

**STANDING COMMITTEE ON ESTIMATES AND  
FINANCIAL OPERATIONS**

**2015–16 BUDGET ESTIMATES HEARINGS**

**TRANSCRIPT OF EVIDENCE  
TAKEN AT PERTH  
WEDNESDAY, 24 JUNE 2015**

**SESSION TWO  
DISABILITY SERVICES COMMISSION**

**Members**

**Hon Ken Travers (Chair)  
Hon Peter Katsambanis (Deputy Chair)  
Hon Martin Aldridge  
Hon Alanna Clohesy  
Hon Rick Mazza**

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**Hearing commenced at 1.30 pm**

**Hon HELEN MORTON**  
**Minister for Disability Services, examined:**

**Dr RON CHALMERS**  
**Director General, examined:**

**Mr GARY MEYERS**  
**Acting Executive Director, Business, examined:**

**Ms MARION HAILES-MacDONALD**  
**Executive Director, Funding, examined:**

**Ms ROBYN MASSEY**  
**Executive Director, Disability Reform Implementation, examined:**

**Ms WENDY MURRAY**  
**Executive Director, Strategy, examined:**

**Ms SIMONE SPENCER**  
**Executive Director, Disability Reform Planning, examined:**

**The CHAIR:** Good morning. On behalf of the Legislative Council Standing Committee on Estimates and Financial Operations, I would like to welcome you to today's hearing. Can all the witnesses confirm that they have read, understood and signed a document headed "Information for Witnesses"?

**The Witnesses:** Yes.

**The CHAIR:** Witnesses need to be aware of the severe penalties that apply to persons providing false or misleading testimony to a parliamentary committee. It is essential that all your testimony before the committee is complete and truthful to the best of your knowledge. This hearing is being recorded by Hansard and a transcript of your evidence will be provided to you. The hearing is being held in public, although there is discretion available to the committee to hear evidence in private either of its own motion or at the witness's request. If for some reason you wish to make a confidential statement during today's proceedings, you should request that the evidence be taken in closed session before answering the question. Government agencies and departments have an important role and duty in assisting Parliament to scrutinise the budget papers on behalf of the people of Western Australia and the committee values your assistance with this.

[Witnesses introduced.]

**The CHAIR:** I remind people to wait until the red light comes on before you respond to answer. Hopefully, Hansard will record your words and, as usual, turn them into beautiful prose. Unless anyone wishes to make an opening statement, I will move straight to inviting members to indicate who would like to ask questions.

**Hon STEPHEN DAWSON:** Welcome everyone. Minister, I turn to page 406 of budget paper No 2 and to spending changes down the bottom. I particularly focus on the one per cent general government efficiency dividend. I think the government is on the record previously as saying that the \$7.2 million in the first line in 2015–16 is broken down to approximately \$1.8 million for

employee entitlements; \$5.2 million for supplies and services; and others \$0.17 million. I ask the minister to confirm or advise what the \$1.8 million to employee entitlement cuts is. I ask also for confirmation that there will be no job losses as a result of this one per cent efficiency dividend. If there are to be job losses as a result of it, how many staff will lose their jobs?

**Hon HELEN MORTON:** I ask Dr Chalmers to speak.

**Dr Chalmers:** The one per cent efficiency dividend will be made up of a combination of different strategies: returns of funding from clients who have received compensation payouts, and that on each year's significant return one-off savings realised as a result of delays in uptake of services for people who are still planning their services; a reduction in admin staff required in back office functions as we move to transfer services out to the sector; savings in moving away from a combined application process to a more decentralised funding process; bigger LAC office hubs; and so on—a range of strategies. Will staff be dismissed or fall out of that process? The short answer is no; they will not. There was another part to your question, I think.

**Hon STEPHEN DAWSON:** What is the \$1.8 million cut to employment entitlements made up of? Obviously, if staff are not to lose their jobs, it means they will lose entitlements, or are they to lose entitlements? Perhaps you can let me know what that amount equates to.

**Dr Chalmers:** The employee entitlement figure is a figure that we were given by Treasury as part of this budget saving initiative. It does not necessarily mean that we will actually use it for employee entitlement payouts, because in this case we have used these other strategies rather than having to dismiss staff.

**Hon STEPHEN DAWSON:** The figures I mentioned earlier, the \$1.8 million for employee entitlements, the \$5.24 million for supplies and services and the \$0.17 million for other issues, are they just notional figures, and Treasury has decided this is where the cuts should be? You do not have to marry up cuts to those areas; you just have to find \$7.2 million in reductions across the board; is that correct?

**Dr Chalmers:** Yes; that is correct.

**Hon STEPHEN DAWSON:** Dr Chalmers, you mentioned in your initial response that there would be a reduction in admin staff. But you have also told me that no jobs would be lost. Am I to presume that as people leave, the jobs will not be filled? If so, how much of a reduction in admin staff will happen through natural attrition?

**Dr Chalmers:** I guess we are in the fortunate position of being in a state of restructure at the moment, due to the fact that we are transferring services to the non-government sector. We have been prepared for that for a while, but the pace at which that happens is yet to be determined because we are not rushing families to make their decisions about moving to alternative service providers. We have not got a definitive position on exactly when we will need to step down our back-office functions. But your earlier question was: will we be dismissing people in that process or relying on natural attrition? It is natural attrition.

**Hon STEPHEN DAWSON:** Dr Chalmers, I have previously—not today, but before today—been critical about the number of position vacancies that your agency has or has had for periods of time over the last year. Can you explain to me why you have had so many vacant positions at those periods of time? I think the answer that has been given to me is that they have been kept aside or they have been kept vacant in anticipation of the outsourcing to the non-government sector. But how have you been able to keep these huge numbers of positions vacant? Surely there is a need for them in the sector and in your agency.

[1.40 pm]

**Dr Chalmers:** When we embarked on the process of transferring services out to the non-government sector, we realised that what we wanted to avoid was reaching a position where we

would have to find people no longer required to be involved in social trainer roles within commission group homes. So at the start of the process we deliberately stopped recruiting into social trainer roles. From that time, we started obviously to create vacancies as people started to leave. Our strategy was to use qualified agency staff—temporary agency staff—to fill those positions, and that has been a successful strategy because now as we have started to move services out to the non-government sector, all we have to do is just reduce the agency staff exposure rather than having to find our permanent staff no longer required in services, and that has been managed very effectively, to the point where we will not have to terminate permanent staff.

**Hon STEPHEN DAWSON:** Perhaps you might like to provide this as supplementary information, but could you provide to me the number of agency staff that the agency has used in each month for the last year, and at this stage the anticipated number of agency staff that you are going to need for the next 12 months? I know that will likely change because the outsourcing will happen, but I suspect that you have a notional figure or a plan that you could provide.

**Dr Chalmers:** Absolutely. There are two parts to that, and we can provide both of those; the second will be an estimate.

*[Supplementary Information No B1.]*

**Hon STEPHEN DAWSON:** If I move on to a different point, I refer to page 408, the service summary. There is probably no need to turn to the page; I am using those general line items. Minister, I have previously asked you in this place about the number of staff who have been stood down from duty or had their employment terminated, and you told me that 13 staff have been stood down or asked to remain away from the workplace for a period. Of those 13 staff, can you provide some further information as to the reason they were asked to remain away or the reason they were stood down? I am also keen to get a sense as to where those positions were located and, again, I would like as much information as I can get, so I am happy to take it by way of supplementary. But were they in head office or in X house? I would appreciate a response to that.

**Hon HELEN MORTON:** I will ask Dr Chalmers to speak on this in a few minutes, but I would just begin by saying that the agency has a policy of zero tolerance to any concerns in the way that people with a disability are managed or cared for. So, whenever an allegation is made, people are stood aside while that allegation is investigated. On many occasions those allegations are not substantiated. The very nature of the work that Disability Services is involved in means that there are people with quite challenging behaviours from time to time, and people with concerns that are not necessarily founded on fact when those allegations are investigated. So, as a means of ensuring that people get a really fair hearing, those people are stood aside for a period of time while those investigations are taking place. You will find, I am sure—I do not know if Dr Chalmers has got the actual numbers here—that some of those people have been stood aside just for that reason while those allegations are investigated. Obviously, I do not have the operational details of how many people are in that category or in what places that occurred, and I do not know if Dr Chalmers has got that at his fingertips today either.

**Dr Chalmers:** I do not have the precise detail here, but just to add a couple more points, the zero tolerance approach is one that we have had in place for some time. The allegations can come from a range of different places. It might be in our accommodation service; it might be an allegation that is made by the client themselves; it might be a family member; or it could be another staff member who wants to say that something untoward has happened in that home. We err absolutely on the side of standing the person aside, using proper industrial processes—fair processes—to do that. But that is only part of it. We also from time to time have a requirement to stand people aside not only in our accommodation services, but in other parts of our organisation for reasons other than allegations of issues around our accommodation services themselves. I can think of a situation where a person was allegedly using their corporate credit card inappropriately and so we had to take some decisive action on that front. It is not simply around direct care that we have to exercise that

sort of diligence in how we deal with these issues. I am more than happy to get an update and details of exactly where we are sitting on that, and over the past 12 months.

**Hon STEPHEN DAWSON:** Thank you.

*[Supplementary Information No B2.]*

**Hon STEPHEN DAWSON:** Chair, if you do not mind indulging me for another second, I will just ask one more question. I know some others have got questions and I am sure I will get another opportunity. I turn to page 410 and community-focused supports. Western Australia has the lowest proportion of people with a disability undertaking vocational education. This is according to national statistics. The figures that I have seen are that our rate is 4.7 per cent compared to the national average of about 6.3 per cent. Minister, I am keen to hear from you what the Disability Services Commission is doing to increase the rates of education and training opportunities for people with disabilities in this state, and I am also after, if you can, by way of supplementary, provide me with, the numbers of people who have been supported by the agency to access TAFE training in the last three years.

