

**STANDING COMMITTEE ON
ESTIMATES AND FINANCIAL OPERATIONS**

ONGOING BUDGET ESTIMATES HEARINGS 2010–11

DISABILITY SERVICES COMMISSION

**TRANSCRIPT OF EVIDENCE
TAKEN AT PERTH
FRIDAY, 10 SEPTEMBER 2010**

SESSION ONE

Members

**Hon Giz Watson (Chair)
Hon Philip Gardiner (Deputy Chair)
Hon Liz Behjat
Hon Ken Travers
Hon Ljiljanna Ravlich**

Hearing commenced at 9.09 am

O'BRIEN, HON SIMON

**Minister for Transport and Minister for Disability Services,
examined:**

CHALMERS, DR RON

**Director General, Disability Services Commission,
sworn and examined:**

HAILES-MACDONALD, MS MARION

**Acting Director, Policy and Strategy, Disability Services Commission,
sworn and examined:**

MEYERS, MR GARY

**Chief Finance Officer, Disability Services Commission,
sworn and examined:**

The CHAIR: Good morning, Minister.

Hon SIMON O'BRIEN: It is lovely to see you again.

The CHAIR: Thank you; we will make a start.

On behalf of the committee, I welcome you to this meeting. Before we begin, I am required to administer an oath or an affirmation.

[The Witnesses took the affirmation.]

The CHAIR: You will have signed a document entitled "Information for Witnesses". Have you read and understood that document?

The Witnesses: Yes.

The CHAIR: The proceedings this morning are being recorded by Hansard. 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 may refer to during this morning's proceedings, and please be aware of the microphones and try to speak directly into 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 Please note that the uncorrected transcript should not be published or disclosed. This prohibition does not however prevent you from discussing your public evidence generally once you leave the hearing. Government agencies and departments have an important role and duty in assisting Parliament to scrutinise the budget papers on behalf of the people of Western Australia, and the committee values your assistance in this matter this morning. Members, it would assist Hansard if, when referring to the budget statement volumes or the consolidated fund estimates, you do so by way of a reference to the page number, item, program and amount in preface to your questions.

I might just indicate that we are scheduled to finish at 11.30 am, and that I will suggest we take a five or ten minute break somewhere in the middle—for occupational, health and safety reasons!

Hon SIMON O'BRIEN: To avoid inconvenience—yes.

The CHAIR: Exactly, minister—exactly.

Would members indicate whether they have questions.

Hon SUE ELLERY: Thank you, madam chair. I do not want to stand in the way of committee members.

The CHAIR: That is okay; they will indicate if they have a question.

Hon SUE ELLERY: For the purpose of Hansard I am referring to budget paper No 2, volume 2—and that is the only budget paper I will be referring to.

On page 461 under “Major Spending Changes” there is reference to “Five Out-of-Home Respite Facilities—Recashflow”. We saw this expression appear in budget papers for the first time this year. The minister might remember—I appreciate that the officials will not—the debate about the term “re-cashflow” during the Treasurer’s authorisation bill. We understood the definition. We were advised, broadly, that it meant specific expenditure allocations that had been deferred: in some cases it was just that the spending had been deferred, but in other cases it was that the spending had been deferred and the money had been spent on something else, and re-cashflow was when the money was given back to be spent on what it was originally intended for. Is the minister able to tell us the reason for the deferral and whether the money was spent on something else in the interim, before being re-cashflowed to his department?

[9.14 am]

Hon SIMON O'BRIEN: If I can say by way of an opening remark, although we are helping Hansard if there is a reference to a page—this is a custom of the estimates hearings process of long standing—as I have indicated many times in appearing before this committee, we recognise that you have the capacity to range over all sorts of areas of government activity so we are quite happy to explore any areas that members may wish to examine outside of the immediate budget. We are here to assist the committee; I just want to indicate up front that we are here to be as open as we can.

In relation to the specific question that has just been asked, I can reassure the member that in respect to the five out-of-home respite facilities, there is a provision there, as an election commitment, for a total amount of money to provide for those facilities. However, that provision was not only for the bricks, mortar and the land—the actual physical provision of the facility—but also for the running costs of that facility. My recollection, which I am going to ask Mr Meyer or Dr Chalmers to confirm, is that going back a budget or two, the allocation for the acquisition was with another agency, even though it was for our benefit. That also included some of the operating costs, which clearly do have to come through our budget. In this case the recashflow, as it is called, was actually the reallocating of that portion back to our budget so that those provisions could be made.

Hon SUE ELLERY: From housing and works?

Hon SIMON O'BRIEN: I think it was housing, so I will just ask Dr Chalmers to confirm if my recollection is correct.

Dr Chalmers: Right from the start of this process we knew that it would have to be a fluid budget over the course of the few years that we were identifying the locations, having consultations with families about what they wanted and determining whether we were going to spot purchase or whether we were going to buy a block of land and build—it needed to be fluid. We have been liaising with Treasury to make sure that we have the right amount of capital funding available for whatever we are purchasing and then the right amount of operational budget so it is available for when we have these respite houses come on stream. So what you have got there used \$2 million for

capital for the current year, an estimate of \$2.58 million of capital for the second year and then the operational cost shown in the income statement. With the first of these houses that we purchased, when we fortuitously found the right place in the west Kimberley, we needed to have the dollars to available to purchase that facility, whereas if we had bought a block of land and built on that then the money would have been required a little later than the spot purchase.

Hon SUE ELLERY: Through you Madam Chair, can you just confirm for me, in this case, what the term “recashflow” means?

Hon SIMON O'BRIEN: I think that the member is concerned that there has been some diversion, albeit temporary, of funds to something else, and then they get brought back. I just want to you reassure that there is no way that that has happened.

Hon SUE ELLERY: It is a fluid word; the expression seems to mean different things. I am genuinely interested. In this case, if I understand what you have said so far, recashflow, it appears to me, means the release of certain funds from Treasury. Recashflow in other circumstances means different things, what is that term mean to you? Treasury has released the money or what?

Mr Meyers: It means that cash is still being provided. There was \$11.75 million provided for this project and it has simply now been cashflowed over the 2009-10 and 2010-11 years for capital works, and then for the operations, from 2009-10 to 2012-13 we get a recurrent amount of about \$2.6 million that is then ongoing. So the funding that is being provided by Treasury is far in excess of the initial \$11.75 million.

Hon SUE ELLERY: I think what that means is that recashflow means different things depending on where it appears in the budget, so perhaps I will ask the question to the Department of Treasury and Finance about that at some time.

Hon SIMON O'BRIEN: I think that would be good; it is not our word.

The CHAIR: You could this afternoon.

Hon SUE ELLERY: I will not be here this afternoon but maybe you can. You set that as an example.

The CHAIR: I will pick it up, thank you.

Hon SIMON O'BRIEN: Bring them in early and let us go home!

The CHAIR: Yes we will. They are coming this afternoon as luck would have it!

Hon PHILIP GARDINER: Madam Chair, could I just follow up on that answer, just so I understand it? You said there was \$11.75 million that was fully allocated in 2009-10?

Mr Meyers: No, there is \$11.75 million over four years, 2009-10 to 2012-2013.

[9.20 am]

Hon PHILIP GARDINER: Okay.

Mr Meyers: And after 2012-13 it continues at the recurrent amount of \$2.6 million.

Hon PHILIP GARDINER: My question really is: of that \$11.75 million allocated, where is the rest of the \$11.75 million in these forward estimates?

Mr Meyers: It is within the income statement. All that has been displayed on page 461 is the capital component of the project.

Hon PHILIP GARDINER: Okay. Can you just take me through and show me where in the income statement that comes in? Is it under employee benefits and that kind of thing? Is it just a general running —

Mr Meyers: It is on page 469.

Hon PHILIP GARDINER: Yes, I have got it. In which items would we find the balance of that?

Mr Meyers: That would be under grants and subsidies, because ultimately this funding would go to a disability service organisation.

Hon SUE ELLERY: I am going to jump around a little bit. On page 463, the first dot point there says that over 60 per cent of the budget is provided to disability sector organisations. Are any of those currently for-profit organisations, and are there any current discussions or plans to include for-profit organisations in the allocation of those funds?

Hon SIMON O'BRIEN: I will ask Dr Chalmers to respond.

Dr Chalmers: My understanding is that we have currently 110 or 111 non-government organisations that we fund. It varies over the course of a year. Of those, my understanding is that there are three that are in that for-profit domain, bearing in mind that some of those organisations do business outside of just disability services; so they are contracted for commonwealth service provision and what have you. But my current understanding is that about three of those 110 are for-profit organisations. The second part of your question: do we have plans of drawing in more for-profits? We have an open prequalification process, and so we look at the merits of each organisation that steps forward to seek prequalification with us. We do not make a judgement either way. It is interesting to note, though, that since we have been building the non-government sector here in WA over many years now, we have only managed to, I guess, attract the interest of those three, so I do not foreshadow any significant increase in the number of for-profits in our world.

Hon SUE ELLERY: Are you able to tell us—you might not have the list in front of you—who the three organisations are?

Dr Chalmers: I do not have that at my fingertips, but we can certainly get that.

Hon SIMON O'BRIEN: Yes. We will take that on notice. The full list of funded organisations, of course, is available, but we can identify the three, or whatever the number is, and provide that by way of supplementary information.

[Supplementary Information No A1.]

Hon SUE ELLERY: On that same page, the second dot point talks about, in that second line—this is in respect to demand generally—the changing and increasingly complex support needs of people with disabilities as they age. Last year's budget document had a reference in it to a pilot program, people with exceptionally complex needs. I wonder if you can give us some information on what is the status of the pilot. Did it involve into a full-blown program? Perhaps you can explain that program. I am sure you would be aware that there has been some recent attention to one particular individual. Is that the program where you would be managing those kinds of individuals? I am not sure if you heard that last bit.

