

Mr Dave Kelly; Ms Andrea Mitchell; Ms Lisa Baker; Ms Janine Freeman; Chairman; Dr Graham Jacobs; Ms Eleni Evangel

Division 73: Disability Services Commission, \$713 021 000 —

Mr P. Abetz, Chairman.

Ms A.R. Mitchell, Minister for Mental Health representing the Minister for Disability Services.

Dr R. Chalmers, Director General.

Ms S. Spencer, Executive Director, Policy and Planning.

Mr M. Richardson, Director, Finance and Business Support.

[Witnesses introduced.]

The CHAIRMAN: This estimates committee will be reported by Hansard. The daily proof *Hansard* will be available the following day.

It is the intention of the Chair to ensure that as many questions as possible are asked and answered and that both questions and answers are short and to the point. The estimates committee's consideration of the estimates will be restricted to discussion of those items for which a vote of money is proposed in the consolidated account. Questions must be clearly related to a page number, item, program or amount in the current division. It will greatly assist Hansard if members can give these details in preface to their question.

The minister may agree to provide supplementary information to the committee rather than asking that the question be put on notice for the next sitting week. I ask the minister to clearly indicate what supplementary information she agrees to provide and I will then allocate a reference number. If supplementary information is to be provided, I seek the minister's cooperation in ensuring that it is delivered to the principal clerk by Friday, 3 June 2016. I caution members that if a minister asks that a matter be put on notice, it is up to the member to lodge the question on notice with the Clerk's office.

I give the call to the member for member for Bassendean.

Mr D.J. KELLY: Can I take the minister to residential services on page 840 of the *Budget Statements*, where I assume the disability justice centre funding is located. There was an escape from the centre on 8 May. Can the minister tell us how the person managed to escape from the centre and, in particular, whether the additional security that was installed after the New Year's Eve escape was still in place when the second escape occurred?

Ms A.R. MITCHELL: Thank you, member. I will get the director general to give specific information about the absconding of someone rather than escaping. I think it is a different situation, so we use "absconding".

Dr R. Chalmers: The first part of the question was: how did the person abscond from the centre? They absconded from the centre by climbing the perimeter fence.

Mr D.J. KELLY: Did they climb both fences?

Dr R. Chalmers: It was both fences; that is right—the interior and exterior fences.

Mr D.J. KELLY: The second part of the question was: was the additional security that was put in place after the New Year's Eve incident still in place; and, if so, why was the escape or the "absconding" not able to be prevented?

Dr R. Chalmers: Yes, it was in place and it was proven to be inadequate at the time. It did not meet the requirement that we had, which is why we are in the process, as we speak, of enhancing the perimeter security of that centre.

Mr D.J. KELLY: Was the announcement that the department will double the size of the internal fence and put some other security arrangement in place made prior to the second incident or was it made as a result of the second incident?

Ms A.R. MITCHELL: I will need to ask the director general to respond to that.

Dr R. Chalmers: This was put in train after New Year's Eve in 2015 as part of a security assessment that was done by the Department of Corrective Services and an independent security adviser. The advice from them was that we needed to enhance the security of the internal perimeter fence, which is what we are doing now.

Mr D.J. KELLY: Was it independent of the second incident? Was it going to happen anyway?

Dr R. Chalmers: Absolutely.

Mr D.J. KELLY: After the New Year's Eve incident, the Minister for Disability Services was good enough to come out and she met twice with representatives from the community and me. I wrote to the minister asking for

a similar meeting to take place to discuss this escape or incident. Does the Minister for Disability Services intend to come out to meet the community to discuss this incident or not?

Ms A.R. MITCHELL: I will have to ask the director general to respond because the member is referring to the Minister for Disability Services' attendance, not mine.

Dr R. Chalmers: My understanding is that the Minister for Disability Services plans to arrange her own meeting with community representatives to engage with them about the disability justice centre on a range of issues.

Mr D.J. KELLY: Does that mean she is going to meet with me as well or not?

Dr R. Chalmers: I cannot respond to the detail of that, but she is definitely planning to organise a meeting of community members.

Mr D.J. KELLY: Following the second incident, the director general indicated on the radio that the two people who were being held in the centre spend significant periods outside the centre. Can the minister confirm for us how long the two people who are currently being held there spend outside the centre in the normal course of their program?

Ms A.R. MITCHELL: I will need to ask the director general to respond to that question.

