

Mr Paul Omodei; Mrs Cheryl Edwardes; Dr Elizabeth Constable; Mr Arthur Marshall; Mr John Bradshaw; Mr David Templeman; Dr Janet Woollard; Ms Sheila McHale

---

## **DISABILITY SERVICES AMENDMENT BILL 2004**

### *Second Reading*

Resumed from 1 July.

**MR P.D. OMODEI** (Warren-Blackwood) [7.34 pm]: I rise to make my contribution to the debate on the Bill and to indicate that members on this side of the House will support it. I welcome the people from South Perth who have come into the Parliament tonight to listen to the debate. I hope we can make it at least interesting for them and for their very good member, Hon Phillip Pandal, the member for South Perth.

My involvement in disability services goes back a number of years. Some members may recall that in the previous Government I held the portfolio between 1996 and 2001. I found it firstly rewarding, but at the same time frustrating as at that time disability services in Western Australia were struggling.

I will give a potted history of disability services, as I recall them, over the past 10 years. In the early days, when we came into government in 1993, disability services were in disarray. In 1992, the previous Government had amalgamated a couple of Acts relating to the intellectually disabled and the handicapped, and created the Disability Services Act. Hon Kevin Minson was the minister at that time. In 1993 he brought into Parliament the first consolidated Bill that created the Disability Services Commission. As a person who has departed this House, I must say that he made an outstanding contribution to people with disabilities in this State. I recall him coming into the Cabinet some time in 1994 or 1995 saying that we needed to find \$125 million for people in Western Australia with disabilities because the sector was in crisis, which was met with a hushed response from all members of Cabinet. I recall the then Premier, Richard Court, saying to Mr Minson that he had better come forward with a plan. That plan became the first business plan for the Disability Services Commission in Western Australia. What had happened prior to that is quite shameful in that a large number of people with disabilities in the community were suffering. In the previous three years of the Labor Government's administration, the state budget for disability services had increased by only \$12.49 million, bringing it up to \$75 million. In the subsequent three years the budget almost doubled to \$160 million. In the first five-year plan there was an increase of \$40 million for the first year, a subsequent \$125 million for the first business plan and a further \$112 million for the second business plan, which was the business plan over which I presided. At that time the Commonwealth-State Disability Agreement had been signed and then renegotiated in my time as the minister. We played the game fairly hard. The State provided 86 per cent of the funding for accommodation, post-school options and a range of disability services, and the Commonwealth provided only 14 per cent. The Commonwealth also had responsibility for employment and, of course, pensions for disabled people and so on. There were, therefore, claims and counterclaims about whose responsibility it was to provide accommodation for people with disabilities in Western Australia. We organised meetings with ministers from other States, some of whom were Labor and some Liberal, and had pre-minister meetings before we met with the commonwealth minister. We were always very organised with a strategy. We extracted every single dollar that we possibly could from the Commonwealth to the extent that we played the game of brinkmanship to the very end. The last Commonwealth-State Disability Agreement contained some extra agreements made after it was signed and Western Australia, I think, profited from it more than the other States. Western Australia was more organised; we had a dedicated Disability Services Commission, our own Act of Parliament and a Minister for Disability Services dedicated to the role, unlike other States that had amalgamated disability services with community development, family services and a range of portfolios, of which disabilities in those States was only a small part.

Western Australia benefited from some far-sighted people who believed that the provision of disability services was important enough that Western Australia should introduce its own Disability Services Act. The Disability Services Amendment Bill will amend the Disability Services Act to make it more workable. I am quite pleased that members on this side of the House have played a significant role in ensuring the introduction of the Disability Services Act and the establishment of the Disability Services Commission. When I became a minister in 1996, I visited the offices of the Disability Services Commission at West Perth, where it was housed in three different locations. My first impression was that that was not good enough, and I told the senior bureaucrats that at that time. I asked how an efficient organisation could be run from three different buildings. We set about consolidating the Disability Services Commission into the current building in which it is housed. The State of Western Australia leases the building from Co-operative Bulk Handling Ltd. It is an excellent facility that provides a very good headquarters for the Disability Services Commission in Western Australia.

Since then there has been a change of Government, another commonwealth-state and territories disability agreement has been signed and more funds have been allocated to disability services. I will explain why I do not think enough money will ever be allocated to people with disabilities. Disabilities affect the lives of more than 500 000 Western Australians, which is one-third of all Western Australians; one in every five Western

Mr Paul Omodei; Mrs Cheryl Edwardes; Dr Elizabeth Constable; Mr Arthur Marshall; Mr John Bradshaw; Mr David Templeman; Dr Janet Woollard; Ms Sheila McHale

---

Australians has a disability; one in every 10 Western Australians is a carer of a person with a disability; and one in every 25 Western Australians has a disability and is a carer of a person with a disability. Further statistics show that most Western Australians with a disability have a physical disability; nearly three-quarters of Western Australians with a disability have a physical disability as the main disabling condition; one in six Western Australians with a disability has a mental or behavioural disorder as the main disabling condition; and one in every 10 Western Australians with a disability has a sensory disability as the main disabling condition. Many people with a disability have more than one disability. About one-third of the people using the services of the Disability Services Commission have multiple disabilities; almost 30 per cent of all Western Australians with a disability are either profoundly or severely restricted by their disability; and of those Western Australians who are profoundly or severely restricted by a disability - these figures are probably a year or two old - an estimated 66 000 were under the age of 65. Most Western Australians with a disability live in the community and 93 per cent of people with a disability live in the community either independently or with family or friends. Most people with a disability get help from family or friends. A very important statistic is that families and friends provide 70 per cent of all assistance needed by Western Australians with a disability. The Carers Recognition Bill 2004 will follow this legislation; therefore, this issue will be debated again. Some of those 70 per cent of people who assist a family member or friend who has a disability receive some kind of financial assistance, but the vast majority do not. Agencies provide 24 per cent of all assistance needed by Western Australians with a disability. A significant proportion of Western Australians with disabilities do not receive sufficient support to meet their needs. Sixty-two per cent of Western Australians with a disability who need help have their needs fully met and 38 per cent of Western Australians with a disability who need help do not receive enough or any assistance to meet their needs. Although these statistics might be a year or so old, they are still relevant today.

Over the years, the non-government agencies that provide disability services in Western Australia have done a marvellous job. Many dedicated people from various organisations, including the Cerebral Palsy Association of WA Ltd, the Multiple Sclerosis Society of Western Australia, the Senses Foundation and a range of other people, provide active assistance and so on. Many organisations provide services to people with disabilities. A number of programs, including the count us in program, began in May 1996. A range of measures was introduced under the Court Government. The then Premier, Richard Court, played a direct role in the initial funding for the Disability Services Commission. He was personally involved in the debates and was a great champion of people with disabilities in Western Australia. Fortunately for this State successive ministers have taken the matter very seriously. Again, I take my hat off to Hon Kevin Minson, who has been unheralded in the disability sector. He probably played the most important role by setting up the first Act in 1993 and the first business plan. He helped provide a huge injection of money that got the sector rolling. At the same time, as I have mentioned, 70 per cent of people with disabilities are cared for in their homes.

Another significant event that is worthy of note is the politician adoption scheme, which was initiated in about 1996 by the Disability Developmental Council of WA. Sue Harris and her staff have done a great job over a number of years. I am fortunate to be a member of Parliament who has a disabled adoptee. Courtney Edwards, who is now 17 years old, is disabled and lives in Cowaramup. I have been involved with her family, including her mum and dad and grandparents, for many years. Courtney is non-verbal, non-ambulatory and incontinent. She cannot speak; however, she communicates in many ways. Her parents and grandparents deserve a medal. They look after Courtney for the majority of the time. If Courtney lived in an institution in Perth, it would cost the State in excess of \$100 000 to look after her. She has been looked after by her parents for a measly sum that they must struggle to find. The politician adoption scheme was organised by the DDC to highlight the need of people with disabilities and to get members of Parliament to understand the plight of people with a disability. Members of Parliament are not necessarily asked to support them financially but to advocate on their behalf and assist the family should it be needed. Many families of people with a disability are very self-sufficient, wonderful people. They seem to develop another aspect of their personalities and they have an energy that I have never seen before in my life. I think they deserve the greatest of praise. The Government must recognise that some of those people have other members and siblings in their families and that, in some cases, the family has more than one disabled child. It takes a lot of effort to care for those people. The politician adoption scheme has worked very well in Western Australia and could be used as a model for other States and other countries.

The Disability Services Commission has been well led for a long time. Prior to 1993, a former member of Parliament, Hon Ray Young, was a great champion of people with disabilities. Hon Barry MacKinnon has been the chairman of the board of the Disability Services Commission for at least six or eight years. I think that the legislation was changed so that he could be re-appointed. The people on the Ministerial Advisory Council for Disability Services have been very dedicated also.

We have a very good organisation in Western Australia, but there is still a very long way to go. The legislation requires a review from time to time. The last review was in 2001, and the recommendations of the review committee were endorsed by Cabinet on 18 November 2002. The first review of the Act was completed in 1998

Mr Paul Omodei; Mrs Cheryl Edwardes; Dr Elizabeth Constable; Mr Arthur Marshall; Mr John Bradshaw; Mr David Templeman; Dr Janet Woollard; Ms Sheila McHale

---

and amendments were passed in the Disability Services Amendment Bill 1999. Now the Parliament is deciding yet again to make some small changes to the Act to improve its operation. The 2001 review committee examined the effectiveness of the operations of the Disability Services Commission and the need for its continuation; the effectiveness of the advisory council and the need for its continuation; the effectiveness of the commission's financial assistance grants to organisations and individuals in furthering the principles in schedule 1 of the Act; the effectiveness of the Act concerning complaints and conciliation processes; how governance issues, reporting relationships and advisory mechanisms can best be addressed, consistent with machinery of government outcomes, while optimising opportunities for input from consumers; and how existing opportunities in the current legislation for the disability community's involvement in the directions of the commission could be strengthened.

At a broad level the Bill before the House provides for the retention of the Disability Services Commission as a separate department; strengthening the composition of both the board of the commission and the renamed Ministerial Advisory Council on Disability; and a better alignment between health and disability complaints management procedures dealt with by the Office of Health Review. Originally, the Equal Opportunity Commission handled any complaints, but they are now dealt with by the Office of Health Review. Additionally, the Bill provides for the inclusion of an additional principle to ensure an environment free from neglect, abuse, intimidation and exploitation; and the development of the process for conducting and implementing the renamed disability access and inclusion plans required of public authorities. Initially, local governments were required to provide disability services plans and report to the Disability Services Commission or to the minister. Over the past few years other government departments have been included in the disability services planning process, and this Bill outlines some of the things that they will be required to do, which I will mention in a moment.

Clause 6 ensures that the Disability Services Commission's status as a department established under section 35 of the Public Sector Management Act 1994 is secured by legislative provision. The review of the Act identified extensive support for the retention of the commission as a separate agency directly responsible to a minister. I have strongly supported that over successive elections. Although the current Government has retained that process - for which I commend it - I still believe it would be desirable to have a separate minister. This is not to decry or to deny the efforts of the current minister. However, she is also the Minister for Community Development, and the lines can be blurred when the same minister holds both the community development and the disability services portfolios. I would like to see a separate minister hold the portfolio, so that there is no blurring of the outcomes or responsibilities. No doubt there are some overlapping issues, involving not only the Department for Community Development but also the Department of Health and a number of other departments. I would like the minister to take on board my view, having been involved in the area for a long time and having a parent with a disability for more than 30 years. I know how disabled people suffer, how they can be helped and how they are hindered. To keep that independence, there should be a separate Minister for Disability Services for a number of reasons.

