

**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, 13 July 1994  
continued from 8/7/94

TRANSCRIPT OF PROCEEDINGS

Unedited

DEPUTY PRESIDENT ROBINSON: Thank you. Ms Harvey?

MS HARVEY: Yes, Mr Deputy President. We have, two days in a row, no threshold matters. So we are setting a record. Let us hope we will make it a hat trick.

5 DEPUTY PRESIDENT ROBINSON: You are trying to shock me.

MS HARVEY: Now, in relation to the evidence that we intend to present to the commission this morning, Mr Deputy President, if I could take you to HSUA1.

DEPUTY PRESIDENT ROBINSON: Probably not the first one, is it?

10 MS HARVEY: Yes, it is, actually.

DEPUTY PRESIDENT ROBINSON: Is it?

MS HARVEY: It is the light purple one.

DEPUTY PRESIDENT ROBINSON: What a wonderful system.

15 MS HARVEY: It is the one with an introduction on the bottom and it is light purple.

DEPUTY PRESIDENT ROBINSON: We will get there. Yes. What part of HSUA1?

20 MS HARVEY: On page 2 and turn to the outline of submissions. We had been - in the previous three days of hearing we were discussing the training reform agenda and Mr Brown presented submissions in relation to the consistency of our application with the ASF and the standards within that context of the training reform agenda, and within this section of 5.2, we are dealing with the relativities in the classification structure and we have already provided you with an exhibit that outlined the skills analysis  
25 done by the industry. We have done a comparison with the skills analysis done by the industry in the Metal Industry Award relativities and we have also done a comparison with comparable awards and relativities within the Tasmanian and a national context.

30 Now the further evidence that we wish to present in relation to section 5.2 goes to witness evidence in terms - to demonstrate to the commission amongst other things that the type of work that we anticipate in the classification structure that the HSUA is presenting is indeed what is currently happening in the industry and therefore is relevant and applicable. Accordingly, we have already had a witness in relation to level 6, 7 on the

independent living services, which is the final dot point there, and today we intend to call a witness this morning in relation to level 5 within the independent living services context, which will be Mr Craig Rowley, and then this afternoon we intend to call a witness in relation to accommodation services, which will be a Mr Tony Medcraft.

5 So as I stated earlier, the purpose of calling these witnesses is to demonstrate to the commission in sworn evidence that the type of work that the HSUA seeks to contain in the classification structure we propose is indeed relevant to the industry and to provide sworn evidence about the type of work that is currently being undertaken in - amongst other things, as I said, because there are some issues of public interest that all of my witnesses have touched upon.

DEPUTY PRESIDENT ROBINSON: Thank you.

MS HARVEY: So if I could now call Mr Craig Rowley.

15 DEPUTY PRESIDENT ROBINSON: We are just making sure we have your name right, Mr Rowley.

**CRAIG ANTHONY ROWLEY, sworn:**

MS HARVEY: Now, consistent with the approach I have used before, Mr Deputy President, I at this stage would like to hand up a witness statement.

20

DEPUTY PRESIDENT ROBINSON: Which will be WS - - -

MS HARVEY: Which will be WS - must be 4.

DEPUTY PRESIDENT ROBINSON: WS4 it shall be then.

MS HARVEY: Also, Mr Deputy President, Mr Rowley has requested that he be able to have some notes whilst he is giving evidence. I have shown it to the advocate, the TCCI advocate, it is just simple sort of jolt-the-memory type notes. So if I could hand both those documents to Mr Rowley.

25

DEPUTY PRESIDENT ROBINSON: The notes will not be read, they will be just an aid to memory?

30

MS HARVEY: That is correct, an aid to memory.

Now, Mr Rowley, if you could just state for the record your full name and address?---My name is Craig Anthony Rowley and I live at RSD 881A Claude Road, Sheffield.

5 Thank you. Now the document that I have handed you, this document, what is that document?---It's a witness statement. My witness statement.

It is a witness statement that you have prepared for this hearing?---Yes, I prepared, yes.

10 Okay. If I could just take you to your witness statement on page 1 and perhaps if you could start reading through that?---Mm. Well, my personal details, as I have said, I am Craig Rowley, I live at RSD 881A Claude Road, Sheffield. I have an associate diploma in developmental disabilities from Charles Sturt University. I have just completed this qualification. My employer gave me time off to attend exams and compulsory workshops for my studies. I am employed as a functional programmer 1 at the  
15 occupational training and support service, OTAS, at Devonfield. I have attached an organisation chart at tab 2.

Can I just take you to that organisation chart?---Mm.

DEPUTY PRESIDENT ROBINSON: Could you speak up a little bit, Mr Rowley, for us?---Sorry.

20 MS HARVEY: If you could perhaps just explain to the commission in tab 2 what - how it fits together?---Okay. Well, Devonfield Enterprises is divided into three main areas. There is the accommodation area which involves approximately 25 bed hostel accommodation and two cottages, one  
25 which contains about four residents and the other one which is split into two contains about 10 or 12. There is also four community living houses and an accommodation service for children. Devon Industries is the shelter employment part of the service and then the service I work in is the occupational training and support service which supports and trains about 30 clients.

30 And if I can just take you over the page in tab 2. Would you explain where you fit into that structure and what that is?---Righto. Okay. This is the structure within operational training and support service. Above myself is the manager or acting manager. I am the functional - my position is a functional programmer grade 1 and below me we have four  
35 program assistants. I work - approximately about half my time is hands-on running programs similar to those of the program assistant. The other half is in co-ordinating and management activities in co-ordination with the manager.

Right. I will take you back to tab 1 and where you left off before which was on the first page at the end of the fourth paragraph, if you just continue with your statement?---I have been employed in this position for over two years, that's the functional programmer's position. Prior to this  
5 I was employed as a program assistant for three years in the same service. I have attached - I have worked in the industry for seven years and I have attached my regime at tab 3.

Could we just take you to that regime. If you could just quickly run through those for the commission?---Mm. Yes. Currently I am a  
10 functional programmer and I have been in that position since May 92. Previous to that I worked as a program assistant for approximately three years. During that period, when we first came to Tasmania, myself and my wife were house parents for children with intellectual disabilities within the service and my wife was employed as the manager of that service and  
15 during that time I gained employed at the occupational training and support service.

DEPUTY PRESIDENT ROBINSON: Does that mean, if you would not mind just explaining, as a house parent that you had clients resident with you as part of the family?---Yes. Yes, we lived in a house in the  
20 community.

Yes?---We had four or five children full time plus those in respite plus staff which came in to help.

Right. Thank you?---Mm. Prior to that when I lived in Brisbane, I worked two years with the Queensland Spastic Welfare League both in  
25 their adult training centre, which is equivalent to independent living skills area, and also vocational educational unit in Brisbane. My qualifications: I have just completed the associate diploma of social science, developmental disabilities with Charles Sturt University at Wagga Wagga New South Wales. I am just waiting my final results for that. I have a  
30 certificate of working with the handicapped which was at Kangaroo Point College of TAFE in Brisbane 1989. I have completed - successfully completed a homosexual - human sexuality workshop, sorry, got that a bit back the front.

MS HARVEY: A Freudian slip?---Watching TV too much. Successful completion of a human sexuality workshop with Family Planning  
35 Association in Hobart, just down the road here, and I have just recently completed a Macaton vocabulary workshop with the speech therapy department at the Queensland Spastic Welfare League and I intend to continue on to complete a degree in habilitation through Charles Sturt  
40 University.

Right. If I can just take you back to page - tab 1.

Right. So you were up to the - half-way down the page there?---Right.

5 If you would continue?---Okay. I am familiar with the HSUAs application. My job is consistent with the definition of level 5. My superior is currently the acting manager and at the same level as me in the award, but she receives an in-charge allowance of \$40 per week. Functional programmer 1 is currently the highest rate. She has been in this position for approximately two years. I chose to do the associate diploma of my own accord. I use most of the skills gained from my qualification to the degree allowed by my position, apart from the higher level management skills. That is why I believe that regardless of my qualification I am still a level 5 in the HSUAs application because I don't meet the requirements of the classification definition in level 6. I have the option of continuing on to complete a degree in habilitation.

15 Could you just explain to the commission what degree in habilitation is and how it relates to the industry?---Right. Okay. A degree in habilitation continues straight on from my associate diploma. When I first started the course only the associate diploma was offered, and during the course they upgraded that to a degree. But as I started in the original one, I have to reapply to continue on to the degree that continues straight on. So a degree in habilitation goes further into the management needs for services, and habilitation relates to the fact that people who may be injured in an accident are rehabilitated, try to get back to what they were; so habilitation is to get people with intellectual disability to be able to come up to the commonly held view of people in the community.

25 So it is consistent with community integration?---Yes.

Okay. If I could take you - keep going over the page.

DEPUTY PRESIDENT ROBINSON: I think there is a last - - -

30 MS HARVEY: I am sorry; did I miss - - -?---There is a last paragraph there.

DEPUTY PRESIDENT ROBINSON: - - - a last sentence on the page.

35 MS HARVEY: Right?---I did the qualification for the purposes of job security and with the view to a long-term career structure. I was only a program assistant when I started the course. Okay. OTASS: OTASS is an independent living training service for people with intellectual disabilities. From the client perspective we go through the following steps: we assess new clients.

Could I just stop you there. If you could just explain how do the assessment of clients?---Right. When new clients come in we try and gather as much information about them as we can; whether - if they are coming from a school environment we try and get some information from there so we don't go over approaches which haven't worked in the past. We also get a better understanding of what their needs are and how those needs are likely to be filled. If they are coming from a home environment we speak to parents and anybody else relative that we can get on to and gather as much past information as we can, so then we can assess their needs more accurately and get them into programs which will fulfil their needs. For people that come from the community integration project, originally from Willow Court, we can usually - they have usually been assessed professionally over a number of years, and so we get a lot of professional documentation which has all that information in it, so that can be a big help too.

Is that the same for community clients?---If they are in the community integration project, yes, they would have. If they are not part of the community integration project, no; then we would gather the information from wherever we can.

Okay. If you would not mind just speaking up?---Sorry.

I know it is hard to do. Okay. So once you have done the assessment then you go on to stage 2?---Yes. The next stage is that goals of establishing clients are slotted into training programs which are designed to meet their needs. Initially it can be - I suppose I shouldn't expand. Okay. There is an ongoing assessment process. Clients are assessed two or three times a year in detail. All staff are involved through staff meetings. As part of the assessment we assess in detail the clients participation in each of their programs. Their progress is noted, and if there are any particular difficulties or issues then we - - -

MR FITZGERALD: Mr Deputy President, sorry. If I could just - I think you indicated at the opening that Mr Rowley's notes were an aide-memoire rather than actually reading from them.

DEPUTY PRESIDENT ROBINSON: I think he is reading from the witness statement at the moment.

MR FITZGERALD: I thought there was some - I thought there was some initial reading of notes. I could be wrong there. I am sorry if I was.

MS HARVEY: No, I think - - -

DEPUTY PRESIDENT ROBINSON: I have been following it.

MR FITZGERALD: I could not follow it either.

MS HARVEY: Well, perhaps if we ask the witness.

Mr Rowley, were you reading from notes then?---No.

5 What were you reading from?---No. I was reading from the witness statement. Sorry. I just enlarged on a piece there.

DEPUTY PRESIDENT ROBINSON: I do not think there is anything wrong with the witness presenting his witness statement and supplementing it by his own comments.

10 MR FITZGERALD: No. No, I do not see anything wrong with that as well, but I just assumed that he was reading from notes. I apologise, I was wrong there.

DEPUTY PRESIDENT ROBINSON: No.

MS HARVEY: I just point out I have shown all the notes to Mr FitzGerald that Mr Rowley has.

15 DEPUTY PRESIDENT ROBINSON: Yes.

20 MS HARVEY: Sorry; if you just keep going from there?---Right, okay. As part of the assessment we assess in detail the clients participation in each of their programs. Their progress is noted, and if there are any particular difficulties or issues then we put together strategies to address these.

25 Just if I could stop you there. Could you give an example of that sort of process?---Okay. So what happens, when we do the assessments - we have a staff meeting every week which goes for about two hours, and everybody is involved. We go through each of the persons - we work through alphabetically through everybody. We go through usually about - assess about two people each week. We go through all of the programs they do and they are assessed in detail; each person gives a report, refer to task analysis sheets if they are relevant, and they give a detailed report of how they are going, what progress they are making, what difficulties they are having, if they need to move on to new areas or if they are regressing. 30 Then we decide on if they will continue in the - if they need to continue in that program, if they need more support, if they are ready for a program which offers more opportunities, and then those strategies are put together to meet those needs.



Right. Thank you. If you could just continue?---At the end of each year revised goals are set for each client. The above process is documented and monitored. It is the equivalent of an individual program plan for each client. I am aware of the requirements regarding individual program plans  
5 in the outcome standards, and our procedures are consistent with this approach.

If you could just explain those outcome standards. What are they?---The outcome standards refer basically to the principles of normalisation; that people are able to access in the community and participate in community  
10 activities as would any other member of the community; that people have the right to choice, and that the programs and training that they are involved in are relevant to them. As opposed to just an activity to occupy their time, they are actually relevant and will increase their abilities and skills. Also it promotes integration and interdependence; that people are  
15 able to move into the community - whether it be workplace or recreation or living skills area, whatever - and be able to integrate as much as possible and also be independent with other - interdependent with the other people so that they get to know people within the communities, they set up their own networks so that they can interact and people will know them and they can help them out with particular areas they may need support in.  
20 The last part of the standards is that these things ensure that this approach does occur and it is monitored and recorded as in relation to an individual program plan.

So who actually sets those standards?---Disability Services sets the  
25 standards, and they are pretty much standard Australia-wide, I think.

And there was inter-department: which department are disability services within, state department?---Yes, Tasmanian; yes, a state department.

DEPUTY PRESIDENT ROBINSON: Could I ask who was responsible  
30 ultimately for seeing that these procedures are consistently adhered to?---Our service is assessed, and whether we meet these standards it's assessed, I'm not sure, once or twice a year. They come down, they go through all our assessment folders, information.

I am asking who?---Who? The Department of Disability Services.

I see.

35 MS HARVEY: Okay. Sorry; when you said Department of Disability Services, it is disability services within which department?---Sorry?

I forget their name. They change their name all the time?---Yes, they are always changing their name.

It is a state department?---Yes, Tasmanian state department, yes.

DEPUTY PRESIDENT ROBINSON: What would happen if the state department, whatever their name is - - -

MS HARVEY: Can I give the name?

5 DEPUTY PRESIDENT ROBINSON: Yes, give us the name.

MS HARVEY: Community Health Services.

DEPUTY PRESIDENT ROBINSON: Community Health Services?

MS HARVEY: Yes.

10 DEPUTY PRESIDENT ROBINSON: - - - feels that there is not - if the program settings are not satisfactory and they have not - or if the program is satisfactory and that it has not been followed through properly? What would happen under those unlikely circumstances?---Well, they'd probably - it hasn't happened so I can't be sure, but, I mean, they'd probably perhaps point out the areas that don't meet the standard and try and give us greater support in meeting those standards. It's very much a positive approach rather than a big-stick approach.