Dr R. Chalmers: The authority for residents in the disability justice centre to be on leave of absence from the centre is the responsibility of the Mentally Impaired Accused Review Board. It meets regularly and monitors exactly what the regime should be for each individual. The leave of absence provisions that were in place prior to 8 May allowed residents significant access to the community—daily access to the community. Since 8 May, the Mentally Impaired Accused Review Board has continued with that leave of absence provision within its current orders. The Disability Services Commission then has some latitude to be able to plan exactly what activities those individuals will be involved in, but, basically, daily access to the community is written into those orders. It is not overnight, by and large, although the Mentally Impaired Accused Review Board has made it very clear that if the Disability Services Commission wants to continue to progress towards these people leaving the centre permanently, overnight leave of absences are available as well.

[12.10 pm]

Mr D.J. KELLY: It has been reported again, director general, in the media that the two people currently being held in the centre may be moved to allow the enhanced security to be put in place. Can the minister tell us whether that is in fact going to occur and how long it will take for that enhanced security to be completed?

Ms A.R. MITCHELL: I will ask the director general to respond to the member.

Dr R. Chalmers: The residents at the centre have left it and that was following change-of-custody orders that were put in place by the Mentally Impaired Accused Review Board. That change, that transfer, was effected on Friday, 20 May this year. We are working very closely with the Department of Corrective Services to ensure that the leave-of-absence regimes in place for those residents can continue so they will continue to be able to access the community and the reintegration program, which is quite extensive and working very well, I must add, for those individuals. That is an arrangement that we recommended in consultation with the Commissioner for Corrective Services, so it was a collaborative approach. The reason that we recommended that was to allow the security enhancement works at the centre to proceed unimpeded by rosters and activities within the centre itself. In answer to the other part of the question about how long it will take, the company in charge of those enhancements and works has told us that the work will be completed by 10 August at the latest, but recently we have heard that it will be sooner than that, because the residents have moved to an alternative place, which will speed up that process.

Ms L.L. BAKER: Minister, I have some more practical questions about the disability justice centres. There are four of them and if I read them to the minister, she may want to take some on notice and she might answer some now. In relation to the justice centres, could the minister give me the estimated operational cost for 2015–16?

Dr R. Chalmers: The budgeted amount is \$2.5 million, but given the fact that this year has not finished yet and because it is a budget amount, it will vary depending on a range of factors including the number of residents in the centre. It also includes other activities under the broad band of disability justice service. We are involved in not just running the centre, but also providing prison in-reach services. We have staff involved in the prison system supporting people with intellectual disability and cognitive impairment. We are also involved in community justice activities—diversion and so on. The \$2.5 million is budgeted, but it may not be spent.

Ms A.R. MITCHELL: I am sorry, what was the member asking?

Extract from Hansard

[ASSEMBLY ESTIMATES COMMITTEE A — Thursday, 26 May 2016]

p439b-448a

Mr Dave Kelly; Ms Andrea Mitchell; Ms Lisa Baker; Ms Janine Freeman; Chairman; Dr Graham Jacobs; Ms Eleni Evangel

Ms L.L. BAKER: I was asking whether it is possible to break down the costs just specifically for the justice centre, particularly in relation to the staffing costs versus running costs.

Ms A.R. MITCHELL: I will ask the director general to respond.

Dr R. Chalmers: No, it is not possible. I have been asked this question a number of times. We set a budget, but because of those variables—that is, the number of people in the centre, and the intersection between the centre activity and those other disability justice service activities—it is not possible to quantify that.

Ms L.L. BAKER: Can I be given the full-time equivalent allocation at the centre and the titles of the positions? Is that possible, minister?

Dr R. Chalmers: The FTE count is currently 22. There is a range of positions there, from centre manager down through to a couple of administrative roles through to disability justice officers who are responsible for the programs that happen in the centre.

Ms L.L. BAKER: Is it possible to get a list of what those positions specifically are in that 22?

Ms A.R. MITCHELL: I will need to check with the director general. Do they change?

Dr R. Chalmers: We can certainly give the member those different titles, but as I say, the staffing complement varies over the course of the year depending on the people who are in the centre and the activities. I can certainly give the member the titles.

Ms A.R. MITCHELL: But please remember that they may not be the exact people who are on site at a particular time.

Ms L.L. BAKER: I understand that.

Ms A.R. MITCHELL: The supplementary information is the job titles of the personnel who may be working at the disability justice centre.

Ms L.L. BAKER: Just the job titles of the 22.

