

**STANDING COMMITTEE ON PUBLIC ADMINISTRATION**

**INQUIRY INTO THE PATIENT ASSISTED TRAVEL SCHEME**

**TRANSCRIPT OF EVIDENCE  
TAKEN AT PERTH  
WEDNESDAY, 24 SEPTEMBER 2014**

**SESSION TWO**

**Members**

**Hon Liz Behjat (Chairman)  
Hon Darren West (Deputy Chairman)  
Hon Nigel Hallett  
Hon Jacqui Boydell  
Hon Amber-Jade Sanderson**

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**Hearing commenced at 10.48 am****Mr CHRISTOPHER YATES**

**Acting Executive Director, Disability Reform, Disability Services Commission, sworn and examined:**

**The CHAIRMAN:** You have not given evidence to this committee before, so I will take the time to introduce its members. My name is Liz Behjat, I am a member for North Metropolitan Region, and I am the chairman of the committee. To my left is Hon Amber-Jade Sanderson, from the East Metropolitan Region, the deputy chair; Hon Darren West from the Agricultural Region; Felicity Mackie, our legal advisory officer; Hon Nigel Hallett from the South West Region; and Hon Jacqui Boydell from the Mining and Pastoral Region. We have five of the six regions of the state covered, so we have some good coverage.

I would like to thank you for taking the time today to come and talk to us while we are doing our inquiry into the PAT scheme. We just need to do some formal things before that. I must ask you to take an oath or affirmation.

[Witness took the oath.]

**The CHAIRMAN:** You would have all signed a document entitled “Information for Witnesses”. Have you read and understood that document?

**Mr Yates:** Yes.

[10.50 am]

**The CHAIRMAN:** These proceedings are being recorded by Hansard and a transcript of your evidence will be provided to you. To assist the committee and Hansard, please quote the full title of any document you refer to during the course of this hearing for the record. Please be aware of the microphones and try to speak into them and ensure that you do not cover them with papers or make noise near them. I remind you that your transcript will become a matter for the public record. 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. If the committee grants your request, any public and media in attendance will be excluded from the hearing. Please note that until such time as the transcript of your public evidence is finalised, it should not be made public. I advise you that publication or disclosure of the uncorrected transcript of evidence may constitute a contempt of Parliament and may mean that the material published or disclosed is not subject to parliamentary privilege.

As you know, this committee is inquiring into the PAT scheme that is currently in place in Western Australia. We could start out by you explaining to us the area that you are representing in disability services, which might better inform us about the sorts of questions we might be able to ask you today.

**Mr Yates:** I am the executive director of the operations directorate. The operations directorate has responsibility for the local area coordination program and the My Way program, which you will have heard about as part of the NDIS implementation. Local area coordination is, I guess, the front line of our services for people with a disability. Local area coordinators work in offices based in local communities and connect with people with disability in their communities, assisting them to develop plans for their life, which includes meeting their support needs and enjoying a good life as part of their community. We have 42 offices across the state. Our offices range from Kununurra in the north to Esperance in the south and everywhere in between. Of those 42 offices, 25 are in

country areas. Many of those offices are affected by the subject matter that the committee is inquiring into. My own personal experience is of having been a local area coordinator and area manager. We have 20 areas in the state, and each of those areas has an area manager and somewhere between six and 14 local area coordinators supporting people with a disability. Each local area coordinator works with somewhere between 50 and 60 people with a disability and, as I said, working with them to develop good plans, get needed services and support and be fully included as a member of the community. So there are 20 area managers, and each area has six to 14 LACs. We have 185 local area coordinators across the state. We provide services and supports to around about 10 500 people. Do the maths on that—that is 185 times 50, 55 or 60. I cannot tell you exactly how many of those 10 500 people live in country areas, but typically it is about a 25–75 split between country and metro; it is about 23 or 24 versus 76 or 77, but 25–75 is about the split. Of those 10 500 people, you could expect that 2 500 to 3 000 live in country areas. Not all of them would live in areas that would be covered by PATS, but quite a few of them would be affected by the provisions of the current PAT scheme.

