

Ms Katie Hodson-Thomas; Ms Sheila McHale; Mrs Carol Martin; Mr Terry Waldron; Mr Tony O'Gorman; Mr Mick Murray

Division 69: Disability Services Commission, \$184 753 000 -

Mr Andrews, Chairman.

Ms McHale, Minister for Disability Services.

Dr R. Shean, Chief Executive Officer.

Mr D.R.G. Ramanah, Acting Director Corporate Management.

Mrs HODSON-THOMAS: First, I extend the apologies of the member for Warren-Blackwood, who could not be here as he had to leave early this morning for urgent business in his electorate. Nevertheless, he asked me to extend his apologies. It is an area of great concern to him, as I am sure it is to all of us.

I refer to outputs one and two, on pages 1193 and 1195, which relate to residential and non-residential services. What is the status of the bid made by the former minister to Treasury on 8 December 2000 for \$12 million over four years for 90 people in critical need of accommodation support and respite? I understand that a list of names of people in need was provided to prove that specific need. Is the minister aware of the outcome of that?

Ms McHALE: I am not sure it is entirely appropriate for me to answer a question about what happened to a former minister's cabinet submission. Perhaps the former minister might give the member the answer. However, I will give the member an answer that relates to the budget. In this budget, the Disability Services Commission has been quarantined from the dividends that other agencies must provide in recognition of how important a social issue the provision of services for people with disabilities is in the eyes of this Government. I recognise the work of the former minister. It is a pity that the member for Warren-Blackwood could not be here, because I know he would have had some perceptive questions. I assure the member that this budget has real growth for accommodation needs. This year's budget for disability services is \$184.7 million. This represents an additional \$16.7 million recurrent for the disability portfolio, an increase of \$6.95 million in real terms on last year's budget.

Within that is \$8.5 million growth funding for additional support. I do not know what happened to the former minister's submission and I do not care because that is not relevant to this process. Categorically, yes, there is real growth in this budget. The quantum is 16.7 per cent and will provide for additional accommodation support, respite and other services.

[4.10 pm]

Mrs MARTIN: At page 1191 under major policy decisions the Disability Services Commission has made savings of \$64 000 from travel, advertising and consultancy budgets. Will the minister assure the estimates committee that savings from travel have not impacted on service delivery to people with disabilities living in rural and remote areas?

Ms McHALE: I thank the member for her question. As all members know, agencies have had to make savings from travel, advertising and consultancies. The Disability Services Commission was not exempt from that. I can categorically state that the savings that came from travel, which were in the region of about \$18 000, have not impacted on service delivery to DSC clients. Those savings have been made through reducing interstate travel. The commission made a principled decision that the servicing of regional and remote areas within the State would not be affected. I am happy to say that services to people in rural and remote areas are being enhanced by the use of technology, teleconferencing, and video conferencing, etc. The commission had to make budget savings in travel. However, that was in interstate travel, which did not impact on the quality of services in regional Western Australia.

Mrs HODSON-THOMAS: What impact will savings to the advertising budget have?

Ms McHALE: The commission applied the same percentage savings to advertising. That would have been achieved in part through cutting back on advertising to fill vacant positions.

Dr SHEAN: We are looking at a number of strategies within our budget. One is to advertise locally rather than through the national media. There is not a great need for us to advertise in the national media. The commission is advertising in *The West Australian* and local newspapers rather than in *The Australian*, which has the effect of attracting people who may live near where they work. We are looking at a pooled approach to appointments. Rather than placing single advertisements for a number of people in similar positions, such as client assistants and social trainers in residential facilities, we are advertising for clusters of staff and appointing people to positions as they become vacant on an as-needs basis.

Mrs HODSON-THOMAS: I refer to dot point eight at page 1200 under major initiatives for 2001-02, which refers to development policy and funding framework for therapy. Can the minister outline whether funds will be

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set aside to spend specifically on areas such as speech therapy in schools, which are not specifically in the education budget?

