

Chairman; Dr Graham Jacobs; Ms Sheila McHale; Mrs Judy Hughes; Mr Trevor Sprigg; Mr Martin Whitely; Mr Paul Papalia; Dr Elizabeth Constable

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**Division 47: Disability Services Commission, \$301 181 000 -**

Mr A.P. O’Gorman, Chairman.

Ms S.M. McHale, Minister for Disability Services.

Dr R.F. Chalmers, Acting Director General.

Mr D. Ramanah, Director Corporate and Business Services.

**The CHAIRMAN:** This estimates committee will be reported by Hansard. The daily proof *Hansard* will be published by nine o’clock tomorrow morning.

The estimates committee’s consideration of the estimates will be restricted to discussion of those items for which a vote of money is proposed in the consolidated account. This is the prime focus of the committee. While there is scope for members to examine many matters, questions need to be clearly related to a page number, item, program, or amount within the volumes. For example, members are free to pursue performance indicators that are included in the budget statements while there remains a clear link between the questions and the estimates. It is the intention of the Chairman to ensure that as many questions as possible are asked and answered and that both questions and answers are short and to the point.

The minister may agree to provide supplementary information to the committee, rather than asking that the question be put on notice for the next sitting week. For the purpose of following up the provision of this information, I ask the minister to clearly indicate to the committee which supplementary information he or she agrees to provide and I will then allocate a reference number. If supplementary information is to be provided, I seek the minister’s cooperation in ensuring that it is delivered to the committee clerk by 8 June 2007, so that members may read it before the report and third reading stages. If the supplementary information cannot be provided within that time, written advice is required of the day by which the information will be made available. Details in relation to supplementary information have been provided to both members and advisers and, accordingly, I ask the minister to cooperate with those requirements.

I caution members that if a minister asks that a matter be put on notice, it is up to the member to lodge the question on notice with the Clerk’s office. Only supplementary information that the minister agrees to provide will be sought by 8 June 2007.

It will also greatly assist the Hansard staff if when referring to program statements, volumes or the consolidated account estimates, members give the page number, item and program amount in preface to their question.

**Dr G.G. JACOBS:** I refer to page 857, service 1, “Accommodation Support”, and to the service and appropriation summary. There has been some growth funding of around \$12 million for this year, 2007-08, compared with 2006-07. How many places in accommodation support will that growth funding purchase?

**Ms S.M. McHALE:** I thank the member for the question. Before I give the answer, I acknowledge and welcome in the President’s gallery the presence of the disability Active Citizens Group, which is a fantastic group conducted under the auspices of People With Disabilities (WA). I welcome them here. They have come to get a better understanding of how estimates committees and Parliament works. We hope that we suitably inform and entertain them as well; however, that is in the hands of my members. I welcome them and it is great that they have come here.

Mr Chair, this is a good budget for the disability services sector. We have maintained annual increases. This year there is an increase of more than \$20 million, which represents a 7.3 per cent increase on last year’s funding. We have committed an additional \$86 million recurrent over the next four years to provide growth to meet the needs of families. Now that I am in my fifth year as Minister for Disability Services, one thing I will say is that no matter how much we increase our budgets - which we have, and the Carpenter government is very proud of the record - there is always unmet need. Even with our significant increases, we acknowledge that there are families in need who are still not getting the funding that we would like them to have and that we need to look at alternative ways for helping them. This increase will on average provide about 117 additional places. We know that it does not meet the recorded unmet need. That is why it is important that we sustain and maintain pressure on the federal government to cooperate and work with the states. However, that growth funding, which is significant, will provide better support to about 117 families.

**Dr G.G. JACOBS:** I have a supplementary question. In the minister’s key efficiency indicators on page 859 of the budget there is an average cost per person of almost \$55 000. I acknowledge the degrees of disability and the degrees of cost; however, why, if \$12 million is divided by 55 000, has not the \$12 million increase in growth funding bought more than 200 places? I understand that moneys are spent on other costs; however, will the minister explain why, if the average cost is \$55 000, the \$12 million does not buy more than 200 extra places in accommodation support?

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**Ms S.M. McHALE:** Perhaps I could explain to the member the increase for accommodation support. The \$12 million needs to be understood as a total increase for accommodation support. That includes indexation, it includes the growth money that we have provided, which is \$6.9 million, and it includes an increase for young people in nursing homes; therefore, the total increase for accommodation support is \$12 million. The actual money that we have to purchase new services on behalf of families is \$6.9 million. Another aspect to bear in mind is that the cost of accommodation support varies quite considerably. Some individuals have incredibly high and complex needs, and the cost to them might be well over \$100 000.

**Dr G.G. JACOBS:** That is already accounted for in the average. The \$55 000 is an average. There will be some people whose needs cost \$120 000 and some \$2 000.

**Ms S.M. McHALE:** That is right.

**Dr G.G. JACOBS:** However, the \$12 million divided by the \$55 000 average should give a ballpark figure for the number of people.

**The CHAIRMAN:** Member!

**Ms S.M. McHALE:** I have just explained it, Mr Chair, if the member cannot grasp it, that the \$12 million includes indexation. The indexation is not new money; it is to maintain the level of services. Growth funding is \$6.9 million.

**Mrs J. HUGHES:** I refer to the last dot point under “Major Achievements For 2006-07” on page 861 about the provision of flexible service-based respite. Will the minister explain to me how that has helped the disability services area?

