

**STANDING COMMITTEE ON
ENVIRONMENT AND PUBLIC AFFAIRS**

**PETITION NO 46 —
DISABILITY SERVICES COMMISSION ACCOMMODATION SERVICES**

**TRANSCRIPT OF EVIDENCE
TAKEN AT PERTH
WEDNESDAY, 15 OCTOBER 2014**

SESSION ONE

Members

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

Hearing commenced at 10.23 am

Dr RONALD CHALMERS

Director General, Disability Services Commission, examined:

Ms LARAINIE WIESE

Principal Employee Relations Consultant, Disability Services Commission, examined:

Mr JONATHAN PEACH

Executive Director, Services, Disability Services Commission, examined:

Mr VINCE RITORTO

Manager, Strategic Human Resources Services, Disability Services Commission, examined:

The CHAIRMAN: On behalf of the committee, Dr Chalmers and colleagues I would like to welcome you to this hearing. You will each have signed a document entitled “Information for Witnesses”. Have you all read and understood it?

The Witnesses: Yes.

The CHAIRMAN: These proceedings are being recorded by Hansard. A transcript of your evidence will be provided to you. To assist the committee and Hansard, I ask that you quote the full title of any document that you might refer to during the course of the hearing so that we have it for the record. 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—it would be quite a logistic challenge. Please note that until such time as the transcript of your public evidence is finalised it should not be made public. I advise that publication or disclosure of the uncorrected transcript of evidence may constitute contempt of Parliament and may mean that the material published or disclosed is not subject to parliamentary privilege.

Dr Chalmers, before I invite you to make an opening statement I would also like to welcome visitors to the public gallery here today. It is an important role that you have got to play. This hearing is a proceeding of the Parliament and it is important that, to the greatest extent possible, proceedings of the Parliament are open to be observed by the public. So thank you for being here, and the fact that you are here in such numbers also gives us confidence that we are examining matters that do concern people. Of course the other responsibility that a public gallery has at a hearing such as this is to ensure that these proceedings are not interrupted by outside influence. You are very welcome to be here but there is not an opportunity for participation. I ask if you just bear that in mind so that the witnesses can give the benefit of their evidence to the committee without any distractions. Dr Chalmers, we are here in connection with petition no. 46, which you would be familiar with as we have previously corresponded. Do you want to now make an opening statement addressing the issues raised in that petition?

Dr Chalmers: I would like to make some comments and observations that I think might be quite useful to the committee. It sets a little bit of context around which this petition has emerged. I will just start with some observations, the first being that disability services in this state have been

changing and expanding and I think improving for a long period of time—decades. I also think it is fair to say that WA is considered to have probably the best disability service system in this country. We have a reputation for innovation and for good service delivery models, and I think that an important reason for our success in disability services has been the willingness of successive governments to embrace change and to support reform. Twenty-three years ago when I joined the world of disability services there were not terribly many options available for people. The public sector ran most services and you either fitted in with that model or you made your own arrangements; there was very little choice. Today things are very different. We have deliberately over the past 15 years invested in the non-government disability sector. It is now strong, it is diverse, it is made up of close to 120 non-government organisations and they provide a wide range of choice to people with disability and their families.

[10.30 am]

