



# ***HEALTH AND COMMUNITY SERVICES COMMITTEE***

**Members present:**

Mr PJ Dowling MP (Chair)  
Mrs JR Miller MP (Deputy Chair)  
Mr SW Davies MP  
Mr AS Dillaway MP  
Mr JD Hathaway MP  
Mrs DC Scott MP  
Mr DE Shuttleworth MP

**Staff present:**

Ms S Cawcutt (Research Director)

## **PUBLIC HEARING—INQUIRY INTO THE DISABILITY SERVICES (YOUR LIFE YOUR CHOICE) AMENDMENT BILL**

### **TRANSCRIPT OF PROCEEDINGS**

**MONDAY, 8 OCTOBER 2012**

**Brisbane**

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### Committee met at 3.28 pm

**CHAIR:** I declare open this public hearing for the Disability Services (Your Life Your Choice) Amendment Bill 2012. I remind those present that these proceedings are similar to parliament and are subject to the Legislative Assembly's Standing Rules and Orders. Mobile phones should be turned off or switched to silent, please. Hansard is making a transcript of the proceedings and the committee intends to publish the transcript of today's proceedings unless there is good reason not to do so.

### AIREY, Mr Len, State Manager, National Disability Services

**CHAIR:** Mr Airey, would you like to make a short opening statement?

**Mr Airey:** Yes, thank you, Mr Chairman. Thank you very much for the opportunity to participate in today's proceedings. I will start by saying that National Disability Services is a peak body for disability organisations in the state—in fact nationally. We support the objectives and the principles that underpin this change in legislation, but we do have a couple of queries. A lot of the queries from the members within the sector are mostly around implementation. However, I do have a query about the definition of disability services. The explanatory notes state—

Relevant disability services for a person with a disability mean disability services within the meaning of the *Disability Services Act* ...

When you look at the definition, 'relevant disability services for a person with a disability means disability services', and then you look at the definition of 'disability services', it lists those service types that are applicable to the Commonwealth-state disability agreement. Having regard to the framework within the Your Life Your Choice documentation, it speaks about a whole range of disability services and specifically it mentions 'that are specific to the nature and impact of the disability on the person'.

I guess my concern is that, while the terminology within the framework itself is very acceptable in that it relates specifically to the nature and impact of the disability on the person, the definition within the act itself is more about listing service types rather than opportunities for service support for people with disabilities. I guess I am just flagging that there needs to be, certainly in our opinion, some connection between what is defined within the framework as being disability services and what is defined as being disability services within the legislation itself. That is one point.

Most of the queries we have had from service providers have been around implementation. I heard Executive Director Clare O'Connor speak earlier about the processes that are still underway in terms of establishing appropriate policies and procedures around implementation. I would like to make a couple of comments. There are two major issues, I think, that emerge from this. One was raised earlier. The first is around the capacity of people with disabilities and their families to actually transition from passive recipients of service to active purchasers of service. I think that is a major change for people with disabilities and their families.

The second point is that in any implementation of new policy or new legislation, there needs to be consistent advice or consistent information provided to the sector across the state. In the past, we have seen different interpretations being given to the processes involved in new initiatives in different regions. Our members constantly talk about how the advice they received from one region is very different from the advice they received in another. What I am suggesting here is that, as part of this policies and procedures framework, we need information sessions across all regions that provide the same information to people with disabilities, their families and service providers so that this new initiative, good as it is, gets off on the right foot.

I think some of the capacity issues raised with us have been around the ability of a person, say, with a cognitive disability, to make choices about their service provision. There has been talk about training required for families and people with disabilities and the general transition from being a passive recipient of service to an active purchaser.

There are other issues that also raise some sensitivities around pricing—that is, that all pricing that service providers may calculate is made transparent to all people. We do not want people with disabilities and their families having to ask price and we certainly do not want them exploited in any way through pricing within the sector. I think it is important that there is some sensitivity developed by service providers in that they provide transparent access to pricing for people with disabilities and their families. I think there is some particular sensitivity around Indigenous people having to ask about price. I think it is important that there is a lot of transparency associated with the implementation of this new initiative.

