

COMMUNITY DEVELOPMENT AND JUSTICE STANDING COMMITTEE

Third Report — “Client driven? Or driven to despair? Inquiry into Accommodation and Intensive Family Support Funding for People with Disabilities” — Tabling

MS M.M. QUIRK (Girrawheen) [10.11 am]: I present for tabling the third report of the Community Development and Justice Standing Committee, entitled “Client Driven? Or Driven to Despair? Inquiry into Accommodation and Intensive Family Support Funding for People with Disabilities”.

[See paper 1589.]

Ms M.M. QUIRK: An 18-year-old who an aide used to support had a very sad accident on holidays and went straight from hospital into nursing care. He was 21 when he was moved into a nursing home. He could not do anything for himself. To say yes or no, he was able to open his mouth slightly to indicate a yes, and to indicate a no, he would cry, and that was the only control he had over his body. Sadly, in the nursing home there were a number of other people very different to young Kell who needed support. A number of those people, sadly, had a degree of dementia. One of the ladies with dementia developed a soft spot for this young man and felt that she could care for him. However, with her condition, she did not understand that the young man could swallow food only if it had been pureed to almost a thick liquid. He could not chew; he had no chewing muscles. So he existed on a diet of slop, basically. But the lady thought that young Kell, like all young men, would love chips from the canteen, so she would go and buy potato crisps and give them to him. But he cannot chew. So he would often get pneumonia because the pieces of chips that she crushed up and put in his mouth would go straight to his lungs. The only way to keep him safe from that very well-meaning co-resident was to lock him in his bedroom. This guy cannot call out. He cannot unlock his bedroom door. He cannot say, “Hey, I need the bathroom now”, or “Hey, I’d like to watch telly”, or “Can you change the channel” or “I have an itchy head.” So he would stay locked in his bedroom between meals, when someone would go in and give him his slops for his meal, and that is how he existed. Sometimes someone would remember to put the telly on. I do not know whether he wanted to watch *The Morning Show* or not, but that is what he would get. That was his existence, because he did not have any alternatives for funding. There are many sad stories like that of younger people with disabilities living in aged-care facilities. That account was given to the committee by Ms Frances Buchanan, the operations manager for National Disability Services WA.

At the outset of my remarks, on behalf of the committee I would like to acknowledge Frances and all the other contributors to this inquiry. Various disability sector organisations went to great lengths to canvass their members in order to accurately capture and present the views of people with disability, their families and carers, and service providers. The assistance of Developmental Disability WA in facilitating a forum so that the committee could hear these views firsthand is also greatly appreciated. Our special thanks go to people with disability and their families and/or carers who, often under difficult circumstances, found time and courage to share their personal experiences.

I acknowledge the contributions of my fellow committee members in the conduct of this inquiry: Mr Ian Britza, MLA, deputy chair; Dr Tony Buti, MLA; Mr Chris Hatton, MLA; and Mr Mick Murray, MLA. I also thank Dr Sarah Palmer, principal research officer, and her predecessor, Ms Dawn Dickinson, and Ms Niamh Corbett, research officer, for their professional and diligent support of the committee’s work.

The disability sector in Western Australia is in a significant period of transition. In signing up to the National Disability Insurance Scheme, the state government has given the people of this state reason to hope for a more equitable system of meeting the needs of people with a disability. If the NDIS delivers what is promised, it will be a most welcome change. The disability sector has been woefully underfunded by state governments on an ongoing basis, leaving the government agency responsible for supporting people with disability little option but to allocate funds according to urgent and critical need. The committee heard that the urgent and critical need far outweighs the available funding. The combined application process, known as CAP, which for the past 14 years is the system that has been used for the allocation of funds to house and support those most in need, was the subject of our inquiry in particular. The committee was told that this system is being phased out to make way for newer systems and programs of support. So we thought there could not be a better time to take a snapshot of how this system has been operating so that we can compare it with proposals for future programs. The committee was given a thorough appraisal of CAP by its users, disability advocacy groups and disability service providers. They painted a gloomy picture of a system struggling to cope, leaving in its wake a distressed and desperate group of people—as reflected in the title of our report.

It will, therefore, be of great interest to observe whether the picture is brighter after 2020 when the NDIS is forecast to be introduced. In the meantime, it looks as though the CAP system will continue in some guise for the next six years. It is very important to remember that for people in crisis waiting for funding support, that is a long time. They want to see immediate improvements to the current system that might make their lives more

manageable. The committee's conclusion is that there is an unwarranted level of complacency about the current levels of service provision. There was no evidence before the committee to confirm the assertion that Western Australia is relatively better off than other states; and, even if this is the case, it is clear that we can do a lot better.

