

Ms Lisa Baker; Dr Kim Hames; Mr Martin Whitely; Mr David Templeman; Mr Albert Jacob; Mr Tony Krsticevic; Mr Murray Cowper

Division 37: Disability Services Commission, \$435 964 000 —

Mrs L.M. Harvey, Chairman.

Dr K.D. Hames, Deputy Premier representing the Minister for Disability Services.

Dr R.F. Chalmers, Director General.

Mr G. Meyers, Acting Director, Corporate Services.

[Witnesses introduced.]

Ms L.L. BAKER: I have a question about page 461 of the *Budget Statements*, “Major Spending Changes”. I wish to hear from the minister about the efficiency dividend. The budget papers do not indicate that a three per cent efficiency dividend will be demanded of the department again this year. Last year it was very clear that \$3.228 million was requested as the three per cent efficiency dividend. Nothing about that has been indicated in this year’s budget. Will the minister please clarify for me whether three per cent efficiency dividends are still being asked of departments this year and into the out years?

Dr K.D. HAMES: I can indicate what happens in all agency budgets in that sense. Last year’s three per cent efficiency dividend was the amount required to be delivered by the departments in last year’s budget. Whatever those amounts were, the end result at the end of that year became the new basis for funding for future years. That applies to my health budget and it is the same for the disability services budget. Whatever the outturn was at the end of last year is what it will be. If efficiency gains were correctly put in place, those automatically then feed into future budgets. This current budget is above the baseline for the actual funding for the previous year.

Mr M.P. WHITELY: Page 461 of the *Budget Statements* has a line item of “Additional Indexation to Disability Sector Organisations” under “Major Spending Changes”. What is meant by the term “additional”? Does indexation not occur every year?

Dr R.F. Chalmers: Indexation is factored in to meet the rising costs associated with the provision of services in our non-government sector.

Mr M.P. WHITELY: Yes, I understand the reason for indexation. I am asking why it is called “additional” when it has just been called “indexation” in the past. Is there something extra other than just the consumer price index?

Dr R.F. Chalmers: It is normal indexation rates.

Mr M.P. WHITELY: Is that word “additional” additional?

Dr R.F. Chalmers: Yes.

Dr K.D. HAMES: It probably should read “additional funding through indexation”. That is probably a better term that could be used.

Mr M.P. WHITELY: There seems to be nothing in the budget to address the differential between wages paid to Disability Services Commission workers and those employed in the non-government sector, or is there? I thought that perhaps there may have been some provision in that figure for that, or does it appear anywhere else in the budget papers?

Dr R.F. Chalmers: Indexation is the current process through which sector agencies—government agencies—address the additional costs, including the costs of wages from one year to the next as a significant component of that. That is as it stands at the moment.

Mr M.P. WHITELY: But nothing addresses the differential between the non-government sector and the government sector.

The CHAIRMAN: Member, I must insist that you put your questions directly to the minister.

Mr M.P. WHITELY: I guess they are all to the minister, and the minister can determine whether they go to the advisers. All my questions are to the minister.

Dr K.D. HAMES: I accept the previous question, which was whether there is anything to differentiate between NGO funding and departmental —

Mr M.P. WHITELY: I hoped it may have been in this division, but anywhere else in the budget papers is there anything that identifies funding to make up for that differential to better support the non-government sector?

Dr R.F. Chalmers: No. The indexation that is provided in the *Budget Statements* is the current process through which the commission funds non-government agencies to meet rising costs, including the rising costs of wages.

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Mr M.P. WHITELY: So it does not appear anywhere else?