In the area of accommodation service, which is the focus of this petition and hearing, a lot has changed over the past few decades. Again, successive governments have supported the growth of the non-government sector and the reduction over time of the number of people in our accommodation service. At our peak, we had 900 people with intellectual disability in DSC accommodation. Today that number has dropped to 480 and it is dropping every year. There have been waves of devolution of people from our accommodation service out to the non-government sector and I have to say at each point where that devolution has happened over the past few decades, families get anxious and people are concerned, but within a very short space of time that anxiety and concern fades away as people have demonstrated that the new service providers are doing a good job. Can I also say that many people that we still have in our accommodation service moved there out of institutions. Some are aging now and I have to say that many of them were never given a choice about where they would be accommodated; there was no choice. They moved from institutions into our accommodation. Some facts: 85 per cent of our accommodation services in this state are provided by the non-government sector, and that grows every year. We have over 40 different non-government organisations that provide, I believe, quality services and, importantly, those non-government organisations are subject to the same quality assurance system that our DSC accommodation service is subject to. In fact, more than that, some of our NGOs have voluntarily applied more stringent quality assurance measures than we apply to ourselves. I will finish by saying that whenever there have been changes and reform in disability services, families quite understandably get anxious and concerned about their loved ones, and we recognise that. I have been a part of those waves of reform for close to a quarter of a century now. I have personally had conversations with hundreds of parents and family members over the past 23 years who want to talk about their concerns for the future. But I also have countless examples where anxiety and concern fades very quickly when family members get to experience new support arrangements and build confidence in those arrangements, and I think that will be the case with the transfer reforms that we are involved in at the moment. I will leave it there.

The CHAIRMAN: Thank you for those opening remarks in which you have anticipated some of the questions that my colleagues and I have. With reference to the petition that refers to the outsourcing of 60 per cent of group homes affecting about 300 individuals with an intellectual disability, and the axing—to use the petition's term—of 500 public sector jobs, is that about the scale of what we are contemplating at the moment?

Dr Chalmers: Yes, they are the parameters that we took to government and got endorsed by state government.

The CHAIRMAN: So would that reduce your accommodation service clientele from 480 residents to closer to 200?

Dr Chalmers: That is correct, and can I just say that that 200 reflects the fact that the commission does not want to exit direct services in accommodation, but we want to get ourselves down to a

scale that would replicate a medium to large non-government provider. So we would be on a par with what a medium to large NGO would look like in terms of scale.

The CHAIRMAN: Does the DSC agree with the view that it has to be, for want of a better word, the provider of last resort to make sure that we do not have clients who require accommodation services falling through the net because an NGO is not available to look after them?

Dr Chalmers: “Provider of last resort” is an interesting term and it has been used for a long time. The investment we have been making into the non-government sector over the past period of time, including the most recent financial investment in that sector to build viability and sustainability of the sector is all aimed, ultimately, to reach a point where we do not have to think about that concept of provider of last resort. In that concept is the notion that when things get tough in the non-government sector you can get handed back to the public sector. We have strong evidence now to say that we have almost reached the point where that does not happen. In fact, some of the most complex, challenging individuals that we have supported in accommodation in the state are now supported in the non-government sector, not the public sector. I think we have almost reached that point of being able to say that “provider of last resort” becomes a redundant concept. Having said that, we took to government a clear statement that we would retain within the commission the capacity to respond to people in critical and urgent need—the person whose sole carer passed away last night and needs an urgent response. We would always want to be in that position to help. Similarly, with the 200—my apologies for being long-winded in my response—we want to increase within that 200 our capacity around emergency support for people who are in critical and urgent need.

The CHAIRMAN: Doctor, the committee received numerous submissions from families of people with severe intellectual disabilities currently residing in DSC group homes. They told the committee, generally, that the current arrangement suits their needs and that they do not want or need other choices. What choices will be available to residents in a DSC group home? Will they in some or all cases have to move to a different house? Could they remain with the same housing mates and would they have new carers?

Dr Chalmers: Can I respond by saying that I have also read the submissions that have come in and taken a fair amount of time looking at exactly what are the issues that are of concern to people. I will add that I think some of the concerns that still exist come from misinformation about what we are doing in this transfer of services. We have been trying through a range of strategies to be getting accurate timely information to people at the point where they need that information. But to get to the point of your question, we will not be selling houses, we will not be making anyone homeless or reducing their services, we will not be forcing anyone to move from the house they are in if they do not want to, we will not be moving people away from friends that they want to continue living with if that is their choice, and we will not be choosing the providers of services that the families and the individuals, where appropriate, decide to move to. Having said that, part of the transfer arrangement is to give individuals and families the opportunity to explore other support models that are available now in the sector that were not available when their family member moved into one of our group homes last year or 20 years in the past. It might be that some families choose not to stay with a group home arrangement. They might choose with their family member to try something quite different. When the commission first started setting up group homes, it was the only show in town, but now there are all sorts of different support arrangements and we would want to explore those and make them available for family members if they choose to go down that path.

