who are not suitable?---In most of our services we introduce a person on either a voluntary basis or a casual call-in basis and they come in and do so many hours. If they develop a rapport with the client they are usually accepted by the client. It is in fact the client that makes that decision. If there is no rapport with the clients of the group or if they only have a rapport with one or two, they are not suitable and they very quickly recognise that.

Yes, but would you have any - be in a position to be able to indicate what percentage - - -?---Percentage - - -

- - - of people are not able to fulfil that role?---Probably about three in 20.

About 1½ in 10?---Yes, I was trying to get at that and I thought that was a bit difficult.

Right, thank you. About 15 per cent?---Mm.

Thank you.

MR FITZGERALD: Thanks, Mrs Subonj. I think you are up to developmental disability?---Yes. The developmental disability course recognises within its curriculum the needs of people - the needs of the people in this area of work is highly dependent on empathy within the client. The course goes on to develop and enhance that value in the individual thereby providing the industry with a better prepared workforce, with a more sophisticated understanding of their own qualities and strengths as well as a background in the work in the industry.

Can I stop you there? Does it, in your view, help to have trained staff?---It does, yes. Yes, it does help to have trained staff but it is more helpful - - -

MS HARVEY: Can I just - sorry to interrupt you, Mrs Subonj, I was just wondering are you actually reading from another document as well?---No, I have got some questions - some answers that I might - yes, I've got questions and answers, yes.

MR FITZGERALD: I think that was in part in line with some of the practices which Ms Harvey adopted, from memory.

MS HARVEY: The only instance I ever had any documentation that the witness had - in fact they only ever had their witness statements and I offered it to Mr FitzGerald to have a look at to inspect. I think it a little unusual practice to have questions and answers prepared with the witness reading from them?---Well, they're used as a prompt actually.

Well, I do not - - -

DEPUTY PRESIDENT ROBINSON: Sorry?---I'm using them as a prompt.

MS HARVEY: Well, I do not know because I have not seen what is actually - what Mrs Subonj has in front of her.

DEPUTY PRESIDENT ROBINSON: Yes, the thing is that we should be able to know exactly what the evidence-in-chief is and I guess what you are doing is only elaborating upon matters which are already contained in your statement and usually people do not prepare notes on that but I do not see any great harm would be done by using notes, after all the witness is sworn.

MS HARVEY: I do not have any problem with Mrs Subonj having notes if I can have a copy of them which is in fact the practice that I use with my witnesses where if people had anything in front of them the employer advocate had copies of it and - so perhaps we could have a brief adjournment and I could have copies of what Mrs Subonj is reading from and I would be more than happy for her to continue to have those in front of her.

DEPUTY PRESIDENT ROBINSON: Well, we will explore whether that is possible.

MR FITZGERALD: Could we just have - seek a - I think Ms Harvey indicated there would be an adjournment or sought an adjournment and we would agree with that course just to see if we can sort that matter out.

DEPUTY PRESIDENT ROBINSON: I have got every confidence that you can sort out this small problem. We will adjourn for five minutes.

SHORT ADJOURNMENT

MR FITZGERALD: Thanks, Mr Deputy President, for that adjournment. I think we have been able to work the problem out in that Mrs Subonj will not refer to those notes but I will be asking her questions. So if we can proceed on that basis.

DEPUTY PRESIDENT ROBINSON: Okay.

MR FITZGERALD: Mrs Subonj, I think we are down on point 3, developmental disability. If you could just start there again reading your statement, please?---The development disability course recognised within its curriculum the needs of people in this area of work is highly dependent on their empathy with the client. The course goes on to develop and enhance that value in the individual thereby providing the industry with a better prepared workforce with a more sophisticated understanding of their own qualities and strengths as well as a background in this industry.

Could I just stop you there? How would you compare an employee without formal qualification as to those ones with a formal qualification in terms of how they work with clients?---In our experience we have several very good

staff who work very well who have not attained these qualifications but are able to do as well as, if not better, than some people who do have the qualifications but it would be fair to say that there are staff in our service who do have the qualifications and are managing very well. I've also found that people who have been in the service for some time and then go and obtain the qualifications are of more value.

Okay, thank you. All right, if you could just continue with the statement at the top of the next page, please?---Specialised training such as behavioural management, sexuality, etcetera, should be conducted under the supervision or recommendation of appropriate specialists. These specialists exist in the region and should be called into set these programs up. These are not the responsibilities of residential staff. Again if the members of the union are being asked to take these duties on board the union should be taking steps to protect their members and not protect these practices by covering them within the award.

If I could stop you there, please. Why do you say that those areas lie clearly with specialists rather than those employed within your services? Is there any particular reason?---Well, some of it can be fairly specialised training and you would need a psychologist to manage behavioural management if it's more complex than just boredom and frustration. In most cases it is just boredom and frustration and by being consistent and looking at what the needs of that client would be and some of the environmental factors that are contributing to the behaviours, you can usually change it without professional - without even looking for professional help, but if they are complex then perhaps you do need to find help but you should be getting those from outside of the service not trying to employ all these people.

In terms of the training which you provide could you just outline that - your service provides?---We send staff along to any of the training that is available in the community. There are staff who actually show streams of expertise or areas that they really want to work further into. There are different types of forums that we go to. We do have the north-west forum which often introduces speakers from other areas or specialists in their field. We also have speakers who come from other states on legal issues, duty of care, behavioral management, management training, conflict resolution, there are a great many speakers on different services from over on the mainland and even from other countries and we have always made sure that our staff have access to those programs and those training availabilities. We have also done a lot of training within our own services and I think the standards have forced us to do that because we do have to work within those standards and it is important that the staff understand them, to implement them and to work within them.

DEPUTY PRESIDENT ROBINSON: Could I ask, if you say that any of the complex type of situations need the assistance of specialists, what is there left for ordinary staff to do - - - ?---Well, in most cases - - -

- - - within their competence?---In most cases if you have a difficult client within that service already, and we're aware of that, we've already met and discussed the steps that are to be taken in the event of a crisis. So the procedures are already in place for that person and the procedure may be that we shut everyone else out of the way because if it's just attention seeking behaviour we may have to remove the other clients to provide their safety. We have provision of procedures in place for any difficult clients. If the situation is not manageable they can always refer to generic services. In the worst scenario you bring in the police or you bring in ambulance, depending upon what the situation is.

Yes. It does not quite answer what I was seeking of what would be the ordinary duties and up to what level - - - ?---Right.

- - - would non-specialist staff be able to competently perform?---Well, in most cases, as I said, the procedures are there, they've been implemented or designed mostly by the client - the staff who work with the client so that they have a familiarity with the client and that the likelihood of their next step. The staff are quite able to, in most cases, I've only ever had one case where the staff have had to call in generic help - - -

No. Well, I was getting right down to the basics as to what would be the duties, I mean, presumably things like dressing, feeding, bathing, and what - etcetera, etcetera?---So you're not talking about crisis, we're talking about every day life?

Yes?---Right. Well, they assist the individual with person care in their showering, toileting, personal hygiene. They do this on an interactive program so that it's not being done for the individual, they're actually working with the individual and it's usually in line with the program that's already been set, so that the individual can have this performance every day in the same way and eventually this individual starts to take over that program. We found that when we actually draw up a program for something as simple as showering it's done step by step so that any staff member can pick up the steps and work through the same scenario, so that this individual eventually corrects them if they go wrong or starts to take up some of these things themselves. There's also meal preparation is done interactively as much as is possible.

Yes?---Household chores are done interactively too. As much as possible the resident is involved in their day to day needs and care. In our training

it's a similar program where people are actually involved in their program. The program is written around their needs with their co-operation.

Yes. Is there any - maybe this is an unfair question and if it is just say "pass", but is there any sort of analogy we could properly make, within your experience, with any other type of worker that carers could be compared to, what, say, anybody who is a good mother, a nurse aide, a nurse, or a good dad and home looking after that same type of client? What - - - ?---Well, it's fair to say that most of the clients, a great majority of our clients have come from the home and up until we took over the mum was doing all of this. Some mums did it better than others but in most cases the mum did all this. It's just that we can go home after 8 hours or 7 hours and mum couldn't.

It's just that we can go home after 8 hours or 7 hours and mum couldn't.

Yes. Of course?---So, it is - yes, I suppose you could say that a lot of it is a caring role.

Yes?---But our responsibility is to ensure that we develop - that this client develops along the way to independence.

Yes. What I am getting at is skill levels required?---Skill level would be similar to what a parent has done, so far as the hands on work is concerned, but it's - obviously you need a little bit more in the area of interactive work to develop this person's own skill. So you're probably looking at an aged care person, except that with aged care there is a tendency to give comfort rather than develop.

Right. Would you say it is basically an unskilled job?---No. No. I'd say that you'd have to develop certain skills within that job or else you're just going to be a carer and that's what we're looking for.

Right. Thank you.

MR FITZGERALD: Mrs Subonj, just a very comment, in terms of the work itself, do you consider it to be stressful?---No, I don't. I haven't had any - in our experience we've not had anyone go off on stress. We've got a very low turnover of staff. We have people who have been there for years and have not taken more sick leave than three or four days in that, you know, five or six year span. I can honestly say that apart from a few malingerers there's been very little in the way of stress related illnesses or we found most stresses are personal stresses, you know, where they've got problems in their own families and people do have - - -

DEPUTY PRESIDENT ROBINSON: Within your experience have there been - is there a - what sort of incidences of workers compensation claims are there?---Workers compensation is a problem because a lot of our people, particularly in the nursing home, are people who cannot hold their weight, they're not weight bearing. They have severe fitting and so you can be walking down the corridor and someone will go down and the staff will often get in the way to stop them from hurting themselves and often go down with them. Yes, workers compensation is a bit of a problem. It's not any more severe than in a lot of other industries but it's always a concern to me, yes, as an employer.

Well, we cannot deal with workers compensation - - - ?---No.

- - - of course, but we can deal with the work environment and that is what I am interested in and the conditions under which the work is performed?---Well, with the group homes and people that are basically under the WAVA award there is less in the area of the training and the group homes, there are less claims in that area. I find, in our experience, most of the claims are from Panorama.

Fine.

MR FITZGERALD: Just to clarify the comment you made about workers compensation claims was in respect to the nursing home element in - - - ?---In most cases it's the nursing home, yes.

Yes. Thank you. In terms of training, does this assist in - your internal training, does this assist individuals in stressful situations?---Well, of course, training will relieve any concerns and perhaps will alleviate any possible stresses but I think it is important to note that not anyone comes into the service and works by themselves straight away. They have to go through a three month trial period. They need to be able to confidentially take over and they need to say that they will take over at this point. They usually work side by side with another senior person who is directing them the whole time, they're made aware of - they go through an orientation, they're made aware of the clients idiosyncrasies and, I mean, we're not silly enough to leave anyone with somebody that they can't predict.

DEPUTY PRESIDENT ROBINSON: No, no, in your view, how long would it take for an employee to come up to standard where they could work unsupervised?---It's mostly around six weeks we can see the person is fitting in very well and the client has gotten to know them as well, so there's an empathy there and a relationship.

Fine. Okay.

MR FITZGERALD: Could you describe the nature of the training in your organisation, Mrs Subonj?---Well, the initial training is an introduction to the clients and an introduction to the service and the principles of the service, the objectives of the service. Again, the clients often make the choice, they decide whether you're going to stay there or not. It's often the case if you don't work well with the clients the clients don't respond to you, you're not going to be there for long and you won't get the rewards that are in - and the fulfilment of that job if you're not getting anything out of the client.

Is there any specific emphasis given to managing a crisis, for instance?---Well, as I've mentioned before, the crisis is usually managed before it happens. We look at setting in place procedures for any client who is difficult, we put procedures in place and staff know the fall back position. If that - they've always got the staff in the near vicinity, so you call in the closest senior person. I'll even turn up from wherever and take control if I have to but in most cases they have their procedures in place and they know what to do.

DEPUTY PRESIDENT ROBINSON: Would crises usually involve behaviour management type problems as well, I suppose, as occasional medical problems?---It's often medical and perhaps hasn't been picked up in time. A person can start banging their head against the wall for no good reason, it's often medical, but it's important that the staff person doesn't then just pop them in the car and drive them to the hospital because often that person can cause some disturbance in the vehicle, so we have procedures in place so that nobody does anything by themselves if there's a problem, there's always a back up.

I see?---They don't necessarily have to be there all the time, but if you need them they're there within 10 minutes.

MR FITZGERALD: You made a comment about low turnover rate, could you make some comment in respect to the absentee rate within the organisation?---Well, as I've mentioned, the absentee is really a - we've got a very good record with absenteeism, apart from one person who had cancer and didn't come back, we've had very few people ever use up their sick pay.

What about staff grievances, is - could you make some comment about the rate of grievances actually formally notified or informally notified to you as manager?---It's interesting, staff grievances rarely come to the executive director for some reason. We found that in most cases they had been staff against another staff member. It's very rarely been a grievance against the client. We've had a client make grievance against the staff and we handled those through our grievance procedure but I've - we've had one, I think,

in 1986. We had a staff grievance and that was against another staff member, so it's not a big deal.

Okay, thank you. Can I just take you back to - I am sorry about this - but if I could just take you back to your statement. I think your other - you were about to start there, I wonder if you'd like to commence reading?---

There's a great many experts, academics and mostly departmental people who often become involved in the Disability Services. They have had great ideas, good salaries and just when you have shown them what they can do for you they move on to where they will be paid more money. They lacked attitude, dedication and consistency and no amount of money could buy that for them. If and when we need expert advice from therapists of any kind our clients should have the right to chose who they see just like any other Australian.

I wonder if you could just comment on that in terms of the outcomes for your service, that particular statement?---Well, in our standards we actually are encouraged to seek services from the generic sector. If we need a psychologist we go to the closest psychologist. There are psychologist, speech therapist, occupational therapists, physiotherapists in the community and we'd go to them. If the client and that therapist don't get on, it's in our interest to go and find one that they do get on with or who has a better empathy with the disabled person. Not all psychologists understand disability, not all speech therapists want to work with disability because it's a no ending problem, so it's very important that you get people that have a commitment to this area and it's often easier if you have a choice.

Thank you. You might like to continue?---

If we start setting up an Award which accommodates 7 levels, even if the last two levels are therapists, aren't we limiting our choices by doing that? I'd be the last person to say that good staff in this area should not be rewarded, quite the opposite. They should, however, see that this industry is like all industry, tied to relevance, and while many people may wish to study on to reach higher ground, I feel we should maintain a perspective of what is relevant to the people we work with on a day to day basis for their development. It's their needs that we have to meet.

Okay. I would like you to move on to the issue of medication?---

Under no circumstances should staff be permitted -

and certainly in our service they're not -

permitted to administer any medical procedures other than to assist people in their care, to take their medication from a prepared dosette. Any other procedures are to be referred to a General Practitioner or the Nursing services. If any homes are performing duties that are outside that dimension, they should be looked at, but in isolation of the award restructure.

Could I stop you there, please. Could you make some comment in terms of that statement in respect to your own service?---Well, we actually employ professional nurses, qualified SRNs in our nursing home, and even they wouldn't dare to go against the doctor's prescription. They follow the doctor's prescription. If they feel that there is a problem or they need to change medication they go back to the doctor. They don't make that decision themselves, under any circumstances.

DEPUTY PRESIDENT ROBINSON: You say they do not have - bear any responsibility for the medication?---They do bear responsibility. They're responsible to see that it is administered in accordance with the doctor's prescription.

What if the doctor has made a major mistake?---Then they refer back to the doctor. They will recognise it and often have.

Well, I did not say it but I was asking you?---No, we have a DON who - the doctors have come back to her and said, you know, what do you think, because she does have a good diagnostic skill.

Mr FitzGerald is smiling too.

MR FITZGERALD: It is now noted for the record, it seems.

Okay, Mrs Subonj, you make comment about your statements of nurses. Can you extend that to your unqualified staff in accommodation services, independent living services?---Our staff - actually it was my understanding until I became a witness - one of our homes were actually inspected. I thought all our homes actually had all the dosettes prepared by the pharmacy and I discovered at that time that one of our homes don't. That home, in actual fact, when it started had a TAN running it, it was a - a TAN was the manager and she found that the chemist often made errors in the said preparations and they - the organisation actually allowed her to make up the dosettes and have them checked by another staff member. That position has remained with our new manager and she also feels that it's probably safer because two people check it and it's documented so the dosettes are made up - in one home they're made up by the staff in the home, the senior staff person, but in all the other services, other than the nursing home, they're made up by the pharmacy and checked.

Thank you.

DEPUTY PRESIDENT ROBINSON: Well, that is what you explain, do you, then in your statement that if any of the homes are performing duties outside that dimension, referring back to dosettes, they should be looked at?---Well, I mean, that should be addressed outside of the award restructure. I mean, I'm not saying - I'm not putting myself up as an expert and saying well, they should all be reprimanded - - -

I do not think the award is going to contain anything about dosages. I would be surprised.?---No, no, I'm sure it's not. I'm just saying that I don't think we should be writing into the award the responsibility staff take in preparation of medication. They don't, they just administer a dosette and that's what they ought to be doing.