**Hon HELEN MORTON:** I think that the area of education and training is not necessarily an area around disability services per se. However, if you are looking for some general comments about people being supported to post-school services to engage in ongoing education and training, and other ways in which we engage people in employment and training options, those are things that we can talk about generally. But when it comes to the numbers of people with a disability who are or are not in education and training, not all of those people would be associated with the Disability Services Commission, for example. That would be something that you would need to take up directly with the minister for —

**Hon STEPHEN DAWSON:** This is not a blame question that I am asking. I am just keen to get an understanding of the issue.

**Hon HELEN MORTON:** Yes, but I just want you to know that we can only talk about it in a fairly general sense, and in particular in the way in which the Disability Services Commission interfaces with that area of work.

**Hon STEPHEN DAWSON:** Sure. I am particularly keen to find out how many people DSC is helping to access further education and training. That is my interest.

**Dr Chalmers:** Two or three years ago we made a deliberate policy decision to redirect our effort around school leavers, so young people with a disability who were reaching the end of their life in school and were heading to a post-school environment. Up until two or three years ago we were heavily focused on what we used to call alternatives to employment; in other words, what is needed for people who may find it very difficult to pick up a job or to engage in employment-related activities. Two or three years ago we refocused and said that perhaps we do need to raise the threshold of thinking a little bit about that, and so we have invested heavily in post-school options support for school leavers to explore what might be a pathway toward employment rather than a pathway towards alternatives to employment. So through our local area coordination network and through various not-for-profit organisations, the focus has shifted quite significantly. In the planning that we now do with individuals, the conversation tends to be around what sort of training and what sort of vocational activities are needed to position people better for employment options. I am glad we moved that way, because clearly that is going to be a significant component of the NDIS, as it rolls out across the nation. And so our advocacy and our support for individuals has been: how do we, as local area coordinators and a commission and non-for-profits, work to try and get people into TAFE programs, and other sorts of not necessarily university courses, but TAFE-related vocational education? We are starting to see pretty good shifts in thinking around that. But, again, that is our role; our role is not to actually design and deliver those TAFE programs.

[1.50 pm]

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**Hon STEPHEN DAWSON:** Do you have any sense of how many people the LACs are assisting to access further education and training opportunities?

**Dr Chalmers:** It would be a difficult one to actually quantify at a point in time. We do not gather that data as a normal part of our data-gathering processes.

**Hon ALANNA CLOHESY:** This morning in the Health hearing we talked fairly extensively about the Quadriplegic Centre, and the parliamentary secretary was able to talk about some of the plans that are available for the Quadriplegic Centre, and the number of people who are living there in inappropriate accommodation and conditions. How many of the residents of the Quadriplegic Centre have been able to access CAP applications?

**Dr Chalmers:** Are we talking recently, or over the past five to 10 years?

**Hon ALANNA CLOHESY:** Say, in the past 12 months.

**Dr Chalmers:** I do not have that precise number here in front of me.

**The CHAIR:** Will you take that on notice?

**Hon ALANNA CLOHESY:** If we are taking it on notice, then maybe we can have it by year, for the last three years.

**Dr Chalmers:** Sure.

*[Supplementary Information No B3.]*

**Hon ALANNA CLOHESY:** Is the commission aware of any residents from the Quadriplegic Centre participating in the CAP process right now?

**Dr Chalmers:** Yes we do. We have people who have CAP applications in for funding to move out of that quad centre at the moment.

**Hon ALANNA CLOHESY:** How many people is that?

**Dr Chalmers:** Again, we would have to get that precise number. One of the reasons I am hesitating is that we are in the process of a CAP round now, so, yes, we can get that information.

**Hon ALANNA CLOHESY:** I am happy to take that on notice.

*[Supplementary Information No B4.]*

**Hon ALANNA CLOHESY:** What other work is the Disability Services Commission undertaking to ensure appropriate accommodation for residents of the Quadriplegic Centre?

**Dr Chalmers:** We have been asked a number of times recently not only about the quad centre, but the question more broadly about what are we doing around ensuring that younger people with disabilities do not reside in inappropriate accommodation settings.

**Hon ALANNA CLOHESY:** I did ask a number of questions on notice that I will actually come back to.

**Dr Chalmers:** The short answer here is that there are multiple strategies available. You have mentioned the combined application process. That is one strategy, but only one strategy. The age-appropriate housing funding that we had made available to us as well is another avenue in which we can work individually with those people and their families to look at options.

**Hon ALANNA CLOHESY:** Sorry to interrupt. How many residents is the commission working with under that program?

**Dr Chalmers:** Nine individuals under 30 years of age, so again our focus is always on younger people. Definitionally, we run into a bit of a problem there because younger people with disability can be someone who is 59 years and 10 months of age. We often get held to account for what is happening for those people, who may be in apparently inappropriate settings like nursing homes, when in actual fact that might be the right place for them if they happen to have dementia or some

other conditions. We have a heavy focus on what we actually believe are younger people under 50 years of age, but those dollars—nine individuals under 30 years of age have been prioritised for funding this year. It is estimated that a total of 18 individuals will be supported through that, but, again, some will be picking up dollars through the CAP process, and some others will be finding their way into more appropriate options by other means as well—through local area coordination support, a mix of different other services and small packages of support. Not everyone is going to require a major funding package individually tied to them as well.

**Hon ALANNA CLOHESY:** Maybe as an amendment to those questions we just put on notice, could I have the number of residents by program type, including if there is a mix of program type, so if some are accessing CAP, some are accessing the age-appropriate accommodation program, and any other programs? Just so that I can move it on for other members to ask questions, if I could have that information, number of residents by program type and expected date of departure.

**Dr Chalmers:** The part of that that will be difficult is that we could give you a pretty close estimate of numbers under the age-appropriate housing strategy, because that is quite quantifiable, but we do not know at this stage who will be prioritised out of the next CAP round, for instance, because that is a process of prioritising people, not just those people who are in age-inappropriate settings.

**Hon HELEN MORTON:** We also cannot provide the estimated date of departure.

**Dr Chalmers:** That is right because, again, families often will want to go at their own speed to actually move towards alternative settings.

**Hon ALANNA CLOHESY:** But each of those would have an individual plan, and that plan would have included a period of time for that process to take place, including the involvement of the family. Would that information not be available through that?

**Dr Chalmers:** Evidence over many years is that we regularly face the scenario where individuals get approved for a significant funding package out of the combined application process, but then, once you get down to detailed planning and choosing service providers and what have you, families can take up to a year to actually make final decisions. We do not rush them.

**Hon ALANNA CLOHESY:** No; that is why I said estimated, which is what would be included in the individual plans.

**Hon HELEN MORTON:** I am just saying that we cannot give you the date line because there are too many other factors involved in that. From the time that people get their packages—some people, for example, might need to build a house—those sorts of things make a big difference to the estimated time —

**Hon ALANNA CLOHESY:** But the information is available in their individual plans.

**Hon HELEN MORTON:** For whether they are going to build a house or not?

**Hon ALANNA CLOHESY:** The estimated time for the plan to be implemented.

**Dr Chalmers:** We can make an attempt, but the reality too is that people change their plans during the developmental stage.

**Hon ALANNA CLOHESY:** Sure. It is as of today's date.

**The CHAIR:** Before I give that a number, because there has been quite a discussion, and I have let it run to try to work out what we are going to provide, if you could make it clear what you are asking for, and then I think they are indicating that they will provide, to the best of their ability, what they can.

**Hon ALANNA CLOHESY:** The number of residents by program type, and by estimated transition time.

[*Supplementary Information No B5.*]

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[2.00 pm]

**Hon AMBER-JADE SANDERSON:** My first question relates to the disability justice centres.

**Hon HELEN MORTON:** Which page number?

**Hon AMBER-JADE SANDERSON:** It is the fifth dot point on page 407. In estimates in the Assembly the parliamentary secretary was asked how many people who were currently in custody would be in the pool for consideration to possibly meet the criteria, understanding that they need to go to the assessment process, and the answer was eight. Of those eight, are you able to provide information on which offences those people are in custody, where those offences were committed and how long they have been in custody for?

**Hon HELEN MORTON:** We obviously have not seen the response where you are indicating the answer was eight and consequently I do not know about that eight. I do not think at this stage I am prepared to put any information around these people. The Mentally Impaired Accused Review Board has not made any determination yet. And at the end of the day, those people who would come to me for the final approval process, I have not seen any report about those sorts of people that are coming. At this stage I am saying that I do not think it is appropriate to start suggesting who may or may not be coming, how many may or may not be coming, which of the people who are possibly able to come have got what sorts of offences, or when and where they occurred et cetera. I think the question on that information is very premature.

**Hon AMBER-JADE SANDERSON:** From your understanding, is eight an accurate number?

**Hon HELEN MORTON:** I do not think so is the answer. Would Mr Chalmers have anything else to add?

**Dr Chalmers:** When I was asked in another place about this, I do not recall offering the number eight in this response.

**Hon AMBER-JADE SANDERSON:** It is in the *Hansard*. It states —

Eight mentally impaired accused appear to meet the eligibility criteria for the Disability Justice Centre, with one more pending a Disability Services Commission assessment

**Dr Chalmers:** I think that might be last year's.

**Hon AMBER-JADE SANDERSON:** No; it is 11 June 2015.

**Dr Chalmers:** To the earlier part of that answer, as I recall, I do not know exactly what the range of people will be because it changes on a daily basis. As the minister said, we are still relying on the Mentally Impaired Accused Review Board making its decision. When I was pushed, I said somewhere between one and 10, because the centre has been built for a maximum of 10 people, so it would be somewhere between one and 10.

**Hon AMBER-JADE SANDERSON:** Yes, and I absolutely understand that and that there is a process, but this answer is very specific. It also goes on to state —

There are a further two individuals who are not currently under any form of Custody ... but who regularly interface with the justice system and would likely be within the catchment of the eligibility criteria ...

We are not seeking any private information or names of people, but there is obviously a list and I am asking for what offences they were and where they occurred.