[*Supplementary Information No A74.*]

Ms L.L. BAKER: I still have a few other tidy-up issues about the justice centre that we would like information on. For each month of this financial year how many clients have been resident per month?

Dr R. Chalmers: There were two residents per month up until 20 May 2016.

Ms L.L. BAKER: Is it possible to anticipate the number of resident clients that the centre expects to take in 2016–17?

Ms A.R. MITCHELL: I will get the director general to comment on this, but it is also my understanding that the commission is doing some work with the legal profession as well so that it fully understands the role of the disability justice centre and how it can benefit its clients, which may not have occurred as it could have done. We still see some lawyers suggesting that people plead guilty, go to prison and serve time because then they know a definite time rather than not being sure how long they might be there, which is not the way things should operate. We believe the legal profession has a very important role to play in this. I will ask the director general to further respond to that.

Dr R. Chalmers: The short answer to the question is that we cannot predict the actual number of people who will be recommended for placement within the disability justice centre because that is a decision for the Mentally Impaired Accused Review Board. It determines suitability of prison, a placement in the disability justice centre or a return to the community. I have been advised, though, that two other people are being considered by the board at the moment for placement in the centre. The minister's comment is actually correct in that we are still experiencing some reticence from parts of the legal system. This is a unique facility in the nation and although there was very strong community support for the centre to be built, there is a bit of catch-up time amongst the legal profession to understand exactly what the centre is and what it can offer people, and therefore increase pathway usage towards it, rather than having people plead guilty to charges and then languishing in prison.

[12.20 pm]

Ms L.L. BAKER: That is a really good point about the interplay with the magistrates and the courts around this. In other areas where there has been that kind of lag, quite a bit of educative work has been done with the justice system. Is that happening; and, if so, can the minister tell me about how the government is teaching the legal profession to use the centre?

Ms A.R. MITCHELL: I know the commission has that as a focus, so I will ask the director general to give specific information to the member.

Dr R. Chalmers: Earlier this year, a review of the Bennett Brook Disability Justice Centre was commissioned after it was operating for half a year. One of the recommendations in the review undertaken by retired Supreme Court judge Peter Blaxell was exactly what the member has described—that is, an investment in time and the provision of information and an explanation to various parts of the justice service. We have that planned. Our first engagement with Legal Aid WA, the Aboriginal Legal Service and a range of players was due to commence last week. For a range of reasons that has been put off for a fortnight. We have all bases covered on that front. We have to work with magistrates, judges, lawyers and their associations, because they need to understand what this has to offer.

Ms L.L. BAKER: I refer to the positioning of funding for the justice centre, which is in the City of Swan National Disability Insurance Scheme trial site. Is there any capacity or desire to transfer the funding for the justice centre to the National Disability Insurance Agency and make it an NDIA-funded facility?

Ms A.R. MITCHELL: I will need to ask the director general for that information.

Dr R. Chalmers: The National Disability Insurance Scheme brings with it a range of rules around the interface between disability services that will be within the NDIS and mainstream services that will be outside the NDIS. My understanding is that people in prison will not be eligible to access the NDIS. The status of a person under a custody order is an area that we still need to explore in our negotiation for what the NDIS will ultimately look like in Western Australia. My observation of how it is playing out in other states is that people under a custody order will not be the eligible for NDIS support, so the management and the funding of those types of custodial services will probably be a state responsibility outside the NDIS.

Ms J.M. FREEMAN: I refer to the first dot point under “Significant Issues Impacting the Agency” on page 837 of the *Budget Statements*, which is about the implementation of the Western Australian National Disability Insurance Scheme. With regard to the National Disability Insurance Agency, by geographical area and not only the metro–country division, how many clients with disability are provided with services through the Disability Services Commission?

Ms A.R. MITCHELL: Does the member mind if I ask her to repeat the first part of the question?

Ms J.M. FREEMAN: It is to do with the NDIS as referred to under “Significant Issues Impacting the Agency”. By geographical area, not only by the metro–country division, how many clients with disability are provided with services through the Disability Services Commission? I will go on and ask by geographical area, not only by metro–country division, what the anticipated number of clients who will be receiving —

Ms A.R. MITCHELL: Before the member goes on, we need to clarify the first part of the member’s question because we have NDIS and WA NDIS My Way. There are two.

Ms J.M. FREEMAN: The minister can give me both breakdowns, if she likes. That would be helpful.

Ms A.R. MITCHELL: The director general would like to ask a question.