Western Australians can hold their head up and say that they have worked as hard as they can for people with disabilities. We can do much better, but we are already better than other States of Australia. I have seen them all in action at the ministerial and national level, and there is no doubt in my mind that Western Australia is far in front of Governments in other States. We have put in place new and innovative procedures that leave other States floundering. Our local area coordination plan has been a great success, and we sell it to other States. People who have worked in the Disability Services Commission have moved to other States to take up senior health positions. That is not a hint to any present employees of the commission! When I was minister and we were selecting a new chief executive officer for the Disability Services Commission, I insisted that that CEO be a Western Australian. The search committee set up to find a new CEO was told that our CEO, Ruth Shean, was on a par with somebody from South Australia. I think I might have been, not punished, but at least put in my place from time to time for insisting on the Western Australian. In the end, the decision is made by the Minister for Public Sector Management, but it had to be on the recommendation of the minister, and I would not move from my insistence that Ruth Shean be the CEO of the Disability Services Commission. She has done an outstanding job.

This is one of those areas that has transcended any party political arrangements. The fact that Barry MacKinnon, a former member of the Liberal Party and Leader of the Opposition, is still the chairman of the board of the Disability Services Commission bodes well for the whole of the disability sector because it means that the Government of the day realises that a very good person holds that position and should be retained. He has dedicated his life to the disability sector in Western Australia. He first came into the picture as a result of having a deaf child. We need to retain our identity and strengthen the roles we have in the disability sector. Legislation for the recognition of carers is before the House, and the Opposition will also be supporting that, but I want to

Mr Paul Omodei; Mrs Cheryl Edwardes; Dr Elizabeth Constable; Mr Arthur Marshall; Mr John Bradshaw; Mr David Templeman; Dr Janet Woollard; Ms Sheila McHale

---

make sure that the current Government retains the Minister for Disability Services as a separate minister. That is a challenge for the Government, and I hope it is a message that will be listened to.

The second reading speech, in its second paragraph, states that the Disability Services Act 1993 was built on the solid foundations of the 1992 Act. However, all the 1992 Act actually did was to unite the former Bureau for Disability Services with the Authority for Intellectually Handicapped Persons in a new body. The 1993 legislation, brought in by Kevin Minson, set up the structure in the first place. That legislation was very well thought out by the people involved in the disability sector at that time. The major challenge at that time was funding for people with disabilities, and that is still a major issue today. Many people still miss out on accommodation support because the funds are just not there. With an ageing population and the baby boomers reaching late middle age, many ageing parents and carers are looking after ageing people with disabilities. This will cause a huge spike in activity in the future. It will not be long before those of my vintage - the class of 1989 and those who came a little later - will be at the age at which we could fall into the situation of caring for our parents as they get older, and then our children will become carers for us. With the big baby boomer spike, the demand for disability services will be ever increasing.

Clause 7, which deals with the membership of the board, is another provision that is of concern to me, but it is a step in the right direction. It provides that at least two members of the board must have had recent experience in matters relevant to people with disabilities, and that they must come from rural and remote locations, which is a good idea.

I have already referred to the provision that replaces the phrase "disability service plans" with "disability access and inclusion plans", which is a good idea.

There is a range of other issues with regard to the ministerial advisory council and financial assistance for matters relating to people with disabilities. However, I will not go into the detail of those other clauses now because I know they will be discussed during consideration in detail.

We will support the legislation. It is not a large piece of legislation, but it is very important. I reiterate once more the importance of having a separate minister. I have been involved in the disability sector for more than 10 years not only as a minister but also as a person adopted under the "adopt a politician" scheme. Currently the disability sector is under the control of the Minister for Community Development, Women's Interests, Seniors and Youth. That minister has enough problems in her community development portfolio dealing with families and family structures, without having to deal with issues in the disability sector. I do not need to repeat the statistics I have already mentioned to emphasise that point.

Families and friends provide 70 per cent of all assistance needed by Western Australians with disabilities. How much longer can that situation continue? I put it to members that, with the ageing population, the position will become more difficult. Agencies provide 24 per cent of all assistance required by Western Australians with disabilities - only 24 per cent! It is clear that much more can be done. A total of 62 per cent of Western Australians with disabilities who need help have their needs fully met; while 38 per cent do not. When one considers that one in every five Western Australians has a disability, clearly that is a large number of people. This is a very important issue, because one must also bear in mind that one in every 10 Western Australians is a carer of a person with a disability, which amounts to another 200 000 people, and one in every 25 Western Australians both has a disability and is a carer of a person with a disability, which is roughly another 80 000 people. I do not think we can deny the importance of the needs of the disability sector, and we have many great champions who work selflessly for the good of that sector.

Although great strides have been made by successive Governments - the two Court Governments and this Government - much more still needs to be done. It appears that we can find money for all kinds of projects, but if we look at a person with a disability and see the impact that it has on his or her family, invariably, it is devastating. From my involvement in this sector as a minister for eight years and a member for 15 years, there is no matter in society that moves me more than seeing a family struggle to come to grips with and to provide for a person with a disability. It is incumbent on us as state members of Parliament that we leave no stone unturned in providing services for people with disabilities. If the Government of the day puts forward a proposition to significantly increase funding for people with disabilities, there will not be any objections from this side of the House. As far as I can tell, the matter has had bipartisan support to this stage, and we will certainly support the amendments to the Act.

I take great pride and pleasure in having been involved in the setting up of the commission in the first place, but, at the same time, I would love to be sitting on the other side of the House right now serving it up to the Commonwealth and the Treasury and saying, "What about giving us some more money for people with disabilities in Western Australia?"

Mr Paul Omodei; Mrs Cheryl Edwardes; Dr Elizabeth Constable; Mr Arthur Marshall; Mr John Bradshaw; Mr David Templeman; Dr Janet Woollard; Ms Sheila McHale

---

**MRS C.L. EDWARDES** (Kingsley) [8.05 pm]: Last year I attended a very special conference in Melbourne: the National Conference on Alternatives for Young People in Nursing Homes. It was the first such conference of its kind. Other than working with constituents in my electorate to find funding for young people with disabilities so that they can stay at home and receive the appropriate services to meet their needs, I had never dealt with disability services in the broader sense. I was amazed at the number of young people who are in nursing homes. In 2004, why have approximately 6 000 young people been inappropriately placed in nursing homes? They are often non-compensable patients who have come from acute hospital beds. No money is coming their way from either workers' compensation and/or motor vehicle accident insurance; therefore, often there is nowhere for them to go other than a nursing home. In 2004, no young person should ever be placed in a nursing home. It is inappropriate care for them and they do not receive the necessary support services to help them regain some of the skills required to meet their needs, whether it be physiotherapy or speech therapy. Obviously, a conflict sometimes occurs because these young people have been placed in a nursing home filled with predominantly frail and elderly people. It is an absolute tragedy and a waste of young people to place them in nursing homes.

Over the next three to four years, I will endeavour to get every State Government and the federal Government to change the disability services agreement to ensure that no young person is inappropriately placed in a nursing home. To achieve that, joint action by the state and federal Governments will be necessary. The complaint by some States that this is a federal issue and the federal Government should be dealing with it is an absolute nonsense. The areas that need to be covered are health, aged care, disability services and housing and they include a broad range of departments and agencies right across Australia. If somebody does not take the bull by the horns and make the commitment that no young person will be placed in a nursing home in inappropriate care, and if we continue to argue that it is the federal Government's fault or that it is a state issue, nothing will change. This change needs to start with someone. The young people at that conference last year have started the process, and now a large lobby group has been created that is saying that this is not right. It is totally un-Australian to put young people in nursing homes. We in Australia pride ourselves on living in the lucky country. We tend to take it for granted that the taxes we pay will fix the problems for those who are less fortunate than ourselves. However, tragically that is not happening as it should. Because they are such a small group of people, they are being ignored. I can tell members that that will not continue to be the case. More than 6 000 young head-injured people in Western Australia are living inappropriately in nursing homes. From what I have seen, and from what I have heard from the young people to whom I have spoken, these young people are being denied the quality of life to which they are entitled, and they are being denied opportunities that may present themselves to them, because they have nowhere else to go. These young people are victims of the system. They have fallen through the cracks. Because they are warm and secure and have a roof over their heads, they are forgotten about.

A report prepared by the Unmet Needs Working Group in April 2002 estimated that nearly 600 people with a profound or severe disability were likely to be inappropriately accommodated. Part of that figure comprised 303 intellectually disabled people who were in large-scale institutions, after funding had been provided for 109 people to be relocated into community-based accommodation. Part of the tragedy is that when we were in government, we established and funded pilot programs to move 109 young head-injured people out of nursing homes and into more appropriate care. However, that same number of people have now been put back into nursing homes. It is okay to start a pilot program and shift out some of those young people, but unless a change is made to the disability services agreement between the federal Government and the State Governments - it is not just Western Australia - the young people who are removed from nursing homes will be replaced by another group of young people who are inappropriately placed in those homes. The figure also comprised 18 people who wished to move into more appropriate accommodation; 70 people occupying respite short-term rehabilitation hospital beds and emergency supported accommodation assistance program accommodation, because again there was nowhere else to go; 76 people with a dual diagnosis of intellectual disability and mental illness identified as being inappropriately housed at Graylands or in mental health hostels; and 117 people under the age of 50 in aged care facilities.

Although we say that we live in the lucky country, in 2004 young people with a mental illness are still killing themselves. Why is that so? Part of the reason is that they are being placed in accommodation that is inappropriate, and they are being mixed with people who have a drug or alcohol addiction. People who have both an intellectual disability and a mental illness are being inappropriately housed at Graylands or in mental health hospitals. That is not acceptable in 2004. The younger residents in nursing homes comprise people with multiple sclerosis or a neurological condition; people with an acquired brain injury, which may be the result of a yachting accident, falling victim to a disease such as encephalitis, or falling off a skateboard - that is, an instance that may occur in a person's life that is non-compensable; and people with a physical and/or sensory disability. The stark truth is that not one of these people should be in a nursing home. All these people should be in accommodation that is more appropriate to their circumstances.

Mr Paul Omodei; Mrs Cheryl Edwardes; Dr Elizabeth Constable; Mr Arthur Marshall; Mr John Bradshaw; Mr David Templeman; Dr Janet Woollard; Ms Sheila McHale

---

I will give members a couple of case examples. In *The Weekend Australian* of March 2004, Kate Legge tells the story of a 25-year-old man who had just completed a communications degree and had started his own weekly spot on a community radio station and a new full-time job as an assistant sound engineer but then contracted encephalitis. After 11 weeks in a coma at Sydney's Royal Prince Alfred Hospital, he was sent to a nursing home with a form that said "vegetative state". That raises another issue. Once these people leave hospital with a note such as that, no rehabilitation services are provided for them. Rehabilitation services are provided in hospitals. They are not provided to young people who are in nursing homes, unless their families fight for it. However, the families are getting very tired of fighting a system that is not responsive to their needs. Kate Legge recounts what happened to this young man after he had been sent to the nursing home with that note. I cannot improve on Kate Legge's description of these events, so I will quote -

His parents, Marilyn and Ashley, knew otherwise. One morning when Ashley was at his bedside, Marilyn, who could not be there, rang in and his father held the phone to Wesley's ear. As Marilyn's one-sided banter wavered with emotion, Wesley's breathing patterns changed. This tiny wink of acknowledgment lit a bonfire of hope. Movement in his thumb and his leg were further signs of Wesley's awakening, they felt sure, but the specialist and therapists dismissed their conviction as fancy born on the wings of despair.