The title of this report reflects that the principal focus of disability services should be the individual needs of the disabled and their families. If this does not occur—as we found in the many case studies set out in this report—families under stress despair and lose hope. In addition to examining the adequacy of CAP, the inquiry sought to take a measure of the types of people whose needs are currently not being met; and there are many. The report highlights the areas and issues that should be considered in planning for the future. The committee was privileged to be able to hear from people who care for family members with a disability. Who better to tell their story, in their own words, than those at the coalface of the CAP process? We were frequently moved by what we heard, and we are extremely grateful for the bravery of these people in sharing what were often intensely personal stories. As I note in the report, these frank accounts were in stark contrast to the opaque and adversarial approach adopted by the Disability Services Commission. I have to say that the evidence at times verged on contempt of the committee. It was somewhat alarming also to learn that some people chose not to appear before the committee because they feared it might jeopardise their chances of funding.

As I have noted, this inquiry was undertaken to obtain a snapshot of the level of unmet need in the disability sector for supported accommodation and intensive family support. The rationale for this examination is so that when the National Disability Insurance Scheme is operating in Western Australia in years to come, we will be able to compare and evaluate whether there are marked improvements in service delivery and, most significantly, a reduction in unmet need. There will also be qualitative factors to take into consideration. For example, although a young disabled person might have a roof over his head, if that accommodation is an aged-care nursing home, that arrangement can hardly be said to be optimal, such as in the example of young Kell that I gave earlier, which I think is a very stark example. We also had concerns that, as the introduction of the NDIS is some years away, the existing system may suffer and resources may be diverted from the pressing needs of disabled persons and their families in the here and now. Our focus in this inquiry was relatively narrow, but as invariably happens in these cases, broader issues arose, making our deliberations more complex than first contemplated.

Before summarising some of the findings, I want to refer briefly to another report which, coincidentally, was released this week and which I believe very much reinforces and complements the committee's findings. "The Wesley Report: Giving disability carers a break" by the Wesley Mission was released earlier this week. As the title suggests, the report provides a snapshot of life as the carer of someone with a disability—the commitment, the concerns, the joys and the challenges. The report found that the reality is that this role is hugely taxing and takes its toll even on the most robust and loving people. Further, understanding the impacts of disability service access for individuals and their families is critical to ensuring that services remain relevant in meeting the needs of people with disabilities and their carers. The key findings were, firstly, life is extremely complex and stressful for carers. The research showed that almost all the carers interviewed were caring for a number of individuals and had personal health issues, relationship concerns and/or mental health complications and that carers are exposed to a range of stresses across a number of areas, leaving them highly susceptible to break down. Secondly, any sense of self is compressed. The lifestyle of carers is completely focused on and dedicated to the wellbeing of those they care for, which results in them putting themselves in second place. Thirdly, there is not enough time. The complexity of combining caring responsibilities with non-caring responsibilities and the challenge of fitting work commitments around caring left carers feeling there was limited time in the day to do all that they needed to do and concerned for the future of those in their care. Carers expressed high levels of concern about the future, particularly securing a meaningful and safe future for those they care for. The report also found that, despite all the stress, however, carers are resilient. Although stress, strain and sacrifice are all part of caring for someone with a disability, carers showed a determination to provide the best care they could. It also found that when caring for someone with a disability, the benefits of accessing disability care services had a significant impact on the ability of carers to engage in the labour market. There was a clear nexus between getting flexible support services and the ability of the carer to return to the workforce to pursue career options. Beyond the financial benefits of employment, the carers interviewed for the study indicated that work gives satisfaction in life. Many were not looking forward to becoming a full-time carer, even though this could make their lives easier.

As an outcome of that report, four main policy issues were highlighted. Firstly, there is a need for clear information about resources for disability services that are easy to access given that many carers find it difficult to understand the pathways to services and which services they should be using. That was very central to the theme of our report. Secondly, although the value of client-directed services was recognised, primary carers need to be taken into account in service provision models so that their needs are also considered in supporting a person with a disability; the client and the carer should not be treated in isolation from one another. Thirdly, it would be of great benefit to carers for disability service providers to facilitate peer support groups so that carers

can come together to share concerns, information and stories. Lastly, there is a need to enhance community understanding and appreciation of the value that carers bring to society by advocating on their behalf and providing them with support systems that enable them to carry out their caring roles sustainably and meaningfully. The disability services sector and all tiers of government have a role to play in facilitating an integrated approach that has disability carer support as mainstream.