[9.10 am]

**Ms S.M. McHALE:** I thank the member for her question. It is important that we have innovative and flexible services to respond to the needs of families. Examples of those include enhancing service capacity to cover holiday peaks. We have provided \$409 000 in non-recurrent funding to 20 organisations to provide 24 programs in the first round of funding. We have had a second round of non-recurrent funding. We have strengthened and supported family funding by about \$519 000. That was allocated to 11 service providers to provide families with the opportunity to undertake planning for the family member with a disability. We have provided support for self-help groups, which has the potential to provide about 18 000 hours of respite. We released a tender for young families respite, which resulted in 11 service providers being recommended for funding of \$1.1 million. That commitment provided a minimum of about 38 000 hours of respite, which would potentially support 112 families.

**Mrs J. HUGHES:** Will these services continue?

**Ms S.M. McHALE:** Yes, they will.

**Mr T.R. SPRIGG:** The fourth dot point under “Significant Issues and Trends” on page 856 of the *Budget Statements* refers to workforce planning, which is a big issue in the disability sector. What workforce planning provisions have been included in this budget?

**Ms S.M. McHALE:** I absolutely agree that the issue of attracting and retaining workers is probably the number one issue in the disability sector. That issue has been raised with me often in my brief few weeks as the minister. If the member had read the budget, he would have seen that there is no provision in the budget for a program that will address the workforce planning issue. However, I am working with the Disability Services Commission and, indeed, the sector, to look at ways in which we can assist agencies such as the Cerebral Palsy Association of Western Australia and the Nulsen Haven Association to better recruit, and that means looking at the wages structure.

**Mr M.P. WHITELY:** The third last dot point on page 856 of the *Budget Statements* refers to Aboriginal people with disabilities, especially those living in regional and remote areas of the state, being underrepresented in their use of disability services. What is the Disability Services Commission doing to increase support for Aboriginal people with disabilities?

**Ms S.M. McHALE:** We must improve our response to Indigenous people with disabilities. We have done some good work. It is my observation that there are no strong advocacy support groups among Indigenous communities. We must look at ways of strengthening the whole area of Indigenous people with disabilities. However, I can report that a number of good initiatives have been established. One is the Getting It Right program, an information and resource package for Aboriginal families with disabilities that was developed in consultation with Aboriginal people. It looked at an access for Aboriginal people policy and practice. It included a pamphlet and a DVD featuring testimonials by Aboriginal people with disabilities and their families.

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In fact, last year I had the privilege to launch that as the member for Kenwick. In March this year, a memorandum of understanding was signed with the Marr Mooditj Foundation to facilitate the provision of disability training to Aboriginal health care workers and also to provide training placement. The Marr Mooditj Foundation is currently developing Aboriginal perspectives on the disability services standards so that when we measure quality, we can measure it in culturally appropriate and meaningful ways. We are continuing to focus on the employment of Aboriginal local area coordinators. The commission also has an Aboriginal senior policy officer who represents the commission in a number of community and government forums, including being the state representative on the Indigenous Disability Network. Things are happening. This is a focus of the next Commonwealth State Territory Disability Agreement. That is why it is important that we strike an agreement with Mal Brough. However, the member highlighted an area in which we must do more, and we will do so.

**Dr G.G. JACOBS:** I refer to page 869 of the *Budget Statements* and to details of controlled grants and subsidies. Footnote (a) refers to state indexation provided to the non-government human services sector. Following on from the member for Murdoch's comments, disability carers are disadvantaged when compared with people who do equal work in the aged care industry because they earn \$60 a week less. How does the government intend to address the disparity in the wage of disability carers when the state indexation provided to the non-government human services sector is based on a composite wage cost index of 3.3 per cent? The *Economic And Fiscal Outlook* refers to a wage price index growth of 4.25 per cent. That will not go any way towards addressing the poor wages of carers in the industry. How will the government address that problem?

**Ms S.M. McHALE:** Our indexation rate has been recognised as one of the best in the nation. For the past couple of years it has been far superior than the indexation rate of any other state. If the member had done his homework -

**Dr G.G. JACOBS:** Is the minister suggesting that I have not done my homework?

**Ms S.M. McHALE:** I will ask the member a question: what is the commonwealth's indexation rate?

**Dr G.G. JACOBS:** That does not give us an excuse to not address the problem from the state's point of view.

**Ms S.M. McHALE:** What is the commonwealth's indexation rate?

**Dr G.G. JACOBS:** The government can always blame the commonwealth.

**Ms S.M. McHALE:** The member for Roe says that he has done his homework; however, he cannot tell me what the commonwealth's indexation rate is. That shows the ignorance of the opposition when it comes to supporting the state in what it is doing in the disability sector. The indexation rate is based on a formula that was negotiated with the health services sector in about 2002-03. There is currently an issue in the sector, which I have acknowledged, about the consumer price index rate. The Treasurer has already given a commitment that the CPI rate will be re-examined in the midyear review. If it is found to be wanting, he has given a commitment that that rate will be adjusted. I welcome the Treasurer's commitment. It will also please the sector. In relation to the broader issue of workforce planning, I have already acknowledged that it is probably the number one issue in the disability sector. There are varying figures. The member quoted \$60 a week. If one looks at the aged care rate, the difference is between \$30 and \$35. I have given the sector a commitment that I will work to provide a solution that will go some way towards addressing the pressures on non-government agencies when it comes to attracting and retaining staff.

**Dr G.G. JACOBS:** Are disability carers on state or federal awards? How does the minister believe we can address the \$60-a-week disadvantage?

[9.20 am]

**Ms S.M. McHALE:** If the member had his way, he would probably put them all on workplace agreements and they would all be earning less.

