# STANDING COMMITTEE ON ENVIRONMENT AND PUBLIC AFFAIRS

# PETITION 46 — DISABILITY SERVICES COMMISSION ACCOMMODATION SERVICES

TRANSCRIPT OF EVIDENCE TAKEN AT PERTH WEDNESDAY, 18 MARCH 2015

## **Members**

Hon Simon O'Brien (Chairman)
Hon Stephen Dawson (Deputy Chairman)
Hon Brian Ellis
Hon Paul Brown
Hon Samantha Rowe

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### Hearing commenced at 9.47 am

Mr MICHAEL TAIT Chief Executive Officer, Rocky Bay, examined:

Ms JANE EDMOND
Director, Rocky Bay, examined:

Mr TONY VIS Chief Executive Officer, Activ Foundation, examined:

Mr LUKE ROWE Client Services Manager, Activ Foundation, examined:

Mr GORDON TREWERN Chief Executive Officer, Nulsen Disability Services, examined:

Mrs JENNIFER CRABTREE
Manager, Service Development, Nulsen Disability Services, examined:

**The CHAIRMAN**: On behalf of the committee, I would like to welcome witnesses and observers to our hearing today. Each of you will have signed a document entitled "Information for Witnesses". Have you all read and understood that document?

The Witnesses: Yes.

The CHAIRMAN: Thanks for that. These proceedings are being recorded by Hansard and a transcript of your evidence will be provided to you. If you quote from a document during the course of the hearing, could you please identify that document for the record? I remind you that your transcript will become a matter for the public record and 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 because that premature publication or disclosure could mean that the material published or disclosed is not covered by parliamentary privilege.

By way of introduction, our committee wants to thank you for your attendance here. We are inquiring into petition 46 in relation to DSC accommodation services. We had a number of hearings last year and other inquiries into the question, and now, some months down the track, we would appreciate the benefit of the advice of people involved in the non-government sector to talk about the transition process and what is going well or not so well and generally to share with us, if you would be so kind, the benefit of your experience. I am proposing to ask several questions. Our Deputy Chair, Hon Stephen Dawson, also has some questions. Perhaps I will open in the first case by just putting some questions to each of the three organisations and ask you to respond to that. Perhaps if we can go to Rocky Bay first: how many DSC clients do you anticipate will transition to accommodation provided by your organisation?

**Mr Tait**: It is a bit of an unknown. At this stage we are now in the middle of transitioning six clients from one home in Dianella and we are looking at how we might also transition others, but at this stage that is a complete unknown. It is dependent upon the families choosing the provider that they would like to work with.

**The CHAIRMAN**: Have any of those six transitions been completed?

Mr Tait: We are in the midst of it. We are working with the DSC staff in the middle of the transition at the moment, and over the next two to three weeks we will have transitioned that home.

**The CHAIRMAN**: How would you assess the transition process to date? Has it gone smoothly and how long has it taken?

**Mr Tait**: Jane would probably be better positioned to answer that. I understand it has gone smoothly but Jane could probably talk more to the detail.

**Ms Edmond**: It has gone really smoothly from our point of view and I think also the families from their feedback. The actual transition where staff shadowed the DSC staff started on 2 March. We are not aware at the beginning of how long the transition will take. It really does depend upon how well the individuals who live in the accommodation actually manage with that transition process. The transition could take two weeks to six or eight weeks—who knows? There is no definitive on that.

**The CHAIRMAN**: How do you measure the transition process? It is not just moving from address A to address B is it? What is involved in the process?

**Ms Edmond**: Basically we work very closely with the DSC personnel. Our staff work alongside the DSC staff actually learning about the individuals. Prior to that, a lot of ground work has already taken place.

**Mr Tait**: We have been working with those families and the DSC for months on this particular house. The transition comes at a point in time after we have gone through the recruitment, the induction and the training of the staff, and the families have been involved all along that journey. We have been very much now working with the families for probably four or five months.

Ms Edmond: Three to four months.

**The CHAIRMAN**: And are these six clients all from one home?

**Mr Tait**: Yes, and they are staying in their home.

**The CHAIRMAN**: At the same premises?

**Mr Tait**: Yes, it is just a question of the support services changing over, yes.

**The CHAIRMAN**: Thanks for that. Perhaps if I could ask Mr Vis now from Activ the same sorts of questions: firstly, how many DSC clients do you anticipate will transition to accommodation provided by Activ?

