

**THE PARLIAMENTARY STANDING COMMITTEE ON COMMUNITY DEVELOPMENT MET IN COMMITTEE ROOM 3, PARLIAMENT HOUSE, HOBART, ON WEDNESDAY 22 OCTOBER 2004.**

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**YOUNG PEOPLE WITH DISABILITIES**

**Ms MERLENE BERGMAN, Ms SALLY GIBLIN, Ms MARY McCORRELL, Mr DAVID COE, AND Ms ELAINE BEVEN,** OAK ENTERPRISES, PARENT SUPPORT GROUP, WERE CALLED, MADE THE STATUTORY DECLARATION AND WERE EXAMINED.

**CHAIR** (Ms Thorp) - Welcome everyone. As you would be aware, the object of this inquiry is to look into the accommodation needs of younger people with disabilities who, for a variety of reasons, find themselves in aged-care facilities or other inappropriate accommodation, and what we should be providing for those people.

**Ms BERGMAN** - We are a group of parents and belong to Oak Enterprises, Glenorchy branch. We had people come to us who were concerned about their sons and daughters; they were growing older and the sons and daughters needed to have care. Many of them couldn't get into respite because that was full. We did a survey and we came out with 70-odd names who hadn't even contacted any organisations whatsoever to try to get accommodation. We were concerned that the Government had promised to build group homes from the year 2000, I guess to make up for the people coming from Willow Court.

**CHAIR** - Would you each like to make an input at this stage about what your circumstances are?

**Ms GIBLIN** - I have a 30-year-old daughter with an intellectual disability. She was registered 12 years ago, as a formality, when she left school. Five years ago I contacted Disability Services with the idea of using their respite facilities. Also, when the formal profile was drawn at that stage, I was asked what my plans for the future were. I said that I would really like to see her in a group home by the time she was 30. I was told, 'Fine, we'll put you on the list. It'll take a couple of years'. I contacted them a couple of years later to be told there was no list, that only people in dire straits needed to be highlighted at the time. There is obviously no forward planning there. I used respite for probably two years and then it became so chocked up that it was impossible to get in within a short time, so we are not doing that at the moment.

**CHAIR** - So you've basically given up on that?

**Ms GIBLIN** - Yes, I have given up on it.

**Ms BEVEN** - Further to that, you may not realise how difficult it is to get in. They have people in need living there and at times there have been whole families taking up the beds that our kids should have access to. The only way you are going to get in there is when your health breaks down or there is a calamity. It is the same with this waiting to be placed. For example, you might be on the top of the list, thinking you're the next to

go into care, but, as has happened recently, there was a car accident and a young girl lost her mother and her father had both shoulders broken, so she is now living at respite - so that is another bed gone. All the accidents and emergencies go in there; it doesn't leave any room for us. There are some of us in the community who walk around with fungi on our face because our health is rundown. I am a good example of it at the moment; my health is rundown. You find yourself sitting at home, unable to have a structured life, unable to have satisfactory relationships because you can't go out. People don't want to know you; they say, 'Oh, you're a lovely person but - '. You can imagine if you were in our situation, it just does not work. You have to live a life without all the pleasantries that you people would take for granted. You can't find a permanent partner because, even though they might think you are the most beautiful person in the world and tell you all the lies under the sun, they don't want to be part of your life because you have an attachment - and we do have attachments, we are two people.

We desperately need help. If you're like me and want to have a little bit of quality of life and go out to work so that you have that extra dollar on top of your miserable pension, that puts extra stress on your body. You're trying to do that with your child in tow. You're working with one hand behind your back because when they're sick you have to have time off. It is so hard. I, as well as all these people, are at the end of their tether. What happens? Do we have to die? Add to that 85-year-old parents who are dependent upon us because the system doesn't cater for them either.

It sounds like a sad tale, but you put yourselves in my place, or Merlene's place with a broken hip, trying to deal with a child. It is very difficult. We have had help over the years from our parents and our children, but our children are now interstate and our parents have broken hips and they're getting dementia. There is nothing for us except, 'Slog away, dear, you'll be right'. And the reality is we will are not right; we are absolutely - I can't say the word.

**Mr Wilkinson** - Bugged.

**Ms BEVEN** - Yes, we are. We need help and the system has to cater for us. What is going to happen if everyone breaks down at once? I am 57 and I think, 'God help me, how long can I go on?' You get to that stage in life where the doctor says, 'Elaine, you have to do something'. What can I do? He writes letters but it doesn't mean anything.