**Hon HELEN MORTON:** As I said before, I am not providing that information at this stage because I have not seen any report come to me from the Mentally Impaired Accused Review Board as to who will or will not be suitable or considered suitable. In terms of the numbers of people who are currently in the system somewhere or other, whether they are in prison or in the community, or



whether people have been released recently, this is information that I just do not have and so I cannot provide you with that information.

**Hon AMBER-JADE SANDERSON:** I put it to you that the Disability Services Commission has it because it refers to it in this answer.

**Hon HELEN MORTON:** I would say that the Disability Services Commission has an interest in numbers of people and people in the justice system, but in terms of who will be suitable or considered suitable by the Mentally Impaired Accused Review Board as to being suitable to come to the disability justice centre is something that the Mentally Impaired Accused Review Board only would have information, and it then has to come to me. I have not seen any of that yet.

**Hon AMBER-JADE SANDERSON:** I will move on. I understand there has been funding allocated—I am sorry I do not have the budget page number—for people who did not meet the CAP funding criteria this year, and who are being assisted with some extra funding to provide supports for them. Can you tell us how much that funding is and —

**Hon HELEN MORTON:** You do need to tell us what page it is on if you are referring to figures.

**Hon AMBER-JADE SANDERSON:** I can come back to this question, if you like.

**Hon HELEN MORTON:** Just refer us to the page. The figure you are quoting is obviously written down somewhere.

**Hon AMBER-JADE SANDERSON:** Page 407 mentions the CAP program; I do not know whether in the actual papers there is a line item for this particular program, but I think there are about 100 or so people who did not meet the CAP eligibility criteria who are now being assisted.

**Hon HELEN MORTON:** What actually is your question? What do you want to know about?

**Hon AMBER-JADE SANDERSON:** How much has been allocated for that funding; for how long will those people get that funding for their supports; is it designed as a bridging gap between CAP and NDIS; and what is the purpose of it, I suppose, in the long term?

**Dr Chalmers:** Again, a couple of years ago we started moving away from reliance on the centralised combined application process as the main mechanism for allocating funding out to individuals. I will avoid the history lesson here, but this was done quite deliberately as we knew that an NDIS down the track would not rely on centralised funding allocations; it would rely on a person and a plan, and a funding allocation required to make that plan work. We reached a bit of a threshold point last year where we now release, I think, slightly less than 50 per cent of all of our growth funding out through the CAP process. In fact, in the next couple of years we imagine the CAP will fade away entirely as we move towards decentralised funding based on individual plans. We in the 2014–15 year took the deliberate step of saying that here are the people who have applied for CAP funding and here are the people that are prioritised highly in that process, and we will make the funding allocations to those people based on that reality of using the other half of the growth funding to disburse through decentralised funding processes, through our local area coordination network and through other means. That is where I think you are referring to. We drilled down below the line in terms of who was successful and asked who the next 100 people are in that process still in critical and urgent need. They became a high priority for our local area coordinators to focus in on through decentralised funding, and we will do the same again in 2015–16. The actual amount of money we allocated there, on my understanding, was \$12 million out of the total growth funding; and that was \$6 million in 2014–15 and \$6 million in 2015–16.

**Hon AMBER-JADE SANDERSON:** I think that is a good thing; I just had trouble getting information about it. I have constituents who have not been successful in accessing CAP funding. I have known about this, but there does not seem to be any sort of public access to it. Are you saying that the way to access that funding for those who were not successful for CAP funding but are seeking that extra within that \$12 million is through their local area coordinators?

**Dr Chalmers:** Very much so, yes.

**Hon AMBER-JADE SANDERSON:** Has all of that \$12 million been allocated now for this year or is there still money available for people?

**Dr Chalmers:** We drilled down to the next 100 people on that CAP list and we did not make it compulsory. If people wanted to remain in the CAP process, they could do it, but we were right up-front and said, “You need to know that in a couple of years CAP will probably not exist and we are moving all towards this alternative system.” So, we have been up-front. But for the next 100 that we focused in on there, it is very much the individual or their family working with their local area coordinator to start doing that planning process. We are chipping away at it; I do not think all of that has been allocated. We are also doing that in partnership with the non-government sector. We are using an organisation called WA’s Individualised Services to assist us because they have special expertise around those contemporary support systems, individualised support arrangements. It is working well, but again we are not rushing people through that process. People are taking their time.

[2.10 pm]

**Hon AMBER-JADE SANDERSON:** Is the \$12 million for 2014–15?

**Dr Chalmers:** There is \$6 million in 2014-15 and \$6 million in 2015-16.

**Hon AMBER-JADE SANDERSON:** Is it just allocated for those two financial years?

**Dr Chalmers:** I will just check. I am not as close to this as I need to be. I will call on the executive director of funding.

**Ms Hailes-MacDonald:** The \$12 million is spread across two financial years, 2015-16 and 2016-17, which is when the packages are just beginning to be taken up.

**Hon AMBER-JADE SANDERSON:** How many years do you anticipate this program running? Is it until the NDIS comes on board or whatever form that might take in Western Australia?

**Dr Chalmers:** We made it clear to those families up-front that this has a two-year horizon, but clearly we would have discussions with those people on the way through. The reason we were comfortable about that was that we are not saying that at the end of the two years, bang! Under an NDIS-type environment, where the whole nation is heading, there will be annual reviews of everyone’s plans and funding allocations so we thought a two-year horizon was getting us towards that annual review process.

**Hon AMBER-JADE SANDERSON:** Once you are in, do you get the two years or do you have to have a review for the following year?

**Dr Chalmers:** Again, we are trying to be consistent as we can about where we are heading. The terminology we are using in-house is “reviewable” and “renewable”, if you like, in its approach, but 12 months. But, again, we want to make that as light touch as possible for people who do not need heavy-duty reviews. If their circumstances have not changed terribly much from one year to the next, we do not want to put people through the mill.

**Hon STEPHEN DAWSON:** I ask the minister does this program have a name? If I am to ask questions in Parliament in the future, is there a name around this funding for 100 people?

**Dr Chalmers:** We have deliberately not done that because we are trying as hard as we can to move away from programs altogether because, again, we are looking forward to an NDIS environment where there will be no programs.

**Hon STEPHEN DAWSON:** As we all are.

**Dr Chalmers:** It will be a person and it will be a plan that suits their requirements and it will be an appropriate funding allocation that goes to them. We are desperately trying to avoid creating

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another CAP-type mentality around how we support people with disability, so we have deliberately not given it a program label as such. It is individualised funding through local area coordination.

**The CHAIR:** But do not use that as a name!

**Dr Chalmers:** Yes!

**Hon HELEN MORTON:** That is one name you can use!

**The CHAIR:** But if you use that in your questions, the minister will know what you are referring to from now on!

**Hon STEPHEN DAWSON:** I will quote from *Hansard* when I ask my questions!

I have one final question on CAP. Am I able to get, by way of supplementary information, the number of applicants you have received for each of your CAP rounds in the last couple of years, and how many people have been successful?

**Dr Chalmers:** Just on that point, we released a bulletin quite recently that captured the whole of the 2013–14 year in terms of all of the growth funding that was made available to the commission and then how it was dispersed via those various funding mechanisms that we now have in place. We plan to do a similar thing on an annual basis, so for 2014–15 we will assemble all of that material to show exactly how it has been expended.

**Hon HELEN MORTON:** It is also about the people who were not successful.

**Dr Chalmers:** Yes, it does. It actually takes you through and shows who is unsuccessful as well.

**Hon STEPHEN DAWSON:** So it shows you the full amount?

**Hon HELEN MORTON:** The numbers, yes.

**Hon STEPHEN DAWSON:** Am I able to get the most up-to-date information for 2014–15, because obviously that report was for 2013–14? I am happy to have it by way of supplementary information.

**Dr Chalmers:** Yes.

[*Supplementary Information No B6.*]

**Hon SALLY TALBOT:** I refer to service 3, “Coordination and Individual Support” on page 411, but I guess it also cross-references to the “Outcomes and Key Effectiveness Indicators” on page 408 when you are reporting on the line item “Service user’s satisfaction with services”, because it relates to some people who are far from satisfied. I know the minister is aware, because I have raised it with her directly as well as in the house, about the families of children with autism spectrum disorder, and particularly their access to the early intervention services, and particularly their access to those services if they live outside the metropolitan area. As you know, these people are not talking about services for themselves; they are talking about services for their children. They are saying that they have been advised that if the child is residing outside the metropolitan area, then their children cannot access the state-funded places with any of the endorsed DSC providers. Is that correct?

**Hon HELEN MORTON:** In the metropolitan area?

**Hon SALLY TALBOT:** Outside the metropolitan area.

**Hon HELEN MORTON:** No. The way I understand it—Dr Chalmers can pick up on this—is that except for in those areas that are already part of the NDIS trial, so we are talking about outside of that —

**Hon SALLY TALBOT:** This is the Foxalls and the Martins.

**Hon HELEN MORTON:** Yes.

**Hon SALLY TALBOT:** I would not normally use their names, but I know that you know them.

**Hon HELEN MORTON:** I understand. I have not actually looked at those individual cases that you are referring to, but I just want to give you the general overview first, and Dr Chalmers might want to speak a bit more about it. Except in those areas that are part of the NDIS trial, those trials of course are about individualised funding, and people can exercise choice and control around the types of service providers that they wish. Outside of that, there are contractors that are funded by the Disability Services Commission for early intervention in the metropolitan area, and there are contractors that are funded by the Disability Services Commission in non-metropolitan areas. The individuals who access those services are not provided with individualised funding when it is state funding. I know that under the commonwealth level of funding they get some individualised funding and they will go and purchase those services from whomever they wish for that amount of funding. I think it is up to \$6 000 for two years, or whatever it is.

