

Chairman; Hon Ljiljanna Ravlich; Hon Simon O'Brien; Hon Ken Travers; Hon Giz Watson; Hon Derrick Tomlinson; Hon Ed Dermer; Hon Sue Ellery; Hon Barbara Scott; Hon Kate Doust

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**Division 64: Disability Services Commission, \$210 514 000 -**

Hon George Cash, Chairman.

Hon Ljiljanna Ravlich, Parliamentary Secretary to the Minister for Disability Services.

Dr R. Shean, Director General.

Mr D. Ramanah, Director Corporate and Business Services.

The CHAIRMAN: On behalf of the Legislative Council Estimates Committee, I would like to welcome you to today's hearing. Government agencies and departments have an important role and duty in assisting Parliament to scrutinise the budget papers on behalf of the people of Western Australia. The committee values that assistance.

For the information of members, these proceedings will be reported by Hansard. The daily *Hansard* will be available on the following morning. Hansard will distribute documents for correction, which must be returned on the A4 documents sent to members. The cut-off date for corrections will be indicated on the bottom of each page.

Members are asked to sit towards the front of the Chamber where practicable so that witnesses will not have to turn their head when answering questions. It will greatly assist Hansard if when referring to the *Budget Statements* volumes or the consolidated fund estimates, members give the page number, item, program, amount, and so on in preface to their questions. If supplementary information is to be provided, I ask your cooperation in ensuring that it is delivered to the committee's clerk within five working days of receipt of the questions. An example of the required Hansard style for the documents has been provided to your advisers.

The committee reminds agency representatives to respond to questions in a succinct manner and to limit the extent of personal observations. For the benefit of members and Hansard, I ask the parliamentary secretary to introduce her advisers to the committee, and for each adviser to please state their full name, contact address and the capacity in which they appear before the committee. At this time, I ask each of the witnesses whether they have read, understood and completed the Information for Witnesses form.

WITNESSES: Yes.

The CHAIRMAN: I invite the parliamentary secretary to make an opening statement.

Hon LJILJANNA RAVLICH: Thank you, Mr Chairman. Disability services remains a priority for the Gallop Labor Government. The forward estimates reflect the Government's strong commitment to people with disabilities and their families. The forward estimates deliver a sustained growth in services provided. There is a \$13.8 million increase in the 2003-04 budget, and of that amount a sum of \$7.92 million will be applied to new services. It is probably worth mentioning at this stage that the renegotiation of a third Commonwealth State Territories Disability Agreement is anticipated to deliver a further \$1.962 million, providing a total of \$9.88 million for growth in services. Funding for the second business plan has been increased significantly since its publication in 2000. The foundations for the next business plan have been laid, with nearly \$15 million of recurrent growth funds being provided in 2005-06 and 2006-07. In the 2003-04 budget, the following new services will be provided: there will be an additional 80 accommodation option places, and it is anticipated that an extra 23 people will also be assisted through vacancies and improved placement through the options pool process; 194 families will receive respite and support; 250 families will access local area coordination; 126 people will have post-school options or alternatives to employment; and 660 people will receive therapy support, aids and equipment and additional advocacy support. As demonstrated by that, it is quite clear that disability services was a priority of this Government when it came into office, and it remains a priority.

[3.50 pm]

The CHAIRMAN: I propose that the following lead participators be called for three questions each: Hon Simon O'Brien, Hon Giz Watson and Hon Ken Travers. It will then be open to other members to ask questions. As I said, given the time, it will be three questions, and the shorter the question, the shorter will be the answer.

Hon SIMON O'BRIEN: I will go straight to output 1 on pages 1030 and 1031 in particular. I note that the average cost per client is proposed to be around \$43 952 per annum. I realise that, to get that average, the figure varies very widely. What would be an indicative figure for a client housed in a group home or a hostel?

Hon LJILJANNA RAVLICH: Is that an annual indicative figure or an indicative figure over the life of someone being housed?

Hon SIMON O'BRIEN: No, I am asking only about an annual figure. I note that in the *Budget Statements* the annual figure is just under \$44 000. However, I realise that that is only an average and that people vary widely.

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Of course, the definition of this output not only reflects people who are provided full residential accommodation but also includes people who are given other supported in-home options. I was asking for an annual indicative figure for a client housed in a group home or hostel who is receiving full residential care.