Ms McHALE: The member may recall that one of the Labor Party's election commitments was to allocate an additional \$4 million for assistance to children with special needs in our education system. That is part of our education portfolio. It is not something within my budget. However, the Disability Services Commission funds both preschool and school-age therapy services through the Cerebral Palsy Association of Western Australia, Rocky Bay and Therapy Focus, which the previous Government privatised in 1997. When the commission initially outsourced school-age therapy and professional services, the sector requested a review of those services after a period of operation. That period of operation is now up, and a review has commenced in response to that demand. The final report is due in October 2001. The review has been conducted by a consultancy firm in consultation with key stakeholders in the disability and education sectors. We are reviewing the provision of services, and I hope to be able to tell members of the results in October or November. Dr Shean will elaborate on the work being done in speech therapy.

Dr SHEAN: A number of reviews are looking at the issue the member raised, which is balancing the break-up of therapy funding for specific disabilities. Therapy funding traditionally includes occupational therapy, physiotherapy, speech pathology, psychology and social work. Much of the recent work that has been done by the commission, in consultation with the field, has looked at how the available funds are spread through that balance. The therapy required by a child depends on the type of disability. A child with a physical disability may require more physiotherapy than speech pathology and, similarly, a child with an intellectual disability may require mostly speech intervention. To respond to this, an allocation model was devised some two or three years ago. That is being refined. The model looks at the relationship of the therapies to each type of disability. The original model applied to only school-age children. We are now looking at how that can be expanded to include early intervention services. Autism services were initially not included in the model, and it will be expanded to take into account children with autism. That work is under way.

Mr WALDRON: Dot point one on page 1197 refers to developing partnership arrangements with country health authorities to increase and improve therapy services. Is that happening now?

Ms McHALE: It is happening now, and that work will continue this year. In response to the question from the member for Carine, funding for output 2 has been increased. That contains a provision for therapy. While that funding is not provided specifically for therapy, it is included in that output and growth funding is available.

Mr WALDRON: The second-last dot point for major initiatives for 2001-02 on page 1196 refers to the implementation of strategies to increase the accessibility and responsiveness of services and support for Aboriginal people with disabilities living in rural and remote areas. What are those strategies and when are they to be implemented?

[4.20 pm]

Ms McHALE: I was in Broome a few weeks ago. I was struck by the work being done through the Disability Services Commission and non-government agencies for people with disabilities in the Kimberley. The member can imagine how difficult it is to provide services in the north west. I was also struck and concerned by the information given to me about the extent of disability among Aboriginal people, which is significantly higher than for the rest of the population. Initiatives are being taken at the moment. A minor one, although it is important to have it on the record, relates to two Disability Services Commission employees from the north west who have obtained scholarships to go to the Northern Territory and look at initiatives for Aboriginal people with disabilities. They will return with ideas and initiatives that we can implement. While in Broome, I gave a commitment that the department would look at this area during 2001-02. I ask Dr Shean to provide further information on specific strategies.

Dr SHEAN: A number of key initiatives exist for the current financial year. An Aboriginal policy officer has been appointed to work on policy development in conjunction with our staff and staff from other key government agencies such as the Western Australian Council of Social Service. An issue to look at is the low take-up rate of services by Aboriginal people, keeping in mind their over-representation in the profile of disability. Rather than seeking to draw people out of local communities into our services, we seek to work with local agencies supporting Aboriginal people. We are working with an Aboriginal medical service in Carnarvon to determine how best to support it in the services it provides. The access to indigenous issues working party is a new group being convened with representatives from the government and non-government sectors. There is a high representation of indigenous people on that working group. A new task is to ensure that where government services are available, they are accessible to people with disabilities. We must also identify shortfalls.

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In regional and remote areas there is a high representation of Aboriginal people in our client group. We employ Aboriginal local area coordinators, who are much more receptive and responsive to the needs of indigenous people.

Mr WALDRON: Do the programs extend across the State - not just the north west? Do the initiatives include the metropolitan and southern regions?

Dr SHEAN: The employment of Aboriginal people is clustered in areas in which there are large numbers of Aboriginal people. Those areas are primarily in the north of the State. Other initiatives are run throughout the State. Indigenous groups point out that a strategy that may work in the Kimberley does not necessarily work in the south west of the State or the Perth metropolitan area. That is why the initiatives are locally focused.

Ms McHALE: Derbarl Yerrigan, the Aboriginal medical service, has recently appointed a staff member to work in the area of Aboriginal people with disabilities and encourage the development of partnerships with the medical service. It will enable us to work together in an area of concern. Not enough work has been done on this to date.

Mr O'GORMAN: Page 1191 refers to the carers package and shows an amount of \$2.041 million for each of the next four years. Will the minister provide information about the Disability Services Commission's plans for its part of the carers package?