He was stuck in an Ashfield nursing home in Sydney without any recommendations for rehabilitation, parked between two residents aged 91 and 86. Wesley's fall between the cracks of the state-funded hospital system and commonwealth-financed aged care merely strengthened his parents' faith, love and determination, a powerful trifecta capable of miracles that rival medical science yet elude clinical research.

Marilyn begged for the removal of the assisted breathing apparatus and was rewarded with the sound of her son's voice and his tears at hearing himself speak. Step by excruciating step, they continue to advance with a do-it-yourself adventurism. They have been at his bedside every day since his flatmate found him blue on the floor. Hour after hour, month after month, willing him forward, stretching and exercising his legs in the absence of professional help; slowly weaning him off the feeding tube, doing whatever it takes to reclaim their boy.

His journey has introduced them to 6000 other young Australians with acquired brain injury who are languishing in nursing homes across the country and this week the Darlings wrote to federal cabinet ministers begging for help.

Warren Hogan's review of residential aged care is before the Howard Government and the National Alliance for Young people in Nursing Homes, which has lobbied MPs long and hard to get appropriate care for this group, hopes Wesley's story will move it towards reform.

I was the only member of Parliament in Australia who attended that national conference that was held this year. One or two members of the Victorian State Parliament dropped in and out, but I was the only member of a State Parliament who stayed for the whole two days of that conference. Kate Legge continues -

Wesley's experience encapsulates the problems facing young people with acquired brain injuries stranded in facilities designed for the elderly and frail which might be compassionate and caring but do not have the resources or equipment for these younger patients with their special needs.

Kate Legge goes on to tell how the Darlings have now set up a trust fund for their son and are planning to buy a tilt bed, which is crucial to aid his rehabilitation. Kate Legge goes on to say -

Creative solutions may lie outside the heavy hand of bureaucracy and legislation, but they should not be beyond a society as sophisticated as ours.

That is the question that I put to all members of this House. We need to support this group of young people who are inappropriately placed in nursing homes and should not be there. That is just one example. There are 5 999 others, all with the same underlying message; namely, they are the victims of the system, and they are not enjoying the quality of life that they deserve. If that young man had not received that care, attention and assistance from his family, he would not be where he is today. He would be lying in a vegetative state without any form of rehabilitation because the system said so. It is not a matter of the State saying that it is a commonwealth problem or the Commonwealth saying it is a state issue. It is about people's lives and it needs to be above politics. I have not come across one federal or state minister who does not accept or acknowledge the problem. All of them want to do something about it. I will give the opportunity over the next three to four years for all States and the federal Government to make a difference. It is 12 years since a review of accommodation services for people with disabilities in Western Australia. It recommended a separate category to get people out of institutions and into appropriate accommodation. Two specific recommendations were that the budget for disability services in Western Australia retain a deinstitutionalised program as a separate item from the

Mr Paul Omodei; Mrs Cheryl Edwardes; Dr Elizabeth Constable; Mr Arthur Marshall; Mr John Bradshaw; Mr David Templeman; Dr Janet Woollard; Ms Sheila McHale

---

accommodation services program and that discussions be undertaken with the Commonwealth to canvass the feasibility of achieving specific commonwealth funding for the closure of all inappropriate institutional accommodation for Western Australians within 10 years. Things move very slowly. That was 12 years ago. It is still something that needs to be taken on by all of us. We have families in our electorates who have someone close to them with such a disability. To be fair, there has been some movement in the intervening period. As the 2002 report demonstrates, it is very slow.

[Leave granted for the member's time to be extended.]

Mrs C.L. EDWARDES: The backlog is growing. Unless we stem the problem at the source - the disability services agreement - it will continue to grow as a problem. The national conference called it the unlocking of potential. The conference laid out every aspect of this hidden tragedy. Most members of this House would know Jan Bishop, who is the president of Brain Injury Australia and chair of Headwest in this State. She stated that successive State and federal Governments have refused to create systemic alternatives. While pilot programs have been put in place, a lot more action needs to be taken. She said -

However, there is no acceptable reason in a wealthy country like Australia why people with disabilities should be segregated from their peers, their families and their communities and have their rights and choices denied.

There is the case of Penny Clough, whose 19-year-old life was changed forever when she was bitten by a mosquito in 1974. It can happen to any of us or any of our children. Would Mr Acting Speaker like one of his children, who might have fallen off a skateboard, been bitten by a mosquito or who has contracted encephalitis, to be put into a nursing home? I certainly would not and I do not think any one of us would like one of our children to be in a nursing home. That is not to say that nursing homes do not provide good care; they do, but not for young people with head injuries. Nursing homes are for the frail and aged, who have totally different needs from people with acquired brain injury.

Penny Clough was admitted to hospital with encephalitis and spent more than 27 years, most of them unhappy, before she moved into a house with other people with disabilities. She told the conference that it was the best thing that could have happened. When attending the conference I came across some wonderful young people who, despite having to consistently fight the system, still had huge courage and a smile. They still had hope that their situation could be improved. Penny Clough said -

If I had not made these moves, I would probably be in aged care by now and, God, I would die. I love old people - I often talk to them when I am out shopping. We are all going to be old one day, but I'm not old yet.

That comment is from a young girl who did it her own way. Of course, there are some flickering glimmers of hope, such as Cyrill Jewell House in suburban Melbourne. It is a unique service that shows how the Commonwealth and State Governments can work together to create an alternative. It is a nursing home with a dedicated wing for people with multiple sclerosis. It receives commonwealth funds as an accredited aged care facility. Funds are topped up by the State Government for additional clinical staff and other services. It is a model for community access that offers 35 hours a week and a range of support programs. Another flicker of hope in Victoria is St Martin's Court, an innovative community housing project that is delivered through a diverse partnership of government and non-government agencies. It involved the purchase of a property with funding from the Office of Housing and development funding from the Transport Accident Commission and the Department of Human Services. Australian Home Care Services, a subsidiary of the MS Society of Australia, is providing on-site support. There is accommodation for a total of nine people with an acquired brain injury or disability such as multiple sclerosis. Those people need low to medium levels of support in an independent living environment. It is only a start, as it was in Western Australia, but it shows what can be achieved. It is the proverbial million miles away from where we need to be in directing those young people to a bed away from an aged care institution. It has given those nine people the opportunity to live their lives in dignity and with quality. One of the issues that came from the conference was choice. They wanted to have a choice in their lives about the type of care and how they live there lives. That same opportunity needs to be provided to the other 6 000 people in Australia. It is simply not enough for bilateral agreements between the federal Government and the States and Territories to put words on paper about what they intend to do. It is not enough for them to say that they will work together - which is what the last agreement stated - to explore alternative support models for young people in nursing homes, including the capacity to transfer them to more age-appropriate accommodation. They are wonderful words but we need to make it happen. The only way we can do that is to not say that we will explore alternative support models and that we will work together to do that. Every time we move nine, 21 or 109 people out of an aged care facility, another nine, 21 or 109 replace them! We need to start with the bottom line: no young person goes into an aged care facility; that is, a nursing home. It is an inappropriate place

Mr Paul Omodei; Mrs Cheryl Edwardes; Dr Elizabeth Constable; Mr Arthur Marshall; Mr John Bradshaw; Mr David Templeman; Dr Janet Woollard; Ms Sheila McHale

---

for them. If we start with that bottom line, we will get to where we want to go. We will then make sure that those young people are being placed appropriately and they receive the care, support and services they need. For some that may mean funding support services so they can stay at home. For others it may mean some form of community accommodation with relevant support services. One size will not fit all. That is what we must remember. No young person should go into a nursing home but what will be the options? If we start from there we might find that, for those young people already in nursing homes, it will be very hard to move one or two of them. That needs to be recognised because they have been in that accommodation for a long time. That acknowledgment needs to be part of any future planning. The Commonwealth's recent innovative pool proposal starts to tackle the problem. Again, it is moving a group of people out of an aged care facility into their own supported needs accommodation. It requires a top up to state disability accommodation services to move some of those young people. The MS Society of Victoria produced a paper on the topic titled "Changing Needs". I do not think Western Australia has not taken up the option with any non-government organisation to seek funding. Maybe the minister will tell us whether Western Australia has or has not done so. Victoria was the first to do so. It has the accommodation up and running, and, as I said, young people are already in there.

In its pre-budget submission to the State Government last December, the Disability Coalition Western Australia identified 263 young people with acquired brain injuries who were inappropriately placed in institutional care. Those figures came from 2001, and that submission reinforced the 2002 report that the problem was growing. That only demonstrates that whatever government efforts have been made, however welcome, they are totally inadequate to meet the needs. The Disability Coalition correctly described the situation as urgent. If these young people had a higher profile and a stronger collective voice, they might be able to exert more pressure on government. As anyone will tell us, Governments often respond to pressures, and that is one of the areas in which I hope to be able to help this group of people by working towards changing the disability services agreement.

Costs may not be as dramatic as some would imagine. In fact, there have been suggestions that fixing the problem for those 6 000 young people would result in savings in the health budget. According to the young people in the nursing homes group, every year 2 325 older Australians are prevented from obtaining a bed in an aged care facility by one of those 6 000 young people. That means that more than \$372 million is being wasted by keeping older people in acute care hospital beds because they cannot get to the beds originally designed for them. As the group says, we have the ludicrous situation of precious health dollars being wasted by keeping two groups of people in the wrong place. There is another consequence of that too: those needing a hospital bed cannot get into hospital because not enough beds are available. In Western Australia, the figure is \$31 million for 116 acute care hospital beds blocked by the frail aged. An acute care bed in Western Australia costs \$267 000 a year, seven times more than the cost of appropriate accommodation in an aged care facility. In that regard, on 12 August 2003 *The West Australian* quoted an Australian Institute of Health and Welfare report.

The solution is clear: fix the problem of young people in nursing homes first. That will allow older people trapped in hospitals to move into the aged care facilities designed for them, and that, in turn, will release valuable hospital beds. That action is obviously needed. It is an issue beyond politics, but it covers a number of empires. There needs to be a recognition of the problem. An administrative framework covering all aspects, particularly finance, is needed. Real coordination and cooperation between the federal Government and each of the States and Territories are needed. We must ensure that young people in aged care settings have equity in access to disability services. We need to change the system and the culture to provide young disabled people with maximum flexibility and choice on a sustainable basis. A firm timetable for that change is needed. We need to make the system responsive to the needs of young people, and inclusive community programs are needed.