**Mr Vis**: Similar to Michael, we have no number in anticipation, but we have currently transitioned four residents from one home, and we are about to commence a transition of a further four residents, which is up and coming. But we have nothing in mind in terms of what the number might be in terms of the full transition process that DSC is undertaking.

**The CHAIRMAN**: How would you assess the transition process to date in terms of things going rough or smooth?

Mr Vis: From our perspective the transition has gone well. The starting process really is when families make contact with us about what sort of offering could we provide their family member in terms of if Activ were to be the organisation to support their family member in the home. It is about building those relationships, understanding those families and the residents in the home, and that, as Rocky Bay has described, is a process that takes a number of months. We work closely in terms of ensuring that we have and exchange information. We wanted to make sure that our staff were fully briefed and informed in terms of that whole process. We actually allocated a team leader to be responsible for the operational aspects of it all. There is some talk that it is a two-week transition that occurs—well it is not. A two-week shadowing occurs at the end of the whole process, and at

the expiration we say that Activ staff are in the home full-time and the residents remain in their home—it is just that now it is Activ staff in the home.

**The CHAIRMAN**: Thanks for that. Perhaps if I can now ask Mr Trewern and Mrs Crabtree how many DSC clients at Nulsen Haven were transitioned into accommodation?

Mr Trewern: To date we have two homes that have transitioned over to us, which is a total of 12 people. In April we will have a further 20 individuals transferring over. That transition has just commenced with a further 18 individuals scheduled to transfer by the end of October, bringing it to a total of 50. We are currently preparing for the next wave of interest, which at this point is in the order of 25 people and equates to five group homes. In terms of the process, it has gone very well. In the lead up to the first group home transitioning it is fair to say that both the commission and Nulsen were learning some of the technical processes around how we might assess funding plans and so forth, but we quickly resolved those issues and came up with a good strategy. I have two testimonials from two families that I brought nine copies of and if the committee is interested in them we are happy to table those, but I might defer to Jen who actually manages the whole process. From our point of view the process has gone extremely well. The families have been very satisfied in both the two services that have transitioned currently.

**The CHAIRMAN**: Okay. We will receive that submission as a tabled paper now. So thank you for that, though we will examine it—perhaps our committee clerk might take custody of that. We might have a couple of questions arising from that in due course. Back to you, Mrs Crabtree.

[10.00 am]

Mrs Crabtree: With our experiences with the transition so far, it is overall positive. Naturally, in the lead-up to the transition when we are talking with families, there is some anxiety and lots of questions, but once we spend time with families—and we have got a process of doing that in terms of inviting them into Nulsen and really sharing a lot about who we are and what we do and giving them an understanding of what to expect—then some of those fears are relieved. As the transition progresses and we spend one-on-one time with families in the lead-up to what is called the transition period, which is when the staff are shadowing or on buddy shift, by that point they are usually quite confident with what is going ahead. The transition period itself, when our staff are working alongside DSC staff in the homes, has gone relatively well. Naturally, again DSC staff have a lot of their own personal experiences come forward because they have a vested interest in the individuals they support, so there is working together and resolving those issues as they come up. But we are working very collaboratively with DSC in the transition and have open dialogue which happens daily, which means any of those issues can be resolved as they come up. Then once the transition itself has actually happened—the full handover—it has only been positive, and we have only had positive feedback from both the families and DSC staff who comment on how well the individuals have responded to the transition and how, once it is settled and there is no more change and they know what is happening, they are relieved, they are happy and they have confidence in their new staff, and families report the same. There are naturally, with change, things that come up, but we are working well with DSC to resolve them in the transition period, and then, once the handover has happened, it has been very smooth from that point forward for us.

**The CHAIRMAN**: Thank you. You mentioned there have been two homes with 12 residents come over. Have all the residents in each group come from complete homes?

**Mr Trewern**: Yes. All of the services to date, even the ones coming down the line, are all complete group homes, so we have not had a situation where any service has been split up. They are all in their entirety; the families want the homes to stay in their home unit, so we are just simply picking up the whole facility and moving over. Then, where necessary, we will have a plan for doing some capital improvements over the next 12 months.