Yes. Our exercise is to understand what the skills, responsibilities and duties are expected to be of employees so that we may assess what the award should say in respect of their entitlements?---Thank you.

MR FITZGERALD: Just on another matter completely, Mrs Subonj, it was raised in the HSUA evidence, the issue of sexual abuse and it was - it seemed to be a problem in services. Can you make some comment in respect to your service?---Well, we haven't had any issues of sexual abuse raised. I did read in one of the statements - witness statements, that there was some comment about sexual abuse but I could only see bathing and I didn't regard bathing a client as sexual abuse. If a client is being bathed by a new staff person that they haven't met then that's an attitudinal problem, I don't see it as a sexuality problem. I mena, all our residents are bathed by staff, otherwise they don't get bathed.

DEPUTY PRESIDENT ROBINSON: Yes, yes.

MR FITZGERALD: In your, if I can call it networking, it seems to be its fairly trendy term, but networking with other services, has that been expressed as a problem in the area of alleged sexual abuse?---Well, as I said, I network in the north-west and, no, I'm not aware.

MS HARVEY: Sorry, I just have to object here because it is hearsay evidence. It is not a direct evidence in any way.

MR FITZGERALD: Well, there is no barrier to hearsay evidence being produced in this commission, it is admissible evidence, Mr Deputy President and the commissioner no doubt will determine what appropriate weight he will put on it but there is no bar to that evidence being produced to the commission unlike a normal court.

DEPUTY PRESIDENT ROBINSON: We do accept hearsay, I usually pull a face when it happens but that is about all.

MS HARVEY: I recall one of my witnesses being quite grilled about hearsay, a Ms Brady.

DEPUTY PRESIDENT ROBINSON: Yes, I do not encourage it?---No, I don't know of any, certainly not in our service.

MR FITZGERALD: Right. And the only other alternative is to call numerous witnesses on this point and give direct evidence and that I do not think is in the direct interests of all the parties and in particular the commission to prolong it.

DEPUTY PRESIDENT ROBINSON: Well, we might even have to summons a Minister of the Crown.

MR FITZGERALD: There has been some suggestion also in the HSUA evidence, Mrs Subonj, that services were not providing appropriate backup for staff; can you make some comment in respect to that?---I can only comment on our service and we've always maintained some backup, even in Launceston where they don't have a management team they have the two homes working closely together, they're only one block apart and they call on each other if they need any support and the manager is always on call. So, I can only comment on my services and we do have backup provided.

Okay. There has also been a suggestion in the HSUA evidence that really what is important is a skill-based award structure which outweighs the danger of losing services. Have you any comment to make in respect to that statement?---I thought that was a little naive to say that. I think if you asked the parents who are still battling at home with their disabled son or daughter for 24 hours of the day I think that they would probably argue that point.

So, can you just further elaborate why they would be concerned?---Well, certainly it's nice to have skills and it's nice to know that your staff are going to improve that person's quality of life but sometimes the parent is only looking for respite, the parent is only looking for a break, and if you are even just going to put him to bed and leave him there till tomorrow morning that's enough, if this person can get some sleep. So, I think it's important to recognise that there's still an awful lot of people out there who are getting no service and we're only here arguing about those people who are getting services, so, I think there'd be people out there prepared to argue that point, that statement.

Okay, thank you. If I could just take you back to the statement, please, you, I think were at point 5, funding, that is where you finished, yes?---

In this state it may be claimed that the WAVA award has in effect sheltered the government from large increases in this sector. In other states the unions have pushed for greater increases and the result has been good models of service like Attendant Care are now under threat and new places or placements have been reduced significantly.

Can you just elaborate there? Can you indicate to the commission how you came or where your knowledge was sourced in respect to that in other states?---I chaired a meeting of the National ACROD Service Providers who are dealing with attendant care and accommodation concerns and in some of the states we had some real concerns. In all states attendant care has been cut back and new places for attendant care are being cut back because it's costing far too much under the new awards.

DEPUTY PRESIDENT ROBINSON: But when you say the care was cut back how - - -?---No, places are cut back.

Sorry?---Places, new places.

New places are cut back?---Yes, yes.

There were not any places actually closed or - - -?---No, some of the people are being reduced in the number of hours that they are getting service. Attendant care is basically where a person has gone out into the community from an institution and they've been nominated a certain number of hours of support. Those hours are now being reduced slightly.

In what states?---New South Wales, Victoria and Queensland they've been reduced. I am not quite sure, I can't remember what South Australia said but certainly in all states the number of attendant care placements are being reduced, the government has actually pulled back on those.

And you fear that it might happen here?---Well, I think, well, even Tasmania has been reduced because the attendant care numbers are controlled by government, the Commonwealth, but certainly the cost of them on the mainland is a lot dearer than the cost here.

I see. Thank you.

MR FITZGERALD: Okay. Would you like to continue?---

In other states, the government has put several services up for tender under contracts to attempt to bring the cost down to a more manageable level - - -

MS HARVEY: I have got to object, I have got to object to the next sentence. I mean, this is really over the top about, I mean it is not even hearsay; it is hearsay twice removed about comments about how the staff feel in other states.

MR FITZGERALD: Well, Ms Harvey can have an opportunity during the cross-examination, that is the most appropriate course I would suggest, Mr Deputy President. If there is some question about the source of that information then Ms Harvey can certainly put questions to Ms Subonj during cross-examination. I think that is how we handled those situations in the event of the HSUA evidence being given that way and it would be the most appropriate course.

DEPUTY PRESIDENT ROBINSON: Yes.

Could you give us some more information as to how or what led you to make that statement?---In Victoria the government, the Liberal Government, has actually put up a lot of the services, new services, that have been established to deinstitutionalise one of the largest government services. They have actually put them up to contract and asked people to tender to get them back, or basically opened it up to the public to tender on those services. They found not many people wanted to tender under the offers that were being made, and in actual fact a lot of the service - the service providers that had them in the first place actually tendered back for them.

Has that coincided with wage increases or has it just happened anyway?---It's basically brought about by, (a) the government trying to cut costs, and (b) the increases in the wards across some of the mainland states and in Victoria.

When did that happen, in the last six, 12 months, or what?---I became aware of it in March.

March of this year?---Yes.

And do you know what movements have been in Victorian awards covering similar industry?---No, I wouldn't want to go into those. I'm not that familiar with what awards they're going into, but I do know that the government was concerned that the cost was becoming too high.

I am just wondering whether or not the tendering system was introduced as a result of an overall cuts across the board government expenditure to try and rein back the deficit or it was attributable to something which is happening in this particular industry which stood out that the government felt warranted its actions?---As I understood it, I remember in 93 we had long discussions about awards in personal care being restructured in Victoria, and I think that the awards did actually increase by something like \$3 over and above what we have here for attendant care. I don't like making statements about dollars - - -

\$3 a week?---No, \$3 an hour.

\$3 an hour?---Yes; it's quite substantial. And I think a difference in the attendant care rates in Victoria and here is about \$3 an hour. These costs actually blew out the - the state government deinstitutionalised the service, they knew what it was going to cost them at that point in time, and I think that perhaps the costs may have exceeded those expectations when the award was restructured or the award was renegotiated.

Fine, thank you.

MR FITZGERALD: Can you just elaborate how you came to gain this knowledge about other states again, just for the purpose of the record?---Through ACROD, through my association with ACROD on the national body.

Thank you. Would you like to continue with your statement, please, Mrs Subonj?---It says:

Tasmania is in an interesting position in that it has three different very different programs. There is the CIP, being the Community Integration Program initiated by the state government and funded to a degree that it is envied by every CSDA funded service. The Community Integration Program currently provides 100 per cent funding for a number of residential services in this state providing accommodation for former Willow Court clients.

The CSDA is a Commonwealth State Disability Agreement signed in 1992 providing the state with a set amount of funding to take responsibility for the accommodation and living skills training in the state. The program currently provides an average across-the-board throughout the state -

and the 55 per cent is really an average.

Right?---

However this is actually reducing in real terms.

Can you further elaborate on that statement, please, Mrs Subonj?---Well, there are different types of services and they are funded in different levels or different ways; some services actually had a very small amount of money given by the Commonwealth Government and a small grant to supplement them from the State Government, so it was basically a grants program. When CSDA came into effect the state took its little bit of dollars and said, "This is our contribution," so that it was matched up and the service was left with probably 60 or 70 per cent, 65 or 67 per cent of its funding, at least that's in our case, and that's it. That's all you get now because you're set into this agreement. The only way that we can actually improve on that is to fund raise or take in CIP clients to build it up. That's probably all I can really say about it.

Right?---There are other services that are funded far less such as our community access service, I think is funded \$18,000, that's how much I pay the person for 24 hours of the day.

So where are the balance funds made up? How do you make up the balance funds there?---That's all made up through fund raising.

All right?---Yes, that's entirely fund raising.

Right, and what sort of fund raising activities would you be involved in?---We actually run three quests and every year we run the three quests and raise money through those quests. We have to raise at least \$300,000 to get by.

Are you aware of other fund raising activities of service providers?---Oh, some of the larger service providers are, particularly those who have been in the service for a while because historically the Commonwealth has never funded us adequately and so you have got St Giles fund raising and there's the Spastics Association's fund raising, SIDS fund raising, I mean every man and his dog is fund raising.

Right, and - - ?---And it's only a small state.

Right, and to what extent in your service is the fund raising effort successful in closing that balance?---In 87/88 the fund raising did not meet the required amount of money and we went into deficit. In 89 we made a little surplus; in 1990 we cleared, in 1991 we made a deficit, 92 was a deficit, 93 was a deficit and this year we have cleared. So, it's very difficult but we're still running I think at an overdraft of \$150,000 a year, so, I mean we have assets but that's the real situation; we run at a \$150,000 overdraft.

Thank you. If you would like to continue through, I think, to completion of your statement?---

The employment area - business models are funded by the Commonwealth. Each of the three tiers of funding are limited to the size of the disability cake. We must remain realistic about what the genuine needs are and use our funding wisely. We need to make certain that the award reflects the needs of clients and modern day thinking of the disabilities services field - establishing classifications referring to professionals within the award doesn't really achieve this.

I have no further questions, Mr Subonj, thank you.

DEPUTY PRESIDENT ROBINSON: No, I do not either, thank you.

MS HARVEY: I do, Mr Deputy President. If I could perhaps have an adjournment till quarter past 12.

DEPUTY PRESIDENT ROBINSON: That sounds reasonable, I think.

MS HARVEY: Yes. I hopefully will be finished before lunch time.

DEPUTY PRESIDENT ROBINSON: Yes. Lunch time being?

MS HARVEY: Quarter to 1, I understand.

DEPUTY PRESIDENT ROBINSON: As long as we are clear. We adjourn till quarter past 12.

SHORT ADJOURNMENT

MS HARVEY: Right. Mrs Subonj, could you just inform the commission of the qualifications that you hold?---Ten years experience. I cam from a background in engineering. I don't hold qualifications in engineering. I've done accounting and other courses related to management.

Right. So you do not hold any formal qualifications to this field?---No, I don't.

Right. And your work history, you said that you have been with Multicap for 10 years. Where - how did you start in that organisation?---I came in as executive assistant in 1984 and worked under Trevor Hodge, who was the founder of the organisation, and then under Don Rock, who actually worked for the Paraplegic and Quadriplegic Association of Western

Australia, was a director there. He came to us, he moved the organisation probably five years in advance in three. Soon after - - -

If you could just restrict it to - - - ?---Then soon after he left there was one other director who came in for three months and then I became the director.

And so before you worked with Multicap, other experience in disability services?---No, not in - only counselling with youth.

So your experience in disability services is only in this industry?---Yes. Yes.

Right. Sorry, only with this employer?---Yes.

Okay. And ACROD, you spoke a lot about your role in ACROD. How many disability service providers are actually affiliated to ACROD?---All up, nationally?

No, no, in the state?---In the state? I can't give you a direct number, no.

Right. But would you say that all the community based organisations are affiliated with ACROD?---No, not all of them.

The vast majority, some or you just do not know?---Probably if you - if I picked a number I'd say 67 per cent, 70 per cent.

But you do not actually know?---No, I can't tell you off hand, no.

Right. So you are only guessing?---Yes.

Right. Now, does ACROD have a formal position in relation to the application as currently before the commission?---No.

So your views are not ACRODs views, they are just your personal views?---From my experience with ACROD I can comment perhaps - - -

No, I just asked you - - - ?---Yes.

- - - to answer the question. Okay.

MR FITZGERALD: Well, it was not very clear. Was that in respect to - I just wonder if the question could be re-put. I am sure Mrs Subonj did not have an understanding of it, it seems.

MS HARVEY: Well, I thought the question was quite clear, I asked her whether ACROD had a formal position in relation to the applications before the commission in this point in time?---ACROD has an employment sub-committee training employed - but, no, it - - -

That is not the question I asked?---No, it doesn't actually have a relationship with this award restructure.

Right. So you made numerous statements about other services and your view about what generally happens in the industry, how many other services in Tasmania have you personally visited?---Well, probably - well, I've visited two on a formal basis and had access to three others on an informal basis just through having client relationships across the - - -

Okay. And you made comments about policies on sexuality, for example, and these comments that you made were they based on having explicitly asked these services about their experience with - - - ?---No, I made comments on sexuality, behavioural management as being in relation to our services, our clients. I don't believe we should be providing that service. They should be sought.

Okay. Now, you said that you provide what I consider to be fairly extensive training both in service and in the community. Do you actually encourage the use of TAFE developmental disability course?---Do we encourage it? We don't tell people that they must but we do tell people that they ought to, particularly if they've actually shown some really good progression in this industry or in our service we will actually encourage them and give them time to attend TAFE, the DD course.

Right. And so would you describe it as extensive training you give, like in terms of the in service and access to community programs and to the speakers and other things that you advise that you provide to the staff?---I think it's difficult to say that it's extensive for everyone. I would say with some it's extensive, with others it's not as extensive. A lot of people come along and bring a lot with them, others can spend months and learn very little, so it depends on the individual but we provide as much as is available out there in the community and we encourage our staff and give time off to go and attend anything that's going to be of value to the work that they do that's available in the community or that comes even into the state.

So why you do this if it only takes six weeks to be - I understood from what you are saying that after six weeks that what was basically all that was required in terms of supervision?---Because I believe that you're learning as long as you're alive.

Right. So there is a need for continual development - - - ?---Certainly.

- - - and it does not just take six weeks to be a good support worker?---Of course some people have come in and been very good within two weeks and that doesn't mean that you stop training them at that point and say, "Right. Fine. This is a great person. We stop." I think when you have somebody who can pick the work up and have an empathy, other people have come in from other services and they've been extremely good, so you basically judge it on the person that you're dealing with.

Right. Okay. Thank you. In paragraph 3 in point 2 of your statement you state that:

To work successfully in this industry, a person firstly needs a good attitude, belief in and dedication to the client and the ability to maintain consistency in their dealings with the client.

I take it from your comments that you have been making about training that is not all they need, that is just one of the attributes they need?---Oh, that is a very important attribute, yes.

Yes, but it is not all they need?---No, no.

Right, okay. You implied that being a good mum was sort of basically what was needed; do all mums have the qualities and skills that you both desire and implement through your training?---I don't know that I can answer that.

MR FITZGERALD: That is a difficult question.

DEPUTY PRESIDENT ROBINSON: I will allow the question, Mr Fitzgerald?---Really, I mean there's - we actually have three mums who were parents of a disabled child; two of them lost their children and are now working in our service and are extremely valuable staff. One of them still has a child in the service and works in our service and is also an extremely valuable staff member.

MS HARVEY: So they have skills not necessarily just from being a mum, as you put it, but because they have had experience in the disability services industry?---Mm, but a lot of people who have come to us to work with us have actually just been mums and dads and have developed those skills and learned a great deal more, and as I said before, the industry tends to make you self-evaluate your own attitudes and your own values.

I am just trying to clarify it, Mrs Subonj, because you seemed to be implying that that was enough, but that is contradictory to everything else that you have told us about your training - - -?---No, I am not saying it is enough.

Right?---No, I'm not saying it's enough.

Right. You stated that the professionals who had supported your statement that in relation to behaviour management all that was required was consistency, is that correct?---No, I said often. Often what is required is a consistent approach.

Right, so, it is only often, it is not always?---No, in most of the cases we've had, in fact I think in all the cases I've had experience with it's been a consistent approach. They've set a program and insisted that it was approached consistently. If everybody did this the same way you won't have this problem.

But that was in terms of implementing the program - - -?---Yes.

- - - being consistent, so, there is in fact a lot more to behavioural management than just being consistent?---Yes, you have to implement a program to address the behaviour.

Right?---So, it depends on the behaviour but often - - -

So, again being consistent is important but - - -?---Yes.

- - - it is not the only thing?---No, you have to be able to see the behaviour and assess it for what it is.

Right, and you stated earlier that you are not actually professionally trained?---No.

So that if a professional expert witness was giving contradictory evidence to yours it is not something that you would seek to contradict?---I think that's a - - -

MR FITZGERALD: Well, it depends on what that evidence is?---
- - - matter of opinion too.

