

Division 35: Disability Services Commission, \$718 830 000 —

Mr P. Abetz, Chairman.

Ms A.R. Mitchell, Parliamentary Secretary representing the Minister for Disability Services.

Dr R. Chalmers, Director General.

Mr G. Meyers, Acting Executive Director, Business.

Mrs W. Murray, Executive Director.

[Witnesses introduced.]

The CHAIRMAN: Lots of hands are going up. “A” for Armadale goes first.

Dr A.D. BUTI: I refer the parliamentary secretary to the workforce renewal policy on page 406 of the *Budget Statements*. I note that the savings measures for the workforce renewal policy increase dramatically over the forward estimates from \$408 000 in 2014–15 to \$14 438 000 in 2018–19. What is the reason for that dramatic increase in the workforce renewal policy savings measures?

Ms A.R. MITCHELL: For that specific question I will ask Mr Meyers to respond.

Mr G. Meyers: For 2014–15, that is a part-year effect of the reform. It then increases to the full-year effect in 2015–16 and increases by the same amount over the forward estimates.

Dr A.D. BUTI: I seek some clarification. The *Budget Statements* outlines a figure of \$408 000 in 2014–15. What happened after that?

Mr G. Meyers: That figure of \$408 000 is a part-year effect of the reform in 2014–15. Then there is the full-year effect of approximately 27 full-time equivalents in 2015–16 and it then increases by 27 FTE in 2016–17, 2017–18 and 2018–19.

Dr A.D. BUTI: I have a further question. Are there any positions within the Disability Services Commission that are classified as frontline and exempt from the workforce renewal policy?

Ms A.R. MITCHELL: There certainly is, and I will ask Dr Chalmers to respond.

Dr R. Chalmers: The social trainers in the commission’s accommodation services are classified as frontline employees.

Dr A.D. BUTI: Dr Chalmers said that the accommodation services staff are exempt from the renewal policy. What about the privatisation of accommodation services? How does that fit into that?

Ms A.R. MITCHELL: Dr Chalmers?

Dr R. Chalmers: There is no impact. The policy applies only to public servants who leave the service.

Dr A.D. BUTI: Can Dr Chalmers clarify which positions are exempt? Which are the frontline services that are exempt? What was the description of the position?

Dr R. Chalmers: Social trainers in the commission’s accommodation services.

Dr A.D. BUTI: Do they work at the accommodation centres that house people?

Ms A.R. MITCHELL: Dr Chalmers?

Dr R. Chalmers: They work in Disability Services Commission group homes.

Dr A.D. BUTI: With regard to the privatisation of accommodation, is the government demanding that the services not run by DSC have similar positions?

Ms A.R. MITCHELL: I ask Dr Chalmers to continue to respond.

Dr R. Chalmers: There is a broad range of services on offer in the not-for-profit disability sector, which is one of the primary motivations for transferring those services out to the sector. A range of different service delivery models is in play. Some look similar to the commission’s group homes and some do not. Some organisations call their support staff social trainers, others call them support workers, and some call them care assistants. They take a variety of forms.

Dr A.D. BUTI: Whatever one wants to call them, is the government demanding that those positions in the privatised accommodation settings that equate to the positions that are exempt from the renewal policy in the

Extract from Hansard

[ASSEMBLY ESTIMATES COMMITTEE B — Thursday, 11 June 2015]

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Chairman; Dr Tony Buti; Ms Andrea Mitchell; Mr Dave Kelly; Mr Roger Cook; Mr Ian Britza; Mr Jan Norberger

DSC accommodation setting must remain as part of the condition of those privatised services being awarded the contract?

Ms A.R. MITCHELL: I will get Dr Chalmers to continue with his response.

Dr R. Chalmers: The short answer is no.

Mr D.J. KELLY: I have a further question on the issue of the privatisation of accommodation services.

Ms A.R. MITCHELL: Which line item does that relate to?