All of those points that I have just raised must be agreed to and incorporated in the next Commonwealth-State Disability Agreement. If we start with the basic common thread that we will not just work towards providing alternative models, but we will make a commitment that no young person shall be placed in an aged care facility, we will achieve what those 6 000 young people deserve to have achieved. As Australians, we should not settle for anything less. I encourage all members of this place to take it on as a commitment. We would not like it if it were one of our kids or our father. If I were a teenager and my father was in his forties and I had to visit him, I would not like that. It is hard enough to get teenagers to go into nursing homes to visit their elderly relatives, let alone their father or mother, who might be suffering from encephalitis or an injury incurred in a yachting accident. Those people need to receive more appropriate care. As the Darling case shows, when the family took on the fight against the system - in that instance it was the hospital system and the aged care system - to ensure that their young boy received the appropriate rehabilitation and care that he needed, there were signs of change in that young man. He deserved that, and I hope this House will support that into the future and into the next disability services agreement.



Mr Paul Omodei; Mrs Cheryl Edwardes; Dr Elizabeth Constable; Mr Arthur Marshall; Mr John Bradshaw; Mr David Templeman; Dr Janet Woollard; Ms Sheila McHale

---

**DR E. CONSTABLE** (Churchlands) [8.35 pm]: This Bill contains some important additions to the Disability Services Act, particularly in the area of consumer involvement. I congratulate the minister for continuing the process of reviewing and improving legislation in this very important field. Like many other members of this House, I have been involved in the area of disability services for a long time. In fact, I go back as far as the Ministerial Advisory Committee on Intellectual Handicap, as it was called 24 years ago, which was set up by the late Hon Ray Young. I was a member of that advisory committee. I believe we would all agree that what Ray Young did 24 or 25 years ago was ground breaking and way ahead of its time when compared with the situation in other States. The chair of that committee was Jay Birnbrauer. One of the things that Ray did, which really led the way, was to involve quite a number of parents on that advisory committee. He certainly took our advice. He came and talked to us during meetings and listened intently to the advice given to him.

Unlike some other members, I have had the opportunity of watching this area develop through legislation and practice over the past 25 years, beginning with the work of Ray Young. Even the language has changed. Members might have heard me use the term intellectual handicap. That is not a term that we hear these days. The word disability has replaced the word handicap. Much of our lexicon has changed over those 25 years, and all for the better. The work that was initiated by Ray Young was continued by the person who succeeded him as Minister for Health, Hon Ian Taylor. From that time there has been enormous progress.

The other thing that members will notice is that in those days disability services or services to handicapped people were often tied to the Department of Health. Of course, one of the great changes that have been made in the past 10 or 15 years is that disability services have become an area in their own right. I listened intently to what a former minister, the member for Warren-Blackwood, said about the need to go perhaps one step further now and have a dedicated minister who concentrates just on this area. However, that is perhaps an issue for another day and another discussion. There have been enormous changes in this State in the past quarter century, and mostly for the better.

Over the years, both professionally and in my current role as a member of Parliament, I have seen those changes. However, some worrying things still exist, and I will briefly draw attention to some of those areas tonight. We have achieved much. I believe that the other point that has been made tonight by two speakers is that what we have achieved in the past 20 years or so has been achieved very much in a bipartisan way. We have seen programs of inclusion and enormous changes in the housing provided for disabled people. Disability access is another major area, and that is certainly part of this legislation. We see it not only in government authorities but also in the private sector. There have also been enormous changes in attitudes. Perhaps we still have a long way to go. However, attitudinal change has been a major aspect of what has happened in the past 25 years. Nevertheless, I must say that in all our electorates, we still see many families that are struggling financially, emotionally and physically to provide adequately for their family members who have disabilities. Pressure is very often placed on families. Many members would know of broken families as a consequence of the inability of some people with a disabled member in their family to cope with the enormous pressures placed on them. Often we see women - particularly mothers - left to cope in very difficult situations without enough support to assist them in the way they should be assisted.

In the past few months in my electorate two families with very young children diagnosed with autism have come to see me. One thing that struck me about this issue is that there is still a waiting list for help for a child diagnosed with autism, yet government policy is very much tied up with early intervention. The Government knows what it should be providing, yet despite increases in budgets, this group of people is still not being provided for adequately. It breaks my heart when these women, particularly the mothers, come and see me to discuss what they have had to come to grips with and how they themselves are trying to help their children. In one instance a family had to wait eight months for help. Their child was about 17 months old when he was diagnosed with autism and it was eight months before the family could join a program. That was eight months too long, as we all know that a child diagnosed with autism needs an intensive program as soon as the diagnosis is made.

What happened to this family? They have mortgaged their house further and are spending hundreds of dollars every week to provide an adequate therapy program for their child; they did not wait eight months. They had already set in train a program themselves by the time they were offered four hours a week in a program. Autistic children need, not two hours a week which is what most families are offered; they need 20 to 30 hours of intensive work every week, if they are to make the progress we want them to make. Therefore, there is a challenge for all of us, particularly the minister, to see whether we can improve this situation, not next year or after the election, but as soon as we possibly can. Children diagnosed with disabilities such as autism need occupational therapy, early education, speech therapy and behaviour therapy, and their parents need support and to be taught skills so that they can work with their children all their waking hours. Two hours a week, therefore, is simply inadequate. It is, in fact, appalling that that is the state that we are in. I do not see why parents should

Mr Paul Omodei; Mrs Cheryl Edwardes; Dr Elizabeth Constable; Mr Arthur Marshall; Mr John Bradshaw; Mr David Templeman; Dr Janet Woollard; Ms Sheila McHale

---

have to spend the sort of money that some parents are spending, which they can ill afford, to provide programs that the Government should provide. Of course they can contribute, but the sort of burden placed on the shoulders of some parents should not be there; that burden should at least be a shared burden.

Therefore, despite increased funding, there is still not enough when it comes to early education. We must get past paying lip service to early-intervention programs. We have known about the effectiveness of early intervention for 40 years, since the head start program in the United States in the 1960s. It is not new; it was not invented by this Government or the one before. We certainly know about it. Some members of this Chamber have been involved in early-intervention programs long before this Parliament or the one before it. The time has come to really be involved in them properly; not pay lip service to them.

Another area that all members of this Chamber come in contact with in their electorates is accommodation support and respite care. Again, too many families continue to require support and more assistance than can currently be provided to them through government funding. One of the bigger problems we continue to face is the demand for accommodation support. Although we have made enormous strides in implementing policy, I am sure all members would agree that there is still a need for more financial support to implement those policies in the way we would like to see them implemented.

We continue to see ageing parents who are very concerned about what will happen when they die and who will look after their disabled sons and daughters. A parent, however, need not be an ageing parent to have those concerns. The family who has adopted me as their politician comprises a mother and daughter. The daughter has a disability called Angelman syndrome. I do not know whether any member of this Chamber tonight has ever had contact with a person with Angelman syndrome, but I will tell the House about this little girl who is now 10 years old. She is non-verbal, hyperactive, continually moving and has absolutely no understanding of language. She is not deaf; she just does not understand anything. She is growing into a lovely little girl, she is very strong and she is getting bigger by the minute. Although her mother has quite a lot of accommodation support and respite care, the day is quickly coming when she simply will not be able to care for her daughter physically, let alone emotionally. That is the sort of person who really requires the best that this State can offer. She is not the only one; plenty of other people need that care. We should not think, therefore, that only ageing parents need that support; we must not forget that other parents need it as well.

Respite care is another challenge. As there are more and more ageing carers, there is a need for more and more respite care for people with disabilities and carers. Let us think about the difficulties of people in rural areas. We must not forget that people in rural and remote areas who are caring for people with disabilities also need respite. It is an area about which constituents often come and talk to me. I urge the minister to look at all those areas. I know it is a huge ask. However, we have policies and there is a promise out there in the community that must be fulfilled. We can make the sorts of changes to legislation that this Bill brings before us tonight, but we must also provide the other things that back up those changes. We must provide the practical and financial support that people require if we are to fulfil the promises that the policies create.

**MR A.D. MARSHALL** (Dawesville) [8.47 pm]: Two years ago I approached the then Minister for Health about carers administering needles in special circumstances to people suffering from disabilities, but I was given a flat no to the request. This year, two years later, I tried again with a new Minister for Health. For history, which is retained in *Hansard*, I want to record how some members of Parliament work to get a result and the process that gets that result. I quote from a self-explanatory letter of 31 May 2004 to the Minister for Health -

Dear Jim

Mrs Margaret Ardagh has been to see me about her son, Stephen, who is having difficulty with medication in relation to administering needles for type 1 diabetes.

Stephen, who is 40 years of age, unfortunately suffers with Down's Syndrome. At present he is in a group home with two other disabled people and with house parents, Mr and Mrs Ron De'Vaurno.

Mr De'Vaurno has been trained by Silver Chain to administer needles for sugar diabetes.

However, new conditions in the nursing union will not allow anyone but a trained nurse to administer needles.

Both the Diabetes Foundation and Silver Chain are of the opinion that the injection should be administered by a registered nurse even though neither are available to provide a service that meets Stephen's needs.

Consequently, house parent Mr De'Vaurno is the only person on hand to assist. When Mr De'Vaurno is on leave, sick or absent a nurse is either unavailable or too expensive to service Stephen's needs.

The Disability Services Commission is not prepared to fund the cost involved.

Mr Paul Omodei; Mrs Cheryl Edwardes; Dr Elizabeth Constable; Mr Arthur Marshall; Mr John Bradshaw; Mr David Templeman; Dr Janet Woollard; Ms Sheila McHale

---

Attached is a fuller resume from Mr Gary Pittard of Midway Community Care, as well as a further example of the need for a change from Dr Brabazon.

That is his doctor. It continues -

As you can see this is an issue that is having emotional effects on the parents of the young man because when he cannot get his needle he has to come home where anyone in the family is allowed to administer the life saving insulin.

What is needed is permission to have other carers - not in large quantities - receive the training that will enable a better lifestyle for Stephen Ardagh and others like him.

The mere fact that the young man is living in a group home is to give him independence and the present situation with needles is breaking down all the good work that has been achieved.

As this is an important issue for the family and Midway Community Care I would appreciate an answer from your Department as soon as possible.

That is an example of the type of letter a member writes to a minister in an endeavour to get a result. Generally there is a two-month wait for the minister's response. Usually I would expect to receive an interim letter acknowledging that my letter had been received and indicating that the department to which it was addressed would respond to the matter when it got around to it. However, to the great credit of the Minister for Health, Mr McGinty, he replied to my letter on 28 June, which was a remarkably quick response.

Mr J.L. Bradshaw: Is this the Minister for Disability Services?

Mr A.D. MARSHALL: No, the Minister for Health. I wrote to the Minister for Health on this occasion because I thought it was his portfolio. I will read the answer I received. It is interesting how things can go a little wrong and then be corrected. Almost a month later, which is prompt service, the minister replied by saying -

As outlined in your correspondence, there currently is difficulty in obtaining training for carers in insulin administration. This is not related to the Australian Nurses Federation's position but to the position of the Diabetic Association of Australia.

Things have been changed.

The Association does not support the administration of insulin by carers working in home care situations and, as such, does not provide training for them.

The Department of Health will meet with the Diabetic Association to determine if alternatives could be made available.

At this time, as Mr Ardagh is a Disability Service Commission (DSC) funded resident in a group home, the matter would be best being dealt with by the DSC . . .

