

**STANDING COMMITTEE ON ESTIMATES AND
FINANCIAL OPERATIONS**

2013–14 AGENCY ANNUAL REPORT HEARINGS

**TRANSCRIPT OF EVIDENCE
TAKEN AT PERTH
MONDAY, 8 DECEMBER 2014**

**SESSION THREE
DISABILITY SERVICES COMMISSION**

Members

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

Hearing commenced at 2.17 pm

Dr RONALD CHALMERS
Director General, examined:

Ms FLEUR HILL
Director, Strategic Services, examined:

Mr MICHAEL CARROLL
Manager, Planning and Information Analysis, examined:

Ms WENDY MURRAY
Executive Director, Strategy, examined:

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

Mr SAM CIMINATA
Executive Director, Business, examined:

The CHAIR: On behalf of the Legislative Council Standing Committee on Estimates and Financial Operations, I would like to welcome you to today's hearing. Can the witnesses confirm that you have all 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 review agency outcomes on behalf of the people of Western Australia; the committee values your assistance with this.

Does anyone wish to make an opening statement, or should we move straight to questions?

Dr Chalmers: I might just mention to the committee that we have a new format in our annual report for 2013–14. We moved to this format to provide, I think, greater clarity and transparency of the information. Also, within the report itself there is a reflection of our move away from program and block funding through to an individualised funding environment. That is something we have been well on the road to doing for a number of years, but it accelerates now in preparation for the reforms within disability services, primarily the National Disability Insurance Scheme. So, it has changed from previous years.

The CHAIR: Thank you. I think Hon Alanna Clohesy had questions in on notice, so do you want to lead off?

Hon ALANNA CLOHESY: Okay.

As you mentioned the change in the format of the annual report, in what other formats is this available?

Dr Chalmers: I will pass to Wendy Murray for that.

Ms Murray: The reference to the change in format was really the way we presented the information and organised it around the individual plan; however, it is available online, and if people would like it to be available in other forms, they can request it.

Hon ALANNA CLOHESY: Okay. So if you are blind, for example, you may request it in braille?

Ms Murray: We would not convert it to braille, I do not think; I think we can certainly convert it to audio.

Hon ALANNA CLOHESY: Okay; good.

The CHAIR: I am just thinking of the concept of trying to listen to the whole annual report being read to you, rather than having it in braille, though.

Hon ALANNA CLOHESY: Yes, but you would if you were blind.

The CHAIR: One of the questions on notice I asked prior to the hearing was about effectiveness indicator 1, rates of serious incidents against people with disability, on page 151 of the annual report. The question on notice I asked was about the actual serious incidents, and the rates of the 39 serious reported incidents by category, by service type and outcome. Just out of interest, it took about three weeks longer to get an answer to this question for the committee than it did for all the other questions. I take it from that that it was a difficult set of answers to compile. Was that correct?

Dr Chalmers: There was a difference between the content in the annual report around what we were using for that indicator, which was specifically around serious incidents in accommodation services. So when we received your additional question, which looked at all categories, it did cause us to go back and interrogate the system we run for receiving those serious incidents not just from internal services but from across 120 non-government organisations as well, so it took a little while to compile them.

Hon ALANNA CLOHESY: Let us just turn to page 151. That was not my understanding of what the annual report said. It just says it was used as the denominator.

Dr Chalmers: A denominator?

Hon ALANNA CLOHESY: Yes. It reads —

In calculating the serious incident rate, the total number of accommodation support service users is used as the denominator.

Ms Murray: Yes; correct. The total number that was the denominator was 1 118, and that is people using accommodation services. The actual number was 69; I will put my glasses back on to be sure.

Hon ALANNA CLOHESY: Sixty-nine or 39?

Ms Murray: So the rate converts to 39; 38.7, I think it is.

Hon ALANNA CLOHESY: So the actual number of incidents was 69?

Ms Murray: Yes, 69 reported in the annual report, based on a population group of 1 818.

Hon ALANNA CLOHESY: Is this a new effectiveness indicator?

Ms Murray: Yes.

Hon ALANNA CLOHESY: So this is the first time it has been reported on?

Ms Murray: Like this? Yes.

Hon ALANNA CLOHESY: Why is it difficult to extrapolate the number of serious incidents that occur or that are reported on?

Dr Chalmers: The system we have in place is a serious incident reporting system, so we take our reports from across the whole of the sector, with a potential clientele, I guess, of 24 017 people.

So we take those when they come at us, daily. But they are incidents that cover a very broad spectrum of events. Some of them are normal course-of-the-day events, so if someone twists their ankle or someone dies through natural causes. There is a whole range of easily explainable situations. But from 2014 we deliberately tried to get our sector to up the ante in terms of reporting, because we felt that what we were getting was not realistic in terms of 24 000 people. So through various —

Hon ALANNA CLOHESY: What do you mean by it was not realistic?

Dr Chalmers: It seemed to be low. But, again, in a disability space that is a thing that we face. When the Health and Disability Services Complaints Office receive reports from the health field and the disability field, as an example, disability reports tend to be very low. We could comfort ourselves and say that that is the way it is, but we thought let us go out and really say to service providers, “Are you reporting all these serious incidents, regardless of whether they’re everyday events or natural occurrences and what have you?” So, between 2012-13 and 2013-14 we saw a slight increase in that. But it did cause us to have to go back and interrogate all those reports to sift out the things that were just easily explainable and natural occurrences so that we could come down with the answer to your question, which was what are the incidents that are of genuine concern about things that are potentially not the sort of things we would to see in disability services.

Hon ALANNA CLOHESY: So does the Disability Services Commission have a serious incident management framework?

Dr Chalmers: We have a serious incident reporting system.

Hon ALANNA CLOHESY: Which is this one?

Dr Chalmers: It is this one here. But in the answer to your question I think we actually said that the way those are managed is across a number of other systems; some of them existing within disability sector organisations themselves and some of them within the commission. There is a range of other processes that click in. This is simply a reporting system where I get to look, personally, at all the serious incidents that come to us from across the sector.

Hon ALANNA CLOHESY: When was the incident reporting form changed?

Dr Chalmers: For the start of 2013-14.

Hon ALANNA CLOHESY: So that also changed as the reporting system changed?

Dr Chalmers: It did, because we were trying to, I guess, increase people’s confidence levels in being able to report on a range of different circumstances.

Hon ALANNA CLOHESY: In that form, what changed from the previous form?

Dr Chalmers: There were category changes, so we fleshed out a few of the categories there so that they had subparts to them as well.

Hon ALANNA CLOHESY: So you were trying to build a clearer picture of the level and type of abuse and other incidents that were occurring?

