

**COMMUNITY DEVELOPMENT AND JUSTICE
STANDING COMMITTEE**

**INQUIRY INTO ACCOMMODATION AND INTENSIVE FAMILY
SUPPORT FUNDING FOR PEOPLE WITH DISABILITIES**

**TRANSCRIPT OF EVIDENCE
TAKEN AT PERTH
WEDNESDAY, 19 MARCH 2014**

SESSION THREE

Members

**Ms M.M. Quirk (Chair)
Mr I.M. Britza (Deputy Chair)
Mr C.D. Hatton
Mr M.P. Murray
Dr A.D. Buti**

Hearing commenced at 10.54 am

Dr SHERRY SAGGERS,
Chair, Independent Priority Assessment Committee, Disability Services Commission,
examined:

Ms MARY ELIZABETH McHUGH,
Manager Strategic and Executive Services, Disability Services Commission, examined:

The CHAIR: Good morning and thank you both for coming here today. On behalf of the Community Development and Justice Standing Committee, I thank you for your interest and appearance before us today. The purpose of this hearing is to assist the committee in gathering evidence for our inquiry into accommodation and intensive family support funding for people with disabilities.

You have been provided with a copy of the committee's specific terms of reference. I will begin by introducing myself and the other members of the committee. I am Margaret Quirk, the member for Girrawheen; on my left is the deputy chair, Mr Ian Britza, the member for Morley; on his left is Mr Chris Hatton, the member for Balcatta; on his left is Mr Mick Murray, the member for Collie-Preston; and on my right is Dr Tony Buti, the member for Armadale. We are a committee of the Legislative Assembly of the Parliament of Western Australia. This hearing is a formal procedure of the Parliament and therefore commands the same respect given to proceedings in the house itself. Therefore, even though we are not asking you to provide evidence on oath or affirmation, it is important that you understand that any deliberate misleading of the committee may be regarded as a contempt of Parliament. This is a public hearing and Hansard will be making a transcript of the proceedings for the public record. If you refer to any document during your evidence, it would assist Hansard if you could provide the full title for the record.

Before we proceed to the questions we have for today, I need to ask you a series of questions. Have you both completed the "Details of Witness" form?

The Witnesses: Yes.

The CHAIR: Do you understand the notes at the bottom of the form about giving evidence to a parliamentary committee?

The Witnesses: Yes.

The CHAIR: Did you receive and read the information for witnesses briefing statement provided with the "Details of Witness" form today?

The Witnesses: Yes.

The CHAIR: Before we ask you a series of questions, would either of you like to make an opening statement to the committee?

Dr Saggars: Perhaps I can explain how I came to be in the position. I was approached in 2003 by the then director general, Ruth Shean, to chair the independent priority assistance committee, about which I knew nothing at the time. I was an academic at Edith Crown University. I am an anthropologist by background, and I have worked in teaching and research for over 40 years, mostly in disadvantaged populations. I have some general background about the disability sector. I am also the grandmother of a child who has autism.

The CHAIR: And Mary?

Ms McHugh: Yes. In my capacity as manager strategic and executive services, I am briefed by the IPAP panel after each of the rounds for discussion of issues and anything that they wish to raise, and it is my task to brief the director general of the Disability Services Commission. I also have previous experience managing the process.

The CHAIR: So you are currently the DSC representative on IPAP; is that correct?

Ms McHugh: I can comment on IPAP in my capacity, yes.

The CHAIR: I am asking are you on the IPAP?

Ms McHugh: No.

The CHAIR: So who is the DSC representative?

Dr Saggars: They vary all the time.

The CHAIR: Okay.

Dr Saggars: Just to explain, I was approached simply to appear, but frequently when I appear before the disability services board in my capacity as chair, I am asked questions that I am not able to answer because it has to do with commission business. So I thought it would be wise to have someone from the commission here as well in case we have those sorts of issues.