Hon LJILJANNA RAVLICH: I respond by saying that different individuals have different needs. Therefore, it is not a case of there being a standardised cost per unit as such. I am advised that there is quite a wide range in the average cost per person. That can range from \$20 000 to \$100 000 per individual. Previously the average cost was in the order of \$75 000. That was prior to our bringing in the output to include supported community living. We cannot provide one specific figure, because it depends on the needs of the client. That is why it is an average cost per person.

Hon SIMON O'BRIEN: Yes, I am well aware of that, and I thank the parliamentary secretary for that figure, which I appreciate is only indicative and can vary. If the figure is around \$75 000, I appreciate that it can vary widely. A lot of attention is always given to cases in which people with very high care needs are unsuccessful in applying for full-time accommodation support - for example, in a group house situation. Would such a person normally be in receipt of some other support funding anyway, even though his or her application for full accommodation funding has been unsuccessful?

Hon LJILJANNA RAVLICH: The answer is yes. Some individuals make application for only respite care, for example. Therefore, depending on the nature of their requirements, they could be provided with other services.

Hon SIMON O'BRIEN: When a person with very high support needs is not receiving full residential care, I would think that his or her support payments would be much higher than the average shown at output 2, which is \$4 500. Will the parliamentary secretary give an indicative figure of what someone who is getting support under output 2 and who has very high support needs might receive?

Hon LJILJANNA RAVLICH: I will ask Dr Shean to respond to that, because that is a fairly specific question.

Dr SHEAN: Under output 2, somebody with a respite package may receive funding up to \$30 000. Under the most recent year's allocation, that would probably be the highest level. I am not sure that I have answered the member's question, though.

Hon SIMON O'BRIEN: No, that is pretty good. I wanted to bring to attention the difficult situation that the Disability Services Commission and people acting on its behalf face all the time. Somebody may have applied unsuccessfully for full-time residential support, and the family is in a very difficult situation. I want to get a feel for what that cost is. However, at the same time, I acknowledge that it is not as though people in that situation who apply for the full package of accommodation receive nothing. I want to try to put a figure on that. My reason for so doing is to get a difference; in other words, instead of going from zero to \$75 000 on average, it is actually going from \$30 000 to \$75 000.

[4.00 pm]

Hon KEN TRAVERS: You cannot do that with averages; you would have to look at an individual case.

Hon LJILJANNA RAVLICH: For a person with a very high support needs, the amount of \$30 000 can buy one week of respite per month and one month per year. I think very few people who come under the Disability Services Commission umbrella would not have access to other services rather than just placement.

Hon SIMON O'BRIEN: Sure. I note that the third dot point from the bottom of page 1028 - output 2 also refers to this - refers to a 16 per cent increase in the number of commission clients with no day activities. Can the parliamentary secretary put a figure on that percentage?

Dr SHEAN: In 2001 we knew there were 26 people without day placements due to ageing; that is, people who lost them. In 2003 this figure had grown to 30 people but, in fact, my belief is that it is considerably higher than that. There are people who previously had placements but have lost them due to changes in the commonwealth employment reforms, in particular people for whom the minimum hours to be worked cannot be met initially, because people must immediately work eight hours per week as a bare minimum. It can be very difficult for someone transitioning from school or someone with high support needs to get into this arrangement straightaway. Anyone trying to balance training with that requirement is virtually precluded from entering the work force. It is a trend that we are aware of and are attempting to address with the Commonwealth Government, but we are very concerned about not just the financial circumstances of people with disabilities who miss out on payments, but also the impact on people's quality of life and the care implications.

Hon SIMON O'BRIEN: The figure is actually dozens rather than hundreds, is it? I thought it would have been a bit higher than that.

Dr SHEAN: This dot point refers to only older people with disabilities without day options. There are many other younger people, too.

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Hon GIZ WATSON: I refer to the major achievements for 2002-03 and the major initiatives for 2003-04 on page 1031. Specifically, the first dot point under major achievements for 2002-03 and the first dot point under major initiatives for 2003-04 refer to the number of new people receiving accommodation support. I note that this is a positive outcome in new people receiving accommodation support. How does this vary from the previous year - that is, 2001-02 - and what is the level of still unmet need in this area?

