



COMMUNITY SUPPORT AND SERVICES COMMITTEE

Members present:

Mr A Tantari MP—Chair
Mr SA Bennett MP
Mr MC Berkman MP
Ms CL Lui MP
Dr MA Robinson MP
Mr RCJ Skelton MP

Staff present:

Ms L Pretty—Committee Secretary

PUBLIC HEARING—INQUIRY INTO THE PROVISION AND REGULATION OF SUPPORTED ACCOMMODATION IN QUEENSLAND

TRANSCRIPT OF PROCEEDINGS

Monday, 19 February 2024

Cairns

MONDAY, 19 FEBRUARY 2024

The committee met at 9.03 am.

CHAIR: Good morning. I declare open this public hearing for the committee's inquiry into the provision and regulation of supported accommodation in Queensland. I would like to respectfully acknowledge the traditional custodians of the Cairns region where we meet today and pay our respects to all elders past and present and other First Nations peoples who may call this country home. We are very fortunate to live in a country with two of the oldest continuing cultures in Aboriginal and Torres Strait Islander people, whose lands, winds and waters we all share. My name is Adrian Tantari; I am the member for Hervey Bay and chair of the committee. With me here today are: Mr Stephen Bennett, the member for Burnett and deputy chair; Mr Michael Berkman, the member for Maiwar; Ms Cynthia Lui, the member for Cook; Dr Mark Robinson, the member for Oodgeroo; and Mr Robert Skelton, the member for Nicklin.

The purpose of this hearing is to assist the committee with its inquiry into the provision and regulation of supported accommodation in Queensland. We are here today in Cairns to hear your views and suggestions on next steps about supported accommodation and residential services. Please take this opportunity to share with us your views.

The committee is a committee of the Queensland parliament and its hearings are subject to the rules of the parliament. These proceedings are being recorded by Hansard and will be published on the parliament's website. If you have any concerns about this, please talk to our committee secretary. Media may be present and are subject to the committee's media rules and the chair's direction at all times. You may be filmed or photographed during the proceedings and images may appear on the parliament's website or social media pages. Please turn your mobile phones off or to silent mode. I will invite to the table anyone who has indicated they wish to speak to give us a brief opening statement, after which committee members may have questions for you.

WILSON, Mr Raoul, General Manager, Rights in Action

Mr Wilson: Rights in Action is a local independent advocacy organisation for people with disabilities and mental health issues. I am a member of the Queensland independent advocacy network. My fellow advocates are in the room. We are part of a network across Queensland. Part of that network's responsibilities is as a working group that has made submissions to this committee hearing, which involves homelessness for people with disabilities and mental health issues. I would first of all like to say that I have looked at the '*Safe, secure and affordable*'? report done by the Public Advocate. On page 23 it mentions the Public Trustee office having less oversight over clients' funds because of NDIS privacy reasons.

With regard to independent advocates working in this space providing services for clients, particularly in North Queensland, at times matters can be very discretionary. This means that it puts the provider, whether that be a not-for-profit provider or a private business provider in a lot of instances—because of the nature of the NDIS and the corporate layout of the NDIS up until today—in the driver's seat. This means they can give us pushback when we require such things as documents for verification of our clients during their advocacy journey.

I want to start by saying that advocates, unlike public trustees, are not statutory bodies. We do not wish to be statutory bodies. What we would like to be more so is an obligatory body; that is, a body that services are obligated to report to for the clients that we represent, because at the forefront we are specifically for the client's needs and no-one else's. We are not a third party; we are not a mediator; we are not a conciliator. We are there specifically for the client's needs only.

This pushback has been quite obvious along the way, particularly with the rollout of NDIS and also, I would say, with foundation support systems, the QCSS, which will shortly be foundation supports, I suspect, after the NDIS review. There is a lack of transparency as to what services the client is actually receiving as a result of this. This is what we have to investigate, going through an arduous process back and forth to try to get what the client's actual needs are and being on the same song sheet as the client when it comes to advocating for them. Because we work locally with the

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Public Trustee and also the Office of the Public Guardian in some instances, the oversight that the Public Trustee wants will allow independent advocates to essentially uphold the human rights of community members living in the settings we are talking about when it comes to this particular inquiry.

We often see clients living in supported accommodation—SILs, single independent living housing arrangements—not knowing their rights about their tenancy. There is simply a notion that you are 'lucky to be there', which is really unacceptable when it comes to the Human Rights Act. Clients living in SILs or SDAs, who mostly have high care needs, tend to not complain about their circumstances, and this is because of fear of retribution and also their supports just being completely withdrawn from them at any given time, which is really fearful for them. They deserve to be in a safe, secure environment. Usually the tenant's responsibility in the service agreement will be a long list versus the service provider who provides this tenancy. Their responsibilities are limited and often with the tone of service discretion, of course resulting in a power imbalance that very much favours the service provider over the vulnerable person who is renting from this facility.