I think all members of the committee would certainly endorse the findings of the Wesley Mission report, because they are certainly very consistent with the evidence that our committee received and some of the issues that we thought were central. I believe these findings are a neat segue into our inquiry. I suppose the key message from the report is that the combined application process lacks transparency. This lack of transparency and the lack of relevant information creates great uncertainty and compounds stress. The application process was unwieldy and time consuming for those who are already time-poor and favours the literate and those who are more able to articulate their needs and concerns. There was a high level of client dissatisfaction with the process. The lack of a waiting list meant that people could not see the light at the end of the tunnel and lacked hope and, I believe, were sceptical and cynical about the system because of that lack of information and certainty. We also found that the system forces applicants to put the most bleak, negative and pessimistic slant on their applications in order to be considered successful. The turnover of local area coordinators was high; there was a high attrition rate, which meant that, in some cases, LACs were not rendering enough assistance to families in the context of the application process. We certainly found that it was tragic that, despite discussions at the Council of Australian Governments some years ago—I think it was in 2005–06—and some commonwealth funding that concluded this year, the move to get young people out of nursing homes has stalled and so we get situations such as the one I quoted earlier of Kell, who was inappropriately being cared for in a nursing home. A greater variety of accommodation options is needed.

I commend the report to members. It is not easy reading. It is, however, important to gain an understanding of the impact of the current system on those with disabilities and their families. Members are likely to be appalled that, of the 679 applications made last year to the Disability Services Commission for accommodation support and intensive family support, only 68 were granted in the latest round; that is about 10 per cent. I think the report will lead readers to the inevitable conclusion that there is no room for complacency. They may well be left with lingering concerns about what will happen in the interval between now and when the NDIS is finally implemented in the next decade. They will be saddened that a system with the objective of assisting those caring for people with disabilities compounds stress, grinding them down and quashing hope. I hope members now appreciate the pressing need for a national injury insurance scheme.

In that context, I will read one other case study that the member for Albany has certainly made me aware of. The evidence of Mrs Janet Wagland, the manager of services for younger people at Brightwater Care Group, was —

We have one young gentleman—this speaks to both the Insurance Commission and our court system as well—who was travelling in a car. He was a young person from Albany. He was a passenger in the car. The vehicle hit a horse that had escaped from a farmer's paddock. He is not deemed as being eligible for motor vehicle compensation because the liability actually lies with the farmer for letting the horse out. Therefore, he is not getting any funding. He has got extremely high disability—a high physical disability, a high cognitive disability. He has very low awareness of what is happening around him. His family have in fact sold their property in Albany and have moved to Perth. They have bought a property in Perth, and they have renovated it, expecting him to eventually come home to them. He has been in the round for at least two years and he has not received any funding at all. He is still living in what is supposed to be a transitional service. He has been badly done by due to the lack of a no-fault system to begin with, and that means that he is then not able to actively look at, apart from our transitional service, additional therapy and support because he is not receiving that level of compensation funding, that early intervention-type of funding, but also he is not getting any funding for long-term permanent care.

I commend the report to members.

MR I.M. BRITZA (Morley) [10.31 am]: To begin, I want to say that I concur with our chairman's report. I could not disagree with much at all because I think she articulated what the committee heard.

I stand today to make contribution on the presentation of our committee report on the disability funding inquiry. When the committee first began its inquiry, I was a little concerned and apprehensive as to its true motive and purpose; however, as soon as I began to hear from the parents and carers of those with disabilities, my apprehension and hesitation began to diminish. This was not a painless and effortless inquiry, and after hearing from the various departments' personnel, quite a different picture began to emerge when the testimonies of parents were shared with us. My admiration, esteem and high regard for these parents and carers went beyond my wildest expectations. That they live 24 hours a day caring for their children, often without rest or respite, was

beyond my comprehension or understanding. I recall one particular gentleman in his early 80s sharing that he and his wife were looking after their 45-year-old daughter, who has severe disabilities, without assistance, rest or respite—I think he was 84 years old. They really had no life to speak of, but they would not have changed a thing.