15

Yes?---In theory the ultimate is that you'd lose your funding, but in reality they obviously don't want that to happen. They want people to achieve.

20

Yes, right?---So they try and support us in a positive way, so that if standards aren't met they look at ways - - -

Of course. But ultimately, in an extreme case, funding could be affected?---Yes. Yes, definitely.

Thank you.

25

MS HARVEY: Okay, if you could continue with your statement?---Okay. OTASS programs. We run a variety of programs for the clients. They are divided into to categories: community based programs - this means programs where we support clients in the broader community activities. This includes such things as pottery, community access program - - -

30

Could I just stop you there? Could you just explain what the community access program is?---Okay. Community access program is one we've set up as clients have progressed in their ability to be integrated and involves one staff member and about five clients going down - we've hired, or we rent two premises on different days, so each day one staff member would

5 go down with five clients and they spend the whole day on that premises  
and work from there and integrate into the city. They access gymnasiums  
and libraries and shops. They totally - they have a certain amount of  
money with them and they totally control the day themselves. So, the  
clients have the opportunity to make decisions, to make choices, to  
experience the consequences of their choices. So they may choose what  
they want to buy for lunch. They have to budget their money. If they  
decide to spend it all on going to the gymnasium then they may only be left  
with a dollar for lunch or whatever. So it gives them the chance to  
10 basically learn by their mistakes and to have control and choice.

DEPUTY PRESIDENT ROBINSON: And take some  
responsibilities?---And take responsibility, that's right.

15 MS HARVEY: And the next one?---Okay. City skills program is along  
similar lines, but it is only run over one session for about an hour and a  
half. The idea of this program is for people who are not able to go on the  
community access program for various reasons. Some people have  
displayed in the past an intolerance for being in the community and under -  
having to make decisions and choice for that length of period and have  
found that intolerant, which can lead to a difficulty. Some people become  
20 agitated or aggressive or withdrawn. So, to try and overcome that problem  
we've created the city skills program, which is a shortened version so that  
people can still experience community integration but to the limit of their  
intolerance.

25 Okay. Outdoor pursuits. If you would not mind expanding on t hat one  
as well?---Okay. This one basically involves - it is about a four-hour  
session, about a half-day session; involves things like bush walking, going  
to caves, very basic rope work, basic map skills and so forth. The idea of  
the program was originally put together for people who displayed  
challenging behaviour; for people who either had shown aggression,  
30 intolerance for structure, poor concentration skills, lack of commitment,  
which was proving to be a barrier to their opportunities in other areas. So,  
by going out on things like bush walks they prepare all the gear that they  
take with them and everything; go out for a long walk, because it's a long  
walk or whatever the activity is - they have to make a commitment to  
35 complete it. They can't just walk out of a group into the next room. If  
they're three kilometres out they have to walk three kilometres back,  
whatever. So, it increases their tolerance for joining in programs and then  
that gradually flows on to other programs. As their tolerance increases,  
then they are more able to go into other programs which are useful to them  
40 as far as community integration goes.

Okay. If you would not mind just - the next one?---Okay. Integrated  
exercise classes.

I am sorry, the next?---Work experience and skills transfer programs.

5 Could you just please explain on that one?---Okay. Four people - one of  
the ultimate ideals is to get people into paid employment. In order to work  
in that direction we first start off with skills transfer programs. One of the  
deficits of a person with an intellectual disability is their lack of ability to  
10 generalise skills. What they may be able to do in one setting they find  
very difficult to transfer to another setting. So, one of the skill transfer  
programs we have is that Devonfield also manages a youth hostel  
association building, and so we have a crew which goes up and cleans that  
each day and that helps generalised skills from our area where they clean  
within the OTASS building, to cleaning in a different environment. And  
then that flows on to perhaps cleaning in other areas. From that we have  
15 been able to develop a work crew which are actually paid. They do four  
hours a week, two ladies, and they clean at a community house and they  
are employed just on a normal rate of pay and they work with minimal  
supervision. They started with the full four hours staff support and they  
are now down to one hour staff support, and we hope to withdraw that  
support in the near future, so that they are being fully employed normally  
as anybody else would be in the community for that period of time.

20 DEPUTY PRESIDENT ROBINSON: Right?---Work experience is along  
the same lines. We - depending on the person, we try to get people work  
experience in the sheltered employment section of Devonfield; Devon  
Industries, and we usually get them a block - it may be, depending on what  
25 is available, it may be just a couple of mornings a week or a couple of  
days a week. Sometimes we can get, if there's enough work available they  
can do three-month blocks which are extended if the work continues and  
if their work is satisfactory that increases their skills and tolerance for those  
areas and hopefully in the future that will open up more opportunities for  
30 them to be employed in open employment. Also, as part of that work  
experience and skills transfer we get people work experience within the  
community. We have had a number of people employed on work  
experience at Mersey General Hospital, at two of the nursing homes around  
town, and they do things like cleaning, working in the kitchen, delivering  
35 morning teas and so forth. Sometimes it is that we have opportunities for  
those type of work experiences which we don't have people in our service  
that are - within OTASS that are capable of fulfilling those skills and so we  
work with the sheltered workshop and we get people who are suitably  
skilled from that area who can go down and work in those areas. That  
40 increases their chances of getting open employment and therefore it  
increases our chances of moving the lesser skilled people from our area  
into the sheltered employment area.

Right. These are people who you are attempting to integrate into a work-  
type environment. And is it fact that you have people who work almost

full time; other cases where people are able to work almost full time at Devonfield in workshops or - - -?---People waiting to come in, you mean?

5 No, no. Have you got some people who are able to come in virtually every day and, I do not know, make pallets and fill packets and - - -?---Yes. Yes, oh, yes. Within the sheltered workshops Devon Industries - there is a large number of people who work a full-time, 40-hour week.

Right. But you are talking now of other people who have not reached that stage and you are hoping to - - -?---Yes, people within our service - - -

10 - - - expose them to that?---We - our service caters for people with moderate to severe disabilities.

Yes?---So, some of those people, realistically the best their skills allow them is to be able to move from our area into the sheltered employment area.

15 Yes?---Consequently there are people in the sheltered employment area who are capable of open employment. So, by promoting people from our area to get more experience - from that area to get more experience, it opens up opportunities for people to move into open employment. So, we get a flow-through situation.

20 And I guess for those who are able to make that step it would be quite a significant thing to them?---Oh, yes, it is very - a large step in self esteem. Having a wage gives them greater control of their own lives. Yes, it can have a big effect, yes. And we've had a lot of support from the work experience program. Certainly we've had supervisors within the Mersey  
25 General Hospital and within the nursing homes who said they'd be quite willing to recommend people for open employment. So the opportunities are certainly there.

30 Right?---The people who work - who do have the potential for open employment, they're encouraged to register at CES, so hopefully they will get an opportunity eventually.

35 Good. Thank you?---Okay. One of the next areas is adult literacy, which is the unit down town. OTASS based programs - these include domestic skills training, things like cleaning and lunch preparation, a drama group, woodwork skills, personal care and grooming, meeting skills, adult literacy, meal management and social etiquette.

MS HARVEY: Could I just stop you there? Could you just explain what that MMASE group is?---Right. Our meal management and social etiquette

is a group which teaches basic skills in meal management so that a person is able to make themselves simple meals but in their own homes, you know, perhaps baked beans on toast and a copy of coffee, or whatever, so that they don't need supervision all the time; so that they are able to control their lives to as much ability as they are able to, and it also focuses on the social requirements of eating in public places. In order for a person to be accepted into the community their social skills need to be of a community standard, so they try and emphasise that social ability so they have a greater chance of community acceptance.

10 And the next one?---Social awareness section on social awareness; we have a number of groups which teach that. Because we work with people who are adults they have the same social and sexual needs as anybody else in the community and so we try and teach awareness of social standards, what is accepted in the community and what is not. And also how to cope with their sexual needs, for instance, some people - a person who maybe has lower functioning skills may, for instance, get a sexual urge and masturbate in public, which is of course not acceptable, so we teach them alternatives to that which are appropriate and are socially acceptable. For people with greater skills who may have relationships we teach them all the normal requirements of relationship right through to how to acquire condoms; how to require support and so forth, so that they can function as normally and equally as anybody else in the community. One of the other groups is an enterprise group, which is basically learning how to run and informal business.

25 Okay?---Okay. Client - - -

If we can move on to clients needs and dependency?---Right. Client needs and dependency levels. We have approximately 30 clients. There is a variation of dependency levels. Our clients have moderate to severe intellectual disability. They are usually able to walk. Many of the clients have related disorders, for example, dementia, schizophrenia, limited sight, speech disorders, emotional and behavioural instabilities and epilepsy, etcetera. Dependency levels are very variable. For example a client can be independent in one task and totally dependent on another.

35 If I just stop you there? Could you give an example of what you mean by that, please?---Okay. People - adults can have particular skills in particular areas so, for example, one person might have - be very good at repetitious work such as whatever - putting envelopes into bags or something or other, whatever a work task may be, stacking wood or something, so they can be totally independent in something like that; they may understand that. Where, in another area such as having a cup of tea in a social area in a public place they may require a lot of assistance, their behaviour may be inappropriate.

Okay.

5 DEPUTY PRESIDENT ROBINSON: Has it ever been your experience that you find clients who appear to have say severe intellectual handicap but that they have an outstanding ability in a particular area such as being musical?---It does occur, yes. We have one person who has what you might describe as a severe intellectual disability who can play the piano quite well.

Yes?---Yes. It does occur. It is not always useful in the functional sense.

10 No?---I mean, it's, you know, it is a pleasant - and it is a good skill to have and then that person is, for that skill, is seen as perhaps more capable and therefore more accepted.

Yes. Interesting.

15 MS HARVEY: You did mention epilepsy. What proportion of your clients have epilepsy, roughly?---Possibly about a quarter probably, because people have mostly moderate to severe brain damage then they have a much higher incidence of developing other brain disorders such as epilepsy, so there is a significant number of people who have epilepsy and often they are quite unusual forms of epilepsy which can be unstable because of that severe brain damage. So some people can be quite difficult to stabilise their epilepsy. They may be fine for a year, then their brain pattern changes somewhat and they become unstable seizures, increase and so forth. So it can be very difficult for them to maintain a functional level.

20 DEPUTY PRESIDENT ROBINSON: Yes.

25 MS HARVEY: Okay?---Dependency levels are very variable, for example a client - will I read that?

Yes, that is fine. You are just into the next paragraph, "Many client"?---Right. Many clients need behaviour modification support to address associated disorders such as emotional disorders, incontinence, schizophrenia, unawareness of appropriate social behaviour.

30 Could you perhaps expand - give us an example in the schizophrenia?---Okay. We have one client at present with schizophrenia and we have had another one in the past. It is - we don't come across that sort of person very often, but it can have a pretty significant effect on the particular person and on the service and other people who are accessing the service, because schizophrenia is a gross lack of self esteem and can be quite unstable. The person can experience quite erratic behavioural changes which are rather unpredictable. So the person we have at the

moment we have been able to stabilise her behaviour reasonably well, although that varies from time to time. It can be triggered for no apparent reason at times.

5 DEPUTY PRESIDENT ROBINSON: Would you find that in such a case that persons within Devonfield would not have the specialist skills needed to treat such a case and you would need to call in to aid other persons?---Yes, we have approached a dementia unit in Devonport for assistance and they have - a psychologist there has given us some assistance and this particular person also sees her about once monthly for referrals and we get some support from that area. Because it is only the one person 10 we have come to know her patterns and so we have developed approaches which are generally successful, so we can help her control her schizophrenia so that she can function fairly normally and have a worthwhile standard of life.

15 Yes.

MS HARVEY: Is that all the time or - that she is able to turn off?---No, she's not able to turn it off at any time but she can control it for short periods so that she can function usefully and her life is not totally dominated by that condition.

20 Okay. If you could just continue?---Violence and aggressive behaviour does not happen very often but it can be very predictable. There are three or four clients we would call aggressive but only at times.

25 Could you perhaps expand on that or give us an example of the sort of aggression you are talking about?---Yes. Very aggressive behaviour which results in violence as I said occurs very infrequently. However, it can be very unpredictable, for example, one particular person we work with who originally came from Willow Court many, many years ago, and has progressed very well over the years, was put on Community Access Program and he worked quite well on that for six, oh, probably a year or 30 more, quite a long time, he was working quite well. One particular day when the staff person was down there, they were just about to leave, she had a volunteer with her and just before she left, for some unknown reason, he just run up behind her and pulled a chunk of hair right out of her head from the roots. There was no - we weren't able to determine 35 what the cause of it was or why it had occurred. Obviously, something had triggered it. It was very difficult to say what it was. His communication, I believe, was very limited. Obviously, the staff was fairly distressed, especially as they were isolated down town and were responsible for the volunteer as well. So she remained as calm as she could muster until someone came to pick her up, and the situation was 40 assessed and then it was decided that the particular client was too unstable



to take back in the van with everybody else so - I always pick her up on that day so I stayed with him; they went back and we sent - a couple of other people came down to take him back.

5 Would staff be trained to be able to handle that difficult situation at the time?---To a point, yes. It happens rarely - it happens rarely, so it's difficult to train for it but generally our approach with most aggressive behaviour is to stay calm, not to aggravate the situation; to try and reason with the person if possible; and try and stand back - give them time to cool down.

10 Yes. Were there modules in your recent training which dealt with that very subject, handling violence?---Broadly there was, yes, broadly. Aggression is just an extension of a behavioural problem. It is usually an extreme form of communication that the person is extremely distressed about something because they can't express it otherwise; they express it  
15 in that aggressive way. It is not unique to people with disabilities.

DEPUTY PRESIDENT ROBINSON: No?---I mean, there are plenty of examples. People get upset and punch holes in the wall and throw furniture and things. But, certainly, a person's lack of communication and ability can be a great frustration to them and that can aggravate a situation.

20 Yes, thank you.

MS HARVEY: The aggression that actually does happen, are there other incidences that are headed off, or how would that be headed off?---Yes. With all approaches we try and focus on the positive aspects of a person's ability and try and reduce the negative aspects. Obviously, for something  
25 very severe like a violence, the person has to have realistic consequences that person was withdrawn from that program partly as a punishment but also partly because he didn't have the tolerance to cope with that length of training. He has now moved on to the city skills program which he does have the tolerance for that length of time, plus the fact because it's shorter  
30 the staff is less at risk also.