**Hon SALLY TALBOT:** Are you talking about people who are in the commonwealth NDIS trial?

**Hon HELEN MORTON:** Yes. There are two lots of funding these people can access. There is funding that they can access under the commonwealth and there is funding they can access under the state. I am now only talking about what happens under the state. The state funding is contracted to service providers and people are given a place with that service provider. The arrangement for country or non-metropolitan people is that those services are contracted through the WA Country Health Service with some specific interventions provided from the Disability Services Commission on a visiting basis and some additional work that takes place to support people in the country to access those services and to maintain support to the parents to help maintain those programs in between visits. If a person from the country was to come and access one of the metropolitan-based services that has been allocated to an individual in the metropolitan area, or attempt to for example, it would mean that the funding arrangements between the contracting would be mixed up and we would then have to find someone from the metropolitan area to go to the country, so to speak.

**Hon SALLY TALBOT:** But they are saying that there are not any available places in the country.

**Hon HELEN MORTON:** I do not think that is correct, but I will ask Dr Chalmers to speak more specifically on that.

[2.20 pm]

**Dr Chalmers:** The families that you are talking about there, we understand what they are seeking. The background to all of this, though, if I could just take a minute on this, is that those families are saying that we recently changed our policy position in relation to how people in regional areas are able to access supports and services. We have not changed our policy position on this for over 20 years. In the mid-1990s a decision was taken that the Department of Health, through WA Country Health Service, would have primary responsibility for the provision of early intervention services for children with disabilities and children without disabilities who need it in all regional areas of WA. The Disability Services Commission, since 1995, has played a supplementary role in terms of how that service is provided. What we have been able to do over that 20-year period is invest, I think quite heavily, in making sure that that collaboration between WA Country Health and the commission, through our visiting service, provides what I believe to be an equally effective service response for families living in regional areas, regardless of whether you are just outside the Perth metropolitan area or you are living in Kalumburu.

The other thing that the family is saying is if they head to Perth and secure a place with a particular service provider, that they will get a substantially different type of service response, and again that is not true. The notion that there is a more specific type of therapy intervention only available in the Perth metropolitan area is not true. The commission's specialists are just as skilled as people in a particular not-for-profit organisation in the Perth metropolitan area. As the minister said, we cannot have a situation where this model that has been operating, we think, very effectively for 20 years gets thrown up in the air and people from Geraldton or Broome decide they want to take

a Perth-based place in that arrangement in the Perth area. Immediately we would have a waiting list starting in the first metropolitan area for metro families to do it. We have got a bit of work to do —

**Hon SALLY TALBOT:** With respect, commissioner, I do not think they are saying they want to come to Perth to access the services; they are saying they may have to relocate to Perth in order to be eligible for a DSC-funded service. What I understand you to be saying is if there are no DSC-funded early intervention services in, for example, Bunbury, that is because Country Health does not provide them.

**Dr Chalmers:** The circumstances of these two families, and there is another family in a part of the wheatbelt who again is asking these questions, the combination of WA Country Health Service specialist staff—our own highly specialised staff working with them—plus the fact that they are able to access therapy assistant time to implement their program, is equal to anything that they are going to get in the Perth metropolitan area. It is not like they are waiting or they are not getting; they are actually getting access to a quality service in Bunbury.

**Hon SALLY TALBOT:** Are you saying that there are early intervention services but that they just may not be of the type that the families have been advised to access?

**Dr Chalmers:** Yes. As the minister said, in the metropolitan area, in 1995, the commission was given the primary role. We exercised that by drawing in a lot of not-for-profit service providers. We realised that the chances of being able to do that in remote parts of Western Australia were pretty slim. We have deliberately relied upon the skills of WA Country Health Service staff—they have got good expertise—and our own specialist staff who are equal to any not-for-profit in here as well, plus the fact that they are able to access therapy assistant time to carry out their program. There are some families, I must say, in regional WA that have said to us they are getting a better service in the regions than they are getting in Perth.

**Hon SALLY TALBOT:** Would it be possible, minister, and through the minister, commissioner, to provide us with a list of the early intervention providers outside the metropolitan area?

**Hon HELEN MORTON:** I think the early intervention providers are the WA Country Health Service.

**Dr Chalmers:** Yes.

**Hon SALLY TALBOT:** Do you mean we have to go through another agency to get that information?

**Hon HELEN MORTON:** Sorry?

**Hon SALLY TALBOT:** Do you mean we have to go through the health department to get that information?

**Hon HELEN MORTON:** No, but if you are asking the name of the organisation or organisations that provide the services in the country, it is the WA Country Health Service. That is the name of it.

**Hon SALLY TALBOT:** But the commissioner said that DSC plays a supplementary role.

**Hon HELEN MORTON:** Yes. That supplementary role is provided by people employed by the Disability Services Commission. That is the name of the second organisation. They actually travel to country bases to provide that service on an as-needs basis.

**Hon SALLY TALBOT:** So the Country Health Service is delivering a whole range of services that include disability services?

**Hon HELEN MORTON:** Absolutely.

**Hon SALLY TALBOT:** Surely a subset of those are early intervention programs.

**Hon HELEN MORTON:** Absolutely.

**Hon SALLY TALBOT:** Can I have a list of those early intervention programs?

**Hon HELEN MORTON:** Or services. You want to know whether they provide physiotherapy, occupational therapy, speech pathology and those sorts of things—is that what you are asking for?

**Hon SALLY TALBOT:** Yes, particularly services that focus on people with the autism spectrum disorder.

**Hon HELEN MORTON:** They are the services that they would be accessing.

**Hon SALLY TALBOT:** Can I have those?

**Hon HELEN MORTON:** I have just given them to you. Do you want something more than that?

**Hon SALLY TALBOT:** By area.

**The CHAIR:** Which towns have which services available—is that what the member is asking for?

**Hon SALLY TALBOT:** Yes.

**Hon HELEN MORTON:** So you want every town in Western Australia?

**Hon SALLY TALBOT:** Yes, if that is going to be too much, let us just focus on the south west region.

**Hon HELEN MORTON:** I think that is too much. You might need to focus on an area.

**Hon SALLY TALBOT:** The south west region.

**Dr Chalmers:** Can I add that there are other service providers. The minister touched briefly on the fact that beyond the state arrangements, many of these families are also accessing the commonwealth funding that they can use basically as they wish. The commonwealth has a range of not-for-profit service providers that are based in certain parts of regional Western Australia. People mix and match, if you like, between the commonwealth funding and the state service that they have available. That tends to work very well for most families. We can get you a list of those service providers in the south west, if that would be useful.

**Hon SALLY TALBOT:** Yes, please. That would be good.

**The CHAIR:** I want to clarify that, unless you are going on to ask for more clarification?

**Hon SALLY TALBOT:** I was going to go on to something slightly different but the same subject.

**The CHAIR:** I am checking to see whether Dr Chalmers wants to change what he can provide. I will give that B7 but I also want to be careful about this: when Dr Chalmers says the south west region, I assume that is the department's south west region? If that is the case, if the member is after —

**Hon SALLY TALBOT:** I would rather it was my south west region.

**The CHAIR:** That is why I am clarifying this. The member will have a view about the south west region being the electorate and I suspect the commission collects its figures based on its own internal regions. I am not sure what they are, but it may be that it needs to be the south west region and the great southern region to capture everything in the member's —

**Hon SALLY TALBOT:** And Peel.

**The CHAIR:** And Peel; my apologies.

**Hon SALLY TALBOT:** Mandurah to Albany.

**Dr Chalmers:** Where we might run into difficulty is that Peel for us is metropolitan.

**The CHAIR:** Do not tell the Minister for Health, whatever you do!

**Hon HELEN MORTON:** I agree. It should be metropolitan.

**Hon SALLY TALBOT:** You are talking about the operation essentially of the Country Health Service, are you not?

**Dr Chalmers:** No. If I can just have another go at this. WA Country Health Service plus the Disability Services Commission—so, all government employees—plus the additional therapy assistants who are employed by us are all government employees. In the south west of the state, as in other parts of country WA, there are a certain number of not-for-profit organisations that the commonwealth contract with, that people can spend their commonwealth money on. All we will be doing is going to the commonwealth government website and pulling down what their endorsed service providers are in country WA. That is all we will have to go on because we do not actually contract those commonwealth —

**Hon SALLY TALBOT:** As far as the commonwealth contracts are concerned, yes; but there is state —

**Hon HELEN MORTON:** And of course now, because we are including the entire electorate of the south west —

**Hon SALLY TALBOT:** With the possible exception of Peel, it sounds like.

**Hon HELEN MORTON:** Yes. We also have all of the service providers that are providing services under the NDIS in the lower south west.

**Hon SALLY TALBOT:** I am looking at state-funded services, so DSC, Country Health —

**Hon HELEN MORTON:** As I am saying, the NDIS in the lower south west is a state-run service. As a result, there are 35 different service providers operating down there. From the point of view of state-funded services, they are working in a confined area around the NDIS. It is outside of that that WA Country Health Service is contracted along with the —

[2.30 pm]

**Hon SALLY TALBOT:** I think, if it makes it any simpler for you in providing the information, you could leave the NDIS My Way trial site out of the equation —

**Hon HELEN MORTON:** Yes, that is the good.

**Hon SALLY TALBOT:** — because that is clearly subject to a different set of parameters.

**The CHAIR:** Are we all clear now about what we are asking for? You are happy, minister and Dr Chalmers, that you know what you are going to provide.

**Hon HELEN MORTON:** Good to go.

[*Supplementary Information No B7.*]

**Hon SALLY TALBOT:** Just on this topic —

**The CHAIR:** All right, if it is to finish off this issue, and then I will move on to the next member.

**Hon SALLY TALBOT:** I am trying to understand something, minister. I know that the commissioner has said that this system has been in place for 20 years but, clearly, at least the impression that these people are under is that they were able to access state-funded services until recently, and now they are not.

**Hon HELEN MORTON:** I do not know where they got that impression from then, because it would seem to me that they were accessing the services under their commonwealth-funded arrangements —

**Hon SALLY TALBOT:** No, they clearly say it was —

**Hon HELEN MORTON:** — and that might have been a metropolitan-based service that they were getting. As I say, I have not looked at these two individual cases specifically.