With a great deal of trepidation and a certain amount of consternation, I present my thoughts and response to what I heard during this inquiry. Because of the constraints of time, I will just address a couple of findings that I would like to bring to this chamber's attention. Before I do, as important as the recommendations are, I think it is important that people take time to read the findings because they encompass what we heard and they resulted from the testimony of witnesses. Oftentimes recommendations are ignored, which I can maybe understand, but the findings cannot be changed, and I want people to read them.

Findings 1, 2 and 3 were that for those who needed financial assistance there was a requirement, which I fully support, to fill in an application that was in many ways quite difficult, time-consuming and completely stressful for those trying to do the right thing. Those thoughts were expressed by people who said that they pretty well knew what they were doing. However, those who were intimidated, scared and demoralised by the procedure simply gave up before they even started. As one of the graphs in the report shows, of the 679 applications received, only 68 were funded. Nobody knows how many people had neither the courage nor knowledge to even apply in the first place. It was very difficult evidence to hear from these wonderful people who live in a world that many of us cannot even imagine.

Findings 16, 17, 18 and 19, which were grouped together, were that many people gave up on applying because of stress, lack of knowledge and information, anxiety or plain worry, and that this masks the true nature of where our disability funding system is really at. These people have been lost to the system and are struggling on their own, with the odd support group assisting them in whatever capacity it can. As a result of the changing needs of people caught up in this constant living nightmare, there appears to be an underestimation of the true number of families caught up in this funding crisis. I also highlight the tragic fact that too many young people with disabilities are still being accommodated in aged-care facilities, and many parents and carers are eternally frustrated by that situation.

In conclusion, I sense that too many people are looking to the National Disability Insurance Scheme as a means of escape and recovery. I thought that was sad, because that scheme will not eliminate this issue. The hope out there among these parents and carers is that the NDIS will fix everything, but that is simply not true. It is a false hope that I am not going to enjoy watching fade. From the complicated and complex picture we have presented here today, it is obvious, even to the uninformed, that any government, no matter which party, will encounter difficulty when trying to fully address the all-consuming needs of those suffering with these kinds of disabilities and those caring for them. I acknowledge that all those in the department are doing their very best with the funding afforded to them to provide some sort of assistance to those in need. Like all departments dealing with the social needs of the community, there simply is not enough money to go around, and even though this current government gave an extraordinary increase to the social needs areas of our community, it still was not enough. I refer again to the number of applications: of 679 applicants, only 68 succeeded. I cannot get that figure out of my mind, and it really goes to show how difficult it is for those in authority to deal with this. It is a difficult process. I know this report is very difficult to read, and I also understand that it may appear as though the committee is throwing rocks. I can only speak for myself, but I think this committee was not interested in doing that, but emphasising the true nature of the situation was very difficult for us, and I believe it was our responsibility to do that.

In closing, I acknowledge the committee's chair, the member for Girrawheen. She chaired our committee extraordinarily and was able to manoeuvre through the various hearings. If people seemed to be trying to dodge the issue, she would bring them back in her own inimitable fashion. I also acknowledge the members for Balcatta and Collie–Preston, and the member for Armadale who we learnt so much from. I also acknowledge the assistance of our committee staff—principal researcher, Dr Sarah Palmer; Ms Dawn Dickinson, who has now left; and Ms Niamh Corbett, who has now joined us. I genuinely recommend the report to the house; it is my sincere desire that many of its findings will be acted upon.

DR A.D. BUTI (Armadale) [10.39 am]: I also rise to make a brief contribution on the report tabled today by the Community Development and Justice Standing Committee titled, "Client driven? Or driven to despair? Inquiry into Accommodation and Intensive Family Support Funding for People with Disabilities". I think that is an incredibly appropriate title for this report, given the issue of whether the combined application process for accommodation in the disability sector is client-driven, and the fact that people are driven to despair by it. We heard time and again about how people felt that the whole process was a race to the bottom, and how they even had to, at times, exaggerate their situation in an attempt to try to beat another person to the limited funding available, and that there was a general lack of dignity in the process.

Before I continue with the content of the report, I want to acknowledge the superb chairperson skills of our chair, the member for Girrawheen; also the contributions of other committee members, the deputy chair and member for Morley, the member for Balcatta and the member for Collie–Preston.

Dr K.D. Hames: Member, it actually means head; “chairman” means the head of the organisation, so she can be referred to as a chairman.