The CHAIR: Thank you. How many members currently make up the IPAP pool?

Dr Saggars: That is a good question. I am not sure I know the answer to that. We probably have—this would need to be checked—between eight and 12.

The CHAIR: Is it relatively even across the various sector groupings, like consumer, family member, service provider and advocates?

Dr Saggars: Yes, that is right.

The CHAIR: I understand panel members can stay for up to five years.

Dr Saggars: Yes.

The CHAIR: What is the average time for which people stay? Is there a minimum time?

Dr Saggars: I do not think we have kept statistics on that. There are 10 people on the committee. It has more to do with their personal circumstances, but people generally tend to stay for several years.

[11.00 am]

The CHAIR: We have heard a lot of evidence, and you would be aware of these sorts of submissions from your experience, about how there appears to be a lot of mystery surrounding the criteria or how the assessment process is undertaken and how one case can be weighted against another. What is the reason for that?

Dr Saggars: What is the reason for the secrecy?

The CHAIR: Yes.

Dr Saggars: Whenever there is a system of allocating funding and there are rules around that system of allocating funding, it is important that people understand the rules. But when there is also a budget that means that less than 100 per cent of people who apply for funding are going to be funded, there are always people who are concerned about the fairness around that particular issue. That is the case particularly with accommodation support, which is the highest level of funding that people request. There are always far fewer people recommended for funding than actually apply. I think that is due simply to the huge demand that is there. It is also people not understanding the circumstances of those successful applicants. When we prepare a report for the board at the end of each round, we will include vignettes of both those who are successful applicants and those who are not, and sometimes I am reading those vignettes and there is a tissue paper of difference between

the circumstances of those people. So I understand that in the eyes of people in the community, it is sometimes difficult to discern the differences between those who are successful and those who are not. But we try to do the best we can, based on the information that people provide to us in their applications on the level of severity of their disability, the circumstances of the home and the carers, the carers' age, whether there are other siblings, and the health and risk factors associated with the household. But it is not atomic science. We are trying to make the best assessment based on the information that people provide in their applications.

Mr I.M. BRITZA: Is it the case that the requirements of the board mean that you cannot give explanations to families, or is it just that it is not appropriate?

Dr Sagers: Do you mean about why they were unsuccessful?

Mr I.M. BRITZA: Yes.

Dr Sagers: There are several answers to that. Usually the stock answer is simply that there were others who were judged to be in greater critical need than they were, and that is generally the best response. There are circumstances where people's applications were poor; and, wherever possible, the commission will go back to the LAC that has been part of that application and explain to them the circumstances that they think are wanting in that application.

Mr I.M. BRITZA: That answers the question about people who do not have a strong literacy approach and find forms very intimidating. I would assume that the board would take that into account. Is that a fair assumption?

Dr Sagers: I think it is a fair assumption. We certainly do not take into account things like the literacy of the application itself. But it can be said that any application-based funding system privileges those people who are good at writing applications. The commission has tried to overcome that by encouraging all people to work through LACs when they submit their applications. But of course not all LACs are the same people and have the same skills in assisting people. So there are those inequalities as well.

The CHAIR: Has there been any evaluation over the years to see whether any of those sorts of biases are built into the process?

Dr Sagers: Not to my knowledge, but I will refer that to Mary.

Ms McHugh: I am not aware of any research that has been done in that direction.

The CHAIR: We have heard evidence that people who have children with genetic disorders or physical or intellectual disabilities tend to wait longer than those with physical disabilities. I am not saying that is the case, but do you concede that with this lack of feedback and information that unsuccessful applicants are given, that does breed that sort of rumour mill or those assumptions being made or possibly the wrong conclusions being drawn?

Dr Sagers: Again, I think this is a more appropriate matter for the commission. But my response would be that I think the biggest factor is simply the gap between the number of people who apply and the number who can be successful because of budgetary considerations. In those circumstances, and because of the desperate circumstances of applicants themselves, it is very likely that these sorts of things will happen.