The CHAIRMAN: What sorts of models would they be?

[10.40 am]

Dr Chalmers: The range is extensive now, from individualised support arrangements, where a person chooses to live with support in their own flat, unit or house; there are quite innovative co-residency arrangements that have been set up; and there are cluster arrangements that are now

operating in the non-government sector. The options are as wide as creativity wants to take them. But the point I am making is that it might not be that five, six or seven people in a group home might all decide to stay in that group home; some might take the opportunity to try other things, which will require some recalibration within for the others.

The CHAIRMAN: That leads to the obvious question then, which I ask you to explain for our benefit: if you are reducing your total population in group homes by 60 per cent, and a lot of people do not want to change their arrangements, it would seem hard to reconcile that. That is, the goal of reducing the presence by 60 per cent while at the same time not actually requiring anyone to change who does not want the change. You might have a situation that you have just alluded to where if you have six or seven people currently in a group home environment, and several of them want to explore another option and move on, will it be viable to retain those who remain in their current situation?

Dr Chalmers: Can I answer that by saying that that scenario happens now, and it happened last year and it happened 10 years ago. We are in a constant state of movement in our accommodation service. This is another perception that is there that we have this fixed arrangement with 100 group homes and everyone has been there for years or decades and there is no change. We have a constant movement, and we also have a constant movement of staff in those group homes. Change happens now. People move around to different group homes. Some people pass away, they age, and we are constantly reconfiguring where people are living within that group home environment. It will be no different to that.

Hon PAUL BROWN: Scenario number two is that you have six, seven or eight DSC clients in a group home, and you are saying that they have the choice. Choice number one is that none of them want to move—they all want to stay there, but they all want to use different providers. How does that work? Are they able to stay in their group home and is it viable then for NGO one, NGO two and NGO three to provide singularly or to multiples in that group home, and also perhaps have DSC provide services in that group home as well? That is choice.

Dr Chalmers: It is choice. From the very outset we made it clear that we were not looking at an end point in this transfer process. Part of the reason for doing that is that we foreshadowed those sorts of situations occurring where it might well be that you do get different views emerging about alternative service providers. That has not been the experience up until now. It just so happens that most families are choosing to stay basically in a group home-type environment and then through good facilitated discussion are really exploring the positives and negatives of a range of service providers. The first house has moved, it has transitioned, but I think with the next three or four down the pipeline the families have collectively looked at the range of service providers and decided to say, “Yes, this is the one we think is the way we want to go.” Let me speculate: I think family members would not want to see two or three different service providers operating in the one home, and that is the experience we are picking up now. If it happened—we have said from the start that there is a different view—let us explore that and see how we can actually try to make that work for people, but to this point in time we have not had a dilemma.

Hon STEPHEN DAWSON: Dr Chalmers, there is no doubt that some families may well be happy with this decision and may well choose to engage and move their loved one or the family member on. There are obviously a range of other families who were not happy with the situation. Have you surveyed families to gauge their views to see who would want to leave their family member where they are at the moment?

Dr Chalmers: No.

Hon STEPHEN DAWSON: Would it not make sense to get a sense directly from families to see what their views are, rather than reacting to the media—we are talking about hundreds of families, granted. If you want to survey, why would you not send a letter to those families to seek their views? I mean, that might take some of the sting out of it. There is concern from families that they

are not hearing everything and are hearing things second-hand. It seems to me that a survey would deal with some of those issues.

