

**REPORT OF PROCEEDINGS BEFORE**

**STANDING COMMITTEE ON SOCIAL ISSUES**

**INQUIRY INTO SERVICES PROVIDED OR FUNDED BY AGEING,  
DISABILITY AND HOME CARE**

---

**At Sydney on Thursday 30 September 2010**

---

**The Committee met at 9.10 a.m.**

---

**PRESENT**

The Hon. I. W. West (Chair)

The Hon. G. J. Donnelly

The Hon. M. A. Ficarra

Dr J. Kaye

The Hon. T. J. Khan

The Hon. H. M. Westwood

**JOHN Le BRETON**, Chief Executive Officer, Disability Enterprises Leura, sworn and examined:

**CHAIR:** I declare open the hearing of the Standing Committee on Social Issues into services provided or funded by Ageing, Disability and Home Care [ADHC]. With us this morning is Mr John Le Breton. Are you appearing in a private capacity?

**Mr Le BRETON:** I am appearing in a private capacity but I will be speaking a lot about Disability Enterprises, which comes within this area.

**CHAIR:** Are you appearing also on behalf of Disability Enterprises?

**Mr Le BRETON:** Yes.

**CHAIR:** Would you like to make an opening statement?

**Mr Le BRETON:** Certainly. I thank the Committee for allowing me to appear before it. I have had a long history working in the disability area, both in the government sector and in the non-government sector. In particular, I have been keenly involved in providing community-based services to people with disabilities. Previously I was the Director of the Office of the Public Guardian for approximately nine years. After that I was the Director, Victims Services, in the Attorney General's Department. However, I have witnessed a number of issues and I have been involved in a number of issues relating to people with disabilities and, unfortunately, relating to abuse that happens in a range of services, including services in large residential facilities.

I have worked in the Department of Community Services, in the Department of Health, in the Premier's Department and in the non-government sector. All those positions, with the exception of victims services, were specifically disability positions. Given that this is a review into how ADHC operates and the funding that it provides, I was keen to provide a perspective from my experience relating, in particular, to the issue of large residential facilities.

**The Hon. GREG DONNELLY:** We have some pro forma questions to help elucidate information. Since the closure of the Greystanes Children's Home and the redevelopment of your facilities how have the experiences of your clients and their families changed?

**Mr Le BRETON:** I think that is best demonstrated in a DVD that we produced recently. When I arrived at Disability Enterprises just over two years ago the first thing I did was to ask the parents of Disability Enterprises how they felt things were going for their sons and daughters. As a chief executive officer I believed that I had an obligation to get a really quick feel for that. Overwhelmingly, and I mean overwhelmingly—this has been followed up in family surveys with those same people since I have been there and also in informal surveys—they are the strongest advocates of the lifestyles currently enjoyed by their sons and daughters. They have lifestyles out in the community in ordinary houses and in ordinary streets.

I asked them how they felt when Greystanes was told it was closing. Overwhelmingly, every one of them said, "We were horrified, we were terrified and we were scared. We objected to it." On two occasions two parents said to me in slightly different words that had the same meaning; "If only we had known how much better it would have been for our sons and our daughters it would have saved us a lot of angst and we could have put a lot more energy into doing what we really needed to do for our sons and daughters." They talked about how their sons and daughters now have their own private space. They live alongside ordinary neighbours in ordinary houses on ordinary streets.

The point that I would like to emphasise is that they are living in ordinary houses and not in specially built facilities or purpose-built facilities, which is the term used by the department. These are ordinary houses in ordinary streets alongside ordinary neighbours. These people have high support needs and high and complicated medical needs and they are used to having nurses all around them. However, they now live in ordinary houses that are appropriately equipped and appropriately accessible. There is nothing different from the outside. Most of the houses are either modified or typically they are ordinary houses in ordinary streets.

**CHAIR:** Can you clarify one issue for me? You referred earlier to the terminology "purpose-built facilities". Did you say that you favoured it?

**Mr Le BRETON:** My concern with that terminology is that it is the correct terminology being used by the department but usually it describes the redevelopment and not the closure of its existing institutions. That is a major problem. Twelve years ago the Government made a commitment to close all those facilities. It is my understanding that October this year is the end of that 12-year period. The Minister said that 1,350 people with disabilities are still living in large institutions. There are more people than that if you include those redeveloped facilities.