Rights in Action has also advocated for clients living in supported accommodation with no NDIS provision but only a Centrelink subsidy, so their disability support pension. In this case the service still charges money from the client's pension, which has left the client with very limited amounts of money and funds to live on. Rights in Action clients have also been charged the same amount for normal meals in some cases on Saturdays and Sundays. In the instance when a client has been provided with a frozen meal from the service because the chef is not working on the weekend, because we are talking about people with disabilities—and in a lot of instances, people with physical disabilities—they have difficulties eating these frozen packed meals, cooking these frozen packed meals and preparing these frozen packed meals themselves without support, and that is if they have even eaten at all. A lot of times you will see these people with disabilities and mental health issues, for that matter, not eating until the following Monday, which is pretty disgusting. They are still getting charged the same amount for that service, which is even more disgusting.

Other Rights in Action clients have not only expressed concerns about food quality issues but also broken doors not being repaired or repairs being delayed. This results in a really unsafe environment for them, so they have no privacy and no security. This is a fundamental need and human right and part of the Queensland Human Rights Act. Some of our clients who have experienced respite care have also complained to us about poor practices. There are issues around room space and their adjustment because they feel helpless in their vulnerable situation. On page 9 of the Public Advocate's report it states—

While the legislative environment is complex, key elements critical to the wellbeing of residents are also not addressed ...

One of these issues and elements is the traditional lore concerning First Nations people with disabilities living in these settings. There is cultural inappropriateness going on for vulnerable people in these settings, particularly First Nations people. The following cases have been raised by Rights in Action to the NDIS Quality and Safeguards Commission, which has mitigated and monitored these bad practices to a certain degree. Some of these bad practices are now occurring in other areas of North Queensland—and I will say this—in Townsville and probably Mackay down the coast.

This is in instances where the service provider was under the spotlight in Cairns around November 2000 when we had a quality and safeguards conference here. There were a whole lot of service providers who turned up. They were essentially told to stand and deliver with regard to their service provision and they were educated around the complaint process. There were concerns from the NDIS Quality and Safeguards Commission about the limited number of complaints and feedback that was occurring. Off the top of my head there was something like 30 complaints that were not even actioned when it came down to it in proportion to the number of service providers who were in that room, which was over 50. It was quite incredible. That particular operation that has been quoted on the NDIS website was operation Cairns. Feel free to look at that.

Those particular service providers are still operating with the same modus operandi down the coast because they know they are not being watched by the statutory body in terms of oversight they have had here in Cairns. There is limited oversight of statutory bodies, as we know, in regional areas throughout North Queensland. As our operational area is across Far North Queensland, we have kept an eye on this. It is not as bad, but we are soon to be moving our operational area North Queensland into Townsville as of March, so Rights in Action will be expanding. We do know there are future clients who are being subjected to the same modus operandi and bad practices that have been occurring up here in Far North Queensland, in the Cairns and catchment area. Mostly these First Nation clients who have been subjected to these bad practices have close family support and they have been removed from country, their remote community, without their acknowledgement. A

significant number of these First Nation clients have found themselves in the hospital-to-home kind of shuttle system arrangement in Cairns without knowledge of their next of kin who live in community, which is very important for their cultural needs.

Our First Nation clients who have been shuttled into these SIL SDA arrangements with no consent have been subject to the following transgressions: one, a trend of transition from hospital to one preferential SIL SDA provider, which is usually a business; two, the streamlining from hospital to SIL without the patient's will and preference or next of kin input; three, our First Nation clients in these situations have been put through a substituted decision-making model process without consultation and an immediate lack of information about their provisions; four, these First Nations clients are often being jammed into shared arrangements that mix tribes, skin groups, somewhat like they used to do in the missions, I will be blunt about that; five, businesses that have exclusive hospital access to First Nations people offering no cultural connection or return-to-country plan once transferred into these shared living arrangements in the Cairns region—and I suggest again this is occurring in North Queensland; I cannot confirm that, but I am pretty sure that it would be—six, no acknowledgement of alternative housing provision for the First Nations client; seven, no recognition of traditional owner lease arrangements or commitments to country. We had one case of a gentleman from a community where, like other members of the community, he had a 99-year lease. The congress within that community was not consulted on his particular movements and the congress was not consulted on whether there was a return-to-country plan, which was pretty culturally inappropriate. Lastly, there are Bill Shorten's statements around price gouging of NDIS plans with unjustifiable charges. We believe as part of the NDIS review the regulated fees would prevent this to some degree.

Lastly, I want to talk about the creative service rebranding of some of these line items—and I will let you be the judge of this—for example, concierge supported living. In my experience and other service providers' experience that are on a local disability network whom I have talked to, it kind of smells like a boarding house, talks like a boarding house and quacks like a boarding house. One service provision in this instance takes care of all the residents and there is not really much choice and control at the end of the day when we are talking about residents being in this type of arrangement.

There are a lot of these businesses that have these kind of fancy fly-through websites that have people wanting to live in these kinds of clinical settings. It really confuses people with disabilities overall. It builds limited capacity and supports for people with disabilities in these instances and ultimately disempowers people with disabilities—and mental health issues for that matter—and segregates them without any inclusive outcome at the end of the day. That concludes my presentation.