**Dr Chalmers:** We have never operated anything other than a place-based therapy model in either metropolitan Perth or in any regional area. I think where some of these families might be getting a little confused—we are going to have to work with them—is that if they are looking over the

fence into the lower south west, people do have the ability to, if you like, cash out their support arrangements and then go and purchase themselves; that is the NDIS future. But the rest of the state—Bunbury, for instance—has never been in that position.

**Hon SALLY TALBOT:** But is there a sense in which it is their postcode that determines the service they provide? So, for example, if somebody who was living in Bunbury and Perth brought the child to Perth to access metropolitan services from the Perth address, would they be excluded from that metropolitan service because they have a Bunbury postcode as well?

**Dr Chalmers:** If they become a resident in Perth, they would be —

**Hon SALLY TALBOT:** So there is a residency provision attached.

**Hon HELEN MORTON:** I would just say again that the services are place-based services, and there are a range of metropolitan place-based services and there are a range of non-metropolitan place-based services. Depending on where people live, they access the services in those places that are contracted to provide them.

**Dr Chalmers:** And that has never changed.

**Hon HELEN MORTON:** I was going to say that, as I understand it, that has been the case for 20 years. Obviously, under the NDIS, that will be different.

**The CHAIR:** To continue the south west theme, I will go to Hon Adele Farina.

**Hon HELEN MORTON:** I suspect this is a similar issue.

**Hon ADELE FARINA:** No. I have sent you my notes on that and I hope that you will get back to me on that in due course when you have had a chance to have a look at it.

**Hon HELEN MORTON:** Surely.

**Hon ADELE FARINA:** What I would like to be clear on is how much block funding will be made available to NGOs to deliver tier 2 services in the lower south west in 2015-16 under the budget?

**Dr Chalmers:** I might get the executive director of reform implementation to answer that.

**Ms Massey:** Tier 2 services, as you may be aware, are now called information linkages and capacity building, and we are still developing that framework, or the commonwealth government is still developing the framework for how that will actually play out. So it does not come down to that extent at the moment as to how much direct funding will be available for block funding. But what we do need to say is that the commitment is to individualised services. It may be deemed that it is appropriate for certain small amounts of service to be provided by block funding, but it will be very little and we cannot quantify the dollars at this point.

**Hon ADELE FARINA:** Sorry? So there is no funding allocation in the budget?

**Ms Massey:** There is no direct funding for block funded services, and we are still in negotiation as to the total amount of what that funding for information linkages and capacity building might be into the longer term.

**Hon ADELE FARINA:** So, all those people with mental health problems who are not deemed to be permanent and therefore they are not eligible to access NDIS My Way in the lower south west, where do they go to get services when you cut block funding?

**Hon HELEN MORTON:** I am just going to make a comment about that, because that probably is a question that you can ask in the Mental Health session coming up. But —

**Hon ADELE FARINA:** But whenever I ask them in Parliament to you in your capacity as Minister for Mental Health, they get deferred to Disability Services.

**Hon HELEN MORTON:** What I am going to say generally is that the Mental Health Commission has a range of services that it funds for people in the south west in the NDIS area that are for both



support services and for those services that are considered to be clinical treatment services. The Mental Health Commission continues to provide those services to people. If people become part of the NDIS, the type of mental health services that they would be accessing is support services; it does not include treatment.

**Hon ADELE FARINA:** I accept that, but I am talking about support services. There are people who will not be deemed to have a permanent disability, and therefore will not be eligible to access NDIS funding. Those people, nevertheless, do have a problem—it is not permanent; intermittently they have a problem—and during the time that they are suffering that problem they need to access services. Where do they go to access those services if they are not eligible for any support funding under the NDIS and you cut block funding?

**Hon HELEN MORTON:** The block funding provided under the Mental Health Commission has not been stopped; that is what I am saying. They would access the services that are currently provided under the Mental Health Commission—the support services. The services prior to by Lamp, for example, continue to operate under contract with the Mental Health Commission.

**Hon ADELE FARINA:** My next question is in relation to the initial proposal surrounding the NDIS in relation to actually dealing with that issue of adult people with disability who are currently being cared for by their parents, and with their parents nearing frailty, or possibly death, they are not able to care for them much longer. My question is about being able to provide accommodation for those people. Is that still part of the NDIS proposal?

**Hon HELEN MORTON:** To provide the ongoing support for those people?

**Hon ADELE FARINA:** Yes, and accommodation.

**Hon HELEN MORTON:** As long as somebody is not 65 at the time they are first seeking to participate in the NDIS, if they have a disability that has a functional level of impairment that makes them eligible, they will get that support.

**Hon ADELE FARINA:** But is it housing support? That is what I am not clear about. One of the concerns facing elderly people who are looking after their now adult disabled children is that they are very concerned that they might pass away soon or become too frail to care for their adult children, and they are worried about where they will go to be cared for and where they will go in terms of accommodation.

**Hon HELEN MORTON:** Are you talking more about the capital rather than the support for people to live in a house?

**Hon ADELE FARINA:** Yes.

**Hon HELEN MORTON:** Yes, there is some consideration in that. I will ask Dr Chalmers to talk about that.

**Dr Chalmers:** When the NDIS was originally modelled up, it was very clear from the outset that it would not have a dedicated capital funding pool for housing. This has been a point of some debate around the country in recent times. But it was not a case of saying, “If a person is eligible, let’s start developing a plan around them; and, oh, they need a house, so we’ll build in another \$600 000 or \$700 000 to buy a house.” That was never part of the NDIS approach, and I do not think it ever will be part of the approach. But if you look at the lower south west as an example, where we are off to a very, very good start with the NDIS My Way, obviously, when we are in the planning phase with individuals, and their families and their carers, the issue of where a person is going to be living and what is going to be an appropriate place for them to be living—not just tomorrow, but with a peek into the future as well—is absolutely part of that planning process. In the past 12 months to 24 months, when we have been really pushing ahead with NDIS My Way in the lower south west, we have been, through that planning process, able to look at people’s accommodation options to the point where I think at the moment we only have about 10 to 15 people who are still exploring

accommodation options. The rest of the people have been able to secure an appropriate accommodation arrangement for themselves. While there is not a bucket of funding there to start building houses for people, the planning role actually involves us looking at what is going to be a good strategy to make sure that that person has appropriate accommodation for tomorrow and then beyond, and I think we will do that quite effectively.

[2.40 pm]

**Hon ADELE FARINA:** When we had Housing yesterday, we were told that people with a mental health problem or a disability need to apply for public housing in the same way everybody else does. If you are an NDIS My Way client, or an NDIS client in the trial areas, you get no greater priority to public housing than you would otherwise?

**Dr Chalmers:** I think the answer to that is yes and no. If we are referring to the Department of Housing's initiative around \$560 million, which is significant, we have had conversations with the Department of Housing about exactly how people who are being found eligible for support through the NDIS might be able to access support through that avenue. Clearly, of the people who are on the priority listing for social housing, a significant proportion of them will be people with disabilities, and they will be accessing some of that \$560 million, just like they have been doing in the past. But that is not the only avenue for people to access housing; we, in Cockburn–Kwinana, are deliberately working with not just Housing but also community housing associations, private builders and non-government service providers who have access to some housing themselves, to work in a collaborative way and to say, "Well, as people start to access a package out of the NDIS, how can we get creative and a bit innovative about what is going to be a sensible way of getting them into a housing option?", knowing that some people who access NDIS support in the trial site will be independently wealthy and will not actually need social housing at all; they already have plans in place for how they are going to look after family members. So in a collaborative way, I think if we follow what we have done in the lower south west, we are going to be reasonably well placed in Cockburn–Kwinana, then we will learn from that for what comes beyond Cockburn–Kwinana.

**Hon ADELE FARINA:** If the Feds introduce the Productivity Commission recommendation, which is to require a market rental to be charged for public housing, has the commission given any consideration as to how that might impact your clients? Is that then something that the NDIS will look at picking up? Obviously, those who are living on pensions are not going to be able to afford to pay market rental.

**Dr Chalmers:** Policy shifts, be they commonwealth or state, we keep monitoring, but monitoring very, very closely, because they shift all the time, and we have had to adapt on the way through. We are very cognisant of the fact that there are a significant number of people who will access support through NDIS or outside those trial sites, who are heavily dependent on pension income, and that only stretches so far. Clearly, if the Productivity Commission's proposal were to be taken up, then that is going to have a major impact on people with disabilities or other people who are dependent upon pension income as their major source of support. I guess where we are fortunate in this state is that over the past four years we have had a significant injection into capital for housing for people with disabilities. With the community disability housing program, we have been able to really chip away at the lists of people who were seeking support there, so we are coming off a fairly solid base. We are just going to have to wait. I mean, it is speculation at the moment on what is going to happen in terms of those rental arrangements; we are just going to have to keep monitoring it. It is out of our hands, to a certain extent.

**Hon ADELE FARINA:** My last question is in relation to page 407 of budget paper No 2, "Significant Issues Impacting the Agency". You talk about the transition of 60 per cent of the commission's accommodation services to non-government disability sector organisations. I would like to have some clarity: are you transferring property to those NGOs?

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**Hon HELEN MORTON:** No.

**Hon ADELE FARINA:** So who holds the property that the NGOs are managing?

**Dr Chalmers:** The accommodation services that the commission has been running for many years rely on housing that is provided almost exclusively by the Department of Housing; the commission does not hold any housing stock. The majority of people in accommodation, people with disabilities that require accommodation, are actually accommodated in not-for-profit now; it is about 80 per cent, and the vast majority of that is not-for-profits accessing those houses via the Department of Housing. This was the most simple part of this exercise: all you do is change the “Disability Services Commission” on a list to “Activ Foundation” on a list, and it is a done deal. So, no, we do not have to worry about the house.