The CHAIR: Are you aware that people are getting less information than was the case previously? In previous years, people would get feedback along the lines of we had 800 applications —

Dr Sagers: I did read that in the director general's submission, yes. I was not aware of that previously.

The CHAIR: We have also had extensive evidence from a wide range of people suggesting that the feedback that people are getting as to why their application was unsuccessful bears no resemblance to what you have told us. People are getting a rote letter and not any further information.

Dr Saggars: I am not suggesting that every unsuccessful applicant gets personal feedback. What I am saying is that on the panel, if we know that there are people who are not going to be funded, and panel members are concerned about the particular circumstances of that family, they will request a personal meeting between the CAP panel and the family.

The CHAIR: Is that initiated by the panel members?

Dr A.D. BUTI: Being an academic, you would know that when you put in an application for a research grant, you get feedback. You put in an initial application, and there is feedback, which allows you to adjust your application, and then there is feedback on the final application. At least you then have an idea of where you are failing. However, that is not happening here.

Dr Saggars: No; that is right.

Dr A.D. BUTI: Although that would place a great administrative demand on the agency, I would say that when you are looking at people who are in great need—who are desperate—that should be considered. But we seem to be going the other way, where from the evidence we have received from Dr Chalmers, the feedback, as Margaret Quirk has just mentioned, is less now than it used to be. There is also the fact about numbers and people not being told how many are applying and how many are successful.

The CHAIR: You gave evidence about a report going to the board that has in it vignettes and some statistical information. I am certainly aware that that used to go to cabinet. Are you aware of whether that particular report still goes to cabinet?

Dr Saggars: I have no idea.

The CHAIR: Mary, does it go to cabinet?

Ms McHugh: No, it does not go to cabinet. However, the board papers do go to the minister on a weekly basis, and when that report appears in the board papers, there is the opportunity for them to look at it.

Dr A.D. BUTI: Do you know why the statistical information is not provided anymore?

Ms McHugh: I think Dr Chalmers answered this question well when he said that providing statistical information only about the CAP skews the information that is available to people. The current system of using a funding bulletin that more completely explains the supports that are available to people is a great source of information, because there is much more detail in it.

Dr A.D. BUTI: With all due respect, that is not what the clients are saying. If they are applying for CAP, they want to know about the CAP, and they are not receiving that information.

The CHAIR: Professor Saggars, if you had a system where some of the criteria that you apply and some of the checklists were made public, do you believe you could still adequately perform the functions that you are required to perform?

[11.10 am]

Dr Saggars: I think it is possible to have greater levels of transparency—possibly—but we need to be aware of the degree to which the administrative support is required to allow that to happen.

The CHAIR: What does that mean?

Dr Saggars: I do not see any point in not broadcasting the numbers of unsuccessful applicants, for instance.

The CHAIR: But even with some of the criteria: if you apply for a job, for example, or you have selection criteria, someone could argue, “You might overeat the pudding; forget about your qualifications or anything else.” That happens in all sorts of other areas of life but they are the processes for weeding out the exaggerators and the liars.

Dr Saggars: I agree and I think, again, in Dr Chalmers' submission he outlined in general terms what those factors were. I do not see any concern with publicising those factors.

Mr C.D. HATTON: We have been talking about the transparency and feedback, and it has been probably a bit alarming at times. What about the quality of the assessment? Is it true that a member of the panel might have over 300 applications to process for any one round?

Dr Saggars: Yes.

Mr C.D. HATTON: Is that workload quite immense?

Dr Saggars: The time allocated to it has been determined based on experiments working out what time it would normally take to assess an application. This is something that has been considered. Again, I should not be responding to this, but we do listen to panel members' concerns about whether they have sufficient time to read all the applications appropriately. Mary should respond.