**The CHAIRMAN**: Right. So, in effect, rather than the resident changing address, you are going to their address and taking over the management and running of that.

**Mr Trewern**: That is correct. So really there are staying in their own home, in their own room, with their own possessions and environment. We are simply bringing in a new staff group that is having that comprehensive transition. We have some different environmental standards, so over a period of time—but we are not rushing it—we will change some of the environmental conditions in the home, such as might be floor coverings or repainting, those sorts of things, gardens —

**The CHAIRMAN**: Just finally before I hand over to Steve, you gave some figures, each of you there. I was just wondering if you could perhaps, starting with Nulsen Haven, indicate roughly the size of your organisation currently in terms of residents and how many homes you already operate.

**Mr Trewern**: Currently we are at—what are we now—165 total at the moment. We have made a commitment to take on in the first tranche 75 people from the Disability Service Commission services. Then the board is about to review that to look at another 75 of them —

The CHAIRMAN: So you have got about 165 at the moment —

**Mr Trewern**: In permanent care.

**The CHAIRMAN**: — and how many residences?

**Mr Trewern**: There are about 32 residences I think—33.

**Mrs Crabtree**: As in homes?

**Mr Trewern**: Group homes, yes.

The CHAIRMAN: Yes.

Mrs Crabtree: Thirty-two homes.

**The CHAIRMAN**: Right. So, with the prospect of 75 further residents, it is a pretty substantial increase in your overall organisation.

**Mr Trewern**: It is substantial growth, yes.

**The CHAIRMAN**: Activ—you have got a very large resident population too.

**Mr Vis**: Yes. We currently support around 350 people, either in group homes or living independently. We have 62 homes that we service, and in terms of the first transition, there are four residents in one home that has come across, and the next transition that we are working on is another four residents and another home coming across.

**The CHAIRMAN**: Do you anticipate that there will be a dramatic expansion as a percentage in your overall population of residents, or is it going to be relatively modest?

Mr Vis: It is just difficult to anticipate in terms of what the number is. Our expectation is that, given our experience and given where we have our supports currently, families would be attracted to what it is that we would offer and, therefore, we would expect a number of homes and residents to come across. But we actually are working on the basis that people only come across because they wish to come to us and because they trust what it is that we may do and the offering that we have suits their particular needs. So we have no expectation that there is a market share component, if you like, that we need to have of the residents that are there. It is more a case of where we actually offer the service that actually suits those particular people, and then we would be very happy to try and help them.

**The CHAIRMAN**: It is just interesting from our point of view to get a feel for what impact that has on your organisation. The figures you are talking about in a very large organisation such as Activ are, presumably, relatively easy to accommodate.

Mr Vis: Well, I would not say things are relatively easy. I think we have to work hard at it as well in terms of making sure that whatever our growth is does not impact our current services, if you like. We do have to work hard at that in terms of making sure that our current clients are looked after as much as anything else. In the overall scheme of things—and we have been doing this for 63 years—there has been a constant movement of people in and out, if you like—more people in over time. So it is something that we are quite used to from a process and culture perspective, but it is also something that we know we work hard at to make sure that whatever we do, the experience for each individual is valuable to them and it is not swallowed up, I guess, in a corporate being.

**The CHAIRMAN**: Thanks. Mr Tait or Ms Edmond, perhaps you could give us an idea of Rocky Bay's residential size.

**Mr Tait**: We have a relatively complex answer to that on the basis that we have got a lot of range of options. So, we have a 25-bed nursing home, which you would consider being a group option, I suppose, with 24-hour nursing and visiting doctors et cetera, through to several two-bed group homes. We have got about 40 or 50 people in what would be determined in this space in group homes, but we also support about 60 people in their own home, from children through to adults and also the more seniors. So ours is a relatively complex offering, but in terms of quantum and size, probably about 120 to 130 people in those sorts of accommodation options.

**Hon STEPHEN DAWSON**: Can I ask in relation to Rocky Bay and to Activ, in relation to the houses that you are currently transitioning, is every resident from the existing DSC house transitioning across, or are there some people choosing to go elsewhere?