Dr A.D. BUTI: I thank the Minister for Health for that lesson on grammar!

I also want to acknowledge the efforts of the committee staff. As we all know, committee staff really are incredibly important to the workings of any committee and, of course, to the final report. I therefore want to acknowledge Dr Palmer; Ms Dickinson, who has now left us; and Ms Corbett, who have all provided outstanding professional support and have been instrumental in the development of this report.

The member for Girrawheen read out a particular case about a young boy who was living in a nursing home. Unfortunately, from the evidence presented to us, a number of young people appear to be living in nursing homes. That is just not appropriate. The case study that the member for Girrawheen read out about Kell was, of course, incredibly sad. He really has suffered in a way that I am sure none of us would ever want any of our loved ones to endure.

We had evidence from Sue Harris, who has worked in the disability sector area for a number of years. In referring to the Disability Services Commission, she said —

I think DSC has been seduced by CAP—it looks good; it sounds good; it looks sophisticated; it is clean and tidy; it uses fancy rating scales and it does the job; it produces a clear list of who to fund and who not to fund. I know it is full of extremely committed people, lots of noble principles and it does a lot of very good work, but I think they have got it wrong when it comes to CAP.

One of the quite interesting aspects of our inquiry was that the evidence presented by the Disability Services Commission was in stark contrast or quite inconsistent with not just the majority but also all other evidence presented, including from clients and advocates of disability services. It was interesting to note how the Disability Services Commission seemed to have a rosy-eyed view of how the combined application process is working. As the member for Morley stated, the commission has a very difficult job. Of course it is allocated only a certain budget and it can never meet the needs of everyone in the disability sector. However, it is important that it acknowledges the true situation. It did not appear from the evidence presented to us that there is appropriate acknowledgement of the difficulty people have in the process involved in accessing funding. The process is difficult; it is a paper-based process. That, of course, presents its own problems for people whose first language is not English, as they are immediately put at a disadvantage, and for people who do not have the same education level as others. Then there is a feedback process, which the commission felt had improved. We found no-one else—no client or advocacy provider—who said that the feedback process had improved.

Another aspect that is quite disconcerting to people is their lack of understanding of the criteria for funding. The way in which people are selected seems to be a bit nebulous and it seems that there must be an urgent need for funding. There is an issue about people who make an application. A new application automatically goes into the next round of funding. People can change the application and they would probably be strongly advised to change it if they had been unsuccessful. However, their application gets no priority. The problem is that there is no waiting list. Someone could apply, apply and apply and never receive funding. The commission’s view is that it cannot have a waiting list because someone who applies today may be 78 on the list and the cut-off may be 70. However, in the next round of funding there may be needier people who are not on the waiting list. I understand the dilemma that presents to the commission, but surely it would be possible to give some weighting to people who have applied on a number of occasions. Homeswest has a waiting list. Surely there could be some provision for a waiting list of people in this combined application process. A number of people have applied a number of times, and what has happened? They give up.

I want to read out case study 13 on page 80 of the report. Actually I do not know whether I will be reading the case study because I have only three minutes left. I do not think I will have time to read it.

Another issue that came before us was no-fault insurance. The current state government has previously had discussions with stakeholders on a no-fault insurance scheme. It is incredibly important that Western Australia has a no-fault insurance scheme. If we do not, cases such as the young gentleman from Albany will continue. He was involved in a car accident and found to be at fault, and of course his insurance company would not provide compensation for the therapy and health treatment he required. The family had to sell the family home in Albany and move to Perth. Unfortunately, this young gentleman is not receiving the therapy and services he requires. Members may argue that if he was at fault, he does not deserve it. They can argue that, but it is pretty callous. He may have been at fault but he has the rest of his life to endure in an incredibly difficult situation—as does his family. Also there is an economic issue here because often the parents have to give up work to become carers.

They therefore become a burden on society, rather than an insurance company providing the appropriate care to allow the parents to continue to be an economic benefit to society, because they have to withdraw from the employment workforce and look after their child. If we had an insurance scheme, that may not be the case. Whether or not someone is at fault for an accident, the fact is that we should be a compassionate, civilised society that ensures they receive the appropriate treatment. We are not talking about people who have a broken leg; we are talking about people who may be in a vegetative state, may be unable to walk or may have other major disabilities. I therefore think we must look at that issue very carefully.