What message does that give to the community? Why do we need to have facilities that are so different visually and physically? These large dominating facilities on the landscape give a message about disability. We can demonstrate with our own service that we provide all the necessary supports, services and opportunities for people with the highest level of disabilities. I am referring to people with multiple physical disabilities, plus serious intellectual disabilities and complicated health care needs. They are people who have peripherally inserted central catheter [PICC] feeds in their stomachs; people who have severe cerebral palsy; people who have uncontrollable epilepsy; and people for whom the common flu is a serious health threat. They are living in ordinary houses in ordinary streets.

Grosvenor, which was redeveloped on the same site at Summer Hill, now has two 10-bed group homes. When Greystanes put up its proposal to devolve into the community it wanted to build two large 10-bed group homes and that was appropriately rejected by the department. That was why there was a lot of angst up there. It was rejected because it did not comply with the Disability Services Act in that it would not be in the community; it would not be in ordinary housing; it would not promote the maximum physical participation of people in the community; it would not enhance the image of people with disabilities because they would be stuck in a purpose-built and separate facility; and it was clustering large numbers of people with disabilities on a single site. That is why the Greystanes devolution, which was building a facility similar to Grosvenor, was rejected. Yet the department and the Government went ahead and redeveloped the Grosvenor Centre in the way in which it did.

**The Hon. MARIE FICARRA:** Why do you think that occurred? Why were those two separate places treated in a different manner?

**Mr Le BRETON:** There are two reasons for that. Do not get me wrong: I am pleased that Grosvenor was treated in the way in which it was treated. It worked cooperatively with the department and the department, appropriately, funded Greystanes to devolve in the way in which it did. It did not devolve into two 10-bed group homes: it devolved into a range of community-based group homes—ordinary houses in ordinary streets. They wanted to build the two 10-bed group homes on site.

**The Hon. MARIE FICARRA:** You said that you were happy with the way in which Grosvenor devolved?

**Mr Le BRETON:** I am not happy with Grosvenor at all. Grosvenor is a purpose-built residential facility. It is not an ordinary home in an ordinary street. The vast majority of people with severe physical disabilities, intellectual disabilities, multiple disabilities live in ordinary houses in ordinary streets with mums and dads—some not coping very well because of the need for more support, but they live out there in the community. Why do we need to make these really special facilities when Grosvenor only provides accommodation for whatever it is, 25 or 30? We are looking at a service that needs to span the State but departments or governments have this desire to continue with these facilities that have been around, some of them, for 150 years and demonstrate what society used to think of people with disabilities in the past, but we are trying to recreate them in a sort of modern version of still what we believe that people should be left—

**The Hon. TREVOR KHAN:** That is not the evidence.

**The Hon. GREG DONNELLY:** I will approach it another way. You have obviously got lengthy experience both in the public and private sectors in the disabilities area. The whole notion of the devolution of people living in institutionalised settings out in the community something that has been explained to us as being an underpinning philosophy that has generally operated, and we have seen that over years transpire and people move from institutionalised settings into the community or in home domestic settings. However, there is some evidence that a number of people still live in large group settings. What is your understanding of what has happened? Was the original notion of devolution one that was qualified in the first place and it would not be a case of moving everyone into these particular community settings or has there been some philosophical change take place at some point which has caused this variance to occur?

**Mr Le BRETON:** There is a very strong commitment by the Government to close all, not just one or two, of these facilities in its 12-year plan. As you say in about 2006—

**The Hon. GREG DONNELLY:** I am not saying, because I do not know. I am trying to clearly understand what you are putting.

**Mr Le BRETON:** I think there was some shift.

**The Hon. GREG DONNELLY:** That is your observation but was there an announcement of a shift?

**Mr Le BRETON:** No. It is reported in the Ombudsman's report that in 2006 the Government indicated that a timeframe for the devolution had changed from 2010, which was the end of the 12-year period, to closure over time, which to me shows a lack of commitment or was there a philosophical change?