I do not think there was any answer to that question or statement, it was a submission?---It depends on the question I would have to say.

MS HARVEY: Yes, but you are not professionally trained?---No.

And you recognise - - -?---No, I don't.

- - - that you do not have professional expertise in relation to this?---That's right.

Yes, okay. Now, you stated that professionals should be provided at a regional level professional services and that they are not actually needed to be employed. I assume you are talking about your own service, that you do not need to employ a professional - were you referring to speech pathologists or - - -?---Yes, I'm referring to, the therapists that we would actually use in our industry; speech pathologists, physiotherapists, occupational therapists and psychologists, doctors and psychiatrists as well, if we're going to go to that extent, they don't, we don't have to employ them to be able to access them, we can access them out there in the community and we can pick and choose if they are available to - - -

So that is the attitude of your service?---Yes.

That you do not want to employ professionals?---No.

Right, okay. But you said you had spoken to a couple of other services, you had formal contact with two others and informal with three others; have you asked them all individually whether they wanted to employ professionals?---We have discussed this at a round table and a square table
- - -

So you feel qualified to formally - - -?--- - - - and we have discussed this
- - -

MR FITZGERALD: If the witness could just finish the answer, please? There was no opportunity of - - -?--- - - - we have discussed this at a meeting with other service providers and they are all of the same opinion but we don't want to go back to the dark ages where we create a medical model and control everything with our specialists and professionals.

MS HARVEY: Right. Mrs Subonj, perhaps if you explain to the commission what you think a medical model means?---A medical model I believe is one where we have everything on site and we provide everything for this person's life.

DEPUTY PRESIDENT ROBINSON: Like a hospital?---Yes, a small hospital, yes, and there tends to take away the right of the client to choose and direct their own service because there are people who know best and that is a concern to us because we've got to the stage now where we're allowing the client to drive his support needs and his service needs. We're giving them as much autonomy as we can within our duty of care responsibilities.

MS HARVEY: So, is it correct then, just from my understanding of what you said, that the issue that defines medical model is that you provide it on site and not let the service be provided?---Yes, I don't believe we should

employ them as such and provide them on site and have them there managing - - -

So employing them is medical model?---It's semantics, I suppose. If we're going to employ them or restrict ourselves to one of each or one individual then that's the individual we're going to use, isn't it? If you have a speech therapist in your service then that is the speech therapist that you're going to use and if Fred doesn't like that speech therapist then Fred doesn't get another one?

I put it to you that that is nothing to do with medical model, that is something to do with consumer choice about how you choose to provide a professional service?---Well, that's what we're talking about, consumer choices and allowing that consumer to make those choices, allowing services to make the choices with that consumer in consultation with the consumer and the - - -

So, the problem is not in fact with the access to, that these people need services; in your view medical model means that you, and why you are opposed to it that you should not actually employ professionals in your own service because that is medical model?---To a degree, yes, that's right.

Right. So, would you accept that there are therapists who specialise in disability services who do not work in the medical model?---Yes.

So would it not be possible to have employed by your own service one of these therapists who do not work in the medical model?---I suppose it would be possible but I don't know that it's going to be of any benefit.

Thanks, that is - - -

MR FITZGERALD: Hang on?---It's not beneficial.

MS HARVEY: Why?---Because firstly, as I said before, we do actually, in our 21-bed nursing home, provide for an OT. That OT works about four of her 40 hours a fortnight as an OT. The rest of the time she's just a support worker. She's working like everybody else.

That is fine. That is an issue about management and how you - - -?---Well, they don't have a use for her for any more than that as an OT.

Right. But it is conceivably possible that you could have a therapist working for an organisation who doesn't work in the medical model?---I suppose it is possible. You can change people all the time. We've got,

you know, people who are nurses, and teachers who are not running education services.

Now, you have, in point 2 in your statement, in paragraph 2 - I have dealt with that. I wanted to ask you about - you have made a number of comments about qualifications in point 3 of your statement. Do you understand the concepts of competency based training and recognition of prior learning?---Yes, I think so.

Could you just quickly explain to the commission what you understand them to mean?---Competency based is basically the person can perform a certain level - the duties at a certain level of competency, can maintain that competency, and should be recognised for those skills. I don't think that they have to have a piece of paper. I'm probably an example of that myself. You should be able to, if you can do the job and do it well - I don't know that you need to have a qualification to outline that.

Right. And recognition of prior learning, I think you have basically explained that?---Yes.

In your opinion, is the union actually asking for mandatory qualifications - - - ?---No, it isn't.

- - - in the application?---No.

So, in the application where it refers to equivalents, is that consistent with your understanding of competency based approaches?---Equivalent, provided it is relevant and required, yes.

You stated in your evidence that there was - I just want to turn to the issue of workers compensation - that there was no more injuries in this industry than any other industry; is that correct?---In my opinion. I don't think that we're a disaster in the workers compensation field.

Right. Are you actually familiar with the statistics released by the Workers Compensation Board?---No, I don't think I am, no.

So, how do you actually form this opinion?---On my board of management our president is actually the manager of the TGIO for the northern part of the state and we have had some very favourable rates for workers compensation right up until this year, when he was no longer able to contain it because of the state situation across the field, across the whole industry.

So, it is just - that is the basis of your comments?---Yes, and his - I think he's got a fairly good knowledge of the workers compensation industry.

But you are not familiar with any statistics?---No, I am not.

Would you be surprised if I told you that in fact the workers compensation claims in Health and Community Services, according to the Workers Compensation Board - - -

MR FITZGERALD: Well, it is supposition, is it not? I mean - - -

DEPUTY PRESIDENT ROBINSON: No, it is not. Something has been put to the witness for her to comment on.

MR FITZGERALD: Yes, but it is not verifiable in any way. I mean, I can put anything to the witness without having the verified facts in front of the commission. I think it is an unfair question. It may in fact be wrong, what Ms Harvey is putting.

DEPUTY PRESIDENT ROBINSON: Well, I will allow the question.

MS HARVEY: If you allow the question and after the adjournment I will provide the actual statistics to verify what I am saying and if I do not provide those then you can strike this part of the questioning from the record.

DEPUTY PRESIDENT ROBINSON: Well, the witness can reply appropriately if she is aware of the figures or she is not aware, or whatever.

MS HARVEY: So, are you aware that these figures show that we are the only - that Community and Health Services are the only industry that is in fact increasing workers compensation premiums as opposed to every other industry?---No, I wasn't aware of that.

So - - -?---I'd question that the area is of Community Services and Health, that it effects or impacts on most.

In your statement you would have to accept that it really is just his own supposition. You have not examined the issue in any detail?---No, I haven't examined the issue in any detail. From my workings with other service providers in the north-west I would say that our record is not bad at all.

With these other two services or three services?---No, no, I'm talking about the north-west forum there. We meet fairly regularly. We have a good network of information. We actually had a forum on workers compensation. We discussed the claims that we've had - I mean, without going into confidential information, we discussed a number of claims, the

extent of the claims, and they weren't that excessive. Well, I can only talk about the north-west as far as that's concerned.

Well, you can - actually, I understood you to say that you had not actually asked other services in detail on these things?---Well, we did - I didn't ask them, but we did have a forum where they all expressed these concerns and we discussed workers compensation to some extent.

Okay. Now, you talked about crises and the capacity of your staff to have a response - well, you stated within 10 minutes?---Yes. Depends on, you know, some are closer, some are just next door. There's always - - -

Can you in fact guarantee that there would be a response within 10 minutes?---I can't guarantee anything in this life. I can only say that we have put into place provisions for people to be accessed very quickly.

Okay?---Within 10 minutes is a reasonable factor.

All right. Well, just looking at those provisions, your supervisor, for example, you have cited that as being someone who has access - that they would have access to. Is she on 24 hours, seven days a week call?---Well, fortunately she has never had to do that, but she's basically there - any time that they need her they will call her and if they can't get her they can call the next person down the line.

So, it is possible she would not be home, for example?---Yes.

She might have gone out?---That's right, and they can call another staff person in and we'll cover the cost of bringing in somebody else to support the staff on hand.

Well, you cited talking to other staff in another house, but my understanding from your service is that your staff are responsible for recreation; is that correct?---We have accommodation services and recreation services.

So, they could actually be out on a recreation - in another house, for example, who are housed just next door, could in fact be out on a recreation activity at a time that a crisis occurred in the other house?---It's really a case of - you have four clients in wheelchairs and two staff. They're never going to get rid of everybody. They can't physically push two chairs at once down the street, and it's not appropriate anyway. So, no, you can't always empty the house. It's very rare.

Right. But you cannot guarantee a response within 10 minutes?---I can say we'd come awfully close to it and if we couldn't guarantee a response from

the other house, then we'd have somebody that's probably 15 minutes away anyway.

But these other people you refer to are in fact at the same level?---Mm.

They are not supervisors in that sense. They are in fact at the same level and could have the same skill level?---No. We have a community support officer who's also a nursing sister and she's available fairly close. She's in Hadspen. So, if it was in Launceston, for instance, she could get there within 15 minutes.

Right. But again, she is not on 24 hour, seven day call?---No.

Okay. Now, in paragraph - in point 2 - page 2, sorry, under Other, you made some view - some statement about your view of professionals in the field?---Mm.

In fact if I quote, you said:

They lacked attitude, dedication and consistency.

Is this your view of all professionals who work in the field?---No, no, certainly not. We have some very good one but mostly, particularly departmental officers who come in with qualifications, they come in and they start something and then they leave and they move onto another area, another region. The project officers come and go like, it's unbelievable.

This coming and going I because they lacked attitude, dedication and consistency, is it?---Well, I feel that if you start something - if you have the attitude, the dedication and the consistency you will see it through. If you don't - if the moving on to make more money is your priority then I feel that you are lacking something in that area.

And have you actually asked them why they have moved on?---Well, many of us come up - many of them come up and brag about it actually.

Right. So, you are quite confident that the reason all these people that you are referring to - -?---No, I didn't say all these people.

Okay?---I said many experts, academics.

So, would it be many or some or a few or all?---In my experience just about all of them but it has settled down a little bit now. In recent - probably this year since we've regionalised and - - -

It has settled down?---It's settled down.

And why has it settled down?--I don't know, I can't answer that.

Are you aware that their wages have not moved in that time?--No, I'm not aware of that.

Well, I can tell you that they have not being respondent to that award so why is it, given that they - you have stated that the reason they keep moving on is because of lack of pay and no amount of money could buy them that?--No, I said there were a great many experts, academics and mostly departmental people who were involved in our field and they've gone on, they've moved on.

Right. So, really, it would be fair to say that you are saying some have moved on and it is your supposition that it is because they lacked dedication, attitude and consistency?

MR FITZGERALD: Well, I think - we are just going over and over ground at this stage, Mr Deputy President. It is just another question in a different format and I just - I think the witness has answered the question satisfactorily and it has now got to the point of badgering.

DEPUTY PRESIDENT ROBINSON: Oh, I would not categorise it as badgering?--I just don't know what else I can say. I mean - - -

MS HARVEY: I suppose I put it to you - - -?--- - - - it's my opinion.

- - - it is a fairly incredible statement to make about professionals that that is your view about their attitude. I am somewhat surprised?--I would say that you could probably hear it from several other service providers so I don't know that it's incredible but - it's probably a harsh one but it's not incredible.

DEPUTY PRESIDENT ROBINSON: I do not think we should chase it any further.

MS HARVEY: No, I am finished with it now.

Are you familiar with the definitions in HSUAs application in level 7?--As familiar as I can be.

DEPUTY PRESIDENT ROBINSON: I think we would all have to have a look at it, would we not?

MS HARVEY: I can actually read the words if that will help. It actually says:

A relevant degree or diploma or equivalent.

?---I have a concern that there doesn't seem to be a great deal of progression from 5 to 7.

No, I didn't ask you that?---No, I realise that but I'm trying to say that there is a large progression in the funding or the money but not - - -

I didn't - - ?---Yes, all right.

I did not ask you that question?---Okay. I think I've talked to you about this before. I feel that you're looking at providing a level for people to extend to that perhaps is not necessarily relevant to the every day support worker.

No, but the question I asked you, Mrs Subonj, was whether you were aware that the definition in level 7 says "a relevant degree or diploma or equivalent"?---Yes, I am aware of that.

Okay. So, we have already discussed the issue about equivalent. It says "a relevant degree"?---Yes.

Right. Now, you say in your statement that you see no reason why - the critical thing is that it has to be relevant to the people that we work with?---Yes.

So therefore I put it to you there is no inconsistency with what you are saying had the definition?---No, there isn't.

Right, okay. And so, you would accept that it is not restricted just to OTs or speech pathologists?---No, I agree with that.

Right?---Okay.

Okay. You comment on it that - in your statement, that it limits the choices by including this level in the award?---Yes.

I just wonder if I could show to the witness, Mr Deputy President, some extracts of advertisements that I tabled in HSUA5.2A. I will be very brief. I am actually showing to Mrs Subonj page 4.

DEPUTY PRESIDENT ROBINSON: Of exhibit number?

MS HARVEY: HSUA5.2A which quotes:

A desirable qualification, relevant tertiary qualifications in a related human services field -

and I am now showing to her a training and development officer for TADPAC industries which has desirable degree or diploma in the humanity social science field?---Mm.

So in relation to these ads surely - I put to you that these services see these qualifications as relevant, would you accept that?---Yes, I accept services see it as relevant. I still feel though that they should be able to negotiate that with that person.

Right. No, let me finish my questions. You are actually not answering my question.

MR FITZGERALD: I think the question was put and it was attempted to be answered and there seems to be another question being put so I think it has got to be fair that the witness gets some opportunity to answer without a further one being put over the top.

DEPUTY PRESIDENT ROBINSON: I think the witness is required to answer this specific question if she wants to explain it. That is - I will accept that but so long - as long as we keep to the relevant question.

MS HARVEY: Yes.

DEPUTY PRESIDENT ROBINSON: It is not easy, I appreciate.

MS HARVEY: So, are you aware that there is nothing in the HSUA application on level 7 that requires people to employ anyone at level 7?---Yes, I am.

Right. So how - can you explain your comments about how it limits choice by having a level 7 in the award?---Level 7 basically talks about the relevant qualifications or equivalents and we have to assume that you're talking about something higher than the DD course, do we?

Well, we are talking about a degree or a diploma?---Right.

But - - - ?---Usually if - in my experience, if you're going to employ someone with the highest of qualifications of this service or the needs in the service you're looking for a manager. I still believe that managers should be a negotiated salary.

Right. Okay. I now - so, really, your comments in relation to your statement under Other, your problem with level 7 is not that it is relevant and it is not that services may wish to choose to do that because you conceded they are not forced, your problem is that you think they should be outside the award?---Yes.

All right. So, in that sense, I take it that you are retracting your statements in relation to your statement under Other?---No. No, I'm not going to retract it. I'm just saying that it should be able to employ those people under a different - under their own awards. I mean, if a person is a therapist then they have their own award. If they are a specialist in another field that you want to introduce bring them in under their award but negotiate that under that award. If you bring it into our award then you're going to have people in three or five years time saying, "Hey, listen, we don't have one of those but I reckon I'm as good as so why can't I move up?"

But you have conceded there is nothing in the award that requires them to actually - - -

MR FITZGERALD: I think this question has been already answered and - - -

MS HARVEY: No, with respect - - -

MR FITZGERALD: It has already been answered, Mr Deputy President.

DEPUTY PRESIDENT ROBINSON: Well, it is an important point.

MR FITZGERALD: Well, I am not sure how many times Ms Harvey can re-put the question. It has already been answered and the record will show it.

MS HARVEY: If Mrs Subonj restricted her responses to the questions that is being answered I would not have to put clarifying questions. I am merely seeking to ascertain - - -

MR FITZGERALD: I would suggest the question has already been put and answered I think on at least one occasion and on possibly two occasions.

DEPUTY PRESIDENT ROBINSON: Well, what do you reckon the answer is?

MR FITZGERALD: Well, Mrs Subonj conceded that it does not require the employment of a person at that level.

MS HARVEY: I had actually finished with that question before Mr FitzGerald jumped to his feet, so I have actually finished with that issue. I think we have made it more than clear. Now, if I could deal with the issue of sexual abuse. You referred - you stated that you had read I think it was one of the witness statements referring to bathing being an example

of sexual abuse. Can you perhaps clarify what you were trying to say?---No, I was talking - there was, I think, a heading Sexual Abuse and I'm just trying to do it from memory and then she went on to talk about people bathing clients without really knowing this client and I couldn't see anything else in the statement about sexual abuse so I don't know the - that it was properly covered.

Right. Okay. Well, I could just clarify from, certainly from my recollection of the statement, so I can put it to you and you can clarify for the commission what your actual attitude is, is it my understanding what she said was that by constant turnover of staff that it exacerbated the danger of sexual abuse because you have staff doing intimate things which reduced their capacity to be able to determine who was, you know, in personal space, if you like. Now, I just wanted to clarify whether that was your understanding of what you were responding to when you made that statement?---No, I could only respond to what was written in that statement. There was only a short paragraph and it talked about sexual - concerns about sexual abuse and then went on describe the bathing situation and I felt that that's not a sexual abuse.