Ms McHugh: Generally speaking, on average, it is a six to eight-week task because there are three panels running for the whole process. Panel members will have six to eight weeks to read the applications and make their comments.

Mr C.D. HATTON: Could it be that there might be some slippage in that process, in that the quality of the objective versus subjectivity is a little bit out of skew because there seems to be some people who are not being recognised?

Dr Saggars: If you think of having five voting members on the panel, if that happened with one person, for instance, you will always have the other panel members. Panel members score their applications. But then we have an opportunity to discuss, if necessary, every individual who has applied in the circumstances. For instance, when the allocated numbers have been recommended that the budget will allow, and there are some people who fall out of that, I invite the committee then to discuss any individual who they believe their circumstances warrant them being funded and we will look at those individuals again.

Mr C.D. HATTON: And there are dedicated times in that round for all that to be done? It is a part-time role is it, for members?

Dr Saggars: It is, yes. We need to separate the two processes. One is the rating of the applications, which is —

Ms McHugh: Which is done independently.

Dr Saggars: Yes, which is the weeks before the panel meetings, and then we meet on a particular day. All their ratings will have been put into the computer so we are then determining how many of those who have applied will be recommended, given the budget. During that day we make sure that any individual who falls outside, or even within the funding range. There may be some people who, through the rating system, have been recommended for funding who people will look at and think, "No; their circumstances do not warrant it compared to people who have fallen out."

Mr C.D. HATTON: As I said originally, as far as the quality of the assessment, do you think that works well?

Dr Saggars: I do. Given all the circumstances and the limitations of the system, I think it is a rigorous and fair system.

Dr A.D. BUTI: How can it be fair when it is purely a written application and, as you agree, people who are more articulate or more literate will automatically have an advantage. It is very difficult to gain an overall assessment on something through paperwork.

Dr Saggars: Again; it is not black and white. It is the fairest system that has been devised to allocate the funding. If there were fairer ways to do it, I am sure the commission is very open to hearing that.

Dr A.D. BUTI: There are fairer ways. It would be to interview each applicant, but of course it is a resources issue.

Dr Saggars: That is right.

The CHAIR: What about photos or videos; have they been considered?

Dr Saggars: In the past, people have submitted photos and, I think perhaps, prior to my being chair, also videos. I think there are risks associated with that that unduly affect those who submit videos or photos and those who do not, so my inclination is not to have them unless there is a system whereby everyone could fairly have access to it. They are very evocative and I think it would be better not to use them in the current circumstances.

Mr M.P. MURRAY: In the assessment process, is there any weight given towards the amount of time people have been on the list and the number of times they have been through?

Dr Saggars: No. That can often be very distressing. Some people may have applied 13, 14, 15 times but have got no closer to being funded because for every new round there are new applicants who are new to the commission; their circumstances might be much more critical than those people who have been in the round many times.

Mr M.P. MURRAY: If you are in the system, do you have to reapply each year with a new profile?

Dr Saggars: I will get Mary to respond to that.

Ms McHugh: For some years now, perhaps even a decade, there has been a system of what is called “automatic resubmission”. If someone has done an application and worked with an LAC to get that to a standard that is acceptable, comes to the panel and they are not recommended for funding, that would be automatically resubmitted to the next panel and that person will retain the highest rating that they have received through any previous assessment. Somebody coming in with a higher rating —

Mr C.D. HATTON: Back to LACs: you mentioned early that the commission encourages people to use LACs more, now. Is that correct?

Dr Saggars: In fact overwhelmingly people do.

Ms McHugh: They are required to.

Mr C.D. HATTON: An LAC has probably about 80 clients?

Ms McHugh: Between 150 to 170.

Mr C.D. HATTON: Is it that high? I do not think we have heard that before, but that does not matter. You also said that although clients are encouraged to use LACs more, they are not skilled up enough.

Dr Saggars: There are differences in the ability of LACs, as we would expect in any line of work. There are terrific LACs who perform well and there are less-than-terrific LACs.