I appreciated the response because I realised that I had written to the wrong minister. Therefore, I wrote another letter to the appropriate minister and again the response was better than usual. On 6 July 2004 - I had been at it for a couple of months, but I was getting somewhere - I found the right minister to deal with the matter and received this response -

I have been advised that staff from the Disability Services Commission are aware of this issue and have previously provided information and support to Midway Community Care regarding this matter.

That response did not help me with what I was trying to do. I was trying to sort out the issue two years later with a different Minister for Health. Things change, and change is good in this instance. Although I received a reply, it was negative. Now I was on the move. The letter further states -

The organisation has advised that further discussions have occurred with Silver Chain and Diabetics Australia. Despite these discussions, however, little progress appears to have been made and the matter remains unresolved.

I had been waiting for two and a half years to help the family and this lad, who is 40 years of age and has a disability. He needs only very little attention to resolve the matter if it is acted on quickly and thought out properly. I repeat -

The organisation has advised that further discussions have occurred with Silver Chain and Diabetics Australia. Despite these discussions, however, little progress appears to have been made and the matter remains unresolved.

Now I will give credit to the Minister for Disability Services. The letter further states -

Further investigations have been made by the Commission and it would appear that the position adopted by Diabetes Australia and Silver Chain reflect a policy direction rather than a legal requirement.

Mr Paul Omodei; Mrs Cheryl Edwardes; Dr Elizabeth Constable; Mr Arthur Marshall; Mr John Bradshaw; Mr David Templeman; Dr Janet Woollard; Ms Sheila McHale

---

Now things are being changed. Now I am getting warm. After two years of battling I am getting to someone who is prepared to listen. I will repeat that paragraph because it is very important.

Further investigations have been made -

Because I have been plodding along -

by the commission and it would appear that the position adopted by Diabetes Australia and Silver Chain reflect a policy direction rather than a legal requirement.

If that is the case, there may be an opportunity to initiate further discussion with these two organisations to amend or replace the existing policy. I am getting warmer. I am getting somewhere through persistence. The letter states also -

I can appreciate the difficulties and challenges these new conditions now impose on organisations such as Midway Community Care and more importantly, people with disabilities and their families. I am hopeful that with further negotiation, an appropriate solution can be found.

That was the response from the Minister for Disability Services, who is sitting opposite me and is taking in all that I say. I warmed to that response. Two years earlier the response to my inquiries was negative. The department could not be bothered. I was told that it did not happen and, therefore, the department would not find out whether the situation could be changed. The people to whom I have referred have been inconvenienced for two and a half years. However, there is light on the horizon. On 21 September, Garry Pittard, who is the head of Midway Community Care, responded to my efforts. His letter states -

Dear Arthur,

Thank you for assisting with respect to Stephen's insulin problem and for sending me copies of correspondence. It appears that there may now be some light at the end of the tunnel.

Where did he get that from? The letter continues -

Following up on the response you received from Jim McGinty I spoke to Dr Phillip Della, Head of Nursing at the Health Dept. It appears that he has been pretty busy -

Everyone is pretty busy -

and has managed to establish that there are no problems with the Nurses Board or the Diabetes Assoc given the nature of the situation. This is also a known problem in aged care where he tells me policies and guidelines have been developed.

He feels that they are about three months away from being able to offer certified training (probably through TAFE) for carers to monitor and inject. He feels once this is in place, and policies and guidelines are developed, we will not need a RN to do the injections.

I have undertaken to keep in touch with him and will keep you informed.

Thanking you, once again, for assisting in this matter.

This is the type of thing that one would like to think can happen from a minister's office. However, what disappoints me is that two and a half years ago the then Minister for Health could have put me onto the right person instead of putting the matter in the too-hard basket.

In summary, this is a good result. I hate how I let the previous Minister for Health bamboozle me with negative, lazy, bureaucratic palaver. Had Mrs Ardagh not persevered by coming back to my office and had I not persisted, the issue would not have been highlighted or resolved. It is impossible for ministers to be on top of every issue. Ministers must be given some leniency for that because it is a big job for a minister to get across everything. However, the officers in the departments must learn to be more compassionate and be prepared to solve cases rather than just shelve them. Although this is only a small case, it is an example of the inadequacies that slip through the system because of the lack of endeavour shown by ministerial advisers. I believe that greater vigilance by staff, especially those of the DSC in this instance, is required. Although this matter still is not resolved, I would like to think that my contribution tonight will knock it on the head and that everyone at Midway Community Care will be happy that Parliament and ministers have listened to this issue. I hope also that professional and caring ministers will train their staff properly to get on with the job and solve the issues they face. Although it is two and a half years late, the right move has been made.

The process I have outlined regarding corresponding with ministers is a process that many backbenchers and constituents of parliamentary representatives follow regularly to try to get answers from their Government. In all my 12 years in Parliament, this is the quickest answer I have received from the Minister for Health and the

Mr Paul Omodei; Mrs Cheryl Edwardes; Dr Elizabeth Constable; Mr Arthur Marshall; Mr John Bradshaw; Mr David Templeman; Dr Janet Woollard; Ms Sheila McHale

---

Minister for Disability Services. I am very confident that the matter will be resolved. It shows how previous lazy ministers and lazy, untrained staff who do not care about people with disabilities could not get on with the job and solve it.

**MR J.L. BRADSHAW** (Murray-Wellington) [8.59 pm]: I will say a few words about this Bill because it is something that affects all of us in one way or another; not necessarily directly but perhaps indirectly through our jobs as members of Parliament. Tonight, I went to a charity evening and exhibition of paintings held by the Developmental Disability Council of Western Australia, and opened by the Premier. In his speech, the Premier said that there was a problem of lack of coordination between the Disability Services Commission and the Department of Health, with a bit of handballing from one side to the other. Over the years all members have had parents of children with disabilities come to us with problems. From time to time they come and stand on the steps of Parliament House, generally to say thank you for the work that has been done by the Government. This gives members an insight into the problems that are still out there in our community, for those unfortunate people who have disabilities, as well as their parents and carers. We need to provide more funds. The Government says that it has put more funds into the area than ever before, but it is still not enough. There are many people out there who have children with disabilities. They are ageing, and they worry about what will happen to their children if they die. They want to see those children in accommodation facilities where they can be looked after so that the worry can be taken from them. It is always quite stressful for ageing people to have to look after people with disabilities. I admire those families who try to look after their children with disabilities. It puts a lot of stress on those families and we hear from time to time about families splitting up because of the stress. Not only do people who are ageing need to put their disabled children into some kind of accommodation, but also other people need respite. It is very difficult. I have had a case in the past couple of days of a lady from Waroona who has been looking after her husband at home because she did not feel he was being looked after in an institution. These are not young people. Now she has to go into hospital for a hip operation, and she is having trouble getting her husband into a place for respite care while she has the operation. Members encounter this sort of thing all the time.

The legislation before us is feelgood stuff. I am not sure what it actually achieves. I have not read the report of the committee chaired by Hon Sue Ellery, but I am sure that, with 500 people attending consultation forums and more than 300 written submissions received, more issues were raised than have been dealt with in this legislation. People want action; they want help and they want more put into the area.

I will pay tribute to a man named Andrew Thompson, whose obituary was in the newspaper the other day. He was on the opposite side of the political spectrum, but when I met him he was running a special school in Bunbury for children with disabilities. I visited that school and it was amazing to see Andrew Thomson and the teachers who were looking after those children doing such a great job. I do not know what happened to him. He came to Perth and went to another school for children with disabilities. He was a great environmentalist as well, and I think he moved away from the Labor Party and went more green because he felt that the Labor Party was not doing enough in the environmental area. I pay tribute to the good work that he did in the teaching fraternity for children with disabilities. It is a specialised area, and teachers need a special ability to cope with such circumstances. It would be very trying and hard for people in those circumstances.

One of the things that worries me about this legislation is that it is becoming, like many things, very bureaucratic. One thing I find difficult to cope with is more bureaucracy, because it means more costs. Part of the second reading speech reads -

Disability service plans, which have already made a significant difference to how people with disabilities access services provided by state government agencies or by their local government, will be renamed "disability access and inclusion plans" to better reflect their intentions. Organisations contracted by public authorities will now be required either to establish their own access plan, or adhere to the plan of the relevant contracting authority. Reporting and review provisions for disability access and inclusion plans will be further strengthened, with agencies being required to lodge their plans with the Disability Services Commission,

It is even more bureaucracy for those people to pass on these plans to the Disability Services Commission to be approved, when we have noticed over the years that local governments and private companies are improving access and providing better facilities for people with disabilities. An education program should be used to move people in that direction, rather than putting in place these hard and fast laws that say they must do certain things. All that means is that there will be a need for more bureaucrats to assess these plans. People putting these facilities into place will need to put their plans before these people. I just have a problem with more and more bureaucracy. I find it very difficult to comprehend.

Mr Paul Omodei; Mrs Cheryl Edwardes; Dr Elizabeth Constable; Mr Arthur Marshall; Mr John Bradshaw; Mr David Templeman; Dr Janet Woollard; Ms Sheila McHale

---

For a Government of the 1980s that talked at length about disability services, when the Burke Government put the new *Australind* train on the track in 1987, anyone with a disability living between Bunbury and Perth had trouble getting on the train. Platforms were built lower so that people had to climb steps to get onto the train. It was a total disgrace in the 1980s. The *Australind* is a magnificent service. Some people say that it is too slow, but I do not think it is that slow. Some people want to speed up the train by not allowing it to stop in my electorate, and I have a problem with that. Anyone who has the time can catch the *Australind* and it is fantastic. They can relax and have a sandwich, or a drink if it is night-time. It is just a great service. As I said, people boarding the train in Perth station can get straight onto the train because the platform there is level with the train door. However, for some unknown reason the platforms at Pinjarra, Waroona, Harvey or Yarloop were built lower so that passengers had to climb steps. People in wheelchairs have to be lifted up and carried onto the train, which is not too good. When the present Government was in opposition, and the member for Willagee was the shadow Minister for Disability Services, he was contacted by a man in Harvey called Henry van Nierop. The member for Willagee was familiar with Mr van Nierop's problems. I think he might even have been the minister at the time.

Ms S.M. McHale: No; he was the shadow minister.

Mr J.L. BRADSHAW: Yes. I remember when he visited the area and looked at the system, which was just disgraceful. I had been working for years trying to get Westrail to improve the service and, as a result of my badgering and pushing, the first station at which disabled people could wheel themselves straight onto the train was, I think, Serpentine. The next station to be modified was Harvey, and now Waroona has been done, but I am not sure about the Pinjarra station. However, it is a disgrace that in this day and age those services were put into place without access for people with disabilities.

I must say that it is a total disgrace that the new Perth to Mandurah train will not have any toilets on it. Mandurah is a fair distance from Perth, especially if a person suddenly gets caught short. I cannot believe that there will be no toilets on the Mandurah train.

Mr D.A. Templeman: It would have taken them longer to get to Perth if the train had taken the route that you wanted it to take.

Mr J.L. BRADSHAW: I have no problem with the train taking another 11 minutes to get to Perth, and if the train has toilets on it, the commuters would not care either. However, it is interesting that this new train will not have any toilets on it; I find that totally disgraceful. From what I have read in the paper, there will be limited access to toilets at the Mandurah station, and people will have to walk half a mile to get to a toilet when they arrive in Perth. Sometimes people get diarrhoea and, all of a sudden, oops, they have to go to the toilet! What will they do when they are on this new train?