Hon SIMON O'BRIEN: Yes. The PECN program—people with extremely complex needs—members will be interested, so I will just briefly explain what the concept is there. I think all members who have been in Parliament for any time have come across those situations in which people with complex needs who require more support perhaps than some others in our community sometimes fall between the cracks, which is the expression we often use; for example, people with mental health issues who might also be in contact with the criminal justice system, who might also have some disability issues, who might also have issues with alcohol and drug abuse et cetera, or any combination of those, and the unfortunate thing is that because they have a variety of government agencies that they would rely on for services to address each of their complex needs, what happens is that some part of their necessary support mechanisms can be not present because of that, and that is the expression we use as people falling between the cracks.

The project to look at people with extremely complex needs currently consists of some co-operative mechanisms across several government agencies, including DSC. I am glad to indicate to you that DSC is actually taking a leadership role in this matter. The initial, I think we could call it, pilot program is currently funded for about \$150 000 per annum. It involves a coordinator, and there are

about 10 people who have been identified initially for a coordinated approach to help break this cycle of failure to meet all of the complex set of needs. We are very happy with the results, and I am looking forward to an expansion or building on that program in due course. Coincidentally, I think Dr Chalmers and I had further discussions about this as recently as earlier this week. I envisage a future where we can extend or build on the pilot program to encompass a much larger group of people with those sorts of extremely complex needs. So I think there will be further good news to report about that in an area that has not really been resolved before now.

Hon SUE ELLERY: If I can follow up on that, I have two questions. Are those 10 individuals that you are talking about all, if you like, from the DCP cohort—catchment, if I can use that expression, respectfully? Secondly, my experience in government was that there was a certain amount of randomness as to where these people entered the system. It could have been from DCP; it could have been from mental health; it could have been from DSC. I wonder if there is any attempt to, I guess, eliminate that randomness, so that once an individual, wherever they enter the system, is identified as having exceptionally complex needs, they are in fact captured by one agency, because depending on where you enter and depending on the resource allocation at the particular point that you enter that particular agency, you can or cannot be treated with everything you need, and it is really hard to cross those boundaries. Governments of all persuasions have tried to reduce that silo stuff, but this group of citizens, if you like, is the group of citizens that is most harshly dealt by the fact that there are gaps and fiefdoms and people not wanting to give up their territory, or just gaps in the services. So I wonder if this is the program that is actually going to try and capture those people, so once they are identified, they only have to deal to the extent that they personally have any choice, and sometimes they choose to run to 50 million different places. I wonder if there is a way that we can actually try to keep those people with one agency?

Hon SIMON O'BRIEN: Madam Chair, I would identify strongly with the experience and observations of Hon Sue Ellery. That is exactly the sort of problems that we have with people either being siloed or, more to the point, there is the failure of one single agency to pick them up, and there can be some situations arise that I have seen where people can be left in the service of a particular agency while others stand back and say, "No, that's someone else's affair." Rather than people taking control, it is actually a case that they are left alone because they should be someone else's problem. That is just the way systems have always worked. That is the cycle that we are trying to break.

[9.30 am]

In relation to where the first cohort or the pilot cohort comes from, I will ask Dr Chalmers to comment on that. The member asked if they were DCP clients. We will find out where they came from. I do not know that the end result would be that we have a lead agency take up an individual case—maybe that might be one model. One thing I have found, particularly in relation to people with disability, is that everyone is different and there is no one-size-fits-all approach that works. The important thing here is that we have someone who takes some responsibility. At the moment, we have a coordinator; they are actually housed with the Disability Services Commission, physically, and is doing a great job in that coordination. The ultimate model is something that I will ask Dr Chalmers to comment on.

Dr Chalmers: The first thing I say is that PECN program focuses on adults, so it is 18 and above. We have been really pleased with the way that all of the different agencies have contributed to make this program work over the past four years. In terms of entry points, if you like, each of the partner organisations, be it the new Mental Health Commission, us or Drug and Alcohol Authority, all of the different human service organisations have second-tier officers that are part of this program. So it is the level below director general that are part of this process. I actually sit on the committee that drives this. When we started, we had an open entry of applicants from each of those agencies. Any partner agency can put a name forward and say that this person is doing it tough.

This is complex. They have multiple issues swirling around them and they are knocking up against multiple government agencies. It is the committee that determines the priority—yes, we will commit to that individual. Because it was a pilot program, we were limited to 10 people. We originally had 30 or 35 names step forward. These are the most complex individuals that agencies deal with in WA. Of the 10 people that we have been able to focus on and assist, the evaluation that is happening at the moment tells us that we have made a significant improvement in their lives. In fact, two people have exited the program because they have been stabilised; they have a home and they are linked to ongoing supports. We operate at a very senior level to cut across the silos of bureaucracy that were mentioned before, but we also have a coordinator, and field officers who work at ground level to come up with the strategy. That gets elevated very quickly to sign off and resourcing, and policy shifts at the very senior level by, as I say, the second-tier people. It has been quite refreshing to see how that is working for these people. That is why we are keen to expand it to a broader group. We suspect that there are about 80 people who fit the bill.

Hon SUE ELLERY: So it has been evaluated. What is its status now?

Dr Chalmers: We have not finished the evaluation yet, but the early indications from the evaluation, which is being steered through Mental Health, which has the task of doing that, are that it is leading to better outcomes for the individuals, it is cheaper for government because we are not having multiple agencies at odds with one another—it is coordinated—and people are flowing through and are stabilised, and we can move other people into the program. The early signs are very good.

Hon SUE ELLERY: Who funds it? Is it correct that the pilot was funded by the commission?

Dr Chalmers: The \$150 000 a year is a very modest amount of money. Half of that is the commission's dollars, running on a cash basis, and the other half is from, now, the Mental Health Commission. A lot of these people touch the justice system and have drug and alcohol problems, but they must have more than one condition in their lives; and many have three or four major problem areas.

Hon LJILJANNA RAVLICH: As a follow-on, how does this pilot sit within the context of the recommendations of the Economic Audit Committee? You would be familiar with recommendation 10 about conducting those six demonstration projects of community hubs in metropolitan and regional areas, and those hubs being used to bring together the providers of all sorts of services, thereby breaking down those silos and giving, I guess, a more comprehensive level of service to people within the disabilities area. Of course, that would apply to a whole range of other areas also. I wonder whether Dr Chalmers might explain to us, one, where the agency is at in relation to the implementation of recommendation 10 of the Economic Audit Committee, and also how this is being funded and what you see as the future of this?

Hon SIMON O'BRIEN: The member is right, Madam Chair, that that theme of collaboration is very much an EAC goal, but this is not one of those hub projects; it is a different thing.

Hon LJILJANNA RAVLICH: I understand that.

Hon SIMON O'BRIEN: The relationship is the similarity in those sort of broad policy terms, but it is not driven in the way that the member has suggested.

Hon LJILJANNA RAVLICH: I am wondering whether I can get some comment from Dr Chalmers because I would like to better understand what the likely interface will be from this pilot and whether, in fact, we are moving towards the implementation of recommendation 10 of the Economic Audit Committee or whether there is no intent to implement that recommendation because the department has chosen otherwise. It is a fair question.

Hon SIMON O'BRIEN: No, it is a loaded question. I have made it quite clear that although understandably the member could identify this as a collaborative approach, which is very much the spirit of some of the EAC recommendations, this initiative does not flow from that. It is not a case

at all of whether this agency is choosing to follow or to ignore government policies. So, good try! But it was a bit of an obvious punch that the member was leading with.

Hon LJILJANNA RAVLICH: Minister, I think it is a fair question to ask, given recommendation 10.

Hon SIMON O'BRIEN: And I shall ask Dr Chalmers to —

Hon LJILJANNA RAVLICH: It is just a question.

Hon SIMON O'BRIEN: No, it was not a question, and that is why I have chosen to respond in the way that I have.

Hon LJILJANNA RAVLICH: A bit sensitive.

Hon SIMON O'BRIEN: No. I will now ask Dr Chalmers to comment on that for your benefit

Hon LJILJANNA RAVLICH: Thank you.

Hon SIMON O'BRIEN: But I will not ask him to entertain the question, "Is this agency ignoring government policy by what it is doing here?"

Dr Chalmers: The first thing I would say is that the PECN program commenced well and truly before the Economic Audit Committee process got started, so it has been in pilot phase for some years. Having said that, it is referred to in the Economic Audit Committee report —

Hon LJILJANNA RAVLICH: I know. I have it in front of me.

Dr Chalmers: — as a model that should be progressed in other areas. So there is a link there to the Economic Audit Committee report. As the minister was saying, there is no direct relationship with the hubs concept and recommendation 10, but it stands as a very good example of interagency collaboration, and the commission is currently involved heavily in a lot of EAC implementation working groups on that very issue of collaboration.

Hon LYNN MacLAREN: Where do I find the PECN program in the budget, and have you calculated how much would be required to meet the needs of those 80 people who have been identified? I am trying to look to future years, when I can track whether this program has been funded.

[9.40 am]

Dr Chalmers: You will not find it referred to in the budget papers because the \$75 000 that we put in is a very modest amount, and it is about cash flow savings, basically. But, clearly, if we were to look at trying to expand that program, we would need to find a recurrent budget stream at some stage into the future. That is what we are looking at, at the moment.

Hon LYNN MacLAREN: Hon Sue Ellery was asking about the second dot point on page 463, and I will ask another question in relation to that. You estimate that 260 people were planned to receive additional accommodation support in 2010-11; I was wondering what the unmet need is. Have you calculated how many people would require that; and, what percentage that represents of meeting the need?