Mr Tait: Again, a relatively complex answer. Yes is the simple answer to that, the house we are transitioning, but because of the conversations around the transitioning, we have actually got a couple of clients who are moving into other homes from DSC homes. So we have got a couple of clients currently looking at moving into our McCabe Street venues because they have chosen to live in a two-bedder rather than—they have come from a six-bedder group home, and so we are just outsourcing individuals at the moment actually through the DSC process because they have now got choice offered to them, and we are finding that is being taken up as well. In terms of the six-bed venue we have at Dianella, they are all the same six that were in that home.

[10.10 am]

#### Hon STEPHEN DAWSON: Mr Vis.

**Mr Vis**: The house that has transitioned across and the four residents have all come from the same home, and the house that we are commencing to work on, they are not all from the same home; there are people coming from different aspects of their own.

**Mr Rowe**: They are from the same home but some of them have chosen different options, so one has gone with a different provider, looking at an individual option, and another is exploring other options within Activ.

**Hon STEPHEN DAWSON**: For each of your agencies have you maintained the same staffing levels as existed previously under DSC? Mr Trewern, you mentioned that there will be some kind of environmental changes in relation to some of the facilities that you have and will transition. Do you anticipate that those environmental changes will also include, kind of, changes to staffing levels too?

Mr Trewern: No, DSC have a different staffing model to our organisation, and the fundamental difference there is that the Disability Services Commission still provide domestic support in their group homes, whereas in our model, at probably 20, 25 years ago we moved away from that. So, support workers actually not only carry out personal care and support to individuals, but also undertake domestic support with the residents in the home. We have actually maintained the same hours in the home, in some cases, in Nanson, we have increased it slightly, but the quantum of hours has been the same. It is just the mix of how that is applied, in our case, as being support

workers in the main; we do not employ domestics or cooks, so we are actually having more staff working with the client rather than cleaning the house.

**Hon STEPHEN DAWSON**: Is that the case with the other agencies?

**Mr Vis**: Very similar answer, Stephen—there is nothing I could add to what Gordon said in terms of what we do with respect to our model.

**Ms Edmond**: We have maintained exactly the same, but the families were really keen to maintain the cook in the house, so we agreed to that so that it stays exactly the same as they required it to be.

**Hon STEPHEN DAWSON**: Gordon, you were going to add some more?

Mr Trewern: Yes, there is just one variance to Nanson Way. Due to some of the health issues, we have got an agreement with the commission to review the staffing every three months, because we believe that it might need to increase because of some changing needs with that particular client group. So in actual fact, the staffing levels in that home could go up slightly because of the changing health circumstances of the individual.

**Hon STEPHEN DAWSON**: Is there an agreement with the DSC to keep the same level of service, or the same staffing hours for a period of time; and, if so, what is that period of time?

**Mrs Crabtree**: So we go in initially to assess the needs and hours of support and DSC completely transfer it with the level of hours that are currently going in, so we are able to negotiate for that same number of hours. Once an individual funding level is agreed on, that is set in place and continues, unless it is in this first home. That negotiation was initiated up-front because of the need we saw to increase the hours, because the number of hours from up-front we were not happy with. The agreement was that every three months we would review it, but for all the other homes we are happy with the hours of support and to continue with that, and that is recurrent or ongoing.

**Mr Trewern**: I guess the only variance to that would be in future if there were changed circumstances, we would then go to the commission and renegotiate those contracts, which we would do now, within the current population.

**Hon STEPHEN DAWSON**: Is there any difference between the complexity of the behaviours and needs of clients who are currently in DSC facilities versus the clients that you currently have in your other homes?

Mr Tait: No.

**Mr Trewern**: No, for us these people have a range of complex disabilities which fits our mandate, so there is no difference. We have people with challenging behaviour and people with high medical health needs/supports, or a variant of both, it is just the same.

Hon STEPHEN DAWSON: But it would be similar clientele as you currently look after?

**Mr Vis**: As we currently look after, yes.

**Hon STEPHEN DAWSON**: Has there been a need to increase the skill level of your existing staff when you have taken over some of these homes? I know currently in DSC-run facilities there are positions such as social trainers. Have you introduced those roles in your new facilities or do you intend to, or do you not see the need for that social trainer position in the future?