Hon LJILJANNA RAVLICH: There has been a significant improvement. I am advised that under the previous Government, the funding projection was for only 45 additional places, so there has been a significant improvement. I do not have the information on the unmet demand and I ask Dr Shean whether she has that information.

Dr SHEAN: The number of people unable to be supported changes in each funding round. Previously, the figure that we were using was about 300, but in the most recent funding round, as other people either have been funded or have found alternatives, that number has dropped. I cannot give the member that number at this stage, but it is significantly lower than the previous number. I always caution people against commenting on trends, because the data we have are non-parametric. We need to be very careful that we do not overreact to a sudden decrease in numbers, any more than we overreact to a sudden increase in numbers. In the last funding round there was a significant decrease in the number of people applying, but we have no reason to expect that that number will be low in the next funding round.

I appreciate that I have not answered the question about the specific numbers for unmet need. For us to give an up-to-date figure on that, it may be better for the member to seek that information later.

*[Supplementary Information No 10.]*

Hon GIZ WATSON: If there were a perceived decrease in the unmet need, perhaps some people have given up trying with their applications. It seems to me from some of the people I deal with in this area that there is a degree of despair.

Dr SHEAN: That is a very valid point. Some people remain there because they have to; they really are in great difficulty. However, others who had put in applications, knowing that they would need care in some years, perhaps have perhaps withdrawn their applications. I must point out that a community home is the first option some people think about. Having applied for community home funding on, say, three or four occasions and not being funded, many families then look at other alternatives. There are a number of very good outcomes for people who have subsequently explored other options. I have seen some very good community-based options - this is when the question from Simon O'Brien becomes very relevant - being able to be funded from amounts that previously had bought respite; for example, people with spinal cord injuries and very limited mobility have bought care and have used community supports when their Disability Services Commission grant may be no more than \$10 000 per person per year.

Hon LJILJANNA RAVLICH: The growth in demand is very significant. What the department is trying to achieve should be seen within the context of that growth in demand. I have some figures that indicate that over the past five years, the number of service users has increased from 15 884 to 19 178, which represents an increase of 21 per cent. The department is trying to deal with this issue in the best way it can. However, it is not as though the demand for services is static, so, therefore, it will reach a point at which there will be no more demand and everybody's needs will be met. That is quite unrealistic.

Hon GIZ WATSON: My next question follows on from that, because I was going to indicate that trends show an increase in demand. In the light of that, the output performance measures on page 1031 indicate that from 2001-02 to 2002-03 there has been an increase of 75 people who are supported. That is not a large increase, given, I presume, that the demand is significantly more than that.

[4.10 pm]

Hon LJILJANNA RAVLICH: There has been a total financial commitment of \$4 million this year, which is double the amount the coalition had committed for the same period under the second business plan. Although the member might hold the view that it is not enough, it is certainly much better than would have been anticipated. There is unmet demand, and the Government is trying to redress that through better planning, which will reduce the total pool of people waiting for places over the life of the new planning system which the department has put into place. I will ask Dr Shean if she would like to add something on the Government's blueprint for accommodation which looks towards a longer-term solution of this problem.

Dr SHEAN: The minister has yet to release the accommodation blueprint document, but our view is that with this rate of growth over five years, we will be able to go some way to address not merely the population growth but also what I refer to as the backlog. We need to be careful when talking about unmet need, because it is a

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phrase that represents a much larger group of people than we know about at any one time. The commission has been very careful not to confuse backlog with growth. This is important to families. Many families feel that they are getting near the top of the list for funding, but when a new group of people come through they lose their place. We have been able to break down demand according to those already waiting for services as compared with those likely to present over the next few years. These issues have been taken into account in our planning.

Hon GIZ WATSON: On page 1037 one of the major initiatives for 2003-04 is a comprehensive policy to encourage research which is outlined at the second dot point. The last answer might have covered this, but can the parliamentary secretary give me any more indication of what it is about?

Dr SHEAN: I am very aware that disability rates second when it comes to major research funding approaches, in particular through the National Health and Medical Research Council. The sorts of issues that get funded are very sexy, high tech and high cost in research, such as cardio-bypass research, which involve very large per capita costs. We find it much harder to get disability issues investigated through mainstream research. However, there is no shortage of postgraduate students looking for quality data, quality questions and quality supervision. To this end I met with all the universities to look at working collaboratively whereby we would offer research, questions and data supervision for any students they may wish to send our way. We have had an enthusiastic response from all five universities. We hope to set up in conjunction with the non-government sector, a research network whereby our colleagues would pose questions that they thought warranted further investigation and postgraduate students would have an opportunity to find something that suited their interest and discipline. We hope that by doing this we will be able to bypass some of the high-cost research projects and get some of ours done by exceptional quality students who are in many of our tertiary institutions. However, in the longer term I would also hope that a better focus on disability research would mean that we had a greater chance in the future of attracting funding for research.