Most people who came before us mentioned the National Disability Insurance Scheme. They thought that would be a solution to many of their problems. But, of course, there is a period when the NDIS will not be fully operational in Western Australia. It is therefore imperative that the state government continue to appropriately fund disability services. I know it is difficult. Governments of both persuasions over the years have never given enough. The member for Morley mentioned the unprecedented increase in funding provided by this government. There was an unprecedented increase in absolute terms, but when we look at it in relative terms it is not as great as it may appear. The cost of living has increased and there has been an increase in the population of Western Australia. However, I commend the report to the house.

MR C.D. HATTON (Balcatta) [10.48 am]: I rise to speak as a member of the Community Development and Justice Standing Committee. Once again it has been a privilege to be a member of the committee and to be involved in the inquiry into accommodation and intensive family support and funding for people with disabilities. I want to acknowledge my fellow committee members: the chair, Ms Margaret Quirk, MLA; the deputy chair, Mr Ian Britza, MLA; Dr Tony Buti, MLA; and Mr Mick Murray, MLA. I also acknowledge in appreciation the support and assistance of the committee staff: the principal research officer, Dr Sarah Palmer; and research officer, Ms Niamh Corbett.

It is true that the disability sector in Western Australia is in a period of significant transition, with the adoption of the National Disability Insurance Scheme and the forthcoming trial periods. This transition, which is supported by the Western Australian government, will allow for a new and welcome dimension to the provision and allocation of funding.

During the inquiry the committee was able to gather important information and data from disability sector departments, agencies and clients. It is worth noting that the committee was frequently moved emotionally by the often sad and difficult stories presented by people who care for family members with disability. It became increasingly apparent throughout the inquiry that many people involved in disability care and providing for people with disability needs were expressing their dissatisfaction and disappointment with the level of funding and provision of services by the Disability Services Commission. It also became apparent that more funding is critical in the area of disability care. However, it is also true that the Liberal–National government has increased disability funding over a period since 2008 and that the disability sector largely recognises the increased funding and steady levels of funding. However, from my involvement in this inquiry, it is clear that there is a level of unmet need in funding that needs to be addressed by all Western Australian governments.

In addition to funding, the inquiry investigated how people accessed funding, which is an area that caused concern. The current combined application process, known as CAP, was heavily scrutinised by clients and potential clients involved in applying for disability funding and support from the Disability Services Commission. The recommendations arising from the committee's inquiries certainly detail this.

Another area that came under scrutiny was the need for the Disability Services Commission to be more transparent and more informative to those people with disability support needs. The committee has stated in recommendation 6 that the Disability Services Commission should make publicly available, in a variety of formats, its data and analysis relating to the levels and types of unmet need after each CAP funding round. The local area coordinator model, commonly known as the LAC, is a method of systemic delivery that deals with the needs of people with disability, their families and carers. The committee recommends that close attention be paid to the inadequacies of the LAC model of delivery, given that a similar model of individual coordination will be used by NDIS–My Way.

Other recommendations arrived at through this inquiry deal with a continued funding commitment for younger people who are currently in aged-care facilities. Often these young people are residing in inappropriate age-related accommodation.

This inquiry has highlighted past and present inadequacies of funding and service provision to those with disabilities across all levels of government. There is a need for not only better funding provision but also a better process for how people are funded, with particular focus on application processes. Too often it appears that the current application process is difficult and somewhat confronting and there is a need for this systemic application process to be changed.

As I said earlier, the area of disability provision is an emotive issue. It has been an emotional experience listening to those parents, grandparents and caregivers who have presented in front of the committee, and it is evident that, in the future, very clear and transparent information needs to be given out to these people on where they lie in the order of service provision, because for many years these people are affected in numerous ways by caring for their loved ones with disability. When they try to access the system under the Disability Services Commission to get some support, whether it be funding or otherwise, more often than not they are dissatisfied, disillusioned or very upset at not knowing where they stand in the future planning of their own lives. Most people in this chamber are not affected by caring for people with disabilities but at times we find life a struggle to meet the future needs of our families, without having to go through the hoops that carers have to go through.

Western Australia has a very good system to meet people's needs. We care, and as a government we fund these services, and it is clear from this inquiry that since 2008 this government has funded the sector very well. This government has increased and sustained the funding, but whichever government makes these decisions in the future with the trial taking place with NDIS-My Way, particularly in the transition period, we need to take careful consideration of the committee's findings and recommendations, because there will be more need in the future and the current need is apparently not being met. I recommend the report to the chamber.