Dr Chalmers: That is right.

Hon ALANNA CLOHESY: The trigger for doing that was to better be able to report to HADSCO?
[2.30 pm]

Dr Chalmers: To understand ourselves what was happening in the sector.

Hon ALANNA CLOHESY: Did HADSCO have anything to do with changing the reporting framework or the form?

Dr Chalmers: In my conversations with the head of HADSCO—and I do that quite regularly—she said to me that again she is quite interested in the very low reporting rates that are coming through

her office from Disability Services in comparison with the health system. So we, I guess, got on the front foot and said, “Well, maybe it’s got something to do with the reporting form here. Let’s attend to that, open it up a little bit.”

Hon ALANNA CLOHESY: So what we have now, can you just explain what the reporting framework is now, how it works?

Dr Chalmers: It is linked back to our legislation, so it is linked back to the Disability Services Act, which has broad level categories that people are required to report to me at any time; I think it is within seven working days, from memory. So, if an incident occurs within one of our own services—and it is the same system that operates internally as it does externally—then disability sector organisations have to report to me within seven days, based on the broad heading that appears in our act, on a standardised form. But, as I said, from 2012–13 to 2013–14 we got a bit more detail into the form because if one of those broad categories is abuse, you would want to flesh that out a little bit to get more detail of what the nature of that abuse would be: is it financial abuse, what is happening there? So that is a standard form that is well known now within the sector.

Hon ALANNA CLOHESY: So the incident occurs, a form gets filled out and gets sent to the Disability Services Commission; is that right?

Dr Chalmers: Within seven days.

Hon ALANNA CLOHESY: Within seven days?

Dr Chalmers: The form also has other information on it that says the CEO of that organisation, for instance, has to verify that they are aware of the incident and they have taken action to safeguard the individual concerned. So, the onus is back on that organisation.

Hon ALANNA CLOHESY: Including if it was a Disability Services Commission service?

Dr Chalmers: Indeed.

Hon ALANNA CLOHESY: So the onus is on the manager of that service?

Dr Chalmers: Yes.

Hon ALANNA CLOHESY: To ensure the welfare and the safety of the person who has been abused?

Dr Chalmers: Or to report to me because under contract they are required to do that as part of their contract with us, but also they have to demonstrate that it has hit the boss’s chair, if you like, in that organisation and that appropriate steps have been taken to deal with the issue and to safeguard the individual.

Hon ALANNA CLOHESY: Is there any responsibility or onus on the manager to report the incident to police?

Dr Chalmers: Absolutely, and to other relevant authorities, depending upon the nature of the abuse itself. So, they are required to report to the commission, to me, and that is why every one of those serious incident reports comes across my desk, and if I think that there is anything untoward that needs follow-up, we take action from it.

Hon ALANNA CLOHESY: But is it not the case that the form actually says that the incident has to be proven before it is reported?

Ms Murray: Not disproven.

Dr Chalmers: No, it is not; and this is why we took a little bit of time to interrogate. We went back and had a look at all of these incidents because in attempting to get the sector to report in a more fulsome way to us, what we have realised is that there are many incidents that occur that are very—I was going to say predictable—not predictable but they are not untoward; there are things that

happen in the normal course of events. So what we now have is a mix of incidents that would not raise eyebrows at all through to incidents that we would not want to see happening in the sector.

Hon ALANNA CLOHESY: For this part, though, we are talking about serious incidents.

Dr Chalmers: Yes.

Hon ALANNA CLOHESY: And so what happens when abuse occurs, the form is filled out.

Dr Chalmers: Yes.

Hon ALANNA CLOHESY: Who checks that the report of the incident has been made to the police?

Dr Chalmers: The onus for that is back on the organisation primarily, because they are under contract to us to deliver services and they have obligations there. But the safeguard is that every one of those serious incidents comes past me —

Hon ALANNA CLOHESY: So you tick, “Yes, this has been reported to the police”?

Dr Chalmers: I look at it and if the CEO is advising me that they have taken appropriate action in relation to that incident, that is what I am looking for.

Hon ALANNA CLOHESY: So the CEO reports to you that they have reported it to the police?

Dr Chalmers: Not necessarily, no.

Hon ALANNA CLOHESY: Who reports it, who tells you it has been reported to the police and who reports it to the police?

Dr Chalmers: The onus is on the CEO of the organisation to tell the appropriate authorities. That might be police; it could be a range of other jurisdictions.

Hon ALANNA CLOHESY: Is there any systematic way of checking the reports that come to you that reports of abuse and neglect have been reported to the police where necessary? Is there a systematic way or is it you ticking off on each form that the CEO has said, “This has been reported to police”?

Dr Chalmers: I think the fact that it comes past my desk and I look at each of these incidents is an important consideration.

Ms Hailes-MacDonald: Prior to it coming past the director general, any serious incident report that comes from an organisation comes to the funding directorate as we contract for their services. The service contract and development management officer and the associated managers review that form and assess whether it has actually been followed up. The form will indicate if it has been followed up and the actions taken. If it has not been, the contract and development officer contracts that organisation to see what actions have been taken, and receives follow-up information from the organisation via email usually, and we then follow through. Where there has not been action taken, we will direct that action be taken; and, if action is not taken, we have followed it up ourselves sometimes to actually pursue to the Office of the Public Advocate and the State Administrative Tribunal or to direct it be referred to police if it is a criminal matter. In the funding directorate, we then complete the form or complete the administrative forms and that is when it gets signed off from the funding directorate and moves through to the director general to then actually overview if, in his opinion, everything has been done to safeguard the person.

Hon ALANNA CLOHESY: At that point who has contact with the person with the disability to ensure that they are safe, other than the CEO, to ensure that appropriate action has been taken? So at this stage it might be a worker, and it might be the CEO, but then how do you know from the form that you have received about the serious incident that there is someone else providing support or ensuring that that person with the disability is safe?

Dr Chalmers: If the point of your question is: is there a DSC staff member that goes out and sits down and has a chat with the individual, the answer is no.

Hon ALANNA CLOHESY: So the process that you have just described to me is a process for funded services?

Ms Hailes-MacDonald: Yes, in my area it is a process of funded services. The same occurs in the services directorate where it happens in a disability service, like in the —

Dr Chalmers: Government-funded.

Ms Hailes-MacDonald: — government-funded organisation.

Hon ALANNA CLOHESY: Okay. So the same process happens in another unit in the Disability Services Commission by someone else:

Ms Hailes-MacDonald: Yes.