How do staff actually head off aggression from occurring?---Well, we try and assess why it occurred and, in most instances again, it is because frustration of communication, so we try to encourage - give the person strategies to cope with their frustration; encourage them to come and talk  
35 to us if they have a problem. If they are not able to talk, try and indicate in some way either through signs or just grabbing your arm to pointing, to try and indicate that they have a problem. Even sometimes just to get them to say no. This particular at the time could not say no; so perhaps he was asked to do something that he didn't wish to do but had no other way of  
40 expressing the desire to say no. So if we can say no, the person had made

a choice and we have to respect that choice if it is reasonable, and it can be avoided in that way. And also look at programs which the person is more capable in, builds their self esteem so that they don't have the need to exhibit aggression to get attention, and that they can get attention for their abilities, their positive points

Okay?---When violence happens we look at the causes and try to prevent it in the future. Strategies may include reducing the client's training demands or allocating more staff time to the client. it can be a difficult balance.

10 Could you just expand on that, why it is a difficult balance?---Depending on what the need is and what the strategies are formulated, a person can show adverse behaviour because - when they are bored so it can either increase the activities that they have - the more interesting - which means putting them into more interesting or active programmes. The down side of that is that there are probably a lot of people with that need. We can't always offer that type of program; so it means that we have to take somebody out of a program; so it's a delicate.

DEPUTY PRESIDENT ROBINSON: That is where you have to reach the balance?---Yes, that means someone has to profit but someone has to also lose out; so that's a difficult balance to try and - particularly a person who has very obvious behavioural problems, not to cater their needs to an extent that it puts everybody else at a disadvantage. They have to accept the good with the bad like everybody else.

MS HARVEY: Yes?---Okay, another area we have some experience in is schizophrenia. We have one client currently and another in the past who have had schizophrenia. The current client we know quite well and we know her patterns. We can keep her fairly stable for limited periods so she can interact and function fairly normally. A few years ago that person became very unstable and for an unknown reason she had screaming outbursts regularly for a full year. This put incredible pressure on staff and clients. This client is seeing a psychologist. however, a staff person goes with her to give us feedback and reference. My responsibilities: my responsibilities include running regular programs for clients; ensuring that lower level staff can meet the requirements of the programs that they are running; undertaking tasks analyses - this includes development, monitoring and reviewing; monitoring and dispensing medications which includes documenting and recording what drugs are taken.

40 Could you just expand on that one for us?---Okay. Medication: the residential area controls all the medication. It is better if one area controls it so there is no overlap or mistakes. Because people come to us for the full day a lot of people require medication at lunchtime, so those lunchtime

5 medications come down. I am responsible for dispensing those, ensuring that they are correct, that there hasn't been any left out or people don't take the wrong ones. Also one of the people we have has diabetes, so we monitor her sugar levels with a test kit probably every second day just to ensure that her levels are within the range, otherwise that will affect her behaviour.

10 Individual program planning, including assessing individual needs and setting up training goals; overseeing the program delivery including briefing program assistants, the allocation of resources, monitoring, and providing assistance with problems. I do these tasks in conjunction with the manager; training and support of lower level staff; providing technical advice on things like behaviour modification. I need a whole range of skills to do my job including good communication skills - including non-verbal; understanding of the principles of normalisation and behaviour management; an understanding of medications; good analytical skills; capacity to liaise with a variety of people and organisations such as other support services - residential, parents, disability service; supervision of staff; skills in managing resources and determining priorities; technical support; ability to act as a "troubleshooter".

20 DEPUTY PRESIDENT ROBINSON: Could I just ask you how, if you do not mind, you need to have a skills in understanding medications? Could you explain that a little bit further?---Very basic skills. I don't pretend to be a doctor or a nurse. I do need to have an understanding of what medications people are taking, what they look like, what the colours are, certain sizes. We keep a file on what everybody takes. If the medications are wrong I need to be able to recognise it - they are the wrong one, they've got the wrong tablet, the wrong colour, wrong size, whatever.

30 Right, colour coding on boxes?---The actual - yes, the tablets, they all come down in the same identical containers with the name on each container, which has been taken out of the dose which the chemist has filled. But, you know, on rare occasions a table can be left out or can be put in the wrong container, so I have to ensure that they are correct.

35 Right?---If they are not there, I ring up and follow it through. if there are any changes, they are different to what they normally are, I ring up and check if there's been any changes we haven't been informed of - - -

Yes?--- - - - to ensure that people aren't taking medication that they shouldn't be getting.

40 Would you be able to recognise side effects of any particular medication?---Yes, generally if there are significant side effects. There

have been rare occasions in the past when people have been either given the wrong medication or double doses and, yes, most staff are able to recognise side effects - slowness and dullness, etcetera - and we follow that through fairly quickly.

5 Good?---Responsibilities of program assistants: program assistants deliver a lot of the programs, approximately 15 programs each week.

MS HARVEY: Could you just expand on what the program is for the commission?---Right. The program is a list of the programmes that I talked about earlier. We have the days divided into four program segments; so there's 20 potential program segments each. Now, some programmes run more than one segment, such as the community access program, then each person runs approximately 15 programmes each. They are involved in most aspects of the services part of the team. The manager and I provide them with support and back-up. Program assistants regularly work on their own. Whilst each program has guidelines in terms of what is expected, the program assistants generally develop and implement their own programs. The manager and I give them assistance in this when they require it.

20 When new staff start they work with other staff and they are gradually integrated into the service and eventually run their own programs. Program assistants need a lot of skill to do their job. For example, they need to have the skills in setting up and running these programs, managing group dynamics, behavior management, communication skills - including non-verbal - modelling, observation, analysis, etcetera. They are also part of the review and monitoring of IPPs as I explained earlier. Program assistants have a lot of responsibility. For example, approximately a day and a half a week they work on their own in the community with clients.

30 Could you just expand on that?---Okay. Program assistants work on the community access program, city skills program, pottery, horse riding, a whole range of things in the community and they are largely responsible, particularly community access programs, are largely responsible for the format that has followed. They have to ensure obviously the safety of clients as far as crossing streets and use of electric appliances and so forth goes to make a judgment, a balance that the person has access to the greatest independence possible but without putting them at undue risk.

35 You gave the example of crossing the road. I mean, that seems a fairly simple thing. Can you explain why that could be difficult?---Yes, okay. As I said before, a lot of clients have associated disorders. One of the associated disorders with Down Syndrome, particularly with severe Down Syndrome, is a person often has a perceptual difficulty: that is, they can't see, they have very little depth perception so that they have great difficulty

in stepping off the side of a road. It may take them quite some time to step off a curb onto the road because they can't see the difference in depth. Also, working across the road they're a bit unsure of if there's a step there or not because they can't tell whether it's up or down. So they walk very slowly. Of course, other people you can have down town could be just the opposite and probably a bit hyperactive so that when you are trying to cross a road with a group of people, well, you try and let them take as much responsibility as possible. You are also responsible for their safety. So trying to keep the group together crossing safely when one person may cross very slowly where another person may cross very quickly can take quite a bit of skill to organise the group so that they are not at risk.

You are up to many of our clients?---Many of our clients have epilepsy and other disorders which may be quite unstable. This poses extra responsibility for the staff especially in the community access program and there is a huge amount of judgment required about how to deal with situations. For example, you have to decide when to deal with a situation, when to step in and when to refer. Just recognising a potential problem can sometimes can be difficult. It's a matter of signs and judging what is going on. For example, some clients have behavioral patterns that can result in aggression. This is particularly difficult for staff when they are working on their own. We have had cases of people that have been injured.

Okay. So you gave an example earlier. Okay, if you could just keep going?---We have tried to deal with this and other unexpected situations by giving staff a mobile phone but it can still take 15 minutes or more to respond so it only allows limited support to be given. In addition, staff have responsibility for training volunteers, job skills staff, students, rehabilitation participants, CIP staff and work experience students. Communication: most of our clients have communication difficulties, hence communication skills are very important. We use MAKATON and just recently COMPIC. Examples of COMPIC are at tab 4.

Could you just take us to that?---We've actually got examples of MAKATON there, never mind.

That is just an extract, is it?---Yes, that's an extract from the MAKATON book. That's the first two stages. There are seven stages of MAKATON.

Great?---Okay. Non-verbal communication skills are very complex. Using MAKATON and COMPIC in functional application requires considerable skill. When I worked in Queensland I worked with speech pathologists. I find this aspect of my work much more demanding in Tasmania as there is a lack of access to professional staff. New staff must learn MAKATON

and COMPIC. They learn from the other staff. We also have formal training and staff meetings. The difficulty is not so much in the actual learning of a sign but in the teaching of communication. It is not just a matter of using the sign. You need to be able to know if you are communicating. It can be very subtle.

Could you just expand on what you mean by that?---Okay. The signs are fairly simple. It's not hard for you to learn a sign. You want coffee - it is fairly simple and it doesn't take much to sign that. The skill is an actual (a) getting a person to be able to respond using signs if they're not able to speak or their speech is distorted to an extent that it's really hard to understand. It's very difficult to get them to actually sign to a degree that is readable. Secondly, it takes a considerable skill to know if you are actually communicating as communication is a two-way process. It's easy to sign to a person but if they actually - to know if they actually understand what you are saying to them and can respond appropriately with what they wish to say takes some skill. For instance, one of the people we have who is non-verbal, cannot speak, he frequently walks around with his arm up over his face as sort of an insecurity behaviour. We use MAKATON with him on occasions and we've taught him to answer yes or no by nodding his head either way because he can use that in the community then with people who don't know sign language. Often he will - we'll ask him a question and he'll answer yes and for new staff who are less experienced they can often ask him a series of questions and he answers yes and they assume that they're communicating but in fact if you ask him a no question, a question with a no answer, he still continues to answer yes. So the skill is - you have been able to establish if you really are communicating if the person understands what you are saying and getting the person to be able to respond in a way that is functionally useful for them. So even if he does not understand a sign he can at least point or he can grab you by the arm for assistance so he is functionally and usefully is communicating. He's just not modelling a sign that somebody else has shown him.

DEPUTY PRESIDENT ROBINSON: Thank you.

MS HARVEY: Okay. You are up to access to professional staff?---All right. Access to professional staff: there is an absolute need for more professional staff to be employed in the industry. In Queensland we had much better access to professional staff. We have tried many times to get speech pathology support in our service but it has not been possible.

Could I just ask you there why has it not been possible?---Okay. In the past we have had informal offers of support from speech pathologists. Unfortunately, when - this has been taken up to the executive director and we've made written applications to the hospital or wherever was appropriate, they have realised that to cater for the need of the hundreds

of people in the disability service would require a lot of speech - a significant number of speech pathologists which requires more funds which they are not prepared to put up with. So they say that when funding becomes available they will make them - speech pathologists available but  
5 that has not happened to this case.

DEPUTY PRESIDENT ROBINSON: To your knowledge are there enough speech pathologists, as an example, in the state if funds were available to make them available?---There may - I couldn't say for sure. I know the specialist school near us has difficulty attracting speech  
10 pathologists. I think it's a catch 22 situation that while there is no work available for them then they'll move out of the state. If the work is available then they'll be more likely to stay here.

Yes. Because there is demand for them in all sorts of areas like schools, for instance?---Yes. Speech pathology in the disability field is a specialist form of speech pathology. You cannot just necessarily pick up a speech  
15 pathologist from the local hospital. So it is a specialist form and to keep speech pathologists in Tasmania they need sufficient work opportunities to keep them here.

MS HARVEY: Okay?---I believe that the only viable option is to employ professional staff. Without access to professional staff the ability to  
20 achieve integration into the community and the workforce is limited. For example, communication is one of the major causes of behaviour difficulties.

Right. Sorry, could I just ask you to expand on why you think it should  
25 be employed rather than, you know, for example, buying in?---Working with disability where people have very limited communication skills, reduced ability to understand what is going on, consistency is all important in order to modify behaviour so that a person increases their skills. Teams such as those staff in independent living training have to work very  
30 consistently. If you buy in staff from outside they're not a part of that team or only very briefly and, therefore, they're not aware of the greater picture. So while they may have very good speech pathology skills in their particular area they find it more difficult to relate to the specific needs of the group that you are working with. So it's been my experience when I  
35 worked in Queensland that we actually had speech pathologists attached to each unit and - that worked a lot better because they not only worked for clients but they worked with staff as well and we all worked as team together and they were quite often able to come up with strategies to supplement the strategies we were using to address people's needs and staff  
40 need a lot of support to do that efficiently.

DEPUTY PRESIDENT ROBINSON: Yes, thank you?---Speech pathology would be at the top of my list for needed support. The other professionals industry needs include occupational therapists, physiotherapists, psychologist. The type of professionals a service needs would depend on the needs of the client group. In the case of schizophrenia staff have general awareness but it would be better to have access to more professional support. We were able to get a bit of support through a local dementia unit. They gave us some guidance and a treating psychologist gave us a one and a half hour training session. Work experience - the work environment can be very stressful and it only takes one person to exhibit inappropriate behaviour to upset everyone else. You are not just dealing with one person but with the 20 other people that he or she interacts with. I believe that stress - I will get it out yet - I believe that stress and frustration are made worse because we don't have enough support from professionals. Therefore we bear a lot of responsibility. Working with and training other people, for example volunteers and students, can also be very frustrating. For example, when we have developed strategies the new people don't understand, we can deal with the behaviour but an inexperienced person may deal with it incorrectly and so exacerbate the situation. We nearly always have other people working with us, for example we now have two Job Skill placements, a developmental disability student and two volunteers. Training - two staff are currently doing the advanced certificate in developmental disabilities course. They are doing the course part-time at night. As a supervisor I notice a big change in staff who are doing training, for example awareness of normalisation principles, behaviour management and the ability to use training approaches and techniques which result in positive outcomes for clients.

MS HARVEY: Can I just ask you to expand on that final point?---Okay. Because many of the training techniques we use are quite subtle and complex, a person who have prior knowledge of those techniques, although they may not have the experience, if they just have the basic understanding of those techniques they are much more quickly able to be trained and recognise how to put those techniques into practice so the person that does have formal training can be trained in a practical sense much more quickly and therefore disruption to the house strategies and approaches is minimised.

Okay. That actually concludes my examination of the witness so in accordance with custom I assume we are going to have a break until around about 12 and then recommence.

MR FITZGERALD: I think, given the length of evidence and the additional evidence which was given, I would request a slightly longer adjournment then if I could, Mr Deputy President. I understand we have



another witness today and I think we would be able to complete today's evidence without too much problem, but I think given the amount of additional comment - additional to the statement - we would request a slightly longer adjournment.

5 DEPUTY PRESIDENT ROBINSON: Well, how long are you seeking?

MR FITZGERALD: I would like to be able to consult on that. I think half an hour will be adequate, thanks, Mr Deputy President.

DEPUTY PRESIDENT ROBINSON: All right. Well, we will resume at 12 minutes past 12.

10 SHORT ADJOURNMENT

DEPUTY PRESIDENT ROBINSON: Yes, I have been fairly generous, Mr Fitzgerald, you know - another couple of minutes.

MR FITZGERALD: Thank you for the additional time. We certainly used it where we needed it.

15 Mr Rowley, just a few questions about your statement and evidence. You mentioned that you - in your statement, that you did the developmental disabilities course from Charles Stuart University. Was that at your own instigation or was that required by your employer?---That was at my own instigation, yes.