Ms McHALE: The carers package was one of the main planks of the Government's election commitments. It was based on the recognition of the vital role that carers play in the support of family members, not only when there is an older person in the family, but also when there is a family member with a disability. The carers package will provide support through the Disability Services Commission and the Office of Seniors Interests. The way the allocation has been divided is that the majority of the funding will go through the Disability Services Commission, and the commission will coordinate the government response. It is a \$10 million package. The Disability Services Commission will receive \$8.16 million of that total package over four years. The Office of Seniors Interests will receive the balance of \$1.8 million.

The approach that we are taking with this and other major initiatives is to say to the sector that we want to work together; this is about a partnership. Although we have set the broad framework of how we believe the funding should be allocated - I will go through that - our modus operandi is to work with the sector so that it can help us design the sorts of strategies that have relevance and significance to the local area. The guidelines for the expenditure of this money include expanding respite services and facilities, which will promote more flexible and responsive respite care; expanding the provision of therapy services, along with aids and equipment - that picks up the member for Carine's point; enhancing the counselling services offered to carers and the recipients of care; developing training modules across agencies that provide health, education and community care in order to continue to identify carers' needs and experiences and keep planning for intervention; and providing support to family initiatives and projects.

They are the broad guidelines under which the expenditure will be allocated. However, in the same way that Dr Shean said that a program that will work in the Kimberley may not work in the south west, we are trying to find local solutions to local needs. They may be the same, or they may be different. We are working with the Carers Association of WA, the Western Australian Council of Social Service and other non-government organisations that are funded through government to assist us to develop properly targeted strategies that will relieve some of the emotional, physical and social burdens of carers.

Mrs HODSON-THOMAS: My question relates to the last dot point of major achievements for 2000-01 on page 1194, and also the major initiatives for 2001-02. The first dot point to which I referred relates to providing funding to meet the accommodation support needs of an additional 123 clients. The second dot point of major initiatives refers to providing funding to meet the accommodation support needs of an additional 60 clients. Is that provision of funding to the 123 and 60 clients ongoing? Could the minister enlarge on that for me?

Ms McHALE: Yes. It took me a while to get my head around the funding models. I will explain them. Once a person or a family has been provided with funding in any one year, that client continues to receive that funding for every year until he or she dies. Therefore, in this year a person may be allocated \$60 000, which is support for accommodation needs. That could be in-home or out-of-home care. Once the decision is made to provide that person with funding, it continues for the rest of that person's life. Therefore, if we have a budget of \$3 million that we spend this year, we must make sure that there is \$3 million for every future year forever. Therefore, building growth on that means that we find new money for that year, and it is built into every future year. About half the budget for the Disability Services Commission goes to accommodation.

Mrs HODSON-THOMAS: What is the total number of clients supported in that way?

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Ms McHALE: Roughly 1 500 people.

Mrs HODSON-THOMAS: How does someone apply for the funding, and what are the criteria?

Ms McHALE: There are four rounds of applications a year. People are usually advised through their local area coordinator or their service provider, whether it is the MS Society or the Cerebral Palsy Association of WA Ltd. A person who had previously applied and was not successful, and who is a category 1 or a category 2 -

Mrs HODSON-THOMAS: Will the minister expand on that?

Ms McHALE: I will outline the broad framework of the application process and then I will discuss the detail. Category 1 people do not have to apply from scratch if they have previously been unsuccessful; that is a relatively new initiative. I received feedback from the sector that people were frustrated that they had to go through a personal application time and again. An independent peer review panel assesses the applications and determines the need according to certain criteria and categories. I can provide the member with the membership of the panel if she likes. If the member would like an explanation of the different categories, I will invite Dr Shean to provide that detail.

Dr SHEAN: There are different funding sources in each combined applications process round. The first is accommodation support funding that allows for large packages of an average \$62 000 per person, which, as the minister has already said, can provide for an in-home or an out-of-home support package. The second funding group provides for intensive family support. Packages of up to \$30 000 can allow for intensive levels of support for people who live in their own home environment. That might be enough money to provide care for the client during the day while the principal carer goes to work; however, no care may be provided overnight. That is a relatively cheap way of providing a good standard of care. The third category of funding is for people who require an alternative to employment; for example, someone who had left school and was unable to get a job.