My own background history is that I was an area manager in what we call the upper great southern. I was based in Narrogin, and as an area manager in the country I was both managing staff and working directly with individuals and families, so actually providing that local area coordination service, standing in front of and working up plans with people and developing plans for support. I guess that is the service, and that is my experience. I might go to talking a little bit about some of my experiences with PATS myself in working with people with disability, and then I might talk about some general issues that have been identified in the paper that we have already submitted, and talk a bit more generally.

Clearly, people living in country areas faced significant challenges, but mostly people choose to live where they want to live. My own experience of people with a disability in terms of them living in country areas, accessing supports and services and requiring to use the PATS service is that they are pretty resilient. People make decisions to live on family farms in farming businesses, and in parts of local communities, and they accept that, as part of that, there will be some challenges. You will not get everything you would get if you were living in downtown Perth. Having said that, the challenges associated with accessing specialist services well away from your area are significant. They are challenges that are confronted and ameliorated to some extent by the PATS service, but also they are significant challenges.

I remember a family in Narrogin telling me that they had been called to Perth for a specialist medical appointment, for which they had PATS, for their son, and when they got to the hospital in Perth—it was a surgical procedure—the ward clerk, or whoever was there, said, “Your little boy has not eaten at all for however many hours?” They asked why and were told that he was supposed to be fasting. They said that no-one had told them that, and they had come up from Katanning. The group said, “We would have sent you a letter; let me look at your file.” The letter was still in the file; it had not been sent, and the ward clerk said, “Now, you’re from Cannington, aren’t you?” And the person said, “No, I’m from Katanning.” That is just the understanding of people in the city about the level of extra time and trouble that it takes people to get to metropolitan places for appointments. That child’s mother and father had taken two or three days off work to get to and from Perth and what have you, and then had to reschedule. You might say that that had nothing to do with PATS, but it is just an indication that we need to be very sensitive to the needs of country people, and pay attention to the significant time and effort that it requires to get to some of those city-based appointments.

I also saw innovative responses to issues around getting people to Perth using the PAT scheme. One of the things that is acknowledged in the terms of reference and in our submission is that sometimes it is much more significantly difficult to get to Perth or a regional centre for specialist medical treatment for people with disability, because they have additional needs, and sometimes have additional support needs. One of the things I saw work well in Narrogin—long since

discontinued but in terms of innovative approaches—is where people had specialist medical appointments in Perth and they were going to get the petrol allowance to travel to and from Perth, but they felt that they could not travel to Perth because, for example, it might be a person with cerebral palsy who is unable to drive, the local home and community care service had a scheme of volunteers who would drive the person to and from Perth in return for receiving the PATS funds that were actually available. That was discontinued because of issues around insurance and also, to be frank, most of the people who were volunteers were in fact elderly—people who actually experienced disability themselves—and as they became less capable of doing that, it was very difficult to find volunteers coming behind. Those are some general issues about some of the challenges faced by country people. I notice that there are a number of country members here, so you would be well aware of those.

[11.00 am]

On to specifically talk about the PAT scheme, you had our submission that makes some general issues; it gives some specific examples as well. I guess the comment I would make is that PATS is a safety net. It is clearly not a “solve all the problems”. It is a safety net. It is an appreciated safety net by people with a disability in country areas. As I have said before, those people often face many significant disadvantages on top of just the isolation of being in the country. The ability to travel independently is an issue. The need for support sometimes in travelling is also an issue. I guess also at the basic level as well, the majority of people who are registered with the Disability Services Commission and who our local area coordinators do their work with are people with an intellectual disability, so it is probably about 70 per cent of the people who the commission provides support services for. Again, that comes with a whole range of issues as well, because sometimes people with an intellectual disability need support to negotiate the system. It is a system that is as user friendly as can be, but still there is form filling, there is agreeing to undertake particular procedures and responsibilities and so on. So, there is a further barrier, I guess, to some of the people we support accessing that system. Some of the comments we have made in our submission are about issues at a local level, communication and interpretation issues, and the example I gave of the family going to Perth and not being properly informed about the need for their son to fast is another example of that. But I do not know that it is useful to make comments about particular and specific local issues, and I am not sure that that is the purview of the committee to look into what is happening and not happening at a local level. I guess I would be saying that people experience in accessing the PAT scheme some really good, helpful responses at a local level. Generally speaking, there is always more that can be done. It is a complex system and so when you get turnover of staff, that sometimes creates barriers as well. Our submission has talked about the fact that there are significant cost barriers for people. Clearly, PATS is a safety net but does not cover everything. One of the things I did in preparation for coming to the committee was to see what rates of reimbursement were paid by PATS because when I was working as a local area coordinator and assisting people, the kilometrage rate was 10c a kilometre and the overnight rate was, I think, \$35; and I think it is now 16c a kilometre and \$60 for the overnight rate. Clearly, again, probably with a focus on intellectual disability, for those people who experience intellectual disability, there is a whole range of disadvantages there in terms of both communication and learning. But also people with intellectual disability are often economically marginalised; they do not have the ability to be as economically self-sufficient as other people, so this is a further barrier for them. I know that there is a means test for access to the PAT scheme—I am aware of that—but for people who are economically disadvantaged, the low rates of reimbursement are a further barrier to them accessing the scheme and accessing the special services which are required.