CHAIR: Thank you, Mr Wilson. We will have questions from the committee. I turn to the deputy chair.

Mr BENNETT: There was a lot to unpack in your contribution, and thank you for that. I understand that these supported accommodation providers are not funded by government, but you did mention a couple of times regulation and some other alternatives. As an advocate, what are you seeing as an alternative to some of the problems you are seeing in the sector?

Mr Wilson: Obviously there is a lack of regulation for these service providers. I think the federal and state governments can take responsibility for this. I know there is often a stoush between both. There needs to be regulation around how these developments are happening from a co-productive—I am not going to use the word co-design, because it is one of those terms that has been overused. It needs to be co-productive, where the person with the disability needs to take part at the very designing phase of these developments. Those particular services can be paid for. More often than not they are not paid for at the moment. Wayne can probably talk about this further. It seems that people with disabilities will be asked a question and that will be part of their co-design process, but people with disabilities really need to be paid for their services when it comes to this. That is at the very early stage of the consultation when it comes to designing and then it goes on to planning and even building these particular facilities.

Mr BENNETT: If I may interrupt, are you advocating that the governments take over all this and turn it into the design of the bedrooms, the regulation and everything else as an alternative?

Mr Wilson: Not necessarily, but that would be a good alternative because at the moment businesses are just taking over this particular area without any regulation.

Mr BENNETT: They have been doing it for a long time. Some people are saying, 'Thank goodness the private sector has provided this opportunity for assisted accommodation for so many vulnerable people.'

Mr Wilson: But how regulated is that particular—

Mr BENNETT: How regulated does it need to be, I guess is the question? You mentioned before the NDIS and the oversight. Is that not rigorous in protecting the rights of people with a disability?

Mr Wilson: It has been getting better since the new government was voted in under Bill Shorten's ministry. There has been a lot of work with regard to making it better. Since the previous government, I would say it was stripped of all its authority, but it actually is getting better, I must admit. The NDIS review and the disability royal commission have been a very big part of that, but it does need to be a lot more rigorous in the way it calls service providers to account, definitely. There has been that phase of the complaints process; everyone has been educated on the complaints process. Now it is time to actually start prosecuting, if that need be the case, some of these service providers that are blatantly taking people with a disability for a ride.

Particularly in Queensland with some of these situations, I believe we are talking about what are gross violations of law; we are talking about the Human Rights Act that has been introduced. There does need to be some retribution with regard to these service providers getting away with this. I have talked heavily about NDIS today, but I would like to also talk about the QCSS system, which is probably going to be foundation supports in the future. That is another area in the state's responsibility that needs to be regulated, and I suspect that is going to be the case.

Mr BENNETT: What does the acronym stand for?

Mr Wilson: Queensland Community Support Scheme. That is going to be the foundational supports; that is what is going to be taking it over. That is what the NDIS review is talking about at this stage.

Mr SKELTON: Thank you for coming along this morning and giving us your insight. I think you have probably answered this question. In your experience, do residents of supported accommodation have sufficient choice and control in deciding on service providers?

Mr Wilson: Not here in North Queensland, no.

Mr SKELTON: Regionally it is worse than—

Mr Wilson: Yes. 'Choice and control' is one of those mantras, unfortunately, that has been given by the 'I love NDIS' provision back in the day. We as advocates would preferably use the 'will and preference' terminology, because that is actually in the Human Rights Act. Their will and preference is very diminished when it comes to choices.

Mr BERKMAN: You mentioned specifically the hospital-to-home pipeline and the particular issues that exist with First Nations people through that arrangement. I am wondering are there any supported accommodation facilities around the area that are specifically run by or tailored for First Nation people?

Mr Wilson: Only the Indigenous hostels that we know of, and they are at capacity most of the time. In terms of fit for purpose for people with physical disabilities, that would be very much in question.

Mr BERKMAN: Even if there was space, these are not facilities that would do the job for many people with disabilities?

Mr Wilson: That is right.

Mr BERKMAN: Can you speak any more to that hospital-to-home arrangement and the absence of culturally appropriate or culturally sensitive engagement with clients, with the people with disability in the circumstance? In your view, what is the missing piece there?

Mr Wilson: First of all, that is driven by business need. The missing piece there is more regulation around it. It is not necessarily Queensland Health's fault, because this NDIS system has come upon not just Queensland Health but also other public services as being previously the solution to everyone's needs. We had the department of communities, with the QCSS provision that they used to have, diminish because the NDIS was going to sort all that out and in terms of child safety, for instance, the NDIS was going to sort it all out. Everything was stacked on what the NDIS was going to do. Unfortunately, in that situation, the state departments' service provisions started shrinking and there was that loss of regulation through that particular shrinking. It is also about education around what was happening with regard to First Nations people being shuttled back and forth. Is a human rights abuse going on?