Those three funding sources can be tapped during the quarterly funding rounds. The independent panel ranks the applications according to the people who are most in need of support. The people who are ranked as having the most immediate need are: those who live in temporary accommodation, including respite facilities, nursing homes and hospitals; those who live with ageing or ill carers; people with challenging behaviours who live at home; and those people with degenerative conditions who require substantial support or who live with a spouse but whose condition is such that it is still not appropriate for them to go into a nursing home. It has always been the case that more applications are received than funds are available. It is left to the independent panel to rank those applications as best as it can.

Mrs HODSON-THOMAS: Is there an age restriction on the person who applies for the assistance?

Ms McHALE: Yes, there is. There is no minimum age limit. However, because of the distinction between disability services and aged care, there is an upper age limit of 65. If the disability is identified prior to the age of 65, the person is eligible, but if the disability is identified after the age of 65, it becomes an aged care criterion.

Mrs MARTIN: One of the major achievements for 2000-01 on page 1196 was funding to rural agencies for new and expanded respite services and family support services. Have people in the north of the State benefited from these initiatives? Will this approach to meeting the support and respite needs of families be continued in 2001-02?

Ms McHALE: I thank the member for Kimberley for that question; obviously the member will be lobbying me so that services are provided for people in the Kimberley area. Five of the 11 agencies that were funded in 2001 were located in the north of the State; that means that approximately 50 per cent of the available funding went to services in the north west. I will give some examples of the services that have been funded and will continue to be funded. The Kimberley Community Living Association provides help to local families that care for young adults with disabilities. The East Kimberley Family Support Association funds carer retreats. An allocation of \$21 000 was made to the Pilbara Individual and Family Support Association to provide respite opportunities. Pilbara Home Care received funding for holiday respite services. The Mid West Family Support Association was granted \$13 000 for holiday programs. In October this year, country agencies that provide family support and respite will have the opportunity to apply for more than \$200 000 of respite funding. The member may want to keep an eye on that. We have placed advertisements, and people will be submitting their tender documents. It is anticipated that a significant proportion of that new funding will be allocated to regions in the north of the State.

Mr WALDRON: One of the major initiatives for 2001-02 on page 1194 is to progress the implementation of a number of housing modifications and construction projects. Having seen people in this situation in my region, I believe that is a good initiative. That initiative refers also to providing more appropriate housing for several

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groups of clients supported by the commission's accommodation services. Who are those groups of clients, and how does a client qualify to become part of one of those groups of clients?

[4.40 pm]

Ms McHALE: I will answer by giving an example. Earlier this year, the Cerebral Palsy Association opened five units in Ballajura. Those units provide fantastic accommodation. Those five adult clients of the CPA pooled the accommodation support funding that they are granted. The money that the DSC provides is for support; namely, for carers or support workers, rather than bricks and mortar. Accommodation support funding provides the necessary support for people with disabilities to live as independently as they can. The CPA development is a cluster of five units, where five people pool their support money. The level of support required varies, but the pooling enables the provision of a carer for one or two clients who are fairly severely disabled. The others are less severely disabled. It encourages a support mechanism that builds up between the clients, and provides independent care.

Mr WALDRON: Is any funding provided for bricks and mortar modifications, like railings? Does that have to be provided by local authorities? I ask that question because in a couple of cases in my electorate, local funds have been raised to modify the homes of disabled people so that they can live a better life. I wondered whether there was any allocation or support for that type of arrangement.

Ms McHALE: There is support for that. It comes from a different program, and I will ask Dr Shean to explain that.

Dr SHEAN: Up to a certain amount - which I think is around \$10 000 per family - funding is available for, say, modifications to bathrooms in homes which have not been purpose-built for people with disabilities. Similarly, if people are rebuilding, they are able to access those funds to modify their houses. The Department of Housing and Works, however, will also look at purpose-building for people who can access a scheme of special purchase through the government system, which allows them to build that house, if they want to start from scratch.

Mr WALDRON: How do people access those grants of up to \$10 000?

Dr SHEAN: Under the community aids and equipment program rural areas will have a prescribing therapist in the local hospital who will have access to the funding. The therapist will conduct a home visit, and look at the needs of the family which will be assessed along with the relative need of other people in the area. Clearly, there is a limit on funding. If, however, the area's funds have been fully expended for the year, or there is some suggestion that they will be expended by the requested home modifications, a special application for additional funding can be made through a central fund.