I guess other comments I would make would simply be reiterating the comments that have been made in the submission and they are around the fact that sometimes the sorts of things that do not actually qualify or in the area of specialist assistance, particularly specialised therapy and so on, are

not covered by PATS but are not available in the local area. I might stop there and see if there are questions for me, unless you think there is something else that you would like to see me cover.

**The CHAIRMAN:** I think that was a really great synopsis of things. I know that members will certainly have questions to ask.

**Hon DARREN WEST:** Yes, thanks; that was an excellent overview for us. Just on the 20 areas, can I get a breakdown of how they work, metropolitan versus regional? As a regional member, that is something I am interested in.

**Mr Yates:** There are eight regional areas and 12 metropolitan areas.

**Hon DARREN WEST:** And so are they generally or roughly development commission areas—something like that?

**Mr Yates:** They are.

**Hon DARREN WEST:** I mean, there are nine development commissions.

**Mr Yates:** In the country we have the Kimberley, the Pilbara, the midwest, the goldfields, and we used to call it the lower great southern but we call it the great southern now. We split the south west into the lower south west and the upper south west, and then we have the wheatbelt.

**Hon DARREN WEST:** So that sort of follows the health services.

**Mr Yates:** Yes.

**Hon DARREN WEST:** So, in those areas service delivery is difficult in regional areas because you have such a disparate and scattered population. Do you find, then, that you have a geographical challenge servicing those? Does that take more local area coordinators and support people per person than in the city? Do they work over a geographical area? How do you sort of deliver them?

**Mr Yates:** Yes, it was interesting. I was out speaking to groups of our local area coordinators yesterday and I was talking about the fact that on a statewide basis, we say one local area coordinator works with 58 people, and I said, “There’ll be some people in the room here who are going to say to me, ‘Well, I work with 64, 65.’” I said, “That’s because you work in Girrawheen and one of your colleagues working in Fitzroy Crossing might only be working with 45, for example.” So, we do allow some discretion based on distance. In the upper great southern where I was working, the wheatbelt, I would sometimes drive two and a quarter to two and a half hours to get to the person I was going to see. I was talking to one of our local area coordinators yesterday—she is based in Merredin—and when I made that comment about some of them working with more than others, I said, “Well, take Jan here, our local area coordinator in Merredin; she’s working with I think it’s eight shires, isn’t it, Jan?” And she said, “Try 15, Chris.” So what we try to do there is reduce the ratio, make sure we have got in place support mechanisms so that people can effectively engage, so we do provide those people with laptops with 3G-enabled connectivity. A lot of our local governments in country areas are very supportive and welcoming, so they will make a space for our local area coordinator to either meet with people, although a lot of our work is done in family homes, or work in between appointments. You might be out in Wongan Hills and you might be catching up with a family at 10, but then the next family cannot get in until 12. So from 10 to 11 you might be working with a family, and from 11 to 12 you might be in a space provided by the local government authority and tapping away.

**Hon DARREN WEST:** Excellent; fantastic!

**Hon AMBER-JADE SANDERSON:** Can you give me an idea of the main services that people with a disability travel to Perth for or use PATS for?