Hon ALANNA CLOHESY: So what mechanism then is there to actually ensure that appropriate action against the alleged perpetrator has been taken? What mechanisms, both in funded and non-funded government services, are there to then check on those serious incidents that some action has been taken—we have talked about keeping the person safe—if the perpetrator is within the service that some action against the perpetrator has occurred?

Dr Chalmers: Can I start from within the commission? If a serious incident emerges that in any way looks like it does fit into that untoward category, then we take immediate action and we have a range of different mechanisms available to us that we exercise from time to time, which includes independent investigations, internal investigations. People will actually be put to the investigation of that incident within our direct service.

Hon ALANNA CLOHESY: What are they?

Dr Chalmers: We have a panel contract that arranges for external investigators.

Hon ALANNA CLOHESY: How does that operate?

Dr Chalmers: We commission those independent investigators; we fund those independent investigators; and they are suitably skilled people that come in and investigate the issue thoroughly. Typically what happens is that the —

Hon ALANNA CLOHESY: I am sorry, who are they and where are they sourced from?

Dr Chalmers: It is a government contract, so they have been scrutinised. They actually apply and they are selected because of their skills in investigations. Typically what we do is we will stand the staff member aside, either on pay or usually on pay, they are stood to the side —

Hon ALANNA CLOHESY: This is before the incident is proven or after the incident is proven?

Dr Chalmers: It depends on the severity of the incident, and some of these we send to the police, some of them we send to the CCC and some of them, if they are of a minor but still concerning level of incident, we will apply an internal investigation process ourselves. So, it depends a bit on the severity of the incident.

Hon ALANNA CLOHESY: Who makes that decision?

Dr Chalmers: The executive director of our services directorate and I do.

Hon ALANNA CLOHESY: So that is a different person again from the funded services?

Dr Chalmers: Yes. I have just described to you the internal process, because I am responsible ultimately for that but, as I said, we use external independent investigators to look into these incidents.

Hon ALANNA CLOHESY: So with the government contract, are expressions of interest called for tenders for the government contract for this expert panel?

Dr Chalmers: It is a panel contract, but I might just call on a bit of advice from behind: Sam Ciminata, our executive director of business.

Mr Ciminata: The government has in place panel contracts in relation to these matters and those panel contracts are called by competitive processes, so they are put in place for government agencies to access when they have the need to access them.

Hon ALANNA CLOHESY: How many contracts have been awarded and how many contractors are there? How many people and panels are there that undertaken these investigations?

Mr Ciminata: I cannot tell you exactly how many.

Hon ALANNA CLOHESY: Can I take that on notice?

Mr Ciminata: Sure.

[Supplementary Information No C1.]

Hon PETER KATSAMBANIS: I am going to refer to the agencies' performance targets, page 40 of the annual report. Under "Service 4: Family support" there seems to be a very significant difference between the budgeted or targeted figures and the actual figures for the financial year in relation to the average cost per service activity and the average cost per service users. Is there an explanation for that?

Ms Murray: Yes, there is. There was a broader grouping and the key performance indicators have been slightly—I should say the service areas have been slightly changed so that we have better alignment in the activities under each service area. So, a service area in this case is family support and we have moved more small groupings of activities under family support that are more likely to represent family support that previously were under community focus support. So there has been an increase in the activity and also an increase in the average cost of activity. The things that were under community focus support before were slightly higher cost, but they did look more like family support. And, as Ron mentioned at the beginning, we have moved away from program groupings. Some things were put together because of the name of the program, whereas we are now looking at the activity in the programs and saying, "Well, that activity that was in that program really should be under family support." Its average cost is slightly higher, and we have ended up with that reflected in the papers. There has been more activity at the higher price in that area. I can give you the list of activities.

[2.45 pm]

Hon PETER KATSAMBANIS: When did that happen? Did it happen during the financial year?

Ms Murray: We made the change in the groupings under family support in December and it was approved by Treasury in December, prior to the beginning of this financial year, which would make it December 2012. The change was made December 2012, but the actual counting effect did not start until 1 July 2013.

Hon PETER KATSAMBANIS: I take that as an explanation and I will come back to ask you some questions, but I would like you to clarify that explanation a little bit because when you look at the figures on page 40, it seems like a significant increase. But when you compare actuals to actuals—we will not worry about targets at the moment—the average cost per service activity, which ended up being \$13 951 in 2013–14 and had only been budgeted to be \$6 428 in that year, the actual for 2012–13 was \$11 816, which I think was only a variation of 15 or 18 per cent. Again, the same with average cost per service user, there is a 71.5 per cent increase between the targeted figure for 2013–14 and the actual figure, but when you compare actuals to actuals between 2012–13 and 2013–14—I think that is on page 160 in the annual report—the variance is a lot, lot less; it is only 15 per cent less. My question then is: If these changes had been made in December 2012 and given the actuals for 2012–13, were those targets that were set at all realistic for 2013–14,

given the actual figures for 2012–13 and these changes that escalated that we are aware of in December 2012? Why would you set such unrealistic targets?

Ms Murray: I think the movement in the content of what was in the activities had a larger effect than we anticipated. So, we set the targets fairly conservatively and based on how it ran previously, and then as it ran through the year—I should say we actually set more ambitious targets—we moved further away from where we were. But it was perhaps insufficiently well informed by the modelling of the impact of the changes of activity to service areas. It is the only thing I can genuinely say.

Dr Chalmers: Can I also add that the impact of component II funding—the additional dollars that were made available by the state government—would have had a serious impact on those numbers. So, these were dollars that were applied out of the \$604 million from the state government, without one hour of additional service required. That is the other impact here that happened during this period of time.

Hon PETER KATSAMBANIS: That is a positive thing, so when did that happen? When was that funding made available?

Dr Chalmers: October 2013, during the period.

Hon PETER KATSAMBANIS: So that came in during the period?

Dr Chalmers: And the commission, the disability services sector, gained the lion's share of that \$604 million. So, it is a significant import of dollars to our sector.

Hon PETER KATSAMBANIS: It is obviously good that more money is going there. Really, at the end of the day, I am asking these questions because I want to find out whether an increase in the average cost per service or service activity or service user ended up meaning that less people got access to services they otherwise would have, or was there a new pot of money that led to either the same number of service users being serviced or, alternatively, more? That is the bit that I cannot get from your reporting in the annual report. That is why I am raising it here. At the end of the day, that is the crux of what I am getting at.

Ms Murray: We actually had a 15 per cent increase in service users in that category. As I say, the impact of moving the activities into different service areas had a bigger impact than we anticipated and modelled, and we ended up with 15 per cent more people in the category of family support than we otherwise anticipated. That had an impact on the service, too, which only had an increase of service users of one per cent, so you can see that people got drifted down with the slightly higher cost service, and of course component II contributed to that. But our modelling of how that would shake out did not prove to be as accurate as it should have.