Mr D.J. KELLY: It follows on from the question on the workforce renewal program. In the answer to that question we moved on to the issue of the privatisation of accommodation services. I am one of many MPs who have had numerous complaints from constituents about the privatisation process. The government said that this process is about giving people choice, but the one choice that people do not have in this privatisation process is to remain in accommodation managed by the Disability Services Commission. I have had family members in my office in tears at the prospect of what is happening to the accommodation for their loved ones. What is the Disability Services Commission doing to respond to those concerns? In particular, will the government give those families the choice for their loved ones to remain in accommodation run by DSC?

[8.30 pm]

Ms A.R. MITCHELL: Dr Chalmers will respond to that question, but I suggest that we need to find the budget item the member's question relates to because he said it was a further question to the workforce renewal policy and now he is asking about people's accommodation situations and they are quite different. We are happy to respond to the member's question, but —

Mr D.J. KELLY: I have asked a question and if the parliamentary secretary is happy to respond to it, I would be happy to hear the answer.

Ms A.R. MITCHELL: Dr Chalmers will respond.

Dr R. Chalmers: Like the member, about 10 to 12 months ago, when we embarked on this transfer process, I had similar concerns and anxieties raised by some of the family members involved. I am pleased to say that as the transfer of these services has happened and is accelerating, all that anxiety has peeled away and the level of satisfaction being expressed by family members with whom senior staff at the commission and I have been involved very closely has turned to a high level of satisfaction. I have stayed very close to 50 or so individuals who have transferred already and I am staying very close to the next group of people that is ready to move. I have been pleasantly surprised by the high level of satisfaction those people are now expressing about the outcomes of the transfer. I have attended barbecues at the houses that people have moved to and spoken with the individuals, the family members and the support staff in those places. I have to say that the overwhelming message that I am getting is not just that they are satisfied but, "Why didn't we do this sooner?"

Mr D.J. KELLY: Is Dr Chalmers saying that the family member who came to see me in the last two weeks about the transfer of services in my electorate really is satisfied and she has got it wrong and her concerns are atypical to the experiences of people out there at the moment?

Ms A.R. MITCHELL: I will ask Dr Chalmers to continue that response.

Dr R. Chalmers: I am unaware of the family member the member is talking about, I am just reflecting back. We are staying very close to all the families in this and we have heard no such feedback from those people. I would be happy to follow up on that if the member wants to furnish me with some details.

Mr D.J. KELLY: I would be happy to have Dr Chalmers come out to my electorate to talk to people, if that is the offer he is making.

The CHAIRMAN: That is something you can follow up later.

Mr R.H. COOK: My question refers to accommodation support on page 409. We hear from time to time, sometimes in the media but usually from constituents, about young people with disabilities who reside in aged care facilities because there are no care options for young people with disabilities. Does the parliamentary secretary have an estimate or understanding of the number of young people with disability who are currently residing in aged care facilities?

Ms A.R. MITCHELL: The state government is very cognisant of the issue the member raised, and it is something it is trying to address. I will get Dr Chalmers to explain how that is occurring.

Dr R. Chalmers: The issue of young people with disability living in inappropriate accommodation settings is a high priority issue for the Disability Services Commission, but definitions become important in this area as well.

Young people with disability is defined as people under 65 years. So when we use that term, we need to bear that in mind. A significant number of people under 65 years might be people who are living in aged care facilities because they have early onset dementia, cancer or a range of other conditions, but because they are under 65 years, which is the cut-off point the commonwealth uses for this definition, they are considered to be younger people with disabilities. Clearly, the commission's focus is on people who are younger than 64 years. Our latest statistics are that the number of young people with disability under 50 years of age living in inappropriate accommodation is sitting at about 55 people across Western Australia. We are knowledgeable about all those people, and in some cases those people and their families, despite our attempts to offer them alternative choices, are very clear in their minds that they want to remain with the current circumstances in place. That is particularly the case in some regional locations, where families are choosing to have people under the age of 50 years remain in their town next to them so they can be close and handy, and we offer supports for people who make that choice.