**The Hon. GREG DONNELLY:** Would you identify that Ombudsman's report?

**Mr Le BRETON:** The Ombudsman's report 2010 headed "People with Disabilities and the Closure of Residential Facilities". A Special Report to Parliament under section 31 of the Ombudsman Act, dated August 2010. I refer to page one. It was with a lot of dismay that I think a lot of people felt that there was now sort of a lack of commitment to this closure. In fact, what happened was that these facilities started to be redeveloped. While we had a stated policy that they would all close, in the meantime a number of them were being redeveloped. I am not trying to sound really dramatic but I have worked for many years in this area. I started my work in one of the large institutions. I used to visit there when I was the director of the Office of the Public Guardian because we were the guardian of a number of people.

Six months ago I went back to what was called a ward in those days where I first started. When I walked into a room that had a court yard off it I saw a woman. I said to the staff member, "Is that Michelle?"—I will not say her surname—and I was told "Yes, it is". She is in exactly the same place that she was 36 years ago. When I was there she was eight years old so you can imagine how long ago that is. She was a ragdoll type of child with no challenge or behavioural problem to anyone, not a child that would make you think "How are we going to provide a service for her?" She is now a woman in a wheelchair. I think of what a whole lot of other people with disabilities with whom I have worked over the many years have done, and I just despair for her that she is in this ageing large institution, and she is still there in exactly the same place.

**CHAIR:** Without making any value judgement as to whether that is right or wrong, my mother and father lived in the same house for 60 years.

**Mr Le BRETON:** Yes, but you would not want to live in the house that this woman lives in.

**CHAIR:** But you just said that she was at the same place. Of itself I do not comprehend what that necessarily engenders.

**Dr JOHN KAYE:** When you say "in the same place" you mean physically she was sitting in the same chair—

**Mr Le BRETON:** But she is in the same ward, in the same courtyard.

**Dr JOHN KAYE:** Are you also saying emotionally she is in the same place and intellectually she is in the same place?

**Mr Le BRETON:** She is and she does not have the same opportunities that you and I do to bump into ordinary neighbours in ordinary streets. She does not have the opportunity to have her own private space where she can invite her friends.

**The Hon. GREG DONNELLY:** So that I understand your evidence, in summary is your position that there should be a complete devolution, in other words, the original plan as articulated should be fully prosecuted and that in fact there is no case to have these institutional type settings, albeit ones redeveloped? For example, you would even argue that the Grosvenor is not appropriate and adequate in the new century? In other words you should completely devolve individual residential settings?

**Mr Le BRETON:** I do, and have the appropriate equipment and resources and staffing and whatever is needed, given the person's particular needs, but the people in Grosvenor have exactly the same client profile as the people in our services. We have a health care team—nurses, physiotherapists, dieticians and speech therapists—that work in ordinary houses in ordinary streets. The other point is that the research evidence shows that the parents, and this is exactly the situation with Disability Enterprises where I work, of people with disabilities who are devolved and moved out of institutions into the community become the strongest advocates of devolution.

**CHAIR:** Do those people have paid financial support or does a family member look after them?

**Mr Le BRETON:** This is where there has been some strategic devolution driven by government departments, for example.

**CHAIR:** It is important for the Committee to make that clear distinction. Are you talking about people who have successfully devolved in a certain way and still have paid support and their families do not pay for it or support them?

**Mr Le BRETON:** Yes. I understand what you mean. This is not just willy-nilly moving people out of institutions without support. Absolutely, I would agree with that 100 per cent.

**The Hon. HELEN WESTWOOD:** Why do you think the Government has not followed its commitment as you understand it? You say that the Government should be happy to move that way as there are no impediments, as you have presented it, why?

**Mr Le BRETON:** I guess it would be a little bit too reductionist to just say it is a lack of leadership. I think it is a few things. Obviously, we need money put into that, but also it needs to be driven with commitment because it is an area where it is very easy to present issues that are not necessarily real, but can create great fear in the eyes of parents and the community. It is very, very easy to politicise it: it is very easy to do that. I think the other big issue here too, of course, is that there is a strong self-interest within the staffing ranks for the status quo. Even with the staff of Disability Enterprises, I have a number of staff who have said to me—and one of them has been interviewed on our DVD, and I can provide a copy; I have a copy here for the Committee—that they had worked in the facility for nearly 20 years and that they went around telling parents that they had great fears for their sons and daughters. So you can sort of see the problems and difficulties.