20 Okay, and I think you say later down the statement that you did it for job security. Are you talking about job security in this particular industry or at Devonfield?---Within the industry, yes.

25 Right, okay. I do not think you mentioned in your curriculum vitae or resume, I am sorry, that you in fact - well, what qualification had you prior to these statements at TAB 4?---I am sorry, prior to which?

Well, prior to - Well, let me put it this way - were you previously qualified as a fitter and turner?---Yes, I was, yes.

All right, and when you came into the industry, did you simply only have that qualification and no other qualification?---Yes, I did, that's right.

You - did you manage to complete those tasks required of you without the qualification that you now have?---I did at that stage, yes.

5 Right, thank you. At page 2, if I could just take you through the statement and I think there is a couple of comments also which you might have added which is quite acceptable - if I can just take you through it page by page, I think you said in respect to the CIP program when you were talking about assessing new clients - that in respect to those clients coming out of Willow Court that there was a professional assessment. Can you better clarify what you meant there?---Well, generally - maybe we can start - okay,  
10 about three years ago Devonfield received funding to support eight people on the CIP project who were being moved to the north-west coast. Those people all come with professional assessments which we had before they commenced at the service and so that was - we were able to use those as a reference to start from in assessing their needs.

15 Sorry, when you say professional, who would they have been done by, those assessments?---Various professional staff at Willow Court.

Right. In terms of interpreting those assessments, do you need to be able to make - to be able to properly interpret those assessments in your view?---To a degree, yes. To a degree it would help.

20 So those staff who report to you who do not have any qualification - I think all of them are in that situation, are they not?---There are two staff that are currently studying.

Right, so none actually have a qualification at this time?---A moment - no, not at this stage, no.

25 So are they able to interpret and utilise those professional assessments for those particular clients?---Myself and the manager would decipher the information, talking to people personally, and that would be discussed with staff as to how that could be put into a practical aspect.

30 Do they actually have any particular role in interpreting or best utilising those assessments?---Well, they are given the information from those assessments regarding the persons needs and their past behaviour, also when those people come into programs they have an idea of what to expect and what approaches are likely to be more successful.

35 Okay. Just moving on then, at point 3 where you talk about OTASS programs, are those programs all run by OTASS, there where you set out: Pottery, community access, city skills, outdoor pursuits, etcetera?---Yes, okay. The pottery program's run at TAFE, we have a professional teacher who takes that. Our staff member goes along to support them. Primarily

our person supports them, not just in the hands on support, but more in the behaviour management of the people who are attending. Because the person who at TAFE is skilled in pottery but not in behaviour management it is important to have a person there who has those skills and who can recognise any cues for potential problems or needs so they can avoid those, any difficulties occurring.

Okay. Are any of the other programs, in fact, run externally?---Integrated exercise classes are run, one is aqua aerobics through a health centre and the other one is a gymnasium which also has a professional instructor. Staff go with those people to support them in those programs, particularly the gymnasium program, the staff has the knowledge while the person down there has the knowledge of how to use the equipment, our staff have the knowledge of how to support our people so that they can actually access that equipment. It is easier, you appreciate, for some people you cannot just say, "Jump on and do this", they actually need communications tools to get that across to them and to have a knowledge of their physical ability and how best they can access that equipment.

So, it could be said that your staff act more in a support role rather than a primary role in the running of those programs; would that be so?---Yes, that's right. They act - they take the, I guess, the primary behaviour management and support role where the other person takes the actual instruction role.

Right. So, without labouring the point, could it be likened to, say, to a teachers aide assisting the teacher?---To some degree, yes, to some degree. Probably - yes, it would depend on the skill of the teacher's aide. Probably a bit more skilled than that in some areas.

Yes. So I just - I am sorry to jump all over the place, but just one clarification in respect to answers you gave about those CIP clients and assessments, you said, I think, that your manager is actually involved with the assessment, I think from memory; is that correct?---With the CIP clients?

Yes. And the professional assessments come in?---Yes, well they would come into the manager, yes.

Right. Does that particular person have a professional qualification to your - - - ?---She did two years training with the Endeavour course which was the only thing that was available at the time.

Right. So, she does not hold the same qualification as you do in, say, the Associate Diploma in Development of Disabilities?---No, she does not.

No. Does that - the training she does in any way equate to, in your view, to the training which you undertook as part of the development of disabilities program?

5 MS HARVEY: If I could just interrupt there. I think it is a bit unfair to ask the witness to speculate the content of somebody else's training?

MR FITZGERALD: Well, I think - - -

DEPUTY PRESIDENT ROBINSON: Yes, I think it is a little bit difficult for the present witness to make that assessment about the matter.

10 MR FITZGERALD: Well, the witness, with respect Mr Deputy President, the witness that knew the course which the manager had undertaken and I am sure there is a lot of discussion about qualifications and the need for qualifications, etcetera, and I do not think it is an unfair -  
15 if the witness is unable to say so then I am happy to accept that, but if the witness has knowledge of it, I am just simply asking for a comparison between that particular course and the course which the witness has completed.

20 DEPUTY PRESIDENT ROBINSON: Yes. Well, the witness is at liberty to answer in a variety of ways to that question. And I would not feel there is any compulsion to necessarily venture onto - onto something that you do not feel you are able to comment upon?---Okay/

MR FITZGERALD: Well, if I could just repute the questions.

DEPUTY PRESIDENT ROBINSON: Yes.

MR FITZGERALD: If the witness is unable to answer it I am happy to accept that.

25 But I just wonder, Mr Rowley, if you could comment on the comparative analysis between - - -?---Well, the time she spent on the - - -

30 - - - your course and the managers?--- - - - course was two years part-time which is the equivalent of an advanced certificate now. Whether the subjects she, you know, studied were the equivalent as far as academic ability goes, I do not know because I have not seen the course. It must be appreciated that when she did the course a lot of the present day courses were not available.

Right?---And one of the reasons I believe that she did not go on to do further study was because that course was not accredited and was not

recognised and that is one of the reasons that she has stopped. She is currently doing a couple of management subjects at TAFE.

5 Thank you. But she is nevertheless involved in the interpretation, if I can, for the want of a better phrase, of those professional assessments in respect of those clients; is that correct?---Yes. She is involved in those, yes.

DEPUTY PRESIDENT ROBINSON: Is she involved alone or as part of a team?---As part of a team, yes. Everything is as part of a team, and anything we are unsure of we would seek additional advice.

10 MR FITZGERALD: Okay, thank you?---She has about, I think, 10 or 11 years experience in the industry.

15 Okay, thank you. Mr Rowley, the Deputy President asked a question about - and I think you gave a very full response - about assessments whether in fact particular outcome standards had been met, and I think you - I think you eventually said that, you know, there could be in fact - or there was a supportive approach rather than one which would just simply see them lose - the loss of funding. In terms of an assessment of Devonfield internally as to whether those standards have been met, are they - does that responsibility lie with anyone in particular?---Not in a formal capacity, that I am aware of. The manager is required at heads of department meetings to pass on information regarding what programs are being done and so forth, and the executive director does occasionally sit in on our meetings. So I assume that person has a understanding of the direction we are taking and will inform us if we are not meeting the guidelines.

20  
25 Right. So, is it so that management in fact have that responsibility to make that assessment rather than the program staff, would that be - is that correct?---Well, it passes - it passes down the line. Management project their expectations of what the standards are and what they - how we expect to - how people are expected to fulfil those standards and that is passed right down to the program assistants, so they are expected to meet that approach as well.

30 Okay. Thank you. At page 3 you mentioned a particular client who had schizophrenia. Now it was - I mean, who you believed had schizophrenia, was that a professional diagnosis?---Yes, it is, yes.

35 Right. And who made that diagnosis?---Well, I could not say. She has had schizophrenia since she was a teenager and she is now in her forties, so I could not - but it was - yes it is a professional assessment.

Right. Okay. And you mentioned - I am just swapping a bit, but I am referring to page 3 as well - you mentioned about, I am not sure whether it was the city skills program or the work experience and skills transfer program, but where in fact clients work at hospitals and like establishments, that particular group; are those clients left essentially unsupervised by Devonfield staff?---When they - - -

When they are in that situation, I am sorry?---Yes. When they work in hospital, yes they are, they are on work experience as anybody else would be on work experience and they are supervised by the person they are working with.

Right?---If there are any particular difficulties they contact us and we will address those needs.

Right. Okay. What is the experience there, is there often that a requirement of those particular representatives of those establishments to contact Devonfield staff for support or advice?---Occasionally there is, yes. Most people on those programs have already had many years of training so they are quite capable. We do not put people in there who we expect to have any sort of behavioural problems with.

Right?---Usually problems may be with time keeping or with an inability to complete the task to a satisfactory standard.

So could it be said that when those clients are involved in those programs that they really are out of your hands?---Well, they're taking the responsibilities of the position of working experience. With the medium term vision that they will be able to obtain open employment so in order to obtain open employment they must be able to accept those responsibilities.

Thank you. Just for the purpose of clarification I notice that in the community based programs at the bottom of page 2 you refer to adult literacy and it is again mentioned in ASO Tas based programs. Are they different programs?---Yes, they are. There is the adult literacy unit down town which is part of a generic service which some of our people access with a staff member for support. The ones that are run within the service are run by program assistance and are of a similar nature. We don't have access to the computers that the centre down town has.

And you mentioned the last dot point at 3.2 enterprise group, ie, learning how to run an informal business. Could you - and I cannot recall you giving any examples but can you further elaborate on that particular point?---Yes, okay. It's a very simple business structure. Basically they decide what product they're going to produce which at the moment they're

producing just chocolates which they bandage up in a packet and sell within Devonfield. The idea is not so much to teach them how to run a business but rather to increase the opportunities for making decisions, managing money, interacting with other people in social and organisational waste, give them greater skills and self confidence in those areas which they can then transfer to other areas.

So could it be said that that statement where you say, ie, earning how to run an informal business is in fact not totally correct, it is more of assistance with their own personal life rather than actually running - learning how to run a business?

DEPUTY PRESIDENT ROBINSON: Maybe the emphasis is that it is an informal business rather than a formal?---Yes. I think it's perhaps learning the principles, perhaps, rather than - - -

MR FITZGERALD: Right. Well, could you explain what you mean by informal business there?---Well, it's not a formal business, not registered, it's not - you know, they don't pay tax or anything else, it's just an informal structure.

Okay, but is it business skills you are teaching them or is it life skills that you are teaching them in that program?---It's probably more life skills, yes, more life skills based on

DEPUTY PRESIDENT ROBINSON: In a certain setting, perhaps?---Yes, yes, it just gives the person an understanding of how a business operates. The need to budget money and make decisions, see - lear from the consequences of the decisions they make.

Yes. You are not suggesting that they would be equipped to go out and become a top employer in the state?---No. Not suggesting they could even set up a small business.

MR FITZGERALD: So how does - and I am not certain about this. How does the client in terms of business aspect of it, acquire skills through that program, those particular skills, business skills?---Okay. Well, acquire skills by first of all participating in decision making so they have to decide what product is - they're going to produce, how they're going to sell it, how much money they've got, they have to budget their money. What are they going to do with the profits, what are they going to do if they make a loss. If their decisions are no good, if they make a bad decision they lose money, then they realise that that approach won't work in the future so that they're learning that they have to live with the consequences of their decisions and if they're not appropriate then they have to use lateral thinking to make decisions which may be more successful.

Thanks, Mr Rowley. You said during your evidence that - well, let me just ask you a question. If a client is ill can you tell me how that client is able to acquire medication, if you just take us through the steps and actually then be able to take that medication?---As in the flu or something like that, you mean?

Yes, something like that, yes?---Right. If a person's ill, if they're considered to be ill, generally if it's just a headache and we think it's a genuine headache then they'll be given Panadol and that's recorded. If we consider them to possibly have the flu then like anybody else they're not expected to work when they're sick and they'll be assisted to gain transport to go home.

What about a more serious sickness in your view which requires medical advice. How does the client access that advice and particularly access any medication which might be forthcoming?---Well, we'd use generic services like anybody else so if we had to - if somebody broke a leg at work, for instance, one of the staff would ring up probably the hospital or an ambulance, get an ambulance to come and they'd be catered for in the same way as anybody else in the community.

The actual requiring of medication - or the actual dispensing of medication, could you just clarify how that is done?---Okay. As I said, the residential service controls all the medication so to minimise the number of people handling it. The medication is ordered by each person's doctor and each week - each person has a dose set for a full week which is filled by the chemist.

Can you explain that to the commission? I'm not sure whether we've had that explained previously or not?---Right. Okay.

MS HARVEY: We have had it explained - sorry.

MR FITZGERALD: Yes, all right. I wonder whether Mr Rowley could explain it, please?---Okay. Well, a dose, that is a box divided up into usually four segments for each day and it is for a full seven days. If a person's on a particular medication which their doctor has ordered for epilepsy or depression or whatever, that order is placed with the chemist and he fills the dose sets up and it's his responsibility to take that - those dose sets are passed on to the residential area. They dispense the medication morning and evenings. If medication is required at lunch time it's put into a small bottle with the person's name on it which is sent down to OTASS and it's my responsibility to dispense those medications and ensure that each person gets their correct medication.



Thanks very much for that. Thank you. I think you made a comment during your evidence that both you and your staff are able to recognise the side effects of medication. Is that - just to confirm that is the case, was that the comment you made?---Yes, that is the case, yes.

5 Okay. What training have you had to be able to recognise the side effects of medication?---During my course I did one subject which took in health issues, including medication. Within that it described likely symptoms, some of the more common symptoms of medication overdose. I have passed that information on to other staff. We also have a medication book at work which gives a run down of all medication and the symptoms from those. If we are in doubt, we refer to that. So for a medication overdose, generally a person is very lethargic, very slow. If their behaviour is very notably different to what it normally is then we would suspect that - then we follow back and try and establish if a mistake has been made. If we are 10 in doubt then we would seek medical advice. 15

Right. Your staff have not had specific training in noticing side effects?---Not specific training. They have had training from myself and the manager within meetings, so they can notice a significant change in a person's behaviour which could be a medication problem.

20 Could it not just come down to simple observation skills to see a change in pattern with a particular client?---Well, it is observation skills, that's right.

Okay. Do you need any particular training in that regard then, or is it just simply a matter of watching and observing?---Well, you need a certain 25 degree of training because clients we work with have considerable behavioural changes, changes in patterns, and it can be caused by unstable epilepsy levels or it can be medication overdoses, it could be just that they are stubborn and don't want to do anything, and a person needs to have some awareness of the differences between those to decipher if there is a 30 problem.

Right. Okay, thank you. Mr Deputy President, I think we will only be fairly short and it might be appropriate that we - depending on the extent of re-examination, I think we could finish fairly shortly rather than having to come back this afternoon. It would be more convenient I think for both 35 Mr Rowley and everyone.

DEPUTY PRESIDENT ROBINSON: Yes, push on.

MR FITZGERALD: Thank you.