Mr C.D. HATTON: There is also a big turnover of LACs apparently.

Dr Saggars: There is, and on occasion the committee has requested the CAP panel to go back to an LAC and tell them that in their view the assistance they have been providing was not sufficiently high.

Ms McHugh: People from the disability service organisations that provide support for people with disabilities also help to put together applications.

Mr C.D. HATTON: We have certainly been told that previously; thanks for reminding us of that. I am more concerned that the LACs need to be a little bit more efficient.

Dr Saggars: At different times we have run information sessions for LACs and the disability sector generally on how to write applications.

Mr M.P. MURRAY: If in the previous year an assessment panel has knocked out an application, and the application comes back into the system, would it be considered by the same assessment panel? I see that as a disadvantage.

Dr Saggars: No, not necessarily. It could be quite different because they are constituted differently each round.

Ms McHugh: That application would have been updated to include the latest information.

Mr M.P. MURRAY: But if I have already made my decision that that one should be over there and not on that pile and it comes again, I see that as probably a disadvantage to the one I assessed last year, if I have not changed my mind too much. It is human nature. I am not criticising, I am just thinking that it would be a disadvantage for my application to go before the same panel that was there the year before. Is there any rotation so that does not happen?

[11.20 am]

Dr Saggars: Given the number of applications and the limited number of people who we are able to recruit for the panel, it would be impossible to ensure a completely different panel for every new application.

Dr A.D. BUTI: What would be good though if they resubmit an application—there is that automatic resubmission—is if there was greater feedback for people so they are able to upgrade or change their application. But we are looking at competition here because, as you said, there are not enough resources. In a lot of competitions you have categories. For instance, in athletics you have people who are male, you have people who are female; you have people who do the 100 metres and people who do the 200 metres. Is there any thought of having categories for people with intellectual disability, people with physical disability, rare genetic disorder issues? It must be near enough impossible to try to rank or compare completely different areas.

Dr Saggars: We will be probably both respond to this one, but from the panel's perspective, panel members frequently articulate that same position. It is like comparing apples and oranges, particularly with respect to disabilities acquired through accidents, for instance, brain injuries and things of that kind or neurological conditions and disabilities of that kind. It is exceedingly difficult to compare the circumstances of those people alongside people who have birth-related defects and things of that kind.

Dr A.D. BUTI: Is there a value judgement made on how the disability came about? I am just wondering why it would be difficult necessarily if it is genetically based since birth or acquired. Surely it is the actual disability that is the issue and not how it happened.

Dr Saggars: That is right. It is my job to determine that each panel member is assessing the application in that way.

The CHAIR: We have had some evidence last week, I think, in relation to people with acquired brain injury, that applications have been put in and the feedback they got as to why they were not successful was that it was too much medical information and not enough social information and they found that somewhat frustrating. What is your ideal application?

Dr Saggars: Our ideal application is one that gives us a clear sense of the applicant themselves, the level of their disability, their circumstances at home in terms of their carers, the risks they have in everyday living, the risk to them and to their carers and an overall sense of: "Compared to this next person whose circumstances I am looking at, what are the risks to this person of not getting funding?"

Mr C.D. HATTON: What about the financial status of those caregivers?

Dr Saggars: We do not take that into account at all.

Mr C.D. HATTON: Not at all?

Dr Saggars: We mostly would not know of that. Occasionally, there would be information in the application about whether or not a partner is working or has sought or has had to seek work because they cannot afford the aids that they require, but we do not get any information on —

Mr C.D. HATTON: So you have ageing parents who are struggling with their level of physical ability to be able to care and that is not coming up very strongly but also they are on a pension, maybe a double pension, and things are collapsing around their house and they are ageing but they are still caring and they are really struggling financially, that would come into it or not?