In a lot of cases, when we spoke to Queensland Health staff they had no idea that it was going on. They were under the assumption that these particular organisations that were moving into this shuttling situation—where a First Nations person from community was in a bed and the service provider was approaching the First Nations person with all of these pieces of paper to sign over—were NDIS representatives and that they had the authority to do that. There was a real under-education around what the NDIS was going to do, how it was going to do it and what regulation bodies were available at the time. I believe that there are NDIS representatives now working with Queensland Health who are in the hospital monitoring this type of movement, but it is still there to a certain degree.

These First Nations people, who are vulnerable, really need an advocate to help them because they are in hospital and have limited capacity because of their health needs. An advocate really did need to be on call to help them through a supported decision-making process, as opposed to the substituted decision-making process which was occurring for them.

Mr BERKMAN: You pre-empted the next question I had in mind. You referred to the need for additional regulation. Specifically in the context of hospital to home or more broadly the supported accommodation framework, what does that additional regulation look like in your mind? You have already spoken to the need for an additional role for advocates, particularly where that transition is happening from hospital to home. Are we talking about a greater suite of obligations that fall to service providers of different levels, whether that is supported accommodation or SILs; a requirement perhaps to facilitate advocacy or to support advocates in those processes; an 'all of the above' approach; or are there specific regulatory changes that you think need to be made?

Mr Wilson: I suggested to the previous disability minister, Craig Crawford, a 'taskforce'. I know that politicians love that word; it is a great buzzword. It would be something along the lines of the co-responders operation, where a police person has a mental health expert in the field beside them when they go out to do their community engagements. There is scope for that with regard to independent advocates, with hospital staff maybe, and also working wider with the likes of Child Safety, Youth Justice and so on, to be in those particular settings not only to train and educate what the Human Rights Act is all about—I know that they do get some education, but those particular education pieces are constant—but also to be readily available for those clients when they feel like they are being encroached on by these service providers or when they are going a little bit wobbly.

It is about fulfilling those needs at the beginning as opposed to the end, when we are at crisis point—when a First Nations person is in a SIL in an undesirable location because they are from one community but are in with all these different other community members. It is not desirable for them. They have issues and challenges around navigating their way in that setting. It goes down a spiral where then it is time to call the advocate, and then we are dealing with a whole lot of complex problems at the end of the tunnel that we really do not need to be dealing with. If we could be there at the beginning—part of a taskforce, maybe—that should be looked at.

Ms LUI: Thank you, Mr Wilson, for your time this morning. Further to the member for Maiwar's question around First Nations clients in this space, could you describe the impact it has on First Nations clients mentally and emotionally? You mentioned cultural inappropriateness and went into great depth about the lack of kinship support, the lack of connection with communities and so on. Could you talk a little more about the impact it has on First Nations clients?

Mr Wilson: I could do this through a case study, if that is appropriate. This is an unidentified case study of a lady from Aurukun we were advocating for. This is confidential and this lady will remain unnamed. This particular lady experienced this hospital-to-home transition. It was culturally inappropriate, because she was put in a house with a patient from Bamaga, another patient from Hope Vale—

CHAIR: Just be careful about identifying individuals.

Mr Wilson: It was a very mixed situation for her. She was beyond middle age. She had a lot of history around other psychosocial issues. We advocated for her the best that we possibly could. We found out about her movements from the hospital. She probably should have stayed there because of the nature of her issues. This was after COVID, when there were bed turnover issues. The resolution for Queensland Health at the time was to allow this NDIS hospital-to-home shuttle to occur. They did not know the nature of it and there was no follow-up for this particular individual until Rights in Action were called by the vulnerable persons unit in the Queensland Police Service. That is another section of the Police Service that we work with. When we had an advocate at the scene, we did advocate for this lady as best as we possibly could. We did provide wraparound supports as best as we could to a number of mainstream services within her particular region. We did try to facilitate, through certain agencies, a return-to-country plan, because she was in desperate need to return to country. That was her central wish.

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Unfortunately, because she was in this business system, there were preventions on that occurring. There was always this report that she was not suitable to return to country, that she was unwell. She did have a lot of complex issues but, that said, it was not out of scope that she could return to country, because we did find supports in country for her—family supports and wraparound supports for that matter—to facilitate the return-to-country plan. We kept getting prevented from doing so by the particular service provision that was looking after her, in the SIL situation that she was in. As a result, this particular lady unfortunately left that home. She became homeless for quite some time. We did follow-up engagement with her and, unfortunately, she passed away. That was quite sad. Essentially, at the end of the day, she was pretty much stripped of her dignity, her culture and her connection to country.

Ms LUI: You mentioned the complex situation with some of the clients in supported accommodation. To your knowledge, are you aware of any collaboration between different agencies to support vulnerable people with high and/or complex needs?

Mr Wilson: I would say that there is, in my experience, but it is very limited. It is only done at a point of desperation, when it comes down to it. It is not done at the very beginning phase. This is why advocates are so important, because we ensure that is done at the beginning phase of the person's journey that those wraparound supports are there for them. We also do a system of following up and following through so that we can ensure the resolution has been done and the outcome of inclusion has occurred.