Right. Okay?---So, that's all I can say about it.

I do not want to pursue it because I do not think we were ever suggesting it was. Now, you said that parents are often looking for respite and that all they are looking for is somewhere to put a client to bed and to get them up. Do you think that is a model - service to remodel?---No. I said that's what - sometimes that's all the parent needs is a break, a night's sleep.

Okay. So you were not suggesting that that was an appropriate service to remodel?---No, certainly not.

And I just want to clarify, you said that you supported the outcome standards, that your service has met those outcome standards?---Yes.

Right. Now, you made a number of statements in section 5 of your statement in relation to funding and in particular you made statements about concerns about rates of pay moving up and resulting in a cut of service. Is it your view that award rates should not be set according to appropriate criteria because of dangers in cutting of services?---As I said in my statement, I don't believe that staff should be underpaid. It's a very valuable work that they provide and do and I think it's important that they be paid appropriately. My concern was that you're leaving a hole at the bottom for money to flow through at the end of the day and if you're employing people who are - no, if people want to move up in to areas that are not relevant to the day to day needs of a client.

So you accept though - you said that they should be paid appropriately?---Yes, certainly. Everyone should be paid appropriately.

According - I assume that you would accept that the industrial commission determines appropriate rates?---Yes.

Well, is not that somewhat inconsistent with your statements about the dangers in relation to a cut in services?---No, I don't think so. I'm talking about what's happened in other states. This actually happened in Victoria that services had - - -

No, I am trying to get to this point because you seemed - it appeared to me that what you were saying, and I could be incorrect so that is why I am giving you the chance to explain it, is that what you were saying is that there is a danger in setting rates of pay and in increases, you did not say inappropriate, you say in increasing rates of pay because it may result in a cut of services?---No, I don't think I said that.

Right. Okay. Well, that is good. So it is not your view?---No.

Right. So, if I can just clarify, your view is that rates should be set appropriate and the staff should be rewarded appropriately?---Appropriately, yes, and relevant to the skills required - - -

DEPUTY PRESIDENT ROBINSON: I think the other comment would probably go under a different heading and that heading would be sort of public interest.

MS HARVEY: Right. Now, in relation to your statements about the Victorian award movement, I would just ask as in an impact that had, can I just ask you what the name of that award was?---No, I said it wasn't - I didn't say it was in relation to an award movement, I said it was in relation to the cost impacts.

Sorry, I understood you said it was a \$3 an hour wage increase?---The Attendant Care Award pays, I think, \$3 more per hour in other states than it does in Tasmania and that has blown out the cost of attendant care which is now being cut back in numbers of services being provided - number of placements.

Perhaps if you can clarify, I understood that you said that it increased by \$3 an hour in 1993 I think you said?---The award, yes, I think it was 92 or 93 the award went up by, I think, \$3 an hour.

Right. And the name of the award?---Community Services Award I think it was.

Community Services Award?---I'm not sure on that. I wouldn't like to quote that.

So you are not sure?---No. I have enough trouble following all the awards in Tasmania.

So you would not characterise yourself as an industrial relations expert?---No, no, no, certainly not.

Okay. Are you aware that the Victorian government is pursuing a broad range policy of contracting out?---Yes. They're going to - I think they're going to withdraw from it but they have pursued it and they have tried it.

In prisons and water and coal and - - - ?---Certainly in this area they have. I'm not familiar with prisons, water and everything else.

Is it possible that their contracting out is as a result of their general philosophical and political and their view of the award rather than - - -

MR FITZGERALD: What sort of statement is this - question is this in terms of the relevance of these - - -

MS HARVEY: It is a very important question.

DEPUTY PRESIDENT ROBINSON: Well, I think I will allow the question.

MR FITZGERALD: Well, it has got some political implications, Mr Deputy President.

DEPUTY PRESIDENT ROBINSON: I will allow the question. I will allow the question?---Within the area of community services they've contracted out to private organisations. I mean, they actually broke up an institution and gave it to small groups, just like we are doing here now, but then they decided when they came to renewing contracts they decided to try contracting it out or tendering it out.

MS HARVEY: Are you aware that the Attendant Carers Award that you referred to the Community Services Award is in fact a private sector award that does not cover public sector institutions?---As I said, I'm not an expert in awards, and I'm not even going to say that it's the Community Services, I just think it's the community services, so I can't comment on that, I'm sorry.

All right. Well, I think it is an important point because you have made certain suggestions in your statement?---Yes, I do know that the award
- - -

DEPUTY PRESIDENT ROBINSON: Well, I think the question has been answered, that there is no definite knowledge of the particular award arrangements in Victoria.

MS HARVEY: Now, just finally in relation to the financial situation of your own organisation, you said that you were in a \$150,000 overdraft. What is the total budget of Multicap?---1.2 million turnover.

And you said that you had a number of assets. What is the value of your assets?---Probably around 3 million.

Right. Thank you, that is the final question that I have?---Thank you.

I assume that we are going to a luncheon break, Mr Deputy President?

DEPUTY PRESIDENT ROBINSON: We certainly are, yes.

MS HARVEY: I would just ask that you direct the witness that she not discuss the evidence with the employers.

MR FITZGERALD: It does not need to be stated and we certainly undertake that.

DEPUTY PRESIDENT ROBINSON: Would you need very long for re-examination, Mr FitzGerald?

MR FITZGERALD: I would probably need about 10 minutes, I think. I think it might be appropriate if we do adjourn at this time.

DEPUTY PRESIDENT ROBINSON: Very well. I am just worrying about the travel arrangements.

MS HARVEY: Unless Millicent wants to go back to the north-west coast.

MR FITZGERALD: Sorry?

MS HARVEY: Unless Millicent wants to go back to the north-west coast?---That's fine.

DEPUTY PRESIDENT ROBINSON: I have already asked the witness as to whether or not she would like to get away early, but she has obligingly said she is prepared to come back. Is that right?---That's right.

Okay. We will adjourn till quarter past 2.

LUNCHEON ADJOURNMENT

MILLICENT SUBONJ:

MR FITZGERALD: I was not sure whether Ms Harvey - she obviously has taken the - - -

DEPUTY PRESIDENT ROBINSON: Do not worry, I will keep my eye on her, keep her in order.

MR FITZGERALD: Thank you. I was not quite certain whether she had finished or not. If I could just in re-examination just spend a few moments, Mr Deputy President, with Mrs Subonj?

DEPUTY PRESIDENT ROBINSON: Yes.

MR FITZGERALD: Mrs Subonj, during the cross-examination some question was raised of your - particularly in terms of your lack of qualifications to address some of the issues. Do you find that your lack of formal qualification in this area inhibits you in any way in performing your function?---I haven't to date. I haven't, no, not really.

Right. I mean, if you can think broadly in terms of some of the issues which you are - particularly in looking at outcome standards and the way the service is managed, do you feel that you would be better placed to perform those functions if you had a formal qualification?---No, not really. I think the information that's brought through this industry is fairly well broken down so that people can understand it, so that families can understand it, clients can understand it. I think it's brought down to a very human level.

Right. You mentioned about Multicap. Could you just give me some idea about size? You mentioned something about budget being about 1.5 million. Can you give me an idea of staff: the type of staff, numbers of staff?---Okay.

DEPUTY PRESIDENT ROBINSON: I do not know whether that was raised.

MR FITZGERALD: Well, it was in cross-examination, I think, Mr Deputy President, in terms of the - - -

DEPUTY PRESIDENT ROBINSON: Was it?

MS HARVEY: No.

DEPUTY PRESIDENT ROBINSON: I must have not made a note of it somewhere.

MR FITZGERALD: - - - in terms of the - - -

MS HARVEY: Well, if I could just clarify it was not raised. All I asked was - I was asking in relation to the fact that Mrs Subonj said that they had a \$150,000 overdraft, and I just asked for the total overall budget in relation to that issue, I did not ask in relation to staff.

DEPUTY PRESIDENT ROBINSON: 1.2 million approximately was the deficit?---No, that's the budget.

That is the budget; yes, sure?---Good God.

MR FITZGERALD: For a while.

DEPUTY PRESIDENT ROBINSON: 150,000 deficit; that is better?---Deficit, yes, the overdraft.

And approximately three million in assets?---Yes; that's the current value, realisable value.

MR FITZGERALD: That is right. Actually that is all I am need to establish. Could you just elaborate in terms of those assets?---Yes. When the question was asked I wasn't - apart from not thinking very clearly, I was looking at the current realisable value as the assets would be valued now. Our historic value is 1.8 million, and that's the written down value.

DEPUTY PRESIDENT ROBINSON: 1.8?---Yes.

Right.

MR FITZGERALD: And those assets include - could you just give some idea of - - -?---Well, our nursing home, a 20-bed facility, is 10 years old now; it's situated on 63 acres of prime land overlooking Burnie, 5 kilometres from the central business district. It's going to be in the near future rezoned to high density, no residential. We have two nice big homes in Launceston, another one in Burnie; we have a life skills service, which is a building right in the middle of Cattley Street near the court houses. We have another house in Pine Avenue. And we have another large building on the hill there where my offices are, and that would

always double as a club house or a big factory, whichever you like, if I had to go to that road; and a nursery, a fairly large nursery.

Okay. We will just move off that for a moment. Thank you for that. There was some mention about your involvement in ACROD in cross-examination. Can you tell me whether there is any other peak organisation representing disability services in Tasmania?---Yes, there are.

Right. Can you tell me what they are?---Only one that's concerned mostly with the employment body - I think it's the NCID.

Right?---And DPI.

What is DPI, sorry?---Disabled Persons International, Tasmanian division.

I see. Sorry. Representing service providers, if I can - sorry, I have wrongly framed the question - representing service providers?---The National - sorry, I can't remember the name. The NCID, I think it is.

If I could just take you back, are there any other peak bodies representing service providers nationally or in Tasmania?---Not that I'm familiar with.

Right?---I'm only familiar with ACROD.

Okay. Now, as chairperson of ACROD in Tasmania, do you have any involvement with the national organisation?---Yes, I'm on their board.

Right. And do you have director status on that board?---As a chairperson, yes, I'm on the - no, not as a director. I'm on the board representing a state division.

Right. And can you give me some idea of the make up of the balance of the board in terms of positions?---Well, there's the president, or the chairman of the national body, and the vice-chairman of the national body, the treasurer and secretary and each of the states is represented by one other person.

Right. And those people are - what sort of areas do they come from in their working-day lives?

MS HARVEY: I just have to object to the question. I mean, it is nothing that came up in cross-examination or in evidence-in-chief.

MR FITZGERALD: I would beg to differ, Mr Deputy President. There is some question - quite strong question about Mrs Subonj's ability to be able to give evidence, given her lack of formal qualification. What I'm

trying to establish is that Mrs Subonj is involved in a peak national organisation with highly respected individuals representing that board.

MS HARVEY: If that is what he is trying to establish, I do not dispute that.

DEPUTY PRESIDENT ROBINSON: That is agreed.

MR FITZGERALD: You do not dispute that?

MS HARVEY: I do not dispute that ACROD has other people on the board highly - - -

MR FITZGERALD: No, highly - - -

MS HARVEY: Yes.

MR FITZGERALD: Okay, thank you.

Mrs Subonj, in terms of your statement, is it true that you have given that statement as from an experience point of view, that you have had six years now with Multicap as executive director, or manager, sorry?---Executive director.

Executive director, sorry?---Yes. As far as hands-on work and day-to-day operations, my experience comes from my work with Multicap.

Right. And in terms of your statement is your involvement with ACROD - is that the basis on which you make your statement as well?---Through my involvement with ACROD I have been able to have a look at some of the difficulties and problems in other states which have occurred over the past three or four years.

And what about those difficulties applying within Tasmania as well, does that - - -?---I think there will always be some impact on what happens nationally on each of the states, but there are problems which are basically state issues, but certainly some of the award situations have impacted on this disability sector.

In terms of the standards which apply to your organisation, can you give some summary of those and how they affect the organisation?

MS HARVEY: Again I have to object. This is not relevant to what was asked in cross-examination. The only question in cross-examination was about outcome standards and whether Mrs Subonj supported them, which she said she did, and there was no other discussion about - - -

MR FITZGERALD: Well, how do those standards affect the way in which your organisation conducts its affairs?

DEPUTY PRESIDENT ROBINSON: I will let it go?---Well, it basically works as a monitoring tool to ensure that we are meeting the standards that the state government require in the support - the funding that they provide for us. It gives us guidelines for ourselves and our staff and everyone else so that they know the parameters within which they work and it basically allows us to self-assess our work, and it gives clients some input into how we go to - - -

MR FITZGERALD: Are you aware of a standard in respect to the use of generic services?

MS HARVEY: I am sorry. I know that I am jumping up and down a fair bit here, but - - -

MR FITZGERALD: You certainly are.

MS HARVEY: - - - there was no question in relation to outcome standards. No evidence was put to the witness in relation to outcome standards and their content, and I really think that Mr FitzGerald is pushing the limit and is now in fact putting new evidence not re-examining evidence that came out in cross-examination.

MR FITZGERALD: It was certainly - - -

DEPUTY PRESIDENT ROBINSON: Could you explain the reasons?

MR FITZGERALD: It was certainly mentioned in examination-in-chief, and I am of the view that it was mentioned in cross-examination as well, Mr Deputy President, but all I am seeking to do is - it certainly was mentioned in examination-in-chief. We may even go to the statement to check that if you like, and I am certain it was the subject of cross-examination as well.

DEPUTY PRESIDENT ROBINSON: What, the outcomes provided by - - -

MR FITZGERALD: In terms of the use of generic services.

DEPUTY PRESIDENT ROBINSON: Those outcomes? Well, we are dealing really with the people covered by award rather than people who are not.

MR FITZGERALD: I am not sure exactly where that leaves the question which I have put, Mr Deputy President.

DEPUTY PRESIDENT ROBINSON: Well, I do not really - I do not see the relevance of, if you like, the outcomes of utilising professional people from outside. Presumably they do their job well and assist the overall caring of - - -

MR FITZGERALD: Well, I was referring specifically to the use of generic services. That was the basis of the objection by Ms Harvey.

MS HARVEY: We would be here a very long time if we go through everything again, and I did not ask about outcome standards. I did not take Mrs Subonj to any outcome standards. All I asked her is whether she supported them, and she said yes.

MR FITZGERALD: I will move on just to make it easier, Mr Deputy President.

DEPUTY PRESIDENT ROBINSON: Thank you.

MR FITZGERALD: In terms of the service and funding agreements relating to CSDA, can you tell me how they work in terms of the standards?

MS HARVEY: Well - - -

MR FITZGERALD: Well, that was raised, I am sure.

DEPUTY PRESIDENT ROBINSON: Just let it go.

MS HARVEY: You know, what is the point of having rules of evidence?

MR FITZGERALD: Well, there is no rules of evidence in this jurisdiction, Ms Harvey. There are no formal rules of evidence. You could check the Industrial Relations Act that quite clearly refers to that?---The funding agreements are based on the one year's outcome. The standards try to reflect the direction and the policies of the organisation. So your funding application or funding agreement is based on one year's outcome, this is what you're supposed to achieve at the end of this year for your client.

Okay.

DEPUTY PRESIDENT ROBINSON: Does that mean that if you performed well and had some money left over that they will reduce your

allocation for the next year or vice versa?---I don't know, it's never happened.

Well, I did not expect it would but we can dream?---It'd be nice to try.

It was only a hypothetical question.

MR FITZGERALD: Some questions relating to workers compensation, I will probably get objected to this again, but certainly I can recall mention of this in cross-examination relating to higher levels of workers compensation. Can you explain in terms of the structure of Multicap where the incidence of claim lie?---The majority of our claims have been within the nursing home and they've been back injuries.

Right. So it's not areas subject to this award?---No.

Necessarily?---No.

That is all I need to know. Thank you. You mentioned that you had an occupational therapist employed for four hours only in your - - - ?---No, no.

No?---She's employed 40 hours a fortnight.

Right?---Her duties would involve approximately four hours in a fortnight specifically and purely as OT, the rest of the time she's just working as a support worker.

Right. Well, why does she not - why does not the service engage her for longer hours as an OT?---Well, she's employed as an OT. She was employed in the nursing home under the deficit funding services where we did run a medical model and we had to have an OT and a physio. We never ever found a physio who was willing to work in Tasmania. Our OT has stayed with us. She's very good in her area of work but we don't really need 40 hours a fortnight of OT services.

Thank you.

DEPUTY PRESIDENT ROBINSON: So she is actually employed as an OT but she does not perform the work - - - ?---And paid.

- - - of an OT other than four hours a week?---Approximately, yes. She'd spend about four hours of the week using her expertise and experience in that area.

MR FITZGERALD: And you said you do not really need you, is that - I just missed that?---Well, if I had a choice I would rather have another assistant or support worker and use that money differently but she's there and she's paid for.

DEPUTY PRESIDENT ROBINSON: You would be better off with a person who did not have occupational therapy specialisation?---I wouldn't be better off, I'm just saying I wouldn't be doing that again that way if I had a choice. I don't really want to go and dismiss her. She's very good at her work and she's - and it's very difficult to get OTs who qualify in this area but I don't utilise her adequately, that's what I'm saying. We spread her work across all our services.