Dr Saggars: It would come into it insomuch as it relates to a person with a disability and the assistance that they require. If, for instance, they are not able to get HACC services or something of that kind, they might say that they cannot afford to supplement the HACC services, which are inappropriate hours for them or something like that or they are not able to purchase particular aids. In those circumstances what the panel will do is use their considerable knowledge and expertise about what assistance and aids are available through sources that the family may not know about.

Mr C.D. HATTON: And they will communicate that?

Dr Saggars: That is right.

Mr M.P. MURRAY: I may have missed something here, but is there any thought or any process where your disability is put into that pile—say there are four areas. One is head injuries and another one is genetic, which we have spoken about—then assessed differently out of that instead of across the board. My understanding is you are doing it right across the board, but there is no stream as such.

Dr Saggars: Not according to disability; that is right.

Mr M.P. MURRAY: If there was a stream, would we not then be able to say, “You might get in in five years’ time or two years’ time because that is the stream you are in”?

Dr Saggars: Again, this is more properly the commission, but given again the numbers, I do not see that delivering a better outcome than the current system.

Mr M.P. MURRAY: I am only asking that question because I do not know. Can you see what I am saying?

Dr Saggars: Certainly as I responded to Mr Buti, virtually every panel does articulate their concern about trying to compare people who are not directly comparable.

Mr M.P. MURRAY: So you have a distinction.

Dr Saggars: It is a strongly perceived need.

The CHAIR: With the ageing population we are hearing there are people who have effectively cared for their family member, if you like, outside of the system until such stage as they themselves get older or infirm or having some sort of medical condition. So, demographically speaking we anticipate an increase in that. Are you finding that on the panel?

Dr Saggars: There is no research done on the analysis. So, it is only anecdotal responses, but certainly in every panel round, there is a number of ageing carers—people who are 70-plus—who do not get funded. They do not get funded simply because the circumstances of the applicant are not deemed to be nearly as critical as those who do get funded. We have had people in their late eighties who do not get funded.

The CHAIR: Obviously, I think both CALD and Aboriginal people with disabilities are underrepresented.

Dr Saggars: I am not sure with CALD, but certainly with Aboriginal people—we actually did some informal stats on the last round and I think about six per cent of applicants were Aboriginal, which is more than —

Ms M.M. QUIRK: So six per cent of applicants were Aboriginal but what percentage were successful?

Dr Sagers: I am not sure but I would be surprised if they are not also reasonably successful.

Dr A.D. BUTI: Why do you say that?

Dr Sagers: Again, it is an anecdotal response, because of the number of people we feature in the vignettes at the end of the panel round who are identified as Indigenous. I am not in a position to say whether in fact they have been more successful but certainly in most rounds there are successful Indigenous applicants.

The CHAIR: This might be something Mary might need to respond to, but is it possible for the committee to have a copy of the last report to the board with some of those vignettes in it? We are really not getting a sufficiently comprehensive understanding of the process and we wonder whether it might be possible to give us a copy of the last report as an example.

Ms McHugh: I can certainly make a big effort to do that.

Mr I.M. BRITZA: That would be of enormous help because the responsibility that you have, professor—I am not jealous of you even for a second, because I sort of feel in some respects you are on a hiding to nothing because there is always going to be very, very disappointed people. The issue that we are, I think, trying to home in on is number one, an understanding of why people have failed. I think the rote letter is dishonourable. That is my opinion. I realise that when you have got a couple of hundred that is very hard to do a personal thing but people do need to be given hope and it appears to me that what I have failed to hear from parents particularly is that I have been looking for hope and I have not found any. That could be primarily because the response that is coming back from a very difficult situation, there is nothing for them and they are giving up because they cannot see anything to go forward. So, anything that would assist us, Mary, would be terrific.

[11.30 am]

Ms McHugh: I will approach the director general and have that discussion with him.

Dr Sagers: We actually put together the vignettes in an attempt to try to explain to the board member the sorts of tissue-thin differences there are between those who are funded and those who are not. Perhaps that will be helpful.