The reality was that the staff are institutionalised as well and they had not worked anywhere else. They can see that there were going to be a whole range of new demands and challenges placed on them because what happens is, when you move out of an institution as a staff member, you are going to be asked to do a whole lot of different things that you maybe have not done in the past. That is a challenge for a lot of people who have not changed much in terms of the way they have worked for many years. I think that is another big factor in why. Of course, if there is a union element to it, it is going to be brought to the fore and pressure placed on the department, the Government, and whatnot. I think all of these have just combined to slow the department's commitment or the Government's commitment right down to the fact that now we have finished the 12 years and there are still over 1,300 or over 1,600, depending on which figures you use, who are still in these institutions.

**CHAIR:** But the training, skilling and the cost of devolution must be a fundamental issue that has to be addressed. It must have a fairly fundamental bearing on the devolution process because everybody that I am aware of is in favour of it.

**The Hon. TREVOR KHAN:** No. Look at the transcript at pages 7 and 8 where Mr Moore gave evidence on Monday.

**The Hon. MARIE FICARRA:** That is Mr Moore. He is a bureaucrat, Trevor.

**The Hon. TREVOR KHAN:** That may be so, but he gave an explanation.

**CHAIR:** Trevor—

**The Hon. TREVOR KHAN:** We do not have to go into speculation, Ian. It is on the transcript. He said what was going on.

**The Hon. MARIE FICARRA:** That is your opinion.

**CHAIR:** Trevor, we will come to your question. We will ask that question. I am merely making comment that the vast majority of people are in favour of the devolution process, as much as it can possibly occur. The Committee and I are trying to come to grips with the issues that are an impediment to that revolution. You mentioned the question of the workforce and the issue of skills and training and the costs involved in revolution as well as trying to avoid the pressure and the push towards family members and unpaid and volunteer people looking after people in the domestic environment. I am assuming that people are coming to grips with that rather important issue around devolution. It is not just a question of some uneducated and unthought-out objection to the devolution by certain organisations, such as industrial or otherwise. Am I correct?

**Mr Le BRETON:** Sure, but what I would like to say is that the reality is, for the 1,300 or 1,600 people in institutions, there are thousands and thousands and thousands in supported accommodation with trained staff out in the community. They are people with all sorts of needs—high medical support needs, behavioural issues et cetera—and that is where the overwhelming majority of people are. They are in that group. That is fantastic work that the department has done. I do not have the figures, but my understanding is that in the western metropolitan north region of the department, just in that region alone, there are over 400 group homes, and that is just that region. If you count in all the non-government sector group homes and all the government-run group homes in the community, and if you look at an average of four or five people in each of those, we have thousands and thousands and thousands of people in the community.

Then of course we have all the other people with all sorts of needs—high medical needs and high behavioural issue needs—who are at home with their ageing mums and dads and who desperately need a service. That is where the vast majority, maybe over 95 per cent of the people, are. We have this historical legacy of institutions and the need to close that legacy and close that era, and enable these people to live out in the community. And the skills to provide those services are already in a lot of them. A lot of the people in those committee-based services have got those skills. The research has been around, now on all of this, for so long.

**CHAIR:** And the facilities are there for ongoing training because the staff in this area appears to be diminishing quite rapidly.

**Mr Le BRETON:** In the where?

**CHAIR:** In the areas you are talking about, skilled trained labour seems to be diminishing. There are issues of ongoing skilling and upgrading and the bringing-in of new people. Those issues are now no doubt in the mix of the cost of devolution.

**Mr Le BRETON:** But we have that same problem in the large Ageing, Disability and Home Care [ADHC] institutions.

**CHAIR:** Right.

**Mr Le BRETON:** So, you know, no-one would argue that we really need to get a better skilled workforce. But there are certificate III and certificate IV in disability studies, and they are the key qualifications that we require of our staff, in addition to nurses, physiotherapists, occupational therapists [OTs] and speech therapists. But certificate III and certificate IV are really good mainstream training courses and, added to that are obviously some specialties that staff might need, given the particular client group.

**CHAIR:** Trevor?

**The Hon. TREVOR KHAN:** No.

**CHAIR:** Can you state for the record your comments?

**The Hon. TREVOR KHAN:** I have. Look, Mr Moore was asked questions on the last occasion. That appears at pages 7 and 8 of the transcript. Mr Le Breton, you can take this on board. He states, in part:

By mid-2005 there was an extensive process of revisiting the policy settings around accommodation—not just around large residences but more generally—which brought to the discussion a concept that it was not just about bricks and mortar, and that

you do not address an issue by changing the bricks and mortar. That works both in relation to large spaces—large numbers of people being accommodated together—and to small spaces.