Yes. Yes?---We've even loaned her out to other services, to other organisations.

But she is a good support worker?---Yes. Yes, she works very well.

Right. Well, why you want to - why would you prefer to have somebody who did not have that specialty?---Well, I'm not saying that. Within the nursing home it's probably very valuable to have her there.

Right?---Because you have 21 people with very, very high support needs, profound disabilities. So, in a sense, I suppose, if you're going to have her anywhere that's the place to have her but she's also working within the region for other services but what I'm saying is that she would probably only put in four hours of her specialty, you know, properly utilised for 4 hours of the 40.

Yes, I understand that. But I got the impression from your answer that you were suggesting that you would prefer somebody who did not have that specialty?---No, I'm saying I could use the money better.

How could you use the money better?---Well, she's paid at a much higher rate. I could have one and a half people for the amount we pay her.

Right. So there is a - you would prefer someone who could work, assuming it is a 36 hour week, which it is not - - - ?---38.

- - - that assuming that you would prefer somebody who was employed only for 36 hours as a carer and bring in somebody for the other four hours at the different rate. Is that what you are saying?---We could do that, yes.

Right.

MR FITZGERALD: Mr Deputy President, I am not sure of the status of the question put by Ms Harvey in respect to claims, purported claims of high workers compensation incidents in this area and there was some figures to be produced but I am not certain about whether that question can still remain. I am happy to ask further questions relating to that.

DEPUTY PRESIDENT ROBINSON: Yes. Well, I did emphasise that we cannot deal with workers compensation per se, but I raised the question of the incidents of workers compensation claims only in the context of the conditions under which the work is performed and the work environment.

MR FITZGERALD: Yes, yes, I understand that.

DEPUTY PRESIDENT ROBINSON: And I got a response as to whether there were accidents occurring in these establishments or not. I did not want to particularly pursue it beyond that.

MR FITZGERALD: Well, I think Ms Harvey indicated that there was a high incidence and it was her - - -

DEPUTY PRESIDENT ROBINSON: Yes.

MR FITZGERALD: - - - allegation that that was as such, but there has not been any figures produced or whether there is any intention to at this stage.

DEPUTY PRESIDENT ROBINSON: Well, that is up to Ms Harvey.

MR FITZGERALD: Well, if Ms Harvey intends to I would like to ask some further questions relating to it.

MS HARVEY: All I was seeking to do, Mr Deputy President, was to ascertain from the witness as to whether she claimed to be an expert in right into workers comp. I think she answered - you know, I cannot remember her exact words but basically that she said she had not examined the figures, so really that aspect of my questioning that went to the actual figures probably was a bit of overkill and it is not really, you know, necessary.

DEPUTY PRESIDENT ROBINSON: No. But I think Mr FitzGerald is returning to that, your question, if you like, as to whether the witness would be surprised that there had been an increase in premiums.

MS HARVEY: Yes, I am - yes. I am happy to withdraw that part of the questioning, if that is the case.

MR FITZGERALD: That would be fine.

DEPUTY PRESIDENT ROBINSON: Okay. Right.

MR FITZGERALD: Thank you.

MS HARVEY: I mean, I do not think it is really relevant.

DEPUTY PRESIDENT ROBINSON: Right. Leave it there then.

MR FITZGERALD: Thank you. That clarifies it. In respect to the on-call nature of back up staff, can you over the last six years recall, in your employment recall how many incidents that you could classify as a crisis?---In Launceston we would have had our manager in children's home come back probably 8 to 10 times in the last six months, because we had one young man who was very, very ill.

Right?---Other than that most of our other homes we don't have many problems.

Right. Was there any program put in place to manage that situation you referred to in Launceston?---It was more than, it wasn't behavioural, it was just the little man was very ill and from time to time his condition deteriorated significantly and the staff that were on duty preferred to have the manager there in case it got worse. The manager actually wanted to be called in if they felt that they needed assistance or medical intervention.

DEPUTY PRESIDENT ROBINSON: Do you have any recollection of whether or not there were any delays in getting the manager in those circumstances?---No, there wasn't, no.

What - - -?---There was always an assistant manager.

Have you got any knowledge of what the response time was?---Probably 15 minutes because in that one instance the manager lives about 15 minutes away.

I see.

MR FITZGERALD: Okay. In a situation where the person is designated to be on call is unavailable what arises then?---The staff, it depends on where we're talking about. If you're talking about our homes in Launceston, the one that you've seen, there is always another support worker who can come in and there's always the manager from the other house that can come across and at the worst scenario the community

support officer from Hadspen can come across. If it gets past that then you call an ambulance.

Much was made in cross-examination about your statement about public sector employees and not professional employees and their involvement in the industry; could you, just for the purposes of the record, clarify what you were saying there?---I'm sorry, I don't quite understand the question.

Well, I think Ms Harvey indicated that it was an incredible statement, were they the words used?---Oh, in relation to people who have been and gone, come and gone?

That is right?---We've found in recent, or over the past years the department have brought in, particularly when they were based in Hobart they've brought in experts and they've brought in psychologists who have come round and they've done a quick assessment of your client and then started to implement programs and then gone off to another area or just gone. Then you've got speech therapists who have come in and started up all these wonderful programs, they always come to the same person because that's the easiest client first, and then they've gone. You've never really got a project officer there very long; social welfare officers who've come and gone, they've come in, they've done assessments, they've done IPPs and plans and then they've gone, nothing is ever followed through. In recent months probably since the beginning of this year it's stabilised slightly only because the industry has complained bitterly. It has improved significantly now and I am told that our speech pathologist, who is doing a wonderful job, is on her way out too, so, that's rather unfortunate but
- - -

DEPUTY PRESIDENT ROBINSON: When you say the service has improved, in what way has it improved?---The department, the department has taken a genuine interest in finding therapists and expert help for each of the regions since they've become regionalised.

Yes, but contrasting with the previous situation that you described, do you say their attitude is better, their dedication is better and their consistency is better?---They're staying longer.

Mm?---They're staying longer and, yes, they have been a lot more interested, they're actually finding people who have an interest in this field rather than just a piece of paper.

Right. Thank you.

MR FITZGERALD: Thank you for that clarification. Just a few final questions: in terms of level 7 of the HSUA application which was referred

to by Ms Harvey in cross-examination, is there in your view is it appropriate that in fact professionals be engaged at that level within your services?---I don't think it's appropriate that they be engaged at any level in our services on a permanent basis, I think that they need to be brought in as and when you require them. I don't see any need for them there as an employee.

Right. Is there a need then therefore in your view to in fact have coverage within the award at that level?---No, at that level I would be looking at a manager or a supervisor of that section and they would be on a negotiated contractual salary, if they perform they perform, if they don't they're gone.

Right, and why do you see that as a preferable situation?---I feel that - - -

MS HARVEY: I do not feel that this actually goes to the issue that I raised in cross-examination. I was purely in cross-examination asking Mrs Subonj whether she was commenting just in relation to her own service, I was not asking about her views in relation to employment contracts of senior staff.

DEPUTY PRESIDENT ROBINSON: Well, certain the subject matter was raised, I will allow the question, Mr FitzGerald.

MR FITZGERALD: Well, if you just, are we nearly completing, Mrs Subonj, could you just complete that and it is the final question by the way?---Yes, I think that the managers should be free of an award and free of a union so that they can negotiate with management on a committee level.

Thank you, I have no further questions. Thanks very much for the time and effort you have spent in travelling from Burnie to give evidence in the commission here?---Thank you.

DEPUTY PRESIDENT ROBINSON: I endorse that, we appreciate it very much?---Thank you very much.

THE WITNESS WITHDREW

MS HARVEY: Can I just perhaps ask, Mr Deputy President, I really just want to facilitate the next four witnesses or so that we are going to have, that perhaps we should clarify what the processes are because I mean I am quite clearly operating on a particular view about the processes for

witnesses and if that is not correct I do not want to waste the time of the commission in unnecessarily interrupting. But I thought it may just assist in the smooth flow thing if we perhaps clarify that so that we are not jumping up and down.

DEPUTY PRESIDENT ROBINSON: Well, I will do my best to assist. Mr FitzGerald is quite right, we are not bound by the Rules of Evidence that apply in a court and the act says that the commission may inform itself by the best means available, or words to that effect.

I regard it as preferable that a witness produces evidence in a statement and verbally of their own knowledge. I certainly require evidence to be relevant to what this case is about. It might be interesting if they get on to other matters but it is not of any use, certainly not in a direct way to me. I expect that witness statements where they are used will be made available to both sides, and I do agree that if there is any other reference to notes then they should only be used by request, permission to refer to notes to refresh memory - policemen do it to look up dates and street names and things, and then the rest of the story is in their memory - otherwise I do not think that any material should be used apart from the witness statement. But then there is the ability for questions to be asked obviously in relation to the witness's statement or anything else which is relevant. It does not have to be in black and white; relevance is the critical thing.

In evidence-in-chief I certainly prefer that witnesses be allowed to give their own story, only with prompting as to - that they should move on or - they should not be asked leading questions. And I am no expert on this, but leading questions is basically, as I understand it, is that the question does not warrant a yes or no answer and does not suggest - the question does not suggest the answer like, "You support my case, don't you?" "Yes." "And you think it should be X dollars, don't you?" "Yes." That is hardly helping us so far as a witness is concerned. So they should be able to give an answer without suggesting what it is, and they ought not be introducing too much hearsay.

If they do, then I am not likely to put as much, if any, weight on it as I would if somebody says, "I was there at the time. I can speak from my own experience and knowledge as to what I'm talking about." Cross-examination I believe allows the introduction of leading questions, and again the only criteria is relevancy, the exercise is designed to test further the statements made by a witness to demonstrate how much weight should be placed on such material.

MS HARVEY: Re-examination?

DEPUTY PRESIDENT ROBINSON: Re-examination should be the opportunity for the advocate to clarify something which they believe needed a little bit of extra explanation; that they were not allowed to answer a question in full, for instance, where it is important that a question be answered. It is not the opportunity for a second go with the witness to cover anything which was forgotten in the first place, except by permission, because if new material is introduced then obviously fairness dictates that I have got to give another opportunity in cross-examination and we will go round and round in circles.

MS HARVEY: Thank you.

DEPUTY PRESIDENT ROBINSON: Any help?

MS HARVEY: I am quite happy to operate under those guidelines. I assume Mr FitzGerald is too.

DEPUTY PRESIDENT ROBINSON: Okay. We can only but try. You want to call another witness at this stage, Mr FitzGerald?

MR FITZGERALD: Just one further witness. I did overlook over very slight aspect. I asked Ms Harvey if she would bring with her this document which was produced during inspections at Euphrasia. I should have mentioned to your associate about that. I wonder whether you have a copy of that. Rather than recopy and - I think a number of copies were done that day of inspection - rather than recopy I have just taken the liberty to present that.

DEPUTY PRESIDENT ROBINSON: Yes, I think we did hang on to a lot of the handouts during inspections.

MR FITZGERALD: Thank you. I am glad you have got that. I am happy to provide further copies for the purpose of the record but I would like to be able to incorporate that as part of the witness statement which I am about - well, I have in fact produced to your associate, and if I could just present that witness statement together with the Euphrasia policy statement as a further exhibit.

DEPUTY PRESIDENT ROBINSON: All right. We said we would not mark these witness statements as they are fairly self-explanatory, they will go in the folder. The policy statement from Euphrasia, do you want to have that as an exhibit?

MR FITZGERALD: Yes, thank you.

DEPUTY PRESIDENT ROBINSON: I think you are about up to number 3?

MR FITZGERALD: Yes, it will be, yes.

DEPUTY PRESIDENT ROBINSON: TCCI3 is the Euphrasia policy statement.

MR FITZGERALD: And the statement of Ms Diana Thomas is TCCI2, is it?

DEPUTY PRESIDENT ROBINSON: No, it just goes in the file.

MR FITZGERALD: That just goes in the file.

DEPUTY PRESIDENT ROBINSON: I mean, it is marked on the front as - - -

MR FITZGERALD: Well, at that point if I could call Mrs Thomas to give evidence, please. I think Ms Harvey has copies of both statements.

DEPUTY PRESIDENT ROBINSON: I am sure she will tell us if she has not. I just - while the witness is coming forward I make mention of the fact that I have - in refamiliarising myself with the WAVA Award, it is fairly obvious that it has needed consolidation with a number of amendments which have occurred and the number of corrections which occurred and we would hope to be able to do that at the end of this exercise and some attention perhaps could be given to redesigning some of the layout just to make everything look a little bit clearer. I could foreshadow that.

MR FITZGERALD: We look forward to that exercise.

DIANA THOMAS, affirmed:

MR FITZGERALD: Yes. Mrs Thomas, you have got statements in front of you headed TCCI Witness, Diana Thomas, Manager, Euphrasia. Can describe what that statement is, please, for the purpose of the record?---Do you want me to describe the statement or read it through?

No. Well, I will get to the point of reading it?---Sorry.

Well, could I ask you did you prepare this statement?---I prepared this statement, yes, as a follow - to give a history and an overview of our particular service.

Thank you. Okay?---And my roles and responsibilities as manager and the support staffs roles and responsibilities, yes.

Just in terms of establishing your background in the industry, if I could take you to the curriculum vitae. Is there any particular points which you want to mention in terms of your background, particularly as far as its relevancy to Euphrasia?---I suppose my background was educational, which is of benefit in the service like ours, which is a developmental model and believes on the - based on the development of clients. I started off as a training and development officer and when I chose to make a career in the industry I specifically targeted management training at the Hobart Tech and have targeted also certain university units towards my politics major, which are beneficial policy development, etcetera. So I've sort of really gone in to tertiary studies which are beneficial to management side of disability services rather than going in to developmental stuff which I believe is staff related issues.

Right. Has it put you at a disadvantage in managing a service such as yours by not having qualifications particularly relevant to your service?---No, because I think those qualifications really are covered in teaching qualifications because a lot of the developmental disability, and I taught in special ed facilities when I taught, so I think most of the things that one would cover in the developmental disability course are covered in teaching qualifications because they really are more specific qualification.

Okay. I wonder if I could just take you back to the first page of your statement and if you would like to commence reading the history of Euphrasia, please?---Okay. The history of Euphrasia:

Euphrasia is a human service which provides supported accommodation for adults who have an intellectual disability. Euphrasia as an organisation has been incorporated only since July 1991 and took over formal responsibility for the administration of the service in April 1992. However, the majority of the current client group and certainly all the service sites were previously administered by the Sisters of the Good Shepherd.

In the 1970s the Sisters, following overseas trends, de-institutionalised the service from the Mount St Canice Convent building to hostels and houses in the community. Over the years the Sisters have withdrawn from direct day to day management and support of the clients and today Euphrasia is managed and staffed

entirely by paid employees, with Sisters involvement only at a board level.

If I could just stop you there, what were the major changes which impacted on Euphrasia with the change of administration, in your view?---I suppose there were two major changes, one was for - no, three. One was philosophical, going from a church based model to a community based model, from the paternalistic traditional church based model to a more professional model. Another one which I addressed later was financial in that the sisters were only funded to 80 per cent and for a community based board of management to take over they needed 100 per cent because they didn't go want to go rattling the cans on street corners. I mean, they were busy people, they didn't want to get in to those fund raising issues. I suppose it also came at a time when there was change in standards and philosophy changes generally in disability services, so there was that overall change of emphasis an client empowerment.

Right?---Clients making - having more decision, more choice, more control over their lives.

Okay?---That's all I can think of at the moment.

Thank you. No, that is good. Thank you. If you would like to continue reading from two, Vision/Mission Statements?---

When the Euphrasia board assumed responsibility for the service one of its first activities was to develop a vision and mission statements for the organisation. This was done with the assistance of an external co-ordinator who involved all significant groups in discussion and consultation.

Could I just stop you there? Why did you go to the expense in engaging a consultant to conduct this task?---Probably to keep the process issue based to ensure that all groups, all groups from clients, staff, the board, management, any advocates families who were involved, although we had very few because we have adult clients, everybody was involved in that process and at the end of the process would own it much more if we - and it's always easier to get genuine discussion, I think, with an external facilitator, an independent person to chair those meetings and to draw out the issues from each specific group and then bring them all back together to produce the final document.

DEPUTY PRESIDENT ROBINSON: Could you tell us where the board members are drawn from? I am not interested in the names?---Yes. We have a particularly professional board, a group of professional people. We have a financial manager of one of the big private hospitals in Hobart. We

have a pharmacist; we have a lawyer - sorry, I should say down here a solicitor-barrister, shouldn't I? We have somebody else who has about three different degrees from the states and has had a lot of experience in disability services and adult literacy and areas like that. We have two nuns; one who comes in from Melbourne and one who's still here. The chairperson works at the CES, so is a public servant. I'm just about there. How many have I got, Bill?

You have done well - you have done very well, I think?---A group of professionals - oh, and the politician.

DEPUTY PRESIDENT ROBINSON: Oh?---Oh, she's wonderful.

Good?---Worth her weight in gold. She's very committed.

MR FITZGERALD: Okay. You have certainly got a multi-faceted board?---And me. As executive director I'm on the board, too.