Mr I.M. BRITZA: It is very easy for us to sit here and not so much be judgemental but observing, but I would think that as much information you give someone would actually be helpful because the less amount of information a parent gets, it makes them actually more frustrated. I am sure you would be aware of that.

Dr Sagers: I absolutely agree. The distinction is around the issue of hope. The distinction is that giving hope to people who are unlikely to be ever successful in the round because of the nature of their circumstances, and those who can be directed to assistance outside of the CAP round. I think the commission does address, and attempts to address, both of those things.

Mr I.M. BRITZA: I do not know if I am using the right words, but is it because it could be seen as slightly discriminatory—that people who really do not have any chance of getting it are not being told that because it could be deemed discriminatory?

Ms McHugh: People with disability have the right to apply and will do so. They are referred to other sources of support, not of the major kind that CAP is for example, but they exercise their right to apply.

Dr Sagers: To add to that, I think in virtually every circumstance every applicant deserves funding. Some of them are more deserving than others. I would not be in a position to say to any person who applies, “Look, just look after yourself; you don’t deserve funding.” Every single one of them deserves funding and assistance of some kind, but the problem is trying, in the fairest, most

equitable way, to determine how that funding be allocated. I agree that the way in which feedback is given is extremely important, but it is difficult in a bureaucracy to provide personalised feedback to several hundred applicants.

The CHAIR: Can you just explain for us in broad terms how the assessment tool works?

Dr Saggars: Yes, but bear in mind that I do not rate people so I do not use the tool; I have sat in on sessions in which people have tested the tool. Basically, they are describing their disability and circumstances, and a rating is attached to each of the circumstances they describe both in terms of their disability, the risks associated with that disability to themselves and others, their circumstances, the range of supports they have—all those sorts of things. I cannot provide any more detail other than that provided in Dr Chalmers' submission, but —

The CHAIR: What—because you do not know or because you are not involved?

Dr Saggars: Because I have been told that the details of those factors should not be made public.

The CHAIR: By Dr Chalmers?

Dr Saggars: That is right.

The CHAIR: Thank you. You have been in the position for 10 years. Is that a term appointment, and have you been renewed? How exactly is it that you have been there for 10 years?

Dr Saggars: That is a good question. I was asked 10 years ago and I have not been approached about my tenure since then.

The CHAIR: Thank you.

Mr I.M. BRITZA: Professor, you meet three times a year?

Dr Saggars: That is right.

Mr I.M. BRITZA: Are you able to tell us how many applications are given and approximately how many are not given?

Dr Saggars: I do not have the figure, but they are the sorts of figures that were routinely reported for every board meeting. We routinely report the number of applicants and those who were successful and those who are not successful.

Mr I.M. BRITZA: Are we able to have those kinds of figures or are they confidential?

Ms McHugh: I would have to approach the director general —

Mr I.M. BRITZA: I think that would be appropriate. We have had figures thrown around, and we just do not know —

The CHAIR: There is an obligation, if we require information, to give it to us.

Dr Saggars: They are available in the report that goes to the board, so if you requested a report to the board, you would get that information.

Dr A.D. BUTI: It is disconcerting—it is not your fault, Mary; you are not the director general—that there is this need to go back to the director general to obtain statistical information. There seems to be a level of secrecy that we have heard from the clients—from the parents—that seems to just be being reinforced, from many of the answers today. It is not your fault, but it is of major concern I must say.

The CHAIR: Part of the reason we had to get you in was because Dr Chalmers did not give us sufficient information in the process. We thought that we needed to go to the people directly involved. Three times a year there is a meeting, so how many cases, in each of those triannual meetings, are discussed in detail?

Dr Saggars: How many individual cases?

The CHAIR: Yes.

Dr Sagers: One dozen, maybe.

The CHAIR: How many cases would each panel member have to look at before they come to a meeting each round? A figure of 300 was mentioned.