**Dr G.G. JACOBS:** Not necessarily.

**Ms S.M. McHALE:** There is a range of industrial relations agreements, some of which are enterprise bargaining agreements. There are a range of conditions, like there would be in any industry. Some are on EBAs, I imagine, and some are on workplace agreements. That has probably been part of the problem; they have not kept up to the pace.

**Mr P. PAPALIA:** I refer to the sixth dot point on page 861 under "Major Initiatives For 2007-08". What will the commission be doing to develop more appropriate support for people with challenging behaviours?

**Ms S.M. McHALE:** I thank the member for Peel for his question. This issue was highlighted in the sector health check, which we released recently. It was acknowledged that the commission leads and facilitates sector

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engagement in the planning and implementation of a comprehensive response to people with disabilities who exhibit challenging behaviours. It is important that any strategy in this area continues to place importance on early intervention in family environments. We need to ensure that we have strong support for parents, the role of parenting and the skills of people working in the disability sector to handle people who exhibit challenging or extreme behaviours. One example where work is being undertaken is in relation to the positive behavioural approach in commission's services. This is a newly developed team that has been funded through growth funding and is providing evidence-based approaches to individuals and families. Funding is available to provide respite to the families, and has been linked to the service so that we can provide a more comprehensive approach to responding to the individuals. We also need to ensure - it is part of the program - the improvement of skills in respite providers so that they are equipped with skills and knowledge to respond to people who are displaying extreme or challenging behaviours. We are evaluating the service. Clearly, the evidence from the evaluation will help us develop future programs in this area. It is really about identifying the behaviours, providing skills to the workers to manage those extreme or challenging behaviours, and to also provide better support to families, which includes increased respite.

**Mr P. PAPALIA:** I have friends with personal experience of this. Will the plan incorporate things like counselling for post-traumatic incidents for people with challenging behaviours, because they can be fairly traumatic for carers?

**Ms S.M. McHALE:** Yes, it is tailored to individual circumstances. If there were an extreme situation in which, for instance, there was an injury as a result of that challenging behaviour, support would be available to the individual who may have been injured and to that family member.

**Mr T.R. SPRIGG:** I refer to page 859 and "Major Initiatives For 2007-08". The first dot point refers to completing the review of the funding instrument for resource allocation for individuals seeking accommodation support funding. This is close to my heart in view of the Guilfoile family, who live in North Lake in my electorate. When will the instrument for resource allocation for those individuals seeking accommodation funding support be completed and what new initiatives are being considered?

**Ms S.M. McHALE:** It is being trialled currently, and I am advised that it will be in place for the second round of the combined application funding process for 2007-08.

**Mr T.R. SPRIGG:** What initiatives are being trialled; what are the things that are likely to change here?

**Ms S.M. McHALE:** I will ask Dr Chalmers to answer that in greater detail.

**Dr R.F. Chalmers:** This new approach involves an electronic database. It is a way of plugging in all the different variables that are presented as risk factors for the individuals concerned and then prioritising them. It adds a level of objectivity to the process because the CAP process is all about prioritising need to make sure that we get to the people who are in critical or urgent need at the top of that list first. This process has been worked on intensively over the past 12 months. We think it will add another dimension to the CAP process and take out any subjectivity that might be there through a panel process.

**Mrs J. HUGHES:** I refer to page 856. We all know that we need funding in order to deliver good disability services. I also know that we fund up to 85 per cent of this allocation. Can the minister please tell me the progress that is being made on the renegotiation of the fourth Commonwealth State Territory Disability Agreement?

**Ms S.M. McHALE:** I thank the member for the question. We had a significant meeting a number of weeks ago and I had a telephone conversation with the federal minister on Friday to clarify a number of questions. It is disappointing that there is no new money in the federal budget. The minister confirmed to me on Friday that the \$400 million in the budget papers is for indexation and young people in nursing homes. There is no new money for the budget. That was one reason for my phone call to the minister; that is, to clarify the matter because there had been some confusion about the \$400 million. The other point of my conversation was to make strong representations to the federal minister that Western Australia had secured growth funding over the outlying years and that he ought to look at taking account of that money when he argues with the Prime Minister to try to leverage further money. At this stage he will not accept that view. He is endeavouring to leverage additional funds. He says that he will then try to match them. At the moment there is not a lot of certainty for families that much will eventuate from the CSTDA. The minister's approach is to try to secure a bilateral agreement. I do not have any problems securing a bilateral agreement but I think it is essential to families nationally that we have a national multilateral agreement that secures additional funding from the commonwealth - that is, new money, not existing money.

**Dr E. CONSTABLE:** I raise an issue that was brought to my office the other day by a constituent who was happy to receive accommodation support for her daughter but unfortunately has not been able to find suitable

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accommodation. She understands that accommodation needs to be found within the financial year the money is given; otherwise, she might lose that funding. I need that to be confirmed. One of the issues is that it seems to me there is a shortage of housing even if people are allocated money. I want the minister to address the shortage of housing and my constituent's personal question.