Yes. You're an ex-officio on the board; is that - would that be correct?---No, I'm not ex-officio. Well, the constitution actually says:

The senior executive officer is a member of the board, but without voting rights.

And that's because of the Incorporation Law, that you're not allowed to vote if you get financial benefit from the organisation. So, I have all other rights as a board member.

Except voting?---Except the voting.

All right. Maybe we can go back to where you were in the statement?---Where was I, Bill?

I might have to ask the DP for that?---Oh, yes, I've got you. The vision and mission, right? Paragraph 3, section 2.

Yes?---Yes:

The Vision, Mission and the individual policies are based on the principles of Normalisation and Social Role Valorisation. Some of these principles are: supporting clients to have valued roles in society; the dignity and worth of all individuals; the belief that all people have the ability to develop new skills; the belief that all service provision should ensure for clients life conditions as close as is possible to the norms in society in which the service is delivered.

I wonder whether you could elaborate further on that point, Mrs Thomas?---I suppose we're providing the service for adults in our Tasmanian culture, and perhaps some of the norms of society would be very different here from perhaps if they were provided in China or in Africa or in a different - in a country with a different philosophical base. I would say services in Australia would be very much the same. There are traditions and cultural values that are very different in different nations, so what we try to do is a - well, what I try to do when I'm helping clients make decisions and do things if it's somebody of my age, what would I want to do; what would my values; what would my norms be in society. If it's some of the younger clients I think of my daughter and say, "Well, what would my 23-year-old daughter want and how can we best closely assimilate for our clients the sort of lifestyle that my family members would want."

All right, thank you. Would you like to continue with the statement?---Yes:

The provision of adequate support to be a member -

Sorry, that is a typographical - I am sorry about that?---There are a couple of typos. Sorry about that.

DEPUTY PRESIDENT ROBINSON: Oh, dear?---It's all right. The typist has probably copied me. I have to watch my fingers; I can't watch the screen.

I am sure they would not want to be just a number?---For example, we like to have - I think we talked with you, sir, when you visited our sites, as having a normal house in a normal street.

MR FITZGERALD: Just?---And we talked about one of our houses which was quite abnormal.

Just for the purpose of the record, which homes are you talking about there?---Well, I think we made an example of the one over the river, the Morana, that wasn't really quite a normal house in a normal street and that we were relocating that house because of its inappropriateness to be an accommodation service for people with disabilities, and we are relocating that to a much more normal house in a normal street, whereas the house in Derwent Water was quite a normal house in a normal street.

Can you just further elaborate why that house at Geilston Bay - sorry, Montagu Bay was not an appropriate - -?---It's the end of the road; it looks like an institution; it's right on the bridge, so it's only people with

disabilities who have lived there. It's sort of that devaluation of people; that it's only suitable for people like that who might live there.

I see?---And the department itself has acknowledged they don't know what they're going to do with it when we move.

DEPUTY PRESIDENT ROBINSON: The traffic noise does not help, as I recollect?---It's appalling. I went over there on duty one night - the clients don't like it.

MR FITZGERALD: Okay?---They've said that. So that's why we're moving.

Right. Would you like to continue?---Yes:

Opportunities for decision making and choice; normal rhythms of life -

The daily and annual patterns of life.

Could you just give some examples there?---Yes, very often in institutional situations - and I think if you think of aged care, you have your tea at 4 o'clock in the afternoon so the staff can be washed up and gone home to their families, or you can only have a bath at, "Come on," 9 o'clock in the morning, or when it's convenient to staff, where you and I in our houses have our showers, baths when we choose; we eat when we choose. If we don't really like what everyone's having, we can go and make a sandwich; just those normal rhythms of life that we have.

Okay?---How often do people in old people's homes have balls - I saw one in the paper the other day - a ball in the afternoon? You and I wouldn't go to a ball in the afternoon. Seasonal things; holidays when you like them. Perhaps if you like going to the sun for summer, lots of these things in organisations traditionally have been for the sake of the organisation, so we try to make it as normal as we can for other people.

And if you would continue, please?---Yes:

Access to generic services - medical, financial, social, educational and recreational.

I just wonder whether you would elaborate by giving some examples there as well, please?---Yes. We have written policies in our document that people must have access to the doctor of their own choice. I mean, historically doctors used to come in to services and the one doctor did the rounds and everybody found one - something wrong with them that day,

whilst we can - our clients go to different doctors of their own choice. We recently had somebody who needed a referral to a psych, so we spoke with the GP and got the appropriate psychiatrist who could deal with that situation. If people have sex education needs we refer them to family planning and family planning has a very good service in there now where they've got people who they're training specifically to deal with people with intellectual disabilities but using the generic service. Financial: people used to have all their money in one big trust account under somebody else's name. Now people are being referred to the Public Trust Office if necessary for their financial management to be looked after. So, just using the services that are available in the community instead of us taking control of people's lives.

If I could just take you - you refer to choice of medical practitioners. That is contained within this document; is that right, in terms of policy?---Yes, I think it is, Bill, yes. Decision making and choice, or client health.

Yes. You have not got a copy of that?---I don't have a copy with me, sorry.

You do not. Well, let me just - rather than take you specifically to the document, were you involved with the development of this policy document?---That's the policy document I was talking about that was developed in consultation with the external consultant, yes.

Was anyone else involved in the development of that document?---Well, it was the consultant - the sub-committee of the board worked on the fine tuning of it but the consultant brought together all the strands that she had got from the various interest groups and then the sub-committee fine tuned it - wrote the final document which the board approved and then it was put to an AGM for ratification so it is an official policy of the whole organisation.

Right. What effect does that have on employees in terms of the performance of their duties, this document?---I think we enjoy it because we discuss it at staff meetings and it gives us a foundation and a basis on which to make decisions, so - and for staff training. I used it recently when we had the birthday party that went amuck because they had sort of transferred the children's party to Sizzler and people singing happy birthday and the cake got on fire and everything went disastrously wrong and so we could go back to the policy document and say is this a normal birthday celebration for a woman of 45. You know, what have we done, we put a kid's party with adults and so it's a good basis, the staff training and processes and procedures within.

DEPUTY PRESIDENT ROBINSON: Sometimes those things occur when the families take out grand kids or something?---Yeah, but we can get away with it, sir, but people with disabilities can't, their public images rather ruined if they behave like that in public. I'm sure you and I have done things that we shouldn't do in public but we try to help them. We try - perhaps I shouldn't have said that, sir, I'm sorry.

Let the record show that I do not admit anything.

MR FITZGERALD: So, in terms of situations where staff may be unsure of what to do in particular circumstances, does this document assist in any way or - - -?---Yes, I think so, yes. And in fact,inaudible. . . . assisted staff criticised board decisions in many ways, they go, "Good Heavens, don't they know what our policy document says."

Are there any particular examples you could take us to in terms of where staff have actually used the document in cases where they may be unsure of themselves?---Oh, the decision-making and choice policy is very good, that decisions - clients make decisions, have to make - because it specifically says there that clients - people must have the understanding - start again. Before you can make a decision you have to know what the alternatives are so it specifically sort of says that if you're giving a client a choice they must understand what the alternatives mean, you can't just say to you want to go - like people coming out of Willow Court, "Do you want to go and live in Burnie or Smithton or Hobart or do you want to stay here." People will inevitably say, "I'd rather stay here," 'cause they chose the safe known option. Until people have experienced those choices and those options they can't really make an informed decision and that's the sort of area where staff find that particular policy document particularly good.

In terms of the evidence given by the HSU by an employee of North-West Residential Services, the witness there indicated that the employee in fact makes the choices, all the choices for - or all the decisions for their clients. Have you any view in respect to that statement or have you - - -?---Yes, I have very strong views as I think the client should be making - - -

Well, we can certainly show that statement, I am happy to bring that statement out and read it if you wish.

DEPUTY PRESIDENT ROBINSON: Would not be a leading question.

MR FITZGERALD: Well - - -

MS HARVEY: It would be an extremely leading question.

MR FITZGERALD: Well, I am happy - all we are seeking a view on it. I do not think it is in that respect, Mr Deputy President.

MS HARVEY: Yea, I withdraw.

MR FITZGERALD: And I am happy to bring that statement out to quote verbatim that Mr Medcraft did make that statement.

MS HARVEY: Yes. I think it may be quoted out of context but I will leave it to a right of reply

DEPUTY PRESIDENT ROBINSON: I think it just comes down to a question of the wording.

MR FITZGERALD: Well, I am happy to retrieve that statement if you like and put it directly.

DEPUTY PRESIDENT ROBINSON: Well, we do not want statements, we want - apart from the witness, you see.

MR FITZGERALD: Well, is the witness permitted to answer that question or is it being challenged? I am not certain about the status of it.

MS HARVEY: Yes, it is being challenged.

MR FITZGERALD: Well, I will leave it for the commission to determine.

DEPUTY PRESIDENT ROBINSON: What was the question?

MR FITZGERALD: The point I made was that Mr Medcraft in his statement said that the staff member made all the choices for the client or all decisions. I will need to be positive about the wording.

DEPUTY PRESIDENT ROBINSON: Well, the wording might be. Who makes the decisions that need to be made in a certain situation.

MR FITZGERALD: Well, I am happy to put that question to her?---Okay to answer that one?

DEPUTY PRESIDENT ROBINSON: You are right?---Our philosophy is - unless it's an urgent life/death situation like: Don't get out of the car, or: Don't go across the road and get run over. If it's a decision which can take time the clients make the decisions. We have house meetings, clients make the decisions about decorating the house, new furniture they're going to buy. Clients sign the cheques in our house account if they have the

ability to sign their names, they make the decisions about where they're going to go out, where they're going to eat but it is also a learning process so until - as I said before, until they learn - so I would not accept that staff make the decisions.

Or that clients make all the decisions?---The clients make all the decisions if possible - well, they make 99 per cent of them.

Right?---With the support of the staff, yes.

MR FITZGERALD: Thank you, that is all I need to - need at this stage thanks, Mr Deputy President.

I wonder if you could continue, Mrs Thomas. I think over the page - I am sorry, no, not quite - - -?---No, we had the last sentence I think, to go.

These principles are embodied in the position description as support workers.

Just to again clarify. That, in fact, the statement at the very end of the exhibit which has been presented. Is that right?---Mm hm, that's right, yes. The position description, support worker.

If you would like to continue, tanks, very much?---

Because there are so many different philosophical bases on which services are developed and managed I feel that it is very important when we are employing staff that it is vital to recruit people who can work within our corporate culture.

Can you just make - or give some elaboration to that statement, please?---I think because our corporate culture is based very much on social rolesinaudible. . . . people giving - normalisation, people having roles in the community, which also means giving adequate support, that it is very important - and we had a very interesting discussion with this in our staff meeting yesterday, actually, because they - some staff were talking about situations with other clients where people hadn't been supported and a situation where our clients hadn't been supported adequately, so we have a culture that is to allow people to grow, develop, make choices but also to provide adequate support so that they can make informed choices and do those areas whereas I have come across quite a few professionals who just say: Oh well, it's people's choice, they can make that choice. We don't quite - well, of course, they can make that choice but we would hope to give them the information before they made the choice. There are quite a lot of different corporate cultures within - I think you have to believe in the vision and mission of people, the dignity of people, that they are capable

of achieving and learning something and they are capable of making choices. If you don't believe that you've got no place in our service. Maybe you do in some other service where the corporate culture isn't the same but I think it's very important for corporate culture.

Thank you. Would you like to move on with your statement?---Section 3 is just the organisational structure of our organisation. There's the board of management which comprises 10 people including myself, me as manager, and then direct support workers. We're an extremely flat organisation and I think I go into that later. That's just the model.

Okay, thank you. All right, if you would like to continue?---Section 4, which is funding:

Euphrasia is fully funded through the Commonwealth State Disability Agreement. In Tasmania there is considerable discrepancy between the levels of funding of the CSDA and the community integration services.

How did you gain that or on what basis do you make that statement?---I make that basis on the advertisements I see for staff for staff and the structures in the stress when they're advertising for staff, on communication with other managers of services, for example, oh - right down to - some of the CIP services even get funding for staff meals whereas our clients have to pay for the staff meals. There are lots of small issues as well as big issues where there's huge discrepancy and I think most people will acknowledge that. Whichever service they are in, whichever way they are funded, the people in CIP just think they're lucky and we're just simply the poor relations.

Okay. Would you like to continue?---Yes:

Before CSDA Euphrasia, as Good Shepherd Homes, was 80 per cent funded with the Sisters topping up the funding and providing unpaid labour. Euphrasia Incorporated took over administration of the service on the condition that it received 100 per cent funding. However, the 100 per cent funding which we receive provides only the minimum of management and staff hours.

Could you just make some further - or could you further elaborate on that statement?---Well, I suppose I took over as manager of the service and I took over the positions which were - the jobs which were previously done by myself as a full-time person, Sister Immaculata as a full-time co-ordinator and a 10-hour administration person per week. So my job was - we were just given one manager and also I had many more responsibilities because we had a board and we had to report to a board. The staff hours

are very basic. We only ever have one staff person on at a time and we have problems if people are sick. Obviously we are not funded for some of those areas as well, so it's just one person on at a time and me doing the rest.

Okay. Would you like to continue?---Yes:

Staff have always been paid according to WAVA Award. However, until a sleep over payment of \$20 per night was introduced earlier this year our staff received no financial reimbursement for sleeping over at all -

that should be the group homes.

The group homes?---The group homes:

By contrast staff in CIP houses received over award payments of up to \$25 per night.

On what basis do you make that statement, Mrs Thomas?---I haven't got written documentary evidence on that but I rang two managers who are quite prepared to be quoted: David - I've forgotten his name now - David Traynor, thank you, supported housing and the administrative officer, Tony, I don't know his surname, of Tyenna Wholistic. I think David said they pay 25 and Tyenna pay 20 and they introduced those payments as CIP services - funded services before the award introduced it. So - - -

Right, okay. If you would like to continue with that statement?---Yes:

Because Euphrasia is funded through the CSDA which will run to 30th of the sixth 97 it is really highly unlikely that we will be allocated any extra funding -

because there is a very restricted bucket -

for restructuring and it is absolutely impossible for us to become "leaner and meaner".

Right. So the agreement, just to clarify, the agreement does run through until June 97?---Yes, I checked that with the department yesterday to make sure that was the right date.

Are you certain that there is no ability to renegotiate that agreement during that time?---Well, it's very difficult for us to get. We're told by the department that that's what the Commonwealth and the state agreed. There

have been rumours that there could be renegotiation but I don't think there will be.

So in the event of award increases if they do come as a result of these proceedings how would Euphrasia would deal with that situation?---I think there was an agreement with the Commonwealth that award payments would be covered but, look, I really don't know enough about the formal agreement. I haven't read the formal agreement so I would - you couldn't guarantee that I'm accurate. We'd have to get the funding from government. There's no way we could raise the funds ourselves.

Is there anyway you could restructure the service in any way?---Leave people without support. There's no way we can - we've only got one staff on duty and one me. There's no way we can restructure.

Would you like to continue with point 5?---Right, our service delivery model. I think you remember, sir, when you visited our service that we are a service based on a developmental model - - -

Could you just explain that for the purposes of the record? It was plain on inspections but for the purpose of the record here?---We believe that people should be given the opportunity to develop, to live in the least restrictive lifestyle possible. So we have different levels of - accommodation with different levels of support within the community hopefully that will meet the needs of certain people and if you remember, the first site we visited was the more higher support need people who needed staff in the group homes which is number 1 here on the document which is supported accommodation for adults who need support staff and staff to sleep-over and I think you remember communicating with some of the residents there; that they did need higher support. The number 2 is our independent living skills (ILS) training house and this is accommodation in which people must - to live there must be committed to living more independently and they live there while they learn the skills to achieve the most independent lifestyles possible and this is a sort of throughput model. So it's not people's permanent home. People are expected to move on - learn skills and move on and move to alternative accommodation when they are ready and can cope with it. Not all people go on to total independent living but perhaps they go onto a service which provides less support but just adequate support and then for number 3 we have a cluster of houses for independent living which is a group of units in which people live independently with occasional support on as needs basis.

Again, just for the purpose of the record, that was one visited, too?---That's the one we visited in Albert Road.

Albert Road, thank you?---Yes, and some of our clients have been through that system and now live totally independently - or ex-clients - totally independently in the community. People have been supported to purchase their own properties, in the past, more under the Sisters than under us because the Sisters have more ability to do that but it has been a successful model.

DEPUTY PRESIDENT ROBINSON: It must be very pleasing to receive that sort of result.

MR FITZGERALD: Okay. Would you like to continue? Sorry, deputy president, did you have further questions?

DEPUTY PRESIDENT ROBINSON: No, no, it was just an aside.

MR FITZGERALD: So, if you would like to continue:

Since the inception of the ILS house approximately nine years ago at least seventeen people have moved from group homes or other supported accommodation through the ILS House and on to either the Euphrasia cluster housing or independent accommodation within the community. This model of service has been beneficial because it has: given people independence and self esteem; has given people skills so they no longer need supported accommodation; has opened up support for an increasing number of people as vacancies occur; moved people out of the public housing area by supporting them to purchase their own homes or rent in the private market.