Hon KEN TRAVERS: Someone must be getting it wrong, because most of my questions have already been asked. I have one question before I hand this back to Hon Simon O'Brien to highlight the inadequacies of the federal Government's funding in this area, because he is doing such a good job. Page 1029 outlines the total consolidated fund appropriations for the Disability Services Commission. I recall attending the launch of the five-year business plan some time ago when I was the Opposition's spokesperson. I remember growth funding going into out years and being well received by the sector. How do the Disability Services Commission's appropriations compare with the second five-year business plan of the commission?

Hon LJILJANNA RAVLICH: The Gallop Government for the third consecutive year has increased funding to disability services over and above the funds already identified in the Disability Services Commission five-year business plan. This year the commission has received an increase of \$13.8 million including capital. Almost \$8 million of this sum of money will be allocated to new services, which represents \$1.45 million more growth than was forecast. Just over half that growth in funding has been allocated to accommodation, which still remains a very high priority for this Government. Importantly, in addition to supplementing the second business plan in every one of our budgets, the foundations for the commission's next business plan have already been laid with the commitment of nearly \$15 million recurrent growth funds for the years 2005-06 and 2006-07. The Government is performing very well in this area. We have certainly seen real growth.

Hon KEN TRAVERS: Following on from that, page 1031 indicates that a total of 92 new people received accommodation support or have been assisted with accommodation support. How has that come to be and how does it compare with the targets set in last year's budget and the commission's second business plan?

Hon LJILJANNA RAVLICH: The blueprint committee that the minister convened from people in the disability sector proposed that the need for accommodation support could be managed in a number of ways over the next five years. It included a growth in funding, which is obviously critical. It also included the utilisation of vacancies and service redevelopment through better coordination and improved efficiencies. We have seen in this budget the growth in funding for 80 people and an anticipated extra 23 people who will be assisted through vacancies and improved placement through the options pools process. We will therefore be able to deliver a total of 103 positive outcomes to people with disabilities and their families. As I said earlier, this is a very strong response to an identified area of unmet need and projected future growth. In particular, the number of people is considerably higher than was anticipated as a result of the increased allocation in this state budget. A sum of \$4 million has been allocated. This will double the sum the coalition had committed for the same period in the second business plan. The minister has acknowledged that this will not meet all the needs of the people. This issue has been raised by Hon Giz Watson, as the member is aware. There will be unmet demand, but this is the first instalment in a five-year strategy outlined in the blueprint to address the issue.

The department through the blueprint has committed to a much more strategic approach in coordinating a response to deal with some of those issues. It has a plan in place and it has targets that are to be met for every

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year of the plan and it is working towards the achievement of those targets rather than what might have been seen historically to be a bit more of an ad hoc approach and trying to do the best we can. We are working towards target. Every endeavour will be made in every year to try to meet those targets as far as possible.

[4.20 pm]

Hon DERRICK TOMLINSON: I refer to the commonwealth, state and territory disability agreement in the fourth dot point on page 1028. Reference is made to 16 per cent of the commission's budget coming from commonwealth funding provided under that agreement. It also indicates that the current agreement expired on 30 June 2002 and negotiations are continuing. I refer also to the output and appropriation summary on page 1029 - the appropriation provided to deliver outputs and the forward estimates for 2003-04 and up to 2006-07. I refer also to the statement of financial performance on page 1039 and revenues from the State Government. I note that the revenues from the State Government are exactly the same as the appropriation provided to deliver outputs. Given that there is no CSTDA, which is still under negotiation, is an assumption of commonwealth funding built into those appropriations and forward estimates or is the commonwealth funding for tied grants for specific purpose programs that are additional to the core services of the DSC?

Mr RAMANAH: I refer to revenue from ordinary activities on page 1039. The amount of \$41.739 million in 2003-04, which is estimated to increase to \$44.290 million in 2006-07, is the amount we have assumed we will receive from the CSTDA. However, we have not factored in a growth component from the Commonwealth.