Hon SIMON O'BRIEN: I am very pleased with what we have been able to deliver in this policy area. The additional supports that we are providing in the indicator you have observed, and others here, are, historically, very significant, in fact possibly almost unprecedented. I am very pleased with what we doing; that is the good news. As you have correctly defined, there is always, though, an element of unmet need. That, of course, derives from a number of sources, not the least of which is that new clients of the DSC come to notice constantly. There are three main cohorts: people who enter our area of responsibility through congenitally present disability; through disability that becomes manifest during the course of life, such as motor neurone disease for example; and the third cohort are those who acquire disability through accident. Of course, overenthusiastic young

men, through misadventure, are heavily overrepresented in that third cohort. We always have to provide new people with services, and some of the unmet need derives from that, as well as the backlog that already exists.

We can measure unmet need, to some extent, by comparing the list of those who apply in our combined application process rounds, which occur every four months or so. It is a simple matter, then, of working out who we can fund in that combined application process in any given round. You could say that the list of those who are unfunded in a particular round is representative of unmet need. Having said that, that is not an exact measure, of course, because some who may have unmet needs may not have applied, and there are probably a very large number in any CAP round who are already receiving supports but wish to augment or vary the supports that they need through the CAP process. We are actually looking at some ways that we might allow that system to evolve a little more—perhaps we can come back to that if you need to. But in terms of the question of unmet need, I do not know if Dr Chalmers might like to offer some other observations in addition to what I have said.

Dr Chalmers: The minister referred to the CAP round, and if I could refer to the most recent round of funding that we have had. In that round we had just over 500 people apply for funding, and that was for accommodation support funding. We actually allocated the largest amount of funding that we have ever allocated in a funding round, to the tune of \$10.8 million, which was quite unprecedented, so that 119 of those people secured significant amounts of accommodation support funding. On top of that, the new community living program is operating now, so that a certain number of people are also getting support through that program; on top of that, through the intensive family support and our alternatives to appointment streams, we have also put out \$1.9 million and half a million, respectively, in those two programs in the one round. So it is cutting a deep swathe into the demand that exists at the moment.

Hon SUE ELLERY: You were referring, I think, to the latest round, and I saw that information in the CAP bulletin. I was pleased to see the reference to the aged-carers actually noted—that is important. I was invited, very generously, by the chair of the board of the commission to meet with the board earlier this year, and I appreciated that opportunity. One of the issues I raised there was the fact that—there is nothing new about this—the CAP process is quite gruelling, particularly for families who are not successful and need to apply again and again and again. The conversation we had at that board meeting was that the sector health check, which was the broad review of how the systems were working, took the view that the CAP process was worth continuing with, but there was certainly room for some refinements. I am interested in what developments there have been in respect to that.

Hon SIMON O'BRIEN: I think it would be very beneficial for members to hear about some of the things, so I am going to ask Dr Chalmers to provide a little more information. I am glad that Hon Sue Ellery did meet with the board because I actually encourage members to seek briefings, or to seek contact, with the commission, which includes the board, to educate themselves about what is happening and make constructive comment. Hon Sue Ellery is right when she says that one of the deficiencies in the CAP funding process, historically, has been that people have to keep applying again and again and again, and that just reminds them, in many cases, of the situation of urgent and critical need that has led to them seeking extra support—it is very soul destroying. Fortunately, there have been some changes in procedures in recent years, whereby applications have an automatic role over capacity; but, nonetheless, people still may wish to supplement their applications. I am going to ask Dr Chalmers now to describe a couple of things that we need to do to allow the process to evolve a bit.

In a CAP funding round people apply and are either successful or not, and that is notified. I, then, frequently get—as I am sure other ministers in the past have—letters from people asking where the unsuccessful applicant is in the waiting list; there is no waiting list. The CAP funding round is a

stand-alone exercise. I would relate it a bit like a golf tournament, where everyone goes in and you either make the cut or you do not, and then for the next tournament everyone starts again as equals, as it were. That way, if you are consistently deemed to be not in the highest level of need, you can miss out in successive rounds for a long time, and, of course, that becomes very dispiriting and upsetting. We are looking at ways that we can better meet people's needs, bearing in mind, as I have said in a previous answer, that a lot of people in the CAP round are already receiving some sort of support anyway; it is not as if they are being ignored because their actual current application is not upheld, but, nonetheless, there may be some other level of need that is not being met. We want to try to make sure that we are responsive to people. I think in the counsels that I am privy to we have used the term "triage", when people come to notice either initially, or through the CAP funding round, that is an opportunity to work out not only whether they would qualify for CAP funding in the current round, but also a chance to have a look at them and ask what other abilities we have to address some needs even if they are not successful with CAP funding.

[9.50 am]

Dr Chalmers might want to mention perhaps the community living plans, which is another response that is evolving to this ongoing issue. I want to make it clear that by looking at evolving our processes we are not looking at doing away with CAP funding. That is still going to remain. I do not want anyone thinking that we are trying to avoid that. We are just trying to enhance it through other mechanisms. Dr Chalmers has got some important things to add, I am sure.

Dr Chalmers: Perhaps if I start with the last comment. The CAP process has been running for a decade, basically. We have continued to refine that process every year as we listen to feedback from people with disabilities, and their families and carers. Having said that, over the past four years that I have been in my current position I have witnessed a steady reduction in the negative response we get at the end of each CAP round, which means that I think the process is getting better, and clearly the outcomes we are achieving are better than they were four years ago, and clearly the injection of both state and commonwealth dollars has assisted on that front. We have acknowledged from that board meeting onwards the issue of how people enter that process and how user unfriendly it is for people to step forward if they need resources. We have activated a process. We call it reshaping the program and funding framework in the commission. Over the next few months, or by Christmas this year, we hope to have further changes made to the front end of that process. Part of that will involve trying to take the focus off the funding outcome; that is the starting point for people to start rebuilding their lives. One of the things we have noticed in the CAP process is that for some people they simply put in an application and sometimes that is the first time that the commission gets to know of those people—when we get their application form. We want to work at the front end and say, "How has that happened? Why is it the case that the application is the contact point?" Surely if we start doing some planning and some low to medium-level support to people, maybe some low to medium level of funding injection at the front end, it might not have to get to the case of trying to find \$80 000 or \$90 000, or \$100 000 per year as a starting point for our relationship with those people. There is some real interest in looking at trying to do that better than we are at the moment. There is evidence that is built over the years that if we start operating with people at the lower level first, you get better outcomes but you also forestall that requirement for big packages and for family members to have to leave their family to be cared for within other settings. That is what we are working on at the moment. We activated a process within the committee about two and a half months ago. We are hoping by the end of this year, as the minister said, not to do away with CAP but certainly reshape it to get it better than it is at the moment.

Hon SUE ELLERY: If I can turn to the question of housing, which is a vexed one. It appears at the third dot point on page 463, about the demand for housing continuing to outstrip supply. I have a couple of questions. What medium to long-term strategy has the commission got in place to ensure that there is an ongoing supply for people with disabilities without them having to compete with others for accommodation to meet their needs? Generally, what is the medium to long-term

strategy? When I met with the board they were talking about two solutions—in the first term, the NGO projects that we know about already. I ask: what is the progress on those projects? Secondly, the establishment of what you referred to then as a disability housing conglomerate to deal with service providers on a stand-alone basis, possibly with private sector investment. I ask for progress on that as well.

Hon SIMON O'BRIEN: The Disability Services Commission is working with the Department of Housing to address both the short and the long-term demand for housing stock. It has been recognised there is an issue. Towards the end of last year the commission transferred \$20 million to the Department of Housing to be used for the immediate spot purchase of housing for people with disabilities. That housing was spot purchased for people receiving accommodation support funding and also under the community living support that was just mentioned. One of the problems, as you are aware, it is all very well for people to get accommodation funding allocated in a CAP round, but when they go to the market they have to make sure the actual accommodation is available. That is why we are active in this area. Earlier this year the government approved the reprioritising of half of that funding to progress some outstanding specialist housing projects that are already within the sector. We will come back to that. Dr Chalmers might be able to make some more comment about the mechanics of that. In turn, the Department of Housing will make up about 26 public housing dwellings in required locations available to people with disabilities via funds from the commonwealth stimulus package. So, we are trying to think laterally here about how we meet those needs. In addition to that—and this was announced about the time of the budget—the DSC will transfer \$8 million of non-recurrent funds from the 2010–11 budget to the Department of Housing to increase the pool of funds available for specialist housing projects. Those funds are likely to be generated from the accumulated accommodation support funding due to the inability of people with disabilities to move into the required housing. We are finding ways of working with Housing to try to get some outcomes now and to get some new projects in stream for the medium term. The total of \$18 million that I have just indicated will ensure that about 140 of our clients will get access to appropriate housing, which is a big improvement on the situation otherwise. We are hopeful that that number will increase as negotiations continue on individual specialist housing projects.

In addition, a number of non-government disability organisations have started to develop partnerships with large community housing organisations to develop housing stock without the need for additional support from government. There are several elements to the package there. I think it might be worthwhile hearing from Dr Chalmers, too, about any aspect of your question I might have glossed over.

Dr Chalmers: The issue was raised at the board meeting and it is an important issue to try to get housing stock mirroring the accommodation support dollars that are flowing to individuals. Since that time we have been working very closely with National Disability Services WA, the Department of Housing and also with AHURI—the Australian Housing and Urban Research Institute—to look at new models that can secure housing stock in ways that are not just directly dependent upon commonwealth or state dollars for that. As well, some interesting models have started to develop. You mentioned the notion of a conglomerate, an aggregation or a single new entity that might provide that. The advice that we got when that was looked at by all of those other bodies is that was not the right way to go and that there needs to be multiple pathways for our non-government organisations to achieve the housing stock that they require.

[10.00 am]

As the minister said, we now have a number of non-government organisations that are partnering with the large community housing associations. They are coming up with models that will deliver stock in quite innovative ways beyond the reliance on government dollars to fund them—innovative ways using pension revenue streams, board-and-lodging dollars, and using some of those dollars as leverage for development initiatives so that people can secure flats, duplexes, housing or cluster-

type housing out in the community. That has taken a little while to work through, but we are seeing some real evidence that that is starting to happen right now. So we have the medium-term strategy that is dealing with the projects that were somewhat stalled, and we have these longer-term strategies that are starting to take off.