Dr Chalmers: I said in my introduction that this transition process we are involved in at the moment is not new. I have been around long enough to have been part of many transitions over a few decades and did any of those involve asking individual people whether they approved of the reform or change? The answer to that is no. Why was that the approach taken over a period of time? Because, I suspect, if I had gone to a survey approach and asked family members—bearing in mind that a significant number of people in our accommodation services do not have any family members—the majority would have said, “No, leave it exactly as it is. I don’t want any change.” What do we do with that if, in fact, the significant proportion or a large proportion says, “No, no, I like it just as it is now. Do not change, do not reform, do not move ahead”? At any of those other periods of time when we were moving from Boston, Dorset, Croydon and Pyrton, if we had done a survey of people in the Pyrton institution back in the 1970s and 80s, we would have had a significant proportion of families that said, “Please leave my family member in the institution.” What do you do with that survey information at the end?

Hon STEPHEN DAWSON: To be honest, I am not particularly concerned about 20 or 30 years ago; what I am concerned about is now. I am concerned about the families who have made submissions to this committee, who have spoken to us and who are concerned. Obviously, we are hearing from one section of the community. I just thought it would make sense for the agency to have a sense of who is concerned about this, so you can work to engage with those families to see how we can get through the process. The other point I wanted to make was in relation to choice. Numerous people have said this is about choice, and I think you might have used that in estimates hearings, and certainly the minister has talked about the fact that this is about providing choice. Will you not admit that it is not really about providing choice? What you are saying is that people can choose to move to a new provider, but people cannot choose to stay where they are.

Dr Chalmers: Correct. It is choice beyond a point of decision-making that we will actually do this.

Hon STEPHEN DAWSON: So it is not really about choice; there is not real choice in that sense. You can choose to go in that direction—no, we are going in that direction and you can choose who you use, but there is no choice to stay where you are. One of the submissions we had was from Mileto Street, and the committee was advised that many of the residents there are probably between the ages of 50 and 70 and their families or loved ones are probably 20 years older, so 70, 80 or 90 perhaps. People in that house may have been there for a long time. Their carers or loved ones are in their twilight years. For those families in particular, but for all families involved, this is a stressful occasion. The fact that you are now moving their loved ones in a different direction, you are taking their staff away—do you not see that that is kind of senseless and unfair to those families?

Dr Chalmers: We knew from the start, as I said at the beginning, that this would create concern and anxiety. Why? Because we have been through this before. Your comment about choice could be seen as: this is now choice across 45 different service providers versus choice across 46 service providers. It depends on your point of reference in all of that. We have never been in a better position than we are now to offer family members and residents in our group homes a genuine choice, and it is not moving people somewhere. As I said before, people can remain in the same house with their same housemates —

[10.50 am]

Hon STEPHEN DAWSON: Sure, but taking staff away, in effect; if you are not moving them, you are taking staff who currently work there away.

Dr Chalmers: Can I come to that issue because, again, this is an important point. The level of staff churn within the commission is significant. People form the view that here is a house with DSC staff who have remained there for years or decades around the individuals. That is not the case.

Hon STEPHEN DAWSON: In some cases it would be that there are staff who have been around for a long time. Certainly, staff would come and go, and people would go on leave, but what we are seeing in this case is a total drop-off of those staff, so everybody, aside from the housemates potentially, who they have had daily contact with will likely cease to have contact with them.

Dr Chalmers: Through a transition process that will be the outcome, and, similarly, the actual house itself. We are in a constant state of renewal of houses. Houses get sent back into government—we do not own those houses. New houses are built; they are commissioned. The dynamic that exists within our accommodation service is real and it is on all of those fronts. It is a mythology to think that the house all stays the same, the residents all stay the same, the staff all stay the same, and what happens in the house all stays the same. That is not the reality of our accommodation service.

Hon STEPHEN DAWSON: Dr Chalmers, a number of the submitters have said that they do not believe there is any transparency around this process and that they are concerned by it. I guess that comes back to the issue that they have not been consulted and they have not been surveyed. Can you tell the committee who has actually been consulted in relation to this policy—so, what groups or organisations were consulted with before you decided to go to government with this new policy direction?