Mrs HODSON-THOMAS: How long does the process take, from the time of application to funds being granted?

Dr SHEAN: For some families, the planning process is very slow. For other families it has happened quickly, so it would be difficult for me to give an accurate estimation. It is a slow process. It would take many months for home modifications to be approved through the community aids and equipment program. I would not want to give the impression that that was the timing for other equipment, which can generally be approved very quickly.

Mr MURRAY: Prior to the election the Australian Labor Party announced that it would review the role and purpose of local area coordinators, to ensure that it is clear and achievable, and provides value for money. Can the minister inform the committee if the figure for individual coordination on page 1192 represents growth or cuts to the LAC program?

Ms McHALE: I assure the member that the \$23 million under output 3 which deals with individual coordination represents a significant increase in funding to local area coordination. The \$23 million represents the local area coordination budget, so the budget has been increased by \$2 million. That will mean that an additional 239 people will be able to access the local area coordination services.

In response to the pre-election commitment, the Disability Services Commission is developing a framework to be used to conduct a review of local area coordination. The first stage of the review will result in a detailed summary of the development, operation and rationale of local area coordination. The second stage of the review will involve a strategic analysis of the program, including its strengths and weaknesses, so that we can always continuously improve the service, to clarify its role and purpose and to examine value for money compared with other options and the relationships between local area coordinators and other individuals and organisations.

The review is timely. We are seeking only to evaluate and improve a valuable service. Anecdotally, when I travel around people tell me how wonderful the local area coordinators are in the work that they do on the

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ground. It is an important service. Any review should be seen in the context of looking at how we can improve and strengthen the work that is being done.

The member's question is valid. Funding has been increased by \$2 million. I find it curious that the Disability Services Commission is able to tell me that will enable 239 more people to benefit from local area coordination services, but that is the sort of precision and advice I get from the commission.

Mrs HODSON-THOMAS: Grants to non-government agencies appear on page 1206 in the details of controlled grants, subsidies and transfer payments. Is the minister planning to introduce a sector-wide industrial award for non-government organisations providing services to people with disabilities? The budget estimate for this year is \$119.34 million. If the minister were to embark on such an initiative, how much would the cost to existing services be, and is the minister planning it?

Ms McHALE: We have not entered into discussions to have a statewide award. There are a variety of awards, depending on the nature of the work and the union that covers a particular group of workers. They could be covered by the Australian Nursing Federation, the Hospital Salaried Officers Association, the Miscellaneous Workers Union, and the Australian Services Union, which will cover a lot of social trainers in the non-government sector. A number of unions and awards are involved in the non-government sector. I am not contemplating a statewide industrial award and nor will I be in the foreseeable future.

Mr O'GORMAN: Page 1192 shows an amount of \$1 million as an appropriation for administered grants, subsidies and transfer payments. Will the minister give some information about that \$1 million?

[4.50 pm]

Ms McHALE: The member may remember an exchange in the House between the Leader of the Opposition and me earlier this year when he accused me of not putting money into Australian Red Cross (Western Australia) for the redevelopment of the Lady Lawley Cottage. The Leader of the Opposition was not very gracious in his comments, and I had to reassure him at the time that the Government was happy to honour the commitment of the previous Government to the Australian Red Cross (Western Australia), which happened to be made the day before the writs were called for the last election. The amount of \$1 million is a one-off capital grant to the Red Cross to redevelop the Lady Lawley Cottage in Cottesloe. That is part of the overall budget increase. The initial commitment was given by the previous Government. We honoured that once we were comfortable with the service principles of the proposed redevelopment. Construction of the facilities commenced on confirmation that the grant would be forthcoming. It will provide modern facilities for young children with disabilities. It is refurbishing a facility, the physical condition of which belonged in the past. The Government is assisting in the provision of a modern facility. It is a grant. It not part of the capital works, and it is not part of recurrent funding. I am pleased that we have been able to find that money and I look forward to seeing the building develop.

Mr WALDRON: On page 1199 a major achievement for 2000-01 is a joint project with the Department of Sport and Recreation and the Western Australian Municipal Association to develop access guidelines for swimming pool and recreation centre design. Have these guidelines been developed; and, if so, over what period will they be implemented?