Dr ROBINSON: You may have answered this question in your very fulsome presentation. In terms of innovation, new ideas, positive change or models you have seen elsewhere, be it other parts of Queensland, Australia or beyond, what directions, trends and things have you seen? It might be something to do with technology; it might be something to do with approaches. You have observed a lot of things—and there are a lot of challenges—but are there other things you have seen that are very positive and give you some sort of optimism that good change can happen?

Mr Wilson: There is a developer down south. I am not sure if I should announce who they are; I could provide it afterwards. I have seen some articles about how they involve people with disabilities at the co-production stage, I suppose. At the design stage they consult those people with disabilities on what is needed with regard to SIL provision. I believe from information that has been given to me that those people with disabilities get carried through to the production and the layout of the facility itself. I think that that is very much a success. I believe that for those people with disabilities who take part in that process brokerage is paid to them for their knowledge and expertise. At the end of the day, people with disability should be treated as subject matter experts and should probably be paid for their services, as opposed to it being a token system where their advice is given for free.

CHAIR: Thank you, Mr Wilson, for your attendance here today and for Rights in Action agreeing to speak with us. If there is any further information that we may seek, can we contact you at some stage to get that further information?

Mr Wilson: Definitely. Thank you so much.

MAITLAND, Mr Wayne, Private capacity

CHAIR: Good morning. Thank you for appearing before the committee today. I invite you to make a brief opening statement, if you have one, after which committee members will ask some questions.

Mr Maitland: Thanks for the opportunity to do this. My history goes back for 45 years in the building industry, 30 years operating a fabrication and erection company. I am also an advocate with Queenslanders with Disability Network. Just recently someone has noticed where I sit or something like that, because I have been invited into the co-design of the NDIA. A lot of the matters I will talk about today we are working with in the actual co-design. I just want to go through some of the things that I believe, starting with the terminology. We had state building design meetings, I think, two years ago that QDN made representation to. We came away with a silver design, I think it was, or a gold design. I have been too long in the building industry in that we need to make these words actual facts.

Because of where I sit, I have redesigned nearly all of my wheelchairs to fit and go on aeroplanes, because the chairs that are supplied end up either too heavy, too wide or too big. We are all different sizes. We need to start going into a situation where we do not talk 'platinum' and we do not talk 'gold'. As Raoul said, we need to hear from people with disability, and there are a lot of people who have a disability. I went out to a job site to do a welding job for a mate of mine and grabbed a three-step ladder, put the ladder there, went to walk up it, it went to move and I stepped off it and snapped my leg off. It was found out after that I have degenerative bone disease anyway, so one of them was going to happen to me and I was only lucky that the three-step ladder came in before I got to where I was. The biggest thing is that we need, as Raoul said, people who have a disability. A car accident can give you a brain injury. A brain injury might not stop people from being able to design. As I say, let's get away from the gold and platinum standards. The biggest wheelchair you will get is a metre wide. When we are doing all of this design, let's get back in there and let's design for places. We design houses.

The service providers are trying to do a good thing by us, whether they are private or whether they are government, but most of our buildings go where there is cheap land and North Queensland flood plain. Ninety per cent of the time we end up with buildings that are built in areas that are flood plain. Jasper, which we have just been through, is a prime example. We had buildings out there for disabled people and some of them were without power for eight to 10 days. Don't get me wrong: we ended up with generators, but for four days there were a lot of them without power. They are the things that I go through and look at, but you do not have to regulate that. When people put in their design, they have to be in a certain spot out of the way so that we do not have the problems.

In the design of buildings, I am suspicious. I dealt with too many rogues in my time in the building industry. I see places that are built for disability and you will have four units, which is good, but the support worker is given a unit on the second storey. The design is good, but maybe it should have been three rooms with the support worker, because if the support worker falls down the stairs we end up in the same trouble. It is little things like that and, as Raoul said, the mentor. Bring in the people who have the disability to tell you what it is. That is what I am talking with the NDIA about. You ring up someone and are told the whole thing is this. We all have empathy, but nobody knows what my disability is.

With regard to the quality of service from the suppliers, when I sat at the first meeting of the NDIA co-design I said to them, 'Have you ever watched the film *We of the Never Never?*' and some of them were old enough to have seen it. I said, 'You can sit down here in Melbourne, you can sit in Sydney, you can sit where you like, but we're still in the never-never.' As an example, I am advocating for a person who is only 1.5 hours from here and they get nothing. I will not go any further, because the further you go into the outlying areas we have nothing. That is where I believe that we need to look at improving ourselves.

We talk about the condition of the buildings. That is another whole story as far as I am concerned, but I will leave it at that at the moment. Basically, as I said to Raoul, I would come in and put the view of the building side of it, and the doctors are not up here so nobody is game to say anything. We get a bill from a service provider and as late as 8 January it was brought out by the federal government in terms of price differentiation, which I am going to be discussing down there. That price differentiation says to me as a person with a disability that if I am being charged more than the person who walks in off the street I am to question the service provider. I can tell you now: I have been talking to three or four people as of late and they have a bill from the service provider. Whether it is OT or anything, the whole lot, they are not going to question that because we do not have the people up here.