Dr J.M. Edwards: If you have to go, you have to go.

Mr J.L. BRADSHAW: That is right. This probably has nothing to do with disability services, but I guess a person is disabled if he has diarrhoea; the matter is pertinent in that sense.

One of the main things I have trouble with is country services. Over the years, I have been approached by people who have children who need speech therapy because they have mental disabilities and are slow with developing their speech and people who have children with physical disabilities and need physiotherapy services. In country areas, those services are hard to get on a permanent and regular basis. Recently, a fellow who was a former employee of Parliament House came to see me. He lives in Australind and works for the Shire of Harvey, so he is actually from the member for Mitchell's electorate. However, he knew me so he came to see me. I wrote to the Minister for Community Development, Women's Interests, Seniors and Youth about his problem. He has a disabled child, and the mother has to drive the child to Perth for physiotherapy and possibly other services - I cannot quite remember now. I wrote to the minister and got a very prompt reply, which was great, because sometimes you wait months to get a reply from a minister. The reply sounded good, but I am still not sure that things will happen in the south west. If they are going to happen, I will be pleased, particularly for these people, because it costs money for people to drive to Perth. This fellow has a reasonable job, but I would not say he is earning a helluva lot of money. The cost of driving a child to Perth two or three times a week for physiotherapy and other services is huge. From a financial point of view, it puts more pressure on the family and can lead to other problems if family members are under stress. I would like to see more of these important services provided in the south west. The minister's letter gave some form of comfort, but until I see those services in place, I will not believe it. It is good to get these letters, but if there is no follow-up action, they are not worth much; talk is cheap. The "adopt a politician" scheme is a good thing. I actually signed up but I have never been adopted, so there must be something wrong with me. It was interesting to note that 31 Western Australian state and federal politicians have been adopted by a person with a disability. That scheme gives politicians a better insight into the problems and traumas through which families go when a family member

Mr Paul Omodei; Mrs Cheryl Edwardes; Dr Elizabeth Constable; Mr Arthur Marshall; Mr John Bradshaw; Mr David Templeman; Dr Janet Woollard; Ms Sheila McHale

---

has a disability. It is important that somehow or other we become more efficient in government so that we can put more money into these facilities. It is very important to give these people respite and comfort in knowing that their children will be looked after one way or the other.

The member for Kingsley talked about people with head injuries and young people in nursing homes. With the numbers that are probably around, I would have thought that we could have built a specific facility to cater for younger people under those circumstances. I do not know what the numbers are - the minister would certainly know - but that problem has been around for many years. When I was the shadow Minister for Health in the 1980s and visited the Homes of Peace centre in Subiaco, which is now part of Brightwater, I saw young people there with head injuries. It was an issue in those days, and it has not changed. I would have thought by now that a specific facility would have been built in which those young people with head injuries can live so that they can be removed from the aged care system.

I would like more money to be put into these areas. Over the years we have had royal commissions, and, as a result, they have come up with recommendations, because that is what they do. Therefore, the Government feels obligated to put these recommendations in place. We now find that millions of dollars has been squandered, in my opinion, on things to stop some people from doing the wrong thing when the majority do the right thing. That puts more pressure on those trying to do the right thing because they have to jump through more hoops. Bureaucracy has been set up to make sure that people do not do the wrong thing. Over the past 20 or 30 years, more bureaucracy has been put into place, which is gobbling up taxpayers' funds. That money could have been directed into good things such as providing more facilities for people with disabilities. A few weeks ago, I said that it was about time we reviewed many of the systems in the State Government. I am not sure that we ever review them, but we should start reviewing them and perhaps get rid of a few, save millions of dollars and put the money into disability services so that these people can be looked after properly.

**MR D.A. TEMPLEMAN** (Mandurah) [9.18 pm]: I am pleased to speak on the Disability Services Amendment Bill. I will begin by assuring the member for Murray-Wellington that a fast, efficient rail service for the southern suburbs will provide a range of opportunities for people of all abilities and disabilities. For those with disabilities in particular, including the many seniors who live in the city of Mandurah, the new train service will allow a direct, fast route through to Perth, unlike the Kenwick option, which was favoured by the previous Government. The stations along the route will ensure disability access, which is very important when providing such an important piece of public infrastructure for the State's future. I have assured the many seniors in my electorate of Mandurah, including some people with disabilities who are not seniors but who use mobility aids, including gophers, electric scooters and electric wheelchairs, that they will have the benefit of being able to access that important infrastructure. Many of them do not have that capacity now with the bus services to Perth. This will give them an opportunity, which I think is important.

During the debate on this Bill, I want to place on record a couple of points about disability services and their provision. First, the member for Dawesville made an interesting contribution this evening. He mentioned a very important organisation in Mandurah, Midway Community Care. Midway Community Care is a not-for-profit organisation that receives substantial funding from the Government, through the Department for Community Development. I want to highlight to the House the model that Midway Community Care has been utilising with regard to accommodation support services, particularly for the nine people who are in group homes. Midway Community Care has a cottage parent model that has been operating for some years. Late last year I approached the Minister for Disability Services about the need for more funding to continue the provision of services to those nine people. Although the minister cannot direct the commission, of course, she was very sympathetic to the bid by those people and understood their needs very clearly. Therefore, I was pleased that when the Disability Services Commission reviewed the services that are being provided by Midway Community Care, that extra funding was forthcoming. On behalf of Midway Community Care, I thank the minister and the staff of the Disability Services Commission, because they understood clearly the reason behind that need for increased funding. I also pay tribute to the members of the board of Midway Community Care, who are all volunteers, and the families of the people who are receiving those services. I am pleased that the minister was able to visit Mandurah earlier this year to officially grant that extra funding, and also to gain a greater understanding of what Midway Community Care is doing.

I also acknowledge Peel Community Living, which is another organisation in Mandurah that provides accommodation support services for people with disabilities. Peel Community Living is doing tremendous work and providing an excellent service in my locality. One lady who has been involved with PCL and the Mandurah community for a long time is Margaret Duff. Margaret in her daily life works for Hon John Cowdell, the President of the Legislative Council. Margaret's association with the Peel region and her support of a range of community organisations goes back many years to when she first began to work for the then member for South-West Region, Hon Beryl Jones, whose office was located in Pinjarra. Margaret is one of the many examples of

Mr Paul Omodei; Mrs Cheryl Edwardes; Dr Elizabeth Constable; Mr Arthur Marshall; Mr John Bradshaw; Mr David Templeman; Dr Janet Woollard; Ms Sheila McHale

---

people in our community who care very much about those people who have a family member with a disability. I pay tribute to Margaret Duff, because she is a fantastic person and she has made a great contribution to our community in Mandurah and the Peel region through her many years of volunteer work.

I also acknowledge another group in Mandurah, Milligan Foundation Inc. Milligan Foundation provides accommodation support specifically for people with a mental illness but also for people with a disability. The role of Milligan Foundation is quite difficult. The accommodation support provided by Milligan Foundation is critical, because a growing number of people in my region need accommodation support and services. Milligan Foundation has been able to provide that support to people with a mental illness or a disability. I also acknowledge the chairman of the board of Milligan Foundation, Bruce Armstrong. Bruce is a personal friend of mine and a person whom I admire greatly. He and the other members of the board are volunteers, and they put a great deal of time and effort into ensuring that people in our community who are disadvantaged and who need support receive that support. They volunteer their time willingly, because they are very compassionate people, and I pay tribute to them.

I also mention another group in Mandurah, of which I am proud to be the patron; that is, the Mandurah Disabled Support and Recreational Respite, or MADSAR. MADSAR is led by manager Chris Harrison. Chris is an amazing person. She is paid to work for about 30 hours a week, but she actually works about 100 hours a week. MADSAR does a tremendous job in providing recreational support and activity services for people with disabilities. It conducts a range of activities throughout the year. It comprises a tremendous group of people who come together, at both the board level and as volunteers, to assist with its activities. I pay tribute to MADSAR. Every year at Christmas I am asked to dress up in a red suit. That gives me a tremendous thrill, and we all have a great time. I look forward to doing that again this year. If the young people from MADSAR were to read *Hansard*, they might guess that the person in the red suit is me.

Mr M. McGowan: What is the prospect of them reading *Hansard*?

Mr D.A. TEMPLEMAN: The prospect is very likely. I will probably send them a copy of this speech!

Another group to which I pay tribute is Sail into Life. Sail into Life is a tremendous organisation in Mandurah. It is supported by the Rotary clubs in my community, particularly the Rotary club of which I am an honorary member, and also by Nigel Haines, the manager of Centro Mandurah. Nigel is passionate about assisting this program. He has in fact, through Centro's good support, been able to purchase some of the sailing vessels that are used. Sail into Life basically provides a number of sailing vessels to give people with disabilities in particular the opportunity to sail. Sydney Paralympic gold medallist Jamie Dunross, who has worked for the Disability Services Commission in Mandurah, helped to get Sail into Life off the ground in Mandurah, and it is now one of the most successful of these groups in the State. Rockingham also has a Sail into Life program, but ours in the Mandurah Ocean Marina is unique. I congratulate Jim Scott, the manager of our award winning Mandurah Ocean Marina, for his continued support of this program. Jim has bent over backwards to provide the opportunity for Sail into Life to continue at the Mandurah Ocean Marina. I also thank a good mate of mine, Greg Black, who has continued to support that program as a volunteer and an agitator. I also thank the Mandurah Offshore Fishing and Sailing Club, of which I am also the patron, for its support of this program. The minister visited Mandurah a few months ago, just before the onset of winter when it starts to get really windy. I was pleased that the minister came to visit Mandurah, and she was given a warm welcome, as she always is whenever she visits Mandurah, because she is the minister who visits Mandurah most frequently, although the Minister for Peel and the South West is starting to creep up on her. The minister is always welcome to visit Mandurah. One of the members of Sail into Life is a young fellow by the name of Aaron. Aaron, who is now aged about 14, has a disability, but of course that has not stopped him in his quest to try new things. He lives in Erskine, and he receives tremendous family support. When the minister came to Mandurah a few months ago, Aaron took her sailing. Unfortunately, the weather started to become a bit inclement, and the minister and Aaron were seen disappearing towards the new fish and chip shop on the Mandurah Ocean Marina concourse. Despite repeated efforts to get them back, it took some time. I know that the volunteers and people there were really heartened by seeing the genuineness and enjoyment of the Minister for Disability Services. We were late getting to our next appointment because of the enjoyment the minister was having.

Ms S.M. McHale: And wet!

Mr D.A. TEMPLEMAN: And wet; yes indeed. I pay tribute to the Sail into Life program and all those involved with it, because it is doing great things.

I have spoken before in this place about the carers in my community, for whom I have great admiration and esteem. I am in awe of the work of the carers in my community. The things they do for their loved ones are quite tremendous. They are a great bunch of people. I meet with the carers group in Mandurah, which meets very regularly. I must refer to Ellen Walker. She has been described as an urban guerilla; someone who works



Mr Paul Omodei; Mrs Cheryl Edwardes; Dr Elizabeth Constable; Mr Arthur Marshall; Mr John Bradshaw; Mr David Templeman; Dr Janet Woollard; Ms Sheila McHale

---

hard in our community. She is passionate and positive, and I think that is really important in our communities. Yes, there are funding and resource issues but, if we work together as a community and engage people at all levels and of all abilities, we can make some positive changes. Ellen Walker is the sort of person who can do that because she is so positive about working with government, the community and other carers to get a better deal for them. She has done that tremendously well, along with many other carers in my community.