**Hon ADELE FARINA:** So are these properties quarantined from the usual waitlist for Housing Authority properties?

**Dr Chalmers:** All the houses that are currently made available via the Department of Housing for either the commission to operate, or for Nelson, Activ or whatever, are all listed under the CDHP within the Department of Housing, and they cannot be used for other purposes other than disability housing, and we have been very firm on that over the years.

**Hon ADELE FARINA:** Would you be able to take on notice to provide me how many of those properties are actually located in the south west and where in the south west?

**Dr Chalmers:** There is none in the south west.

**Hon ADELE FARINA:** Okay. My other question is: What is the arrangement in relation to maintenance on those properties? Whose responsibility is that?

**Dr Chalmers:** We have an arrangement with the Department of Housing, and we have been doing this for many years, where for minor running repairs and minor items that need to be done, it is commonsense for the commission to have a minor works budget for us to be able to do that, but for anything of significance the Department of Housing takes responsibility, just like it would do for other houses that it maintains, and we make that work. Obviously, for people with disabilities, you cannot have lengthy delays in getting repairs done on houses, so it works very well.

**Hon ADELE FARINA:** So people living in the south west who need to access housing just need to go through the standard Housing Authority process or Department of Housing process because you do not have any of the specialist houses located in the south west?

**Dr Chalmers:** No, my earlier response was to say that the commission does not operate any houses outside Perth; it is not that we are picking on the south west. We have never, ever operated houses outside Perth, but when you get to Bunbury and the south west, Activ Foundation and other organisations that are based down there operate accommodation and get those houses out of the Department of Housing on the same basis that we do, so it has always been a focus on not-for-profits outside Perth, but for historical reasons, inside Perth the commission has run accommodation services. That is why we are starting to equalise that, if you like, by transferring some of ours out to the not-for-profit sector in Perth.

**Hon NICK GOIRAN:** Could the minister advise the committee whether the Disability Services Commission was consulted in the development of the no-fault insurance scheme proposal by the Insurance Commission of WA?

**Hon HELEN MORTON:** I can; we were heavily involved in it, both the Disability Services Commission and myself.

**Hon NICK GOIRAN:** The scheme proposes to provide reasonable and necessary support to individuals who might qualify for the scheme. Are you able to tell the committee if this concept of

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“reasonable and necessary support” is something used by the Disability Services Commission in the fulfilment of its goals?

[2.50 pm]

**Hon HELEN MORTON:** Obviously, the phrase “reasonable and necessary” is also fully captured under the NDIS. It is a term that is frequently used. I asked the question myself at the time: if we are going to use the words “reasonable and necessary”, should we have the same criteria for people accessing “reasonable and necessary” as applies under the National Disability Insurance Scheme? I have subsequently been told that “reasonable and necessary” is a term that is frequently used by insurance commissions, so it is more of an insurance commission term than it is a disability services term.

**Hon NICK GOIRAN:** You are guessing where I am going with this, minister.

**Hon HELEN MORTON:** I have not yet, but I will get there.

**The CHAIR:** It is okay; some of us have, though.

**Hon NICK GOIRAN:** Is there any difference between the Disability Services Commission’s use of and interpretation of “reasonable and necessary support” and that same term used by the Insurance Commission?

**Dr Chalmers:** The short answer to that is that it is too early to determine because the nuts and bolts of the no-fault insurance scheme is still being worked out. I think it is fair to say that in our discussions with the Insurance Commission of Western Australia, we would be advocating very strongly that “reasonable and necessary” would be applied in the same way because, regardless of whether you are supported through the NDIS or through the no-fault scheme, what we would want to try to avoid is a differential that someone sustains a catastrophic injury by way of motor vehicle accident versus someone who sustains the same basic level of impairment through some other means that would be picked up under the NDIS. We would anticipate that “reasonable and necessary” would be applied equally.

**Hon NICK GOIRAN:** So that I understand this correctly; the advocacy that is taking place by the Disability Services Commission at the moment to the Insurance Commission of Western Australia is that we should be both using the same definition of “reasonable and necessary support” so that irrespective of whether someone finds themselves being catered for by the Insurance Commission or via the National Disability Insurance Scheme, My Way or otherwise, the same amount of support will be provided. Is that the advocacy position of the commission?

**Hon HELEN MORTON:** Under that term “reasonable and necessary”.

**Hon NICK GOIRAN:** Right. Can you tell the committee, minister, what criteria is currently used by the Disability Services Commission to determine if someone qualifies for reasonable and necessary support?

**Hon HELEN MORTON:** I ask Robyn Massey to speak to that.

**Ms Massey:** Just to be clear, I think you are asking what are the criteria used to determine what is reasonable and necessary support as opposed to eligibility for the scheme. Is that what you are asking me?

**Hon NICK GOIRAN:** At this point I am just asking about eligibility for the scheme.

**Ms Massey:** Okay. We operate the same eligibility requirements as the NDIA scheme. People need to have an intellectual disability; autism; a physical, cognitive, sensory or psychosocial disability to be eligible for the scheme, and their disability needs to be of a permanent basis and needs to have a significant functional impact. That is the assessment for eligibility for NDIS. When you look at “reasonable and necessary support” against that, there is actually an assessment of a person’s support needs based on their disability, and it has to be clearly disability-related support needs, and

you are looking at a number of different domains such as their personal care needs, their needs around communication and their needs around mobility. It is looking at that assessment that then determines what is reasonable and necessary support.

**Hon NICK GOIRAN:** Would somebody who is catastrophically injured, not as a result of a motor vehicle accident, qualify for reasonable and necessary support by the Disability Services Commission?

**Ms Massey:** I would say yes, as long as they have one of those disabilities, as you would expect. If it is a severe disability, they would have a cognitive and probably a physical disability, so with a range of disabilities, the answer would be yes.

**Hon NICK GOIRAN:** Is it reasonable for the layperson to say that the criteria for qualification with the Disability Services Commission in terms of eligibility is wider than it is with the proposed no-fault insurance scheme because the no-fault insurance scheme will capture only those catastrophically injured, whereas DSC covers a wider range? The umbrella is larger.

**Hon HELEN MORTON:** Yes, absolutely. Obviously, under a no-fault insurance scheme, it is confined to people who have a catastrophic injury as a result of a motor vehicle accident, at this stage. But somebody else, for example, can have a catastrophic injury from diving into a swimming pool.

**Hon NICK GOIRAN:** Yes, exactly.

**Hon HELEN MORTON:** Equally, somebody could have a similar functional disability as a result of something that is not a catastrophic injury in that they need the same level of reasonable and necessary supports because of some other—it may be a neurological problem that is a degenerative problem that has occurred and they have significant requirements as well. In terms of eligibility, it is much wider because they pick up more than catastrophic injury and they pick up more than people who have a motor vehicle accident. In terms of “reasonable and necessary”, however, it boils down to the functional disability that that person is experiencing and what those reasonable and necessary supports would be that are needed to give that person a quality of life that is suitable to continue to live in the community.

**Hon NICK GOIRAN:** If the government was minded at any stage in the future not to proceed with the no-fault insurance scheme for motor vehicle accidents, those people who would otherwise have been captured by that scheme would be able to access the same reasonable and necessary supports via the Disability Services Commission.

**Hon HELEN MORTON:** The point I think you are getting to is: why are we worrying about putting the no-fault insurance scheme in place? Is that around about where you are getting to?

**Hon NICK GOIRAN:** First of all, I wanted to make sure we are all talking the same language and no-one is missing out; there are no gaps in the umbrella. I am satisfied that that is the case from what has been said this afternoon. Because of those answers, I am now wondering what is the benefit of having the scheme if they would otherwise be captured by the good service provided by the commission. We might save everyone \$100 extra on their motor vehicle licence.

**Dr Chalmers:** When the agreement was struck between the commonwealth government and the state government for the NDIS trials, a component of that agreement was that if any state or territory did not proceed to establish a no-fault insurance scheme, the state would cover all costs involved and that no commonwealth dollars would be made available there. Apart from the fact that I think it is the right thing to do, one of the strong drivers was to make sure that the state was not going to be left capturing the full cost or having to cover the full cost of catastrophic injury for those people who did sustain their catastrophic injury as a result of a motor vehicle accident where they could not find fault.

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**Hon NICK GOIRAN:** Why would the federal government concern itself as to how we manage those with catastrophic injuries in Western Australia as to which umbrella we choose for them to fall under? If they are going to be satisfactorily and well looked after under your scheme, why does the commonwealth force us to establish a new scheme, a new level of red tape and bureaucracy to satisfy this negotiated settlement during the killing season? I would have thought that that would be able to be renegotiated with the federal government.

[3.00 pm]

**Hon HELEN MORTON:** There are two reasons. One is that other states have a no-fault insurance scheme and no-one wanted to wind those back and incorporate them into the National Disability Insurance Scheme. The second reason is that as a state, we have not signed up to the full rollout of the National Disability Insurance Scheme until after these trials. As a result of that, other than those people in the trials, those people are still subjected to a prioritisation approach to funding. Those people in the trials have—what is it?—an expectation of the funding. It is due to them. They have an entitlement to the funding. Until the NDIS rolls out across the state, there are people outside of the NDIS trials who are not getting services who would get services under an NDIS arrangement and should get services under a no-fault insurance scheme.

**Hon PETER KATSAMBANIS:** Minister, I refer to page 407, significant issues impacting the agency. The last dot point I think is where the issue that I am going to raise now best fits in. It refers to inclusion and access for the benefit of people with disability and their families, and housing and employment are areas of priority. As you would be aware, minister, sadly there are a lot of people who are young adults—anyone really under the age of 55 or so—who are disabled and unfortunately due to the lack of more appropriate facilities end up being cared for in residential aged-care facilities. What specific programs is the government implementing to assist those people and their families to be able to access more appropriate care than just being lumped into residential aged-care homes?