Section 6 deals with staffing, as I said earlier:

Euphrasia is an extremely flat organisation with a manager and direct support staff only. All direct support staff work with clients in the houses. Our funding does not allow for: senior positions in the houses; for a training and development officer; for administrative support; or for more than one staff on duty at a time.

Just if I could stop you there. In terms of the way the organisation operates, does it create some difficulty if there is not a senior person or senior supervisor within the houses, in your view?---It doesn't create a difficulty at the moment, but it would open opportunities for further development if we had it.

Right. And in terms of - have you got any comment to make in terms of if you are able to engage a training and development officer?---That would share my load, yes. I think if I engaged a training and development officer

it's really much more difficult for accommodation services than for employment services because we're asking - we would be asking people to work in the evenings, in the afternoons, weekends. I think it would have to be a sort of contract negotiated arrangement, it would have to be very flexible to work in with the clients needs, because one week you might be training for recreation, the next week you might be training for cooking, the next week you might be doing personal hygiene, so it would have to be somebody very flexible with their times, their skills and their hours because we are an accommodation service, not like the employment services who have training and development officers who work 9 to 5 in the factory environment in factory time. So it would certainly have to be negotiated and have to be thought out very carefully before you employed a training and development officer.

Okay. Thank you.

DEPUTY PRESIDENT ROBINSON: I was going to ask, that given those limitations placed on staffing levels, how do you get on for funding of generic services? Do the clients themselves pay for those?---They pay. They pay, but they're usually covered by, I mean, the normal - people on pensions, people on - - -

Right.

MR FITZGERALD: So dental and health services would in most cases be paid?---They'll be covered in those now, yes, and a couple of - but clients have gone to their own dentists, and a couple of dentists are negotiating to keep those clients. So they don't have to go into the system: they can still have their own private dentist of their own choice. One dentist has done that with two of our clients.

Okay. Would you like to continue. I am not certain, I think you were up to administration support, from memory, or somewhere close to that?---Yes. We don't have funding for administrative support or more than one staff at one time, I think that's where I was up to, yes.

Right. Okay?---

Consequently, as manager I am totally responsible for the development of individual service plans and for instructing the staff in their implementation.

Right. So the staff themselves do not have any involvement in the actual development of plans?---They don't have any involvement in the actual development as such but - well, that's not part of their duty statement but we tend to have a very close and supportive staff and everybody works

together very much for the good of the client outcomes, and my staff will come up with ideas and give me - because they work with the clients they'll come back and say, look, so and so's really great at art, he really would love to do an art craft, or, so and so used to go swimming, we've just found out that that was her particular, and nobody's done anything about it for years, or, boy, I had a conversation with somebody the other day and we found there's an aunt somewhere. So the staff come back with those sorts of ideas because of their communication with the clients, but I'm the person responsible for actually developing the plans as such.

So in terms of the exercise of skills and responsibility by staff, how would you assess their involvement in RSPs, as you call them?---Currently our structure just doesn't allow if they don't have the work time to do that, so it's more for the implementation of plans as I see them and developing and instructing as I establish those skills - - -

Okay?--- - - - those skills to be taught, sorry.

Thank you. Would you like to continue?---

Because we have only -

sorry, have I read that?

No, I do not think so. You were up to that point?---

Because we have only one person on duty at a time we need staff who are mature and have live experiences which can give them a foundation for supporting clients to make decisions and for dealing with all the normal problems which can occur in any residential setting regardless of the abilities of the clients.

Of the residents; yes, sorry. Yes, okay, would you like to continue?---

Staff Responsibility: As stated in the position description, support workers are responsible to the manager, and because of this responsibility I am on call at all times. I carry a mobile telephone and have an answering machine at home to make me as accessible as possible.

Can you just indicate to the commission what sort of involvement you have being on call, the number of incidents where you might be called?---We had one client who had to be admitted to hospital one night, so I flew from home in and met the staff at the hospital and put the staff in a taxi to go back to the group home, and I took over at the hospital because we didn't want to leave people - - -

DEPUTY PRESIDENT ROBINSON: You flew?---Sorry.

MR FITZGERALD: Low flying, I think it is called, is it?---Yes. Came along the Southern Outlet rather quickly.

DEPUTY PRESIDENT ROBINSON: You do not have to answer that?---Such things as medical emergencies. Once another time a client was hit by a car, so I had to race into the hospital to be the support person for him in the hospital when he was hit by a car.

MR FITZGERALD: Right. Okay. And what is the incidence of you being called in those circumstances? Is it frequent?---Look, I couldn't give - frequent enough but I couldn't give you the statistics. I'm sorry, I haven't developed this.

Right. That is fine?---I mean, I've got them all written in the office but I haven't them with me in my head.

Okay. And when you are unavailable what - say you are off on annual leave. What are the arrangements made there?---The arrangements are we have somebody - one of the staff is on call, somebody else is on call and has the mobile.

Okay, if you like to - - -?---One of the more experienced staff.

Thank you, if you would like to continue?---Number 7, I deal with human resource management:

As manager I am responsible for all the human resource management. Euphrasia has a very stable and loyal staff with very little sick leave taken. We have not recruited staff since August 1992.

Right. Just to talk about the sick leave experience, and you keep records of sick leave?---Yes, yes.

Right. Have you any percentages or are you able to give some indication of the incidence of sick leave?---Since I've been manager of the service for three years I think we've had three weeks sick leave.

Three weeks of all the staff, is it?---Yes, I've never had a day off and most of the staff haven't had a day off.

Right, and - - -?---That's approximate, I mean they rarely, very rarely take sick leave.

- - - and how many staff are you talking about again?---We've got about ten staff.

And in terms of staff turnover you say that you have had no recruitment of staff since August 1992?---No, we didn't and that lass left finally because she was pregnant, she didn't leave for any other reasons, no, and as soon as she did get back to work rang up to come back again.

Is there any reason why there seems to be a low staff turnover rate, for instance, in your view?---I think it's just that we have a happy organised team spirit and we all sort of work in together and are supportive of each other. I'm certainly not a hierarchical sort of person, so I tend to be open and available, I'm certainly open for, I think some of the issues that cause problems are when people are not de-briefed and if there is a situation that they are not dealing with, I mean I'm always at the end of a telephone. I think it's just the atmosphere that we have within our staff and our organisation and that's, I give full credit to the staff for that.

Right. Given the nature of the work would you expect a higher incidence of sick leave and staff turnover?---I'm speaking only for my organisation and we don't, we don't have, we've never had anyone off on stress leave.

Okay, all right?---And as I say the sick leave is very low so I can only speak for my own organisation, anything else is hearsay and gossip around the traps.

Thank you. If you would like to just continue with the statement?

DEPUTY PRESIDENT ROBINSON: Selection.

MR FITZGERALD: Selection, thank you?---Selection, thank you, sir.

The manager, a client from the house in which the appointment is to be made and a board nominee form the selection panel -

whenever we select staff for any house. Staff induction, we haven't really had to use our induction process very much obviously but we - - -

Not since August 92 anyway?---Mm?

Not since August 92?---No, but, and there wasn't a process but we are developing it and we talk about it amongst the staff so:

Staff are introduced to the clients in the home -

and the clients have the right to say that staff won't come and work if they feel that it wouldn't work, and then there is staff visit for meals -

and spend at least one sleep over with an experienced staff person in the house, or more, until I feel that they are able to satisfactorily perform the duties that the shift requires.

And so that they feel comfortable and the clients feel comfortable with the staff as well, that's very much a two-way process. Staff appraisal, we've introduced, in this last year we introduced a staff appraisal system which was designed in consultation with the staff, so, we designed it together at a staff meeting.

Right, could you state what the prime objectives of that appraisal system were?---Yes, because I don't believe appraisals should be threatening and autocratic, I feel that they should be just as we do with the clients, they should assist staff to rectify any skills, acknowledge the skills they have, the competencies they have, give opportunities for further development, discuss with staff what they want out of their career paths and also with the staff helping to design it they also put in some things that I'd missed and other people had missed because they used other models. They came up with some really good ideas and everybody owned the document at the end and it wasn't a frightening, oh, this is the staff appraisal system, it was a friendly pleasant experience based on the staff and myself, it was less threatening for me, as well, as the manager.

Okay, thank you?---With us all feeling comfortable with it.

Training, if you would like to continue there, please?---

Both internal and external training is used -

with Euphrasia -

Internal training includes: development and procedures specific to Euphrasia -

and we do those at staff meetings and -

we run courses to meet needs and provide better outcomes for clients -

for example we've had some communication courses, including Maketon, which should be one word, and Compic, which are communication methods for people with disabilities, run by professionals, external professionals,

they come in and run them specifically for our staff and design them for our client group -

Discussion and implementation of policies -

which I discussed before from one of your questions -

Review of the standards established by the funding body -

because really that is important that although I am the person who has to understand the standards and implement them and instruct staff I think it's important that they understand why they are getting those instructions from me.

So, just to clarify that, staff do not necessarily bear the responsibility of implementation of standards, do they?---The buck stops with me.

Right?---And I give the instructions and I am the person who has to justify to the funding body that we are keeping those standards. Staff, I couldn't insist that staff knew every standard but I like them to understand why and I have distributed to staff my report to the department so they see what goes in and they discuss it at staff meetings as well.

Was there any account of standards taken into account or, sorry, a standard taken into account in the formulation of the policy document?---The policy document was designed before the standards were published but our last policy, which is the confidentiality policy, is one that I designed with staff again and presented to the board subsequent to the initial thing, but we did that because we knew that it was going to be one of the standards this year that the department was going to work on and it was just one that we'd missed and I think policies should always be revised and rewritten and redone so that's one that has been developed in response to the standards, yes.

Sorry, if you would like to continue?---Review of standards, right, we've done that one.

Yes?---

Monthly staff meetings to design procedures and contribute ideas on policy which I take to the board.

Well, an example of that is the confidentiality policy I've just been talking about.

External training is accessed when relevant courses are available.

Some of the external training that the staff and I have attended over the past few years are:

Social role valorisation, enterprise bargaining - - -

That would be a mandatory one, would it not?

DEPUTY PRESIDENT ROBINSON: What is that?

MR FITZGERALD: Sorry?---

On the spot, which is provided by family planning; attitudes in action, Department of Community Services -

there's a whole lot of management stuff I haven't put down there for the Department of Community Services -

Challenging behaviour; lots of short courses presented by disability services -

so, we just look at the needs of the staff and access those courses often from their appraisals and other things that come up during the year.

Staff are given all possible support by management to take responsibility for their own professional development if they wish to further their careers in the disability area.

Right.

DEPUTY PRESIDENT ROBINSON: Does your organisation actively - no, that is not fair. I am looking at your staff - at your policy statement at page 38 under the heading of Policy Number 24 Staff Training Guidelines, (iv) says:

Management will encourage and support staff to undertake relevant courses provided by external bodies, such as TAFE, TEC and Disability Services.

So, the question is does management encourage staff to take courses?---Yes, I do. Yes, I've had a staff, we're a bit stuck so I go and relieve if somebody's going to be a bit late back from a course. So I encourage staff doing that. We had the chairman of the board, actually, was at a staff meeting yesterday talking to staff about ways we can support the staff to further their careers. I believe staff have to take some responsibility for their professional development, I've done that, done an assessment of my needs and my skills.

Yes?---But as soon as staff show an interest in doing that I'll give them all the support I can. Use of - I've said come and use the computers, any resources that we have, any personal books I have they borrow. I mean, yes.

Does management believe then that staff training is a necessary way of improving the service provider or is it the icing on the cake which is unnecessary?---No, I think it's necessary.

It is necessary?---I think it's very necessary, yes, and it's ongoing because standards change, philosophy's change. 10 years ago the philosophy wasn't all it is now in - or 20 years ago.

Yes?---So it needs to be constantly monitored and constantly updated and we all need to constantly be aware of own attitudes and values towards things.

Yes?---And I believe it has been very beneficial.

To what extent would you think then that staff training should extent, should - well, you tell me, I mean - - - ?---I would say that I don't think we are covered by the Training Guarantee Act because we're - - -

MR FITZGERALD: It is now suspended?---It is now suspended, is it? I'm out of date. Right. Well, we weren't, so the voluntary sector, the incorporated association and private sector of human services have not traditionally had a lot of training.

DEPUTY PRESIDENT ROBINSON: No?---They have tended to rely much more on nice people and I think it's really important that people - - -

Yes. But what would be the desirable outcomes and achievements through training? How far up the scale should they go? Should people, and I must ask this as a leading question, do they need a degree or a diploma course?---I think that depends on the level of the organisation, the size of the organisation. I think the direct support staff do not - I don't think - they don't need the degrees, certainly. They need associate diploma levels of - or associate diploma level. People who have degrees, I think it doesn't hurt for management to have management training and I don't think there's enough management training out in the industry, but I think the people who have professional degrees I wouldn't want employed in my service because I think that denies people choice. So if I have a psychologist or a speech pathologist with a degree, on my - well, I couldn't utilise them for the full time, but it denies choice for the client group. So they are stuck with that one person, like it or lump it or leave it. So I think a lot depends on the size of the organisation, the structure. Obviously if we had a training and

development person they'd need more training than the direct support, so I can't give you an definitive answer. It's very dependent.

No. I am sorry for the leading question, I try to avoid it, try to educate everybody else not to lead.

MR FITZGERALD: Okay. How would you assess in terms of relevant employees ability to perform functions adequately in your service for those with the - those who have a qualification and those without qualifications?---Are you asking me to compare the two?

Yes, if you could?---A lot of - there are many transferable skills, I'll acknowledge that, that you learn as a housewife, as a mother that can be transferred, like time management, stress management, there are lots of transferable skills that you learn in one area that can be transferred to another situation if you have the ability to do that. I would say though that for my staff who have done the developmental - the DD course there has been an increase in the awareness of disability issues and I think that's very good for people to get it from other people rather than just management telling them, so you sort of say, "Well, yes. Now you've seen it from somewhere else." Development, self-esteem of the staff and confidence of the staff to - they've been taught to teach skills within the group homes. So, I think there are positive - many more positive outcomes on the whole from people who've done it, who have been trained, but I'm not saying that everyone who's trained can still implement those. So there is some from each sector who fail and some from the other sector who do very well.

Okay?---But on the whole training is - - -

Thank you. Would you like to continue?---Counselling and debriefing:

As manager I obviously do not provide counselling on personal issues but I do mediate in conflict situations, counsel on work related issues and I am available for debriefing if the need arises.

Okay. Would you like to continue on through?---Conclusions:

I would like to draw to the attention of the Industrial Commission the following facts: Euphrasia is a service with a well developed vision and mission which form the basis on which policies, procedures and decisions at all levels of the organisation are based.

Could I just ask you how does that aspect impact on staff in the performance of their duties?---I think we talked about that. We talk about it in staff meetings. They have something on which to base their decisions

rather than know a documented way to do things, so if there is a question we can refer it back to policy and does that fit in with our policy.

Fine. Would you like to continue there?---

The main movement of clients within and from the service are the result of the development of skills and people moving to less restrictive living situations; because of human resource management practices there is very little movement of staff and we have not in seven years I have worked for the organisation had one staff member off on stress leave; staff take very little sick leave; we have developed a team working environment in which support staff and management are very supportive of each other.

Staff ring me up to remind me, "Have you remembered so and so's appointment this morning," when they know I'm likely to forget:

While this work can be challenging and stimulating and have its moments of stress we manage the stressful time,s make our failures a time of learning and enjoy the achievements of our clients; the inequities and feelings of deprivation of CSDA funded services and the consequent need for more equitable distribution of funds and resources.

That was bad English, was it not?

I wonder whether you could make some further comment there or have you in fact already done that?---I think that - as I said before - I think that throughout the industry there are the two camps: the CSDA funded services and the CSIP services and there are inequities. We feel like the cinderella - and are really going very close to the bone with our funding levels and we would like more - a bigger share of the cake which the CIP services get.

Okay. If you would like to continue?---Yes:

Euphrasia has moved from a charity model to a more professional model. The need for management and staff to be comfortable in the corporate culture of an organisation. The need for all to be aware of the three components of duty of care issues: the least restrictive alternative; what the client wants and what is in the clients best interests.

If I could just stop you there for a moment. How did you achieve this understanding of the duty of care in respect to your clients?---Sorry, Bill, I was going for a glass of water.

That is all right. How did you understand that as being the duty of care elements in respect to your clients?---It's an issue that's discussed a lot and it's an issue that we have to weigh up all three components and sometimes it's very difficult to make the decision. I suppose a couple of examples I could use: one, it's not related to this industry because if a teacher is taking a group of children along the street and a child runs out in front of the car as long as she has taken all precautions to make sure the children were supervised she was doing something that was a least restrictive alternative whereas if she had stopped and gossiped to one of her neighbours while the child ran out and got hit then she's culpable. I suppose the one that comes to mind with us is perhaps people with intellectual disabilities going horse riding and we have recently moved from going to the riding for the disabled to a generic riding service so should we say - some people panic: but they have disabilities they can't - and these people are now going along the beach and through the bush and doing all sorts of things on horses which they weren't doing before. So I suppose - I mean, the least restrictive alternative is to allow them to go. The clients want to go and what's in their best interests is to ensure that they helmets, appropriate gear; that the staff taking them are trained; that the horses are reasonably docile because of their levels of skill. So I suppose I would take all those into consideration as I did when my own daughter went to horse riding lessons. So I suppose it's an issue that you just have to balance up and sometimes it's subjective and sometimes you just have to use your life experience to make those choices - help people make those choices.