Dr R. Chalmers: To be clear, is the member asking the number of clients who are supported and receiving disability services in those geographical areas now?

Ms J.M. FREEMAN: I am, and then I will ask a further question about the anticipated ones, so I am asking for both.

Dr R. Chalmers: The first part of the question we cannot answer here because the number fluctuates; it varies enormously with people on different programs. In fact, I am not sure whether we can answer that question definitively if we take it on notice.

Ms J.M. FREEMAN: That is very interesting, commissioner. So you cannot tell me how many people in Western Australia with a disability get a service through the Disability Services Commission. How do you do your budgets if you do not know how many people get a service? You might want to give me something instead of saying, “I have no idea how many people my agency services given that I am an agency that is supposed to service people with disabilities”, so try a bit harder.

Ms A.R. MITCHELL: I would like to ask the director general to respond to that. The member might want to talk to me like that, but I do not think it is appropriate to talk to Dr Chalmers like that.

Dr R. Chalmers: More than 25 000 people access disability services in this state. The reason we cannot boil it down to a definitive number per local government area or postcode is that the vast majority of those services are provided by non-government organisations, of which we fund 175 or thereabouts, and people move; they might access services in their local area or they might access services from an organisation based in a neighbouring

area. Therefore, it is not possible. We do not track the exact number of people and who they are in a particular location at a particular point in time, and we will never do that.

Ms J.M. FREEMAN: Can the minister outline the 175 agencies that the Disability Services Commission funds and where those service providers are located? Obviously, if someone living in Mirrabooka uses services provided by an organisation there and then they move to Rockingham, they will use a different service. I understand what the director general is saying. But can the minister outline to me the 175 organisations that the government funds and in which areas? I am happy to take that as supplementary information.

Ms A.R. MITCHELL: I ask the director general to respond to that question.

Dr R. Chalmers: That is very public information. We print it every year in our annual report. The head office addresses of those 175 organisations are available, but many of those organisations have outreach branch offices in different suburbs around Perth and regional Western Australia, so it is quite an extensive network. It is publicly available. It is on our website and it is in our annual report.

Ms J.M. FREEMAN: But for the purposes of the commission meeting its efficiency targets and knowing that it is delivering to and benefiting the community, which I am sure the minister believes it is, how does the commission ensure that those 175 organisations deliver appropriate services to those 25 000 people throughout the state in a manner that is not only in areas where people have better access to knowledge, education and a capacity to negotiate with not-for-profit organisations, versus people who might not have that educational attainment? How does the commission map that so it can ensure that some people are not being overly serviced and others are being underserved?

Ms A.R. MITCHELL: I will ask the director general to respond to that question.

Dr R. Chalmers: We believe that we have a very robust system for making sure that a range of service providers are available for people in all parts of Western Australia. One of the mechanisms that places Western Australia in a very good and unique spot is that for the past quarter century we have operated a statewide local area coordination network, whereby coordinators are based in local communities and know all the families whom we support and are linked with non-government organisations as well. We rely very heavily on that local connection relationship with people. I have personally been a part of the development of that network for the past 25 years. I would say that Western Australia is leading the nation in terms of the intelligence of what services people require. The commission is heavily involved in people's individual planning processes. It knows the services that people are seeking and it will proactively work to develop the sector in areas where it thinks there are service gaps. A good example of that is in the WA National Disability Insurance Scheme trial site in the lower south west region of this state. Two years ago, there were nine service providers in that region. Within a matter of months, the commission had deliberately grown that to 35 service providers, knowing that more people would be accessing the NDIS. There are now 100 service providers operating and available for people in the Cockburn–Kwinana NDIS trial site area. The commission monitors this very closely. It has a very good track record of making sure a range of services are available for people.

[12.30 pm]

Ms J.M. FREEMAN: It is great that it is monitored really closely and that it is done through local area coordinators. Can the minister detail how many different families the local area coordinators refer to providers and which providers they deal with? Dr Chalmers has been with the agency a long time and he is very sure that it is delivering the right number of services into the community. The community is going through a massive change in how these services will be delivered in the community; not so much in Western Australia but clearly federally. If I were a good auditor and I wanted to audit the commission, and I wanted robust procedures and practices that would do that, how would that be done through the local area coordinators? Dr Chalmers told me he does it because he has these local area coordinators; he was part of setting that up and it is a great system—how would I drill down to the number of families the local area coordinators service so that I would know where that is distributed in the community?

Ms A.R. MITCHELL: Chair, can we —

The CHAIRMAN: Does the member for Maylands want to add to that question?