Ms McHALE: Those guidelines have been developed. I will defer to Dr Shean to elucidate how they are being disseminated and their impact.

Dr SHEAN: This initiative was driven by local communities. Frequently the requirements on local government authorities from ratepayers can be multiple and demanding. There has been quite a demand in the Disability Services Commission to clarify what is required. Swimming pools and recreation centres are important for people with disabilities, particularly those with physical disabilities, for hydrotherapy and recreation. Swimming pool managers throughout the State have taken advantage of this guidance to ensure that entrances into their facilities are fully accessible, and that the pools themselves are accessible. A range of initiatives is recommended, such as hoists that protect the dignity of the individual. Being lowered into water from a great height can sometimes be both frightening and undignified, and we recommend a range of hoists. Another less intrusive way of lowering people into the water is on a ramp that goes under the water, and a person can descend on a water wheelchair. These guidelines are available. It is then up to local authorities and recreation groups to decide how best to implement them. We also offer a range of support as that process develops in each area.

It is also important to point out that these guidelines are not limited to swimming pool and recreation centres. Given our enormous coastline we are now working on designing accessible beach wheelchairs. One of the problems is that although the wheelchairs are accessible across the sand, when they go into the water they float and destabilise people. We have been working on overcoming that.

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Mr WALDRON: With developments such as a new recreational centre and pool, from now on will it be a requirement to provide facilities for disabled people or will that be up to the local authority?

Dr SHEAN: There is a degree of contention about how this works. For example, any requirement in the building code is enforced by local government authorities. However, some of the accessible initiatives that make good sense are not yet in the building code. Sufficient local government authorities have found it so expensive to retrofit old developments that they are now enthusiastically doing everything they can up front to make their facilities accessible.

I was in Exmouth a few weeks ago, which, through its cyclone rebuilding fund, has been able to refit its facilities in the swimming pool and recreation centre. Any local government authority that is aware of the access requirements is unlikely to start any development without being fully cognisant of not only the current requirements but also likely requirements in the future.

Ms McHALE: I add to that a more general comment about accessibility for people with disabilities. It is perhaps not until people immerse themselves in the field of disability that they realise how inaccessible are many buildings, particularly in regional centres in which banks have taken over old buildings. Those buildings look fabulous but they are inaccessible to the disabled. That is a problem.

However, I will give two examples of good news stories that are nice to hear, but also of great concern. His Majesty's Theatre in the past 12 months opened a new cabaret area in the bar downstairs. Because that work was done only in the past 12 to 18 months, one would expect it would be accessible to people with disabilities. However, there is no way that somebody could get down there in a wheelchair. That is a glaring omission. Money has been found to ensure that a lift can be installed to correct that omission.

Also, interestingly, because so many people went to the Monet in Japan exhibition at the Art Gallery of WA, and because of an initiative whereby carers could enter free if they were attending with a person with a disability, many people with disabilities visited the Art Gallery. That critical mass alerted those at the Art Gallery that it is not as accessible as it was thought to be; for instance, the location of the door knobs, and the fact that there was no unisex toilet for carers of the opposite sex to the disabled person they care for. That was an eye-opener for the Art Gallery, and it was not until that critical mass of people with disabilities visited that it realised work needed to be done. We, therefore, still have a long way to go to provide access to places to people with disabilities.

Mrs MARTIN: I refer to page 1202. The forward estimates indicate a drop in grants and subsidies between the forward estimates of 2002-03 and 2004-05. What accounts for that drop?

Ms McHALE: In 2001-02 the forward estimates included \$9.8 million from the Commonwealth, as its contribution to services for unmet need. When the commonwealth budget papers were issued several months ago, that growth was not shown in the 2002-03 forward estimates, yet that was contrary to the Commonwealth's statement that its contribution would continue beyond 2001-02. We have, therefore, had to reflect that lack of forward estimate planning from the Commonwealth in our forward estimates. The reason for the drop is that at this stage the Commonwealth is not coming good with its commitment to unmet need. That is a real problem for the sector and the commission. All States and the sector have lobbied the Commonwealth to make that commitment beyond June 2002. About \$100 million worth of funding will cease in June 2002 unless we can keep up the pressure on the Commonwealth. That will have significant negative consequences on families in Western Australia.

[5.00 pm]

Mrs MARTIN: Unless we get a good Commonwealth Government, of course. I am sorry, I will slap my hand.