Hon DERRICK TOMLINSON: Is it assumed that will be forthcoming?

Mr RAMANAH: Yes.

Dr SHEAN: Prior to signing the agreement, it is our assumption that the existing base that we get from the Commonwealth will continue to be indexed and other escalation factors will apply. Over and above that, and probably what is not built into this line, is an amount totalling \$3.5 million at the end of 2006-07, which will go with the new CSTDA, and which has not been factored into this projection. There will be marginally more at the end of that period.

Hon DERRICK TOMLINSON: Is that additional \$3.5 million earmarked for a purpose or is it a windfall?

Dr SHEAN: It is heavily committed as is every dollar that the Disability Services Commission anticipates. The second CSTDA expired at the end of June 2002, so we are effectively into the first year of the third CSTDA. For the first year we anticipate receiving \$1.5 million. For each subsequent year we anticipate approximately another \$500 000, which will bring our total recurrent growth to \$3.5 million by 2006-07. The allocation, in part, supports some of the growth initiatives we have already mentioned. In her opening comments the parliamentary secretary pointed out that our allocation this year, with the exception of accommodation, which is totally state funded, will take account of the \$1.962 million from the Commonwealth. That is recurrent growth for the current and next financial years. It is in the process of being allocated. However, above that, there is some one-off funding in the current financial year, in that we will not allocate the almost \$1.962 million recurrently until next year. When we receive this year's funding, as has already been advised, we will commit that to the field on a one-off basis.

The amount of \$273 000 has been set aside for a community education and awareness campaign on the importance of human rights and inclusion of people with disabilities; \$200 000 for training support workers - \$125 000 for rural areas and \$75 000 for the metropolitan area; \$150 000 for a paediatric children's equipment loan library so that people can test equipment, such as hoists, prior to its being permanently bought and funded; \$250 000 for community living and family support associations throughout the State to provide respite during holiday programs, about 50 per cent of which will go to rural areas; \$250 000 for access improvements for the disability sector in anticipation of significant changes to the Disability Services Act as a result of the DSA review; \$100 000 for family and carer grants; and \$30 000 for increasing access to information on care for people from culturally and linguistically diverse backgrounds. In summary, we will be spending the 2002-03 dollars twice.

Hon DERRICK TOMLINSON: Will Dr Shean refer to the relevant page of the budget papers?

Dr SHEAN: This bulletin is publicly available on the commission's web site. It is referred to as "Building a Sustainable and Responsive Disability Services System 2003-04".

Hon ED DERMER: I refer to the list of major achievements for 2002-03, which begins on page 1036. The sixth dot point on page 1037 refers to the establishment of a health, resource and consultancy team as a basis for providing community-based services for people with disabilities. I would be grateful for more information on the work of this team and the progress that has been achieved.

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Hon LJILJANNA RAVLICH: As the budget papers indicate, the health resource and consultancy team is designed to promote community-based medical services for people with disabilities. In addition, it continues to provide medical consultations to people with disabilities who choose to use the service. I am informed that the team is providing very effective support to general practitioners, hospital staff, specialist medical professionals and other health professionals to improve service responses to people with disabilities throughout the State. Some very concrete examples of work have been undertaken by the consultancy team both in the metropolitan region and in rural and regional Western Australia. This service is having a major impact on remote and regional areas; for example, the newly appointed health promotions officer has recently provided recreational and nutritional programs for people with disabilities and their families in the goldfields. Newly appointed hospital, GP and liaison officers have been supporting medical practitioners in Esperance, Albany, Karratha and Bunbury to meet the needs of people with disabilities and their families. By that it can be seen that the team is seeking to ensure practical outcomes for people with disabilities and their families. It is a very worthwhile initiative by the agency.