You talk about the assessment - I think it is a day to day assessment of clients, I think at page 5 or during your evidence given at page 5, where your staff meet to formalise assessment of clients. Can you elaborate more on how that is actually done? Can you give an example of a particular client, for instance?---Yes, right. What happens, probably about half the programs done, the more task-orientated programs such as domestics, that type of thing, task analysis sheets are used, so it's a break down of each particular task such as if a person is making lunches then that is broken down in all the steps required to do that in detail. Then each staff person marks that as they do the task, so that there is a pattern on the task analysis sheet of the areas that the person is capable of and the areas that they need more support in. So those task analysis sheets are given out to the staff that have marked those, and each person gives a report on how they are going on that particular program and that is recorded. Programs that don't have task analysis sheets go through a similar process, giving a break down of how the person's progressing, each program, if they are progressing, if there are any difficulties and so forth. Any difficulties that are established during that period, we look at strategies to overcome those, so that it may be that the person has too many programs, it may be that the piece of equipment they are using such as a can opener is right-handed when they are left-handed; it can be a whole range of things.

Right?---So we look at ways of overcoming those barriers, and we - once we have gone through everybody's program, there is a general assessment made of how the person is going overall. And then we look at the barriers and how they are progressing, what they are likely to benefit from, what areas they need more support. Those assessments are done two or three times a year. At the end of the year there's a general assessment of how they have progressed through the year, and that's compared to their goals which were set the previous year. If they have met their goals then the next step is considered which will be of most benefit to them; if they have not met their goal then we try and ascertain reasons for that and what different approaches we can use to try and meet those goals. And the person is also invited to have a say in what goals they would like to achieve, what they find important, what they want to participate in, and the families also have that opportunity as well if they choose.

Is it an - sorry to stop you there, but is it an informal process, in your view?---The assessment? No, no, it's a very formal process.

Thank you. Moving on to page 6, you talk about your experience in Queensland where in fact there was professional staff engaged. Who were those professional staff engaged by, the organisations or were they involved by government sources there?---I worked for the Queensland Spastic Welfare League in Brisbane. If you appreciate, that being a capital city it

was a very big service, but they employed a lot of professional staff, physios, OTs, speech pathologists, social workers.

5 Right. So the funding was - how was that sourced?---I was only an aide at that stage so I couldn't really be sure, but it was probably half and half maybe with the government, I don't know.

10 Can you make a comparison between Queensland at that time and Tasmania now in terms of resources? Have you had any knowledge about that?---Yes, the professional support was definitely - offered a lot more opportunities. Working with speech pathologists we made a lot more progress as far as communication went. There was a lot - I was able to see a lot less frustration amongst clients and they were able to achieve more things because they could communicate their needs better.

15 But in terms of the funding and provision of it in Tasmania, is it a fair comparison to make - not in terms of the need but in terms of funding?---I couldn't really say.

You cannot? Right. Okay?---I was an aide at that time. I had no real understanding of what the funding was.

20 You say that the only viable option is to employ professional people. What do you mean by viable there?---As opposed to contracting, as I explained earlier, it is - you have - there's a need for consistency, there's a need for teamwork and in order to do that a person needs to have a thorough understanding of the needs of people and a lot of the background and it's difficult to do by just contracting, using somebody from a generic service such as the hospital who, while they have the skills in that specific area, have very little background knowledge.

If you say engage professionals such as O2s and physios, could you not extend the same to a doctor being engaged in the service?---There's no need to have a doctor, those generic services are easily available.

30 Are you aware of government policies of normalisation which require or which encourage the use of external or generic services rather than internal resources?---Yes, I am, yes.

How does this view of yours fit with current policies in respect to . . . . .inaudible. . . . . in this regard?---While it's ideal to use generic services, not all generic services are ideal.

35 Could it be said that your view is in fact in direct contradiction to what government's view is on normalisation at the moment?---I think normalisation is an ideal that everybody certainly would like to work

towards but we also have to work in the real world and a lot of things that are an ideal aren't available in a practical sense.

Is - have you discussed this view with other professionals in the area?---Not professionals, no. We don't have access to professionals.

5 Sorry, other qualified people. Does anyone else share the similar view, do you know?---Yes, some people share similar views, yes.

Right. In terms of your service, have you discussed your view?---Within our service, within OTASS, yes, there is a strong wish to have certainly speech pathology support.

10 You said, I think, that not all speech pathologists are able to - I did not get it exactly - but are able to, I think, be appropriate in this particular circumstance. I think - could you please elaborate on that?---Disability is a field of speech pathology which requires specific skills. If I can just refer you, I said earlier on, "I'm a fitter and turner." that's true. I worked  
15 in heavy engineering but I don't have the skills to be the instrument fitter or to be a diesel fitter, I would have to do additional training for that. So speech pathology in the same way has specific needs for specific areas and additional training is required for those areas.

20 Just on to page 7, getting towards the end of the questions . . . . .inaudible. . . . .?---It doesn't matter.

The job skills placement, do they act in a support role? You said you had two job skills placements?---Yes. They're on the government job skill placement program. They come in to the service for six months. This is the second group we've had.

25 Right?---They work partly in support on programs like pottery and horse riding. Partly they are treated as we treat other staff and have the opportunity to run some of their own programs giving them as much support as we can. Obviously the idea of job skills placement is to give them enough skills so they are employable in the area in the future. So in  
30 order to do that we have to give them enough experience to gain those skills.

Right. What about the role of a volunteer, are they also on the supporting role?---Volunteers we largely use as a buddy system. That means that we use them largely outside of the service on - usually one to one or two to  
35 one community access programs with people who often don't have the social skills to make friends in the general community without assistance. So they are able to make a friend of somebody, a volunteer, get up some

sort of friendship with that person and work in just a casual basis within the community or to participate in the community in that style.

Okay. So there is some supporting role there the volunteers play. Is that - could that be said?---Oh, yes, definitely, yes.

5 Just to take you to tab 3, which is the organisational structure of Devonfield, just to look at that again. Are you absolutely certain that that forms a correct depiction of the organisational practice?---Yes, that's the general structure, yes.

10 Where does the executive director fit in that structure?---The executive director, sorry, is between the board - well, it's responsible to the board obviously.

Right. Okay. So the executive director should fit there somewhere?---Yes.

Underneath the board?---Underneath the board, yes.

So there is just one incorrect in that regard?---Yes.

15 Okay. In terms of tab 4, which is your regime, the - just to look at some of those particular ones, a successful - a certificate of working with handicapped, what was - can you outline what that course was?

DEPUTY PRESIDENT ROBINSON: That was not tab 4, was it?---Tab 3, I think it is.

20 MR FITZGERALD: I am sorry, no, I am looking ahead of myself, it is - tab 3 is the green tab. Thank you for that?---Tab 3, yes. That was 12 months part time six hours a week at night and it was not an accredited course, it was, I guess, an introduction to disability.

25 Okay. And the next one, human sexuality workshop, can you outline the length of that course?---Okay. That was two full days working at Family Planning Association as part of my associate diploma.

Right. And at the successful completion were you required to undergo any assessment process there as to - - - ?---No.

30 Right?---Not within that workshop. However, that was part of a broader sexuality subject which I was assessed on.

Right. Go to the next one, the Macaton vocabulary workshop, is that similarly in the same vein as the other one, a couple of days or - - - ?---Yes, it was a couple of days, taught by a speech pathologist.

Okay. And again, was there any assessment process you were required to undergo?---Not with that course, no.

Thanks very much, Mr Rowley, for your evidence and Mr Deputy President.

5 DEPUTY PRESIDENT ROBINSON: All right, we will adjourn until a quarter past 2 and Ms Harvey will have the right to briefly re-examine on anything which has not been explained properly, unless you - - -

MS HARVEY: Well, I was just wondering, given that Mr Rowley does live up the north-west coast, if you could bear with me.

10 DEPUTY PRESIDENT ROBINSON: Oh, right, yes.

MS HARVEY: I do not think it will take me very long.

DEPUTY PRESIDENT ROBINSON: All right, if you can get out within the time. Yes.

MS HARVEY: Then he can get away. Yes.

15 In relation to you were asked about the, by Mr FitzGerald, about whether the skills that you used, do you use the skills acquired from your associate diploma in your current work?---I use some of the skills, yes, to the degree that I am able to within my level of responsibility.

20 So is there a qualitative difference between when you were, before you did the training and after the training in the same tasks that you were doing?---Is my ability greater?

Yes?---Yes, oh, definitely, yes. I understand the theory behind what I was doing before and have much better understanding of how to control behaviour and how to facilitate positive results.

25 Okay, and Mr FitzGerald asked you about your fitter and turner qualification and you said that at the time that you were able to do the tasks you were employed to do; what were you employed to do at that time?---At that time I was an aid, that was in 1987 before, pretty much before courses were available so I worked in a unit of about 20 staff and  
30 probably about 12 of those were professional staff, there was about four aids, I guess.

So that was the task you were referring to when you answered Mr FitzGerald's question?---Mm hm.

Yes, thank you. Now, on page 3 of your statement Mr FitzGerald took you to that. Now, those programs are actually, you have listed there in 3.2 who runs those?---Program assistants and myself in some cases.

Right, so, they are run by OTASS staff?---Yes, yes.

5 So, your comments in relation to when Mr FitzGerald asked you on page 2 those lists down the side there, he asked you to make an analogy with a teacher's aid; were you referring to those programs where there was technical skills provided and the program assistants were providing support; is that correct?---Mm hm, yes, some of those, yes.

10 So, in the programs you are referring on page 3, is it correct to say that the level of skill is similar to a teacher's aid or is it more than that?---Not fully knowing the level of skill of a teacher's aid it is difficult to say, I've never been a teacher's aid.

Right. Well, that is - - -?---Certainly the skill is considerable.

15 So, it is more than, it is a greater skill than just in these support roles on page 2?---Oh, yes, definitely, yes, absolutely.

And all your program assistants do they work in both sections?---Yes, they work in most programs, yes.

20 Okay, thank you. I was just wondering Mr FitzGerald asked you about the, on the outcome standards and the assessment of outcome standards, I was just wondering if you could comment generally on the outcome standards and the direction of the industry, where it has come from and where it is going and the role that those standards play?---Right. Well, basically the current standards are -

25 MR FITZGERALD: I just wonder, Mr Deputy President, this seems to be in the nature of new evidence. I cannot recall it being mentioned in evidence-in-chief or in the statement and I certainly cannot recall any questions I would - - -

DEPUTY PRESIDENT ROBINSON: Ms Harvey might remind us.

30 MR FITZGERALD: Sorry?

DEPUTY PRESIDENT ROBINSON: Ms Harvey might remind us.

MS HARVEY: Yes.

MR FITZGERALD: Yes, thank you.

MS HARVEY: I was referring to the section where Mr FitzGerald asked about the assessments on outcome standards and he was asking about who did the assessment and who had the responsibility for it and I understood the implication to have been that none of that sort of responsibility filtered  
5 down, so, I was really just asking, giving Mr Rowley the opportunity to respond to that. So, if I could put the question again?

MR FITZGERALD: Well, I just think that that is going further than what  
- - -

MS HARVEY: Well, I will retract the question, it is not that important.

10 MR FITZGERALD: - - - there seems to be a lot of general question - about the devising of outcome standards and general questions relating to it. I simply, my questions related only to who makes that assessment only.

MS HARVEY: Yes, look, I will withdraw the question, it is not that significant.

15 DEPUTY PRESIDENT ROBINSON: All right, it will save me making a ruling.

MS HARVEY: Yes. When Mr FitzGerald was asking you on page 2 about the - or the work experience program and you responded that those  
20 people were out of your hands, could you just clarify for the commission those other programs that are listed on page 2, is direct supervision of the clients involved in all those other programs other than that work experience one?---Yes, they are, yes.

Right. So that is the only area where it is out of your control as  
25 such?---Yes. The reason, it is not out of our control, the reason that people aren't supervised in work experiences, if they hope to get open employment in the future obviously they are not going to be supervised in open employment therefore it would be counter-productive to supervise them on work experience.

Great, thank you. Over the page, just if I could ask you in relation to the  
30 questions on medication Mr FitzGerald asked you to outline the process and you said that you ensured that everyone gets the right medication, do you document that?---Yes, it's documented each day, recorded that a person has taken their medication.

You also outlined a procedure where, a procedure within the service in  
35 relation to the side effects of medication and providing staff with training; could I ask you why did you put this procedure in place within the service and what would happen if staff didn't take this responsibility about knowing



the side effects of medication?---Well, obviously it could go unnoticed. If I can give an example, a year or two back there was a, through a new untrained staff residential worker an incorrect medication was given to a particular person, that person came down to OTASS for the day and was noted by one of the program assistants that they were particularly sluggish and very slow and their speech was drawled; at the time the manager was away so I contacted the residential area and ascertained that the new staff member up there had given them the wrong medication, confused them with another person. I contacted Poisons Information and they gave me the information to follow and we followed that procedure and staff were able to detect it.

Okay, thank you. Now if you could just go to page 5 of your statement, Mr Fitzgerald took you to - in the - could you just read out again, it is the paragraph that starts, "For example"? It is about two-thirds of the page down?---Right, the top one, "It was two weeks, for example - " is that it?

DEPUTY PRESIDENT ROBINSON: There are two "for example's".

MS HARVEY: Is there? Sorry, the first one?---All right.

*For example, I have to decide when to deal with a situation, when to step in and when to refer. Just recognising a potential problem sometimes can be difficult. It is a matter of signs and judging what is going on.*

Can that statement be said to apply to medication issues?---It can apply, yes.

Yes, okay. So Mr Fitzgerald put to you that these skills were just a matter of observation. I assume from what you have just read out you are saying it is more than observation, it is analysis and action as well?---Well, yes.

DEPUTY PRESIDENT ROBINSON: We must remember who is giving evidence here, you know.

MS HARVEY: Yes?---I will answer that question, Ros.

MS HARVEY: Thank you.

DEPUTY PRESIDENT ROBINSON: What was the question?

MR . . . . . : It was an answer?---I think obviously observation is fairly useless unless you can take some action on it so therefore a person has to know what to do with what they have observed, so it does require some training.

MS HARVEY: Okay. Now, Mr Fitzgerald asked you about the support role played by Job Skills placement staff and volunteers. What is the relationship between the staff of OTASS, their working relationship to these volunteers and placement people?---When they are working with them they are responsible to ensure that they follow the guidelines - the programs and guidelines of the service. If it is - if there is a subtle difficulty they may address that by informing the person of the normally followed procedure. If it is something more significant then they would refer that to either myself or the manager.

10 So it does - does it involve supervision?---Yes, it does involve supervision, yes.

Does it involve training?---Yes, program assistants, yes, would have to have the training to know what the procedures were and how to relate the guidelines and so forth to people who are on placement.