Mr D.A. TEMPLEMAN: I refer to the second dot point on page 463—a substantial dot point—which refers to the demand for flexible accommodation and community support et cetera, and also highlights the issue facing the ageing of family carers. I want to refer to the accommodation issues for clients in group homes or in a group setting, an example of which is the Waterloo group home. I understand there has been a relocation of residents to there from the Karrinyup Road group home. I want to ask a question about contributions. I understand that there is currently a 50 per cent contribution or a 75 per cent contribution, and in these particular cases—those moving to Waterloo—all have been informed that the contribution will be 75 per cent, up from 50 per cent. Who ultimately authorises that change in arrangements, because it has an impact on those individuals and, ultimately, their families' income; and are they actually seen as employers? I ask that question because it has come to my attention that, for example, one of the costs they are asked to bear is insurance for a cleaner. They are referred to, I understand, as the employers of that person and are required to contribute towards the cost of that particular cleaner's insurance. Who ultimately decides on the contribution increasing from 50 per cent to 75 per cent? Who authorises that? I seek clarification by way of an example of costs. I gave an example of insurance.

My third point is: how many clients are being moved or have been moved in the past year from the 50 per cent contribution to 75 per cent? Is the commission intending to move all clients currently on the 50 per cent contribution to 75 per cent?

[4.20 pm]

Dr R.F. Chalmers: I will start at the end and work back. The vast majority of residents in commission facilities have been paying that 75 per cent rate for some time. The situation the member is describing is the remnants of an old system. I need to explain the difference between the 50 per cent and 75 per cent contribution. It has nothing to do with the actual cost of the home and running the home; it is very much around the living costs of the individuals. Some years ago, we moved towards 75 per cent as being fair and reasonable. It was not a case of saying, "We'll charge you an extra 25 per cent on what you are paying"; it actually pays for a different schedule of living costs.

The shift from Waterloo through to the Morley alternative arrangement is the last little bit of the jigsaw in having a uniform approach across our accommodation services with something like 530 people in those residences. I think we are down to the last couple who are moving to that point. It is not like a situation in which 50 per cent was charged and we are charging them 25 per cent more for no additional support around their living costs. The schedule around what the 75 per cent contribution provides to those individuals is very different from the schedule around what the 50 per cent contribution provides.

Mr D.A. TEMPLEMAN: I am happy to receive as supplementary information the current figures of the number of clients under the old regime of 50 per cent compared to those on the new regime of 75 per cent. I would like that as supplementary information.

Dr R.F. Chalmers: I do not have those figures with me.

Dr K.D. HAMES: We will provide those figures as supplementary information.

The CHAIRMAN: I want to be specific about what the minister will be providing.

Dr K.D. HAMES: I will provide for the member the number of people on the 50 per cent contribution and those on 75 per cent.

[*Supplementary Information No A35.*]

Dr K.D. HAMES: It was difficult to follow the three questions the member asked. I ask the member for Mandurah to repeat his earlier questions.

Mr D.A. TEMPLEMAN: The minister has explained the situation with those people on 50 per cent. Those on 50 per cent are an anomaly at this stage in terms of not being in the majority.

Dr K.D. HAMES: Another question the member asked related to insurance.

Mr D.A. TEMPLEMAN: Why are clients in a group house expected to contribute towards insurance for a person coming into clean?

Dr R.F. Chalmers: This is the first time I have heard of that. I am unaware of it and I will look into it.

Mr D.A. TEMPLEMAN: I would appreciate it if the director general would do that, because I am in receipt of the balance of an employer indemnity insurance account that is required to be paid by those particular clients.

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Dr K.D. HAMES: If the member has a specific case such as that, rather than deal with it in estimates, he should take it up with the minister.

Mr D.A. TEMPLEMAN: I certainly will. I refer again to the increase in contribution from 50 per cent to 75 per cent and I noted that the director general said that those clients moving to 75 per cent are offered enhanced services. I am referring to a document, which I assume is still valid, titled "Disability Services Commission: Board and Lodging Policy for Accommodation Services Directorate". It talks about entitlements for 50 per cent contributors and entitlements for 75 per cent contributors. It lists a range of what entitlements are provided. Some of these people have been told that they are going to 75 per cent. How do we know that there will be a net benefit for them and that they will be better off under a 75 per cent contribution rather than staying on the 50 per cent? I refer to the minister's letter in which he states that he has asked the commission to review this policy within 12 months. I am a little sceptical about whether the commission would go back to 50 per cent. I am concerned that people who are on the 50 per cent have been told they are going to 75 per cent and, ultimately, there is no measure of net benefit.