Mr Vis: Let me start, because it will be different for the three organisations. What we do in terms of the expectation of the standard of support that our staff needs is fairly consistent across the organisation; therefore, in terms of the model that DSC have, we may not have the same model, but we expect our staff to have some really core competencies. We will also recruit for attitude and train up as we need to, because the attitude is really what is important—the approach people take. We have felt no need to up-train, if you like, our staff in order for the transition to occur. We actually think our staff are very well trained in terms of what it is that we do, and therefore there has been no need to do any of that. We are not taking on something that we do not know and

that we are not good at; we have been doing it for 60 years anyway—longer than what DSC has. From our perspective, we will use our current staff and the skill level that we have, in terms of the transition.

Mr Trewern: Stephen, very similar, we use cert III and IV in disability studies as a base. I guess we still employ social trainers in our challenging behaviour homes, so that is the equivalent of a diploma or a cert IV in disability studies. At Nulsen, we have 19 additional core competencies which staff have to be trained in, and they have regular review periods. We are currently spending in the order of \$1.5 million a year in additional staff training. The reason for that is because we operate in the complex disability space, we need to make sure that the staff are competently trained in dealing with challenging behaviour, managing people's enteral feeding systems and a range of other medical-type issues. So, that training for us is a major component of the operation of the business. I would consider that our staff are equally as competent and skilled as DSC staff and vice versa; I think the effort would probably be comparable on both organisations, although I do not know too much about DSC do in their own staff training area.

Mr Tait: We are a registered training organisation and train 25, 30 of the sector's organisations, particularly in cert III and values training, first aid, manual handling et cetera, so we, again, spend \$1.5 million a year in training and we take training very seriously. In terms of the ongoing skills development, that is something we are very committed to. In terms of this particular home, we have spent a lot of time actually working with the families in terms of the induction, working with the commission—the commission staff have been part of the induction and the training—to make sure that we fully understand the clients in this particular home and the expectations of those clients. Indeed, the families were involved in both the training, the induction and the recruitment, so they have a very good understanding of the sort of people we have hired and why we have hired them and the sort of staff we have.

Ms Edmond: We do a really comprehensive induction, basically, for Rocky Bay, so that is over four days, but for this particular house, what we did was we recruited a full team, both from internal staff that we already had and also external people with experience. Then we have put a training program in place, which has actually gone over a period of four to five weeks, training people in core competencies, probably similar to the other organisations around the table today, for making sure that we are training people appropriately, and also particularly to the needs of the individuals. We spent a lot of time observing the individuals, learning about them, spending time with families and with DSC staff actually pulling together what we felt was a really appropriate package of training to make sure that when we do transition fully and take over, that people are fully skilled to work with those people and support them.

**Mr Tait**: Probably just one more thing to add to that: it was not just support staff. We have community nursing staff and a large therapy team. With this particular house, the first house, we have liaised with the commission's therapy and nursing teams with our staff to make sure they fully understood the medical and therapy needs of this particular client base as well, so they have had a measure of training, if you will, or induction from that side of things as well.

**Hon STEPHEN DAWSON**: Thank you. One of the concerns that has been raised with us relates to if a client's needs change over their lifetime, as they get older or as their behaviours get more complex. Gordon, you mentioned that you will, from time to time, renegotiate your agreement with DSC. Families are concerned: What if you decide that you do not want somebody's son anymore or somebody's daughter because it is too difficult or whatever? What will happen to those people?

[10.20 am]

**Mr Trewern**: In Nulsen's constitution there is a governing principle that says that we make a commitment to people for the term of their life or for as long as they want to receive the services of Nulsen. There is another governing principle which actually relates and directs the organisation to change the service mix and service model in order to cater for that changed need. So there are

two particular governing principles, which mean that we need to stand by the people. Over the 60 years of the organisation's operation we have had a good track record for renegotiating someone's care package because it has been based on actual fact that their needs have changed. In some cases we have met the commission half way with some of the transitional costs of someone's changing needs. Someone might have needed some intensive intervention with therapy or challenging behaviour intervention, and we have met that cost 50–50 with the commission. So our commitment to the person is rock-solid. I think we have discharged three or four people in that 60 years because the circumstances of that person, at that period of time of the organisation, got way beyond our capacity, but that would not be the case now.