**Mr Le BRETON:** Absolutely.

**The Hon. TREVOR KHAN:** He goes on and says:

I note in the transcript that some people have made mention of the fact that small guarantees better outcomes.

If people think they will get a better outcome because it is small, I think they have it wrong.

Do you agree or disagree with that last proposition?

**Mr Le BRETON:** I think that small should equal more control by the person, their advocate and their family, not small without that control and more authority. That is why there is a need to move towards personalised funding, giving families greater say.

**The Hon. TREVOR KHAN:** Let us leave aside personalised funding.

**Mr Le BRETON:** Well, that is what makes the difference, though.

**CHAIR:** It is important.

**Mr Le BRETON:** That is the bit that makes the difference.

**The Hon. TREVOR KHAN:** Well, Ian, if you want to heckle, that is fine, but I am putting what is here in the transcript.

**CHAIR:** You have the floor, Trevor. Please ask your question.

**The Hon. TREVOR KHAN:** Excellent.

**Mr Le BRETON:** My understanding is that it is not necessarily bipartisan support—I do not really know—but my understanding is that the Liberal Party, for example, has put out individualised funding.

**The Hon. TREVOR KHAN:** Yes.

**Mr Le BRETON:** I think that will be the thing that will ultimately determine a lot of this.

**The Hon. TREVOR KHAN:** All right.

**Mr Le BRETON:** Just as the personalisation and personalised funding sort of approaches that have been canvassed more broadly within the community are really, really important debates now because they are the things that will make the difference. But as soon as we do that, people will vote with their feet, which would be really great.

**The Hon. TREVOR KHAN:** All right, let us just go on.

In 2006, when Stronger Together was announced, it included a change from saying that large residences would all close by 2010 to saying that they would close over time.

That is what is referred to in the Ombudsman's report:

The Government announced the closure of three large residential centres at the time that Stronger Together came down.

You are aware of that?

**Mr Le BRETON:** Yes, I am.

**The Hon. TREVOR KHAN:** Right. It then goes on:

Those closures exemplified the redevelopment phrase that came in.

**Mr Le BRETON:** But the word "closures"—they were redevelopments.

**The Hon. TREVOR KHAN:** Yes:

That redevelopment phrase is saying that not in all instances will a large residence be closed and replaced by small community-based housing, which is what the word "devolution" was meant to imply. Redevelopment embeds the concept that you have to have horses for courses. We have to deal with the fact that we have a largish number of people who are ageing for whom aged care style accommodation is appropriate, and for whom it is proving particularly difficult to get access to residential aged care centres.

**Mr Le BRETON:** That is why I said in my presentation—is it okay to speak?

**The Hon. TREVOR KHAN:** Yes.

**CHAIR:** Through the Chair.

**Mr Le BRETON:** Through the Chair, that is why I said in my presentation that the sad part about this is that there are a lot of people in these facilities who are fast running out of their chance, their opportunity, to live in the community; that what is happening is that they are being kept in large institutions, and they are going to then be transferred from these large institutions into nursing homes. That is a sad indictment on this State.

**The Hon. TREVOR KHAN:** All right. He goes on:

We are creating a place called Hamlyn Terrace, which is replacing the Peat Island facility—it is called a redevelopment; it is not actually a redevelopment on site—a 100-bed aged care style facility. Will it be populated exclusively by people with disability? Not necessarily, but originally a significant number of people who are in Peat Island will be moving to that facility.

Is that an appropriate redevelopment, if I can describe it that way, to be undertaking?

**Mr Le BRETON:** No, I do not think so. I think there are a lot of people that are of the age of people at Peat Island who live out in the community. In fact, the whole focus of aged care and aged support is to support people at home—like my mother did, who died just in April this year. She was under an extended aged care at home package. She was supported to live at home. But somehow or other we think that now we need to build special nursing homes for people with intellectual disabilities. Where is the leadership in that? I think that is a real sad indictment on our communities.

**CHAIR:** There has to be a mix. Sorry, Trevor?

**The Hon. TREVOR KHAN:** No, really: I think you are voicing the thought that was going through my mind. There has to be a mix. I simply make the point that Mr Moore did actually give this evidence. It was not in a sense a hidden exercise when he gave evidence. Regrettably, he does not seem to have been questioned particularly hard on it to get his view as to whether we have done something wrong in the exercise.