[9.30 am]

**Ms S.M. McHALE:** I thank the member for her question. She raises an issue that, when I first became Minister for Disability Services, confounded me. A woman had been applying for quite a long time and finally got the money. I met her 18 months later and said that she must be happy that her son is now in care, but she said that they still had not found appropriate care. First of all, I assure the member, and the member can assure her constituent, that the client will not lose that money. Once she has been assessed as eligible for the funds, she can rest assured that that money will not be taken away. We need to look at how we can speed up the provision of accommodation. When I first asked what was going on, the response, which I think was justified and correct, was that accommodation is often built to suit the particular needs of an individual. It is not like providing a block of apartments in which we can house people once they have funds. It is also about matching one client with another, in terms of not only the type of disability that the individual has, but also behavioural issues and so on. It is more than a process of providing a house. Therefore, quite often the money is secured and a service provider such as Nulsen Haven may obtain funds to build a house. That could take at least 18 months. I will ask Dr Chalmers if there is anything else he would like to add about what we are doing. The accommodation blueprint work we did in 2003-04 identified this area, and again the sector health check has called on us to develop a 15-year plan for people with disabilities. I am sure that this will be part of that.

**Dr R.F. Chalmers:** I have just a couple of other items. Firstly, the process of engagement with our non-government accommodation service providers is ongoing, so we are pushing as hard as we can and working alongside those non-government providers to expand their capacity, but some of it does have to do with the time taken to carefully match people's needs with the accommodation, as the minister said. The other thing that we have commenced doing is to look at what sort of temporary support we can put into place for people who have been identified through the combined application process as high priority and have been funded, but in whose cases we know there may be a delay. That delay might be one year or 18 months, and we cannot leave those people who have been identified as being in urgent and critical need without some additional support. We have started to look at those people individually, and in their family contexts, to determine how the money available from that moment can be put into temporary support arrangements. That will be so individualised that it cannot just be put into one box. It will involve individually tailoring temporary, interim support for people so that they can hold on during that period, until the accommodation option is fully prepared for them.

**Dr E. CONSTABLE:** Can the minister give me some idea about how many people have been allocated funding but have not yet found housing? How many are actually looking for housing? What is the longest period that anyone in that group of people is waiting at the moment?

**Ms S.M. McHALE:** We do not have that information to hand. I am happy to provide it as supplementary information. It may not be possible to get precise figures, but we will endeavour to get the most accurate information for the member. We will provide information on the number of people who have been allocated funds but have yet to be housed, and the longest period an individual has had to wait.

[*Supplementary Information No B1.*]

**Mr M.P. WHITELY:** I refer to the third last dot point on page 859, which reads -

Develop an improved response to people with disabilities who have a rapidly progressive degenerative condition.

Can the minister elaborate on what is involved in that initiative?

**Ms S.M. McHALE:** This initiative is being trialled this year for the first time. The health check of the sector was recently undertaken, as I have informed Parliament before. That identified that overall the sector is working well, but did suggest that the commission look at alternative strategies for clients with fluctuating needs as a result of rapidly degenerating conditions. I am talking here about something like motor neurone disease. The member for Kingsley has outlined a case involving one of her constituents with this illness. The rapidly degenerative nature of some of the conditions requires services that are much more flexible and immediate to the needs of the patient. As we know, people with degenerative diseases have a much shorter prognosis. In the case of motor neurone disease, that could be four or five years at best. We do not want to experience the problem raised by the member for Churchlands, in which it takes a couple of years before a person can actually obtain support. We actually want a process that can respond much more efficiently. Increased funding has been provided for additional equipment that will be available for loan. We will also be looking at providing

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\$1 million, so that people with rapidly degenerative conditions can choose to have their care needs met at home, without their carers becoming totally exhausted. We are looking at the budget, and we have identified that, through cash savings, we can provide up to \$1 million for a new initiative that will be much more responsive to the needs of people with degenerative conditions. I am very excited about this; it is something we can trial and evaluate to determine whether it provides a better quality of care. It will give the commission funds that it can direct towards those clients, which will take some pressure off the commission to fund clients with long-term needs. We see it as a good initiative, and we are very pleased to be able to work it through.

**Dr G.G. JACOBS:** I will talk about motor neurone disease, since it has now become topical in view of the \$1 million non-recurrent allocation contained on page 859 of the *Budget Statements*. Will this provide accommodation for motor neurone disease patients? Since the closure of the Shenton Park hospice, the only bed that is now available is one unfunded bed, thanks to Brightwater. There is a significant concern. I was at a dinner given by the Motor Neurone Disease Association of Western Australia the other night, and I learnt that it was a significant concern of people involved in this area that there were no beds apart from the one unfunded bed provided by Brightwater for people with this severe degenerative condition in its exacerbation phase.

**Ms S.M. McHALE:** It is not intended that this initiative provide alternative out-of-home care. It is not intended that it provide supported accommodation, and for good reason. As the member would know, although the life span of people with degenerative conditions is cut quite short, the early years of that condition would not necessarily require alternative accommodation, but it could and does require things like extended respite periods. The whole intention is to look at how we can provide longer periods of respite than we would normally provide for clients with other forms of disabilities. It is not intended to replace permanent beds, but it is intended to better support the individuals with MND and their families.

[9.40 am]

**Dr G.G. JACOBS:** The concern within the Motor Neurone Disease Association of WA is that there are no funded beds for people with motor neurone disease.

**Ms S.M. McHALE:** Is that for alternative out-of-home care?

**Dr G.G. JACOBS:** Yes.

**Ms S.M. McHALE:** What I am saying is that this program is not intended to provide that. It is intended to enable supports to individuals and better equipment to facilitate quality of life and to free up the money that we would otherwise use for people with MND or other degenerative conditions from the combined application process for other clients. I invite Dr Chalmers to add to the issue that the member raised about beds.