#### **Hon STEPHEN DAWSON**: Is it the same for the other two?

Mr Tait: Yes, we have an 80-year history of transitioning people and ageing in place, so it has been very much a part of our make-up and particularly where for probably 25 or 30 years we were the go-to charity for neuromuscular and neurological conditions where degeneration and premature death is very likely. We have a large therapy team—psychs, social workers, et cetera—as well as an allied health team and nursing team, who can very much help in this, as well as working with various palliative care agencies as we need to. At any one time we probably have a dozen or more clients in a palliative care program. It is not unusual for us in any way, shape or form. We have had some clients choose to go to a nursing home where 24-hour care is available for them. But we have had most continue to stay in their own home and age in place and we have supported them through that, either through increased funding or just increased services as needed.

Mr Vis: We are much the same. We do not have the competency in terms of the complex skill sets that Rocky Bay and Nulsen have, but our view is that people are with us because we are able, and they wish to stay with us. If needs have changed, it has not been unusual for us to speak to Nulsen about their being better able, provided the family and the individual is happy to shift. That is looking at it from their perspective. Then we will have an agreement with Nulsen that that gets transitioned across. We have not abandoned anybody in our 63 years, and we would not do that.

**Hon STEPHEN DAWSON**: Each of you is saying that if a decision is made to go to you, that it is for a lifetime and you will not be saying it is too hard?

**Mr Tait**: Absolutely. We are all mission-based organisations where that is our reason for being.

**Mr Trewern**: In this process of transition for families it is important that they have hope, certainty and trust. Children are now outliving their families for the first time we have seen. For organisations like ours, who it was mentioned are mission-based, it is important that we give families that hope, certainty and trust, and that we have the service capacity to deal with those changing circumstances.

Hon STEPHEN DAWSON: Obviously there has been an issue with not being able to employ existing DSC staff immediately in your new facility. For the benefit of committee members, does someone want to explain what that limitation has been and why you have not been able to take those staff on straightaway? We will need as a result of this process, hundreds of new staff in the disability sector, so I think the staffing issue is something we need to talk about. If one of you wants to explain that reasoning, that would be great.

Mr Trewern: Simply, the provisions in the Fair Work Act on the transfer of business means for us that if we employ a DSC staff member and they have not had a three-month break from working with government, there is a transfer of instrument, which means they can transfer their conditions of employment over to Nulsen and expect to be paid at the same rate and under the same conditions as they were getting within government. The risk to organisations like Nulsen is that if we had a number of staff who came from DSC working in a group home who were able to transfer those conditions, then our existing staff would have every right to take us to the industrial commission to seek similar conditions. The cost of that for an organisation like Nulsen could potentially cost millions that would not be funded by government, so eventually we would be not sustainable.

So that is the crux of it. I do understand though that when we did research on the Fair Work Amendment (Transfer of Business) Act we were of the understanding that individual DSC staff could seek exemption under the Fair Work Commission to have the transfer not apply in these circumstances and take up employment with a non-government agency, but to my knowledge noone has done that to date, and we have certainly made DSC staff aware of that fact.

**Hon STEPHEN DAWSON**: That is fine; I do not think the other two need to answer. Is there a big differential in terms of what DSC pays their staff versus what you pay yours?

Mr Trewern: At the social trainer level, no, but between the others I think it is something in the order of \$5 000 a year, bearing in mind that we have salary package access and those sorts of things. But my understanding is that it is about \$4 000 or \$5 000 a year.

**The CHAIRMAN**: That sounds like rather a lot in a relatively low-paid occupation. What are the implications of that for staff?

**Mr Trewern**: For DSC staff, I guess, their salary level would be short by that amount of money, but that is different.

**The CHAIRMAN**: And you do not have the offsets to cover that?

**Mr Trewern**: No, I think that is taking into consideration the salary packaging advantage we have as well. The gap has certainly closed. The component 1, given that it was paid to the sector, for most agencies helped to close the gap, but there is still a bit of a gap.

**Mrs Crabtree**: They also have a different scale. For social trainers, the scale is different, so there is level 1 up to level 4, and the increments of their salary go up per level. I think at the top level there is quite a difference to our staff level. I could not tell you the actual figure, but there is a discrepancy.