Hon SUE ELLERY: Can I just ask for some information, which I suspect you do not have here but which maybe you can give us as a supplementary. Are you able to do some numbers for us of the housing projects you expect to become operational across the different strategies that you have put in place, say, in the financial year 2010–11, and then what you have on the drawing board, if you like—the minister referred to different programs—so that we can actually see the numbers? What you expect to do now, and what is still on the drawing board?

Hon SIMON O'BRIEN: Do you want that question answered now, if we can?

Hon SUE ELLERY: If you can, yes.

Dr Chalmers: The strategy that the minister mentioned to actually reprioritise those dollars would effectively deal with all of the stalled housing projects that our non-government accommodation providers had on the drawing board, so every one of those gets a tick. It does not mean that they are all going to be built next week, but they are at various stages of planning and construction. Every one of those —

Hon SUE ELLERY: Which is how many?

Hon SIMON O'BRIEN: I think it is about 16, is it not?

Dr Chalmers: Yes, 16 or 17 individual projects. They are not just single houses but are multiple housing projects. Some of them are quite large, with some of those non-government organisations. So we were very pleased that all of those can get a green light. Out of the Department of Housing and the stimulus package, we also have people getting priority access to housing off the standard stock, or the vanilla stock as they refer to it. So that is continuing to happen for both people in our accommodation program and also in Community Living. The numbers, though, that we will see emerge out of the new strategy around partnerships with community housing associations is still being modelled at the moment, but we think that will continue to grow as people get more comfortable in dealing with those community housing associations.

Hon SIMON O'BRIEN: The other aspect is that those 16 or 17 projects that are in train needed a kick start. I think the devices that we have just alluded to are achieving that. They are in various stages of concept, planning, approval and getting to the construction stage. It is actually a good thing that they will not all be on stream next Tuesday, because it means that there will be an ongoing delivery of accommodation onto the market over a period of time. What is really required is a steady growth rather than just the occasional dumping of extra capacity onto the market.

Hon LYNN MacLAREN: I have just a couple of little question arising from that. Could we get a list of those 16 independent projects, if that is possible, as a supplementary?

The CHAIR: Perhaps, if Dr Chalmers has it, maybe we can get a copy.

Hon SUE ELLERY: Surely you could tell us the organisations. It would be like saying that there is a project with the autism association and there is a project with the cerebral palsy association. You must be able to give us that.

Hon SIMON O'BRIEN: Yes, I am sure that the members are not asking us to give away anything private or secret. I am sure that we will provide an indicative list of the organisations that we are working with, identifying them and the projects, and giving an indication of when they are coming on stream.

Hon LYNN MacLAREN: If it enables us to determine the reprioritisation and what is being achieved by that, I think it will be very helpful. I appreciate that. I was also trying to follow the

figures insofar as how much in total was re-prioritised, and I thought you ended up with \$18 million. Is that correct?

Hon SIMON O'BRIEN: Yes.

Hon LYNN MacLAREN: Are any other services outside of that compromised as a result of that reprioritisation? I acknowledge the tremendous achievements that you are making with that reprioritisation. However, are there any costs that we need to be aware of?

Hon SIMON O'BRIEN: The short answer is no. I think the member can be reassured. This is just more creative ways of applying housing dollars for housing projects in cooperation with the commonwealth and the Department of Housing.

The CHAIR: Just for completion on that particular area, minister, I think what I am understanding is that you would prefer to provide the answer by way of a supplementary so that you can put that information in that kind of format.

Hon SIMON O'BRIEN: Yes, we will review the context in which the question to provide information was asked.

[Supplementary Information No A2.]

Proceedings suspended from 10.05 to 10.17 am

Hon SUE ELLERY: I asked some questions around workforce. There are several issues in this. One is that I am interested in the commission's investment, if you like, in workforce planning, both for its own employees and for the sector more generally. Can you tell us if there is anything in this budget, or what investment the commission makes in either scholarships or working with the education institutions—TAFEs and universities—around ensuring that the workforce, which is an ageing one to a certain extent, and I mean no disrespect to anybody, is in fact staying ahead of the game and that we are getting the very best that it is possible to get, particularly with those people providing direct-care services? The NGO sector commissioned the William Buck report earlier this year. What response has the commission made to that and some of the issues that arose out of that?

[10.20 am]

Hon SIMON O'BRIEN: There is a whole range of matters that have been raised there, and I am going to ask Dr Chalmers to report on those matters. There is also a community partnership that has been announced by the Premier, which is looking at similar issues, among others, across the whole social service delivery area, as the member would be aware.

Hon SUE ELLERY: I am aware of that.

Hon SIMON O'BRIEN: Government takes seriously the issues that have been raised and recognises that they go outside the disability area, and the government is keen to make sure that related issues, including matters of remuneration and employment packages, are addressed not in isolation, but across the whole service delivery area. There are around 14 people appointed to that partnership, and I have noted that in the formation of that list and since, there are probably seven of them at least that have very significant relationships with the disability sector, including a heavy day-to-day involvement in many cases, so that is pleasing from the disabilities point of view. There is that aspect of planning and workforce health and workforce succession that has been contemplated actively by government at this time.

In relation to questions of some of the workforce development issues that relate specifically to the commission and the sector, I will ask Dr Chalmers to respond to those, as well as questions of scholarships and other things that were raised.

Dr Chalmers: Workforce issues are a high priority for the commission, making sure that not only our own organisation has the workforce it needs to do the work that we are required to do, but also we can work collaboratively with our 110 non-government organisations to make sure that they are

supported in that area as well. There are many things that I could mention on that front. Within the commission, two years ago when we restructured our organisation, we made sure that within our corporate services area we had a new and effective section called workforce planning. We did not have that before. That has delivered some excellent strategies. It has given us a good blueprint for how we chip away at a whole rack of issues to do with workforce planning, and we are starting to see the benefits of that right now. We also have been working very collaboratively with National Disability Services WA on a range of strategies there. We fund a training officer in the disability sector, who has been doing some terrific work. They have also been able to establish online websites and they also have a calendar of training and development initiatives. A woman by the name of Mary Butterworth, who is very well known in the disability sector, has really raised the profile around the training and development dimension in disability services, and that level of advice that is going on a very regular basis to our non-government organisations is something that is new and something that is really having an impact.

One example of where we have made a direct investment in this area has been an idea that came to us rather than the commission going to our sector. About a year ago we had half a dozen of our larger non-government organisations get their heads together with TAFE—Central TAFE I think it is; I could turn around and get all the details from one of my colleagues behind me. They stepped forward with a notion of induction and employment support for people to try and draw in direct care workers into the non-government sector. The commission, again through our cash flow savings that are made available to us, was able to invest quite significantly into allowing cohorts of people to enter and be supported in an induction and trainee way as direct care workers into those organisations. The first cohort have been through and graduated and are now being used within the sector. We are hearing good things and we will probably want to continue and embed that into the non-government sector and potentially even grow that into the future as well. We are chipping away on a broad front as far as the workforce is concerned. We were in some difficulty about two years ago, when we did have significant vacancies in our own service and there were vacancies in the non-government sector. I am pleased to say that in our own accommodation services, we have managed to almost fill all of those vacancies. The non-government sector is much healthier now than it was two years ago. We now just need to make sure that the strategies that we have got will not allow us to slip backwards from here.

Hon SUE ELLERY: If I can follow up on that, I know the Premier does not like to use this term “economic boom”, so out of respect for the Premier, the minister will cover his ears.

Hon LIZ BEHJAT: “Sustained economic growth” is the term.

Hon SUE ELLERY: Yes. As we head into the new boom, I think not just the disability sector but many of the service sectors in Western Australia will find themselves in the same position they did last time. What is the planning around that? Secondly, the specifics in the William Buck report? The third issue, which is really the big one, is the discrepancy between the remuneration of employees providing the same services employed by the commission versus those employed in the non-government sector. I appreciate, and the sector appreciates, the value of indexation, but indexation will not, does not and was not intended to address the difference in that rate of pay, and I wonder if you can comment on that as well.

Hon SIMON O'BRIEN: The government is aware of many of the implications of sustained positive economic growth. The community partnership has, as part of its remit, obviously to consider the ongoing workplace health of the wider sector, including the availability of employees, and that is part of what is involved of course in making sure that we have got attractive packages available for employees. I am going to ask Dr Chalmers to comment about the other matters that you raise, but it is true; it is a challenge when we have strong economic growth and it is not all necessarily positive. There are some real challenges that are thrown out, and we are hoping to be able to meet those through the measures that we are employing.

Dr Chalmers: The William Buck report was made available to the commission some months ago now. It is important to know that that was a report of a look done by William Buck at a very small sample of accommodation service providers in the non-government sector, so in no way could it be seen to be representative of the whole of the non-government sector. I think, from memory, there were only about five or six organisations that were looked at by William Buck and his people.

Hon SUE ELLERY: But they are not small ones.

[10.30 am]

Dr Chalmers: No, they are not. But when you look at the 20 000-odd people that receive support from dollars that flow from the commission, it is a very tiny segment of that overall disability sector. We had a very close look at it. We have acknowledged through the people who commissioned the report, National Disability Services WA, that we are not entirely comfortable with the methodology that was used to arrive at the findings of that report, but we were not going to nitpick around it. What the William Buck report basically said is that a gap exists between non-government organisations and how they can fund their direct care staff, and the Disability Services Commission; and that is clear. We can argue the toss about how big that gap is, but clearly there is a gap there. Around the time we were coming to grips with that, there was an announcement by the Premier that the issue of the variance that exists between non-government organisations across the community sector, and government agencies, needs to be looked at. Again, as the minister said, it is being looked at as we speak within that whole-of-government process, the community partnership and the working groups that go with that. We went back to National Disability Services and said we would not be taking action outside that whole-of-government and that we would wait to see what falls out of that partnership with the non-government sector, and we would then be part of the solution that falls out of that process, rather than responding to it unilaterally. Having said that, we recognise the issue of changing economic times, and that is why we put in place the rack of other strategies, because it is more than just money; it is more than what you can offer people in comparison with what they might be able to get on some mine site somewhere—there are other things—and that is why we put these strategies in place.