As I said, I am going to be talking about it down there in that it needs to come back to the regulation, but we need someone to sit there. We are supposed to have \$30 million extra put into the NDIS to do with fraud and pricing. What needs to happen is that part of that needs to come back, look at the plans that are there—whether they are aged care or whether they are NDIS—and have a body there that says, ‘How come they’re charging this when there’s a standard rate of that?’ and then take it away from the person with a disability and put it back on the service provider. I will tell you now: the greatest one I use is the OT. If I can walk in off the street it is \$90. Because the government turned around and said that they could charge up to \$193, if I was in business I would charge \$193 to keep my business going and everything like that. What needs to happen is it needs to be put back and someone needs to say, ‘Listen, why are you charging \$193?’ If we do a hundred letters out to a hundred businesses, we change the attitude. I am happy to just call it quits there and see if there are any questions.

Mr BENNETT: Good luck with your endeavours to get the disability sector working right. I am also a registered builder, so I feel your pain. I know that you are a bit dismissive of the gold and silver standards, but it was important to start to identify that when private builders in particular were building these accommodation units they were going to be reflective of the needs. We have recently had a look at some units in Brisbane that were built specifically around disability and I had some questions about the livability and practicality. What are you seeing on the ground here with the construction of these accommodation type alternatives for people with disability in Cairns? Is there much being built?

Mr Maitland: The big issue is that we have to look at sizing because—I lose a bit of memory. I have a bit of brain damage too, but that goes with it. I heard where a block of units has been bought and there is going to be some disability accommodation and some other accommodation. You will find out it will turn into a ghetto, because we have areas where that happens now. I will not go any further than that, but we have areas of that.

Mr BENNETT: What about new stock on the ground, though? What about new builds?

Mr Maitland: That is what I am saying. The worst part of it is that they are having to go to areas of cheap land.

Mr BENNETT: Yes, you mentioned that earlier.

Mr Maitland: That is where it starts off. That is council’s problem. We argue with council all the time that they should not be developing in these flood plain areas and everything like that. You have done a wonderful job in the way the mayors have flood overlays and everything like that. We need to progress a little bit further to the council and say, ‘Hey, listen, this accommodation isn’t allowed in that area.’

Ms LUI: Thank you for your contribution this morning. You spoke about people with lived experience and people with disability with lived experience and how important it is to be part of that conversation regarding design, and we heard from Mr Wilson about First Nations people and their experience with cultural inappropriateness. For the benefit of the committee, could you describe how important it is to have people with lived experience having an input into the designing phase and how we could make it more effective for people with complex needs into the future?

Mr Maitland: You have got a real problem with that, because unfortunately some people cannot live together. It really gets into a hard situation. It is not a simple fix. If you have a look at dementia with older generations, the childcare is taking the younger ones in and it is benefiting them. As I say, that is a real problem that I do not think we will fix very easily, but we do need to have the situation that all culture is taken in. Years ago—I am a Gordonvale-ite, born and bred—we never had a problem with anyone’s culture. Everyone lived together and we developed. Sometimes culture can drift us apart. I find in travelling that we associate better together in North Queensland and outback than we do in the main cities. Maybe that is because we all grew up with culture. Not just have one culture dominate. I do not like to go too far into it because then you end up in all that other garbage that goes on.

Ms LUI: You mentioned in your opening statement about people in wheelchairs and taking into consideration the size of the living space and the size of the wheelchair that is needed. I guess the point I was trying to get at was how important it is to have that perspective or that input into making it more livable so that it suits people with specific needs.

Mr Maitland: That is a major thing. That is what is missing out of everything at the moment that the government is putting together. It is having the people, the culture with that disability. With one culture living here and the same culture living here, sometimes tribal grounds—I will use that word; if I say anything that is wrong tell me—do not live together, so we cannot just turn around and

say that this culture that is here is the same as that culture there. You have people from the highlands, you have people from here and you have people from the islands. I cannot see a problem with it, but that is me. That also has to be taken into consideration. If you are living on Thursday Island, you are not living in the same cultural area as over here living on the land. We need to have the input from the islands and we need to have the input from land based—that is a probably a better way to put it—for that mentor to be in there. I went to the Northern Territory in 1981. My uncle was over there. The government came in and built a beautiful housing development, but it was not culturally there. We need to get back to the exact area where you are going to develop and use those people in that area and, as Raoul said, employ the people with disability.

Mr BERKMAN: I really appreciate you being here today, Wayne. You have spoken about your role as an advocate within the NDIS and the NDIA more specifically. Do you have much experience directly in working with residents in supported accommodation facilities and do you have any general reflections on their experience?