**Dr R.F. Chalmers:** The commission has listened very carefully to the Neurological Council of WA, motor neurone disease people and so on to tailor the use of this additional funding for a new service response. They are telling us that, by and large, people are not looking for a permanent accommodation option; they want to spend as much time as they can with their families, knowing that they have a restricted life span. What they are saying is that a combination of periods of out-of-home respite that is provided when needed, as well as home support and good equipment support, is the right combination of supports that these people require, rather than for them to be permanently taken away from their families for the rest of their short life.

**Mr P. PAPALIA:** I refer to page 864, which details a range of measures to safeguard vulnerable people with disabilities. What is the government doing to continue to improve quality assurance processes that safeguard these vulnerable people?

**The CHAIRMAN:** Which dot point is the member referring to on page 864?

**Ms S.M. McHALE:** I think it is the seventh dot point, which refers to quality systems and standards. When I was previously Minister for Disability Services, the issue of standards was one of my priorities. Indeed, we amended the standards to take account of the great concern about the sexual and physical abuse of people with disabilities, many of whom are vulnerable. What have we done? In 2005, KPMG was engaged to review the quality assurance and standards process of the commission. The review produced a quality management framework. It also developed some recommendations to support that framework within five years. The commission is now working with KPMG to implement these recommendations. They are focusing on risk assessment, quality assurance and continuous improvement. In January this year, a quality management workshop was held for service providers to explain the revised quality management framework and to help service providers with an implementation plan. The second phase of the project is expected to start in July this year, with specific outcomes and indicators developed for respite accommodation and for local area coordination. It is systematically working through the different areas of service provision to ensure that the assessment of, and framework for, quality risk assessment and continuous improvement are well understood and that the appropriate measurement tools are in place. That is ongoing and the results from that work will form the

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basis of further analysis and the identification of areas in which we need to improve quality development. A quality awards function was held only last week at which we recognised a number of organisations for their outstanding service quality. That went to matters such as how involved family members were, the ability of organisations to ensure that they listened to their clients, and the nil or very few complaints. There has been an improved standards framework and ongoing training to ensure that organisations are aware of their responsibilities.

**Mr P. PAPALIA:** Does the process take into account factors such as retention and mentoring of staff? I note that there is a fairly high turnover of carers in the industry.

**Ms S.M. McHALE:** It certainly takes into account the quality of staff and their training, the ability of staff to be inclusive of family members, occupational health and safety training, and challenging behaviours. However, I think it comes back to the problem that I recognise; that is, with a strong economy, the industry is having difficulty at the moment because people can earn a lot more money in the resources sector and other industries. There is an attrition rate that we need to deal with.

**Dr G.G. JACOBS:** I return to the issue of accommodation support, which I referred to in my first question.

**Ms S.M. McHALE:** Can the member refer to the page number?

**Dr G.G. JACOBS:** The eighth dot point on page 859 refers to the completed negotiations with the commonwealth government for a bilateral agreement for helping younger people with disabilities. It used to be nursing homes, but I think it is now called the disability and residential aged care program. In that bilateral agreement for accommodation support, how much money are we talking about? How much is the state contribution and how much is the commonwealth contribution in this allocation? A number of people remain in nursing home style accommodation at the Quadriplegic Centre. I hope the minister has visited the quad centre recently, since a call was made to a radio station by a constituent a few weeks ago. Young people have tried to gain assistance to move into the community and are still unable to do so. Can the minister advise what she will do to ensure that we do not abandon young people with disabilities who are living in inappropriate public health facilities? How can we address that significant problem?

**Ms S.M. McHALE:** I thank the member. The agreement is a five-year agreement signed by the state government and the federal government on the basis of matched funding; in other words, we pay \$12.1 million and the commonwealth pays \$12.1 million over five years to 2010. This basically translates to about \$7.5 million in recurrent funding by 2010 to provide more appropriate support to younger people who are currently in residential aged care facilities or who are at risk of going into aged care facilities. That will enable us to support about 73 people over the five years. I have just been advised that this program will support all young people who have been identified as being in residential aged care facilities. We will be able to work with them to find alternative or more appropriate care. The Quadriplegic Centre is not a residential aged care facility; it is a facility that is actually funded primarily through health.

[9.50 am]

**Dr G.G. JACOBS:** I understand that, but there are still young people in there who are looking to get more appropriate at-home, community-based accommodation.

**Ms S.M. McHALE:** I have answered the question regarding the money.

**Mrs J. HUGHES:** I refer to the third dot point under "Major Initiatives For 2007-08" on page 863, which relates to implementing additional strategies to increase and improve culturally appropriate services. My main issue with this concerns people from culturally and linguistically diverse backgrounds. Could the minister give me an indication of the strategies she hopes to put in place? A gentleman in my electorate has some of these issues, and I inquire about what is available.

**Ms S.M. McHALE:** I thank the member for her question. To some extent, hopefully, I have answered the question on Indigenous clients by going through a number of the programs that we have and by acknowledging that, for me, this is an area of focus for 2007-08. In relation to culturally and linguistically diverse communities, we work well with organisations such as the Ethnic Disability Advocacy Centre. I draw the member's attention to the "A review of disability services: Disability Services Sector Health Check" report, which again provides directions and areas of recommendation on how we might improve the services. I think that goes through everything we do in ensuring that accommodation support is appropriate to different cultures. We engage with carers. Carers WA has had a good program under which it works with carers from linguistically and culturally diverse backgrounds, so that we can ensure that people understand the services that are available, and that they are delivered in an appropriate way. For me, I think the sector health check will be a good blueprint for further improvement to those services.