[4.30 pm]

Dr SHEAN: It is worth pointing out that, although the medical and specialist service for the commission certainly had its use in bygone days when GPs were not prepared to see people with disabilities, it became something of an anachronism when GPs increasingly said that they were happy to see people with different conditions. To this end, we were able to free virtually all the money that had previously gone into medical consults and which is, rightly, a Medicare cost. People with disabilities are still able to be bulk-billed, and we were delighted to ensure that their medical consults were covered by the Commonwealth Government, in which case all the money that we had in the service could go towards helping general practitioners and other specialists make the service accessible. The benefits have been very significant for people in rural areas. For many years people in the city have been able to come to our services in West Perth; people in rural areas had to make do with a doctor who might visit once every 12 months. We are now able to provide a service through the general practitioner. As the parliamentary secretary has mentioned, the use of video conferencing means that if the general practitioner is unable to provide detailed advice on something such as a detailed neurological consult, we can at short notice bring in a specialist to the West Perth clinic, set up a video link and advise in that way. One woman in the bush writes to me the minute she has a concern. She wrote to me when I started to plan this; the minute it was implemented she wrote me a letter saying how delighted she was with the outcome. She is going to take this one off her list of concerns.

Hon ED DERMER: The general practitioners are now given the backup they need to provide that service.

Dr SHEAN: That is right. If a general practitioner encounters, say, a complex case of epilepsy with which she is not familiar, she can contact our specialist staff who can put her in touch with the relevant neurologist in Perth, if that is what is required.

Hon SIMON O'BRIEN: I refer to the parliamentary secretary's comment about a business plan that the commissioner is working towards. Is that a five-year plan? If so, what year are we up to?

Hon LJILJANNA RAVLICH: It is a five-year plan. It is my understanding that we are at the fourth year.

Hon SIMON O'BRIEN: Is it a good plan?

Hon LJILJANNA RAVLICH: It is a very good plan. Perhaps the member should read the plan.

Hon SIMON O'BRIEN: I certainly will. I think all members should do that, because it is the former Government's plan that is continuing.

Hon LJILJANNA RAVLICH: That is fine. It just goes to prove we do not check everything out.

Hon SIMON O'BRIEN: I noticed the parliamentary secretary's remarks about the contribution that the Government is making to the business plan which is targeted towards client needs. Dr Shean has already told us about the backlog, as it is called. I notice there has been an increase of 12 full-time equivalents this year, which reflects the in-sourcing of cleaning services. I note from the minister's own comments on 22 May - I suspect the figure is higher than this - that the former cleaning contract was worth \$278 000. The new in-house cleaning contract with those 12 people is now projected to cost \$580 000 per annum; that is more than \$300 000 per annum extra. What services and what part of the backlog has been forgone to meet the Government's carefully targeted plans?

Hon LJILJANNA RAVLICH: The member raised a number of issues none of which related to a specific page or dot point, but I will endeavour to answer them. In relation to the business plan, the honourable member will accept that we have adopted a bipartisan approach in this area of disability services.

Hon SIMON O'BRIEN: Not given the parliamentary secretary's remarks.

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Hon LJILJANNA RAVLICH: We have given bipartisan support to the plan; however, there have been some changes and I am advised that this concept of community capacity is also included. I will ask Dr Shean to elaborate on that concept because it seems to be the most obvious area of difference.

Dr SHEAN: The basis of the new business plan has been similar to the two we have already, but each year we continue to consult on the types of services we provide. Over the past 12 months the overwhelming response from the families has been that they support the existing business plan format but they had a couple of conclusions. The first was that they did not want to see accommodation being funded at the expense of other strategies - that is the point raised earlier about the importance of respite, therapy, post-school options and other lower cost initiatives; the second was that they wanted to see some investment in local communities to encourage local communities to do the right thing, and that is why the \$100 000 for family and carer grants has been allocated in the budget this year.

Hon SIMON O'BRIEN: In total?

Dr SHEAN: In total for the year ahead. This was to encourage communities themselves to respond to the local needs of people with disabilities.

Hon SIMON O'BRIEN: That is fabulous. The purpose of the question was to pick up on that point about carefully targeted things, and three times that very good program Dr Shean mentioned - which I applaud - was spent on some ideological claptrap about bringing the cleaners back in-house. The point has been made, even though the question has not been responded to.

Hon LJILJANNA RAVLICH: I intended to address that issue, because it obviously causes the member some angst. The provision of accommodation services at the Disability Services Commission, residential facilities, includes cleaning services and these services have been outsourced since April 2003. The budget for in-house cleaning is \$580 000 per annum. This compares with \$577 000 and \$572 000 paid to the previous contractor in the years 2000-01 and 2001-02 respectively. In-house cleaning will require an additional 12 FTEs to be funded from the budget of \$580 000 per annum. Ninety per cent, or 16 out of 18, of the staff recruited were employed by the previous contractor and only two were not recruited on account of their past performance.