Ms McHALE: Yes. We have advocated for the Commonwealth to include that funding for 2002-03.

Mrs HODSON-THOMAS: Do the hearing impaired come under the Disability Services Commission or the Department of Health? This is not my area.

Ms McHALE: I understand that. Funding to the Deaf Society of Western Australia is provided by the Disability Services Commission and the Department of Health.

Mrs HODSON-THOMAS: Does the Disability Services Commission provide funding for interpreter services?

Ms McHALE: Yes, it does.

Mrs HODSON-THOMAS: I am not sure to which part of the *Budget Statements* this issue relates, so I will refer the minister to the appropriation and forward estimates on page 1190.

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Ms McHALE: The recent controversy involving the Deaf Society of Western Australia related to its belief that all interpreter services should be funded by the State Government. That included occasions on which a hearing-impaired person visited a solicitor, doctor or counsellor. The State Government provides \$100 000 worth of funding for the administration of the interpreter service for the Deaf Society of WA. The cost of each booking is \$62, which the State Government provides.

Mrs HODSON-THOMAS: There must be an enormous demand for that service.

Ms McHALE: I told the Deaf Society that we must encourage agencies to provide an interpreter service to deaf or hearing-impaired people with whom they deal or have a commercial relationship. Those agencies have a social and legal obligation to provide interpreter services so that a person with a hearing impairment is not barred from receiving their services. The Minister for Health has cogently argued with the federal Minister for Health that visits to the doctor by someone with a hearing impairment ought to be funded by Medicare or the Commonwealth. We consider it to be a commonwealth function. If a person with a hearing impairment goes to hospital, the Department of Health will provide the interpreter service. It is not correct to say that the State Government does not fund interpreter services; it funds about 60 per cent of those services. That percentage might not be correct. Various government agencies pay for an interpreter service.

Mrs HODSON-THOMAS: Can the minister provide that percentage by way of supplementary information?

Dr SHEAN: It is difficult to calculate the percentage because we do not know the total cost involved in providing those services. I understand that about \$27 000 is funded through the Department of Health each year to provide interpreter services. That is over and above the \$100 000 funding for the coordination of the service. The Department of Education will freely provide interpreter services as required. Government agencies are not required to report that activity to us, so we have no way of knowing the amount involved. State government agencies are obliged to provide interpreter services under the Disability Discrimination Act 1992. I understand that, similarly, local government authorities do this without difficulty. The problem, as the minister has already said, is with some commercial providers. For example, some banks provide fully funded interpreter services. One of the arguments of the deaf community is that that means that people with a hearing impairment or deaf people are not able to choose the bank that they wish to go to; they are confined to those that provide interpreter services. The minister has offered - the commissioner is following up on it - that when people have specific complaints, they should be addressed through the disability discrimination legislation, because it is discriminatory not to provide for an individual. Unless the episodes of discrimination are reported, there is very little that the State Government can do. The very strong view is that to pick up the total cost of interpreter services, which should be borne by the community, is a backward step in terms of saying that services for people with disabilities are special and must be provided by a special government department. Our philosophy is quite the contrary; that is, people with disabilities have a rightful place in society and it is society's responsibility to provide that access. No-one would dream of building a shopping centre or a swimming pool - I refer to our earlier discussion - without ramps, accessible lifts and audio controls and braille buttons in lifts. Neither, too, should a commercial provider think of providing services without making an allowance for people with hearing impairments.

Ms McHALE: We fund the Deaf Society of WA \$170 000 and the WA DeafBlind Association \$64 000; that means \$234 000 is going into that category. I would not be able to provide the percentage as supplementary information because it is not possible.

Mrs HODSON-THOMAS: Yes; Dr Shean explained it.

Mr MURRAY: I refer to page 1197 of the forward estimates. Output 3, individual coordination, refers to local area coordination, which assists people with disabilities to access local supports. I am especially concerned about some of the current pressures in rural and remote areas. For example, has the drought affected the capacity of communities and families to provide support to local people with disabilities? Is the Government providing disability funding to support communities badly affected by the drought?