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**Mr T.R. SPRIGG:** I refer to the dot point at the top of page 856. I think all members of this house would have constituents come to them and say, "We are the ageing parents of a disabled child. We are really worried about what will happen to our child when we die and who will look after our child." It causes stress. What specifically is being done to address that question of ageing parent carers who look after disabled children, and how much new accommodation will be provided in 2007-08 by the government or by subsidised community services?

**Ms S.M. McHALE:** I agree with the member for Murdoch that that is a particularly, I suppose, poignant area when older parents are involved - they could be in their 80s or 90s. Typically, 10 or 20 years ago their children would not have survived as long as they do now. This is something that is increasing as medical technologies improve. It is something that we have had to deal with in recent years that perhaps previous governments did not have to deal with. Given that, when previously I was the minister, I set up a process under which we quarantined a number of places specifically for older parents. During the combined application process for 2006-07, we provided funding to 31 individuals whose carers were aged over 70 years. That went into alternatives to employment, accommodation support and intensive family support. The best estimates are that 15 carers over the age of 70 are still seeking accommodation for their child - their son or daughter - 11 carers aged over 70 are seeking support to care for their family member at home, and three individuals with carers aged over 70 were not able to be supported from the last funding round and are seeking alternatives to employment. The age of the carer is one of the high criteria, so it is taken into account in the assessment through the CAF fund.

**Mr T.R. SPRIGG:** I have a supplementary question. Age should not be the only criterion, because sometimes people who are aged only 65 or 70 are not in a physical condition to look after their disabled child. The minister mentioned about 18 cases, I think. Can the minister tell me that those 18 places will be accommodated in 2007-08?

**Ms S.M. McHALE:** No, I cannot give that guarantee, because I do not interfere in the process. As the member has rightly said, a person may be aged 65, and the needs of that person's child may be much greater than the needs of a child of a person who is aged 75 or even 80. Therefore, no, I cannot guarantee that those places will be quarantined. It is a process that is based on an assessment of the circumstance of every case. The member is right. Age is not the only criterion. It is only one criterion that is used in a bag of criteria that are applied to determine who gets the funding. These people I have talked about - these numbers - are families who would stand a good chance of getting funding, but I cannot guarantee that they will get it.

**Dr G.G. JACOBS:** I refer to service 1, "Accommodation Support", on page 857. Thirty-three per cent of carers have disabilities themselves. In round 13 of the combined application process for accommodation support, only 14 per cent of applicants were actually given authorisation for funding, and more than 200 people then re-entered the application process. This is a significant paper war and a revolving door with a significant area of unmet need. Although there is some growth funding of \$12 million, what does the minister intend to do to address the significant unmet need in accommodation and support, and, if one likes, individual and family support also, to get ahead of the game in order to reduce the amount of frustration in this paper war or revolving door?

**Ms S.M. McHALE:** There are probably two things I want to address in that regard. What we have been doing since we came to government, and will continue to do, is build in growth. From when we came to government until the end of this term, we will have increased the budget by about 116 per cent. Therefore, we will have doubled the disability budget. However, as I have said, and as the member knows, even though there have been significant increases, I do not think we will ever get on top of the growth, because in each new round, new families emerge with significant and very complex sets of circumstances. Therefore, even though we think we might be able to quantify the need, I am not sure that we actually can, because I think we may not necessarily know about certain families in our community. What are we doing? The growth in this budget and in the outlying years is our effort to ensure that Western Australia can respond to the pressures, and certainly not go backwards. There is significant growth. I know I keep harping on about the commonwealth, and I know that the member will respond by saying -

**Dr G.G. JACOBS:** Please do not do the commonwealth agreement issue again.

**Ms S.M. McHALE:** Listen, member.

**Dr G.G. JACOBS:** It is this government's responsibility; this is a state issue.

**Ms S.M. McHALE:** Okay. Let us make this clear. If and when -

**Dr G.G. JACOBS:** I will help the minister in any way possible to get a better deal from the commonwealth.

**Ms S.M. McHALE:** Let us make sure this does not happen. However, if and when the Liberal Party gets into government in this state, it will accept that disability services will be entirely its responsibility.

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[10.00 am]

Let us have that on record, because the member will rue the day that he said that. He has just exonerated the commonwealth government from any responsibility to the families that I care about, read about and understand.

**Ms K. HODSON-THOMAS:** And the opposition does not?

**Ms S.M. McHALE:** If the opposition does not accept that the commonwealth has responsibility, then it does not. There are demands on the state budget, as the opposition will maybe one day know, and the state needs the commonwealth. I do not say this because I want to bash the commonwealth over the head. I actually believe that the families of people with disabilities have the right to expect that their commonwealth government will be sympathetic and compassionate to their needs. I can tell members that at the moment, there is no indication that the commonwealth government is compassionate to their needs. I will never stop saying that disability services is a shared responsibility. That was the essence of the first agreement, and we have to maintain that, otherwise we will lose it.

**Dr G.G. JACOBS:** Under the first agreement, the commonwealth was responsible for employment and the rest was for the state.

**Ms S.M. McHALE:** The member does not understand. I suggest that before the member comes to the estimates committee next year, he actually understands the history of disability services. There has always been shared responsibility for the administration of various services, but not for funding. That is the essential difference. Please do not ever lose sight of that, because we will do a disservice to families with disabilities if we say it is not a commonwealth responsibility. Having said that -

**Dr G.G. JACOBS:** What are we going to do about the 200 people who have to reapply for accommodation support every four months?

