



Speech by

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MEMBER FOR INALA

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DISABILITY SERVICES AND OTHER LEGISLATION AMENDMENT BILL

Ms PALASZCZUK (Inala—ALP) (7.58 pm): I rise to support the Disability Services and Other Legislation Amendment Bill 2008. This amendment bill to the Disability Services Act is a groundbreaking piece of legislation. Not only is it reformist, it addresses a complex legal issue and now recommends a targeted service response. The bill is a result of discussions at senior levels of government, discussions with families, the non-government sector and unions. In fact, over 800 stakeholders have been consulted in relation to this bill. It protects the fundamental human rights of the person and provides a continuum line of care and support backed up by a research facility that will look at world's best practice. Underpinning the legislation is also a range of accommodation options for people with an intellectual disability who present with challenging behaviour.

At its core, the purpose of the bill is to amend the Disability Services Act 2006 and the Guardianship and Administration Act 2000 to create a legislative scheme to safeguard the rights of adults with an intellectual or cognitive disability who have challenging behaviour and where restrictive practices may be required to manage their behaviour. The bill aims to balance the rights of the adult with the need to protect the rights of others to live and work free of violent or other potentially damaging behaviour.

Prior to the commissioning of the honourable Bill Carter QC, Disability Services had been grappling with the very concept of how we should look after people who have an intellectual disability and present with challenging behaviour. Over the years I have met with families that have struggled to meet the demands of their family members who periodically may present a danger not only to themselves but also to their families and carers. I have seen the anguish of parents who, after long years of struggle, have had to say, 'Enough is enough' and place their son or daughter in the care of Disability Services Queensland. This by no means diminishes their love for or commitment to their loved one, but merely recognises that they do not have the specialist skill to manage their son's or daughter's escalating behaviour. Essentially it means that more supports are now needed.

A couple of years ago Australian Workers Union organisers John van Leent and Wayne Mills took then minister Warren Pitt and me to look at purpose-built accommodation at Loganlea. This is otherwise known as cluster accommodation. The centre mirrors a retirement village in layout, but provides a time-out room for staff. The union representatives highlighted the fact that their workers were dealing with clients who have high needs and were putting themselves and the staff at risk. I heard how a client sometimes lashed out, punched walls, threw objects at carers and also threw objects through windows. This behaviour put the client in harm, as well as the workers.

Then minister Warren Pitt, director-general Linda Apelt and I visited Wellington to examine how the New Zealand government was dealing with this very complex issue. They have secure care legislation and purpose-built accommodation where specialist staff are housed upstairs and the clients are downstairs. If there is an incident, the support staff are immediately available to come down and assist. Although this model may suit the New Zealand experience, I believe that the Carter model is better as it addresses the ongoing care of the individual and provides a means whereby the individual could transition back to the community.

From the outset it is important to outline the fundamental concepts that we are discussing in relation to this bill. The bill is very narrow and essentially deals with a very small proportion of clients that comes to the notice of the courts, Disability Services and mental health. It is probably best to describe it in terms of a pyramid. At the bottom of the pyramid is the majority of people with a disability who live with their families in the community. At the next level is people with a disability who need ongoing support, so the non-government sector comes in and assists. The next level of clients with a disability comes to the attention of Disability Services and Disability Services provides them with accommodation, care and funding packages. At the very apex of the pyramid is a very small cohort where the person presents with complex and challenging behaviour. The legislation specifically addresses this area.

The member for Currumbin was completely wrong when she said that Disability Services only funds the apex. That is totally incorrect. Over the course of the dinner break I did a bit of homework. I point out to the member for Currumbin that last year the budget for Disability Services was \$717 million, which is a 13 per cent increase on the previous year.

A government member: She's not even here. She doesn't want to hear the debate.

Ms PALASZCZUK: No, she is not here. If she obtained a copy of the state budget, she would see a graph on the back that shows how much the state government is putting into funding for disability services. Let us compare that with how little the Howard government put into disability services over the years. It is disgraceful. In the last financial year the Howard government put only \$121 million into disability services. I draw the attention of the member for Currumbin to that report.

In his report *Challenging behaviours and disability: a targeted response*, Carter clearly defines 'intellectual disability' as—

... a person with a score of approximately two standard deviations below the mean on an individually administered intelligence test and displaying a lack of competency in at least two of the following skill areas before the age of 18 years: communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health and safety.

He defines 'challenging behaviour' as—

... culturally abnormal behaviours of such intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit the use of, or result in the person being denied access to, ordinary community facilities.

I am sure that the courts will be able to interpret the term 'challenging behaviour' by the common dictionary definition. Bill Carter was asked to examine the small group of adults with an intellectual cognitive disability who exhibit severely challenging behaviour that presents a significant risk of harm to themselves, others or to the community. He was asked to come up with a range of options for intensive support whilst at the same time ensuring that the person's fundamental human rights are indeed protected. What was needed was a legislative framework backed up by continuum support for the individual, which would include specialist teams to work with the individual and suitable accommodation options that would provide a secure and safe environment.