I will talk about a great senior in my community. There are tremendous seniors in my electorate. Many people are aware that I have many more seniors per capita in my community of Mandurah than possibly any other member in the State. My seniors are fantastic. They are a very active bunch; many of them are probably urban guerillas because they are out there doing things and demonstrating to people what positive ageing is all about. They are absolutely amazing. One fellow called Michael Strangways-Price is a very interesting fellow; he rings me all the time and faxes me letters. He prods and probes me about a whole range of things. He is another person who is passionate about making sure that we work in partnership to obtain great results and positive change. Michael has been on to previous members and me for a long time about increasing and improving access to our waterways for people with disabilities. I spoke in the House last week about the importance of the Peel waterways. We have to ensure that people with disabilities or who are frail or infirm but still want a water experience can have access to those waterways like everyone else. He has been passionate about that, and he has had a win because ramps have been installed in the boardwalk area of Mandurah. That allows people with disabilities and those who are a bit frail to get into boats and enjoy the wonderful ambience of the Peel waterways. I pay tribute to my good mate Michael Strangways-Price because he is another example of people in the community who agitate for change.

I acknowledge the comments of the member for Churchlands, who highlighted a couple of important issues about the people who come to members' offices, and who have children - young, adolescent or even adult sons and daughters - with disabilities. The member for Churchlands mentioned the issue of ageing parents; that is, parents who are genuinely concerned about the future of their adult sons and daughters who have disabilities. I have many such people in my electorate in Mandurah. As I said earlier, the population demographic shows a high number of seniors in my community. Such people include grandparents who have taken on the role of carer or guardian of their grandchildren who have disabilities. I concur with the member for Churchlands' comments about the need to ensure that we provide the services and resources for the people who need them. Last week a number of members attended the gathering on the steps of Parliament House. We were able to share in the celebration of those who received further funding from this Government in the last budget. As the Premier and minister said last Thursday, we expect to see many more people come to Parliament House to ensure that their rights and quality of life are continually improved. That is done by ensuring that their needs are resourced and provided for by Governments.

I finish by paying tribute to Hon Sue Ellery, the parliamentary secretary, who visited Mandurah as well as many other communities throughout Western Australia as part of the review process of disability services. I acknowledge her contribution and the importance of the review, which gave people in my community the opportunity to express their concerns first-hand on the issues and needs that they face on a day-to-day basis. I support this amendment Bill. It is an important Bill that continues to highlight the importance of disability services resourcing into the future. I also acknowledge the work of the local area coordinators in Mandurah, Ian Bland and his team, who are doing a fantastic job with the resources they have to ensure that people in my community who are disabled and people with family members with disabilities have their needs addressed as effectively and efficiently as possible. They have my full support.

**DR J.M. WOOLLARD** (Alfred Cove) [9.37 pm]: Although I support this Bill, I still have some concerns. I believe all members will support it because we all want to see improvements for people with disabilities, whether they be children, young adults or elderly people. I would have liked the Carers Recognition Bill to merge with the Disability Services Amendment Bill. From the briefings I received, I appreciate the reason that it was not done. I thank the minister for organising those briefings, as they were very helpful. I understand that the comments and feedback from Carers WA influenced the Government to have two separate Bills, so that carers would have a document they could hold up to other people which sets out their rights as carers. I like to think that could have been done in one Bill, with an additional document attached showing the relevant parts. With two Bills there is still some slight confusion about how they fit together.

I am sure that all members of this Chamber have worked with or been visited by people with disabilities or who have children with disabilities. Those children may be young adults. Other people may have discussed the care of an elderly family member who has a disability. In listening to some of the stories of people who have visited me, I appreciate how difficult it is for them to cope at home with a family member who has a disability, because the care they have to give is almost intensive nursing care; that is, 24 hours a day, seven days a week. That is one area in which nurses are lucky, because even though their workloads may be very high at the moment and

Mr Paul Omodei; Mrs Cheryl Edwardes; Dr Elizabeth Constable; Mr Arthur Marshall; Mr John Bradshaw; Mr David Templeman; Dr Janet Woollard; Ms Sheila McHale

---

very stressful, they are able to go home, whereas there is no support for many people who have someone in the family with a disability. That is why this is very important. We hear from this Government that it has put more funding into disability services than did the previous Government. However, you and I both know, Madam Deputy Speaker, that even though the minister has tried very hard to get more funding, and has got more funding, for people with disabilities, it still does not meet the needs in our community for disability services and support.

As has been mentioned earlier, many of the families who finally get support from the Disability Services Commission are in fact single parent families. When there has been a complete family breakdown because the funding is so limited, it is not until someone crosses the barrier that he or she is able to get the support needed. I listened to the Opposition when it said that this area should not just come under one minister, but should be the sole responsibility of a minister. If the coalition is successful in the next election, I hope that it remembers its comments this evening and ensures that one minister is responsible for this area. It is not that the current minister has not worked very hard, but I am sure that if she did not have so many other responsibilities, even more would happen in the disability services area.

In debating this Bill tonight, several members have mentioned short-term respite care accommodation that is needed for children and for young and older adults. I know from talking to people in my electorate that sometimes it might take two hours to prepare a family member to go to that respite care, plus driving time of an hour or an hour and a half. If that care is for possibly only one day, those families struggle greatly. They weigh up whether it is worth taking someone to respite care. The respite care centres tend to be on the outskirts of Perth, rather than in the inner metropolitan area. I believe that there should be respite centres, if not in every suburb, within every two or three suburbs that are close together so that people do not have to drive a long distance to take a family member to respite care.

The member for Kingsley mentioned the long-term problems, particularly for young people with disabilities who, because of a lack of resources and beds, are placed in nursing homes. When it is a young adult, it is distressing for the family to not see their child in a younger environment. From what I have heard, it also acts as an impediment to friends and other people visiting those young people with disabilities. I hope that in the future more accommodation centres will be designed specifically for young people with disabilities, rather than young people with disabilities having to be placed in nursing homes.

In the minister's second reading speech, she stated -

Disability touches the lives of more than half a million Western Australians, either directly or as a family member or carer.

I was unaware that the figure was quite so high. However, bearing in mind that it is so high, I hope that the minister is supported when she puts in for an increase in the budget for disability services this year, because so many people in this area are in need.

The amendments to the Disability Services Act deal with service plans that are being introduced. I would like to see more of those plans. It is not in the Bill, but I hope it will be in the regulations. When the Government considers these plans, I hope it will focus on assessment, planning, implementation and evaluation. I believe that the evaluation of these plans is very important, and that needs to come back to this Parliament for review.

I congratulate and thank Hon Sue Ellery for the work she has done in this area. I was told that only one of the recommendations in the report for which she was responsible has not been adopted in the amendments to the Disability Services Act, and that that one recommendation will come back to this Parliament in another guise in another Bill in the near future.

I will refer to some aspects of the definitions in the Bill. I appreciate that the wording is moving from "disability services" to "disability", so that there is more of an enveloping of the area. Under clause 32, clause 10 of proposed schedule 1 of the amendment Bill states -

People with disabilities have a right to an environment free from neglect, abuse, intimidation and exploitation.

There is no definition of abuse in this Bill. I wonder whether the minister would consider either incorporating a definition in the Bill or ensuring that there is a definition in the regulations. When I raise that area, I am thinking particularly of people who have called me and who have loved ones in care. When they have visited their loved ones, they have noticed that the staff in some areas are cigarette smokers, and their family member who is in care has been subjected to that cigarette smoke. I wonder what "abuse" means in this Bill. Is it direct and indirect abuse, or is it abuse that is more in line with the definitions in the Children and Community Services Bill?

Mr Paul Omodei; Mrs Cheryl Edwardes; Dr Elizabeth Constable; Mr Arthur Marshall; Mr John Bradshaw; Mr David Templeman; Dr Janet Woollard; Ms Sheila McHale

---

It has also been pointed out to me that there continues to be quite a lot of discrimination in the community against people with disabilities and carers. This Bill does not address discrimination. I was told that the reason is that we have the Equal Opportunity Act. New strategies are being introduced in other States. I am thinking about the movement to make provision for carers who accompany disabled people to sporting and other venues, in that payments are made only to disabled people and not to carers. I would be interested to hear from the minister why antidiscrimination provisions have been left out of the Bill.

Under the Bill the Office of Health Review will continue to accept and monitor complaints in this area. I appreciate that under the Bill the minister can ask what is happening in this area, but officially the office is required to provide only an annual report. I would be interested to see, with the different measures in the two Bills, whether that independent body is better able to prevent some of the problems that have occurred in the disability area.

I have read the objectives for services and programs in proposed schedule 2. Again, I appreciate that the two Bills are intended to complement each other, but I have been asked by people in the disability area why carer participation is absent from that schedule. I accept that the Carers Recognition Bill 2004 defines a role for carers and gives them more opportunity to be involved. However, the carers I have spoken to would like to have seen their involvement in setting the objectives for services and programs included formally in the Disability Services Amendment Bill. Clause 14 of proposed schedule 2 states that programs and services are to be designed to respect the rights of people with disabilities to privacy and confidentiality. I have been asked why the clause does not refer to "privacy, confidentiality and dignity". The carers Bill states that carers should be treated with dignity, but that phrase is not formally in this Bill under that schedule.

I am pleased that this Bill has been tabled. I hope that the closer scrutiny of services and the evaluation of the reports that come back to the Parliament in the next two years under both Bills will result in an improvement in services. It has been said by some members tonight that children, young adults and elderly people require more in the way of speech therapy, occupational therapy, physiotherapy and other services. Although it is better for disability services to be separate from health care services, so that they do not get lost in health care services, the Government should consider taking money from general health services and putting it into the disability services area to give support to many of these programs. Many more people with family members who have disabilities and need assistance are coming into my office. Support services have not increased to cope with the number of people who require them. That is why I believe there must be more funding in this area.

I listened to the member for Dawesville refer to correspondence about the problems in getting support for people with disabilities. I think the electors in my area have been very lucky, as whenever there has been an issue about disabilities, the minister has given her support as fully as she has been able to in a very timely manner. The main problem is not between the minister and me; it is between the Government and me, in that the minister does not have the funds to provide all the services that I know she would like to provide in the disability area. I therefore support the Bill.

**MS S.M. McHALE** (Thornlie - Minister for Disability Services) [9.57 pm]: In rising to respond to the comments made by various members, I will start by thanking the people with disabilities and their families who have contributed to the development of this Bill. There has been a considerable degree of consultation and contribution over the review period. The ideas and thoughts that were received from people for whom this Bill means an enormous amount are very much appreciated.

I also thank the people with disabilities and their families, for whom we are all striving to provide a better quality of life, for reflecting back to me issues about hope, strength and overcoming adversity, and for teaching me about persistence, tenacity and, indeed, taking on the system, which many families have done out of necessity. We are all driven by a sense of wanting to do more for people with disabilities. The comments made by all members reflect that.