**Ms S.M. McHALE:** Has the member finished? Having said that, the growth that the government is building into this budget and future budgets will assist. I do not think we will ever be able to say we have dealt with all the unmet need or growth. However, we will continue to get on top of it, and we will continue to argue that we need assistance from our illustrious commonwealth government, whichever party is in government. We need assistance from the commonwealth government to do that.

**Dr G.G. JACOBS:** The "Disability Services Sector Health Check" report states that changes will not be made to the combined application process. This system is not working; it needs a significant injection of funds and a disability assessment team, pretty much like an aged care assessment team, rather than a paper war. This report just says that the CAP is not to be changed.

[Mr M.J. Cowper took the chair.]

**Ms S.M. McHALE:** Welcome, Mr Chairman.

**The CHAIRMAN:** Thank you, minister.

**Ms S.M. McHALE:** I suggest that the member ask the sector whether it wants an ACAT-type assessment service. I would be interested to hear its response.

**Dr G.G. JACOBS:** It is just a suggestion, which is better than nothing. How are we going to address the problem?

**Ms S.M. McHALE:** I will continue my comment about the ACAT. I have been briefed that it was rejected by the sector as a form of assessment. The assessment process is very difficult because there are a number of families in crisis who are very worthy of funding, but not all of them can be funded. It is a difficult process and I pay tribute to those people who are involved in allocating funds. It is an emotionally wrenching task. I ask Dr Chalmers to elaborate on how improvements can be made to the process.

**Dr R.F. Chalmers:** The combined application process was investigated thoroughly by the sector health check committee, and in the end the decision was that the current process would be maintained with certain improvements built into it. Some of those improvements have already commenced. It is a fact that people now have to apply only once, and unless there are significant changes in their circumstances, they do not need to make lengthy paper applications. We are also looking at face-to-face interviews with families who just miss out on those processes, so there are some changes that -

**Dr G.G. JACOBS:** Thank you; that is what I needed to know.

**Ms S.M. McHALE:** Mr Chairman, this member said that it was proposed in the report that the CAP would not change. He is now acknowledging that changes are to be made. For goodness sake, let us cooperate a bit. There are improvements and changes to be made, but the member makes these ridiculous statements about the report stating that the CAP would not change. He obviously has not read the report.

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**Dr G.G. JACOBS:** The minister obviously did not proffer an answer.

**Mr T.R. SPRIGG:** I refer to the last dot point on page 855. It is still the policy of the sector to try to keep disabled children in a family situation and to provide support for that to happen, rather than institutionalising them. It is associated with a question I asked in the house last Thursday that angered the Premier somewhat, about the Guilfoile family in North Lake, who are my constituents. The minister has written a letter to the family, as has the former minister. I need a direct answer. Is there any way that this family can be given the money to modify their house so that their son Eammon can remain in the house for much longer, rather than being institutionalised? It may be that the cost of these renovations will be anywhere between \$60 000 and \$100 000. They are significant renovations, but, surely, if the renovations could be approved rather than the boy being institutionalised, everybody is a winner.

**Ms S.M. McHALE:** This is an aside: I do not think that the sort of care provided by the Nulson Haven Association, CPA and others, is institutionalised care.

**Mr T.R. SPRIGG:** It separates children from their families; that is the thing.

**Ms S.M. McHALE:** Yes, and that is what some families ultimately decide to do when they think the time is right. However, I do not want to suggest by not responding that I agree that the care is institutionalised care. It is top quality care. As minister, I do not direct the commission to fund particular cases. That is a position that most ministers for disability, under both the previous government and the current government, have adhered to quite vigorously. If I am asked by the member for Murdoch to make guarantees to the Guilfoile family, the member for Kingsley or the member for Peel might then ask me to guarantee money for their constituents, and so on. That would then be a system bordering on ministerial interference at best, and some form of corruption at worst. I cannot guarantee that any individual family will get money. However, I can guarantee that the family's application and their treatment within the process ought to be as fair and transparent as possible. I understand that the Guilfoile family has actually been provided with funds to modify their house. I understand they want to remodel their house.

**Mr T.R. SPRIGG:** They feel they have to because the wheelchair cannot move in passageways and so on; it is an ancient house. That is the problem.

**Ms S.M. McHALE:** Dr Chalmers has said that he will be happy to review the case. The member can go back to his constituent and say that Dr Chalmers will review the case. However, we cannot guarantee that the funding will be provided for the reasons that I have outlined.

**Mr T.R. SPRIGG:** I wish to clarify the point. Is there an opportunity, if it is deemed to be a worthy case, for this sort of funding to be provided? The family understands from your letter and the previous minister's letter that the application exceeds the limits of what is allowed to any one family. Can the minister clarify that for me? Is it possible, if it comes up in the assessment process?

**Ms S.M. McHALE:** I will ask Dr Chalmers to provide a detailed answer.

**Dr R.F. Chalmers:** My understanding is that some time ago, funding was provided for the remodelling of part of the home. That was provided under the community aids and equipment program. That program is still in place to provide home modifications based on a set of rules and assessment processes. My understanding is that the family wants additional modifications to the home at significant cost; it is not a cheap option. Based on the CAEP guidelines, which apply statewide for all families, there are certain funding limits. That is the sticking point. We cannot have a situation in which a family says that it wants to remodel its home, that it needs a new bathroom and that it will need hundreds of thousands of dollars. So there needs to be, from an equity basis, some guidelines on how that funding is actually apportioned. That is the sticking point in this case. However, as I say, I am willing to have a review, as would be the case with any family who wants such a review.