Hon SUE ELLERY: I refer to the development of a safeguards framework for funded and provided services which is referred to in the third dot point on page 1037. I commend that initiative. What is being done to ensure the quality of existing services and the wellbeing of service recipients?

Hon LJILJANNA RAVLICH: I have been advised that all the services provided were funded by the Disability Services Commission and are subject to independent monitoring against the disability standards. This approach measures quality of consumer satisfaction of services. Additional funding will be made available this year to ensure an appropriate level of monitoring is undertaken. The member will appreciate the importance of monitoring against standards, because at the end of the day the department wants to ensure that the money that it targets towards certain programs or areas is achieving the desired outcome that was intended. Unfortunately, in my personal view there was probably not enough monitoring across a wide range of areas - and I do not refer to the Disability Services Commission - but when we spend taxpayers' money it is important that we ensure that we are achieving the desired outcomes. This initiative will ensure that cost effectiveness is achieved. It is a very welcome initiative. Independent advocacy also plays a critical role in safeguarding service users and maintaining the quality of services. The independent advocacy will receive a substantial recurrent increase in 2003-04, and this is the first increase in this critical area for almost a decade - which signals the Government's intent that it wants to ensure that it gets it right, and that these cost-effective programs achieve the desired outcomes.

[4.40 pm]

Hon BARBARA SCOTT: My question relates to improving access for people with disabilities referred to at the second dot point on page 1038. At what stage are the improvements to the local government building code plan on the compliance requirements by the building code for access by disabled people?

Hon LJILJANNA RAVLICH: I thank the honourable member for this question. However, she might find that the building codes are the responsibility of the Australian Building Codes Board, which is possibly regulated through the State Supply Commission. The responsibility for the building codes does not fall under the banner of the Disability Services Commission.

Hon BARBARA SCOTT: The second dot point on page 1038 states -

Continue to improve access for people with a disability including working with the private sector and local government to progress a number of disability access initiatives.

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One of those initiatives is working with local government authorities and architects on access for the disabled, and that does come under the local government authorities' building codes.

Dr SHEAN: The single biggest initiative in working with the local government area to encourage access is through disability service plans. As a result of the review of the Disability Services Act, chaired by Hon Sue Ellery in 2002, a recommendation was made to push the envelope with regard to disability service plans. As a result of that recommendation, once the legislation is passed, they will be called disability access and inclusion plans because of the impression that they give currently that they are about only physical access, when other issues, such as customer service, are important. The Disability Services Act 1993 requires all local government authorities to have an annual disability service plan. In the 1999 amendments to the Act, the plans and their progress towards them must be reported in each local government authority's annual report. However, it is largely up to ratepayers to insist that the progress should be accelerated if it is not fast enough. The commission works very closely with local government authorities to support local governments in what they do. A number of initiatives include the preparation of manuals for building surveyors and architects so that they are aware of access issues at the time of designing buildings, such as the requirements of the Building Code of Australia, and initiatives beyond those that should be a fundamental part of design; for example, covered ways between accessible parking and the main entrance of a building. Those are not required under the Building Code of Australia, but if a design consultant can build them in, they are of enormous benefit to a person with a disability. We have also developed a number of other initiatives in conjunction with local government. One is the "You Can Make a Difference" brochure for accessible communities. Another initiative is a training package that provides information on not only physical access but also customer service. Another training package encourages staff to use other forms of communication with a person who has a hearing impairment. Increasingly we are asking local government authorities and private businesses to provide information that they have in alternative formats. That is becoming very easy to do because of the capacity of technology to make changes to the representation of information very quickly. Finally, with disability access and improvement plans, we will be asking government providers and local government authorities to ensure that the people from whom they contract services also have a disability service plan, and in that respect we will be pushing the envelope further than we have in the past.

Hon LJILJANNA RAVLICH: I add that the objective of this initiative is to ensure a more accessible community, which includes working in partnership with other agencies and organisations on access issues. It also includes the production of a training video on leadership and advocacy for people with disabilities; the establishment of an access network between local governments; and sharing information on access through the commission's web site. The whole objective of the initiative is to achieve a more accessible community for people with disabilities.