Dr Chalmers: Again, I just go back to the point of saying that this is not the start of a process. This is part of a journey that we have been on for a long, long time. I have been part of discussions with family members going back years where we were talking about the future and building the sector and moving on. It just so happens that we are accelerating this process now, as we have done in the past. I personally have been involved in discussions with family members over a lengthy period in the role that I currently have and, in fact, in the role before that. Around the time when this was announced, a year ago now—that is another key point: here we are 12 months down the track, and we were criticised for rushing this process.

Hon STEPHEN DAWSON: Sure, but people still have the same frustration in that you still have not spoken to them. It has been a year, but they are still none the wiser in many cases and they are still as concerned.

Dr Chalmers: Can I come to that, and I might draw in a couple of people who are close to the communications that have been going on here. We came out in October last year with a very clear statement, not just to family members, but to the general public, about our intention and what we were planning to do, and we made it very clear that this would be done person by person. It would not be done as batch job lots and it would not be done as hiving off sections of suburbs; it would be done person by person. The moment you commit to that approach, you have to tailor your information flow and your communication to match that person-by-person approach. People are now saying, “We just don’t know about all of the detail of how this is going to concern me and my loved one”, but it might well be that that person and that loved one will not be moving, so why would you want to shower an individual or a family with a whole heap of detailed information, which may, in fact, not be needed by them? So we committed to information at a point where the individual, the family would be needing that information. We came out with a broad statement. We said we would take as much time as we needed to do this properly with people so that we could attend to all of their issues. Now I will hand to Jon or Vince here to talk a little bit about the intensity of the engagement that we have had over the past 12 months, which has been considerable, and the structures we have set up to assist people.

Hon STEPHEN DAWSON: Dr Chalmers, before you move off that point, I want to get back to the consultation issue again. You told us that in October last year a decision was announced that 60 per cent of accommodation services would be outsourced. In relation to that particular decision—this 60 per cent new accommodation places to be outsourced—was there any specific consultation undertaken with groups, industries or individuals about that; and, if so, who was consulted?

Dr Chalmers: There was consultation within the disability sector, non-government sector and advocacy groups—I personally got involved in those consultations—who were advocating for individuals and families. We also established an independent group made up of some family members and some advocates who helped us in some of the early planning around what sort of guidelines would be used to choose the first group of individuals that we would approach. That was done in those early months.

Hon STEPHEN DAWSON: Chair, by way of supplementary information, can I ask the director general to provide a list of those organisations and individuals who were consulted in relation to this announcement in October last year?

The CHAIRMAN: Are you able to take that on board, Dr Chalmers?

Dr Chalmers: Yes.

The CHAIRMAN: We will take that as supplementary information.

I am aware of the time, as members are, too. To move on, I still have a couple of questions about the transition process. Could you describe briefly, or have someone describe briefly, the transition process? You have indicated that it will be gradual and graduated. What is involved and what is the time frame? We have been hearing a lot about a two-week notice period. Could you please discuss that?

Dr Chalmers: Before I hand that to my colleague, can I just dispel that two weeks. I do not know where that came from. It is not real. Again, we will take as long as it takes, tailored on the needs of the individuals for transition. Having said that, though, the experience in this first movement is that some families have said to us, “Can you hurry it up? Can you move it on a little bit? We have had enough discussion. We have had enough of your information. We just want to move on.” Can I also add that we now have evidence of some families stepping forward and asking to be part of this transfer process, even though we do not have them on the list.

Hon STEPHEN DAWSON: The flipside is that a few of the families are also saying, “Take the foot off; tell us more.” So while some are happy; again, there are lots who are not.

The CHAIRMAN: That is what we need to explore. Mr Peach, if you could help us.

Mr Peach: Yes, certainly. In terms of transition houses, as the director general has stated, this process started last October. To confirm, we have just completed the first transition fully about 10 days ago now, so there is no time frame as such. As you will appreciate, the first part of the transition is actually making sure that we have all the relevant information, gathering all the information, allowing—sorry, I will take a step back. We notify the families that the intent is that the house will go to a provider, and obviously they are then sought their views and engage with our transition team, which is a dedicated team of three staff, to discuss options, and interviews are provided to the families and the individuals. Once that process starts, there are a whole range of information sessions—information drops, for want of a better word—to the families to guide them in that process and to allow them to have that choice. As that progresses and the families determine which provider they wish to go for in the future, once it gets to a point where the families agree on a provider, then we actually start working towards the handover. That is talking about the consent forms for information so that we can hand the information over and make sure that transition process is particularly smooth and takes due care and regard for the individuals.