Hon PETER KATSAMBANIS: At the crux of it, the pointy end, the service delivery, the lion's share—as you have described—of the \$600-odd million went into this service area, so more people ended up getting services?

Ms Murray: Not necessarily.

Hon PETER KATSAMBANIS: So, people have not missed out is what I am asking.

Dr Chalmers: No.

Hon PETER KATSAMBANIS: Again, I will not get into a debate on it, but given the variation between actual and actual is very, very low, I question why those targets for those areas were set so low. Effectively, you were budgeting for a decrease between 2012–13 per service activity from the actual in 2012–13 to the targeted in 2013–14. You were actually budgeting for a decrease of about 45 per cent, which would have been a cut in service.

Ms Murray: It depends on individuals and how much service they get for each of the service events. Going through a local area coordinator, there might be small amounts of service for \$2 000

or \$3 000, but there is flexibility for small amounts of service up to \$15 000. So it actually depends on where the balance falls, and the balance fell in favour of individuals getting slightly more services than we predicted—more people at the \$15 000 level than at the \$2 000 level. A lot of the funding in this category is quite small, so the difference of \$13 000 would not be very much if it was accommodation in a \$150 000 package, but the difference of \$13 000 at the low level—small packages of \$2 000 to \$10 000—makes a big difference in our calculations, and there were people getting more services out of the small categories of funding.

Hon PETER KATSAMBANIS: So you are confident you have got 2014–15 right?

Ms Murray: Reasonably confident.

Dr Chalmers: The other thing, as I mentioned at the very beginning, these reflect a sort of program framework approach, whereas with the National Disability Insurance Scheme we are moving away from this sort of boxed-up program approach and moving towards funding individuals. Unfortunately, we are going to find some change in annual reporting over the next few years, so this will be a fluid arrangement; it will not be a static reporting template that we use from this point onwards.

Hon PETER KATSAMBANIS: I understand that, and it is not exclusive to your agency. I have raised this with other agencies continually. These are targets that you set to measure yourself and you report on them, so that is why I treat them as something that I believe should be interrogated in a fair way, because these are not targets set by somebody else; you set them in conjunction with Treasury—and we understand how that sometimes works. You have had them for quite a period of time, so you would assume over a continuum of time you would finesse them and get them right. As I said, it is not unique to your agency, but it astounds me as to how often we seem to be so far off them.

Dr Chalmers: All I will add—and, again, I will reiterate the millions of dollars of extra funding that came in through the year—is that we could not have predicted the scope of that one year back because that was a moving target, if you like. Similarly, as Ms Murray said, we were giving it our best shot to look at the drift of service between these different categories. So it does look like we are a fair way off, but I think those two explain why we were a fair way off.

Hon PETER KATSAMBANIS: Two quick things: thankfully, that funding became available because people need these services, and I am glad it was made available; but moving into the future and you mentioned how the NDIS is changing a lot of this, what work are you doing around identifying the appropriate key performance indicators, key efficiency indicators, performance targets—whatever you want to call them—that will be required in this new world? Are you doing it in cooperation with federal agencies as well as state agencies?

Dr Chalmers: Well, we are. Again, we are in a state of operating at least three different systems at the moment. We have got a National Disability Insurance Scheme My Way model that we are operating in part of the state, which has its own reporting arrangements and targets. So, you have that sitting there. You have got the National Disability Insurance Scheme agency scheme operating in a part of the state that has its own targets and they are reporting through to commonwealth and to state on what they are delivering. And then you have other parts of the state which are delivering on the traditional system. We are trying to amalgamate those reports for an annual credible reporting system from now on. It is not going to be an easy job over the next few years while these three different systems morph towards a final end point for disability services in WA. It is taxing. We are spending a lot of time trying to get the best presentation that is possible.

Hon PETER KATSAMBANIS: I appreciate that. It seems to be continuing to be a moving feast, and it is not settled yet, so it is pretty hard.

Dr Chalmers: Yes.

Hon PETER KATSAMBANIS: Anyway, we will monitor it as it proceeds and, at the end of the day, your focus is really on delivering service?

Dr Chalmers: That is right—or funding organisations to deliver services.

Hon PETER KATSAMBANIS: That is right, funding organisations that deliver them on the ground and then measuring how that is delivered. Look, thank you for that. I know I can get caught up in the figures sometimes, but it is important to make sure that we are comparing apples with apples. I will hand over to other members.

Hon RICK MAZZA: Looking at page 181 of the report and the number of accidents and incidents and lost days, which as I understand it is quite a bit higher than other agencies. Is there any particular reason there are so many accidents and incidents within the department?

Dr Chalmers: The nature of the work. Within the commission itself, we provide support to people with very challenging presentations, and it is a reality that that does have an impact on staff. Can I say that we have done an awful lot of investing in this area around safeguarding our staff, but you are dealing with some of the most challenging people in the Western Australian population here and despite the training to be able to mitigate that risk, it does happen and we do have staff that are, sadly, hurt in the course of their business.

Hon RICK MAZZA: I do see that over the last three years it has been trending down. Is there a particular reason why it is trending down? Is that something that you are being proactive with in trying to reduce those accidents?

Dr Chalmers: No, it is quite deliberate, and we are very pleased to see that. I might call on our executive director, business, to give you a bit of detail there. A few years ago we were concerned about the rising level of these incidents and, of course, they are reflected in workers' compensation claims and so on. We did take very deliberative action—our board took a particular interest in this—and we brought on board a consultant. Was that three years ago?

Mr Ciminata: Three years, yes.

Dr Chalmers: And we asked that consultant, as a group branch, look at this issue for us. They came up with a range of strategies that we have since put into place. Our board monitors these on a quarterly basis and it has started to have a bite, and I am very pleased to say this.

Hon RICK MAZZA: That is a good thing.

Hon ALANNA CLOHESY: Also, outsourcing a lot of the accommodation services to non-government agencies would have been reflected in those figures as well.

Dr Chalmers: The numbers have not started because, off the top of my head, at the start of this reporting sequence here, we had about 500 people in our accommodation service; today we have 476. So the exodus of people from our service is only in its infancy; we have not got there yet. If you say it is roughly the same number of clients but with this reduction, it is a good news story.

[3.00 pm]

Hon RICK MAZZA: What are some of the strategies that you have put in place to actually curb the number of accidents or incidents that occur, as part of that program?