The number of people under 30 years living in inappropriate accommodation at the moment across Western Australia is 12 people. We are very familiar with those people and we are working with them. The age-appropriate accommodation funding we have been given is helping us to chip away at those numbers as well. The numbers in that lower age range are trending down.

Mr R.H. COOK: Just to clarify, are those 12 people under 30 years also a part of the cohort who are under 50 years? Are they a subset of that group?

Ms A.R. MITCHELL: Yes.

Mr R.H. COOK: Can the parliamentary secretary give me the proportion of the commission's budget in relation to accommodation support that is allocated to provide appropriate housing or enhance the support arrangements for these younger people that are said to be in inappropriate accommodation settings?

Ms A.R. MITCHELL: I will go to Dr Chalmers because there are two methods of support currently available in Western Australia and he can give a bit more detail.

Dr R. Chalmers: There are multiple funding streams. Through our combined application process we have significant growth funding for 2015–16, and some of those individuals will pick up resources from there. But the specific funding program around the age-appropriate housing strategy, which is a specifically funded program, expended \$866 000 in 2014–15 and \$331 000 is committed, which totals \$1.197 million to move younger people under the age-appropriate housing strategy for that year. The amount budgeted in 2015–16 on top of what people may be accessing through the CAP process is an additional \$0.5 million.

Dr A.D. BUTI: The parliamentary secretary said that 12 people under 30 years are in aged care or inappropriate facilities and that it is a high priority of the government to address this issue and Dr Chalmers said that the Disability Services Commission is chipping away at the problem. I would have thought the commission would want to do more than just chip away at it. What measures are in place to reduce that figure of 12 people to zero?

Ms A.R. MITCHELL: For the specifics of the strategy the member is asking about I will ask Dr Chalmers to respond. It is an operational matter.

[8.40 pm]

Dr R. Chalmers: I should clarify that those 12 people under the age of 30 years are not sitting in aged-care facilities. For instance, some of those people are sitting in purpose-built Brightwater facilities out in Mirrabooka I believe. They are at an end stage of rehabilitation after particular medical procedures and so on. It is not that they are languishing in an aged-care facility with elderly people around them; they are simply at a point in the process. At the end of that process we would work with those individuals to look at transferring them to more appropriate accommodation supports.

Dr A.D. BUTI: Out of those 12 that the director general mentioned, how many are actually in aged-care facilities?

Ms A.R. MITCHELL: We did say “not permanently”, but that is where they are residing rather than in transition.

Dr A.D. BUTI: Out of those 12 the director general mentioned, how many are currently in aged-care facilities?

Dr R. Chalmers: Zero.

Dr A.D. BUTI: No-one under 30 years of age is in an aged-care facility?

Dr R. Chalmers: That is right.

Mr D.J. KELLY: I refer the parliamentary secretary to “Disability Justice Centre” under “Completed Works” on page 412. In order to be eligible to be detained in the new centre in Lockridge or Caversham, a person has to be subject to a custodial order under the Criminal Law (Mentally Impaired Accused) Act 1996. I understand that the centre is not open. How many people currently being held in custody in a mainstream prison fall within the criteria for potentially being placed into the disability justice centre? Under the act, I understand that people can be detained because of a mental illness or an intellectual impairment. It is that category of people that I am referring to. How many people who fall within that criteria are currently detained in a mainstream prison in Western Australia?

Ms A.R. MITCHELL: This matter is one that has been looked at particularly as the centre prepares for opening in the near future. Can I say that there is also the in-reach services. The commission has been doing a lot of work with in-reach services. The member is asking a specific question about eligibility for the disability justice centre. Dr Chalmers may have more current information than I do.