Ms L.L. BAKER: Yes, I want to ask a follow-up question. How many LACs does Western Australia have, where do they live and where do they work?

Ms A.R. MITCHELL: That is probably the next question, but we can entwine that.

The CHAIRMAN: I remind members to keep their questions short. It is better to ask questions in sequence rather than put too much into the one question.

Ms A.R. MITCHELL: I will ask the director general to respond to the member.

Dr R. Chalmers: I will work backwards on the numbers. There are currently two titles for coordinators who work with individuals and families—local area coordinators and NDIS My Way coordinators. A distinction is made because some operate within the NDIS trial site areas and some do not. I cannot give the member the precise number of coordinators, but it is edging close to 300 in total across the state, based in local communities from Esperance to Kununurra. We are going through a heavy recruitment process at the moment, so I do not know exactly where we are up to in terms of the last LAC coming on board, if that was the member's concern, but it is close to 300. It will grow significantly from here as the NDIS starts to roll out.

The earlier part of the question was about auditors knowing what is happening. The reality is that amongst those 175 different non-government organisations a wide range of services is provided, from occasional respite for a few hours for a family who need it, through to people who require 24/7 accommodation because they have profound disabilities and very high support needs. The actual use of the dollars that we flow to those organisations for different services can be used very flexibly. Those organisations often determine priority of need within those resources. That is the history we have had up until now. Where we are heading to, though, is a highly individualised approach through the NDIS. The currency for the NDIS will be an individual plan. That figure of 25 000 that I mentioned before will grow progressively to close to 40 000 people, each with an individual plan, each with an address and each with a support requirement linked to different service providers. That is where we are heading to, but it has not been the system up until now.

Ms J.M. FREEMAN: Dr Chalmers just said that Western Australia anticipates moving from 25 000 to 40 000 individuals with individual addresses and that in future years he will be able to provide the geographical area of where that money is going and the services provided.

Dr R. Chalmers: Absolutely, but up until now we have operated with block funding grants to organisations. They are closer to the people that they support and they make allocations based on where to put their effort, funding and resources. It has worked incredibly well up until this point.

Dr G.G. JACOBS: I draw the minister's attention to page 841. I want to broach "Independent Living Support" and "Therapy and Specialised Care" which are on the same page. What steps are being taken to ensure people with disability living in regional areas can access appropriate living support and therapy services? I might also ask a specific question related to my region, goldfields–Esperance, if I may. The initial question is more generic about ensuring people with disability living in regional areas get appropriate care and support.

Ms A.R. MITCHELL: Once again, the member would be well aware that therapy provision in regional areas has traditionally been managed quite differently from that in the metropolitan area. For adults and school-aged children, there is a combination of individualised funding. The Disability Services Commission also provides a behaviour support service. In preparation for the full scheme rollout of NDIS, steps are being taken to individualise these services to ensure that people with disability, and the parents of children with disability, are able to exercise choice and have control over their services into the future, as occurs in the metropolitan area.

The other important part to this is that individualised funding packages allow families to access early intervention therapy services from a provider of their choice and in a location of their choice. That can obviously be in their locality or in the metropolitan area. The member's next question will be: how will that happen because it has not happened already? In mid-2015, the commission completed a tender process to add more providers and suitable providers to the "Panel Contract for Individually Funded Services". That should result in about 21 therapy providers offering services in the south west region. I am sure the member's next question will be about the goldfields. I will ask the director general to provide more specific information about the goldfields.

Dr R. Chalmers: In 2011, before the National Disability Insurance Scheme was even a concept, the Disability Services Commission decided to move down the path of individualised funding and more localised decision-making as a way of ensuring there was greater choice and opportunity for people with disabilities. One of the regions that we picked for what we called the My Way initiative back then was the goldfields. The goldfields is an area that we had been investing in, even though it did not end up becoming one of the original trial sites for the National Disability Insurance Scheme. It was a numbers game—the goldfields did not fit into that original concept; the lower south west was chosen. But it has not stopped us investing quite heavily in individual planning in the goldfields region—that is across the whole region—and also investing significant funds into those individual plans. We have also invested in the development of not-for-profits in that area. I believe the minister recently attended the opening of an office in the goldfields to expand its capacity. We are very tuned in to the needs around specialist therapy provision. There are some homegrown, really fantastic, family-driven initiatives in the goldfields that we want to build on and support. Again, preparing for the NDIS to roll into the goldfields is something that the commission is very cognisant of. We want to ensure we have in

place not only standard supports and personal care, but also highly specialised services for people who need it in that area.