Dr Sagers: Yes, that is right. They all come to the meeting with detailed notes on each applicant. Panel members come to their task with different points of view, and so there will be particular people who they think warrant funding and they will be extremely disappointed if they do not get up, for instance, because of their circumstances. Each panel member has all their details there, and if these people fall out of the recommended funding rounds they will highlight they want an individual discussion on them. They then have the opportunity to describe the circumstances of this applicant to the whole panel and then to persuade the panel that this person warrants re-rating on that day. We do lots of re-rating at each panel round; sometimes it makes a difference and sometimes it does not.

Mr C.D. HATTON: Probably various people here have been on panels for different assessment procedures. It is time-consuming, it is demanding, and if you are going to do it properly you have to put in the effort—a real big effort. It seems a very onerous task for just up to five people in any one round. Is it five people who assess?

Dr Sagers: That is right, yes; five rating members, yes. That includes one commissioner and four from outside the commission.

Mr C.D. HATTON: You mentioned that there is a lot of rigour applied to it, but I am not convinced that it is actually rigorous enough. When you reassess ones that are very close together—like the tissue paper you talked about—it takes time to reassess.

Dr Sagers: It does.

Mr C.D. HATTON: How much time does it take?

Dr Sagers: For reassessment of an individual application it may take 20 minutes, half an hour.

Mr C.D. HATTON: For one individual? And there might have been one or two reassessments in one round?

Dr Sagers: That is right. People may look at their assessment and decide not to change it; they are happy with the way they have rated it previously. But others may think: oh, look, after the discussion I did not take into sufficient account the risks associated. Someone might have self-harming behaviour or something like that, so they might rate it more highly.

Mr C.D. HATTON: So you are putting them in different piles, but it is more scientific than that, I know. Like in high band, low band, in-between bands?

Dr Sagers: That is right.

Mr C.D. HATTON: Do you really think it works very well?

Dr Sagers: I do not know of a better system yet. If there is a better system, I would be very keen to support it.

The CHAIR: There are obviously various groups and lobby groups that represent various sectors of the disability community, and you are the public face, if you like, of the panel. Are you asked to talk to groups about the process and how it works?

Dr Sagers: I have been, and in the past we have done quite a lot of that.

The CHAIR: Yes, but given that you cannot disclose the criteria, do you get feedback as to how satisfying those discussions are?

Dr Saggars: Most people are reasonably happy about their increased level of understanding after the sessions, yes.

[11.40 am]

The CHAIR: NDIS is obviously in the wings, but we are looking at some years off. Are you operating differently in the meantime or are you just told to carry on and do —

Dr Saggars: We are operating differently. From this year we are doing two panels only—it has been three in the past. Those applicants who are part of the My Way pilot scheme, they are noted if they are also applicants, so they could choose to stay in the CAP round, and then I think they were funded separately if they were actually successful; is that is correct?

Ms McHugh: Yes. If someone in the My Way area gets funded through CAP, that money goes back into the CAP pool and the My Way area will fund that person.

The CHAIR: Two panels only; is that two rounds a year rather than three?

Dr Saggars: That is right.

The CHAIR: Will you have the same numbers in those two rounds or reduced numbers?

Dr Saggars: I do not know yet.

The CHAIR: What is the reason for that?

Dr Saggars: I do not know.

Ms McHugh: No, I do not know either; I am sorry.

The CHAIR: Thank you very much.

Thank you very much for your evidence before the committee today. A transcript of this hearing will be forwarded to you for correction of minor errors. Any such corrections must be made and the transcript returned within 10 days from the date of the letter attached to the transcript. If the transcript is not returned within the period, it will be deemed to be correct. New material cannot be added via these corrections and the sense of your evidence cannot be altered. Should you wish to provide additional information or elaborate on particular points, please include a supplementary submission for the committee's consideration when you return your corrected transcript of evidence.

Hearing concluded at 11.42 am