Dr R. Chalmers: Responsibility for monitoring that rests with the Mentally Impaired Accused Review Board. Although we are in constant dialogue with that body, it is shifting sands, if you like. At this point I do not know the exact number. We would have to refer back to the Mentally Impaired Accused Review Board at this point in time to get an accurate number.

Mr D.J. KELLY: The director general says that he does not know the exact number at this point. Can he give me an approximate number within that category at this point?

Dr R. Chalmers: I hesitate to give a number on that because things move around. The member rightly pointed out that to be considered for transfer from prison to the new disability justice centre under the act, the primary disability has to be either an intellectual disability or a cognitive impairment, or autism. At the moment an individual is going through a careful analysis to determine whether in fact their primary disability falls under one of those headings or whether their primary disability is a mental health issue. We suspect that that individual will be eligible for the disability justice centre but that is still on the edge at the moment. There is greyness around the edge. I could certainly follow up and find that number as of today.

Mr D.J. KELLY: I find it staggering that the director general cannot give me any indication of how many people are in this catchment. The commission is just about to open an \$8 million centre and in planning for that centre some assessment must have been done of the number of people who are likely to go in there. Crucial to that is how many people fall within the eligibility criteria to go into the centre. In planning for the centre, has the commission not done any assessment of how many people are in that catchment, for example over the last 12 months?

Dr R. Chalmers: We have done a great deal of planning, but the question I was asked by the member was whether I could provide the number. I cannot give the member that number. When this centre opens, there will be people in that centre who we are very much aware of as transitioning from prison. We always model to have more than one and less than 10. If we had one —

Mr D.J. KELLY: The capacity is 10. If it was less than one, it would be empty.

Dr R. Chalmers: Correct, and that is why —

Mr D.J. KELLY: My question was —

The CHAIRMAN: Member, let Dr Chalmers finish.

Dr R. Chalmers: There will be midway between one and 10 in the facility. If we filled it on day one, the model would not work because what would we do with the eleventh person? Even though the model is a flow-through model, we will want to move people back into the community as quickly as possible, which is the whole point of the centre. We would not want to be filling it on day one because that would not give us the flexibility to do so. We are confident that we will start the centre with around five or six individuals.

Mr D.J. KELLY: When it first opens?

Dr R. Chalmers: Thereabouts.

Mr D.J. KELLY: The parliamentary secretary offered to provide further information about exactly how many people are currently within the catchment of the eligibility criteria. If that could be provided by way of supplementary information, I would be grateful for that.

The CHAIRMAN: Is the parliamentary secretary happy to provide that as supplementary information?

Ms A.R. MITCHELL: We would like to make a response before we agree to this information that the member has requested.

Dr R. Chalmers: I would also add to the member that by referring to the annual report of the Mentally Impaired Accused Review Board, those numbers are in there.

Mr D.J. KELLY: The annual report is now months old. The centre will open in June, which is 11 months into next year. I am interested to know how many people there currently are. The annual report is 11 months out of date for that purpose.

Ms A.R. MITCHELL: We will seek to get that information from the Mentally Impaired Accused Review Board.

[*Supplementary Information No B70.*]

Mr D.J. KELLY: I have a further question on disability justice centres.

Ms A.R. MITCHELL: Can I check whether the member is still on page 412?

Mr D.J. KELLY: Yes, the item “Disability Justice Centre” under “Completed Works”. My question relates to the operation of the centre. Can the parliamentary secretary provide us with details about the prison in-reach program that will work alongside the disability justice centre? Will the program be run by Disability Services Commission staff or by another agency? What annual funding is allocated to the in-reach service? Is the prison in-reach program being offered in all prisons or just in the metropolitan area?

Ms A.R. MITCHELL: I am sorry, but the page the member referred us to has “Asset Investment Program”. The member has now gone into the in-reach service in the Disability Services Commission, which we are happy to respond to but it is always easier if we are directed to the page where the information is so that we can respond quickly.

The CHAIRMAN: What page is that on?