The handover process, I think, is more the concern that has been raised in terms of the two-week period, which is actually at the very end of the very lengthy consultation and transition process. The handover is actually where we start putting providers’ staff on the floor with our own staff to mentor through that transition and to actually discuss the issues that relate directly to individuals and the nuances of managing different people. That process is the thing that people have been labelling two weeks. Where the two weeks has come from, I still have no idea. It has been two weeks with the recent transfer, but, as the director general says, that process will take as long as

it takes. There are competing complexities of needs for different individuals, and we will not transition a house until we are absolutely satisfied that those needs are met and that the provider is content that they are happy that those needs are met. In doing that, we do consult with our staff; we consult with families and we consult as far as we can with individuals on a daily basis.

[11.00 am]

The CHAIRMAN: Still on generalities, let us take a standard DSC group home. How many residents might you have in a standard house—six, seven or eight?

Dr Chalmers: It ranges. The house that has transitioned recently is a five-person group home. It just happens to have four people living in it, but it can go up to seven, eight and nine people. It varies.

The CHAIRMAN: Accepting that there is a variety, for the purposes of discussion, how many DSC employees would be in that group house or connected to that group house?

Dr Chalmers: Again, it varies, depending upon the needs of the individuals who are living in that home. It is an interesting point, because we operate on the basis of an industrial agreement that is crafted specifically around social trainers and the staff that we engage with there. So we are operating within that industrial framework. Can I assume that the follow-up question will be: how does our staffing compare with where they might be drawing from in the non-government sector—was that perhaps your next question?

The CHAIRMAN: It is a good question, if you could provide us the information.

Dr Chalmers: I am sitting in the wrong chair! The short answer to your question is that it varies depending upon the needs of the individuals in the home.

The CHAIRMAN: Let us say that we have six DSC staff whose jobs are, in their entirety, to be carers in that group home—will that do? What happens to those six DSC staff when the process of identifying the group home, looking at all the options, making decisions in consultation with families, then embarking on the two-week, or whatever, final transition handover process, which you have explained very well—what happens to those half a dozen DSC employees?

Dr Chalmers: We gave an awful lot of thought to the staffing implications of moving down this transition of DSC residents to alternative service providers. Our modelling told us that for a significant period of time during the transition process that staff in those homes would be required, in a redeployment sense, within other DSC homes. That has been well communicated out—that for the early part of this transition process, we will require every DSC employee that we have got. Will they be working in that home? Clearly not, but they will be working in another placement within our accommodation service. Again, that is not unusual, because, as I said before, we deploy our staff; they are not appointed to a home and that is where you remain for the next so many years. Deployment of staff is flexible.

The CHAIRMAN: Thanks for that. Just to clarify that there are to be no redundancies or sackings, voluntary or otherwise?

Dr Chalmers: I have mentioned where we modelled up on the early part of this transition. It will reach a point, though, where it may be that we will have staff surplus to our requirements and we will have to utilise accepted state government, public sector and industrial arrangements for being able to deal with and look at the options that are available for those surplus staff, but that will not be happening for a while yet.

Hon STEPHEN DAWSON: On that point, does your modelling show when that will be happening and when you anticipate when that happening?

Dr Chalmers: No, it does not, because, again, if you lock yourself in to giving people as long as they need to be making their decision in the process—we knew from the start that we could not say,

“At this month, those number of people move”. It is taking slightly longer than we had hoped, but we always said there would be a start time not a finish time to this; we never said a finish time.

Hon STEPHEN DAWSON: So you are not working towards any finish time at all? You have not anticipated a likely finish time in the future?