[12.40 pm]

Dr G.G. JACOBS: One of the very good organisations that I think the director general referred to is the Goldfields Individual and Family Support Association. It delivers all sorts of services to individuals with all sorts of disability. Does an organisation such as that still get a block allocation and will that change under the National Disability Insurance Scheme? Will the individual get an amount of funding and buy the service from GIFSA? What does it get now; what is the funding for the Disability Services Commission in the goldfields; what is the block allocation to GIFSA and how will it look under the NDIS?

Ms A.R. MITCHELL: I will ask the director general to respond.

Dr R. Chalmers: If we take GIFSA as a reasonable example of a regionally governed not-for-profit, currently it gets a mix of block grants from the commission. It also provides services that are highly individualised based on the person and the family getting also a funding allocation through a plan. It is true that the NDIS brings with it a decisive move away from block grants to organisations. The vast majority of the funding through the NDIS will be highly individualised based on an individual plan. We are also mindful—and one of the reasons WA is taking a slightly different approach to operationalising the NDIS—is that in an area like the goldfields, which includes the central lands and other remote areas, complete reliance on individualised funding might not be sensible in some communities. It might pay to look at continuing in some areas some block grant investments into particular communities. We would not want to get to a point at which we rule it out totally because it might make a lot of sense in certain parts of this big state of ours. It is a direction. Many organisations love their block grants because they are in total control of it. But the NDIS is about shifting that control to the individual and letting them make their decisions.

Dr G.G. JACOBS: I can take the answer by supplementary, but what is the block allocation to GIFSA at present?

Dr R. Chalmers: I do not have it. All the dollars that are available are at the back of our annual report.

Ms A.R. MITCHELL: We do actually have it.

Dr R. Chalmers: The total funding to GIFSA is \$5.490 million. It uses that for a range of services from 24/7 accommodation for people, through to individual services for day activities and so on. It is across a broad front. This does not give me the breakdown into what part of that is the block grant. I can certainly make that available.

Dr G.G. JACOBS: I would like that, thank you.

Ms A.R. MITCHELL: The supplementary information will be on the amount GIFSA is block funded and the amount that goes to individuals.

[*Supplementary Information No A75.*]

Mr D.J. KELLY: I refer to accommodation services transfer on page 837. Families at the Lombardy Crescent location were advised that their home would be closed in February this year. When the families provided information to say that it would be detrimental to the health and safety of their loved ones living in the home, they were told they could stay in the Lombardy Crescent location only if they were transferred to a private provider. None of the families wanted privatisation, but they agreed and they wanted their loved ones to stay together. As a result, the privatisation process began. Lombardy Crescent was listed in transition group 8 and a transition officer began to make contact. The family have been unable to find a time to meet due to illness and work commitments, but early this week they received a letter threatening that if they did not find a time to meet, the home would be closed. I have a copy of the letter which states in part that if the families of the Lombardy Crescent residence do not work with the commission to transition to the non-government sector, as they had requested—they did not want to, but they were told that was their only choice—the house would be closed as planned.

Why has this family been threatened to have their house closed given the previous commitment that the house would remain open?

Dr R. Chalmers: Perhaps I will give a sentence or two to set a context here. When we embarked on the transfer of 60 per cent of the commission's accommodation services to non-government disability sector organisations, we said from the outset that we would not put an end date on that process—we would put a start date but not an end date—and that we would work at the pace at which individuals and families were willing to understand,

make decisions about alternative service providers and plan with us for the transfer of people across to alternative service providers. I am pleased to say that that process, in large part, has gone incredibly well.

Mr D.J. KELLY: Chair, we have limited time. I have asked the minister a specific question about a specific family and I would rather the director general did not take up too much time addressing the broader issue if he can show some respect to the families of this particular home would be good.

The CHAIRMAN: I think he is setting the context in which that question is asked.

Mr D.J. KELLY: That can take a considerable amount of time, Chair.

The CHAIRMAN: You asked a very long question.

Mr D.J. KELLY: I asked a very specific question.

The CHAIRMAN: But a very long one, so I defer to you, director general.

Mr D.J. KELLY: It is the Lombardy Crescent family.

Dr R. Chalmers: We have moved close to half the target families to alternative service providers. There is one home, and despite a range of facilitation mechanisms, our transition team has gone to great lengths to work with this home but we have reached the point at which —

Mr D.J. KELLY: Are you talking about the Lombardy home?