Hon SUE ELLERY: Can you quantify the investment by the commission in workforce training, to use the broad expression? That might mean that you quantify the grant made to NDS to employ a training person. It is not possible to track it in the budget papers. Can you quantify the commission's investment in that area?

Dr Chalmers: I cannot do it here and now, but I can certainly give the member the big chunks. We have our own learning and development branch that provides not only certificate training for our own staff, but there are people external to the organisation who benefit from that and the induction and employment initiative. We can come back with that information.

[*Supplementary Information No A3.*]

Hon PHILIP GARDINER: I will continue a little on that same theme. I refer to the second dot point on page 463, where the remark is made that the services continue to grow due to the ageing of family carers. It is really the ageing of family carers that I want to focus on. I do not know a lot about this area of government, but family carers, I would assume, would be one of the basic factors apart from housing that are crucial to this area. In drawing people in to be carers, do you see the main draw on people who are young? The example that was suggested, I think, was working with TAFE and initiating interest at that level. Is it mainly people who are 45 years and beyond? When people's families have grown up, there may be mothers and fathers who may have an interest in coming into the area. Which are the syncs that are going to solve this problem of having an ageing carer group slowly fading away? Where are you going to draw it from mostly?

Hon SIMON O'BRIEN: The member will be interested in a statistic that I was introduced to some years ago, and I think it still holds true today. It was established by the DSC some years ago that

around 73 per cent of the care that is provided to people who need assistance with basic tasks every day of their day-to-day lives is actually provided by family and friends. Without that personal network, the quality of life of so many people would be very much the poorer and, dare I say, the task of government in providing some supports would be verging on the impossible, or certainly our capacity would be very much reduced. That is one thing that I want all members to understand—the role of informal carers in our society is absolutely fundamental and they do need support, and it is a good investment when governments and the wider community support carers in the domestic environment. The member's question then led on to the question of ageing carers, and the fact is that there is a demographic within our society whereby we are ageing; it is a reflection of the baby boomers going through and other indicators. In the disability area, I think we are finding that there are a lot of people in our community who exhibit serious disability, quite often from birth, and in this day and age they are surviving longer; they are surviving the critical time just after birth through advances in technology, for example, and being stabilised and surviving. That is true of other advances in medical technology—that people who suffer trauma, for example, are now perhaps surviving, even though they survive with care needs that are going to endure for the rest of their lives. The fact is that, in the first instance, people with disabilities are tending to live longer and therefore those who provide the personal care networks are doing so for much longer than might otherwise have been the case. We have parents who are providing high levels of care to family members who are, themselves, reaching an age where they are infirm and perhaps require care for geriatric diseases and the acquisition of other disabilities through strokes and so on. It is a challenge of the age, but one that, as a humane and civil society, I am sure we are all determined to try to address. I think the member's question also referred to recruitment of people to become paid carers, and that is a matter that I will ask Dr Chalmers to comment on, as to how people enter that area and tend to stay there. Quite often it is, I think, exposure to a family situation that draws them into committing to that form of permanent employment. Dr Chalmers, would you like to comment?

Dr Chalmers: Again, the issue of strategy becomes pretty important here. Within the commission and our work force, I think we have about 2 000 people on the payroll and about 1 700 FTE. The average age of our workforce is 47 years, currently, so even within the commission's work force —

Hon SUE ELLERY: They are very young!

Dr Chalmers: Where do I go from there! Maybe I will take another tack!

I attend every one of our induction programs for our new staff when they start. They are usually cohorts of 15 to 18 people. I am pleased to say that in recent times—maybe it is just me—I am looking at a younger cohort of people who are actually stepping forward to take on those roles, which is quite reassuring. But I am also aware that some of our bigger non-government organisations are putting into place some strategies to actively recruit younger people into some of those carer roles.

[10.40 am]

You are right; unless we can achieve that, we will not go forward in the longer term. Some of those strategies are quite innovative. I have already mentioned the induction program. Most of the people who came into that program were very young. There were 20 people in that cohort. These are people who would not have thought about a career in disability services. They have been actively attracted into the field. This extends across the board to include professional services, therapists and what have you—trying to keep younger people focused in our world of disability rather than having occupational therapists again heading off to mine sites and industrial areas. It is an ongoing challenge to keep that young workforce with us.

Hon PHILIP GARDINER: I have a much better perspective now. Thank you, minister. The 27 per cent was really in the recruiting area but the 73 per cent, which is an interesting area, is ageing. I expect that to keep a lot of those young people ongoing, the crucial thing would relate to the respite they might be able to get because of the sustained pressure that every one of those carers would be

under. Is that where the critical element of our problem lies? Do we have sufficient respite systems so that people can have a break somewhere? Even if they cannot afford it, we have to provide funds for that kind of break perhaps. Where are we at that level?

Hon SIMON O'BRIEN: That is a very perceptive question. In very large part, the government involvement has to be about making sure that we provide some supports to the personal care networks that we rely on so heavily as a community to meet the needs of people with disabilities. Quite apart from all the services that we provide directly from the commission, through those 110 or so funded agencies, there are other strategies to provide supports in a number of ways. We provide intensive supports in-home for some people; that is, respite is provided in home by carers actually going into the family home on a regular basis and in that way providing relief from the ongoing workload. Mention was made earlier about the respite houses that are being established, but that is a very small part of the equation. There is a form of out-of-home respite and a way that families, including the family member with a disability, can get out and have a break from home, just like so many other families do.

There are other forms of respite that we provide as a community, sometimes without even calling them that. For example, through our education services, before we had compulsory education through to the end of year 12, many of our children with complex disabilities completed year 12 because, in effect, the school day was a form of respite for the family at home. Some serious issues then arise when a person with a disability turns 18, has finished school and is not able to pursue an employment option and finds that they are at home 24/7. The impacts on such a household can be quite severe, as the member would understand. That is why I am very pleased with what we are doing with our post-school options. I referred to that in answer to a question in the house the other day that the member was listening very attentively to.

We recently brought on a program of school holiday respite. A number of other mechanisms are available. The premise of the member's question is quite correct: People who are involved in giving high levels of care to a family member 24/7 are in a very stressful situation. If there is not some relief and support, it can lead to family breakdowns and all sorts of stresses that then manifest themselves in all sorts of other problems. It is in everybody's interest that we provide the support to those families that they need to keep going.

I do not want to indicate that the role of caring in the family home is just one saga of unrelieved burden. The fact is that we all love our families. If people with high-care needs are born into our families, we still love them and families look after them. That is what we do. If someone in the family acquires an injury, for example, whereby they will require assistance and need, again, as families, we provide that willingly and lovingly for the son, daughter or parent who requires that assistance. It is that spirit that underscores the value of carers in our community and again makes it all the more meritorious that we provide the supports we do, including respite. Dr Chalmers might be able to identify some other mechanisms that are worth mentioning at this time whereby we provide forms of respite in addition to what I have already run through.

Dr Chalmers: Perhaps the only thing I will add is that we are very fortunate in this state to have a statewide local area coordination program. In many respects, it is the envy of the nation. A steady stream of people continues to come from other states and territories to find out about local area coordination so that they can find a way of trying to implement similar things back home. We had a look at that statewide network of support recently. PricewaterhouseCoopers undertook in-depth conversations with 100 families just to find out what their program was and what they valued in being linked to a local area coordinator. Clearly, one of the major findings from that was that families found being linked to an LAC a very practical way of also being linked to family support, respite opportunities—a range of practical strategies that could help them to stay strong and continue in that caring role. It was reassuring that after 20 years of local area coordination we are still getting that strong response from families right across the state.

Hon SIMON O'BRIEN: There is something that I would like to reinforce at this point. It has been teased out. In an earlier part of today's hearing we were talking about people with extremely complex needs and the dangers of falling between the gaps. All members here as parliamentary members would have come across people in this situation. It is important to understand that the commission is not seen as a place that deals with disability matters so it all goes to the commission. We all have a role to play across government in making sure that the care task is sustained and shared. All members have a role to play. From what I can see, all parliamentary members care deeply about making sure that the supports are there. It cuts across all areas of government. This was given some substance through the "Future Directions" document that was generated by the sector and launched by the Premier and given that cross-government support earlier this year. There are ways that we can help people in the tasks that Hon Phil Gardiner was talking about that cut way beyond the staffing of the Disability Services Commission, even though they may be supported by the commission but they are outside that immediate disabilities area: for example, public transport that is accessible to people; public buildings that are accessible to people; and developing building and community planning standards that make universal accessibility the norm rather than the exception. In every area of government activity we need to address inclusion and accessibility issues. Maybe that is something that you might bear in mind. I know you do when you are examining some of my other agencies in relation to transport, for example. But it is something that should be applied to all government agencies because they all have to interact with people with disabilities who have rights and entitlements in our society.

[10.50 am]

Hon LYNN MacLAREN: I want also to ask a question about older carers, and it relates to an answer that you gave earlier about reshaping the program in which CAP funding was determined. In particular many older carers have received this combined application process funding. I want to get an answer from you about whether these carers will continue to receive ongoing support as a matter of priority as their needs change into the future.

Dr Chalmers: I mentioned before—I might be able to mention again—the last CAP round was a round that saw significant additional funding put to individuals that were applying for dollars. We had a particular focus in that last round on people that were ageing carers and out of that round we managed to fund everyone over 75 years of age, so there is no-one waiting beyond that age range. We also managed to fund a significant number of people from 65 through to 75. So, again, we are biting into that demand. And we also plan to keep that up for the next round to make sure that we can keep chipping away. We have not taken the step of saying that we will fund people from that age range down and sort of use that as the prioritising for funding because, as you would appreciate, there would be people who are younger than that who are in more significant need of support than some people who are older. So we have got to try and balance up a range of factors, including the age of the carers in that. But it was very pleasing for us, and in fact in the CAP bulletin from the last round we have actually put an age profile of the people we have funded and that is publicly available now, and it is good news.