Mr D.J. KELLY: The prison in-reach service is referred to in the fifth dot point on page 407 under “Significant Issues Impacting the Agency”.

[8.50 pm]

Ms A.R. MITCHELL: To save some time I will get Dr Chalmers to respond directly.

Dr R. Chalmers: The disability justice in-reach initiative was always seen to be an integral part of the overall justice service, because we realised early on that by having a centre on its own was going to be only part of the solution to a fairly important social issue in our community. For some time now we have been working within the prison system, albeit on a small scale, and we, being clinicians of various types—clinical psychologists, social workers, social trainers, behaviour management staff—have been working in a highly targeted way with individuals to look at their particular circumstances and to do what is necessary to try to not only deal with their presenting problems in the prison system, but also work strategically to look at how we could hasten their transfer back to the community. I must say that the feedback we are getting from within the prison system is positive on two fronts: firstly, we are proving that it is having an impact on those individuals; and, secondly, as a value-add component, it is also having an impact on culture within the prison system, which has been very interesting to watch. It is not a model that says we will have so many staff based in various prisons around the state; we will be going into prisons based on where the individuals are at a point in time, and that is particularly the case in regional prisons. We have been working in regional prisons, where our staff have been welcomed into those prisons working around individuals—Kalgoorlie is one that I am very familiar with—again, in a highly targeted way, to deal with particular issues around the individuals in prison, but also looking at that pre-release planning. Part of the issue that we were aware of was how prepared are people with intellectual disability and cognitive impairment to transition back into life in the community. The fact that we will now have this centre in play means that that prison in-reach service will facilitate development around those individuals to increase the likelihood of a successful transfer to the centre and back into community life after that. We will work in any of the state’s prisons, regional or metropolitan.

Mr D.J. KELLY: One of the questions I asked was: is the program being run by Disability Services Commission staff or by another agency? Secondly, what is the value of the annual funding allocation to the in-reach program?

Ms A.R. MITCHELL: Dr Chalmers will continue with the answer.

Dr R. Chalmers: The prison in-reach program is staffed exclusively by Disability Service Commission staff as will be the disability justice centre. The dollar figures move around, because, as I have explained, we position staff into that in-reach program based on when and where we need to do that. What we have deliberately not

done is to create a team that sits there waiting to go, because that would be a waste of resources. When the staff are not used primarily for that purpose, they are used in another part of our services.

Mr D.J. KELLY: I have one further question on the prison in-reach program. How many prisoners is the prison in-reach program currently working with? How many prisoners currently in prison is the in-reach program working with?

Dr R. Chalmers: It varies on a weekly basis.

Mr D.J. KELLY: Currently—at the moment.

Ms A.R. MITCHELL: Does the member mean, as in today?

Mr D.J. KELLY: Yes.

Ms A.R. MITCHELL: Dr Chalmers was saying that it can vary from week to week.

Mr D.J. KELLY: Can the parliamentary secretary say how many are it is working with this week?

Ms A.R. MITCHELL: No.

Mr D.J. KELLY: The commission has no idea?

Ms A.R. MITCHELL: We probably have some idea, but the member asked how many currently; today.

Mr D.J. KELLY: Can I have some idea how many the commission is working with? Is it five, 10?

Dr R. Chalmers: A ballpark figure would be 20 to 30.

Mr I.M. BRITZA: I understand the difficulties of providing disability housing. The sixth dot point on page 407 states that housing and employment are areas of priority as they present complex challenges in the broader economic climate. What is the government's response to the shortfall in disability housing?

Ms A.R. MITCHELL: The state government in 2011–12 started specifically by providing \$95.7 million under the combined capital bid over three years to build and buy 169 homes for people with disability. In total, at this stage, 199 that have been constructed, purchased or gained in some other way through this program.

Mr I.M. BRITZA: I am talking about special purpose homes.

Ms A.R. MITCHELL: To suit people.