Dr R. Chalmers: Yes it is. We have reached the point at which we have formed the view that it is not just seeking more information. Without putting too fine a point on it, it is using deliberate stalling tactics to not work with us to move towards an alternative arrangement. We cannot allow months and years to tick by without this moving forward. Other families have worked with us and it has gone incredibly well but this is the unique situation in which we have to be a little directive in how we move forward from here.

Mr D.J. KELLY: I have spoken to a number of families who feel as though they have been bullied into accepting an outcome whereby their loved ones are transitioned to the private sector against their wishes. It seems to me this is another case in which the families would much prefer to stay with the Disability Services Commission. Do you not think it is pretty uncharitable of you to accuse them of stalling? I have spoken to many family members who feel as though the Disability Services Commission, on behalf of the government, is forcing families to do things they do not wish to do. They do not want to go through the transition process. I have looked at this letter. If there is no end date, why are you now threatening to close this home if, as you say, there is no end date?

The CHAIRMAN: I remind you to direct the questions always to the minister, rather than a director or one of the advisers.

Ms A.R. MITCHELL: I will ask the director general if he wishes to provide further information. If this is specifically about one place and there are other questions, it may be better if that is put separately as a question on notice. I am happy to go a bit further.

Mr D.J. KELLY: The families have asked that these questions be asked in this forum. I am sure the families are eager to hear a response.

The CHAIRMAN: They need to be related to a particular point. We need to keep that in mind so we do not go down a rabbit hole on one particular issue.

Mr D.J. KELLY: It is related. There is a budget allocation, Mr Chair, in the budget for this transition process and I referred you to it when I asked the question.

Ms A.R. MITCHELL: I will ask the director general if he is comfortable providing more information.

[12.50 pm]

Dr R. Chalmers: The feedback we are getting from the families that have transitioned is very positive feedback even though, I will admit, some of them were reluctant at the start of the process. Anxiety levels were high; any change is difficult when looking at loved ones moving to an alternative service arrangement. But I have to say that the quality of our transition team and the empathy they have shown has been enormous, and the feedback we are getting when people move is, by and large, positive and, “Why didn’t we do this sooner?”, quite frankly. What I am hearing from my team is that sometimes people need a little encouragement to be able to take that step towards the new arrangements.

Mr D.J. KELLY: One further question, through the minister, directed to the director general: is the commission aware that one of the family members who has been responsible for the care of one of their loved ones has

Mr Dave Kelly; Ms Andrea Mitchell; Ms Lisa Baker; Ms Janine Freeman; Chairman; Dr Graham Jacobs; Ms Eleni Evangel

actually been in hospital, and another one has been away for some period of time due to work arrangements? The proposition that they were actually stalling is well and truly offensive to the people the commission deals with. Is the commission aware of the personal circumstances of the family members which, they say, explain why they have not been able to meet with the director general and his transition team?

Ms A.R. MITCHELL: I believe we are now getting into things that are apart from what we are supposed to be talking about. I will ask the director general if he wishes to respond.

The CHAIRMAN: Minister, you are free not to respond. That is up to you. You can simply say you do not wish to respond, and that is part of the system that is permitted, so it is up to you.

Ms A.R. MITCHELL: I think the director general will make one more comment.

Dr R. Chalmers: The specific answer is, yes, I am very familiar with the circumstances, and I would not allow a letter like that to go out if I had any questions about the importance of being able to be a little directive. I know we have been in contact with that family and its members for a long time over this; it is not just a recent activity.

Mr D.J. KELLY: The director general is a man with a hard edge. He certainly is.

Ms E. EVANGEL: I refer to page 842 and service 7, “Advocacy, Access and Inclusion”. What type of advocacy, access and inclusion projects are being funded from the \$6.4 million budgeted for this service in 2015–16?

The CHAIRMAN: Could the minister hear that? I had difficulty hearing that, but if you heard it, that is fine.

Ms E. EVANGEL: Would the minister like me to repeat or did she hear?

Ms A.R. MITCHELL: Yes; ask it again for me, please.

Ms E. EVANGEL: I refer to page 842 and service 7. What type of advocacy, access and inclusion projects are being funded from the \$6.4 million budgeted for this service in 2015–16?