15 So how would you describe the skill levels of the program assistant people as compared to these other groups of people who are not actually employees?---Trained program assistants obviously have a much higher skill level than somebody who is coming in with totally untrained or un - inexperienced - - -

20 Okay, thank you. That actually concludes my cross-examination. I would just like to thank Mr Rowley.

DEPUTY PRESIDENT ROBINSON: Right, thanks, Mr Rowley for your participation here today and you may step down. You are excused and we wish you a safe trip home to the glorious north-west coast.

25 **THE WITNESS WITHDREW**

DEPUTY PRESIDENT ROBINSON: We will adjourn until a bit after a quarter past 2.

LUNCHEON ADJOURNMENT

DEPUTY PRESIDENT ROBINSON: Yes?

MS HARVEY: Mr Deputy President, before lunch we had a witness for level 5 of the proposed structure of the Health Services Union's application. Obviously we have got three types of services which we have covered numerous times and if I was to call witnesses for all seven levels for each three type we would be here for a very long time so I have tried to pick the witnesses - - -

DEPUTY PRESIDENT ROBINSON: We have been already.

MS HARVEY: - in a way that we can get sort of an idea of the level of skill but I have chosen from different - from each of the different areas. So in level 5 we just had - it was an independent living service. Now I intend to call this afternoon a witness for level 3 - 3 dash 4 for the accommodation services so obviously we are looking at a lower level of skill utilisation than we were - we have previously because the previous witness we had was a level 5. Before that we had someone from level 6 - 6, 7, looking at that health professional level, so - actually I should retract the word "health" professional level. There is some concern I think that - with that concept of medical models and certainly my organisation is not proposing a medical model for this industry. We are talking about skills that are required to allow people with disabilities to participate in the community. It really is a social role.

DEPUTY PRESIDENT ROBINSON: Right, yes.

MS HARVEY: So having said that, I would like to call Mr Tony Medcraft.

DEPUTY PRESIDENT ROBINSON: What area is he from?

MS HARVEY: Accommodation.

DEPUTY PRESIDENT ROBINSON: Accommodation.

**TONY LEE MEDCRAFT, sworn:**

MS HARVEY: Thanks, Mr Medcraft. Could you just state for the commission your full name and address?---Tony Lee Medcraft, 92 Nixon Street, Devonport.

Great, thanks. At this stage, Mr Deputy President, if I could hand to the witness a document?

DEPUTY PRESIDENT ROBINSON: Yes.

MS HARVEY: As an exhibit and this would be exhibit WS5.

**EXHIBIT WS5 - DOCUMENT**

DEPUTY PRESIDENT ROBINSON: Thank you.

5 MS HARVEY: Mr Medcraft, what is this document that I have just handed to you?---This is something that I have prepared.

10 Right - now, if I could just take you to TAB 1 and if you could perhaps just start reading from your witness statement?---My name is Tony Lee Medcraft, my address is 92 Nixon Street, Devonport. I am employed as a residential support worker for North-West Residential Services. I am currently classified as a supervisor grade 2. I have been employed in this position since April 1991. An organisational chart is at table 2.

Could you just take us through that, please?---Yes.

15 Now could you just explain this structure and where you fit in?---Okay. We have - with our service we have the board of management; we have a manager which is based in Burnie; then we have a supervisor based in Devonport and we have a group staff here which I am part of the group home staff.

20 Right. Okay. And how many group homes are there underneath the Devonport service?---Oh, they're - at the moment, three.

Yes, okay. And so there is a small amount in Burnie?---I think there may be actually more than three, but I am, yes, not real sure.

Okay. Now that supervisor at Devonport, does she - does that person in that job - where do they work from?---They work from their home.

25 Now, I understand since you prepared this outline of the structure there has been a change on Monday - at a staff meeting, perhaps you could explain that to the commission?---Yes, there was a - on Monday at our staff meeting there was appointed and in-house supervisor.

30 Right. So prior to that were staff on different levels?---No, all staff were on as equal.

Right. Okay. Now, this in-house supervisor, is everybody - is every house going to have an in-house supervisor?---I really don't know.

You do not know?---Yes.

How many hours does this in-house supervisor going to work?---The person is working 17½ hours.

5 Right. Which shift is that on?---It's in the morning shift from 6.30 to 10 o'clock.

Now, in terms of your own work as full-time employee, will you ever actually be on shift with the supervisor?---Yes, I'll be on shift one shift every three weeks on a Friday morning - - -

Right?--- - - - for three hours.

10 So all those other shifts, will you have a supervisor?---No.

Right. Okay. If we take you back to where you are reading from in tab 1?---Yes.

15 If you could just keep going. You are up to that third paragraph there?---Okay. I have an associate diploma in developmental disabilities from Riverina College. I have also done a number of short courses which are included in my resume at table 3.

Right. Could you perhaps just take us to tab 3? I understand - oh, I think this is put together back to front?---Yes. Page 4 should be actually page 3.

20 Right. So could you just run through it for the commission?---Right. Educational, current developmental - Diploma in Developmental Disability at Charles Sturt Uni, Wagga - - -

Could I just ask you, in your statement you talk about Riverina, are they - - -?---They are exactly the same place.

25 Right. So it is a change of names?---A change of name, yes.

Okay?---Subjects, normalisation, human operational, management skills, behaviour management, living skills 1 and 2, communication and sexuality.

30 Right. Okay. So you have got those demonstrated abilities down there. If you could just take me through your work history at the bottom there?---Okay. October 90, Devonport Community House on a part-time basis working with an after school program; September to November 90, babysitting and nanny skills course Mersey School Training Program; June to August 90, training course Devonport Tech; February to June 90,

Circular Head Christian School on a one-to-one training; 1989 G.L.O. Training Centre, Smithton; 1986 to 1989 Department of Health group home, Coff's Harbour.

5 Sorry, could you just explain those group homes? What client groups were in that group home?---They were people that the Richman report people coming out of Stockton, Morisset and places like that similar to the programs that have been set and running here in Tasmania.

Right. So people with intellectual and physical disabilities?---Yes.

10 Yes. Great. Thanks?---1985 Coff's Harbour Neighbourhood Centre, holiday program, after school care, leadership training. And go to page 3  
- - -

15 Yes, so we might - well, I was just wanting to take you to the parts that are relevant to the disability industry. Okay. Now, if we take you back to tab 1, now, if you could just resume with your statement there?---I'm not using all my skills that I was trained in because of the position I am in and the way the work is structured. I also work as a sports coach for the Glee Club which is a leisure and recreation service for the people with disabilities. I have worked in the disability service industry for nine years in Tasmania and New South Wales. I worked in group homes for six years in New South Wales; I also worked for one year on a one-to-one basis in a primary school in Smithton.

20 Okay. Just if you keep going there, thanks?---Okay. Point 2, my group home and the clients. There is an organisational chart at tab 2 of my statement. In my group home there are three full-time staff, two part-time staff and casuals. The hours of the group home are 6.30 to 10 am morning shift, 2.30 pm to 10.30 pm evening shift plus sleepover, 10.30 to 6.30 am, and a 2.30 to 8 pm shift. My regular work - I regularly work an evening shift followed by a sleepover.

25 Right. Just on that, how many sleepovers do you actually work?---We - I work four months a year in sleepovers.

30 Right. So equivalent to four months a year?---Four months, yes.

And is it all in one block or is it broken up?---No, we work a 21-day shift and it works out that we do a four sleepovers and a three sleepover block.

35 Right. Okay. And did you service always have sleepover?---No, the initial starting of the service we actually waking staff 24 hours a day.

Right. So a nightshift?---Nightshifts, yes.

Yes. Why did the service change from a nightshift to a sleepover?---The residents became acceptable and dependent on themselves to be able to sleep without supervision through the night.

5 Right. And what was that a result of?---Followed up by assessments and training from staff with the clients.

Right. Okay. So you got them to a stage where they could actually - - -?---Sleep on a regular basis without staff.

10 Right. Great. Okay, if you could just keep going there?---Okay. In my group home there are four clients. They are ex-Willow Court clients. They require constant support and are highly dependent. Clients for each house are determined by the manager and supervisor. There is a policy not to group on the basis of dependency. It is determined by what is best for the client. The clients all have an intellectual disability: one has cerebral palsy, one is legally blind; all have co-ordination and mobility difficulties; 15 three have epilepsy, and one is autism. All the clients are on medication. Medication is given through dosettes. The chemist puts medication into dosettes. We are physically giving the medication in all cases.

20 Right. Just if I could stop you there for a moment. Are there any drugs that you have to sort of monitor the effects of?---Yes. We had to monitor the effects of Melleril with one of our clients to see the effects of that.

And what does that drug do?---It's an antidepressant, it's for behaviour - yes, depressant of that behaviour.

25 Okay. So in monitoring, what were you doing?---The person had a behaviour problem and we were looking at - was that drug actually monitoring that behaviour, settling that person down.

30 Okay. Great. Keep going?---Two of the clients have challenging behaviours: one is self-abusive or self-hitting; one is chatting behaviour which irritates the other clients. Each client has a self-co-ordination plan. The SCP is done by groups of people, including a representative from DCAHS, the supervisor and an appointed staff person. Each client has an appointed staff person who is responsible for their participational needs, monitoring their process and being involved in the SCP process. The SCP sets out the plan over six to 12 months; it is kept in the house. Staff meetings are held every two to three weeks. Their purpose is to review 35 how everything is going and matters going on in the house. Usually it goes for one to two hours. We assess how we are going with clients and monitor what is going on. The residents go to a brokerage service during the day.

Right. Could you just perhaps explain to the commission what a brokerage service is?---Yes. A brokerage service is actually teaching the clients living and recreation skills so that they - and it is also on the basis leading to open employment for those clients.

5 Okay. And so how many hours a day do your residents - residents in your group home go to the brokerage service?---Six hours a day.

Right. So the rest of the time they - - -?---From 9 o'clock to 3 pm.

10 Great. Thanks. Okay, keep going?---Through my duties as a residential support worker we provide all the support for clients in our group home. We are responsible for every aspect of their lives whilst they are at home. This includes physical care, lifting, toileting, bathing, feeding, liaising with health professionals about the clients needs. Doctors talk to support staff and relay information and requirements. Organising and dispensing medication through dosettes: when a client gets a new prescription we have to arrange to have the chemist put it into the dosettes. Responsibility for social and recreation needs, ie, weekends, afternoon and holidays.

15  
20 Could you perhaps just expand on that, what that actually involves?---Part of our responsibility is to make sure that the clients are actually meeting with people who are in mainstream society, providing for holidays so that when they have a break they have the opportunities the same as us, to have a holiday maybe over on the mainland or in other areas.

25 Okay. Keep going?---Providing learning opportunities, living skills, teaching social interaction; hygiene, domestic work, ie, cooking all the meals, laundry, heating, etcetera; making sure of the appointments, health, professional, dentist, doctors, etcetera. The financial side of the clients needs, paying bills, running accounts.

30 Yes. Could you just explain to the commission what authority you have in relation to those financial aspects?---Each of the clients have staff who are actually responsible for taking the money out of their bankbooks. We actually have to have two staff people sign an authority to withdraw the money.

35 Great. Thanks?---When we are on shift we make all the choices for the clients. We make some choices before they go to management. I want to expand on my responsibility for providing learning opportunities for clients. The SCP sets out the needs of clients for opportunities in their lives. Task analysis is not done formally very often, but we still have responsibility for training. We provide training in living skills as part of our everyday work. I want to give a few examples. Three out of four of our clients need eating skills. We teach this by observing what each client is capable of doing,



breaking down into tasks and providing training for each task. All our clients are non-verbal; we are teaching them sign language. Two to three of our clients are incontinent; we have to teach them continency skills. This means teaching them the right signs, teaching them toileting skills and giving positive reinforcement to self-toilet. Four, the work environment: the work environment is very stressful at times. We have no real support. We have a supervisor but she is not based in the house and she has other responsibilities. In a crisis, medical, violent behaviour, disturbances, etcetera, the only access to our supervisor is on the phone. If the answering service machine is on or the supervisor is not at home we have no support. There is no second-in-charge.

Okay. Since you wrote this statement that has slightly changed, has it not?---As from Monday from our staff meeting, yes.

Right. Okay. And you said before that this - in terms of that supervisor, on your shifts will be it be roughly the same as you said here?---Yes, it will be. There won't be any supervisor who will actually be working.

Right. Okay. So in the case of a crisis, which supervisor do you go to? The supervisor on the chart or this new in-service supervisor?---The supervisor on the chart as labelled here.

Right. Okay. Yes, if you would not mind, keep going?---We haven't been told when the supervisor is on duty. We know that she doesn't work weekends but we haven't been officially told that. I have been in the position when I have needed help and I couldn't get on to the supervisor. I was on my own and had a person who was showing self-abusive behaviour. I needed support for the other clients in the house so I could deal with the crisis. I rang the supervisor but she wasn't there. Just knowing something can go wrong and not having automatic backup makes my work stressful at times: you just don't know what is going to happen on your shift. I get paid \$20 to sleep over. The house is on a very busy street; therefore one can't sleep very well. There are no proper sleeping arrangements. We have a fold-down bed in the clients lounge room. If the clients get up, you have to be awake; this means I can't really switch off. There are three doors, and people can come from three different areas.

Could you perhaps just explain to the commission more, you know, expand on the type of stress as a sleep-over puts you under?---Yes. I - very stressful for home life. I am married and I see my wife or miss seeing my wife four months of the year at night which has caused a few major crises in our own personal life. I actually at times had my wife come down to sleep there so I can actually see her because my wife is a nurse which means that I can go two or three days without seeing my wife or seeing my wife in passing and it puts major stress on my relationship with her.

5 Okay, right, thanks. Keep going there?---I have also experienced and seen violence in other group homes. For example, throwing of chairs and other things at staff in residents. (5) training; there is no structured training my service. Training is geared around the wrong way. We are training management with little training for hands on staff. We don't really have really access to professional support. There is no support for staff. For example, there is no one to call on for behaviour management skills. We cope the best we can. We need a system that people are trained in: for example, on-the-job training or industrial training. I am sure - - -

10 Sorry, if I could just interrupt you there. If you had more training how do you think that that would affect service delivery?---More training would give us opportunities for all staff to work with the clients and give them the necessary requirements to make them less dependent on us.

15 Right, okay, great?---I'm sure we can improve our home if we had access to better training and if we could set up more formal processes.

Thanks very much. Could you just sit there for a minute? If you could just bear with me two seconds, Mr Deputy President.

DEPUTY PRESIDENT ROBINSON: If I could ask in the meantime - - -

MS HARVEY: Yes, feel free.

20 DEPUTY PRESIDENT ROBINSON: - - - what area your wife is nursing in?---My wife works in a medical ward which is people that - who have just come out of medical surgery or people who are dying.

Yes, I see. I must declare that I am, too, married to a nurse

MS HARVEY: Mr Medcraft, on your first page there it says:

25 *I have worked in the disability services industry for nine years in Tasmania and New South Wales.*

Is that nine years all together added up?---Yes, all together, yes.

Right, okay. Which is the same as your CV?---Yes.

Yes, great, thank you. That is all the questions I have at this stage.