Mr Maitland: I am doing it all the time. As I said, because of what I do I get the phone calls all the time. The whole thing is this: the service provider rings up and says, 'We haven't got the people to do the job tonight,' so the next thing that goes on is, if you are lucky enough to have family, family falls in. It goes to what I said before: we lack in everything up here. We lack in the people doing the care work and that is where it is. It continues to go back. I deal with people who are 80-odd years of age and they have a 43-year-old daughter or son who is living in the accommodation and they are still having to—I will not down the service provider, because they are trying to do things and they are regulated to a certain extent. Being in the building industry, blokes would just never turn up to work because they have got a headache or something like that. I am a bit at loggerheads with Raoul as far as punishing. We have to punish someone to get things to move ahead, but how do you punish someone when they are trying their best? But it is just not here.

CHAIR: If there are no further questions, we thank you for your time. Thank you for coming and presenting today. We really appreciate that. We look forward to having the discussion later at some stage with you about other things.

RIVETT, Ms Natasha, Chief Services Officer, ARC Disability Services

Ms Rivett: Thank you very much for this opportunity. My name is Natasha Rivett. I am the chief services officer at ARC Disability Services. I have been in the disability sector in the Cairns region for 31 years and have been a provider of supported independent living services for the last 19 years. I wanted to speak today just to raise some concerns and issues that have been highlighted in our region that show unethical behaviour, coercion and imbalance of power. Again, I support Raoul's statement about lack of regulation.

What we are seeing is individuals who are using their own properties to become SILS providers with no regulation. So I turn my home into a four-bedroom accessible house and take people in to live there and there is no regulation around that. When a person has an NDIS plan—I am sorry if I am giving you information that you already have—there are different ways that plan can be managed; that is, self-managed, plan managed or NDIA managed. When a person has self-managed funds or plan managed funds, they can choose either a registered provider or an unregistered provider. What we are seeing is a lot of people moving into the space, because there is money to be made from the NDIA and a lot of people considering people with disability as a side hustle. We are seeing people using their own properties to provide supported independent living services and what is also called short-term accommodation, which is a form of respite. We are seeing providers who have individuals living under supported independent living with potentially what they call a vacancy in their home. If a person has a four-bedroom house and they have two individuals living there and they use the third bedroom for a sleepover, the fourth bedroom may not have a person permanently living there; they call that a vacancy. What individuals are doing is using that for short-term accommodation.

Supported independent living services are about a person having their home. It is their house; it is where they live. They should have the right to choose who lives with them. Having a vacancy in a home does not mean that you should have somebody coming and going to provide respite services. I know that we would not just have strangers come and live in our home every other week to make sure that bed was filled, but that is what we are seeing in this region. We are seeing coercion: 'Please come and choose our service and we will pay your electricity bill for six months.' That is really not okay. It sets people up to fail. It is unrealistic and it is a way of taking advantage of individuals who do not really understand what the system looks like.

My concern is the lack of compliance and oversight and the unviewable services that are out there, because, although everyone who uses NDIS funding is bound by the code of conduct within the NDIS Quality and Safeguards Commission, they are not all viewable to the quality and safeguards commission. Please do not get me wrong: I understand that not all registered providers are ethical and fantastic providers. There is an imbalance across the sector with registered and unregistered providers; however, there is a level of regulation for registered providers. We have reporting requirements. If a person was to pass away in our supported independent living service, there is a rigorous reporting process that we go through which is very transparent and we have to provide lots of information around that occurring. If I am an unregistered provider and a person passes away in my service, I do not have those same reporting requirements. How is it that we are seeing a very clear and fair picture around the experiences of people with disability if they are living in services that do not have to be transparent and report those things? I will not keep you much longer. I just felt it was really important to point out that there are services within our region that are unethical and are placing people with disability at risk. Thank you.

Mr BENNETT: Back to the regulation parts of your contribution, we are seeing a proliferation of people providing short-term accommodation solutions. On one hand, we should be applauding that because it is providing some solutions for vulnerable people, but wouldn't building codes, disability codes and other things be mandatory before they could even take in clients?

Ms Rivett: No, I do not believe so. I believe that there are mandatory requirements for SDAs, specialist disability accommodation, but I could purchase a house in the community and claim it to be accessible and open up my own non-registered service and provide SILS to somebody without having any experience.

Mr BENNETT: Where do the clients come from—the referral to that particular service provider? If it is not compliant or regulated or whatever term we want to use, how do people fall into that trap, if you like, or that accommodation solution?

Ms Rivett: There are many ways that people are connected with services. Some individuals have support coordinators in their plan and that person assists the person to manage their plan. Ultimately, the choice and control comes down to the participant. If I came to you and had coffee and

I presented you with a really good opportunity and you chose to come onto that service then that is your right to do that. Anybody can create a business, an unregistered business, in the disability sector with an ABN and provide services if you are plan managed or self-managed.

Mr BENNETT: Then I sign agreements with you about rent, services—what I can expect in your SILS? It is as simple as that? I just sign up?