Mr Ciminata: We have put a range of strategies in place. Obviously, the consultants' report, plus a lot of the analysis that we did in-house provided us with key information in terms of where to focus. We first of all started to focus on the prevention side to ensure that we had appropriate training programs in place and staff were aware of their responsibilities—lots of stuff around OSH. Then we also focused in relation to the injury and prevention management side where, as staff were injured, we had programs in place to try to bring them back as quickly as possible and as safely as possible. Ron mentioned some of the reasons behind it. It is a well-known fact that we have got an ageing workforce and, obviously, in terms of our clientele, they are ageing as well. That adds

another dimension of risk in terms of the workplace. It has been through a combination of prevention and also better management internally that we have been able to bring these down.

Hon PETER KATSAMBANIS: Can I ask something on this issue? Let us call it workdays lost, for want of a better term. Do you keep figures as to workdays lost as a result of, or partly as a result of, interaction with clients as opposed to workdays lost more generally, just simply because something happened in a non-interactive office environment?

Mr Ciminata: Both.

Hon PETER KATSAMBANIS: Are you able to provide those figures to us? I do not expect you to have them here.

Mr Ciminata: Yes, we can provide that.

Hon PETER KATSAMBANIS: Unless you do know them —

Mr Ciminata: I do not know them off the top of my head, but we can interrogate the system.

Dr Chalmers: Chair, can I just be clear on that? What time? Are we looking at 2013–14, the reporting period we have got in front of us here?

Hon PETER KATSAMBANIS: If you have them for the last three financial years, that would be good. I know you spoke about how you have brought in consultants and tried to find out what is happening and then deal with it. If you have them for the last three financial years, that would be great. If you have them for a shorter period of time—again, in those subcategories that you have, do you keep figures as to workdays lost as a result of physical injuries as opposed to injuries that might equate to the stress or mental health space?

Mr Ciminata: Yes, we do.

Hon PETER KATSAMBANIS: I realise, of course, that these are not distinct categories and sometimes you may have an interaction of both, but if you do keep those subsets of figures, I would appreciate those as well.

[Supplementary Information No C2.]

Hon RICK MAZZA: The other thing I note too is that the number of Aboriginal and Torres Strait Islander employees that you have, percentage-wise seems to be quite a lot lower than the average of other agencies as well. Is there any particular reason for that? Is it something that the department is working on, to try to increase its number of Aboriginal and Torres Strait Islander employees?

Dr Chalmers: We reported to our board on this, which raised this issue with us last Friday, so we are very conscious of this. In fact, Mr Ciminata was responding to that very issue. I might throw to you. There is an issue about retention. So, while in the past few years we have tried a range of strategies that have brought Aboriginal people into our world, retention has proven to be a really difficult challenge for us. We are also picking up that there are issues within the disability sector that are not easily understood by certain Aboriginal people who join our ranks and find it difficult to reconcile disability service and the service models that we are applying. We have got to get to the bottom of that and find out what is sitting behind that. To tell you about some of the strategies that we attempted in recent times, I will hand to Mr Ciminata.

Mr Ciminata: It is probably fair to say those results are a bit misleading because they indicate what we end the year with, whereas during the year we put in place a range of strategies from traineeships through to engaging staff in various positions, through to working with disability sector organisations to help promote employment in their organisations as well. There was a point that I recall during the year where in terms of actual people had we calculated the rate at that point in time, it probably would have been double what we ended the year with. We then go to Dr Chalmers' point around retention. We had a number of people during the year who for a wide variety of reasons simply left our workforce. Many of those simply left without any particular

reason and did not turn up despite our efforts to get them back into the workplace. It is something we are aware of. We are working in that area and this year we are also putting in place some other strategies to improve retention. For example, we have got networks internally, so as we employ Indigenous people we have got internal networks to help them remain in the workplace. There are support networks and we are hoping that through a combination of that strategy and also working more with disability sector organisations where we have got a vocational program in place—which is work experience not only in our world, but also with disability sector organisations—that we can help promote self-employment and, hopefully, those numbers should improve.

Hon ALANNA CLOHESY: Can I talk about the disability justice service on page 82? How many people were provided with a service up until most recently in that disability justice service for the in-prison in-reach service?

Dr Chalmers: The in-reach component of the disability justice service, which is a very new part of our world, has a particular focus on supporting people in the prison system with a disability who are detained under the mentally impaired accused legislation.

Hon ALANNA CLOHESY: Yes, I am aware.

Dr Chalmers: The number, to answer your question, is eight people.

Hon ALANNA CLOHESY: Since when? When are you calculating that from?

Dr Chalmers: The time that the service started to operate, and it started very incrementally. It started with a couple of staff members and then it has grown to a larger team. I think it is eight. The impact of that service, I am pleased to say, goes beyond simply the people that are detained under that legislation. What we are finding is —

Hon ALANNA CLOHESY: Sorry, when did it start?

Dr Chalmers: I am told January 2014.

Hon ALANNA CLOHESY: With two staff from January 2014?

Dr Chalmers: All I can say is it was a fluid arrangement. It was not just “You are appointed to that service”, because certain members of our staff were engaged in that in-reach service but they were also doing other duties under the justice banner within the commission at the same time. For instance, one of our officers —

Hon ALANNA CLOHESY: When did we get full-time staff into it?

Dr Chalmers: I am told April.

Hon ALANNA CLOHESY: So two full-time staff from April?

Dr Chalmers: I believe so.

Ms Murray: One.

Hon ALANNA CLOHESY: One full-time staff member from April?

Dr Chalmers: We need to take this on notice. I am not sure of the actual months.

Hon ALANNA CLOHESY: The question is: how many staff have been employed in this service; from when; whether they are in full-time or part-time capacity; what their roles are; how many people they have provided services to; how many people, by what type of disability, have they provided services to; and what type of services have they provided? Further, what are the outcome measures applied to ensure that there is some success? Further to that, what are the goals of the number of people to be provided with an in-service for the next 12 months, by type of disability?

[Supplementary Information No C3.]

Hon ALANNA CLOHESY: Can we move to transition of early childhood intervention services. The transition began in December 2013. Then by 30 June 2014, 115 places had transitioned with

about another 95 to transition before the end of 2014. How is that transition going, given that we are three weeks away from the end of 2014?

Dr Chalmers: I will pass to Ms Hailes-MacDonald on that.

Ms Hailes-MacDonald: The transition is going well. Since October, the team from early childhood intervention in the Disability Services Commission, who have been providing services up to now, have been engaged with therapists that the children are moving to, because those children are exiting to enter school-age therapy services. The children that are exiting will have transferred just before Christmas and start with their new provider in the new year.

Hon ALANNA CLOHESY: All of them? You are on track?

Ms Hailes-MacDonald: Yes, we are on track.