Ms McHALE: We have received from the local area coordinators in drought-affected areas feedback that families are feeling the negative effect of the drought. Many farming families are facing the prospect of significantly reduced incomes, while families based in country towns are feeling the effect of the economic downturn as a result of the drought. We have provided an additional \$50 000 emergency support package in the mid west, Midland, the upper great southern and the lower great southern regions to assist families adversely affected by the drought. This is a one-off grant, which will be available and administered through LACs, for families that have been particularly affected by the drought.

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Mrs HODSON-THOMAS: I refer to page 1194. The second last dot point under the major initiatives for 2001 refers to developing a framework with the Department of Health for the provision of accommodation for people with dual disabilities. I certainly commend the Government for that. I am sure we all look forward to a positive outcome. Can the minister elaborate on who is specifically involved in developing the framework? Is mental health involved?

Ms McHALE: Mental health, the Disability Services Commission and, I expect, non-government agencies will be involved.

[5.10 pm]

Dr SHEAN: This is formalising some informal arrangements, which we have been working on for some time, between us and Professor Lipton from the mental health branch, who I understand has just resigned from the Department of Health. As the minister said, we are working with agencies such as the Richmond Fellowship of WA, which caters for people with dual disabilities. The difficulty with this group is that although people with profound intellectual disabilities have no difficulty accessing support from us, people with low-level intellectual disabilities and severe psychiatric disabilities require very little ongoing support but occasional high levels of intervention from the health system. Our difficulty is finding an approach that is not unduly restrictive. There are times when a person with a psychiatric disability experiences an acute psychotic episode and requires custodial care, which would be inappropriate for us to deliver. We are hoping to build on the best of both structures. We want to make sure that whatever is developed supports the needs of these individuals and treats them as individuals rather than diagnostic groups.

Mrs HODSON-THOMAS: Do you anticipate that that framework will be developed over the next 12 months?

Dr SHEAN: It is a very complex issue. Many people with psychiatric needs live in our facilities. We - I include the psychiatrists from the Department of Health - are struggling to work out the best model of care. Human services has a long way to go in better understanding the needs of people with psychiatric disabilities. Many people live in low-cost options supported by the Disability Services Commission. They have adequate care for around 350 days of the year. However, I recall a recent case in which the police called out both the psychiatric emergency team and the Disability Services Commission at midnight to intervene. The person had successfully been living independently for a long time. It is a complex arrangement. It is important to point out that although there may be a framework of collaboration between the two departments, each person requires a separate approach. We cannot generalise from one person to another.

Ms McHALE: This is not something that will be done in the short term. There are difficulties with identifying the clients. Some clients live in hostels or boarding houses and often slip through the cracks:

Mr O'GORMAN: I refer to dot point six for major initiatives for 2001-02 on page 1196. Can the minister provide more details of the types of respite services this funding will cover and whether more services will be provided for the growing outer suburbs, in which large numbers of young families live?

Ms McHALE: As I have mentioned, the carers package will provide funding for respite. I recently announced that respite services in the metropolitan area will be boosted by \$317 000. That money is for 13 respite projects run by non-government service providers. They include the Disability In The Arts, Disadvantage In The Arts group. DADAA will provide a respite and skills development program for 56 children and adolescents in the Quinns Rocks area. The Cerebral Palsy Association received \$50 000 for a one-off trial of a community connections project that will link six families in the Rockingham-Kwinana and Joondalup-Quinns Rocks areas through a host family support arrangement. It is likely this project will be expanded beyond those six families and that those matches will continue beyond the trial, with a small recurrent grant of about \$4 500 for each family.

A grant has also been made to Fairbridge Western Australia for respite services based on the concepts of fellowship, awareness, inclusion and recreation. In broad terms, the respite funding includes flexible respite and family support, holiday respite, respite linked to skills development for children and adolescents, out-of-home respite and respite for teenagers so that they can integrate into local youth activities. A further \$200 000 will be available in April 2002 for new and extended metropolitan respite services.

Mrs HODSON-THOMAS: I refer to page 1200. I apologise if the minister has answered this in another division; I know she has referred to it. When does the minister expect to introduce the state carers Bill, on which the commission is working with other government agencies?

Ms McHALE: Work is being done on the state carers Bill under the leadership of Hon Ljiljanna Ravlich. I expect to introduce the legislation into the House early in 2002. I think we can achieve that. Work on the Bill is

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being done now in consultation with the Carers Association of WA. I would like to be able to introduce it in the autumn session.

Committee adjourned at 5.17 pm