**CHAIR:** Through the Chair, it is important stuff that you are bringing up. I would ask you, if you could, to think more about it. You may wish to ask some more questions about that before we conclude.

**The Hon. MARIE FICARRA:** Mr Le Breton, given your vast experience in many fields of disability service provision, when you are talking about the personalised care packages and the success of the Greystanes Children's Home devolution into the community, are there overseas models that are working well? Are there any cost analyses? If I was a parent and hearing what you are saying, I would love to have that. If I had a disabled child, I would love that they would be getting interaction in a normal setting out in the community so that they would feel normal. What evidence is there in terms of modelling and cost analysis? I am trying to get my head around why we have not been closing down these large, old institutions as fast as we should have been.

**Mr Le BRETON:** Look, I would just like to draw the Committee's attention to a report that Family Advocacy produced. Family Advocacy is an advocacy service in New South Wales that I am sure you are aware of. Its report is "Presenting the Evidence—Deinstitutionalisation: A Review of Literature". I can make that available. That identifies the latest research in relation to devolution and it demonstrates too the sorts of outcomes that can be achieved in smaller community-based environments that far outstrip the sort of opportunities and outcomes that can be achieved in large institutions.



We do not need to go overseas to have a look at really good models that operate in the community. We have them throughout this country. For example, Victoria devolved an institution and it used the resources and funding that came from the sale of that property to build a whole range of community-based accommodation, some of which was sold to the general public, and other parts of that suburb that was developed in a small development was set aside for use by people with disabilities. They were integrated within the community but that came from the proceeds of the sale of a large institution.

There are many models. I believe that our organisation—which still has a long way to go in terms of achieving full participation for people with disabilities within the community, for people with very severe multiple disabilities—is always going to be working very hard on this. We believe our model is one of the leading ones in relation to this and it has good engagement with neighbours. I always say our neighbours are very supportive or just supportive—you know, happy-go-lucky—or totally, blissfully apathetic, just like my neighbours are. They live and let live and let people get on with their lives. I think we have got all the models that we need to have a look at here in Australia and certainly a lot of them in New South Wales.

**CHAIR:** Would you tender that document and read the title into the transcript?

**Mr Le BRETON:** The document is by Family Advocacy and it is called "Presenting the Evidence: Deinstitutionalisation—a Review of the Literature".

**The Hon. MARIE FICARRA:** Are you aware of the levels of funding in the successful devolution of Greystanes? Are you aware of what it might be costing the Government in successfully devolving? How many people did you have in Greystanes?

**Mr Le BRETON:** Greystanes originally had around about 40 people. They were children originally and they grew up into young adults. The model that it operated on was primarily like a medical model where there were nurses and nurses' assistants. So that had its own cost factor in there because of that model. When it devolved, the department purchased the houses and funded Disability Enterprises to operate the community-based alternative to the institution. I do not have any cost comparisons.

**The Hon. MARIE FICARRA:** Your funding did not increase?

**Mr Le BRETON:** Yes, it did.

**The Hon. MARIE FICARRA:** To cope?

**Mr Le BRETON:** The department was fantastic. It worked very closely with our organisation and worked to make sure that it developed a really good model. That is why we produced this DVD, with the funding from the department. The Minister launched this DVD. That is why we produced it because it was an exceptional example of good cooperation between the department and a non-government organisation in doing it properly. The Minister launched it in May. I do not have cost comparisons between the two, between running an institution and a community service, other than to say that you would have to assume very strongly that there is a big difference in the cost of my organisation running a community-based service for people with high medical support needs and the department running a similar service. Their costs are exceptionally higher because their staff get at least a third higher pay than my staff get. I believe my staff do just as good a job. I would not say better because there are some great staff in DADHC, fantastic staff. I would just say that it has got to be significantly cheaper as well.

**The Hon. MARIE FICARRA:** In terms of those people with disabilities that need acute care, prior to the devolution they were in a medical-type setting with doctors and nurses. How does the current situation operate where they are out in the community if they have acute medical needs, such as severe epilepsy? How does it work being out in the community?