**Hon HELEN MORTON:** Thanks very much. Obviously it has been an area of work that we have been focused on for some time now. Under the new age-appropriate housing strategy, the state government has allocated over \$9 million over four years from 2014–15 to 2018–19 to support those people, or other people at risk of going into a nursing home, I must say; it is not only those people who are currently in age-inappropriate care but those people who are at risk of going into it. That builds on a program that previously operated and was commonwealth funded, but stopped. The commonwealth funding was called the young people in residential aged-care program, and that has stopped.

I think the director general has already indicated that nine individuals under the age of 30 have been prioritised for funding this year. It is estimated that another 18 people will be funded in the following year. Some of these people, because of the nature of their disability and the level of support that is needed, require quite substantial levels of funding. Often people are in a nursing home because it is a place where they can access clinical nursing support et cetera. So by virtue of the level of their disability, they often get quite substantial levels of funding or need quite substantial levels of funding to live in more age-appropriate accommodation. If the director general would like to say some additional words on this, that is fine.

I am aware that the federal Senate community affairs committee is undertaking an inquiry at the moment. That inquiry is about the residential care available to young people in nursing homes. Senator Linda Reynolds has been quite substantial in both getting that inquiry up and subsequently taking on the issues. I know that she was part of a Senate hearing that took place here in Western Australia and wrote about that subsequently. I believe that there will be some more action on this, and of course my hope is that the federal government might chip in a bit more funding to complement the \$9 million that the state government has already provided.

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**Hon PETER KATSAMBANIS:** I am not sure if the director general had anything to add to that, but you mentioned how in a lot of ways the types of care and treatment that could be accessed in an aged-care facility may very well be appropriate. Are we as a society reaching a point where we need to start talking about residential care facilities and perhaps start segmenting those facilities or organising them in a way that can care for people of different ages as they go through their lives rather than simply appointing one place as an aged-care facility and another one as a middle-aged-care facility and another one as a young persons' care facility?

**Hon HELEN MORTON:** That already happens. Brightwater, for example, has facilities that are more age-specific for young people. There are others, too; I cannot remember off the top of my head which other organisations have that. The Oats Street facility in East Victoria Park does have high levels of care for people with acquired brain injury. They are world renowned for the work that they do. It is amazing work. That is run by Brightwater as well. They transition people into the young-aged facilities if necessary. Also, in moving people from, say, an acute hospital setting and into a transitional setting prior to waiting for appropriate accommodation to become available, those transitional facilities are differentiated by age appropriateness. I will ask the director general if he has anything he wants to add to that.

**Dr Chalmers:** There are a couple of things I would add. I think in a comparative sense Western Australia is in a much better position than some other states and territories around this particular challenge that we have. The commission has been focused on making sure that we do not have people gravitating towards inappropriate accommodation settings. We have been doing that for many years and I think we are keeping ahead of the game. Your speculation is about do we need to move towards more of a different way of looking at this?

**Hon PETER KATSAMBANIS:** A whole-of-life approach, perhaps.

**Dr Chalmers:** It is interesting, because we stay very close to the individuals who require accommodation, typically 24/7 accommodation with good quality care and often medical support and other therapies and so in. In regional WA, for instance, we have conversations over the years with younger people who are in the aged-care facility in that local town about can we move you somewhere else? And the answer for them and their families is often, "No. My family lives around the corner; this is the best place for me." So we have been focused in on what sort of support and community access we can make available for that person, because in that community that is the best option for them. If we were to say, "No, sorry; we want to take you out of your community and move you to Perth or some big regional centre", I think we would be not respecting the wishes of those families. But even in the Perth metro area, people are at different points on their journey. The minister mentioned rehabilitation. I think the answer is: have we got the various pathways that deliver choice, and do we have that option or pathways from often hospital settings to rehabilitation settings and out to somewhere that is more appropriate? The last thing I will say is that when the Senate inquiry was looking at this in town recently, they were quoting figures like we have hundreds and hundreds of younger people with disabilities living in aged-care facilities and inappropriate settings. That is not the case. It is a very small number and we keeping chipping away at that.

**Hon PETER KATSAMBANIS:** What I hear is really flexibility and an individual-based approach, and I applaud you for that.

The other area that I want to touch on is we have discussed the NDIS a lot, and I think there is a reason for that. It is extremely important that we get it right. My questions are going to be around the inevitable choice that we—I use "we" very globally—as Western Australians are going to have to make. We have two trials going on. When is the drop-dead moment—pardon the pun for that—when is the moment when we will need to actually say we are going one way or the other?

[3.10 pm]

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**Hon HELEN MORTON:** The two trials continue through to the end of June 2016, and obviously the evaluation is taking place. An independent evaluator is undertaking that work, and will be providing an interim report later this year; I think it is October this year. The issue around the basis on which decisions will be made on how this is going to roll out in Western Australia has to be informed by that report, and by the actuary reports. My Way NDIS has its own actuary. There is obviously a range of things that are going to be looked at in that process. I think I have provided a list in here of all the different areas of evaluation that will be considered. The Senate committee that is looking at the NDIS met here in Western Australia recently, chaired by Mal Brough. They spent a day or two in the south west and they spent a day or two in the hills area and had opportunities for people with individual disabilities, families and carers to come and talk to them, and they had service provider groups come and talk to them. That report is public for people to read about the differences that came out of that inquiry hearing.

The positive features that I hear about that are likely to be built one way or another into the way that the service rolls out include the relationship-based approach used by the My Way project, which has a significantly reduced level of bureaucracy and administration. Again, when you have a look at the way these two services are tracking in terms of administrative costs, the My Way project is significantly less in terms of bureaucracy and administration costs. The role, or the way in which the local area coordinators are used, and being able to develop an ongoing relationship with the people with disability and their families is demonstrating that people are able to get access to services and engage more easily and more quickly in the My Way project, and implementation is far quicker. The localised decision-making process that takes place is another one that people have a greater affinity for, and is likely to be taken into consideration. Quite a separate My Way approach is the strong relationship and the working partnership approach with the service providers, the not-for-profit organisations again is another area that seems to be a strength in the way that services are being provided in the My Way project, enabling people to get their plans implemented in a really timely fashion.

**The CHAIR:** Minister, I think the member, if I remember the question correctly, asked when we need to make the decision.

**Hon HELEN MORTON:** He asked: what are the issues?

**Hon PETER KATSAMBANIS:** No, we have moved on from that. That was my previous question.

**Hon HELEN MORTON:** Pricing is obviously also going to be a big issue.

**Hon PETER KATSAMBANIS:** I understand that, and I guess at the end of the day—to put on my bean-counter hat—what I fear with this is that we will get all sorts of reports saying there are great features of one program and great features of another program; it will be six of one and half a dozen of the other in relation to the features. Where I fear we might end up is that where the great differences will be is that one scheme, the My Way scheme, is weighted towards less admin and more service delivery—more bang for your buck, if you like—but actuarially the other program comes in a little bit better than the My Way program. If that did happen, would we have the flexibility to implement a capped My Way that would still end up delivering better value than something that might seem actuarially slightly better? I know that I am asking you to effectively answer: how long is a piece of string? I realise that.

**Hon HELEN MORTON:** We have the flexibility to decide how we want this to roll out in Western Australia, and we have got the two trials to help inform that process and that decision-making. But I can tell you that, right now, the average package costs under the My Way trial are significantly less than the average package costs nationally and in Western Australia under the non —

**Hon PETER KATSAMBANIS:** That is heartening.

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**Hon HELEN MORTON:** Even from an actuarial point of view, it is tracking that it is going to heavily lean towards the My Way project.

**Hon PETER KATSAMBANIS:** That is important, because that is information we obviously do not have, but that is great; it is a win-win.

**Hon STEPHEN DAWSON:** My questions relate to page 409, under the service and key efficiency indicators, in particular accommodation support. Minister, I have some questions about the outsourcing of accommodation services. There seems to have been an accelerated transition of late. I am hearing of more houses having gone out to non-government organisations recently. Can I, probably by way of supplementary, have a list of those houses that have been outsourced so far, and ask whether there is a planned schedule of houses that are to be outsourced this year; and, if so, could I have that information too?

**Hon HELEN MORTON:** I think we have actually got most of that information here—the numbers of houses that have already gone out.

**Dr Chalmers:** For sure, there are close to 50 individuals who have been transitioned out to the not-for-profit sector.

**Hon STEPHEN DAWSON:** I am conscious of time this afternoon, so I am really just after the answers to the questions, rather than the information around this. I am not being rude. Forgive me, minister.

**Hon HELEN MORTON:** Yes, but what information do you want, because I think we have got it here rather than taking it on notice?

**Hon STEPHEN DAWSON:** I am after the houses that have been transitioned so far, the numbers of people that have been transitioned, and the plan for the year ahead. Is there a list of houses to be outsourced this year, and could I have the names of all of them please?

**Dr Chalmers:** Now that the minister has put me on the spot —

**Hon HELEN MORTON:** I saw it in my briefing notes, so I am assuming that you have got it too.

**Dr Chalmers:** The names of these houses typically refer to the street in which they are located: Hancock; Nanson; Peterborough; Mileto; Lowanna Way, which is actually three different houses on the same location; and Dardanus. They are the houses that have transitioned at this point in time. I would need to get you the second half in terms of where we are sitting with the other groups that are heading out now. As to the numbers of people, there were, across those half a dozen houses, or eight houses if you take the three on the one block, we are now looking at 44 people.

**Hon STEPHEN DAWSON:** Thank you. By way of supplementary, could I have that information for the 12 months ahead—the names of houses that are on the schedule and the number of residents in those houses?

*[Supplementary Information No B8.]*

**Hon STEPHEN DAWSON:** If I can move on, in relation to, I guess, transition packs that are provided to residents who are transferring to alternative accommodation providers, is there a pack, what is in a pack, who is responsible for deciding what goes in there, and who is responsible for the accuracy and the relevance of that information?