Dr R.F. Chalmers: In the situation regarding the Waterloo group home, I can offer that all the families involved in that were given as much information about what would be provided under a 50 per cent regime versus a 75 per cent regime. All families bar one chose to accept the 75 per cent benefit, because they thought it would bring additional benefits for their family members. My understanding is that whenever we have moved towards 75 per cent, because it would bring benefits for people, the vast majority of family members have accepted it and seen the value in it. I understand that only one person chose not to move to the 75 per cent for personal reasons.

Mr D.A. TEMPLEMAN: I am happy to leave it there.

Mr A.P. JACOB: I refer the minister to "Appropriations, Expenses and Cash Assets" on page 461 of the *Budget Statements*. Has the government increased funding for disability services in real terms since being elected?

Dr R.F. Chalmers: The 2010–11 budget provides \$435 million recurrent funding from the state for disability services, which is an increase of \$44.7 million or 11.4 per cent on last year's allocation. This substantial level of growth includes funds totalling \$23 million from the state government for new services representing real growth in services. It is probably worth mentioning that since the current government came to power, the growth in state funding has increased from \$384 million to \$434 million—a 24 per cent nominal increase, which is \$86 million.

Ms L.L. BAKER: I refer to the first dot point under "Significant Issues Impacting on the Agency" at page 462 of the budget papers. It states that currently one in five Western Australians report that they have a disability. In 15 years it is projected to be one in four. Would the minister describe the modelling that is used to predict that growth rate and how that is translated into the annual demand for therapeutic and accommodation services.

[4.30 pm]

Dr K.D. HAMES: As a general practitioner, I have found this situation in particular to be quite common. Three medical students from my year all have a child with a disability. Out of six children, I had one child with a disability; the other two fellow students had one child with a disability out of three children and five children respectively. It is extremely common. I ask the director general to respond.

Dr R.F. Chalmers: We rely on Australian Bureau of Statistics projections and statistics. We also rely on the statistics and modelling done by the Australian Institute of Health and Welfare. We do not draw on our own facts and figures; rather, we use national stats. The second part of the question related to services into the future. We operate on the business of modelling in all program areas. The therapy that the member talked about is one area of modelling; similarly with accommodation services, support post school, support for people and so on. We rely on a mix of internal modelling around those sorts of things, but we also draw on the work of other state government departments to assist with that modelling, such as the Department of Health and its child development centres.

Ms L.L. BAKER: Would it be possible to elaborate on the modelling formulas and techniques or is that way too complicated to get into during an estimates committee?

Dr R.F. Chalmers: It is a mixture of looking backwards, looking where we are now and looking forward and of factoring in population projections. Some of it is straight arithmetic stuff based on assumptions that we use within our own organisation. We also try to factor in other bits to the equation in terms of disability causes that are increasing versus disability causes that are decreasing. We also try to factor in other things such as the rising incidence of the diagnosis of autism in the therapy area. We project on that. We also rely on statistics from the Department of Education about children leaving the school system so that we can determine what school leavers will need and what their therapeutic needs will be. It is multi-factorial.

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Ms L.L. BAKER: The second dot point on page 462 of the *Budget Statements* refers to a good document that is being produced titled “Count Me In, Disability Future Directions”. I recognise the value of that document. Its contribution is very aspirational in its language and content. Does the minister have an implementation plan with a time line that outlines who will be responsible and what resources will be allocated with the release of “Count Me In, Disability Future Directions”?