**Mr Le BRETON:** In the past one doctor used to come and visit all of them in the institution and just do his rounds. Of course, the issues across infection, when someone got the flu everyone got the flu, so to speak. What happens now is that the parents choose who the GP is. We have a health care team and monitor each client with a health care plan. That health care plan is worked out with the parents, the GP and the health care team of our organisation. If there is an acute episode, if we are worried that the person might have pneumonia or a chest infection, which, of course, is very life threatening to a lot of the clients that we have, we have protocols for dealing with that. Obviously we take them to hospital if it is an emergency. The parents are closely involved in

all of that. The parents are the ones who make the decisions or call the shots in terms of consent, unless there is an appointed guardian. As they say on the DVD, the health care is better now than it was in the institution.

**The Hon. MARIE FICARRA:** Could the DVD be tabled?

**CHAIR:** Mr Le Breton, would you title the DVD and tender it?

**Mr Le BRETON:** This is a DVD called "A Place to Call Home", talking about devolution. It was developed by Disability Enterprises at Leura and is presented by Julie McCrossin.

**Dr JOHN KAYE:** In answer to a question from Ms Ficarra, you said your staff are paid a third less.

**Mr Le BRETON:** I speculated.

**Dr JOHN KAYE:** Did you say that staff who work in your organisation get one-third less than staff doing equivalent work for DADHC?

**Mr Le BRETON:** I do not know if it is exactly a third. It is certainly significantly less, yes. The award structure is very different with the equivalent to the SACS [Social and Community Services] award.

**Dr JOHN KAYE:** Do you think so long as the pay differential exists there will be resistance to devolution by staff in DADHC-run homes?

**Mr Le BRETON:** It could be an element because I think there has been a clear intention by Government to try to shift more services to private enterprise and to non-government sectors across a whole range of industries. Certainly you would have to say that the salary structure within DADHC is much more attractive than it is in the non-government sector.

**Dr JOHN KAYE:** Is that a matter of concern for you?

**Mr Le BRETON:** It is. I believe our staff deserve more. I am not saying that the DADHC staff deserve less. This is an issue nationally about the disparity between the current award that is being paid to people within the SACS award. It has a new title now under the modern award structure. Generally speaking, across this whole industry the pay is very, very meagre.

**Dr JOHN KAYE:** Do you think the meagre pay in the non-government sector is restricting the development of skills in that sector?

**Mr Le BRETON:** I am not sure exactly what you mean by that. I have not necessarily seen a correlation between paying people a lot—maybe you can attract more qualified people but it does not necessarily mean that people you already have that you pay a lot of money have more skills.

**Dr JOHN KAYE:** Do you think the pay in the non-government sector discourages people from creating careers in that sector? In fact, it makes it impossible for people to develop careers in that sector and, hence, restricts the development of skills?

**Mr Le BRETON:** Yes, there is a drift from the non-government sector to better paid jobs. Our organisation has a little bit of an opportunity there in the sense that there are a lot of people who are very qualified who go up to the Blue Mountains just to get out of the rat race. We have a lot of highly qualified people on our staff, people with doctorates and other tertiary qualifications, who have gone up there for a different sort of lifestyle and we have been able to tap into that. But they could earn much more elsewhere.

**Dr JOHN KAYE:** It is clearly not a solution across the sector. We cannot place all our care facilities, our care homes in areas where there are a large number of qualified people. They cannot all be located in the Blue Mountains or on the North Coast.

**Mr Le BRETON:** Not at all.

**The Hon. HELEN WESTWOOD:** Mr Le Breton, I am not sure whether you read an article about a parent who was concerned and very dissatisfied with the treatment, the type of service and the behaviour plan

that was in place in a group home. This brings to mind the need for complaints handling and grievance mechanisms for non-government organisations. It seems to me, on the basis of this article, that that group home did not have one in place. If they did it was certainly very unsatisfactory. Could you tell us about your complaints handling and grievance mechanisms?

**Mr Le BRETON:** We have a formal complaints handling mechanism. All parents are given a copy of that. It is no different to a lot of the best practice-type complaint mechanisms where you obviously endeavour to have the processes right up at the front end of the complaint where people can make their complaint easily to the next line supervisor. If that does not work, it comes straight to me. If even after I have made the decision as a CEO and people are not happy with that, they can take it to our board and have it separately considered by our board. We always inform people that they are entitled to take the matter to the Ombudsman. We have a Community Visitor who visits our service. It is a really important role that they undertake in terms of being satisfied separately that we are providing our services in an appropriate way.