Ms Rivett: Some people do it quite differently. I might be the owner of the house, but I also choose to be your SILS provider—a very imbalanced position of power, a very scary position for a person to be in. You may just pay me directly. I know of one organisation that pays board, so it is a collective amount: it is your rent, it is your food and ‘we will pay for your electricity but you have to pay your internet and phone’, for example. Each provider does it a little bit differently. I know of providers who are renting properties and then renting the properties back to the participants. So they might have a rental agreement, as in a room agreement, which is also a bit of a concern when you are talking with the Public Trustee, because most individuals do not understand the terms and conditions of having a room rental agreement.

If I could just give you an example of the services that we provide, the organisation that I work for owns no building for supported independent living. All of the individuals we support have welcomed us into their home to provide those services. They either rent privately or rent through Queensland Housing or they might own their own home or live in the home owned by a family member. The power there means that if they are unsatisfied with our services as a SILS provider they can let us go and know that their home and living situation is still safe. If we were the owners of that property or we were renting it back to them because we were renting it, that would be a very uncomfortable place to be when I no longer want you to provide services but I live in your house. That is a huge ethical dilemma in my opinion, and I am speaking from my opinion.

Mr BENNETT: Thank you.

Mr SKELTON: With regard to compliance and regulation and trying to get that mix right, as you said, people can just start up a business around disabled people in their own home. How do we stop that from happening?

Ms Rivett: I think when we are talking about individuals with such complexities and vulnerabilities there needs to be standard regulation around that. When you provide supports to a person in supported independent living, you are holistically supporting them within their whole life. You need to ensure they have supports that meet their personal care needs, their medical needs, their education needs, their work needs, their relationship needs. That is a very big responsibility. I do not believe that can be done well if there is no framework or guideline or regulation for that.

Mr SKELTON: You do not have to have any mandatory qualifications whatsoever in disability care or health or anything?

Ms Rivett: No. Some people might move from being a miner or a builder to becoming a disability support worker. They might do that beautifully and they might have all the skills they need because it is sometimes about your values and the way that you treat individuals; however, it is a complex space and it should not be entered into lightly.

Mr BERKMAN: Can you reflect more for us on that kind of power imbalance for residents and lessors that we heard Raoul speak to before? Can you flesh out for us what tenancy agreements tend to look like? Are we talking about circumstances where there is not a formal agreement, or are they just really short-term rooming accommodation agreements, or is it a whole bunch of different setups, in your experience?

Ms Rivett: There are a whole bunch of different setups, absolutely. We recently had a conversation with the Public Trustee with regard to some participants we support who live in a house rented from Queensland Housing. We support those individuals and they pay their rent directly to Queensland Housing. The Public Trustee was asking us why we did not have room agreements, why our service was not renting the property and then renting it back to the participant. I tried to explain that that then would take away their rights of being a tenant and their right to kick us out as a SILS provider if we are doing a really bad job when we become their landlord. I think there are lots of different ways it is being done—some probably successfully and others maybe not—which put an individual in a position where: if I tell you I no longer want you to be my SILs provider but I rent my home from you, do I have a home after that? I think that is the scary part.

Mr BERKMAN: It seems like in the registered level 3 services, particularly supported accommodation, there is a fairly common theme where residents feel like their tenancy is so precarious that they are not willing to stand up or make a complaint because they feel like they could be just turfed out. Do you have any reflections on that or any suggestions as to how that could be best addressed through more secure tenancy arrangements?

Ms Rivett: I believe there are some recommendations in the review with regard to ownership of properties and being the same provider, so I believe there is some work being looked at around that. I think it would be very important that is also extended to those more private providers who are not regulated in terms of more than just the code of conduct with the NDIS Quality and Safeguards Commission.

CHAIR: You mentioned earlier in your opening statement that a lot of people are running side hustles. Can you give me some examples of what you have seen in your experience with people who have been running these side hustles and what sort of support they are providing to individuals—or, to frame it in a better way, the traps that people who are seeking support fall into? Can you elaborate on any examples of that?

Ms Rivett: There have been examples in the newspaper where working in the disability sector has been identified as, 'If you need a side hustle, come work with us. You can get some hours on the weekend. You don't need any experience, you just need this, this and this.' There are lots of Facebook pages where you will see lots of posts. Last week I saw a gentleman post, 'Just becoming a disability support worker. Have one client; how do I get more?' That is a really big example of people seeing dollar signs, not necessarily for the right service provision for people with disability.

CHAIR: I appreciate you coming forward and speaking with us today. We have a little bit of time left before the closure of this hearing. Is there anybody from the floor who would like to come forward? If not, we could take a short break. If anybody sitting in the audience would like to speak after that, by all means you can.

Proceedings suspended from 10.22 am to 10.40 am.

CHAIR: We do not have anybody coming forward at this point in time, so I would like to conclude the public hearing and thank everybody for their participation today. Thank you to our Hansard reporter. A transcript of these proceedings will be available on the committee's webpage in due course. I declare this public hearing closed.

The committee adjourned at 10.40 am.