Hon ALANNA CLOHESY: How many new providers are there from 2015?

Ms Hailes-MacDonald: In early childhood intervention, there are not any new providers right at the moment. There is currently a tender out seeking new providers. Children have actually transferred to existing providers at the moment.

Hon ALANNA CLOHESY: We were anticipating new providers, were we not, to have commenced by 2015?

Ms Hailes-MacDonald: Yes, by 2015. Yes, they will. Because there is a tender out at the moment, the tender closes early next year and that will bring the new providers onstream.

Hon ALANNA CLOHESY: So we are a bit behind with the new providers, then?

Ms Hailes-MacDonald: No, the new providers were to come onstream in 2015 and they will come onstream in 2015.

Hon ALANNA CLOHESY: They are transferring to existing providers and then they will transfer from some of those existing providers to new providers?

Ms Hailes-MacDonald: Potentially unlikely, but they may do if they choose to. Many of the children in early childhood intervention are with providers that they will continue through with into school-age therapy services, so, in fact, they will close the places behind them, basically.

Hon ALANNA CLOHESY: The new providers are for whom? If they are not transitioning from existing providers to new providers, why are there new providers?

Ms Hailes-MacDonald: There will be growth funding into the sector and with the growth funding, there was the opportunity for new providers, equally well with the additional funding in the National Disability Insurance Schemes—that is, the National Disability Insurance Scheme agency in the hills and the My Way trial sites, currently in lower south west and from July in Cockburn–Kwinana—there is additional funding allocated to those trial sites and hence will be potentially, we suspect, the need for new providers to provide services for the additional moneys in those areas.

Hon ALANNA CLOHESY: There is additional allocated in the three sites.

Ms Hailes-MacDonald: Under the national partnership agreement that was signed between the commonwealth and the state was a commitment to additional funding for those trial sites. That is over and above the funds that are actually allocated, if you like, the growth funding to the rest of the state. So, there is, effectively, additional funding for the trial sites as well as growth funding for the rest of the state.

Hon ALANNA CLOHESY: When do you expect the new tenders to be awarded?

Ms Hailes-MacDonald: Probably I would suggest the results will go to our board either in March or in April, so the providers will know early in 2015 that they have been successful.

Hon ALANNA CLOHESY: March—so probably they will be coming on board about May, June.

Ms Hailes-MacDonald: Yes.

Hon ALANNA CLOHESY: I just need to go back to a few other things. I go to “Quality Assurance”, page 64. How many service providers have published the results of their annual self-assessments? Their annual self-assessments were completed by every organisation that provided a service through funding from the commission to a person with a disability. How many of those were published publicly?

[3.15 pm]

Dr Chalmers: We do not have that number at hand. We will take that one on notice.

[*Supplementary Information No C4.*]

Hon ALANNA CLOHESY: Of those self-assessments that were lodged with the commission, how many identified that they had not met the nine disability service standards or had some other failure to meet the standards?

Dr Chalmers: I am told very, very few but, again, we will need to get you that number.

Hon ALANNA CLOHESY: Can I also have it in terms of the breakdown of the failure to meet the standards, what standards they failed to meet and specifically what sub-standards et cetera?

[*Supplementary Information No C5.*]

Hon ALANNA CLOHESY: There were 83 assessments across 57 organisations. How were those organisations identified?

Dr Chalmers: I have just been reminded that the numbers that I think the member is referring to there—the 83 across 57—is not the self-assessments; it is actually the independent evaluations that we undertake, which is a separate process.

Hon ALANNA CLOHESY: Okay. So the self-assessments were undertaken by all organisations.

Dr Chalmers: Yes.

Hon ALANNA CLOHESY: So, 57 organisations participated in the independent evaluation process. How were they identified?

Dr Chalmers: It is a rolling sample that takes us three years, from memory. It is a three-year rolling cycle across organisations. Everyone has their turn come up within that three-year cycle, so you cannot escape the process.

Hon ALANNA CLOHESY: So it is a bit like a lottery or something.

Dr Chalmers: No. This has been standard practice for years and years and years where every organisation that we fund—the 120 or thereabouts—is on a roster, if you like. They are brought up, but it is a three-year rotation.

Hon ALANNA CLOHESY: So they know that it is their turn next year, for example.

Ms Murray: It can vary.

Dr Chalmers: Yes. I must add that if we have any sense that we want to initiate an atypical evaluation for some reason, that is at our disposal as well.

Hon ALANNA CLOHESY: In terms of the independent evaluation process, how many of those were identified as not meeting the standards?

Dr Chalmers: We will need to come back with the precise number on that one.

Hon ALANNA CLOHESY: So that could be how many were identified as not meeting the standards, what standards, what sub-standards and also what actions were taken in relation to —

Dr Chalmers: We are happy to talk about the process there.

Hon ALANNA CLOHESY: We will just finish off that question and come back to actions taken.

[*Supplementary Information No C6.*]

Dr Chalmers: Ms Hailes-MacDonald.

Ms Hailes-MacDonald: Once an action is identified, it becomes a contract management responsibility and is followed up by the service contract and development officer. There are two types of actions that come in. One is required actions. They have a specified time frame on them and the organisation needs to provide evidence of having met that requirement within the specified time frame and, if unable to do so, what actions have been taken to date and therefore a revised time line to actually finalise whatever the required action was. The other action that can be taken is an independent evaluator may identify an owner's key performance service improvement activities and they are basically areas identified that the organisation could or does focus on to improve their service and provide a better service. Those are also followed up by the contract managers. However, they are not mandatory for the organisation to adopt. They are really suggestions, and most organisations take them up and see the whole process as a way of identifying areas that they can actually focus on for continuous improvement.

Hon ALANNA CLOHESY: So there are two parts to the process, really, are there not? There is continuous improvement and then there is —

Ms Hailes-MacDonald: And then there is the required action.

Hon ALANNA CLOHESY: Yes. What sort of sanctions are applied in the required action part? What sort of sanctions do you use?

Ms Hailes-MacDonald: If there are serious breaches and they are not complying—thankfully, we have not had that experience to date—we will actually then follow up and potentially withhold funding. First of all, we would see why it is that the organisation is not able to comply, and it may be that we need to provide some assistance in terms of training or support around that. It may be sometimes just to assist them with identifying a consultant who might be able to help them. The first priority is really about building the capacity of the organisation, if it is a capacity issue. If it is not wishing to follow through, then we would actually take more punitive action, and that may be withholding funding and, ultimately, may be to actually suspend the service agreement with the organisation.

Hon ALANNA CLOHESY: In the independent evaluation processes, or in the other ones too, how were disability service users involved in the evaluation processes?