Mr I.M. BRITZA: Yes.

Ms A.R. MITCHELL: They vary completely from person to person and disability to disability. At the same time other options need to be explored and can be explored and there are some avenues that can be used in addition to straight funding to achieve that such as Keystart loans and shared equity loans. Construction of ancillary dwellings such as granny flats has also been explored and is being used to complement a number that have been constructed already. Dr Chalmers, do you have an update on that information?

Dr R. Chalmers: In addition the recent announcement of the \$560 million to expand the availability of public and affordable housing comes into play here. People with disability are represented among the priority groups within the Department of Housing's focus on the use of that \$560 million also. On top of that we have been working really hard in partnership with a range of different government and non-government organisations in the NDIS My Way trial sites to look at ensuring that as many people as possible who become eligible for an NDIS My Way package and who need access to a housing option have access to a housing option to the point that in the lower south west trial site at the moment there are less than a handful of people who are waiting for some housing outcome, which is a good outcome.

Mr I.M. BRITZA: Can I assume that those homes are very much long term for these people?

Ms A.R. MITCHELL: Dr Chalmers.

Dr R. Chalmers: In some cases, yes. The number of people who are now in homes that have emerged out of the community disability housing program are in houses that are available for people who need them for as long as they need them; however, we are finding more and more that people are using a whole range of options. More people not do not require modified homes simply because they have a disability; the vast majority of people need flats, duplexes, units and houses similar to the ones that you and I would live in and do not need heavy modification. That is the area of demand, and people are making choices to stay there either long term or short term, or move around a bit, which is good to see.

Mr J. NORBERGER: I refer to the fourth dot point page 407. How are people with disability going to be funded or allocated funding when the combined application process ceases to exist?

Ms A.R. MITCHELL: The combined application process is one of the ways that the Disability Services Commission uses funding to provide eligible individuals and their families with accommodation and housing assistance. It is a centralised process. It was put into place and, as many members know, the application process has sometimes been seen as not inclusive and making it difficult for people. The application process is evaluated by an independent group of people and is limited by what is in the budget. Therefore, sometimes people feel very aggrieved that they were not successful in their application, and sometimes feel that they have to make out that their situation is worse than it is. With recognition of that, and through other means that the commission has brought into play, and also with the National Disability Insurance Scheme My Way trial site, there are other avenues and ways for people to receive support. Dr Chalmers might have some more up-to-date information on that.

[9.00 pm]

Dr R. Chalmers: We have been moving away from the combined application process for a time now, and we want to accelerate that, because having that highly centralised allocative mechanism is not in line with where we are heading or where the nation is heading under the National Disability Insurance Scheme. The model we are moving toward is to look at developing plans around individuals to meet their particular needs, funding those plans and then linking people to services. The faster we can move away, the more contemporary we will be. In the current year, 2014–15, we have reduced the focus on CAP as the allocative mechanism to about 50 per cent of the funds. We have put in place a range of other more localised funding mechanisms based on getting close to people and helping them to develop plans and then funding those plans appropriately. This is a positive move.

Mr D.J. KELLY: I will go back to page 407, and the prison in-reach program. In answer to my last question, when I asked how many people the in-reach program was currently working with, the parliamentary secretary gave me a ballpark figure of 20 to 30. Hon Amber-Jade Sanderson asked a very similar question of the Attorney General, who answered that, as at 30 April 2015, 13 prisoners were held in Western Australian prisons under the Criminal Law (Mentally Impaired Accused) Act 1996. If the total number of people in the state imprisoned under that act is only 13—it sounds like that includes people who have a mental illness and the cohorts that will go into the disability justice centre—I do not see how, unless there has been a massive influx in the past month, the in-reach program could be working with between 20 and 30 people. Would the parliamentary secretary like to clarify her answer?

Ms A.R. MITCHELL: Dr Chalmers will be pleased to do that.