**The CHAIRMAN**: What about other conditions of service, such as long service leave?

**Mr Trewern**: They would be pretty comparable, and annual leave.

**Hon STEPHEN DAWSON**: Who manages or maintains control of a resident's mobility allowance once they move across from DSC to your facility?

**Mr Tait**: It will be done by the team leader or the supervisor in the particular home. We have a definitive team leader assigned to the home and they would be assigned, I suppose, all of those aspects, including medication, doctors' visits and all of those things, to assess and act as an intermediary between the families if they want to be involved or have it allocated to them if they do not. There would be someone allocated to that.

**Hon STEPHEN DAWSON**: I have just heard from a family, particular in relation to transport services, that while providing transport services to residents DSC do not claim mobility allowances. But concern has been raised that non-government providers—so you guys—will now start to deduct from this allowance when providing transport services. Is there anything to that?

**Mr Tait**: It has not been raised at all, to be honest.

**Mr Trewern**: It has not been raised with us, but that is certainly the case with us. We charge a mobility allowance, which covers the cost of running the vehicles for the group home. That has been in place for years.

Mrs Crabtree: We disclose that to families when we meet with them and we explain to them what the money is used for, which is to give their family member full access to a vehicle at their home for all recreational, medical and personal appointments in their life. If there are additional costs that they experience—for example, if they go out to what is called an alternatives-to-employment option, who charge a mobility fee—we will cover that and not charge them because their mobility allowance is being used for the vehicle that they have full access to for whatever they need on a daily basis. So we disclose that to families when we meet with them and I am sure if it is asked of

other providers, they would. Families then choose whether they are okay with that financial arrangement going forward. We have not forced any families to choose Nulsen as a provider and we are very up-front with all personal finances and how that is managed. Whenever we talk to families, those questions come up and we disclose that information to them.

**Mr Trewern**: The packages that people get individually from the commission usually cover the cost of the direct care component. These mobility and boarder lodging charges usually cover all the other costs associated with the care and support in terms of food, insurance, electricity and those sorts of things.

[10.30 am]

Mr Vis: I take it that this mobility allowance you are talking about is what a family might receive from Centrelink, so it is federally funded, not state funded, and that belongs to the individual who is entitled to it. Also, that can be used only for transport; it cannot be used for other things. It may well be in certain circumstances, but people do not understand that. Where people are entitled to a mobility allowance, that transfers across with that individual. Therefore, if the transport is not included in terms of what we might do in the home, we would seek access to an individual's mobility allowance for that to occur. As you have mentioned, if there is a different provider who provides an alternative to employment or a community participation aspect, then we will work with all the organisations in terms of access to that mobility allowance, so it is not to the detriment of the individual.

**Hon STEPHEN DAWSON**: That relates to the NDIS and the NDIS trial. I am not sure if anyone has a house at the moment that will be transitioned that is in the trial area?

**Mr Trewern**: Not for us at the moment.

**Hon STEPHEN DAWSON**: What will happen if a person who is in one of your houses seeks to make a choice to have other people provide services? Can that happen?

Mr Vis: Yes.

**Mrs Crabtree**: It can happen now.

**Mr Tait**: It does happen now.

**Mr Trewern**: Do you mean if there are four people in a house, can three people get their support from Rocky Bay and one person —

Hon STEPHEN DAWSON: From within the same house.

Mr Trewern: No.

**Mr Tait**: That is not practical. From our perspective and for all of those sorts of things, it would not be practical.

**Hon STEPHEN DAWSON**: Essentially, under the NDIS that choice will not be there, so if they choose initially to be in your house, they are in your house; if they choose another service provider, they will have to go elsewhere?

**Mr Trewern**: But they can choose another service provider for alternatives to employment and therapy services, and for any of those other ancillary—type supports; they are not wedded to what the organisation provides.

**Mr Tait**: Or they could decide as all four in that house to go to another service provider, so there is that choice open to them.

**Hon STEPHEN DAWSON**: Chair, I could sit here all day, but I think they are the questions I had.

**The CHAIRMAN**: I would like to record our appreciation as a committee for each of our witnesses today giving up their valuable time to give us the benefit of their experience. We would like to thank you for that. Time has now elapsed, so I had better declare this hearing closed. I wish you all a very good day.

Hearing concluded at 10.32 am