In his report Carter addressed the history of the 1970s and early 1980s period of deinstitutionalisation, which took place not only within Australia but elsewhere in the world. However, some people were placed back into the community without the necessary supports. I think that if we had the opportunity to turn back the clock, as governments we may have addressed that issue differently. In the 1990s this issue was sought to be addressed by the establishment of intensive behaviour support teams to deal with people with a disability in the community. However, they were contained to particular areas and I understand it was incredibly difficult for Disability Services to recruit specialist staff. In 1992 the Queensland government established the first Disability Services Act and a separate department was established in 1999.

Over recent years funding to Disability Services has increased, as I outlined earlier. Recent budgets have also sought to address the anomaly that we have not been spending enough money on capital works and more money has been allocated for innovative support and housing in various locations around the state, including Wacol in my own electorate and Morayfield.

I will address briefly the Carter report, the legislation and its implementation. In 2006, as stated by other speakers to this bill, Bill Carter was appointed to investigate options for a legislative and service response to adults with an intellectual cognitive disability and challenging behaviour. On page 9 of his report Carter states—

What is proposed involves a fundamental process of reform, renewal and regeneration of the DSQ and disability sector's response, which will provide an efficient, cost effective and financially sustainable outcome for the proper care and support of persons with intellectual disability and challenging behaviour across Queensland. Its adoption and development by DSQ will have the capacity to place DSQ and the Queensland sector in a position of leadership, both nationally and internationally, in ensuring the proper support and care for such persons.

The Carter report outlines many examples that clearly explains the apex of the pyramid which I was speaking about earlier. I will share a couple of those examples with the House. In our minds we all have a

picture of the sorts of people with a disability who present these challenging behaviours and what Disability Services staff and carers are faced with each and every day. At page 43 the report states—

Case Study A:

A with autism spectrum disorder, moderate intellectual disability, complex behaviour disorder. A also has a diagnosed mental illness, namely schizophrenia. Has difficulties in processing information, problem solving, reasoning and impulse control. A engages in sexual aggression towards females triggered by auditory hallucinations, absconding, and physical aggression towards others, which includes the use of knives.

Whilst at the Basil Stafford Centre A attacked others on four occasions over two months and continued to demonstrate inappropriate sexual behaviour and sexual assaults upon staff and co-tenants.

Another case study involves D. The report states—

While on a walk with a support worker D found a plank of wood and attempted to attack the staff member. D then broke into a house in the community. The police were called and escorted D to the watch-house where was charged with attempted unlawful entering.

Another case study involves G. The report states—

G assaulted staff on numerous occasions from this period. Incurred major property damage which led to living environment becoming very bare. All walls were covered with thick plywood and glass panels were replaced with lexcen. All kitchen appliances were removed ... G also engaged in major vehicle damage. This happened at times when the vehicle was moving, putting those in the vehicle and members of the public at risk.

So there are clearly examples of where restrictive practices may be needed to be used. As the former speaker said, it needs to be used only as a last resort.

The member for Burdekin talked in depth about restrictive practices, so I do not plan to expand on that any further. Also at the core of the legislation is the multidisciplinary assessment and development of a positive support plan. It is a core feature of the model and it considers triggers for behaviour, skills deficits and quality of life factors. It is key to support the positive behaviour plan and therefore reduce the need for restrictive practices.

The government last year committed \$130 million over four years to implement the new service and implementation model. As the Minister for Disability Services said in her second reading speech, the new model will create a new Centre of Excellence for Behaviour Support; a specialist response service to develop multidisciplinary assessments and positive support plans; a mental health assessment and outreach team; development and recruitment of specialist staff; and construction of purpose-built dwellings.

I am proud that \$46.6 million will be allocated and nearly half of which will be spent over four years for capital works and \$12.67 million for the development of the specialist response service direct support to service those arrangements that will be developed on Disability Services Queensland's Wacol site, which is wholly within the Inala electorate. Approximately \$5.2 million will be spent on converting 12 houses into two bedrooms each.

Significantly in 2008-09, \$8.5 million will be spent on the construction of 10 purpose-designed forensic secure beds at Wacol and the office accommodation for the specialist response professional teams and mental health assessment and outreach team of \$1.5 million. In 2009-10 there will be the construction of five purpose-designed variable secure beds at Wacol at a cost of \$4.25 million. Last week the parliamentary secretary, Rachel Nolan, and I visited the site and were able to see firsthand the refurbishment of the 10 villas that is already underway. I also understand that the clearing of the site near Wacol Station Road is underway for the construction of more purpose-built accommodation. These units will be state of the art. It is across the road from the highly successful innovative support and housing option already at Wacol.

In conclusion, I would like to thank Bill Carter for his compassion and understanding in undertaking this major work. Having met Bill on several occasions in relation to this study, I can think of no better person suited to the examination of this complex work. As the Minister for Disability Services stated in her second reading speech, the introduction of this bill marks the beginning of a positive future for disability services in Queensland. I commend the bill to the House.