Dr R.F. Chalmers: Yes, we do. In fact, this is a robust process that we are putting in place now. It is a 15-year plan; it is not something we plan for next year. There are multiple layers to this. Some of the implementation is out there happening right now with our partnering up with other government departments. We are in the process of translating this into a five-year strategic plan, because our current strategic plan runs out in 2010. It served us well for the past five years, but we are in the process of using this as a platform for the hard facts and figures that the member is chasing. We are also looking at a robust business case that will sit next to this that will be dealt with by Treasury and other central agencies later this year.

Ms L.L. BAKER: I assume that given that the plan runs out in 2010, the minister would be looking to get those documents completed and signed off on in the first half of the year?

Dr R.F. Chalmers: Our strategic plan will be completed by October this year.

Mr A. KRSTICEVIC: I refer to the second dot point on page 162 of the *Budget Statements*. How will the recommendations from the Economic Audit Committee report be incorporated in the work of the Disability Services Commission?

Dr R.F. Chalmers: The commission has already incorporated a number of key concepts from the Economic Audit Committee report into its forward work plan and current business plan. The Economic Audit Committee report referred to the Disability Services Commission on no fewer than 14 occasions. It referred to our practices and models of support as being at the contemporary end of how to provide human services. Chapter 3 of the report focuses on developing more individualised and citizen-centric services. It is very much based on a lot of the support systems that the commission has had in place for the past 15 years. Local area coordination, individualised support funding and individualised funding packages for people with disabilities are very much at the core of what we do. More than 60 per cent of the disability services that are provided in this state are provided via funded non-government organisations, which is also a central theme to the Economic Audit Committee report. The commission currently funds 115 of those non-government organisations and we will continue to grow that sector into the future.

Mr D.A. TEMPLEMAN: I refer to the second dot point on page 463 of the *Budget Statements* and to the ageing of family carers. Do the combined application process bulletins come out every six or 12 months?

Dr K.D. HAMES: Every quarter.

Mr D.A. TEMPLEMAN: Would it be useful if those CAP bulletins included an age profile for those applying for assistance? It could serve as a measure of priority for addressing the issue of ageing family carers. Would there be any problem with that? The people would not have to be identified, but they could certainly provide an age profile.

Dr R.F. Chalmers: I do not see a problem with that at all. In fact, the issue of funding ageing carers is one that we will treat with high priority in 2010–11. We will see a significant increase in the funding of ageing carers to the point at which we stand a chance of making significant inroads into that part of the population requiring support. I do not foresee any problems including that in the CAP bulletins.

Mr D.A. TEMPLEMAN: Will that assistance for aged carers be in the form of a special assistance package?

Dr R.F. Chalmers: No, it will be done through the standard combined application process that we have had in place for many years. We will focus specifically on that group of applicants in how we apply the funding.

Mr M.P. WHITELY: I refer to page 463 of the *Budget Statements* and to the outcomes and key efficiency indicators. The first line item refers to the percentage of independently assessed service outlets that pass quality assurance standards. Can the minister outline the process that is gone through to identify the services that meet the standards and those that do not? How are those figures arrived at?

Dr K.D. HAMES: I presume the member has noticed the significant sustained improvement over the past few years from 73 per cent to 90 per cent. I ask the director general to explain.

[4.40 pm]

Dr R.F. Chalmers: For many years now the commission has used a standards monitoring process to provide regular assessment evaluation of the quality of services that are offered across the 115 organisations—many different programs and hundreds of service delivery points. Standards monitors are part of that process,

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independent of our organisation. They are contracted to actually monitor those services based on a strict regime of things they look for. There is not a total percentage that shows whether an organisation passed or did not pass. It is more a percentage of a significant list of things the monitor is looking for in service quality across those service points.

Mr M.P. WHITELY: I am confused by that. Surely it is about attaining adequate standards—passing, if we like?