30 DEPUTY PRESIDENT ROBINSON: I would just like to ask Mr Medcraft another question. You referred to the fact that sometimes you do not have any back up where there is - a situation arises in which you would appreciate back up?---Yes.

The question is would you not - if the situation was serious enough and I think you mentioned an instance where a patient was self-abusing - was that the expression?---Yes, I think - yes.

5 If a person was, for instance, continually putting themselves at risk and harming themselves, would you not in an emergency call the police or ambulance, some outside assistance if a situation was serious enough?---In some cases the police and ambulance people are not familiar with people with disabilities and have requested our support when our clients in the past have actually gone into hospital. So, I mean, that then becomes an  
10 awkward situation because we have three other residents in who need some sort of supervision and support.

Yes, but if you had a particular client, one out of four, whose behaviour was not only dangerous to him or herself but already upsetting presumably the other three, might it not be an option sometimes to call in outside help  
15 such as police who might - whether or not they are specifically trained to deal with your specific clients - might at least assist in transporting such a person to a hospital or a more suitable environment at least for a few hours or something?---They could do, yes.

Mr FitzGerald?

20 MR FITZGERALD: Could we have 20 minutes?

DEPUTY PRESIDENT ROBINSON: 20 minutes on this occasion? Yes, I think that is probably - - -

MS HARVEY: 15, maybe you can go a bit less.

25 DEPUTY PRESIDENT ROBINSON: More or less in proportion to the length of the evidence, I think. Yes, we will adjourn for 20 minutes.

SHORT ADJOURNMENT

DEPUTY PRESIDENT ROBINSON: Yes, Mr FitzGerald?

MR FITZGERALD: Thanks, Mr Deputy President.

30 Mr Medcraft, you were at tab 3 which is your curriculum vitae. Is that a current CV?---This is one that - yes.

It is?---Yes.

Sorry. I think you mentioned that you were married but your marital status shows there as single?---Yes, this was the current one for the job I applied for.

5 Right. So it is not current in terms of today?---Oh, sorry, no.

Right. Just to clarify it, the education or where it says current Dip in development disabilities, that was current at that time, was it?---I finished off the course, yes. I was still doing the course then.

10 Okay. Those - your work history there goes back to 1980 when you started as a youth worker but in the recent history the Devonport Community House, can you outline what was involved there?---Yes, I was involved on the board of management there but also involved in an after school care program.

15 Right, so it was not in the disability services industry?---We had three people with disabilities come along to our program.

Was there any special emphasis - - -?---No. no.

Okay. The babysitter and nanny skills - emergency skills care - can you outline for the commission what was involved there?---It was just a training course in that area - babysitting and nanny.

20 Right. So were you doing the course - - -?---Yes, I was.

- - - or were you conducting the course?---No, I was involved in the course.

25 You were involved in the course, okay. So it is not really the work history in that respect, would that be so? I mean, you were not employed at any time in that particular period, involved in the babysitters and nanny skills course?---I was involved from the course, yes.

And the same goes, does it not, for the one below, a training course, Devonport Tech?---Yes, that was another course I was involved in.

Right, but not engaged as an employee?---No.

30 What was that course?---It was a general course on just whole lots of areas of cleaning. It was really a men's course area.

What sort of course?---It was with unemployed men at the time.

I see. Again, no emphasis particularly in disability services industry?---No.

There is CH - what does CH stand for?---Circular Head.

5 Circular head? Thank you. One-to-one training - what is involved there?---It was a person with a disability who needed some one-to-one teaching abilities and that, yes.

And GLO training centre?---That's a bible college.

There was no disability services - - -?---No.

10 The Department of Health group home, Coff's Harbour. What was your extent of your experience there?---It was a group home similar to where I'm involved in now.

15 Right. You have at times - you have effectively had three years in that service and then a number of years out of the industry and moved back into it. Is there any particular reason why you moved out of the industry and came back into it?---No, not really. I just decided I'd like to go to bible college.

And the Coff's Harbour Neighbourhood Centre was, again, an area not involving specific areas of disability services?---No.

20 You mentioned in your statement, have you not, using all the skills that I was naming. Why do you say that?---With my formal qualifications and having used a lot more of my skills in my last house. I don't feel that I'm effectively using them in this house of service now.

Sorry, what was the last house?---The group home in Coff's Harbour.

25 Right, and that is where I think you have made the statement you have seen violence in other group homes; is that the reference there?---Yes.

Was that set up in the same way as your current work environment?---Yes.

have you seen violence in your particular home where you work?---Self violence, not - and a small amount of violence.

30 The violence you refer to back in 1983 was not self abuse, was it?---Some of it was, yes.

Does employer - in terms of your position does your employer require you to use those skills which you say you obtained through your qualification?---Yes, some of them are required to be used.

5 You complain quite strongly about the lack of support throughout your statement. Would your qualification equip you to handle those particular situations which you refer to?---Yes, they would.

10 Right. Well, how then is there - how do you substantiate your statements in respect to the lack of support and training particularly?---Given that we are probably not allowed to use that sort of training that we've got to rely that sort of - any crisis or things like that to our senior support bases.

When you say you are not allowed to use your training, can you be more specific about that?---Yes. A lot of the - some of the training that I was involved in was involved in the task analysis, behaviour modification. We have been instructed not to use those sort of behaviour within the house.

15 Instructed by whom?---By our management.

For what reason?---Because the house was geared to be a gentle teaching environment.

Well, so is it that the nature of the job does not necessarily require those skills which you say you have?

20 MS HARVEY: Can I - I am just really confused at the line of questioning in this because it says in the statement that - - -

MR FITZGERALD: Well, I think the answer became - I am sorry, it is not for Ms Harvey to answer the question.

MS HARVEY: I just think you are badgering.

25 DEPUTY PRESIDENT ROBINSON: I will allow the question.

MR FITZGERALD: You have thrown me off the track, thank you.

DEPUTY PRESIDENT ROBINSON: Will you repeat the question?

MR FITZGERALD: Well, could it be that - - -

30 DEPUTY PRESIDENT ROBINSON: I think the question was along the lines of whether or not - no, I am not sure. Whether the training was necessary to do the present job, was that it?

MR FITZGERALD: You said you had been instructed by your employer not to use those specific techniques and skills in your environment?---Yes.

5 It could be that the employer does not require it, given the nature of the work environment and what is trying to be achieved there?---We have seen - well, I have seen now a reverse of those instructions where we are now looking at formal training, ie, with the sign of - teaching clients to use sign language, teaching the clients to use the toileting processes and stuff like that. They have actually been written up.

10 I do not think you have answered my question, I am sorry. Let me re-put it to you?---Yes.

Could it be that the employer doe snot require those specific skills, given the nature of the services?---No, I think they are required within the service.

That is your opinion, is it?---With what I'm using now?

15 Yes?---We are using my training now within the service.

And yet your employer says that that is not required, is that the case?---The employer used that a while ago but has - now we are using some of those training that I've been trained in in the service now.

Well, you complain of specific lack of training. Which skills do you - - -

20 MS HARVEY: Sorry, I do not wish to - - -

MR FITZGERALD: I am not sure if I can be objected to.

MS HARVEY: I object to the use of the word "complain". The witness has made a statement about factual things. I think that it is emotive to use the word "complain".

25 MR FITZGERALD: All right. I will rephrase that, I am happy to rephrase that.

DEPUTY PRESIDENT ROBINSON: All right. Right.

MR FITZGERALD: I am happy to rephrase it.

DEPUTY PRESIDENT ROBINSON: Right.

30 MR FITZGERALD: You mentioned in your statement that there is insufficient support and training, which specific areas of support and

5 training would you - would you required to be able to exercise your job efficiently and effectively?---I suppose - one of the areas would be, certainly, behaviour management of some of our clients. That being passed on to co-workers as well. Having one person who may be trained in the field does not necessary having someone else who is not trained successfully completing the required behaviour management of that client.

So can you just - I am not certain about that answer. What skills, particular skill areas - - - ?---Oh, right.

10 - - - would you require?---Lifting of a client, assess successfully lifting clients - - -

Have you ever complained of that to your supervisor, the manager of the service?---That we should run - - -

Lifting skills courses?---Yes, I have brought it up.

15 Right. You have had how many years service with the organisation?---Three and a half years, or three years.

Have other staff members complained about lack of training in an area such as lifting?---Complain - - -

DEPUTY PRESIDENT ROBINSON: Within your knowledge? Within your knowledge.

20 MR FITZGERALD: Within your knowledge, yes?---I - I certainly would not like to use again the word "complain", they are not complaining, they are bringing up suggestions of training areas that those staff would like to use, "complaining" is too strong of a word.

25 Well, have they raised the matter as a matter of concern, then?---With - with me personally? Yes, they have.

Yes. And in staff meetings?---It has been passed on to management.

When you - when you say it has been passed on, has it been raised in staff meetings, that is the question I asked you?---To my knowledge I certainly - I have not attended all staff meetings, so - - -

30 DEPUTY PRESIDENT ROBINSON: You can only answer the questions with - to the best of your knowledge?---That is right. To my knowledge, I am not sure.



MR FITZGERALD: Would not the skills you picked up in your disability - sorry, developmental disabilities course equip you to be able to handle or to be able to handle the job more effectively?---Yes.

5 So why do you say in your statement that you lack training and support?---At our last staff meeting, not the one just gone on Monday, the - a recent one I raised the issue of in-service training and it was told that it was not appropriate for staffing who were on an equal basis to do that training.

In-service training in - in what respect?---With fellow staff members. Yes.

10 Yes, but what - in what areas?---Lifting, some behaviour management skills that can be taught, areas of client's recreation and social needs.

You mentioned in your statement that there was a situation where you in fact could not raise your - raise your supervisor; was that the case? Can you confirm that is the case?---That is the case, yes.

15 Right. Is there any other support available to you other than the supervisor if the supervisor is unavailable?---We - we can ring the other houses.

20 Right. Did you attempt to do so in this instance or that instance?---In that instance, yes, but it was a while before that person was able to come down because they also work in - they had their other staff person out so they could not leave the - the support of their residents at that particular time.

So is that the only form of support you have when your supervisor is unavailable?---At this particular stage, yes.

25 Are you aware that there are in fact three other supervisors who have mobile phones and are available for consultation with you, by you?---No, I am not aware of that.

Well, we will just have to present evidence to refute that.

DEPUTY PRESIDENT ROBINSON: You asked the question, you get the answer.

MR FITZGERALD: Oh, I certainly will, yes.

30 Are you aware that you can ring your - the manager of the service in the case of an emergency?---We were not aware of that at that particular stage, we were aware as from Monday.

Oh, so it has changed just recently has it?---Just as - yes.

Right. Can I put it to you that in fact those four people would have been available in the instance you cite where you were unable to get the supervisor? Any of those four people you could have rung.

5 MS HARVEY: Mr Deputy President, the witness has answered the question. I think this is bordering on badgering.

DEPUTY PRESIDENT ROBINSON: Yes, I believe the witness has answered.

MR FITZGERALD: Well, I - as I indicated, I am repeating the question to him given that the response and I would like a response to it.

10 DEPUTY PRESIDENT ROBINSON: Yes, but there are limits as to how many times you should ask the same question, I suggest.

MR FITZGERALD: Right. I think I am entitled to put it in that form, Mr Deputy President, if I am not satisfied with the response. I am entitled to reform it.

15 DEPUTY PRESIDENT ROBINSON: Well, if you are not satisfied with the response I suppose you can never give up. But - - -

MR FITZGERALD: Well, it has only been put once, and there is - I do not think there is any bar on that, and I would seek to repeat it to the witness.

20 DEPUTY PRESIDENT ROBINSON: Okay. Put it on this occasion?---Can you repeat the question, please.

MR FITZGERALD: He has indicated he was not aware of any process, but can I say that given that answer - - -

DEPUTY PRESIDENT ROBINSON: Could you ask the question again.

25 MR FITZGERALD: Can I put it to you that on that - in that particular instance you had at least four people you could have gone to in the case of that difficult situation?---I am not aware of the four people. If you could enlighten me.

30 The manager and three other supervisors who had mobile phones?---I am certainly not aware of that.

Okay, that is fine. In the, it seems from your statement that it is basically unstructured in an emergency situation, is that as you see it?---Yes.

Right. Are there no policies or procedures in place at the home?---Are you talking about written policies and procedures?

Yes?---No.

5 The SCP which you refer to, the Service Co-ordination Plan, does that document have any reference to policies or procedures?---Not in crises or emergency situations, no.

You would not be aware of using external sources such as ambulance or police in difficult circumstances which you are unable to handle?---We have used on one occasion external sources of being a doctor and that.

10 Are you aware of standards which apply to this particular sector?---Yes.

We will just move on. You mentioned about your pattern of work where you had additional stress because you were unable to work, unable to see your wife, is your wife also a shift worker?---She, yes.

15 Right. Could it be that she is working shifts which clash with yours, in other words she is working when you are off and you are working when she is off?---No, because we certainly arrange as much as possible to have the same days off.

But could it be in fact that that was not always the case?---No, not generally, no.

20 So, there was no incidence when there were clashes and that is why she in fact, in terms of seeing her she was required to come down to the house?

DEPUTY PRESIDENT ROBINSON: I am not quite sure of the relevance of this line of questioning.

25 MR FITZGERALD: Well, I will just go, I will move on to it if I could. In terms of how many sleep - you mention, I think, you work, just to clarify it again, how many sleep-overs over a particular month?---Over a particular year?

All right, put it on a yearly basis?---Four months a year.

DEPUTY PRESIDENT ROBINSON: That was answered before.

30 MR FITZGERALD: Yes. No, I think that was part of the examination-in-chief.

DEPUTY PRESIDENT ROBINSON: Yes, but you have asked the same question.

MR FITZGERALD: I think that is the first time I have asked that question.

5 DEPUTY PRESIDENT ROBINSON: Well, it is the first time you have asked it; Ms Harvey asked it, but I have not.

MR FITZGERALD: Yes. Can I put it to you, Mr Medcraft, in fact it is at your request that you worked those sleep-over arrangements and in fact you have swapped with other staff members for your particular purposes?---No, we are responsible for four months a year of sleep-overs. In a 21-day roster we are responsible for 7 days in 21 days to doing sleep-overs. If we can give sleep-overs away then that is a bonus to us but if we can't we are then held responsible for those. Can I also - am I at liberty also to state with those sleep-overs that it has been a very stressful time for me in losing my dad because at that particular time a lot of times I couldn't go and see my dad in hospital because I was rostered on to do sleep-overs.

MR FITZGERALD: Did you request at that time any dispensation and seek to, I am not sure Ms Harvey is objecting, I had better wait to see what her objection is.

MS HARVEY: No - - -

MR FITZGERALD: I have not asked the question so it is a bit hard to object to something which I have not . . . . .inaudible. . . . .