Are there - in terms of your service - difficult situations faced by staff members in deciding the issues relating to duty of care?---No, occasionally they say, "Which way do we go? Did I make the right decision?" or, you know, "Is it okay for somebody to do this?" We will always have those decisions and I suppose we have those as human nature. I think because we have a mature staff with life experience that - and even our youngest member of staff arrived in this country as a refugee from central America, so has a huge amount of life experience and makes her understand where our clients are at. I think the staff have had the maturity and the life experience to make - to deal with it. Okay, we all question, "Have we made the right decision?" but I think to deal with it without falling in a hole and they ring up and discuss with each other and discuss with me and we all throw our tuppence worth in and try to come to a responsible support level for the clients.

Okay. Would you like to complete the statement?---Just the last thing is:

The need to establish a fair and well documented classification to ensure that staff are appropriately placed to fulfil the needs of the organisation.

Okay, thank you. I have no further questions or comments. Thank you, Mr Deputy President.

DEPUTY PRESIDENT ROBINSON: I do not either.

MS HARVEY: If I could just have a brief adjournment. I do not imagine any more than 15 minutes?

DEPUTY PRESIDENT ROBINSON: How many?

MS HARVEY: Fifteen. We will get back to you about 4.

DEPUTY PRESIDENT ROBINSON: All right. We could all appreciate a break.

SHORT ADJOURNMENT

DEPUTY PRESIDENT ROBINSON: Yes, Ms Harvey, when you are ready?

MS HARVEY: Okay. Ms Thomas, just in your evidence you spoke about the fact that your clients access psychiatrists, psychologists, sex education, financial services, generic services?---Mm hm.

I assume that they would need sort of follow up in support so that they can do that adequately; is that correct?---That's correct and what I do, particularly if we're dealing with professionals who perhaps don't have a lot of experience dealing with people with intellectual disabilities, I think one of the most basic things is communication with people. So I tend to take the client in and often people will say, "Is it okay if I talk with you first?" So I say, "No, it's not we'll talk with the client," and I role model and talk with the client in front of the professionals so they can sit back and watch and get an idea of the communication levels and how to deal with that person and then when it's appropriate for me to leave the client with the professional work that's something private and confidential then I ease out but I try to get people comfortable with the situation. So that's the sort of support level we need, yes.

Yes. And I assume there would be follow-on support so that there may be things that the support workers would have to do to follow up to ensure - - -?---Oh, yes, yes, and those instructions are given by me to the staff. We've just installed faxes in our houses actually so that - ensuring confidentiality so they're in the staff room - so that I can fax through instructions to staff rather than have to remember to send messages home when they come on. So we've implemented a reasonable communication system for those, yes. ,

So they would have to be aware of what their responsibilities were in - - -?---Mm hm.

Right. Is that the sort of training, the on-the-spot FPA training you were talking about in your - in your evidence you were talking about?---Oh, the family planning. I haven't done that training yet although I was on the steering committee for the group that developed it. Yes, that's the sort of situation.

Right. To assist staff in supporting - - -?---To assist staff in dealing with the on-the-spot situations, yes.

Okay. So whilst they are accessing generic services they are also getting support in that?---Yes.

Now, you were asked - Mr FitzGerald asked you about the policy documents, in particular the Gray policy document that you provided, does the existence of a policy document mean that you need less skilled staff?---No, not necessarily, no.

Right. So we should not construe it to mean that it makes it easier for staff or that they need to be less skilled?---No, it doesn't mean - it doesn't mean that you - well, really, no, it doesn't mean you need less skilled staff, it means you need people who understand the documents and gives them a framework within which to work. I don't know that having or not having the policy document has a huge impact on skill levels of staff. I think it's more the operational side, in the management side and the utilisation of policies that benefit.

Okay. Now, when we were talking about the supporting clients and making decisions, the point was made, I think well made, that you are supporting people to actually make decisions. I just wonder if you could explain a bit more what that involved and I was thinking, for example, of a case with a non-verbal client who may have limited experience from just having been de-institutionalised or some such equivalent who has got a boyfriend and may, you know, want to have sexual intercourse? How would - that sort of scenario, what role would a staff person play?---That's an interesting one because we haven't come across that one so we haven't had to deal with it yet because our clients are older. I suppose we'd have to - I mean, first of all you have to go right back to square one, you can't come up with the solutions of that unless you know the client and this is like a case study.

It is?---You'd need to know what the client's communication skills were, you would need to know that - you'd need to have somebody in whom the

client trusted, had trust and confidence to express. Now, if they're really - if it's a client who's non-verbal and non - non-verbal and what else?

Feel free?---All right. With very severe disabilities is going to be very difficult, so you're going to have to have staff who really understand that person extremely well to understand what is being requested, to be quite sure that that is what the client really wants and then to get the appropriate support to achieve the outcomes that the client wants through generic services, through education or other people that can come in and teach the skills or teach the - if we're talking about sexual activities, safe sex, the consequences of sexual activity. I mean, all those issues that we all take for normal needs to be done much more slowly and with good communication skills.

Right. So it could be quite complex and subtle and long term to do it properly, say, if someone really made a decision?---I don't think that would be staff actually doing that decision, making that decision. It would be - - -

No, I mean in supporting - - - ?---In supporting, yes.

- - - their making that decision, I am not suggesting that staff would make the decision?---Yes. Yes.

Yes. Okay. Now, in point 4 of your statement, in paragraph 3, you say that you are 100 per cent funded and that CDSA will run to 13th of the sixth 97:

It is highly unlikely that we will be allocated any extra funding for restructuring.

Is it true that you were allocated extra funding for the \$8 and the sleep over when that was increased in the award?---Yes, we were granted the award increases. Yes.

By the department?---By the department, yes.

So why do you think it is unlikely that it would happen for restructuring?---Because we've already asked for it and been refused it and told there's no money in the bucket.

So I would like to show to the witness at this point in time - just before I do that, was that also - did you make approaches for the \$8 and the sleep over before you were granted it?---No, that came through automatically. That was negotiated. I think - yes, we didn't approach it because that came through automatically through the CSDA.

So you never had a request that was rejected in relation to that?---Not in the 8 per cent - not in the 8 per cent and the sleep over, no, that was an automatic - that was an award increase and we were granted that. Obviously the - - -

DEPUTY PRESIDENT ROBINSON: The \$8?---Yes, the \$8 and the sleep over, yes. The department just notified us that it had come through and we would be given that because we had to pay it - pay the award.

MS HARVEY: Right?---Yes.

So in relation to the restructuring, you are saying that, what, at an officer level you have been told - - - ?---No, what I'm saying is that we have applied for senior house positions, administrative support, training and development officers, to get more support in but we have been knocked back on those levels to provide more support for clients, a larger management staff structure. You misunderstood what I was saying.

I think I misunderstood what you were saying. I understood your statement to be in relation to the restructuring of the award?---No, restructuring of the organisation.

Right. Okay. Right. Now, I was just going to ask you whether you think, in relation to the issue of funding, whether you think that or how you think we should deal with the fact that there are - if there are increases that flow from the award whether - I mean, for example, whether it is acceptable to say that these things should not happen because of the possible impact on clients?---I'm not quite - don't quite understand the question.

Yes. What I mean is the debate?---Yes.

I mean, I understood this to be implied from your statement and perhaps I misunderstood what you were saying, so I am asking you for the opportunity to clarify it, but I understood you to be saying in your statement that because of the potential impact on clients, because of the increase in the award, that therefore it was inappropriate to increase the award?---No, I haven't said that. I don't believe I've said that. I don't believe I've said it's inappropriate that there would be an impact on clients because of the increase in the award. I don't believe I said - - -

DEPUTY PRESIDENT ROBINSON: I do not either. I do not either?---I don't believe I said that.

MS HARVEY: But I am just wanting to clarify that because I misunderstood it - - - ?---Okay. Yes.

- - - from your statement in relation to the restructuring. So that is not your view?---I think perhaps the restructuring is not about award or staff level - I mean, current staff and the current levels, it is about restructuring our organisation - - -

Right. Okay?--- - - - to provide more training for clients and better outcome for clients through the restructure of the organisation and more hours of support.

Okay. Terrific. Thank you. So in relation to your own staff, do you think they are overpaid for what they do?---No. No, I don't think. I think - - -

Do you think they are underpaid for what they do?---I think this - I think we've had a history of this industry of people being, I don't know that we're up to parity with other awards and I really haven't done a lot of research into the area to know how we are with other awards. So I think there has been a history of volunteerism within the industry but I couldn't give you an honest statement, a parity with other awards or what, so I couldn't give a knowledgeable statement on that area.

You said that 17 clients have moved through your service. Now, would that have resulted in cost savings to the community?---Yes.

Could you expand on that?---That would, because the clients who have moved through, those who live in the units at Moonah, say, are using that support time because it's just on an as-needs basis. They call me if they need support. People who purchase their own homes are no longer utilising public housing. People who become more - the more independent people become the less support staff they need, so every hour of support staff saved for a person is less cost to the public; opens up another place for somebody else who needs the support to have it. So, we haven't saved costs all over. I mean, our costs have stayed the same because we then replace those vacancies with somebody else who needs that support and try to develop their skills as well.

DEPUTY PRESIDENT ROBINSON: But that 17 - this is a question?---Yes.

If they had not had that support during the period of time that they did have it, might not have been able to have moved out into the community and therefore they would be within the total number of people needing support, but the total number of support, all things being equal - - -?---Within our services, that's correct.

- - - would be 17 less because of what has happened; is that what you are saying?---Yes. You met a young lady who used to live in one of the group homes and now lives in a unit on her own; drives her own car.

Yes?---Just needs a bit of help when things get sticky.

Yes.

MS HARVEY: Okay. Now, in relation to the TDO position you were talking about if it was possible to get such a position - which sounds as though it could be very difficult given the comments you have made about the restructuring - - -?---We were knocked back already.

Right. So, is it possible that if you were to get such a position that you might see as desirable a degree, say, in human services or abilitation, given the comments you have made about the usefulness of your education obligation?---Obviously I don't know whether it would be degree status. I haven't really looked into the formal qualifications that would be needed, but it certainly needs some training, some professional training, because you are asking somebody to come in to teach skills, and I honestly have not gone as far into it. We got knocked back, so we didn't go any further with looking at the position description. We didn't go on to the position description in the recruitment process, because we didn't get the funding, so - but you do need somebody who can analyse people's needs, write programs.

Yes?---I don't know that it needs to be somebody with high professional skills, like a psychologist or somebody like that. I think it's somebody who may have more human relationship skills in just assessing people's needs and developing the individual plans.

So, it is possible to be, sort of, for example, a degree in abilitation or something like that?---It might not necessarily even be a degree. It might be - not the DDS - associate diploma, isn't it?

Mm?---So, it might be the advanced - the next one up.

Other way round?---Other way round, okay, sorry.

No, you are right?---Yes.

Okay. I just wanted to clarify the comments you were making in relation to the TDO. I was a little bit unclear, but I thought you were saying that it would not be impossible to employ a TDO under an award arrangement. Is that what you were saying?---I said it would have to be an arrangement which would have to be very flexible, because accommodation services

have very diverse needs and individual needs. Also, once you get permanency in a position like that it becomes very difficult, because you have no need for that position again. So, you need flexibility in hours to be put in, flexibility in the specific hours people can work. Yes, I don't know whether it would come under an award provision, but I think it would have to be in such a manner that you could negotiate a lot of those issues - - -

Do you - - -?--- - - - to meet a specific service.

Yes, sure. Do you negotiate those things now with your staff; flexibility and hours that they can work, and - - -?---Yes, to a certain extent. I've told a couple of staff that that's the house you work in; you work out the roster you want to do, and if we're all happy with it, that's fine.

And they are covered by the award?---Oh, yes, they're covered by the award.

So, it has not been a problem in the award for flexibility?---No, it hasn't, because - no, but hang on, it hasn't been a problem for flexibility, because we need support staff there for those specific hours. There is no need for flexibility in those issues because we have to have staff there while the clients are there and need support. When I talk about a training and development officer, it's someone who would have to be much more flexible, because they would be doing one to one on a specific program or with a specific person, not working to provide the support within the house when you have to have staff there.

Are you aware of the enterprise flexibility clause in the current Welfare and Voluntary Agency Award?---No, Ros, I don't - - -

Right. Okay. Just what that does is allow flexibility in the application of the award so that there would be capacity, I believe, under the award to meet the requirements that you are suggesting are needed?---I don't - I mean, I've read it, but I don't know it well enough and I've never had to apply it, so I haven't really - - -

So, you have not really looked into it as an option?---I haven't really done enough history on it - homework on it to - - -

Okay. Now, in relation - again, I thought you said that the staff had no involvement in the development of IPPs; is that correct? Have I understood it correctly?---No. They don't have no involvement. They have input into - as far as letting me know of clients specific interests, specific needs, because they work with the clients. They know how much - there's no point in me sort of saying what personal hygiene programs

people need if I'm not there doing the work. They have the interaction with clients, so they give feedback as to what the clients interests are, so they certainly - occasionally they come and - if the client wants one particular staff member, that will come to the planning meeting, but I have overall responsibility for developing that plan and just take the input from the staff member, often supporting the client to tell me what they really want, because they know the clients much better - well, they should know the clients better than I do. I think it's important that I know them as well, but they know the clients much better.

So, you would be sort of like a team leader assisting them and facilitating writing an IPP?---No. No, I write the IPP as the team leader.

Yes. That is what I am saying. You are the team leader?---Yes.

Yes, right. So, it is as set out in policy number 11 on page 19, where it talks about individual program plan teams; is that correct?---Yes.

So, it is correct to - - -?---It's up to the client to ask who they want to come to the - if they don't want a staff member, the staff member doesn't come. If they want their mother to come, their mother comes. It's the client's choice.

Okay. I was just trying to clarify it in relation to the duty statements of the support workers, but I notice that the duty statements of the support workers which you have referred to, which is also in HSUA9 - are you right, Mr Deputy President?

DEPUTY PRESIDENT ROBINSON: I am now, thank you.

MS HARVEY: Okay?---It's also on the back of my statement, sir.

DEPUTY PRESIDENT ROBINSON: Sorry?---There's one on the back of my statement, too.

MS HARVEY: Anyway, not to worry. So, this would be consistent with assisting in training programs to make residents acquisition of skills and implementing individual training programs, task analysis, independent living skills, that sort of - - -?---Mm hm.

Yes, okay. Thanks. Just finally what I thought I would clarify is, staff in your service seem to have quite a lot of involvement in developing policy so it is sort of again, like the IPPs where you are sort of a team leader and draw on their expertise?---Yes.

right?---We did that yesterday at a staff meeting even with the chairman there.

Great. That concludes my questions. Thank you.

DEPUTY PRESIDENT ROBINSON: Thank you. Mr FitzGerald?

MR FITZGERALD: I only have one, actually, thanks, Mr Deputy President.

Just to clarify, Mrs Thomas, the IPPs in the role - sorry, the actual role in developing them, you are the only ones who has a role in developing the IPPs. Agree?---I - yes. I mean, it's my ultimate responsibility to get feedback from as many people as I can and it's my responsibility to design and write out the programmes and then to instruct the staff on the implementation of it. Now, staff mightn't get the whole program because staff might - staff - it's not their business what clients financial management is, so staff won't get that part of it. Staff will just get the part that is relevant to their implementation or the instructions relevant to the implementation of the part that's relevant to staff.

I have no further questions, thank you.

DEPUTY PRESIDENT ROBINSON: Nor I.

Thank you very much for your participation and assistance to us. You may step down, you may remain if you wish?---Thank you.

THE WITNESS WITHDREW

MR FITZGERALD: Well, Mr Deputy President, that completes the evidence today. We have two further witnesses tomorrow and I seek that the matter be adjourned until tomorrow to allow us to call those two further witnesses.

DEPUTY PRESIDENT ROBINSON: Right. any other matters?

MS HARVEY: Yes, Mr Deputy President. Just in relation to hearing dates, I just wish to clarify. I understand that Mr FitzGerald has the next three days planned for witnesses on the basis that we have two a day and I was just seeking clarification from Mr FitzGerald that he only needs that one day following that and if that is not the case I would suggest that we

could certainly set dates because that was my understanding from the last hearing that he only needed these four days and I am concerned, as I foreshadowed to you before, about the time frame.

DEPUTY PRESIDENT ROBINSON: Well, no one has asked for any more days.

MR FITZGERALD: I just wonder whether we can go off the record to discuss this. It is probably more appropriate, Mr Deputy President.

DEPUTY PRESIDENT ROBINSON: Yes.

OFF THE RECORD

NO FURTHER PROCEEDINGS RECORDED

HEARING ADJOURNED