Dr R.F. Chalmers: It may well be that, in looking at the service quality within a particular service outlet, within a non-government organisation, we have things such as “Opportunities for service improvement” and “Required actions”. One of the points that could reduce a percentage rating for an organisation might be, let us say, its fire extinguishers not being up to the mark, so it might score a point or so down on that standards monitoring rating scale. It does not mean that the service output area is deficient overall.

Mr M.P. WHITELY: So is the director saying that it is not the percentages of services themselves that pass muster; it is the key performance indicators, if we like, across the range of services that pass muster?

Dr R.F. Chalmers: Yes.

Mr M.P. WHITELY: Is there an audit process by which complaints are reconciled with the assessment of achievement?

Dr R.F. Chalmers: At the end of the standards monitoring process, all the required actions and service improvement areas that have been identified by the independent standards monitors have to be rectified. They have to be dealt with there and then. Each of those monitoring reports finds its way to the chairman of our board and it is scrutinised by our board as well as by our contracting people. If there is any sense that the areas of deficit are of a magnitude that warrant their needing to be dealt with urgently, they are dealt with urgently as part of the contracting process. It is a rigorous process.

Mr M.P. WHITELY: Outside that process complaints must be put through that are in turn investigated. Is there reconciliation whereby it can be seen that a service has passed muster through the routine inspection process, but something has come to light later that showed that the service had failed to meet those standards? Is that process undertaken, and have some services passed muster through the standards process but had later complaints against them upheld?

Dr R.F. Chalmers: The commission has a very sound complaints management process that is open to any person who is accessing services, be they services the commission provides directly or any of the services we fund through the non-government sector. It is a very robust system that passes any test in terms of being able to respond to complaints from people with disabilities themselves, family members or whoever wants to lodge those complaints. We follow them through. Yes, we do on a regular basis receive those sorts of complaints. We, as a commission, follow up with the organisations concerned.

Mr M.P. WHITELY: With respect, that is not really answering my question. My question is: have there been instances in which complaints have brought to light problems with services that have been found to pass the standards quality assurance process?

Dr R.F. Chalmers: The short answer to the question is: yes, over time there are those situations.

Mr M.P. WHITELY: Is there a statistical analysis of them? It would be very concerning, for instance, if services that have passed the quality assurance process regularly and routinely had complaints upheld against them. Is there a statistical analysis on this?

Dr R.F. Chalmers: We certainly keep good statistics on the complaints that come through in various categories. Every one of them comes across my desk on a monthly basis.

I go back to the earlier explanation: it is not a case of whether they pass or fail on the basis of, “Yes, you’re seen to be meeting standards in all areas to the nth degree.” A range of things might crop up in the standards monitoring arrangements. From time to time, complaints come up that reflect some other issue in the organisation.

The CHAIRMAN: Member for Bassendean, I have a list of people wanting to ask questions. Your question might be better answered by a question on notice. I will allow one further question.

Mr M.P. WHITELY: Those complaints may be about a specific item of service delivery, such as quality of food or quality of accommodation. Surely the earlier auditing process has assessed that. I am asking how often they arise and what are the incidents whereby complaints have been upheld against organisations that have been assessed as delivering appropriate standards in the normal review process.

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Dr R.F. Chalmers: In the way the member has described it, the incidences are incredibly low. Off the top of my head I can think of one situation in the past year.

Mr M.P. WHITELY: Detail?

Dr K.D. HAMES: Is the commission allowed to give details?

Dr R.F. Chalmers: No; I cannot mention the organisation, for obvious reasons.

Dr K.D. HAMES: What sort of problem?

The CHAIRMAN: Member for Bassendean, I have given you seven further questions. I think your question might be better answered through the minister's office.

Dr K.D. HAMES: It is an easy answer.

Dr R.F. Chalmers: It was around staff supervision and the intensity of support provided to individuals in a particular group home.

Mr M.P. WHITELY: Thank you.

Ms L.L. BAKER: I refer to the table under "Major Spending Changes" at the bottom of page 461. The word "additional" was mentioned regarding how it related to indexation. I have a couple of questions in this area I would like to ask. Is it the state indexation that we are talking about in this table?