**Mr Yates:** Yes, it is really interesting. I would probably want to scattergun it a little bit, you know! Quite often young children might be heading up for corrective surgery, courses of botox and the like. People at different stages of their life might be heading up for mostly things that relate to

surgical interventions. There is not a lot of stuff that does not necessarily have a surgical focus, but it is really quite varied. It depends on a person's condition. Somebody with cerebral palsy might be going through a series of operations—I have not met the person here—to lengthen muscles, so that might be a series of surgeries to reposition and stretch out muscles and botox injections and those sorts of things. It does depend very much on the person's diagnosis situation. And of course some of the specialist requirement is related to a person's disability and someone has just related it to the fact that —

**Hon AMBER-JADE SANDERSON:** They are a person.

**Mr Yates:** They are a person, they have a health condition, they might develop a heart condition and there is no cardiologist who comes to their town; they need to go to Perth for that.

**Hon AMBER-JADE SANDERSON:** In an ideal scenario, which allied health services would you like to see covered in PATS, if any?

**Mr Yates:** It is quite different. The main three allied health services are speech, OT and physio. The commission operates a resource and consultancy model. WA Country Health Service provides health services across the length and breadth of WA, but quite often the therapists employed in those services are quite new graduates and do not necessarily have the experience to work with complex cases—a child is born or comes to the community who has very complex wheelchair-seating requirements, postural support needs and those sorts of things—and it is unrealistic to expect a person who is eight months out of the OT school to know what is what there. So we do provide a consultancy service where we have specialists going out and supporting the local therapists. I am not saying there is nothing. Then there are people who want to go for some specific therapy and, you know, they might be living quite remotely and they just cannot get to it. Again, there is a strong trend towards diagnosing people with autism spectrum disorder, and quite often one of the responses there is to set in place a fairly hot and strong therapy program in the early years; an applied behavioural analysis-type program. Sometimes the ability or the need to get that properly set up is compromised when people live remotely. Again, we do offer a service. The commission actually has what we call our early years and consultancy team, and we work with WA Country Health Service, we work with therapists to get that going. But we have had a number of innovative responses to that, again, that perhaps almost go round the need for specialist support. What happens is the federal government has a program called Helping Children with Autism and that program provides—I might be slightly out here, but I think I am right—\$4 000 a year for two years to help children access early intervention services. If you are living in country areas it is \$6 000 per year. There is a \$2 000 increase there. What some parents have chosen to do is to use that to get their kids to and from Perth to get access to specialist therapy. In fact, that is the, sort of, “Okay, PATS is not available, but we need this therapy, we need to get kids to and fro.” What other parents have done is that they have said, “Let's pool our resources. There are 12 of us here, we've got 6 000 bucks a year, let's pool our resources and let's fly out specialists. Let's pay for specialists to come out to our area to do some work on developing programs. Let's partner with a local non-government organisation and get some premises at a peppercorn rent. Let's get the specialists from Perth to train up some people in the local community who can do therapy assistant-type work, so that they can implement the therapy in local areas.” As I said at the start, people in the country are very resilient. I am describing there a model that was implemented by a group of parents in Kalgoorlie.

[11.10 am]

**The CHAIRMAN:** I was going to ask where that was.

**Mr Yates:** It is Kalgoorlie and the name of the initiative is the Full Circle Therapies service or intervention service. People do have innovative responses to the fact that they are living remotely and they cannot get everything that they want through the standard channels.

**Hon AMBER-JADE SANDERSON:** How do you think the NDIS could potentially interact with PATS in regional areas?

**Mr Yates:** Look, I think under the NDIS people will have plans and they will have reasonable and necessary supports in the plans. I have just come from a meeting with the education department, where one of the things the state has had to do in agreeing to sign up to the NDIS is to determine what supports we are actually providing already for people with disability through other state government agencies; the in-kind support. So education is providing in-kind supports inasmuch as they provide support and assistance to school children with personal care and other issues at school.