**Ms McCORRELL** - There's nothing out there, really.

**Ms BEVEN** - There is nothing out there. It has to happen. Someone has to listen to us. This is a plea from the desperate.

**Ms McCORRELL** - That is why we are here.

**Ms BEVEN** - It is.

**Ms McCORRELL** - I can only say the same thing, exactly.

**Ms BEVEN** - The way I see it, it has to be structured throughout their lives. They are placed in schools; they get to the end of their schooling - as my daughter is this year - so can't it be looked at at that stage, where they have friends? She is in her final year at TAFE -

nine more days left at school. The teachers know the group; they know who is compatible, they know their capabilities, the behaviour patters and all these sorts of things. Couldn't it be structured so that from that stage on they could say, 'This group of kids get on; they are so compatible, why don't you put them in that home?' or 'Why can't they go into that program?'. It needs to be ongoing, instead of getting to the end of school and then somebody else having to pick them up and saying, 'Oh, that one doesn't get on with that one. We can't put him there'.

**Ms GIBLIN** - The reality is that when you have one foot in the grave and your partner has gone, the department might do something about it. Then there is not much choice for our children and anybody else's of who they get put with in group homes. Sometimes they are not appropriate. That is what's clogging up respite as well, because that situation breaks down and they take the difficult client out of there and put them into respite. So if we do have a bed in respite, you are putting your child into respite sometimes with some fairly volatile people who have problems. To me respite should be somewhere nice for our children to go. There is very limited choice and in this world where everyone with a disability should have choice, they don't have a choice of who they live with.

**CHAIR** - Do your children have acquired disabilities?

**Ms BERGMAN** - No.

**Ms GIBLIN** - They were born that way - I had two.

**CHAIR** - But the issues are the same, aren't they?

**Ms BEVEN** - Yes. There are all levels of issues. They don't enjoy being put in with ones who are worse off than them; they want to be in with their friends. They want to be in a group where they can do things. Lisa hates respite and respite for her at times has not been at the respite centre, it has been down at the Lea because there has been nowhere else for her to go. I know others who have been placed in motel units. What is the Government doing paying for motel units?

**Mr MORRIS** - I want to explore that a little bit later, if I can. You said that the department said there is no list of persons with disabilities. Is that something that you really see as an urgent need, that the department should have a constantly updated list of those with current and projected forward needs so that they can quantify the demand?

**Ms GIBLIN** - When my daughter left school, she had to register with Disability Services to even look at any of the workshop possibilities. Apart from the fact that they are probably registered through their schooling anyway - some aren't because some go into mainstream and some come from interstate -

**CHAIR** - There should be a transition program developed.

**Ms GIBLIN** - Yes, if they're registered at some stage. What was put to me when my daughter was 25, when I made the move for respite, was what were my plans in the future. That is what I'd planned to do because my husband would be retiring in the next year and we want a life. This girl was delightful; she said, 'That's fine. It will probably

take about two years'. I was thinking that two years was probably a bit too soon, but that's fine, we'll go with it. But five years down

### *Equipment Breakdown*

We get these case managers cum service coordinators changing all the time. Every time you get a letter you may get a contact with this person. I contacted one probably two and a half years ago and that is when he said -

**Mr BEST** - Could I ask about the group homes? I think you mentioned at the start that you were promised -

**Ms BERGMAN** - We were promised in 2000, when Willow Court closed, that there would be group homes built every two years. To our knowledge, this has not been done.

**Ms GIBLIN** - I understood there were to be 12 new beds created every year.

**Mr BEST** - So you're obviously waiting, with your daughter, for a group home position.

**Ms BERGMAN** - Yes. When I went into hospital a few weeks ago, I talked to my daughter's case worker and I said, 'If anything happens and I can't look after her, is there a placing for her?' and he told me I would have to be joking!

**Ms BEVEN** - There is nothing there.

**Ms GIBLIN** - If my husband and I were killed in a car accident tonight, my daughter would go to respite and she'd probably stay there for two years. Some clients have stayed there for anything up to two years while the department tries to find a place for them.

**Mr WHITELEY** - Which causes another problem.

**Ms GIBLIN** - That is right. There almost needs to be a half-way house for that sort of situation.

**Ms BEVEN** - They say to us that the only way to get a place for our child is to take them to respite and leave them there. Could you do that to your children?