Ms Murray: The quality evaluators that go into an organisation talk to the staff and the management, but they also ask to speak to individuals who have received services and families of individuals and they are invited to speak to the evaluator. They are not obliged but they are invited to. But part of the process is to make sure that an adequate number of people with disability participate in the evaluation process and give feedback and direct examples. But there are also groups of people that participate.

Ms Hailes-MacDonald: Can I also add to that that it is a confidential process, so from that perspective, the service provider is asked to provide names of people that are willing to participate and the evaluator receives a list of names and identifies the people they will talk to. The service organisation does not know, unless the person chooses to identify, that they have actually spoken to the evaluator.

Hon ALANNA CLOHESY: In what ways are paid staff involved in those processes?

Ms Murray: They speak to the quality evaluators as part of this.

Hon ALANNA CLOHESY: In the same way?

Ms Murray: Yes.

Hon ALANNA CLOHESY: So they are identified and invited to participate.

Ms Murray: Yes.

Dr Chalmers: Can I also add that the evaluators are skilled, experienced people who often have had a long history of being involved in disability services and are truly independent and, from my observation, are very skilled at proactively being able to seek out either staff members or service users.

Hon ALANNA CLOHESY: How are they identified? How are they used?

Ms Murray: They respond to an expression of interest for a quote to supply a service to the commission. That was most recently done earlier this year to ensure that annually we have got enough quality evaluators to go through the number of organisations. It is on-site, so it is not a head office visit. It is actually on-site, and there are a number of sites, as you can imagine, around the state.

Hon ALANNA CLOHESY: So they are preferred tenderers and then they get allocated to the evaluations.

Ms Murray: Yes, and sometimes there can be a conflict of interest if an evaluator has a relationship with an organisation, so there are always more evaluators available. We hope to ensure there are more evaluators available than direct demand.

Hon ALANNA CLOHESY: Can I go to page 66? I just want to go to complaints. I know you will not be able to provide that to me today, but could I have the types of issues of complaints raised under page 66 and the breakdown of those issues?

Dr Chalmers: Yes.

Ms Murray: It would have to be on notice.

[*Supplementary Information No C7.*]

Hon ALANNA CLOHESY: When we were talking earlier about abuse and neglect and the changing of the form and the structure, was the outcome of some of the HADSCO review of the complaints mechanism the way in which complaints are investigated and reports of incidents taken? Was that one of the outcomes of that?

Dr Chalmers: No. HADSCO has a broader remit in our world. They are open to anyone who wishes to lodge a complaint. It might be a family member. These are not necessarily around issues within formal disability services as such. It is a different domain, if you like.

Hon ALANNA CLOHESY: How does a person who uses a Disability Services Commission service make a complaint about the service that they are receiving? Let us not talk about the severity of the incident at the moment, but how do they do that?

Dr Chalmers: So, for someone who is in our accommodation service, let us say, how do they go about making a complaint to an external body or any complaint? Internally, I have been through the process. It is like a chain of command, if you like, up through the system. It is dealt with outside of that service area, but still within the commission. The individual may choose to go to HADSCO.

Hon ALANNA CLOHESY: How do they know about it?

Ms Hill: Our consumer liaison service can provide them with that information. In addition to the process that Dr Chalmers outlined, separately if they do not want to use that process for whatever reason, they can contact our consumer liaison service and all that information is available in brochures that are made available in all our Disability Services Commission sites. They can make a complaint through the consumer liaison officer. One of the really routine things that role does is talks to people about the way they can escalate their complaint if they are not satisfied with the resolution they are getting from the commission.

Dr Chalmers: But, again, given the nature of the clientele in our accommodation service, it is often the case that it is family members or a best friend, if you like—that concept.

Hon ALANNA CLOHESY: You would have to be verbal and literate in order to make a complaint about being abused, would you not?

Dr Chalmers: Sure.

Hon ALANNA CLOHESY: So there is no sort of proactive way of going to talk to people with disability about their rights or making a complaint under that?

Dr Chalmers: Not one on one. I will add, though, that our board members routinely visit. I routinely visit our group homes. These are either planned visits or unplanned visits, so there is no shortage of scrutiny within our accommodation service internally.

Hon ALANNA CLOHESY: So there is no systematic way in which that is done, really, is there? It is sort of ad hoc kinds of visits and that sort of stuff.

Dr Chalmers: It is an annual cycle of events. Our board holds what they call reference network meetings that are advertised in *The West Australian* three times a year. They have family members that choose from time to time to come along and lodge concerns with board members, and each one of those concerns is followed up. But if you are saying, “Is there an external person that goes and sits down and has a conversation with all 480 people in our accommodation service on a regular basis?”, I guess the answer to that is no, but it never has been.

[3.30 pm]

Hon ALANNA CLOHESY: And not in a systematic way. Okay. To get back to the annual report, what I am looking for—maybe I cannot find it—is the number of staff that were engaged by labour hire companies over whatever subsequent financial years you can give me.

Dr Chalmers: As of 20 November, the commission—I am reading from a response to a parliamentary question on this —

Hon ALANNA CLOHESY: We have already had that difficulty today about parliamentary questions being used.

The CHAIR: Sorry. Is this a draft answer?

Dr Chalmers: Yes.

The CHAIR: So it is for a question that has been placed on notice? You are welcome to use that as a reference point for you to provide an answer. It would probably be best not to refer to the question. But what you use to help as an aide memoire is up to you.

Hon ALANNA CLOHESY: I will ask the question again. Of the total number of appointments to the commission this financial year and last financial year, how many were labour hire contracts?

Dr Chalmers: As of 20 November this year, the commission was employing 74 disability support workers. However, this fluctuates month to month. Is that the number you are chasing?

Hon ALANNA CLOHESY: There are currently 74, did you say?

Dr Chalmers: As at 20 November.

Hon ALANNA CLOHESY: No. I am asking how many contracts have been used in the last two financial years.

Dr Chalmers: We will take that on notice. Sorry, but can I just be clear? Are we talking about across the whole of the commission or in certain areas of the commission? Is that across the whole organisation?

Hon ALANNA CLOHESY: Across the whole organisation, yes.

[*Supplementary Information No C8.*]

Hon ALANNA CLOHESY: With the National Disability Insurance Scheme, we have talked a lot in the past about the way in which that may be evaluated—the NDIS My Way and the NDIS trial site. I understand that the evaluators been appointed, but they are not the evaluators that have been used nationally; they are specifically unique to Western Australia. Have they been appointed?

Dr Chalmers: Yes, they have, and they are engaged in a comparative evaluation as we speak.

Hon ALANNA CLOHESY: How much is that contract worth?