Dr Chalmers: No. I mean crystal ball gazing, from start to finish, maybe two to three years all up. But, again, we found out in the early part that we needed longer conversations with families and more information flows, so it will take as long as it takes.

Hon SAMANTHA ROWE: Just following up on some of Simon’s questions, I suppose. In terms of making the decision to outsource services from DSC to NGOs, did the decision have anything to do with cost saving? Given that those in the public sector are paid a lot more sometimes than NGOs, was that a factor in making this policy decision?

Dr Chalmers: No, and I will respond in a couple of ways. We realised at the start of this process that when people transition from commission service to non-government it may cost less, it may cost more or it may be cost neutral—we do not know that yet. It depends on the model of support that people are choosing along the way, but we confidently expect that in some cases it will actually cost us more to transition individuals to the non-government sector than we are spending right now. If in fact we end up coming out with it neutral or a bit below, so be it. But it was not driven by some cost-cutting initiative.

Hon SAMANTHA ROWE: Following up on that; is there any guarantee that you can provide to the families concerned that the services will be provided by the NGOs will be to the same standard that they are currently receiving from the carers?

Dr Chalmers: Again I come back to my statement in the introduction that our primary way of monitoring quality of service is through our quality assurance system. It is exactly the same quality assurance system with the same level of rigour that is applied to our non-government organisations as it is within the Disability Services Commission. In fact, you could say that it is a bit higher out there in the sector in some places. I think we can put hand on heart and say that the quality is going to be equivalent.

Hon SAMANTHA ROWE: Has that been communicated to the families to alleviate some of the stress that they are obviously feeling?

Dr Chalmers: Yes.

Hon SAMANTHA ROWE: In what capacity?

Dr Chalmers: Again, it is part of this information process; it has come up in conversations with family members. But also, part of the process has been to facilitate their engagement with these prospective service providers. There have been ample opportunities for them to spend time viewing firsthand what the different service providers have to offer. If people want more of that, then we are more than happy to facilitate that. I think there is even thought of an expo, because we are having to do this—we have not got to this point. One of drivers for this change is actually the NDIS that everyone is championing. But that is a driver for having choice available for people, and we have a role to tell people what those different service options are.

The CHAIRMAN: Doctor, again, we have to draw this hearing to a close very, very soon, but the committee was wondering if you might be able to provide us with supplementary information indicating or giving examples of the type of information that you are sending to families in response to the queries which I think you are hearing all the time, or the complaints that you are hearing not infrequently as part of the process. Would you be able to provide that?

Dr Chalmers: Certainly.

The CHAIRMAN: Thank you very much for that. Given the scale of what is being undertaken here, it is impossible for us to discuss this for as long as we perhaps might, but let me go to a specific example that was brought to our attention by a union source, referring to families of residents of Albemarle home. I am not sure if you are immediately familiar with Albemarle?

[11.10 am]

Dr Chalmers: Yes.

The CHAIRMAN: The committee was told that families of residents were advised that a two-week period was allocated, but this was open to variation according to need. The families wanted a three-month period, but were told that that was not possible. Again, I am referring to advice that we have. A DSC officer advised families that the group home will remain under DSC administration from the 22 September this year until 6 October this year, when DSC staff will be deployed elsewhere. That is now historical, those dates. What happened with the Albemarle transition? Where are we up to?

Mr Peach: I think there is some confusion with that. I do not think that that is Albemarle; I think that is Hancock. No, it would be Nanson?

Ms Wiese: It just sounds—the set of circumstances that you described do match up the transition of the Hancock house, which is also in Doubleview, and that transition is the one that has just been completed.

The CHAIRMAN: If that fits with the information that you have given, perhaps you could briefly use that as case study on how it went.

Dr Chalmers: Again, can I just say that it has gone very well from the feedback that we are getting from families and from the service provider chosen to provide services.