I also acknowledge the work and leadership shown by Hon Sue Ellery, who chaired the review committee and drove the reform agenda. Hon Sue Ellery's work has enabled me, as minister, to present to the House a Bill that reflects the needs and aspirations of people with disabilities. I therefore thank Hon Sue Ellery for her personal and professional drive in this matter.

I now thank the members who made contributions; they are the members for Warren-Blackwood, Kingsley, Churchlands, Dawesville, Murray-Wellington, Mandurah and Alfred Cove. All those members have a keen interest to maintain the pressure on the Government of the day no matter which political party is in power and regardless of whether it is a State or federal Government. All members share a common concern to get a better deal for people with disabilities.

Mr Paul Omodei; Mrs Cheryl Edwardes; Dr Elizabeth Constable; Mr Arthur Marshall; Mr John Bradshaw; Mr David Templeman; Dr Janet Woollard; Ms Sheila McHale

---

I will respond to some of the comments made by individual members in their contributions during the debate. The member for Warren-Blackwood referred to the bipartisan approach applied to this issue. For a majority of the time, but not all the time, that approach has typified attempts by the major political parties to address issues regarding people with disabilities. When I listened to the member for Warren-Blackwood, I thought also about how some things never change. It is a constant battle with the Australian federal Government to ensure that people with disabilities get a fair deal. Over the past number of years there has been a unified view among state ministers, regardless of whether a Liberal or Labor Government has been in power. Those state ministers have gone to the negotiation table with a firm view that the Commonwealth Government must improve the level of services Governments provide for people with disabilities. I agree wholeheartedly with the member for Warren-Blackwood, who pointed out that traditionally Western Australia has been more organised in this area than the other States. Western Australia is recognised nationally as leading the way by its use of innovative methods designed to improve the life of and its commitment to people with disabilities.

The members for Warren-Blackwood and Churchlands referred to the work of numerous past ministers, particularly Hon Ray Young. The work he did was controversial and the position he adopted was brave. This Government has been able to build on the work of successive ministers who have gone out on a limb and argued in Cabinet to get a fairer deal for people with disabilities. That situation remains the same in this Government.

Last week it was gratifying for a number of members on both sides of the House to stand on the steps of Parliament to hear the Premier receive thanks from and listen to families who have received funding for accommodation support. The lives of those people have been positively affected by that funding. The Premier freely admitted that much more work must be done. All members who contributed to this debate have indicated their support for that, and I agree with them. I thank the member for Warren-Blackwood for his grasp of the importance of the amendments and the impact this legislation will have on people's lives.

I will clarify for the member for Warren-Blackwood - I think I understand what he said about the independence of the portfolio - that the disability services portfolio is separate from my other portfolios; it is a separate ministry. I accept that I manage a number of other portfolios in a similar manner to the way the member for Warren-Blackwood did when he was a minister.

Mr P.D. Omodei: I did not have the family and community services portfolio.

Ms S.M. McHALE: No, but I want to make clear that under this Government disability services is a separate portfolio from the others and is a separate ministry. The fact that I am the Minister for Community Development strengthens the capacity to work collaboratively. The member for Warren-Blackwood was the Minister for Local Government and the Minister for Forest Products. I do not think I could commit this Government to having -

Mr P.D. Omodei: I was minister for half a dozen things, not just forest products.

Ms S.M. McHALE: I refer to the different stages in the member's ministerial life. The point I am making is that historically the portfolio of disability services has been a separate portfolio; it is independent. This Government has other portfolios for other needs. If the member is suggesting that it should be a single portfolio without any other portfolios attached to it, that is for him to determine.

Mr P.D. Omodei: I am saying it should not be under the same ministry as the portfolio of the Minister for Community Development.

Ms S.M. McHALE: Okay.

Mr P.D. Omodei: I am saying that there should be a separate minister because that minister would strive to get a better deal. You almost have a conflict of interest.

Ms S.M. McHALE: I do not want to get sidetracked, but I will put two things on the record. Notwithstanding the fact that I am the Minister for Community Development, this Government has delivered the single largest increase in the budget for disability services. Indeed, there have been advantages in being minister for both portfolios. I can eyeball both chief executive officers and bring them together, because there is a great deal of commonality of clients and issues. In fact, I think it has been quite -

Mr P.D. Omodei: With the greatest respect, minister, I think they would eat you for breakfast.

Ms S.M. McHALE: Okay; we will agree to disagree. The member has made his point. I want to clarify that the member was not talking about a single, unique portfolio.

The member for Kingsley focused her contribution on young persons in nursing homes. It is a significant issue nationally. I think some States have done better than others. Western Australia, in its focus on its young persons in nursing homes project some years ago under the previous Government, made a significant impact on moving younger people out of nursing homes. I am talking about people under the age of 55, some of whom are

Mr Paul Omodei; Mrs Cheryl Edwardes; Dr Elizabeth Constable; Mr Arthur Marshall; Mr John Bradshaw; Mr David Templeman; Dr Janet Woollard; Ms Sheila McHale

---

inappropriately placed. We need to continue to address the issue. We have an instruction for aged care assessment teams. I am informed that they are to consult with local area coordinators if they are considering the placement of a young person in a nursing home so that alternatives can be considered or there is at least some assessment of the appropriateness of that or the reasons behind it. Having that level of assessment is important. However, the member for Kingsley is absolutely right: we need to ensure that we maintain the planning for removing younger people from nursing homes. We have already taken up that matter and will continue to negotiate a commonwealth-state agreement so that that matter of policy is not neglected and that we continue to remove younger people from nursing homes.

The member for Kingsley asked me about funding. I am informed that there are two sets of funding. Transitional dollars are available. They are transitional and short term. I am informed that Western Australia has not used those funds because they are short term and transitional. However, the Senses Foundation of WA, in collaboration with the Disability Services Commission, has received pilot funding for young people in nursing homes. There are dedicated places. I think about 90 places are funded specifically to deal with the issue of young persons in nursing homes. Unfortunately, all those places are occupied at the moment. However, I assure the member for Kingsley that I certainly agree with her: we need to keep the spotlight on this area and ensure that the good work that was done some years ago does not slip backwards.

In her contribution, the member for Churchlands reflected on the importance of family involvement in working with the families of people with disabilities and of consumer participation, which is recognised in the legislation. The member for Churchlands is absolutely right about maintaining the pressure. Many families still are not funded and they struggle in ways that many of us find almost impossible to understand. The member for Churchlands also maintained her advocacy for the families of children with autism and I respect her experience. She has been a strong advocate for the families of children with autism and has lobbied for more money. I absolutely agree that early diagnosis and follow-up therapy and intervention are critically important, and that the more time that elapses between diagnosis and intervention, the more difficult it is for families and their children to regain some of that lost time. I will maintain the pressure of lobbying for more money for therapy. The Government has delivered a significant increase in the budget but, as members have pointed out, notwithstanding this increase the demand for services still outweighs the supply. We all need to keep that very much in mind.

We have spoken in this House about the Australian Government's funding increase for respite care. At the recent disability ministers' conference, Western Australia made it very clear that it was very keen to negotiate with the Australian Government to secure that funding and that, unlike other States, it was in a very strong position to match the funding. I am waiting for the federal department to clarify exactly what it intends to do, and advise the guidelines for accessing that funding. That will then enable Western Australia to provide additional respite care for ageing carers over 70 years of age. However, that is not what carers want, and I want to make it absolutely clear that the Australian Government's commitment to respite care falls short of what carers want; that is, accommodation support and the certainty of knowing that the accommodation support will be there when absolutely needed. Nevertheless, Western Australia, unlike most of the other States, is in a position to match the commonwealth dollars, and we now need to see the colour of its money.

The member for Dawesville spoke about the difficulties that Midway Community Care was having with an insulin-dependent client. He talked about the response that he got from me. I shared his concern when I received correspondence suggesting that it is not the responsibility of the Disability Services Commission. I get very frustrated about matters like that and start looking for a solution. Let us work together and bring people together so that we do not lose sight of the individual with the problem. In this case it was insulin dependence, and nobody seemed to be able to administer the insulin, which was an appalling situation. I am pleased that the member for Dawesville reported that the problem seems to be close to resolution.

The member for Murray-Wellington, amongst other things, questioned what was in the Bill. I will remind members at the end of my contribution why this Bill is important and significant. He also queried whether disability access and inclusion plans were anything more than a bureaucratic tool. They are vehicles for pushing the envelope further. I know that Hon Sue Ellery, in particular, wanted to make sure that, amongst other things, we delivered something that pushed the disability agenda forward. It is the most critical area. We must push people forward to look at things like increasing accessibility, which has gone beyond the traditional notion of wheelchair accessibility. We need to be considering how to deal with hearing and vision-impaired people and a range of disabilities that go beyond the physical. Accessibility, employment for people with disabilities and disability awareness are the sorts of concepts that will be pushed forward through the focus and the extension of disability plans.

The member for Mandurah, in his eloquent contribution, referred to most, if not all, the disability organisations in Mandurah. They all deserve the public attention that the member has given them. No doubt they will feel that their efforts have once again been recognised by the member for Mandurah. I think I know all the organisations

Mr Paul Omodei; Mrs Cheryl Edwardes; Dr Elizabeth Constable; Mr Arthur Marshall; Mr John Bradshaw; Mr David Templeman; Dr Janet Woollard; Ms Sheila McHale

---

that he mentioned. I can attest to their incredible contribution to people with disabilities in the Mandurah area. Could the member for Mandurah pass on my best wishes to Aaron and tell him that I suffered no long-term consequences as a result of getting very wet!

Mr D.A. Templeman: I will indeed.

Ms S.M. McHALE: In the member for Alfred Cove's contribution, I think she answered her own concern. She wanted a merging of the Carers Recognition Bill and the Disability Services Act. However, she answered that concern by recognising that the carers themselves wanted a separate carers' Bill. To a large extent there are different audiences in the Carers Recognition Bill; that is, it is a Bill for carers, not only of people with disabilities but also in a range of other areas.

The member for Alfred Cove raised the question of the definitions of abuse. That will be dealt with in the operational procedures and not in the Act. It will be accompanying procedures to deal with that new principle. It is important for me to stress that we are creating a new principle of safety, security and freedom from abuse that will be a measure in our standards monitoring. Services will be measured against that principle. That opens a new opportunity for us to quality-assure the services we fund.

The member for Alfred Cove also mentioned discrimination. It is not in this Bill because there is already an Equal Opportunity Act and a federal Disability Discrimination Act. Carers are very clearly recognised in the amendment Bill. When we pass the carers Bill, the Disability Services Act will be consequentially amended to give the term "carer" the same meaning as in the principal Act. Carers are very clearly recognised.

If I may refresh members' memories of what the Bill produces, it reaffirms the independence of the Disability Services Commission; it extends the range of disability and access plans; it requires reporting to Parliament on the effectiveness of those plans; it gives stronger representation from rural and remote communities and more effectiveness in direct consumer participation; it retains the Office of Health Review for independent complaints and more comparable authority vis-a-vis health and disability; and it incorporates a stronger focus on protection through the additional principles.

As members have recognised, this is an important Bill. It advances our collective agenda for promoting and improving the quality of life for people with disabilities. It advances what we want to see in good social policy. Once again I thank Hon Sue Ellery and the families and the people with disabilities, all of whom have contributed to the development of this Bill.

Question put and passed.

Bill read a second time.