Dr Chalmers: We will need to come back to you with the exact cost of that. But this was an agreed position between the commonwealth and the state that this be a separate comparative evaluation, and it is jointly funded by the commonwealth and the state.

[Supplementary Information No C9.]

Hon ALANNA CLOHESY: Has the methodology been developed?

Dr Chalmers: Yes.

Hon ALANNA CLOHESY: Is that available?

Dr Chalmers: I will have to check. Given the commonwealth's involvement in this, I would not want to say definitely yes, because they might have a view about the public availability of that methodology.

Hon ALANNA CLOHESY: Is it available to the committee?

Dr Chalmers: Again, I would say I would want to check with the relevant commonwealth agencies about that matter.

Hon ALANNA CLOHESY: Because you are aware that the committee can take information that is public, but it can also take private information.

The CHAIR: Obviously, as the member has pointed out, the committee is asking for it to be provided. If you believe that it needs to be kept confidential and if you need to notify the commonwealth that you are providing it to us, you can ask for it to be kept confidential, and so be it.

[Supplementary Information No C10.]

Dr Chalmers: Chair, I suspect that the commonwealth will not have a problem with this, and I think they have an interest in making sure that this comparative evaluation is fair, open and transparent to the public.

Hon ALANNA CLOHESY: If they have an interest in transparency, yes. What work has been undertaken so far by the consultants?

Dr Chalmers: Again, without wanting to stray into the methodology, I will pass to Ms Murray to give you an overview.

Ms Murray: The first part of the work has been largely pinning down the precise questions and details of methodology that fall out of the program logic for the methodology. The methodology is very broad, and it looks at every aspect of the service delivery, from governance through to individual personal experience, with a view to looking at differences between all of those elements in both sites. The work to date has involved talking to both organisations and senior staff, as well as examining what is available in documented records in terms of processes and procedures and finances and policies and so on. So it is the getting started part of the work, and they will be ready to talk to people who are engaging one-on-one in the service and receiving services in early to middle 2015—after March 2015—but getting all of the parameters set out in great detail of exactly every procedure and policy and cost is taking the time at the moment, and making sure it follows the program logic.

Hon ALANNA CLOHESY: What key stakeholders were involved or engaged in the development of the methodology?

Ms Murray: The methodology was submitted in response to a tender.

Hon ALANNA CLOHESY: So you did not select the consultants and then sort of expand the methodology?

Ms Murray: We selected on the basis partly of capability to do it, but also expertise demonstrated in the way they wrote up the potential methodology for such a difficult job—a very, very difficult job. As I say, since then, the methodology that we contracted for is under development and refinement to make sure it applies, given that they had to develop it without consulting with NDIS or DSC.

Hon ALANNA CLOHESY: In that part of the process that you have just explained, what key stakeholders have been engaged or consulted in the development of that?

Ms Murray: So far, providers and staff, so the National Disability Insurance Agency senior staff and governance group, and the Disability Services Commission staff and governance group, relevant to working through the policies and procedures, and also the actuary for Western Australia and the actuary for the commonwealth scheme. There was some communications with the evaluators of the national scheme, and communications with senior National Disability Insurance Scheme staff. So, it is really setting the framework.

Hon ALANNA CLOHESY: Have there been any people with disability —

Ms Murray: Small focus groups?

Hon ALANNA CLOHESY: Yes.

Ms Murray: They are under development.

Hon ALANNA CLOHESY: What about service providers, and at what management level?

Ms Murray: At the level where the people will understand how the finances and policies and procedures apply, so senior to upper management.

Hon ALANNA CLOHESY: Thank you. Have the local advisory panels for My Way and the NDIS been set up?

Dr Chalmers: Yes, they have. The group in the lower south west has been set up for some time now. They are a very active group and they are monitoring very closely the rollout of the trial in the lower south west.

Hon ALANNA CLOHESY: How many people are on each of them?

Dr Chalmers: We will take that on notice. It is a significant number, well represented.

[*Supplementary Information No C11.*]

Hon ALANNA CLOHESY: How often do they meet?

Dr Chalmers: My understanding is they meet monthly. I am talking about the lower south west. They meet monthly, in the lower south west, obviously, and the group that we are forming for Cockburn–Kwinana, because we want it up and running and operating effectively before that trial starts on 1 July 2015, they are in a different phase of development. I think if anything it is more frequently that they are meeting.

Hon ALANNA CLOHESY: How are people selected to be on the advisory panels?

Dr Chalmers: My recollection in the lower south west is that we were keen to get good representation from people with disabilities, their families, their carers, and people with psychosocial disability, and disability sector organisation representation as well. There is also a bit of mainstream service representation, because that is critical to making the NDIS work in the

My Way model. So it is a representative group. There was an advertisement locally calling for people to step forward, but we also used other mechanisms locally to try and get people to express an interest and so on, and peak bodies I am told as well—there was peak body involvement.

Hon ALANNA CLOHESY: Was there some sort of public call for expressions of interest?

Dr Chalmers: Yes. Can I also add that a member of that group, a member of the Cockburn–Kwinana group and a member of the hills advisory group are also members of what is called a joint steering committee.

Hon ALANNA CLOHESY: I know. That is on the website. A couple of sets of minutes have been on the website. How often does the steering group meet?

Dr Chalmers: The joint steering committee?

Hon ALANNA CLOHESY: Yes.

Dr Chalmers: I think it is every two months, but again I would need to check that out. It is about that. I sit on those.

Hon ALANNA CLOHESY: When was the last set of minutes published on the website?

Dr Chalmers: The minutes of the meeting that was held in November and that I attended have just been signed off, and they are due to go on, so I imagine it was for the meeting before that. I do not know which month it was.

Hon ALANNA CLOHESY: If they are meeting every three months, that would be September.

Dr Chalmers: I imagine so.

Hon ALANNA CLOHESY: I cannot find it just now but it would probably be worth having a look at that.

I am going to move really quickly because I know we have run out of time. In fact, we have a minute. In questions on notice I asked about the disability access inclusion plans. This is the latest disability access inclusion plan report for 2012–13. It was published in August 2014. What was the delay in publishing that?

Dr Chalmers: I am told it was workload for the agencies and for the commission.

Hon ALANNA CLOHESY: We have run out of time; I will need to put the rest of those as supplementary.

The CHAIR: The committee will forward any additional questions it has to you via the minister in writing in the next couple of days, together with the transcript of evidence, which includes questions you have taken on notice. Responses to these questions will be requested by 15 January 2015. 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 email them to the committee as soon as possible after the hearing. On behalf of the committee, I thank you all very much for your attendance today.

Hearing concluded at 3.45 pm