**Mr MORRIS** - I gather that is actually happening in a number of cases. That is the mechanism that people have to use.

**Ms BERGMAN** - What if we all did that, though?

**Mr WHITELEY** - That's a terrible situation to leave parents in.

**Ms BEVEN** - You wouldn't have to make that choice, so why should we have to?

**Ms GIBLIN** - Another thing is that I have been told I need a letter from the doctor to say I'm not coping. It is not that I'm not coping; it's just that I want to plan for the future for my daughter and for my husband and myself - little luxuries like a holiday. You cannot plan

to have a holiday because you don't know that you're going to be able to get your child into respite.

**Mr MORRIS** - And even if you book in, there's no guarantee, as I understand it.

**Ms GIBLIN** - Isn't that tough? Everyone else can have a holiday.

**Ms RITCHIE** - As I understand it, respite generally is a process of taking and dropping off. I was just tossing ideas around in my head about how people would feel about things like the respite people coming to their home.

**Ms McCORRELL** - That is what I would like to see.

**Ms RITCHIE** - My grandmother is in a very similar situation.

*Equipment Breakdown - Summary*

**CHAIR** - We are just going to reiterate. People are saying there aren't enough group home places anyway. We were promised in 2000 that that would occur; as far as you know, the 12 new homes haven't eventuated.

**Ms GIBLIN** - 12 beds.

**CHAIR** - So that is something we need to look into. You are aware of 70 people who aren't on the departmental books and who, in your opinion, are in a similar circumstances and they have younger people in private homes who need alternative accommodation.

**Mr WHITELEY** - So there are 70 - because you started your support group.

**Ms BERGMAN** - Yes, survey.

**Mr WHITELEY** - Where was that survey conducted and what is your anecdotal evidence as to where those 70 come from?

**Ms BERGMAN** - That's only in greater Hobart area.

**Mr WHITELEY** - So it's 70 that you've now proposed in greater Hobart?

**Ms BERGMAN** - Yes. We could have missed a lot of people there, too. We only put it into a few magazines.

**Mr WHITELEY** - Again, just to clarify, these are all people similar to you who are - and I will use the word - 'stuck' in a situation of caring for dependents but having no choice?

**CHAIR** - Or looking for options into the future. Things might be reasonable now, but five years down the track, or whatever, like you did -

**Ms GIBLIN** - Yes.

**Mr WHITELEY** - How did you do that survey? Did you advertise in the paper or -

**Ms BERGMAN** - We put it into disability services, mainly to people with disabilities, like Cosmos Disability Services, our own Oak Enterprises, Special Olympics -

**Mr WHITELEY** - People in the group?

**Ms BERGMAN** - Yes.

**CHAIR** - Is it possible for us to have a copy of the results of the survey?

**Ms BERGMAN** - Yes.

**CHAIR** - Thank you, that would be great.

**Mr COE** - Could I just make a point on that, just picking up what I think Tim raised before about a list of disability services. It is important to keep in mind that Disability Services may not be aware of the extent of the problem because of the registration process being voluntary. We have heard that people tend to provide support themselves through the family. They keep going, they battle on, they don't go to Disability Services and go through the registration process. So from our point of view, as a service provider, we quite often are met with, 'Oh, we didn't know this person was in need of the support. They're not registered and we have to go through the registration process'. I don't know how we can fix it - but I think it is an unmet need.

**Mr WHITELEY** - Mr Coe would you be suggesting that to start any new phase of getting this right - we've had a fair few cracks at it over 20 years according to the group we had yesterday - would that have to start with a collation of the information that Tim referred to earlier? Would that have to start with an educational or an exposure campaign through the media? And that is not probably so subtle at all, because if we continue to be subtle about it and try to hide it all the time and be a little bit cautious, I don't know whether we are ever going to dig out people who are probably a little prone to be private. Would that be a fair comment?

**Mr COE** - That's a fair comment. There was an also a Tasmanian group, ACROD - you may have heard of it. They are also now attempting to address this situation by putting forward a project to do just that.

**CHAIR** - Like a mapping exercise.

**Mr COE** - I guess similar to the Thin Ice projects.

**Ms RITCHIE** - Can I just jump in there. What may be a good idea is to get the Commonwealth figures off people who are receiving the carer allowance and cross-reference those with these.