**Hon AMBER-JADE SANDERSON:** Is it part of mainstream education?

**Mr Yates:** Yes, mainstream education or education —

**Hon AMBER-JADE SANDERSON:** Is it through education assistants?

**Mr Yates:** Yes, it is education assistants.

One of the things that the NDIS is very hot and strong on is saying very clearly what costs will be met by the NDIS and what costs should not be met through the NDIS. There are about nine different areas where they say, “This is what the NDIS will pay for and this is what education has to pay for, or health has to pay for, or mental health has to pay for, or housing picks up and so on.” The NDIS will, we think, improve outcomes for people with disability and people in rural and remote areas, but there are some very clear lines in the sand drawn about what they will and will not fund.

**Hon JACQUI BOYDELL:** Chris, I just have some questions around your experience with approvals of escorts for people with disabilities and whether that has posed a problem. When somebody with a disability presents at a PATS office or seeks that assistance from a local area coordinator in terms of filling out forms et cetera, do you experience that that is a major impost on your local area coordinators or do you find that the PATS administration is doing that for people?

**Mr Yates:** There are two parts to your question; I might take the second part first. I do not have information at the level of detail to know exactly how that is working at a local level, but local area coordinators provide support and assistance as necessary. I mean, we are working to make people as independent as possible. Many of you might have experienced the notion that when a person who appears to have a professional role or title turns up to an interview with a person with a disability, it is very hard for the person conducting the interview to not always be referring to the professional person rather than actually relating directly with the person with the disability. We provide support as necessary. I do not hear lots of reports of really difficult interactions with local PATS staff. That was the second part of your question; just remind me about the first part.

**Hon JACQUI BOYDELL:** I was really asking about the escort process.

**Mr Yates:** I would need to take that on notice. I am not sure—I do not hear a lot about that as a huge issue, but I would be happy to go away and find out in more specific detail and come to the committee in written form about that, if you would like me to.

**Hon JACQUI BOYDELL:** I would.

**The CHAIRMAN:** That will be supplementary question B1. We will write to you and advise you of what you have agreed to give as advice on notice.

*[Supplementary Information No B1.]*

**The CHAIRMAN:** The Mental Health Commissioner gave evidence just prior to your hearing and his request to the committee was that we need to look at the delivery of PATS in perhaps a different way, and it is more getting the services to the people than the people to the services. From the Disability Services Commission’s point of view, would you agree that that is an ideal thing to try to achieve?

**Mr Yates:** Of course it is in an ideal world. But as I indicated we have done some things ourselves in terms of our resource and consultancy model to actually try to make sure that therapy-type services are the best they can be for people in situ, because obviously people who live in country do not want to be spending all of their time toing and froing. I mean, for the larger regional centres that would be fine and, in fact, probably the necessary medical-type specialists do visit there. I am not sure how that would play itself out. Certainly, improved therapy services—and therapy services are not covered by PATS—more localised would be tremendous. But we are actually taking the initiative there to try to do some of that sort of stuff. One of the opportunities that the NDIS gives us is, you know, the ability to get people a little bit more interested, for example in the lower south west, where we are rolling out the Western Australian trial of the National Disability Insurance Scheme. We have already seen a strong interest in specialist service providers to go to the lower south west to meet the needs down there. Twelve months ago we had nine endorsed service providers in the lower south west, and today we have 22. Quite a lot of those service providers are Perth-based disability professional services-type organisations—your Senses and your Rocky Bay and those sort of things. Perhaps do not put those names in, I know Senses is down there, I am not sure of Rocky Bay, but it is that style of organisation.

With the growth in resourcing, with the recognition of the needs of people with disability under the National Disability Insurance Scheme, there will be the growth of responsive services. But, again, and some of you from more remote areas will be thinking, “Well, the lower south west is, you know, nice. It is close and it has many of the services you want. Will those services ever be available in Halls Creek?” That is a good question.

**The CHAIRMAN:** That brings us to the end of our hearing today. I would like to thank you very much, Chris, for coming along and giving evidence. It is giving us a much more complete picture of the situation with regard to PATS and it will certainly help us when we get to our deliberation and recommendation phase. We really appreciate it. We will send you what we have asked for on notice. You will be sent a letter asking for that formally.

**Mr Yates:** Thank you, very much, for the opportunity.

**The CHAIRMAN:** Thank you, very much.

**Hearing concluded at 11.17 am**

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