Dr R.F. Chalmers: Yes.

Ms L.L. BAKER: With the director general's indulgence, I refer to the fourth dot point on page 468, which refers to "Additional indexation funding for disability sector organisations (\$8.2 million)." Is that the federal component?

Dr R.F. Chalmers: Yes, but the definition of commonwealth indexation is very different from that of state indexation. In fact, the commonwealth factors in growth funding as well as pure indexations, as we understand it.

Ms L.L. BAKER: I understand that. I am trying to understand why page 468 shows \$8.2 million and page 461, for the same item ostensibly, refers to \$6.3 million. Can someone explain that to me easily?

Dr R.F. Chalmers: It is a definitional issue. The commonwealth refers to this as "indexation" but a significant portion of it is actually growth funding.

Ms L.L. BAKER: Which one is that?

Dr K.D. HAMES: The commonwealth figure of \$8.2 million is federal funding that contains indexation and growth. The state figure of \$6.301 million is just indexation.

Ms L.L. BAKER: Can the minister confirm that DSC is staying with the formula that it is using for the state indexation and not moving to the federal indexation rate—the non-government human services sector indexation rate—into the out years?

[4.50 pm]

Dr R.F. Chalmers: That indexation rate is whole of government; it is not one that we apply to ourselves. We take the rate that is struck across all human services.

Ms L.L. BAKER: I am just looking at these estimates again. I need the minister to explain to me the changes between years 2011–12 and 2012–13. Ostensibly, I think I will get a job with DSC because the indexation jumped by \$10 million in one year, which means either it is paying workers a huge amount of money or I need a bit of explanation of why we have an increase of \$6 million between 2010 and 2011, an increase of \$9 million between 2011 and 2012 and then an increase of \$19 million between 2012 and 2013.

Dr K.D. HAMES: In fact, it is the same amount the following year.

Ms L.L. BAKER: I did not want to mention that.

Mr G. Meyers: The indexation that has been provided in these budget papers is additional during this budget process. There was already some indexation in our forward estimates from the previous budget process. If we look at 2010–11, the \$6.3 million is on top of what was already in DSC's base. When we talk about the change from 2011–12 to 2012–13, that is based on total non-government sector funding—the state funding component that is indexed by close to 3.8 per cent. I guess that is how we have the change. From 2012–13 to 2013–14, no additional indexation has been provided. That is simply the recurrent funding from the prior years. Treasury and Finance is yet to provide us with any additional indexation funding in 2013–14.

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Ms L.L. BAKER: I might need to ask some more questions because I do not understand why there is a \$10 million increase. Perhaps I am not getting the clarity and I might need to zoom in on this a little more.

Dr K.D. HAMES: I was hoping the member understood it because I could not. Perhaps we can try again. It does not make sense to me either.

Mr G. Meyers: Close to \$200 million worth of state funding is going to the non-government sector.

Ms L.L. BAKER: Now?

Mr G. Meyers: There will be in 2010–11. When we index that at 3.8 per cent, we get that sort of increase.

Ms L.L. BAKER: This means that DSC has very generously put a lot more money into the non-government sector in 2012–13 because the indexation rate has gone up to \$10 million. I still do not understand.

Mr G. Meyers: The indexation rate in 2010–11 is 3.1 per cent, in 2011–12 it goes up to 3.5 per cent and in 2012–13 it goes up to 3.8 per cent. These rates are reviewed during the midyear review as part of the non-government indexation.

Ms L.L. BAKER: I still do not get it. I thank the adviser very much. I still do not understand this. I do not want to hold up the process.

Dr K.D. HAMES: I do not understand the difference either. I suggest it might be an issue for a briefing at another time.

Ms L.L. BAKER: That would be very helpful.