MS HARVEY: I would just like to - - -

25 DEPUTY PRESIDENT ROBINSON: It might be the line of questioning and where it is going.

MS HARVEY: Yes, it is the line of questioning, Mr Deputy President, and I would request that the advocate for the TTCI be directed to ask questions in relation to the evidence that has been given in-chief; this is not a trial on Mr Medcraft nor his service. It is, the questions should be restricted to looking at the sort of skills, work responsibility, etcetera, and I am just a bit concerned at the aggressive tone of voice of the TTCI advocate.

MR FITZGERALD: I will try and tone the voice down if that is the case, if that is Ms Harvey's objection.

DEPUTY PRESIDENT ROBINSON: Well, the only thing I would ask is that every question be relevant, as Mr FitzGerald would appreciate, and obviously you would not go so far as to harass a witness.

5 MR FITZGERALD: If a response was given by the witness I think I am entitled to answer a following question and I was seeking to ask a following question given the response by Mr Medcraft.

DEPUTY PRESIDENT ROBINSON: Yes, well - - -

10 MR FITZGERALD: It seems, there seem to be tighter rules imposed by Ms Harvey for whatever reason, and that is not what I have been used to in this commission.

DEPUTY PRESIDENT ROBINSON: Well, again I just say the line of questioning should be relevant in all respects and be obviously relevant and I would ask that the witness not be put under any undue pressure, unnecessary pressure.

15 MR FITZGERALD: Well, I would certainly not seek to do that, Mr Deputy President, but there is, I believe that I am just simply asking questions as to the evidence which he has previously given, a response was given and I am entitled to ask the following question, a follow-up question, and that is all that is happening.

20 DEPUTY PRESIDENT ROBINSON: Yes, what are you trying to prove?

MR FITZGERALD: Well, when he was - - -

DEPUTY PRESIDENT ROBINSON: Does it go to credit or what?

25 MR FITZGERALD: Well, I do not really - I mean it is cross-examination, something which is open for each party to put. It is necessary that it be relevant and relevant to what has been put, I agree with that, and that is all I am seeking to do.

DEPUTY PRESIDENT ROBINSON: Yes.

MR FITZGERALD: To clarify some of the evidence.

30 DEPUTY PRESIDENT ROBINSON: Yes, but could you answer my question?

MR FITZGERALD: Well, I am just trying to clarify some of the evidence which has been given by Mr Medcraft, simply that. Some responses we are unhappy with and I was simply asking for some

clarification. Now, where he gives a particular response I think it is open for me to follow that up with a further question.

DEPUTY PRESIDENT ROBINSON: So it is a question of credibility, is it?

5 MR FITZGERALD: Well, we are seeking to clarify some of the evidence, that is it, Mr Deputy President.

DEPUTY PRESIDENT ROBINSON: Right, it was not clear. The evidence was that there are approximately four months in the year which are normally required to be devoted to night duty, as I understand it?---That's right.  
10

And that that is a requirement and I think the answer was that if some other arrangement could be made that is a bonus?---Yes.

But under normal circumstances it would be 7 days in 21?---Seven days in 21, yes.

15 Seven nights in 21 shifts.

MR FITZGERALD: I will leave off there if it is contentious.

At point 3 on page 3 you say you are liaising with health professionals about clients needs . . . . inaudible. . . . information requirements?---Yes.

20 How well does that work, in your view?---Sorry?

How well does that work, in your view?---Where you've seen an opportunity of meeting the needs of the clients by going and seeing doctors and health professionals so we're understanding what their health requirements are.

25 Yes, but how well does it work? You have not answered the question?---Can you rephrase the question, I'm not sure if I - - -

I do not think I can, I think it is as simple as that?---Right.

You are responsible for liaising with health professionals. How well in your view does it work?---I think it's very successful.

30 It is very successful?---Yes.

Does that not then show that there is support particularly by professionals outside the service where, I think, you have complained - I will not use the word complained - you have indicated that there is a lack of support?

5 DEPUTY PRESIDENT ROBINSON: I am not sure that that was in the same context.

MS HARVEY: Perhaps it would assist if Mr FitzGerald took us to the point because I do not recall any complaint about lack of health professionals caught in that contest.

10 DEPUTY PRESIDENT ROBINSON: Well, I think that Mr FitzGerald is probably dealing with the general question of lack of back up in what might be categorised as emergency type situations and I am just wondering whether there would be recourse to a doctor in those situations or a doctor would only be available on different sorts of occasions when there was an obvious medical problem presumably?

15 MR FITZGERALD: There is a statement, Mr Deputy President, and the work environment only says we have no real support.

DEPUTY PRESIDENT ROBINSON: It might be best if direct reference is made to the statement, yes.

20 MR FITZGERALD: Okay. Well, it is difficult, Mr Deputy President, where a statement is given and there are further bits added to it and I have made notes best I can but let me take you to a more succinct reference and that is at page 5. He says - the witnesses says:

*We do not really have real access to professional support. There is no support for staff.*

25 Now, I have just asked the question how well does it work and I think Mr Medcraft says it works extremely well or words to that effect. I wonder whether that can be clarified?---All right. You asked me the question re doctors, etcetera, my answer would be in relationship to doctors we have a working relationship with the clients doctor and we are then  
30 understanding some of the medical terms.

Let me say it is not just doctors you talk about in liaising with health professionals. You example doctors?---Right.

Does that include a range of health professionals?---It includes, from my  
35 experience, doctors and dentists at this particular stage. It doesn't include people, ie, that I feel we need support being behaviour people, being also program people.

So that statement on page 5 is restricted to those sort of professional people, not to health professionals?---Yes.

5 Thank you for clarifying that?---Can I add, Mr Deputy President, it does actually go on. For example, there is no one to call on for behaviour management skills, so it is really clarifying within that added statement.

The \$20 sleepover you referred to, you are aware of the current award rate for that, are you?---\$20.

And that is in fact the award rate from your knowledge?---It is the award rate now.

10 Okay?---It was \$5.50. It has now been - - -

Okay, fine. You say that in terms of the arrangements there you are not able to avoid being disturbed by clients is that - sorry - you say that - let me read the statement:

15 *If the clients get up you have to be awake. This means I cannot really switch off.*

20 What is the incidence of disturbance, just take an average night?---Can I also go on to say that it says where the sleeping arrangements are made as well but by not being able to switch off states to the arrangements where we sleep, ie, being a fold-up bed in the clients lounge room on a busy road. So they are a number of factors that also affect me switching off. It's just not just the clients waking up in the middle of the night. There are a number of other factors which also offset my not being able to switch off.

So principally it is the busy road, is it?---Busy road, fold-up mattress which is - causes at times complaints to other staff of back problems and stuff.

25 Have you raised that with management?---I certainly have, yes.

And what has been their response to that?---They have actually taken it up saying we should take it up with the union which we have done.

Okay. Are you able to close off your sleeping area from the clients area?---Not completely, no.

30 But partly?---If you say closed off, are you talking about where we have the privacy of no one walking in on us?

It is very hard to appreciate without seeing the environment.



DEPUTY PRESIDENT ROBINSON: I think there were three doors mentioned?---That's right, yes. There are three doors and we cannot lock any of those doors - sorry, we can lock one of those doors from the outside. The other entrances are accessible by the clients of the residence.

5 MR FITZGERALD: Just getting to this question of professional support is that an aspect which was covered in your diploma course?---Of professional support?

No, professional support for behaviour management particularly?---A little bit of it, yes.

10 Right. Are you not then equipped to handle situations of inappropriate behaviour?---I think I've already answered that question back by saying that from past experience the management have told us not to use - - -

Okay, I have no further questions, thank you.

DEPUTY PRESIDENT ROBINSON: Thank you. Ms Harvey?

15 MS HARVEY: Thanks. Mr Medcraft, if I could just take you over just a couple of issues. Mr FitzGerald raised the issue of sleep-over. In relation to this sleep-over you answered that there were four months, the equivalent of four months per year of sleep-overs?---Yes.

20 Is that on top of your existing work?---Yes, it is. You actually work an eight-hour shift and then you are expected to sleep over.

Right. And then what happens the next morning after sleeping over?---You then - on most occasions you go home to then come back the next afternoon.

25 And how much of a break do you have?---You finish at 6.30; you are expected to come back at 2.30, except on one occasion you are actually expected to work until 9.30 to then come back at 2.30.

Right. So in most cases less than eight hours?---Yes.

Now, do you have a position description?---We have a job description.

30 Right. Okay. And that, I assume, sets out your tasks and what you do?---Not officially, no.

MR FITZGERALD: I am not sure if this is in response to cross-examination or was it raised?

DEPUTY PRESIDENT ROBINSON: Yes. Well, it has not been mentioned before.

5 MS HARVEY: The reason I was raising it, Mr FitzGerald continually in his cross-examination raised the issue of the skills utilised by the witness, and also he was asking as to whether the witness was required to use certain skills or not by his employer, and then at other times he was asking whether the qualifications that the witness already did - - -

DEPUTY PRESIDENT ROBINSON: Right. Well, it would help us all if you would preface it by - - -

10 MS HARVEY: Okay, I will explain it.

DEPUTY PRESIDENT ROBINSON: - - - some comment.

15 MS HARVEY: Sure. Okay. The comment is that there seems to be - there is a contradiction in the sense that on one hand Mr FitzGerald's line of questioning seemed to be that the witness was not required to use all these additional skills, but the other issue was that because of the qualifications that the witness had done that he in fact had the skills but he was not required to use. So I was simply trying to ascertain whether the witness had a position description and if it included or not the things that Mr FitzGerald had been raising.

20 DEPUTY PRESIDENT ROBINSON: Okay.

MS HARVEY: So, do you have a position description?---Not in those lines, no, not with the skills that I'm required to use.

Right. So it is unclear to you what you are supposed to be doing?---Yes.

25 Actually that was another question I was going to come to because Mr FitzGerald asked you a number of questions about whether you knew you had access to staff on a mobile phone to a supervisor, and you said no. How does management communicate with the hands-on staff?---Through staff meetings and through some phone calls and stuff.

30 Right. So you have never been given anything in writing telling you that these people were available in a crisis?---No, I haven't, no.

Okay. Now, the other issue I wanted to take you to is that Mr FitzGerald asked you about your level of training that you had and that this gave you the skills to be able to deal with crises and medication and behaviour modification problems, and you have already answered that you are not

required to use those, the employer tells you not to. Do the other staff have that training as well?---Within the house that I work?

In your service, yes?---I have one other person who has that training, and the others have got years of experience.

5 Right. Okay. So in terms of that shift that you outlined on page 1 of your statement, we are talking about five staff and casuals, and of those two have training?---Training in the actual developmental disabilities field, yes.

10 Thank you. Now, Mr FitzGerald raised with you the issues of the standards and asked you whether you were aware of the standards that apply from the Department of Community and Health Services to services in this area. In your opinion is the service meeting the standards or could it improve its way of meeting the standards?

15 MR FITZGERALD: Well, I am not sure that is an acceptable question nor one which came out of evidence-in-chief or cross-examination. That is certainly going far beyond that, in my submission.

DEPUTY PRESIDENT ROBINSON: New evidence?

MR FITZGERALD: Yes, I would submit so, yes.

20 MS HARVEY: Well, I am responding to the question Mr FitzGerald asked, "Are you aware of the standards that apply?" and I am merely following up that question and saying is the witness aware of them and are they being met, because that surely was the implication of the question in cross-examination.

DEPUTY PRESIDENT ROBINSON: Yes, I seem to recall that question being asked.

25 MR FITZGERALD: I am sorry, I just - - -

DEPUTY PRESIDENT ROBINSON: I seem to recall that question was asked - - -

MR FITZGERALD: Yes, but - - -

30 DEPUTY PRESIDENT ROBINSON: - - - whether the witness is aware of the standards.

MR FITZGERALD: Yes. I think the response was, no, he was not aware. I just cannot recall?---I was, yes. I said yes.

Yes. Could I just take a moment out for a moment? If I could just take some instructions on this particular point, please?

MS HARVEY: Well, I must admit Mr FitzGerald is the one who put the services on trial, not me.

5 MR FITZGERALD: Sorry?

MS HARVEY: I said Mr FitzGerald is the one who put his service on trial, not me.

MR FITZGERALD: We will allow the question to go on.

DEPUTY PRESIDENT ROBINSON: Pardon?

10 MR FITZGERALD: We are not going to say anything further in respect to it, thanks.

DEPUTY PRESIDENT ROBINSON: Right. Okay.

15 MS HARVEY: Right. The question I was asking you is you were asked are you aware of the standards that apply, and I asked the question, is the service meeting the standards or could they be improved, the compliance with the standards?---Some of the standards could be improved.

Okay. That concludes my re-examination, Mr Deputy President.

DEPUTY PRESIDENT ROBINSON: Good. Thank you, Mr Medcraft, for participating in today's hearing?---Thank you.

20 You may step down?---Okay. Thank you.

Is there anything we can do to usefully use the balance of the time today or not?

25 MS HARVEY: No, I think that we perhaps should wind it up and I will just, in terms of all these witnesses, I will be seeking to make conclusions and draw it back to the actual application.

DEPUTY PRESIDENT ROBINSON: Right.

30 MS HARVEY: But I think there was some, in terms of view on the witness that has just been called, I think that we do need to be very clear in this industry that there are standards that have been established that do need to be met and that in the public interest we should be on a process of continual improvement, not one of badgering people about areas where

perhaps the service is not as best as it possibly could be. So with those concluding comments I would actually suggest that we adjourn and recommence. Mr Deputy President, I think the next day listed is the 22nd.

5 DEPUTY PRESIDENT ROBINSON: Yes, that is correct. That is what my diary indicates.

MR FITZGERALD: If I could just respond to that submission in saying that in respect to standards we just simply say in respect to the meeting of standards, it is implicit that standards are being met if there is an ongoing funding of services. We just simply put that statement to the commission.

10 DEPUTY PRESIDENT ROBINSON: Very well. Just before we adjourn, I would just like to make reference to the fact, Ms Harvey, that upon Mr FitzGerald's request that priority be given to transcript in relation to the HSUA case, you indicated that you reserved the right to seek the same  
15 right to have priority on the remainder of transcript. Could you indicate to us at this stage whether or not you will or will not be asking for priority of production of transcript on what Mr FitzGerald - on Mr FitzGerald's case, I think, on his application.

MS HARVEY: Yes, I most certainly will be, Mr Deputy President. There is actually - from recollection we have ten days between the day  
20 scheduled for Mr FitzGerald to finish and myself to commence and I would request that priority be given to the transcript so that I would have access to that in terms of appearing for my concluding comments, I think it would be very important.

25 DEPUTY PRESIDENT ROBINSON: Right. Well, that is something I needed to know.

MS HARVEY: Do you require me to send correspondence or is an oral request sufficient?

DEPUTY PRESIDENT ROBINSON: No, we will pass that on to the correct channels and endeavour to get that request met.

30 MS HARVEY: Great. Thank you.

DEPUTY PRESIDENT ROBINSON: Very well. We will now adjourn until Friday, 22 July.

**THE WITNESS WITHDREW**

5 THE MATTER WAS ADJOURNED  
UNTIL FRIDAY, 22 JULY 1994