[10.10 am]

**Dr G.G. JACOBS:** I refer to "Major Achievements For 2007-08", and individual and family support at the top of page 861. I refer also to the seventh dot point under "Major Initiatives For 2007-08" on the same page about developing the commission's family support strategies and intensive family support. Is the intensive family support part of individual and family support; and, if so, where does that fit into the line item in service 2, "Individual and Family Support" on page 860?

I really want clarification on how that intensive family support fits into a line item in the budget. Does it come under a cost of service in the table on individual and family support?

**Ms S.M. McHALE:** I thank the member. It is part of output 2 on page 860, which is part of the \$108 million.

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**Dr G.G. JACOBS:** I have a supplementary question. The reference in the sector health check for disability services refers to \$11.1 million for 550 families. Is the \$11.1 million in that \$108 million?

**Ms S.M. McHALE:** Can the member give me a page reference to the sector health check?

**Dr G.G. JACOBS:** Yes, it is page 122. Under paragraph 5.3.1 there is background and under 5.3.2, findings, it states that there are currently 550 families in receipt of intensive family support at an annual cost of \$11.1 million and an average of \$20 182. Is the \$11.1 million contained in that \$108 million?

**Ms S.M. McHALE:** Yes, it is.

**Dr G.G. JACOBS:** I refer to service 2 on page 860, "Individual and Family Support". The term "DPS" is in the sector health check, and it refers to a portion of \$79.399 million for DPS in 2007-08. What portion of that \$79 million DPS funding under individual support is for early childhood intervention? I am talking about appropriation service 2 in the individual and family support table at the top of page 860. The appropriation for delivery of service refers to \$79.196 million.

**Ms S.M. McHALE:** I will answer it in this way, and if it is not sufficient, the member can ask me another question: we allocated \$2.9 million additional funding specifically for earlier intervention; so the growth money for 2007-08 is \$700 000. That \$700 000 would be part of the disability professional services, which is psychology, allied health, therapy and so on, so the \$700 000 growth would appear in the figures on page 860.

**Dr G.G. JACOBS:** There is a concern with one of my constituents about the issue of education assistance and therapy assistance in the school setting. I know that the funding arrangements do not directly involve the Disability Services Commission. A boy called Liam Lakeman, who attends Perenjori Primary School, receives both education and therapy assistance. I believe the minister may have some knowledge of the issue. There was a concern that the therapy assistance has been ceased with a view that the educational assistance, particularly 0.8 full-time equivalent assistance, would suffice for the boy's needs. The question is whether the educational assistance is sufficient for the boy's therapy needs, particularly speech therapy in that setting. There is a concern that the boy is not getting the best treatment he needs, particularly for his speech.

**Ms S.M. McHALE:** Dr Chalmers is aware of the boy to some extent and he has indicated that he can provide the member with additional information; therefore, I ask Dr Chalmers to answer the question.

**Dr R.F. Chalmers:** I am familiar with this situation, but I am also familiar with the broader circumstance in which an attempt has been made to provide more of a seamless service for people who require additional assistance through the education system. Until fairly recently children in small regional towns had multiple people in their lives performing different roles, such as education assistant, therapy assistant and other ancillary roles. Therefore, an attempt has been made, wherever possible, to aggregate those roles into one person. There has therefore been good cooperation between the WA Country Health Service and the Department of Education and Training to try to streamline those processes. We have been in discussion with the Department of Education and Training and WA Country Health quite recently and looked at this dilemma in what we call the midlands area. There is no attempt in all of this to reduce the overall level of support for any individual student. Our regional manager in the mid-western and our regional manager in the midlands are actually dealing with this issue at the moment to see whether we can come up with a better process that will be in place for those two regions.

**Dr G.G. JACOBS:** I have a supplementary question: will the minister give an assurance that there is no plan for children who receive more than 0.8 FTEs to have their therapy assistance substituted? The premise is that the education assistant does not provide the therapy that is required for these kids.

[10.20 am]

**Ms S.M. McHALE:** Dr Chalmers has advised me that he can assure the member that there is no intention to reduce therapy-assistant hours as a policy or cross-government move.

**Dr R.F. Chalmers:** That is not the intent.

**Dr G.G. JACOBS:** Service 3 on page 862 of the *Budget Statements* refers to \$29 million of funds that are available for the delivery of services in 2007-08. The preamble refers to families being given individualised funding to enable them to choose and purchase their own support and services directly. How many families in this category purchase their own support?

**Ms S.M. McHALE:** The number of service users who used local area coordinator direct consumer funding in 2007-08 is approximately 1 500.

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**Dr G.G. JACOBS:** I refer to the growth funding of about \$1.4 million in that area. How many are local area coordinator recipients and how many are direct consumer-funded recipients, because there is a difference?

**Ms S.M. McHALE:** The total number of service users of the LAC is approximately 8 000 of whom about 1 500 can purchase individualised services. The 1 500 is part of the 8 000.

**Dr G.G. JACOBS:** How many of those are direct consumer-funded recipients and how many are LAC recipients?

**Ms S.M. McHALE:** I will ask Dr Chalmers to answer that question.

**Dr R.F. Chalmers:** Local area coordinators provide support to over 8 000 people statewide. For close to 18 years now, local area coordinators have been able to allocate funding to individuals. Some of that funding has involved small amounts of funding or one-off funding; however, some of that funding has involved significant amounts of money that people have secured through the combined application process. At the moment, that involves about 1 500 people. Others who access LAC support access different forms of support via non-government agencies, respite providers and so on. At the moment about 1 500 people access money via local area coordination. We call that direct consumer funding.

**The appropriation was recommended.**