I do not know what else I can say about that other than those sorts of complaint mechanisms are really, really important. Having been the Director of the Office of the Public, for example, I have had a lot of experience in working with and looking at appropriate best practice-type processes. I believe that we provide those to our families. I am not in any way suggesting that in that article—I cannot comment on that article—but we would never, ever threaten anything like guardianship or going to the Guardian. We would only ever do that—and should I say I am a member of the Guardianship Tribunal, and I am not commenting as a member of the Guardianship Tribunal but as a CEO—we would never threaten a family member because they disagreed with us of going to the Guardianship Tribunal. We would only go to the Guardianship Tribunal if we genuinely believed, as we would be obligated to do, that the person was about to or is suffering very serious harm as a result of something that was happening.

**The Hon. HELEN WESTWOOD:** Is there a requirement for your organisation to report complaints about your service to the funding body or any other authority?

**Mr Le BRETON:** We get reviewed by DADHC. They have review mechanism and in that they look at our complaints. We have all the same obligations of reporting, death in care, those sorts of requirements. But, in principle, I would not have a problem with a formal arrangement if complaints or the nature of complaints had to be reported because I can see that might demonstrate if organisations, to coin a phrase, are in a bit of stress, not coping very well or not doing their job very well and putting it around the other way it might put up some big red flags where parents or consumers are having serious problems with the organisation. There would be some merit in that, depending on how it was done, of course. You can collect data and it can be useless or you can do it in a way that it is really beneficial for the service in terms of improving the way that it performs and handles grievances.

**The Hon. HELEN WESTWOOD:** From what you are saying, there is no formal mechanism for reporting complaints to the department. You do not do it in a normal data return to the department?

**Mr Le BRETON:** No.

**The Hon. HELEN WESTWOOD:** I was interested in your comments—

**Mr Le BRETON:** I should say we can put it in our annual report, which is a good way to keep that disclosed.

**The Hon. HELEN WESTWOOD:** You said that in establishing group homes in the community your neighbours were comfortable about that. I have to say that after many years in local government that is not my experience. I am quite surprised at that. I have found narrow-minded, discriminatory attitudes in the community that have shocked me when there is an attempt to establish a group home or even a nine to three day care program for adults with disabilities in local neighbourhoods. So your experience is there are never any objections and the community and all the residents are happy and welcoming?

**Mr Le BRETON:** Yes, we have had, as you would expect, a very occasional complaint. One of them was, "Do you mind if your lights on the driveway are turned down at night? They are a bit too bright." That was one complaint at one time. There was another complaint, "Do you mind if when visitors come they don't park their cars across our front lawn?" That is the nature—just something that can happen at your place and my place. There is nothing that is, you know, throwing rocks at our place, breaking windows or screaming out or people

voicing objections to council about the organisation or the houses or whatever. None at all. But having said that, I have been involved in setting up houses. I have been involved in three other devolutions, two government facilities and a non-government organisation where you can get into difficulties like that, I agree.

**The Hon. HELEN WESTWOOD:** Is your organisation just within one local government area?

**Mr Le BRETON:** Nepean and Blue Mountains, and neither of those areas we had problems. The other issue here of course is that there are a lot of people who could just live in a townhouse, two people with support, and another townhouse down the road with support. It is not an organisation moving in next door; it is not a non-government organisation coming to town right next door to me. It is just two people with a disability moving into the house next door and that is ultimately where we have to get to. The problem is that large facilities do not expose people with disabilities to the community, when the vast majority of people live in the community and they are thinking that when you devolve these places you will move some demons in next door. That is the problem. But when Greystanes devolved no-one objected. There were no riots in the street or publicity in the newspapers. The adverse publicity in the newspapers was, "Isn't it sad that the place is closing?" That is what the publicity was.

**CHAIR:** Thank you for your expertise and time this morning. It is greatly appreciated. Perhaps you may be able to voice our recommendations for us before you leave in the next three minutes. Any thoughts on what we should say in our recommendations?

**Mr Le BRETON:** I would like to see a commitment by the Government to the closure of these facilities with a firm time frame and funding in Stronger Together 2 to commence that process.

**CHAIR:** Thank you.

**(The witness withdrew)**

**(Short adjournment)**