**Mr COE** - There's privacy issues around current regulations.

**Mr MORRIS** - Yes, very difficult.

**Ms RITCHIE** - It's probably just a stumbling block.

**Mr WHITELEY** - Yes, it's not as bad as -

**Ms RITCHIE** - In terms of the numbers, it might be interesting to look at the numbers that are registered with Disability Services and the number of people who are receiving the carer allowance and see what the discrepancy might be; just as an interesting point. But I think there will be fewer than those in each group.

**Mr WILKINSON** - We are going to get only a rough idea as to how many are out there, we're never going to get it totally. We're going to get a rough idea and we probably know what that rough idea is going to be.

**Ms GIBLIN** - I think it has been tried. My son would have 37 now, if he was alive. I was asked by the school nurse when he was five if she might put him on the register as a child with disability. Actually at that point of time I hadn't come to terms with the fact he had a disability, so I had trouble with this. Whether she ever did or not, I don't know, but there was something around and that's going back over 30 years. There was a mechanism in place within the Education department and Disability Services then, but I don't know -

**CHAIR** - My experience with special education was at Timsbury - I spent a lot of time at Timsbury Road - and people who finished up at the end of the senior year, some of them received disability pensions. But they didn't choose to go to Disability Services and say, 'I want assistance with day programs' or whatever. They are private citizens, completely private, and they stay home with mum and not do anything.

**Mr COE** - They come knocking on our door as private citizens and we would provide support.

**CHAIR** - It is a real issue.

**Mr WHITELEY** - At some point, though, there has to be a very highly publicised campaign to actually get this in place. We keep hearing about long-term planning and if we just talk about accommodating the needs now, that will be fine. It will make some people very happy and it will give you a start, but it will not fix the problem for someone who is coming behind you. It will be great for you but the person who is still coming to grips, like you were, and might not be prepared to put their hand up unless encouraged to, they'll hit the wall in five years time, like you've done in 20.

**Ms BEVEN** - You'll find they'll come out of the woodwork. If they see a section of the community getting settled - say, we get a place for our children and others see that it is working -

**Mr WHITELEY** - That it is actually achievable.

**CHAIR** - So we've talked about unmet needs, numbers of people who are probably out there, taking into account that perhaps for people with acquired disabilities, which can happen overnight -

**Mr COE** - That's correct.

**CHAIR** - so there is no record of this anyway. There are not enough group home places or alternative accommodation places - long-term permanent spots - so meanwhile, people are using an inadequate and inflexible respite service, which is not living up to expectations either.

**Ms BEVEN** - It's not, it's not available.

**CHAIR** - It is not available. I think the third point we were getting on to was that it is not just the prime carer and the young person involved, the broader family is involved as well.

**Mr WILKINSON** - It is worthwhile for a report like this to have some history in relation to that because you always got built-up arguments, as you know, and part of the argument that you built up to me is not only the hardship upon yourself but hardship upon other members of the family because obviously your time in one area is predominantly with one person and that is to the detriment of others. Do you have a couple of stories about that?

**Ms BEVEN** - And let us enjoy our grandchildren. All mothers want to enjoy their grandchildren.

**Ms McCORRELL** - I haven't got any.

*Laughter .*

**Mr WILKINSON** - Do you have any instances of that, where the others have suffered because you have had to put your major time into a person with a disability?

**Ms McCORRELL** - I take it in my stride.

**Ms BEVEN** - Because we haven't got a choice.

**Ms McCORRELL** - No, we haven't.

**Ms BEVEN** - We haven't got a choice.

**Ms McCORRELL** - I go off and do the things while my daughter's in the service. Now, supporting my granddaughter who has a baby, and I am a great-grandmother, so I run her around too.

**Mr WILKINSON** - That is what I'm trying to get at. How does it affect your grandchildren, your other children -

**Ms McCORRELL** - Well, I can't do the things I would like to do for them. You've got to be home at that time, you can't be late, unless I tell the lady across the road. Like today, I said, 'If I'm a bit late home, will you let her in' - she has a key to my house. She is a good neighbour.

**Mr WHITELEY** - You get a pension to get a few bits and pieces -

**Ms BERGMAN** - \$6 a day.

**Mr WHITELEY** - Whatever it is, it's not a lot. But there must be all these other costs that we wouldn't even think about or the system wouldn't take into account. There must be a cost to your own personal finances as well.