Hon SUE ELLERY: Can I put something on *Hansard* which you may not be able to answer now. They are just numbers questions and you might take them as supplementary. What is the what I am calling bed capacity of the commission—you might call it something else—in terms of people you can have in your residential facilities? So, what is your bed capacity, what is your bed occupancy rate? You might need to do that at today's date or whatever snapshot works for the way you collect your stats. And are you able to give us the bed capacity of the NGOs that you fund and their occupancy, if you understand what I am asking for?

Hon SIMON O'BRIEN: We will have a go at answering this on the spot.

Dr Chalmers: In terms of our own bed capacity, if you like, the number of people that the commission supports through its accommodation services has not varied much over a long period of time. I have my director of accommodation services sitting behind me there.

The CHAIR: Dr Chalmers, we can certainly go directly, if you want to.

Dr Chalmers: I just got the nod. I think 530?

The CHAIR: Okay. Dr Chalmers.

Hon SUE ELLERY: We were just making space if she wanted to come to the table.

Dr Chalmers: Okay, we will see how we go. It is pretty close to 530. They are people with significant levels of support requirement within our own accommodation services, and as you would appreciate that fluctuates a little bit up and down, but 530 is the number, and as I say, that has not changed very much over a number of years.

Hon SUE ELLERY: And that is your capacity or your occupancy?

Dr Chalmers: Basically the same—occupancy; the number of people supported by the commission in our accommodation services. But, again, it does fluctuate a little bit. We run emergency accommodation. People come in, then they move to the non-government sector. So, it is fluid but 530 is roughly it. But we always manage to keep a bit of spare capacity to make sure that when we wear that emergency accommodation hat that we can actually fulfil that role for government.

Hon SUE ELLERY: And that is around about what number?

Dr Chalmers: It varies. We do not have a lot of houses that are just sitting there with staff in them, so a lot of it requires pretty quick, fancy footwork and being able to materialise a support option or a place for someone at short notice. But I would much rather have that than have a rack of houses sitting vacant with staff not doing anything.

Hon SUE ELLERY: Sure.

Dr Chalmers: We may need to take the second part of your question about the actual number in the sector overall on notice, but again that is fluid arrangement. Every time we have a CAP funding round, for instance, while our own numbers will not go up, we are increasing effectively the capacity within the non-government sector because the funding is there for them to expand and hence the need for additional housing assets as well. So, every round it increases, but we will take that second one on notice.

[Supplementary Information No A4.]

Hon SUE ELLERY: If it is helpful for you to do it as a snapshot on day X, I am relaxed about that as well. I have another question in terms of numbers on page 467 under new works in respect of your asset investment program. I am not asking you to do it now, as I have more questions I want to have a conversation about but you might take this on notice. Can you provide me with a list in respect of the community disability housing program—I am not asking for your computers—the group homes asset replacement program, the hostels redevelopment program and the renovation program, what the actual projects are that the moneys will be spent on that have been allocated in 2010–11?

Hon SIMON O'BRIEN: I am not sure how long a piece of string is required here. We are keen to provide whatever you like. Was it a sort of an inventory you were after?

Hon SUE ELLERY: I will give an example. In new works there is \$935 000 allocated to be spent on community disability housing program in 2010–11. What do you intend to spend that on? Do you have a list?

Hon SIMON O'BRIEN: I think we might give some supplementary information if I cannot satisfy the member now. But specifically the Department of Housing provides housing of a given standard,

to be sure. We have discussed earlier the things that we are doing to try and grow the housing stock which is available to our clients, but typically that is provided directly from the Department of Housing or through the non-government organisations. We have discussed that at length. What we are talking about here are typically modifications and upgrading to our own premises on a rolling basis. Just the other day, for example, I visited one of our duplexes out in Waterloo Street at Tuart Hill, and there I saw a case where our tired, well-worn accommodation had been refurbished and now I think is state-of-the-art group housing and I was very pleased with it. That is the sort of application that these moneys are put to and, if the member wishes, we will provide a program of what is happening over the next couple of years and the actual locations.

Hon SUE ELLERY: Yes, that is what I would like.

Hon SIMON O'BRIEN: Sure. And then, I make an offer that if any member is interested in visiting some of our accommodation, then I would be more than happy to hear from them. I am not suggesting as a committee, although that is available to you if you wanted to, but certainly individual members can do that. We will provide a list. It is not a huge sum of money in the scheme of the budget, so it is a definite list of upgradings that are going on with our existing stock.

Dr Chalmers: I just make one additional point about the references made to the 935 and the 175. For new houses that are delivered to us by the Department of Housing, they are delivered as a standard housing fit out, and of course the people that we support sometimes need additional things put in; so that 935, for instance, a lot of that is used to actually increase the specifications, if you like, of those homes—ramps, tracking and so on.

[11.00 am]

Hon SUE ELLERY: Wider doors and that sort of thing?

Dr Chalmers: Yes; all that sort of stuff.

[*Supplementary Information No A5.*]

Hon SUE ELLERY: The Productivity Commission is conducting a review of disability care and support funding. I am aware that the commission hosted a forum in July. That is fantastic. I am interested in whether the Western Australian government is going to make a formal submission to that Productivity Commission review, and what position that might represent.

Hon SIMON O'BRIEN: Yes. Cabinet signed off on a submission very recently. That was lodged at the end of last month. The substance of the submission would be available, I am sure, on the Productivity Commission website, but I can short-circuit that and arrange for a copy to be provided directly to the member if she would like.

Hon SUE ELLERY: Thank you.

Hon SIMON O'BRIEN: At this stage, the Productivity Commission is following up a number of lines of consideration and inquiry, including such things as the potential for a national no-fault insurance scheme, and all sorts of things that have a whole range of implications, of course, that are yet to be determined, because until we see actual proposals we cannot really respond to any of that. We have made a positive and constructive, but brief, submission. We have reiterated the importance that the Western Australian government places, and will continue to place, on our autonomy with regard to some key areas of policy. We certainly do not want to prejudice funding arrangements for the state of Western Australia in the future. So, we have not committed the government to adopting sight unseen any product of the Productivity Commission at this stage. But I will provide you with the submission that went to the commission, member, out of session.

Hon SUE ELLERY: Thank you. I appreciate that. Just by way of comment, potentially there is very significant opportunity here for costs to be lifted from the state and for all of us as a community to contribute to some kind of system, whether it is a Medicare-type model or it is a based on the insurance schemes that already operate in some other states. The sector, and everybody

affected by disability, which frankly includes me, is really looking forward to something positive coming out of that. So, I hope the state has an open mind about what may come out of it.

We started our conversation this morning around the issue of re-cashflowing. I do not want to go back to that terminology. But I do want to go to the operational component that has been set aside for the election commitment respite homes. Are you able to talk us through now, or provide by way of supplementary, the sorts of models you are looking at in terms of how those operational funds will be spent? I understand they will all be run by NGOs; none will be run by the commission. What sort of staffing models and operational models are you looking at?

Dr Chalmers: As I mentioned earlier, we wanted to make sure that what we were going to be delivering with this would be what the families wanted. So, we spent a lot of time making sure, firstly, that the locations for these five new facilities would be in the areas of highest need. We are pretty confident that we have got that right, and the feedback that we have got tells us that we have got that right. The second part of the process was to then open up consultation with families, and with other organisations and with communities generally, and say, "What is the best model that is going to fit that particular location?". So with Broome, for instance, it was decided that a facility for the west Kimberley was going to be one of the locations, and we engaged with all the relevant stakeholders to say, "What would you want that to look like there?" It just so happened that we came across an existing large house on a large block of land, that has enormous potential for flexible use, and that also will give us the capacity for outreach to Aboriginal communities for bush-type support and so on. So we fell on our feet, basically, so far as that was concerned. Yes, we did go out to open tender, and we found a non-government body that will run that organisation. We have made sure that it is going to be on the basis of high flexibility to respond to the needs of individual families. Whole families can stay there, and individual family members can stay there. It will have an outreach capacity. It will have multiple use. That is also what we are doing with the other facilities. So in the wheatbelt, we have had consultations in Narrogin and Merredin and Northam. Families have been coming forward to tell us what they want. That only happened three to four weeks ago. We are doing the same thing in the metropolitan area. So what they are going to look like will reflect what families want them to look like and how they will use them. The last thing we want to do is build white elephants in those locations that people will say are not relevant to them.

Hon SUE ELLERY: So they will all be NGO run? Is that correct?

Dr Chalmers: Correct.

Hon SIMON O'BRIEN: I know that members probably do not get to Broome often, but, if they wanted to, the facility in Broome would be well worth a look. The house that we have there was literally brand new and had not been occupied, and through circumstances that affected others it had just come onto the market. I do not think we could have designed and built a house that was better tailored to our needs than the one that happily we have managed to get. It can accommodate a couple of family groups quite separate in the same premises. There are common areas. There is a large-scale kitchen if that is required. There is a pool, with an awning. There is plenty of parking. As Dr Chalmers has said, we were in the right place at the right time. It was available for immediate occupancy. So that is terrific.