Hon KATE DOUST: The seventh dot point on page 1035 under major achievements for 2002-03 refers to how new models of service delivery for indigenous people in the Kimberley and Pilbara regions were introduced. What were those new models of service delivery and how successful were they?

Hon LJILJANNA RAVLICH: It is very important that people in regional and rural areas have access to services. In fact, 27 per cent of Western Australians live in rural areas; that is, nearly a third of the population. Indigenous people with disabilities, especially those living in rural and remote areas, are under-represented in the use of disability services. To address that issue, culturally appropriate support and service delivery models that are responsive to local indigenous communities will be developed, or are in the process of being developed. There are many models; for example, models on family support and respite and therapy services specifically for indigenous communities. The Government acknowledges the high percentage of people living in rural and remote areas of the State. It also acknowledges the very special case of the Aboriginal and Torres Strait Islander communities and that their very special needs must be met in a culturally appropriate manner. The Government has designed a number of initiatives to ensure that indigenous people with disabilities have a better future and that the services targeted at them are on the mark.

Hon SIMON O'BRIEN: I want to follow up on one of my questions on notice. I do not know whether the parliamentary secretary has the question handy. I refer to table 2 on page 7 of budget paper No 3, *Economic and Fiscal Outlook*. To refresh the parliamentary secretary's memory, the question related to service viability and the amount of indexation applied to non-government service providers. I stated in my question that, according to the table in budget paper No 3, wages growth is anticipated to be 3.25 per cent, which, after the recent arbitrary safety net adjustment of \$17 a week, will result in wages in the non-government sector rising by more than three per cent. That is in line with the Government's predicted wages growth figure, which was, therefore, a good guess. The first part of my question sought the indexed figure that the budget provided to the non-government sector in 2003-04, to which the answer was 2.25 per cent. The parliamentary secretary also explained some other matters in her answer. The second question I asked was does that represent a real reduction to the non-



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government sector. The answer to that second question was no, it does not represent a real reduction. I would like to put that back to the parliamentary secretary for further discussion. Perhaps I am missing something, but if the cost of providing the services exceeds the indexation that is provided for, then clearly it is a real reduction in funding. The answer that was given that non-government agencies have a responsibility to find their own savings efficiencies is further evidence that it is a reduction.

[4.50 pm]

Hon LJILJANNA RAVLICH: Given the intricate nature of the question, I will ask Dr Shean to respond.

Dr SHEAN: It is not a reduction. It is an increase in that the agencies will receive a 2.25 per cent increase from the State Government and they will receive only a 2.2 per cent increase from the Commonwealth Government. That is based on the state gross product deflator, which is what Treasury uses to calculate the increase that we get. Technically it is not a real reduction. However, if the member is asking whether it is adequate, then I would be the first to say that it is not adequate, particularly when we add to that the pressure that all government agencies, including the Disability Services Commission, are under to find one-third of the enterprise bargaining increases from within their own operation. I think all work forces in Western Australia are faced with the situation in which the escalation in the cost of salaries exceeds what the State and Commonwealth Governments are able to contribute. This is a huge issue for the non-government sector, and in this respect the additional work that the non-government sector is doing on reform and development, in conjunction with us, becomes enormously important.

Hon SUE ELLERY: I refer to footnote (a) to the table on page 1031. We touched on this in the answers that the parliamentary secretary gave to the questions asked by Hon Simon O'Brien. The footnote refers to supported community living. Why has there been a realignment in that output to include supported community living?

Hon LJILJANNA RAVLICH: That is a very good question! In 2001-02, the commission's output structure reported accommodation support across output 1, residential services, and output 2, non-residential services. Accommodation was divided across two outputs under the old structure. Output 1 was about people in group homes and hostels, whereas output 2 was about people in community-based options, including attendant care, alternative family care and a range of in-house accommodation support options. The new structure includes accommodation services under output 1, whereas output 2 now consists of a range of individual and support services, including respite therapy and alternatives to employment day options. The simple answer is that there was too much of an overlap between output 1 and output 2. Therefore, the inclusion of some of output 2 into output 1 enables a more transparent reporting and planning of accommodation services. It also better reflects consumer choice for people who have chosen accommodation support to live in the community rather than to move into more formal residential settings as were formerly covered under output 1. The department believes this will cause less confusion and will increase transparency.

*Sitting suspended from 4.54 to 5.00 pm*