**Ms BEVEN** - Yes, lots of things. Everything I do is doubled. When I go to Perth at Christmas time, it's two fares instead of one.

**Mr WHITELEY** - So if your daughter was in full-time care, you could spend Christmas day with her and then say, 'Right, I'm heading off to the west' and you go and spend some time with friends or family. But you can't do that. So to still achieve that, you take her with you.

**Mr MORRIS** - Does she have her own income?

**Ms BEVEN** - Yes, she does, and that's all right. When I said it doubles the cost, of course her money pays for her things but there are also other things to come out of her money, so it always takes a bit of my money to top her up.

**Mr MORRIS** - I am sure it does. What income does she qualify for?

**Ms BEVEN** - She gets a disability pension and she has been getting what they call PES, which is pensioner education supplement, but that will stop because she is finishing school in nine days time. That was \$60 a fortnight. And she gets a mobility allowance, which is about \$60 a fortnight. But \$60 doesn't go a great way in a fortnight if they are catching taxis -

**Mr MORRIS** - So what we have is a situation where the Commonwealth is paying these pensions and allowances but it is the State that is actually trying to provide the services and presumably adding charges to some of these services. So we have the split responsibility situation again.

**CHAIR** - Again.

**Ms HAY** - I know of a few parents who have back pain and things like that from lifting their children - that aspect of the caring if that is what the child requires - but is there any evidence of parents suffering from varying levels of depression because of this situation?

**Ms BEVEN** - Yes, depression, anxiety, brain strain -

**CHAIR** - I don't think that's a medical term.

*Laughter.*

**Mr WHITELEY** - But we understand.

**Ms BEVEN** - You understand too much!

*Laughter.*

**CHAIR** - Are you aware of research that's been done?

**Ms McCORRELL** - And they're all at different intellects. My daughter is quite capable; physically she's quite good but very nervous with lots of things - going downstairs, she needs someone to support her and things like that. She won't go off with people she doesn't know either.

**Ms HAY** - And you are the carer?

**Ms McCORRELL** - Yes, I look after her.

**Ms HAY** - Because you can't go on holidays, you don't have enough respite, you're always required there, you can't have another permanent partner - those sorts of things - it would just cause a level of frustration that, because of the life you're leading, could lead to depression. Is there any research?

**Ms GIBLIN** - It's the bottom line for a lot of marriage break-ups. I've been fortunate, but some haven't.

**Ms HAY** - Is there any counselling for you, as parents?

**Ms GIBLIN** - I suppose if you went out and looked it for it, you'd find it.

**Ms BEVEN** - The Carer Respite Centre - or the Carers Association - has counselling.

**Ms GIBLIN** - It's just things like a lot of our friends have gone off on the grey nomad thing around Australia and my husband would love to do that but there's just absolutely no way. Even if we had permanent care, I don't think we could be that far away for that length of time. Some people can, but -

**Mr WHITELEY** - That's one thing we can never fix up.

**Mr MORRIS** - Start with around Tasmania.

**Ms GIBLIN** - Yes. So it impacts on your life in lots of ways and you do get a little bit resentful. You think to yourself, 'Why me?'.

**Ms BEVEN** - I desperately would love a cuddle. If anyone would love to cuddle me -

*Laughter.*

**Mr WHITELEY** - I don't need any encouragement.

**Ms BEVEN** - You know what I mean, you just want a normal life.

**CHAIR** - I am mindful of the time and what members think they need to do before they go back to the Chamber. Any final points you would like to make?

**Ms GIBLIN** - That one statistic, that marriage breakdowns are far greater than normal.

**Ms RITCHIE** - Anecdotally, when marriages break down, essentially it's the male is the person who splits?

**Ms GIBLIN** - Yes.

**Ms BEVEN** - And that makes me cross. You know my five hours a week, I go dancing on Tuesday night, and my ex-husband goes dancing on Tuesday night. The thing that worries me is not the fact that he goes dancing but that I have to leave at 10 o'clock and go home. Every Tuesday night I have to leave at 10 o'clock and he can stay there until 12, and it is just not fair.

**Ms HAY** - And just following from Allison's question, even though the woman may stay as the primary care giver, is that sometimes shared from father to mother?