Mr Peach: Mr Chair, I think there are two houses here that we are talking about. There is first one which has already transitioned. I think the one that is actually in question is a different house that was indicated at the twenty-second, and that at this moment in time the initial—to talk about the actual transition and handover period first. The initial plan was that that would be a two-week period. That was done in discussion with providers—the staff on the ground feeding up the information as to what we anticipated would be the required time frame. That is a nominal two-week period.

The CHAIRMAN: And that comes, does it not, at the end of a preliminary period before you embark on the transition at the end.

Mr Peach: A lengthy transition process—that is right, yes. It is at the end of a very, very long process before we get to that. That is the two-week period that we are talking about there; it was a nominal period for staff to go on the ground and actually do the handover.

The CHAIRMAN: Might that then follow, if the families of residents were requesting it, a three-month process of looking at options and providers?

Mr Peach: Certainly, what will happen is the nominal two-week period will be there, because that is what was agreed with the provider would be an appropriate time frame to hand over. Once we have the provider's staff on the floor and we are working with them, we would of course look at that and ensure that things are going smoothly. If it is not going smoothly and there are real concerns that we are not going to hit that two-week period, then of course we delay it. We stop, we take stock, and we review it, and we go, "Yes, this will take another two weeks, another six weeks or take another eight weeks, if that is what needs to happen." But of course there has to be a decision made at some point, where we, staff, families and provider go, "Yes, we've got to go now." There is certainly a time frame that we have seen with another house that has transitioned recently, where it gets to the point where you can have people there for three months and it actually serves the opposite purpose. That is then becoming too protracted, and unsettles individuals in the

house as well. That is the first thing. The second thing is that process has been delayed, but that is from a discussion that we are having with the provider currently for different reasons.

The CHAIRMAN: Finally, what is the advice that should be given to a concerned family connection of a resident as to how they might seek redress of their concerns? Who is the person that they go to?

Dr Chalmers: We mentioned before that we created a transition team, and I have to say that the individuals that have been part of that team are incredibly knowledgeable and skilled. They are people that have been in the disability sector in the non-government and in the public sector for a long time. So we picked our best and also the people that relate incredibly well with individuals and families, so good communicators. Those people are available at any time to be able to work through issues with individuals who just want get some greater clarity.

The CHAIRMAN: Are these the people who are charged with working through the transition processes and so on with each individual group house or is this another group?

Dr Chalmers: This is the group.

The CHAIRMAN: So, then, up-front, the residents' families know to deal with these people?

Dr Chalmers: Sure.

The CHAIRMAN: If for some reason they find they are hitting a brick wall, that they are being told, "No, sorry; you don't have the options that were available to you", and this might be a misconception or a miscommunication in an instance, but let us say that someone says, "It's not working as we were told it was working; we're not getting the choices and the freedoms that were made available to us; we're not getting the answers", who do they go to then? Is there somewhere else they can go?

Dr Chalmers: For sure. I guess there are a number of avenues available for people. We have a tried and tested complaints management process within the commission that operates very effectively, and that moves fairly quickly right through to my desk. I would want to know of any situation that we would encounter here where things are just not working out as we had planned, because it would not give me any joy to think this is not happening well. So there is that process, but we also engage right from the start all of our funded independent advocacy groups. They have been part of this journey with us. People know who those advocacy groups are; they are pretty widely known. I would be the first to hear from those, if I can say, fairly bolshie advocacy groups where we were not getting this right, and they have been part of the journey with us on the way through. So there is also that opportunity for families if they feel it is not working.

Hon STEPHEN DAWSON: Dr Chalmers, just back to the staffing issue, when you do reach that stage where you have surplus staff, do you anticipate that you will need to use the Premier's new forced redundancy regulations, which will probably be in effect from 1 January next year?

Dr Chalmers: I cannot answer that because we do not know the detail of that scheme. We would want to look at that when it becomes available, but I cannot answer that at the moment.

The CHAIRMAN: Can I just thank our witnesses now on behalf of the committee for coming in today. We look forward to receiving the supplementary information. With that, having regard to the time, we will now have to conclude, so I wish everyone a good morning.

Hearing concluded at 11.17 am