Hon SUE ELLERY: I want to go now to quality control. It used to be called standards monitoring, and now it is called quality management framework. The director general is aware of this; the minister might not be. I am not going to name the organisation, but I will use it as an example. Hon Ljiljanna Ravlich and I had an issue raised with us by constituents. There was a problem with how the personal funding was being acquitted by the particular organisation that they had engaged to provide services. The problem was resolved ultimately, and that is a good thing. But the issue that arose out of that was that the organisation had been subject, reasonably recent to when the issues arose, to the kind of standard monitoring review process and had seemingly passed, if I can use that

expression, that process satisfactorily. As a consequence of the issues that we raised, the director general commissioned an investigation of the particular matters and in fact found that there were some systemic issues in that organisation that had not been picked up in that monitoring process. So that raised a bit of a red flag about the extent to which that is going on, and about how organisations can get themselves through the standards monitoring process but it turns that there are systemic issues there. So I wonder whether the minister—or it might have to be the director general—could comment on to what extent changes have been made, or need to be made, to the quality management framework to ensure that you are actually picking up, whether it is through spot checks or whatever needs to happen, the real picture of what is going on in terms of the quality of the administration of the funds, but also, and I guess more importantly, the quality of the care that is being provided.

[11.10 am]

Hon SIMON O'BRIEN: These matters do arise from time to time and, indeed, individual organisations have times in their history where they are functioning well or need to be improved and, of course, that varies according to the management or to some of the individual staff. This is something that is common to all organisations; I guess it is the human factor. I am confident in the systems that we have in place. I am aware of the individual organisation you are raising; it was raised with me at the time. I appreciate your discretion in not mentioning it now because they have worked through a lot of those problems now. But I do have a great deal of confidence in our systems and in the commission to monitor these matters. I guess the proof is not that from time to time issues arise that have to be dealt with; it is a question of how they are dealt with and whether they are dealt with. I am confident in the commission's ability and it does it through a number of mechanisms depending on the issue at hand. I think it would be helpful if I ask Dr Chalmers to respond. Again, I appreciate for other members present it is by oblique reference to this anonymous organisation that has been mentioned, but I think it might be helpful now if Ron would respond to Sue's question on this specific incident.

Dr Chalmers: I will also refrain from mentioning the organisation.

Hon SUE ELLERY: I do not want you to talk about that organisation, but did that raise a red flag that perhaps sometimes the standard one-size-fits-all quality framework does not catch everything?

Dr Chalmers: Yes, and it is part of the reason why we have actually moved and we are implementing right now a whole new framework that we have invested heavily in, as you rightly mentioned, called our quality management framework. That has been built, not in our head office, with extensive consultation with our funded sector. Our standards monitoring process that we have had in place for many years has served us very well and I would have to say that it has thrown up from time to time quite effectively where organisations were not up to the mark in certain areas, so it has served us well. But we knew a couple of years ago that we needed to take this to another level, but not another level of having disability policemen heading around on a daily basis with compliance checklists because we felt that that was not going to be heading us down the right path. We needed a more mature and more sophisticated way of getting organisations, sure, to absolutely focus on care, quality, safety and all of those elements, but in a way where it becomes internalised to their organisation rather than just relying on the compliance policemen to turn up out of the blue. We are doing both. We have actually refined the regular assessment process, if you like, and that is part of the new framework, but we have gone an awful lot further in getting organisations that we fund to really look at their own internal processes, how are they dealing, what mechanisms have they got in place to continually monitor the care, quality, safety and so on. We are pretty confident that the platform that we were given by KPMG, when they assisted us to build this new system, is one that we can rely on to take us to that next level of scrutiny of these organisations. Can I also add that this one situation is a rarity; we do not come across these things every day within the commission. So our confidence level, as the minister said, is very high.

Hon SUE ELLERY: Can you perhaps walk us through how you do that carrot and stick? I agree that you cannot just have one or the other. I think it is important that there is a way of building into the culture of organisations, particularly, without casting any aspersions, smaller to medium-sized organisations that do not necessarily have the infrastructure to kind of put in place those kinds of systems and monitor them themselves properly. How do you do the stick bit? How do you do the spot checks or whatever? Because I do think it needs to be both.

Dr Chalmers: Yes, and it is both. Maybe again without reference to the name here, the standards monitoring process that we had in place in this organisation indicated to us that their procedures, protocols and policies were in good shape. But what we identified through the review process that we have just completed recently was that it was the implementation of that at the house-by-house level, they had not closed the loop on that, and that was the bit that was missing, and because of that, some unfortunate activity happened. So it is an interesting case study on how you deal with that carrot and stick in that type of environment, and a relatively small organisation as well that does not have huge infrastructure to draw on. We have recently just finished recruiting all of our new monitors—I have forgotten the name we are actually applying, they are not standards monitors anymore —

Ms Hailes-MacDonald: Evaluators.

Dr Chalmers: They are people that we have invested in skill-building to take the assessment, the scrutiny—if you like, the stick side of the equation—to a deeper level to have a look at exactly what is going on and not take at face value, “Oh, you’ve got a procedure for that; that must be in place”, but drilling down and looking at how they are actually implemented. So there is that level of scrutiny right down to the grassroots level that was not there before. On the carrot side we are investing heavily in things like clinical governance, because some of our organisations require a level of high skill in terms of clinical governance around vulnerable people, so we are investing heavily into that stuff as well because the last thing we want is these organisations saying, “You’ve beefed up the compliance, where’s the investment in us to match that?” So we are doing both.

Hon SUE ELLERY: If I can just explore the stick a little bit with you, can you give me a practical example of that drilling down? Does that happen in a kind of face-to-face interview with the relevant management person from the organisation or is there some degree of, “All right, I want to go visit one of the houses and I’m not going to give notice.” To what extent does that happen?

Dr Chalmers: It does not rest with the manager or the management level in the organisation; it very much drills down to the consumers of the services, their family members, their carers, their supporters, whoever it happens to be. It is very much down to that. The other part of this framework—KPMG were very strong on this—is that the focus is on outcomes; what is actually happening for the individuals concerned. So if people are in a group home or in one of our ATE services, what are the actual outcomes that are being achieved for the individuals good, bad or indifferent? That is what we want to keep focusing on. If the outcomes are not high-quality care, support and so on, it will get picked up through this process more than it was getting picked up before.

Hon LJILJANNA RAVLICH: Just as a follow-on from that, is it possible for us to get a copy of the actual framework itself? If the committee could have a look at that, and also —

The CHAIR: Just before you continue, I assume you would like to take that on notice?

Dr Chalmers: All of that sits on our website currently, by the way; it is publicly available.

Hon LJILJANNA RAVLICH: Okay, we will pick it up off the website then. That is fine by me.

I guess what I am just interested in is: what do you request of the service provider to demonstrate their implementation capacity? Whether that is by instrument or by a combination of requirements that you have, I am really interested to hear what they might be—you may well need to take it on

notice or you may give us some explanation now and take the rest of it on notice—because that would give us some confidence in relation to this matter.

Dr Chalmers: At the very highest level when we contract the services we are looking basically at quality, quantity and cost. So when we are in the ongoing contract management within our organisations, our staff probe continually around those three dimensions: are we getting quality services—I will come back to that in a minute—at the quantity that we are purchasing and at a cost that we are comfortable with as well. The answer to the first part of your question on the website material on the framework that we have is that you will be able to see exactly what organisations are required to provide to us. Again, we can make that available in hard copy if that would be better.

[11.20 am]

The CHAIR: Do you want that?

Hon LJILJANNA RAVLICH: Not really; I think we can pull it off the website. Let me just get some clarification. Would you measure the achievement of your organisations or their outcomes according to a set of prescribed framework requirements, if you like, or objectives?

Dr Chalmers: Yes.

Hon LJILJANNA RAVLICH: Okay, so we can put a ruler over the framework of that organisation and mark one up against another.

Dr Chalmers: All of them are required to comply.

Hon LJILJANNA RAVLICH: All 110?

Dr Chalmers: Yes.

Hon LJILJANNA RAVLICH: That will be an interesting exercise. Thank you.

Hon SUE ELLERY: I could not find anything specific in the budget about additional funds for advocacy services. You might be able to point me to something, otherwise could you give me some information about the level of funding for advocacy services and what direction the commission is heading in that sense?

Hon SIMON O'BRIEN: Advocacy funding is made available by both the state and the commonwealth jointly. The growth funding in this current budget year is \$150 000 extra in that field. I will ask the director general to give, for the benefit of the committee and members, an overview of what actual advocacy support is provided through the commission.

Dr Chalmers: The minister's reference to the dual responsibility between the commonwealth and the state is highly relevant. That is an area in the National Disability Agreement that is still unresolved. When the first commonwealth–state disability agreement was put into place to separate the responsibilities and functions of the commonwealth and the state, that area sat in the middle, unresolved. The state funds the same advocacy organisations as the commonwealth for slightly different things. Hopefully, sometime this year a decision will be made to either continue that or to transfer it all to the states or all to the commonwealth. With that uncertainty, we have been reluctant to look at having the state step forward with any significant new additional growth funding until we actually work out what the resolution will be around that particular issue. Having said that, we are also mindful that our key advocacy organisations such as People with Disabilities and the Ethnic Disability Advocacy Centre and so on operate in a lean way. Over the past year we have been topping them up when we can with either non-recurrent or a bit of recurrent funding for their budgets to make sure that they can keep operating and drawing in the staff at a senior enough level to do the work. That is where the additional \$150 000 growth for this year comes in. Again, we are happy to put that in because it is needed, but we are waiting to see the resolution of the jurisdictional responsibility.

Hon SUE ELLERY: I refer to page 468 and the income statement expenses. The wage increases for support workers in the disability sector organisations is \$3.8 million. Can you give me an explanation about how that was allocated? Can you explain the acquittal of that?

Dr Chalmers: This amount of funding was the second payment of the \$33-a-week wage increase for direct support workers. We said that we would achieve that over two budgets.

Hon SUE ELLERY: Was that 2009–10?

Dr Chalmers: It was 2008–09.

Hon SIMON O'BRIEN: More up-to-date information has come to light.

Dr Chalmers: Perhaps the chief finance officer could give you the full picture.

Mr Meyers: The actual funding of \$33 a week commenced in 2007–08. The commission internally funded it in 2007–08 and in 2008–09, and in 2009–10. Treasury provided us with an additional \$3.75 million for them to provide the funds to DSC recurrently to the non-government sector, and in 2010–11 they topped it up to \$7.5 million recurrent. That difference is what the \$3.8 million refers to.