**Ms RITCHIE** - Even though the relationship has broken down? Do they come back and help out, I guess?

**Ms BEVEN** - There's court orders, of course, in those cases.

**Mr WHITELEY** - Where the children are below a certain age?

**Ms BEVEN** - Yes.

**Mr WHITELEY** - That wouldn't go on ad infinitum.

**Ms BEVEN** - I've been lucky. Giving my husband credit, he does take Lisa once a fortnight for the weekend, most weekends.

**CHAIR** - Thank you. Are there any other final points you would like to make at this stage? We thank you very much for taking the time to come and see us. Tim's drafting up the final reports, so we are really hopeful we should get something out by Christmas. But we just basically want to make sure our colleagues more broadly in Parliament and the community understand that there is a genuine need for this issue to be addressed. As you know, we are from both Houses of Parliament, from all sides of politics, and on this we are united.

**Ms BEVEN** - Can I just say: David, do you think what I said about being assessed when they leave school was a good idea, or not? It's got to be assessed somewhere?

**Mr COE** - I guess it's difficult to say yes or no just now. There are some issues about the Education Department getting involved in it.

**Ms McCORRELL** - Because they are a bit young then, aren't they?

**CHAIR** - But at least it would show the numbers of people who are likely to require supported accommodation into the next couple of decades.

**Mr MORRIS** - Just for planning purposes, I was going to pursue that there are some points where people come in contact with the State. One obviously is the school; that's a major point where every child is going to come into contact with the State. So for those who are born with the disability, they will be obvious at that point. Obviously the Education Department keeps statistics - we know they keep statistics. What we don't have then is those who acquire disabilities post-school, but they come in contact with the hospital system, there's no doubt about that. So, again, there is the opportunity for the State to collect statistics. We are not talking about so many people that we couldn't keep their names and the barest of details on a single floppy disc these days.

**Mr COE** - Across agency or department processes.

**Mr MORRIS** - So I am really concerned if the Government, as a whole, isn't working to the point where it huddles into Disability Services, or to at least a central point, the various people it comes in contact with whom it could reasonably expect to be called upon in future to provide services for. If they don't have a definitive list, then I would be astounded. It would be one of our strongest recommendations, I think, that they would have such.

**CHAIR** - There are privacy issues.

**Mr MORRIS** - Sure, I understand the privacy issues. But at the same time, I don't think we can use privacy issues as an excuse not to do it. There's an overwhelming reason for those who find themselves in your position. You wouldn't be here if you were hiding behind privacy and say, 'Okay, you can't have my name'.

**CHAIR** - True, but there's a lot of difference between people voluntarily saying, 'I want to have my child's name on a register', and having that choice taken away and having the State say, 'Your kid's name has been put on a register'.

**Ms HAY** - No, so it could be voluntary.

**Mr MORRIS** - For people like these people here.

**Ms GIBLIN** - And you will still get people who won't. We know people who say, 'My daughter is not registered and never will be.'

**Mr WHITELEY** - Do they feel it's their lot in life to have to continue that care until the day they die?

**Ms GIBLIN** - I think it might be a little bit of mistrust of the Health department -

**Mr MORRIS** - But they obviously can't do it for ever. If the person they are caring for is going to outlive them, then there does come a point where that responsibility has to be transferred to somewhere else, and the chances of the State not becoming involved at that point, I would have thought, would be about zero.

**Ms GIBLIN** - But they may have some family arrangement.

**Mr MORRIS** - That's fine if they do.

**Mr COE** - You need that transition.

**Mr MORRIS** - We still should know so it's not sudden, when the parents are gone and -

**Ms GIBLIN** - And that's another reason for forward planning. I want to see that my daughter is settled and has a life before there is a trauma because one of us has passed away or something.

**Mr MORRIS** - So both of you can have a life.

**Ms GIBLIN** - Yes, certainly. That's a side issue; it's making sure it's in her best interest.

**Mr WHITELEY** - I think they're of equal importance. I often find, and I'm sure we all deal with this, that it is often giving up of a claim to self-care and I find that equally as disturbing as I find this issue that we are looking into. I think people such as yourselves are so giving, the fact that you had to be, that you have given up on essential self-care, and I think they are of equal importance. You need to be caring for you in your -

**Ms BERGMAN** - Late years.

**Mr WHITELEY** - all of the stages of years. As Tim said, you need a quality of life too. You want to get into that caravan and go. I would have thought you would have every right to be able to access respite.

**CHAIR** - I think that is a very good note to finish. Thank you for coming, it was lovely to meet you.

**THE WITNESSES WITHDREW.**