Mr M.J. COWPER: My question goes back to a question I was going to ask but I was gazumped by the member for Maylands. It is projected that in 15 years one in four Western Australians will have a disability. My question follows on from that. How would DSC introduce a national disability insurance scheme? Will budgeting for disability services be affected in the future? Does the government or the disability services industry support such a scheme?

Dr R.F. Chalmers: The concept of a national disability insurance scheme has been floated by the commonwealth government as a way of providing an entitlement-based approach to meeting the needs of people with disabilities, whether they are born with a disability or acquire a disability later in life. This notion has been around for some time now. The commonwealth government has requested that the Productivity Commission investigate the feasibility of establishing such a national scheme that could potentially be based on a Medicare-type arrangement whereby a percentage of taxation goes towards ensuring that all people with disabilities have access to a level of support commensurate with their needs. That Productivity Commission inquiry is underway and it has until the middle of next year to report. It has the potential from a state government perspective to change the face of disability services and how they are delivered in this nation. The Disability Services Commission is assisting a community and sector-wide consultation process starting this month to get people to think about the concept and its feasibility for the future. The Productivity Commission commissioners will be in Perth in July to have more formal consultations with the Western Australian community around that concept.

Mr D.A. TEMPLEMAN: I refer to page 464. We have heard that there is increasing or growing demand for accommodation services and also growth in demand for individual support of clients. However, when I look at the budget papers for full-time equivalents, I note that in the last budget there were 1 236 full-time equivalents. Under the section “Accommodation Support Services” there is no change to FTEs for this budget. I refer to “Individual Support” on page 465. In the last budget there were 225 FTEs, with no increase in this budget. I am very interested in the fact that there has been no increase in FTEs in these two areas, yet we are consistently hearing about the huge increase in demand. Does this mean that these workers will basically have a greater number of clients to deal with?

Dr K.D. HAMES: Before I hand over to the director general, I might point out that there is a reflection of that increased need in the growth of the budget. The budget for accommodation support services, which is shown just above that, went from \$266 million in 2008–09 to \$330 million, an increase of over \$64 million. That is a prelude to the answer from the director general.

Dr R.F. Chalmers: There has been stability in the staffing of the Disability Services Commission and that is what we are foreshadowing. All of this growth funding will be directed towards the non-government sector. The commission has not grown its own services for about the past decade, so the staffing that the member has in front of him is reflective of what our accommodation services and our public sector workforce has been for some time. We are not growing that bureaucracy in administration. Every dollar—it is significant growth that is coming here in the following year—is being directed to accommodation, respite, family support and therapy services in the

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non-government sector. The FTE count that would be out there in the non-government sector will grow considerably over the next year.

Dr K.D. HAMES: That is an excellent outcome.

Mr D.A. TEMPLEMAN: I would be interested in asking where that is reflected in next year's budget. I know that it is difficult because we are not talking about NGOs in this budget. In terms of accountability and transparency, if that is true, I would like to see that notation somewhere, because it is a big claim to say that an increasing amount of the delivery of services is going to be via the non-government sector. I want to see that in real terms.

Dr R.F. Chalmers: The commission monitors very, very closely the use of every dollar that we get that is spent in the non-government sector. We can account and we do account for every person who gains access to a service. We can also account for every hour of service that is provided to those individuals as well. We have a very robust system that we believe monitors very closely the use of every dollar that flows to the non-government sector.

[5.00 pm]

Mr A.P. JACOB: I refer the minister to page 463 and to the first dot point at the top of the page under "Significant Issues Impacting the Agency". What is the government doing about the overall viability of the disability services sector?

Dr R.F. Chalmers: The sustainability, the viability, of the disability services sector has actually been improving steadily over the past seven financial years. This is part of the commission's goal of increasing the non-government sector and its ability to meet growing demand. We produce an annual funded sector report, which sits alongside our annual report, and we incorporate into that annual funded sector report a range of indicators that test the health and the viability of our non-government organisations—all 115 of them. So we are very confident that the sector is robust.

The appropriation was recommended.