



Speech by

Fiona Simpson

MEMBER FOR MAROOCHYDORE

Hansard Tuesday, 28 March 2006

DISABILITY SERVICES BILL

Miss SIMPSON (Maroochydore—NPA) (9.48 pm): In rising to speak to the Disability Services Bill, previous members have outlined a range of quite serious issues relating to services for the disabled in our community. Certainly, this has to be one of the most challenging areas of service delivery. As we understand, it is an area that affects all age groups and there are complexities not just about intellectual disability but physical impairment. More than the intellectual disabilities that we try to tailor services to, there is also the huge area of mental disability, which has been very controversial in recent times.

I want to address this matter, because one of the criticisms of the previous service delivery for those who have a mental disability has been the difficulty in having the coordination of services from a Queensland Health and a Disability Services perspective. Certainly, coroners' reports into the deaths of those who have had a mental disability have identified that, tragically, there has been a breakdown in the service delivery of these two service providers.

Traditionally, Queensland Health and Disability Services have had two very different models of service delivery. Where there are gaps in those services there are opportunities for the most vulnerable to be exposed to threat or a lack of care. I believe that the intention of this legislation is to try to attain levels of appropriate care, but I bring to the minister's attention the issue of the lack of coordination between Queensland Health and Disability Services for those who have a mental disability. That is one of the greatest challenges that is still to be adequately addressed.

Certainly, the two organisations have different cultures, but one of the greatest challenges is that, through the deinstitutionalisation of people—which is a philosophy that I agree with—there is the risk of a lack of accountability and a lack of visibility of those who have these disabilities. Tragically, sometimes those who are out of sight may also be out of mind. I do not think that is the intention of government services, ministers or any other member of this House, but when people who have a mental disability are not seen in an institution because they are living within the community and they may look normal—and to all intents and purposes we want people to lead as normal lives as possible—one of the challenges is that their mental disability could be misinterpreted by service providers who come across them in the course of their duties.

We know that many people with mental disabilities end up in trouble with the law. They may be misunderstood by their neighbours. They may, in fact, cause a great deal of difficulty for communities because of their social behaviour. Therefore, those people could end up becoming homeless. They may be removed from private accommodation. They also may find themselves living in public accommodation that is also fairly turbulent.

I believe that this matter is yet to be addressed effectively. It is not just a matter of formulating legislation; it is also a matter of providing better models of care and training for people who are the first point of contact for those who have mental disabilities. I also believe that it is a matter of ensuring that community based services are really a network of care that not only deals with people in an acute setting but also can identify and support them before they suffer acute phases of their illness. That way, hopefully,

we are able to keep people with these disabilities from falling back into the hospital system and going through what can sometimes be a worsening system of care.

Other issues that are certainly very difficult and concerning relate to the ageing carers of disabled children. We all know constituents who are quite elderly and who have disabled children. Those intellectually or physically disabled children are now getting into their 40s and 50s. It is so heartbreaking to have a mother who is pushing 80 years of age come to see you about her son who is like a child and who needs constant care. Obviously, anyone who has had any experience with toddlers knows how intense looking after them can be. But these physically or intellectually disabled children never grow up. For these mothers, it is like living forever with a toddler or a very young child. It is heartbreaking when an ageing parent of that child faces severe health difficulties themselves. That parent may have lost their long-term spouse, so they are also experiencing the financial difficulties involved in living on their own except with this disabled child whom they dearly love and want to see able to make that transition into supported care.

I do not think the member for Glass House referred to a good model. I venture to say that we should look at the way in which service providers in the aged-care sector deliver care. One of my aged-care providers said to me, 'There is an opportunity for the nursing homes of the future to not be like institutions but to be clusters of cottages around nodes of services.' I think that model would provide an opportunity for the provision of services that are tailored more to the needs of the client. That cluster accommodation could be provided for someone who is a young or middle-aged disabled person. They could have a quality of life within their own walls and service providers could take them out into the community. Those people may not necessarily share a cottage with someone who is of a very different age profile.

We recognise that we need to have cluster services that can provide some fairly heavy-duty human resource backup of qualified staff to deliver services into those areas. There are people with profound disabilities who require fairly heavy levels of nursing care. Currently, they do not have many accommodation options other than nursing homes or hospitals. We recognise that to send them home on a package, particularly with a ventilator and nursing care, is a significant impost on a budget. Yet that person has a very real need and a desire for quality of life. I think we should be encouraged to try to provide other models of care, perhaps in the form of cluster services, to offer different styles of accommodation that will give these people some independence, the ability to live with people of their own age demographic and choices that currently are not offered in the system.

I have referred to the mentally disabled and the problems of the coordination of services between Queensland Health and Disability Services. I have also referred to the problems experienced by ageing carers and their children who may be 40 or 50 but still do not have packages and support mechanisms. There is also the problem of younger disabled people and their need for a different style of care.

I know that this legislation deals with the regulatory framework and the rights of the disabled. The opposition has outlined some of the issues that have been raised by disabled constituents that still raise matters of concern. One of my constituents is intellectually extremely bright but has a profound physical disability. She has written to the government and also to members of the opposition stating that she believes that this legislation restricts her choice of carers, because she is able to make choices as to the people she believes should be able to care for her. I place that point on the record, but I also appreciate that there need to be safeguards. These safeguards ensure that those who are vulnerable can be protected from those who do not necessarily have the interests of the disabled at heart. Certainly, it is the opposition's intention, when in government, to review the issue of unforeseen circumstances to ensure that safeguards are in place.

Debate, on motion of Miss Simpson, adjourned.