**Hon HELEN MORTON:** The packs for transition? I will ask the director general to speak on that.

**Dr Chalmers:** There is no such thing as a transition pack. From the outset, we have been very conscious of the fact that we need to have good robust processes in place to ensure that, for the individuals transferring from accommodation services in the commission out to not-for-profit organisations, all the issues around the individuals are dealt with—in a planning sense, in a transition sense and then at a point where the not-for-profit organisation takes over that responsibility. We have been in, we believe, good and sometimes robust discussions with the

relevant union about exactly what should be involved in that process. They have been good discussions, and we have continued to refine what those processes are. We were conscious from the start that just a checklist is not going to do it for us because, firstly, every person is individual and their circumstances are different, and every house is different along the way as well. So, a one-size-fits-all checklist was not going to do it for us. We have been working on processes that we think are appropriate processes to safeguard individuals to make sure that their needs are taken care of on the way through the process, and we are building a range of safeguards there as well. Any of our staff that wish to raise issues with us about that transition planning around individuals can do so. We have also made available an independent advocacy organisation to hear any issues. I would have to say that in those houses that have moved with those individuals up until now, the feedback that we are getting—which is always the proof in the pudding—from those individuals and their family members is that they are satisfied with the transition process and the outcome of it.

[3.20 pm]

**Hon STEPHEN DAWSON:** Mr Chalmers, you mentioned processes that you are working to. Is there a written document that identifies those processes; and, if so, could the committee be provided with a copy of that document?

**Dr Chalmers:** Yes. Recently we have consolidated those various documents and we have actually made those available quite recently to the CSA.

**Hon STEPHEN DAWSON:** Great, thank you.

[*Supplementary Information No B9.*]

**Hon STEPHEN DAWSON:** I am still hearing concerns from some staff, but also some parents who are, in the future, anticipating their loved one being moved. In the case of the staff, the social trainers in particular have real concerns because—I think it is the case that it is DSC solely that employs social trainers—the person who lives in a DSC accommodation facility now has got access to a social trainer; if they are moved to a non-government provider, they will not get that access anymore. How can we have confidence that the level of support and assistance being provided by social trainers in DSC accommodation facilities will be provided outside?

**Hon HELEN MORTON:** It is about standards. I will ask the director general to refer to that.

**Dr Chalmers:** I mentioned earlier in this session that 80 per cent of accommodation services for people with disabilities are currently provided in the non-government sector. We are a very small proportion of the business, if you like, around the provision of accommodation services. That proportion, 80 per cent, has been growing over a long period of time. If we felt that there were any problems associated with not-for-profit organisations running these services, we would have been doing something about it up until now. It is not the case. The other thing that I would add is that the quality assurance process that applies to the DSC group homes is identical to the quality assurance process that applies to the not-for-profit sector. There is no difference between those two.

**Hon STEPHEN DAWSON:** I take the point you are making that there is no difference in terms of the quality. In relation to the social trainer position though, there are social trainers in DSC accommodation facilities now. They will not be in non-government run organisations.

**Dr Chalmers:** Non-government organisations use different titles to describe the staff that work in their group homes. There is a whole range of titles that they use.

**Hon STEPHEN DAWSON:** What is the equivalent then? We have social trainers in DSC run homes. What is the equivalent in non-government run facilities?

**Dr Chalmers:** Again, they use different terms. Accommodation assistants, care assistants—it is a range of different terms that they use.

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**Hon STEPHEN DAWSON:** Can we presume that they have the same level of training that social trainers have had?

**Dr Chalmers:** Sometimes greater training than our social trainers.

[Interruption from the gallery.]

**Dr Chalmers:** Sometimes higher levels of training.

**Hon STEPHEN DAWSON:** I did not quite hear that answer.

**The CHAIR:** Order! Can I just say to the people in the public gallery, we welcome attendance at estimates, but can you please not interrupt the debate so that the members can question the executive in the Parliament today. Thank you. Hon Stephen Dawson, yes, if we can ask for that answer to be repeated.

**Hon STEPHEN DAWSON:** I think Mr Chalmers was in the middle of answering something. I did not hear what you said.

**Dr Chalmers:** Yes. In some cases, higher levels of qualifications.

**Hon STEPHEN DAWSON:** Again, is it the case in every house that there is somebody who is an equivalent of a social trainer, someone who has had the same level of training and the same level of experience? You said in some houses, people have got more, but is there at least a standard so that the equivalent level of social trainer is available in those non-government provided houses?

**Dr Chalmers:** The service delivery models are different in different houses. It is not identical to what we run, but I again come back to say that families have chosen a particular provider and the quality assurance mechanisms around those, about the quality of care, is the same quality assurance system. If we wind the clock back a few years, the Disability Services Commission did not always have social trainers in homes. We had client assistants; we had other categories of staff. This has been a moving feast over a period of time.

**Hon STEPHEN DAWSON:** Chair, conscious of the time, I will move on. The other group of people that I have heard from who are concerned are parents who have not been through the transition process so far. They, I have to say, have raised with me concerns about the wellbeing and safety of their loved ones as they transition and as they leave behind what they have known, in terms of the staff, and embark on a new journey or embark on a different journey or for some people it is a frightening journey. Minister, do you think that adequate transition processes have been put in place? What can you say to reassure those families that their loved ones will get the highest level of care and support?

**Hon HELEN MORTON:** I would start off by saying that the outcome has demonstrated that people's satisfaction level has been very high. There is no doubt that there would be some people who would say leading into the transition that they are fearful or nervous or worried or concerned et cetera, but when the process commences and they are brought through that process—and I think you mentioned that the people that you are hearing concerns from our people who have not yet gone through that process—the outcome after the process, the satisfaction level has been very high. We do have a very comprehensive process that assists and supports people through that transition.

**Hon STEPHEN DAWSON:** One final question on this point. I have asked questions about the scheduled outsourcing facilities this year. Is there anywhere in the budget papers that we can point to that, I guess, would tell us when the final date is? Is there a final date that you are anticipating or wanting this transition process to have finished by?

**Hon HELEN MORTON:** Again, we have always said that we will move at the pace of the families and the various homes; there is no final date and it is a gradual process. I do not know precisely when that final date will be.

**Hon STEPHEN DAWSON:** If the transition suddenly had to stop for some reason, there is enough money in the budget in your agency's budget to keep these houses within DSC for however long?

**Hon HELEN MORTON:** There is no problem with the funding.

**Dr Chalmers:** This is where if the accommodation service is with us for a bit longer, we spend the money with ourselves. If it goes out more quickly, then the dollars flow to the not-for-profit organisation. It is managed on that basis.

**Hon STEPHEN DAWSON:** On page 409, under "Accommodation Support" again, the director general talked about the independent advocacy service. I think there has been some money in 2013–14 and 2014–15 and some significant amounts that have been set aside to include this service. I think that figure drops in the out years. Am I correct that it is dropping, or is in fact this independent information officer going to be funded in the out years too?

**Dr Chalmers:** There is a difference between that information officer that we put in place for a period of time, and the advocacy mechanism that we put in place. The information officer was a role that we created just in case any family member wanted to go and get an independent view or have a chat outside of the commission. What we found, over a period of time, is that it was not being used. When we heard from our own staff that they were more interested in an independent mechanism for being able to take issues forward, that is when we approached People with Disabilities (WA) and said, "As an independent advocacy organisation, are you willing to take on that role?" We have made it very clear to any member of our staff or family members that if they want to use an independent advocate, they can go immediately to People With Disabilities and get that independent view. We have just renewed that contract for another year. Having said that, I do not think it has been used.

[3.30 pm]

**Hon STEPHEN DAWSON:** I have just one final question on this point. How is that service being promoted? Are all families who are about to go through the process given this information or are all families in houses that are going to be outsourced given that information early?

**Dr Chalmers:** More than information, they actually get people from PWD available for those discussion sessions early on.

**Hon STEPHEN DAWSON:** How are families told that they can access PWD?

**Dr Chalmers:** Because they are introduced to PWD at the start of the process.

**Hon STEPHEN DAWSON:** For the house that is about to be outsourced

**Dr Chalmers:** Yes.

**Hon STEPHEN DAWSON:** They are the ones who are being introduced?

**Dr Chalmers:** Yes.

**Hon STEPHEN DAWSON:** What about the ones on the schedule over the next 12 months; are they given that information kind of months ahead or are they just given it closer to the time the outsourcing is going to happen?

**Dr Chalmers:** We do not want to do it six months out or eight months out because, again it is an —  
[Interruption from the gallery.]

**The CHAIR:** Order!

[Interruption from the gallery.]

**The CHAIR:** I am sorry, can I please ask the gallery to remain silent? I am noting the time. Unless the member has one last question, I will bring the hearing to a close.

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**Hon STEPHEN DAWSON:** No. I did not hear that answer in terms of when a family is told. So Mr Chalmers, if you are happy to, continue your answer, please.

**Dr Chalmers:** The cycle involves getting to people who are in the designated houses, in group 1, 2, 3 and whatever it is, early enough to be able to give them good quality information and, as part of that process, to make sure that they are aware of different avenues that they can use, including the advocacy service that is there. It is not the day before it starts; it is well out from that process.

**Hon STEPHEN DAWSON:** Is it two months, is it three months, is it two weeks? Do you have a time?

**Dr Chalmers:** I do not have the precise time, but it is well out from the actual start of the transition.

**Hon STEPHEN DAWSON:** Is there a policy decision on the time line that you can provide me later?

**Dr Chalmers:** We can get that for you.

**Hon STEPHEN DAWSON:** Great, if I could have that by way of supplementary information.

*[Supplementary Information No B10.]*

**The CHAIR:** Noting the time, I think we might conclude the hearing now.

The committee will forward any additional questions it has to you in writing in the next couple of days through the minister, together with the transcript of evidence, which includes the questions you have taken notice. Responses to these questions will be requested within 10 working days of receipt of the questions. Should you be unable to meet this due date, please advise the committee in writing as soon as possible before the due date. The advice is to include specific reasons as to why the due date cannot be met. If members have any unasked questions, I ask them to submit these to the committee clerk at the close of this hearing. On behalf of the committee, thank you all for your attendance today.

**Hearing concluded at 3.32 pm**

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