Dr R. Chalmers: There are people in the prison system with intellectual disability, cognitive impairment and autism who are not under the banner of the mentally impaired accused legislation. These are people with intellectual disability who have been convicted of crimes. We work with those people in the prison system through prison in-reach as well.

Mr D.J. KELLY: In my previous question I was asking how many people the prison in-reach program was dealing with. I was referring to people who would be eligible to go into a disability justice centre. I will ask the question again. How many people the prison in-reach program is currently working with in prisons fall within the cohort of people eligible to be placed in a disability justice centre?

Ms A.R. MITCHELL: Dr Chalmers will continue.

Dr R. Chalmers: My earlier answer still stands. We cannot be precise about that because although we are clear in our mind about the eligibility of some of those individuals for justice centres, there are others about whom we are not so clear. The example I gave before is one in which there is still some greyness around the edge.

Mr D.J. KELLY: It is easy to rule a line. Obviously, a person who has been convicted is not eligible to go into a disability justice centre. I find it quite surprising that the commission cannot be clearer about the current cohort of people in prisons who are eligible to go into disability justice centres. I have not asked whether it is six or seven; I have simply asked to be told approximately. It seems to me that there must be some idea, because an \$8 million facility will be opened within a month, and some people need to be put in there.

Ms A.R. MITCHELL: I thought that we had already agreed to provide the member with that number by way of supplementary information.

Mr D.J. KELLY: I asked the question about who the department is currently working with as part of the in-reach program.

Ms A.R. MITCHELL: I think we have responded to that with a figure of 20 or 30.

Mr D.J. KELLY: I have just indicated that that cannot possibly be correct, because only 13 people in the whole of the prison system are detained under the Criminal Law (Mentally Impaired Accused) Act 1996. It cannot be 20 or 30.

Ms A.R. MITCHELL: Dr Chalmers has already indicated that the in-reach program works with other people as well as those who may be eligible for the disability justice centre.

Mr D.J. KELLY: I understand that, so I asked him whether he could narrow down his understanding of how many people the in-reach program is working with are eligible to go into the disability justice centre.

Ms A.R. MITCHELL: That is where we will get that number for the member.

Mr D.J. KELLY: The reason I have been asking some of these questions is that one of the things that has been put to me is that the prison in-reach program has been so successful and it is such a good program that it may be that the need for the centre is not as great as was initially considered. If the parliamentary secretary remembers, there was originally a plan for two centres, and that was cut down to one centre because the government came to the conclusion that there was no need for the second one. My question is: is it the case that the prison in-reach program has been so successful that the demand for the disability justice centre is not as high as had previously been considered?

Ms A.R. MITCHELL: I thank the member for complimenting the disability in-reach program, because we are proud of it as well.

Mr D.J. KELLY: It is an excellent program, from all reports.

Ms A.R. MITCHELL: At the same time, I will get Dr Chalmers to provide some more specific information about the centre.

Dr R. Chalmers: The people we believe will be heading towards the centre right from the start are people who, despite the very best efforts of people working in the in-reach program, will still need a period in the justice centres. It will not be an immediate exit to the community. The centre is a critical component of the overall strategy, as is prison in-reach. The other thing we have to bear in mind is that the pathway from prison to the centre and the community is just one pathway. We predict that, once it becomes clear to the legal profession and the legal system that this justice centre is an option for people, we will find that people who are found unfit to plead to charges because of the nature of their disability will end up going directly from courts to the centre, rather than from courts to prison and then to the centre. Again, I come back to saying that we wanted the centre to be small-scale. We did not want it to be another prison in the community, which it is not, and we wanted to make sure that there was capacity for the legal system to use that facility. Again I say that if we filled the centre on day one, that would not be possible. I think we are going to kick this off with just about the right number in the centre, and take advantage of the good work that the member has already recognised is happening in the prison in-reach component of the strategy.

The appropriation was recommended.

[9.10 pm]