Hon SUE ELLERY: Will that money be expended in 2010–11 on wage increases to NGOs?

Mr Meyers: It already commenced in 2007–08.

Hon SUE ELLERY: Yes. I am making sure that it is not payback for what you had to cover yourself.

Mr Meyers: No, that is the same money. It is a substitute. Basically, we internally funded it in 2007–08 and 2008–09, and \$3.75 million was provided by Treasury to substitute what we had been funding internally.

Dr Chalmers: The net effect of this will not be another \$33 a week. The non-government organisations already have factored in \$33. We did that only once. This is an entry into the budget papers to say that Treasury has given us those dollars recurrently now so that it cannot get taken away.

Hon SUE ELLERY: Thank you.

The CHAIR: But wait, there is more. Hon Sue Ellery.

Hon SUE ELLERY: What did you call me?

The CHAIR: I said, “But wait, there is more. Hon Sue Ellery.”

Hon SUE ELLERY: I thought you said the incredible Sue Ellery. I thought that was being very generous!

I wanted to ask whether there is a capacity for—you might do this yourself by scrimping and saving—the commission to do its own research? That could be on anything, I suppose, but I noted that New South Wales released a paper recently in which it talked about some money that the New South Wales government had allocated to facilitate research for a range of things across the sector, bearing in mind that their model of service delivery is very different from ours. I wonder whether the commission has the capacity to either commission research or do research itself on the broader issues facing this sector.

Dr Chalmers: We do not have a funding stream for research, and that has not changed over the years. The vast majority of the dollars that we have got from successive governments has gone directly to services. Having said that, as part of the National Disability Agreement, the commonwealth and the states have realised that there is not a strong research agenda around disability and disability services. The states and the commonwealth have recently determined that a pool of \$10 million will be generated. The states, territories and the commonwealth will contribute to fund the first phase of a genuine boost for research into disabilities. About three weeks ago WA

hosted a round table discussion to try to build that research agenda that will get fed into a national research agenda in October—next month—so that collectively across the nation we can develop a research agenda that will drive ahead with a lot of those research agendas. It will not be clinical or based around test tubes and rats and stats; it will be very much around disability, the impact on individuals, their families and carers and their support. The state is contributing to that. I have a lead role in that national process to try to make sure that that research agenda emerges as a strong research agenda.

Hon SUE ELLERY: How much was the dollar figure?

Dr Chalmers: It is \$10 million—nationally, but it is a start.

Hon SUE ELLERY: And the WA bit of that?

Dr Chalmers: We are not sure; we would have to take that on notice.

The CHAIR: We will take that on notice; that will be supplementary information A6.

Hon SUE ELLERY: Page 468, again, the income statement expenses: right in the middle, “Election commitment for accommodation support”, how is that \$5.2 million acquitted?

Dr Chalmers: It is CAP funded.

The CHAIR: I might pause for a second. I did say when we started that this session finished at 11.30, I then looked at my piece of paper and realised that we were actually booked in until 11.45, so if the honourable member has any further questions —

Hon SUE ELLERY: I am planning to leave at 11.30. I might take the opportunity —

The CHAIR: You are welcome, if you have additional questions, to leave them with us and we can submit them.

Hon SUE ELLERY: I just had to check that I have asked all of the ones that I was supposed to ask.

The CHAIR: Do any other members have questions?

Hon LJILJANNA RAVLICH: I am just wondering whether you might take notice of a question in relation to which of the Economic Audit Committee recommendations directly impact on your agency. There were 41 from memory. In which of those 41 has there been agency involvement? Which ones have not had agency involvement? We will know that by implication from the response to the answer you have provided for the first question?

Hon SIMON O'BRIEN: We can seek to address a question generally now if that would meet your needs.

Hon LJILJANNA RAVLICH: Let me just say this: an Economic Audit Committee report with 41 clear recommendations about putting Western Australians first. Of those 41 recommendations every agency is involved to some extent. What I am asking is a fair enough question. Which of those recommendations directly impact on disability services and on which ones has there been work commenced with the involvement of the Disability Services Commission?

The CHAIR: Minister, just before you answer that, my sense is that question might lend itself better to be taken on notice.

Hon LJILJANNA RAVLICH: Absolutely.

Hon SIMON O'BRIEN: That was what I was getting at.

Hon LJILJANNA RAVLICH: I did say take it on notice; I do not want the answer now.

Hon SIMON O'BRIEN: Have you got it in writing?

Hon LJILJANNA RAVLICH: We will put in writing.

[Supplementary Information No A7.]

Hon SUE ELLERY: I have two questions, which if we sift through quickly—or you might want to take them on notice. One of the issues that small to medium-sized organisations, who are funded by the commission and provide services, raised with me, is that they do not think that they are adequately funded in respect to some of their ongoing business costs—insurance is the one that they keep raising with me. I wonder if you might comment on that.

Hon SIMON O'BRIEN: I will ask Dr Chalmers to respond.

Dr Chalmers: One of the things that we do in the commission, that we started doing a couple of years ago, is to do an analysis every year of all of the organisations that we fund. We produce an annual funded sector report. I understand that the minister tabled the first version of this in Parliament and the new one is just about to come out. This one, and the one that is currently being worked on, tells us that all of the organisations that we currently fund can operate under the business rules funding framework that we provide them with. That means that they are actually—not comfortably—working within the hourly rates for service that we provide them with. Those dollars that we provide are not just about direct care, but they are dollars for all of those administrative functions, including insurance and so on. Having said that, we are also looking at ways that we can get better mileage out of the dollars that we make available to organisations. One of things that we have been encouraging some of our big organisations to do is to act as a broker or an umbrella body for some of the smaller ones. We are dealing with a couple of those at the moment. For many years, the Nulsen organisation has operated as a payroll and HR—

Hon LJILJANNA RAVLICH: They do a great job.

Dr Chalmers: They do. What we are doing at the moment is trying to draw other big organisations into that space where they might be take on an insurance broker role for example, where they can take care of that for a number of smaller organisations. So that it is a strategy that we are putting into place.

Hon SUE ELLERY: Last one, the minister referred earlier to the Count Me In kind of broad —

Hon SIMON O'BRIEN: Disability Future Directions.

Hon SUE ELLERY: It is a great document. I refer to it as an aspirational document. I am interested in whether there is a more finite implementation plan that goes with it. I know that when you were asked that question in estimates in the Assembly you referred to work that has been done on your strategic plan and the business plans that will go underneath the strategic plan, but I wonder whether there is going to be a specific document or project that goes with giving a real effect to the things that were identified in the Count Me In document.

Hon SIMON O'BRIEN: The Disability Future Directions document is an aspirational plan, but it is intended to endure, to change government approaches and help inform government approaches over a long period of time. For example, one thing that is different about this document right from the start—notice that it does not have a picture of me or a foreword from the minister.

Hon SUE ELLERY: I was shocked!

The CHAIR: Well we must go and get one then!

Hon SIMON O'BRIEN: No, I disagree because I want this to be an ongoing document that can be adopted in a bipartisan way and have ownership across governments. So even in 15 years, I do not know if I will still be at this table —

Hon LJILJANNA RAVLICH: No I don't think so!

Hon SUE ELLERY: We are planning that you won't be!

The CHAIR: He might be out in 10 minutes; that's if you're lucky!

Hon SIMON O'BRIEN: There are a couple of levels that we have approached this from. There have been a number of meetings with chief executives of government agencies to ensure that there

is some endorsement of the aspirational aspects of this document, but you are talking more about the functions and actually getting some material benefits. With that in mind there is a strategic plan that the commission will be releasing in October. That is the intended timeframe and it is intended that there will also be, after business cases have progressed, reflections of the aspirations in this policy reflected in the budget in future.

Hon SUE ELLERY: I wonder if you can comment minister, because I think that that is really good for the commission and the commission's part in making that happen. The big task that governments struggle with is not getting DSC dealing with disabilities issues, but getting mental health, child protection, housing, transport—whoever—getting those other agencies to buy into what is set out in the document. The only way that I found to do that was to give people specific tasks: “You have to complete this by date X; you have to show that you have done it by date X.” That was the only way you get the others to buy in because they were going to be held accountable to that. I wonder whether you have got some comment on that?

[11.40 am]

Hon SIMON O'BRIEN: No, you are dead right, and that is why the Disability Services Commission is not only looking inward on this matter; it is showing leadership outwardly as well. That is why we were able to engage the Premier to personally launch and champion this, and that was not just a one-off occasion where you launch a document; he participated, for example, in the first of the meetings that I referred to with the heads of our most senior agencies. We are going to see this reflected increasingly across government in the areas that need it. We have already spoken about coordination across departments, and again the commission is showing leadership in this. But you will see it increasingly reflected across government, I believe, in ways such as the planning of communities and standards that are required in housing and other buildings; in the Public Transport Authority, for example, which has recently embarked on a program to make sure that all of its bus stops—and there are a heck of a lot of them across the state—are accessible. There are responses to come from education. You are quite right; it is a whole-of-government responsibility. I cannot have responsibility for all of that, but from this portfolio we can show some definite leadership, and I believe we are doing that, and you will see some actual positive outcomes.

The CHAIR: Thank you. I think we might finish this hearing at this point. I just need to say some words to do that. The committee will forward any additional questions that it has to the minister in writing in the next couple of days, together with the transcript of evidence, which includes the questions taken on notice. If members have any unasked questions, I ask for them to be submitted to the committee clerk at the close of this hearing. Responses to these questions will be requested within 10 working days of receipt of the questions. Should the agency be unable to meet this due date, please advise the committee in writing as soon as possible before the due date. The advice is to include specific reasons if or as to why the due date cannot be met.

Finally, on behalf of the committee, I would like to thank you very much for your attendance this morning, and we will formally close this hearing.

Hearing concluded at 11.41 am