Ms A.R. MITCHELL: Inclusion is a major part of the commission’s advocacy program, and it is very important that this continues and increases. Community inclusion and participation grants provide support to various local governments and community and sporting groups to increase opportunities for people with disabilities to participate, in a comfortable way, with what they do. There are also community infrastructure grants for people with disabilities; the obvious one is toilets and door frames so that people with wheelchairs can gain access quite comfortably. With regard to sport, there is the Australian Football League’s Count Me In round. It is now very much accepted that local football clubs often have teams for integrated football, and they are proving to be very successful, along with advocacy and support for specific cohorts of people with disabilities, and the dissemination of key information out and about, as well as ensuring that the money used is resulting in the outcomes it is set out to do. It is something that will always be at the fore and progress has been and is being made, but there is still much more to be done in this area.

Ms L.L. BAKER: Can the minister confirm that two people with disabilities have been —

The CHAIRMAN: Page number?

Ms L.L. BAKER: I am sorry; page 837 and the transition of accommodation services referred to in the third dot point under “Significant Issues Impacting the Agency”. Can the minister confirm the two people with disabilities have been transferred from the new privatised accommodation service back to the commission’s emergency accommodation?

Ms A.R. MITCHELL: I will need to ask the director general if he is aware of that.

Dr R. Chalmers: I am not aware of the particular circumstances but a flow of people into emergency accommodation for periods of time is not unusual. We said from the outset that the commission would continue to operate an emergency response for people in circumstances that require an emergency-type response, so that is not unusual. I imagine that once their needs are met and they are stabilised, they will return to the care of the not-for-profit organisation.

Ms L.L. BAKER: One further question in relation to the transfer of people with disabilities. There is another case of an individual with a private provider being transferred back to the DSC emergency accommodation. Is the minister aware of that?

Ms A.R. MITCHELL: Member, I am certainly not aware of a specific situation and I think the director general’s earlier response probably answers that question, but I will ask if he has further information.

Dr R. Chalmers: Again, we imagine that would be normal business because we are the provider of emergency services. Having said that, we are at the moment exploring how we can build emergency accommodation response capacity in the non-government sector as well so people do not have to spend periods of time back in our care.

Ms L.L. BAKER: One final question. Has the minister had any adverse incident reports lodged by disability services organisations following the transition to private providers?

Ms A.R. MITCHELL: Once again, I think the director general should specifically respond to that.

Dr R. Chalmers: The answer to that is yes. We receive serious incident reports through our serious incident reporting system, which is mandatory for the organisations we contract, just as we receive serious incident reports from our own services. A few years ago we went through a very deliberate process of encouraging organisations to report any incidents deemed serious, because that is all part of our quality improvement process. Without doubt, I would say that those organisations would be sending incident reports to us, and I hope they continue to do so.

Mr D.J. KELLY: I refer to page 840 and service 2, “Residential Services”. How many young people with disabilities are currently residing in aged care facilities, and how much funding has been allocated to provide appropriate housing or to enhance support arrangements so that younger people with disabilities are not residing inappropriately in aged care facilities, for 2015–16 and 2016–17?

Ms A.R. MITCHELL: That is certainly—I will not say an “issue”—a matter that will need constant addressing to make sure that we do not have young people with disabilities in aged care facilities. That has certainly been a focus, and there is some information, but I might just get the director general to give the member some more specific information. It is something that is on the radar and we are keen to make sure that it does not occur.

Dr R. Chalmers: I will provide this as succinctly as I can. We had a specific funding line made available to us to try to either reduce the number of people who were inappropriately placed in accommodation settings, or keep them from gravitating towards those places. The funding schedule for that started in 2014–15 with \$1.5 million invested; in 2015–16, it was \$2 million; in 2016–17, \$2.5 million; and for 2017–18, it grows to \$3 million. That is a significant investment, but on top of that we also have funding that flows to people through our combined application process, which also mitigates the risk of people being inappropriately placed.

Mr D.J. KELLY: Can the minister tell us how many?

Dr R. Chalmers: Yes. We are currently aware of 63 young people—50 years or younger, which is our target range because the commonwealth clicks in after that—who reside in inappropriate accommodation as a general catchment. Some of those individuals we know very well and have approached and suggested they look at alternatives, but some families do not want them to shift. That is particularly the case in regional areas where they would much rather have a family member based in a nursing home close to where they live rather than moving somewhere else; it might be more appropriate accommodation, but they are making the choice about where their family member lives. We watch this very, very carefully, including deliberately flowing some funds this year, but the number is 63.

The appropriation was recommended.

Meeting suspended from 1.00 to 2.00 pm