The other point that was raised with us was around those individual funding agreements and what will they contain. I think it is important that, if possible, the department prepares a sample of the agreement that they may develop for individuals associated with this initiative. If that can be made available to families, people with disability and service providers ahead of time, that would at least give some understanding, I think, of what is involved. I think it goes hand in hand with information sessions that ought

be conducted around the state to give people the opportunity to comment or to work in groups or to get out in the open the questions they may have around how this is going to work. I think that is the biggest question we have at the moment. We heard the executive director say earlier that we have an April 2013 implementation date, so I think there is ample opportunity for all of that consultation and development to take place.

There are also issues around safeguards. It is important to have safeguards, but one of the areas that NDS has been working on with service providers is this whole transition to a market driven system. This is the start of a market driven system in Queensland with the implementation of self-directed support. With a market driven system comes the responsibilities as well to operate like we do in everyday living around how we manage those markets and ensuring that we are getting value for money. It is not so simple for many families and people with disabilities to understand what is actually involved in being associated with a market driven system. Once again, I think it is very important for people with disabilities and their families and service providers to have that opportunity to be informed about how this will work and certainly have the opportunity to develop questions around implementation. Thank you very much for listening.

**CHAIR:** Thank you. Do we have questions?

**Mr DAVIES:** Mr Airey, I thought you made a good point regarding the pricing. I think we need to be very mindful that there could be gouging, potentially, if a person is a little bit more savvy and has an ability to actually negotiate better prices. What would you see as an effective safeguard to stop that happening?

**Mr Airey:** I guess you would be comparing prices between service providers.

**Mr DAVIES:** What you are saying is, with this transparency, the prices are there for that particular service?

**Mr Airey:** Definitely. I think all service providers associated with the implementation of Your Life Your Choice ought to be publishing their costs or their prices for various services that they offer. I think the only way we can work is through a transparent and open communication and understanding about what is available and what the costs of those services would be.

**Mr DAVIES:** In saying that, programs similar to this are running in other states. How does that work in other states?

**Mr Airey:** I do not know, to be honest with you. What we do know in other states is that not a lot of families choose to self-direct—that is, to manage their own package. They self-direct the nature of their services, but in terms of taking total control of their package a low percentage of people elect to do that. The choice is there for them to make that option.

**CHAIR:** Does that centre around what we heard earlier about the fact that they have to become a corporate entity—I forget the terminology, but they had to become their own business entity, an incorporated body. Would that be an active deterrent, do you think, in other models?

**Mr Airey:** I think that is probably true. However, I think it is also more about having the responsibility of taking responsibility for workplace health and safety, employing your own staff and all the things that go with that. A lot of families do not want that responsibility. They are happy to have the self-direction and say, 'These are the sorts of services I would like to have,' and are happy to source those but certainly not to take total control of employees and so on.

If I can give the individual support packages in Victoria as an example, 84 per cent of people with an ISP elected to go with existing service providers, 13 per cent decided they would use a broker and three per cent decided to self-manage. I know the expectation of the Productivity Commission is that probably less than 10 per cent would elect to self-manage, so most will either use brokers or use existing service providers.

**Mr SHUTTLEWORTH:** Do you think perhaps one of the main benefits of a program such as this is not so much that people will take it up, but if halfway through a block funded arrangement they are unhappy with the service provision they have actually no capacity to alter that? Even though they may not take the choice, it is nice to know that you have that flexibility should something occur.

**Mr Airey:** Absolutely.

**Mr SHUTTLEWORTH:** As a result of that, do you think one of the options we may look at is a panel type arrangement where service providers provide that pricing information and qualify to become like a panel member, and then perhaps the commercial negotiation is probably outside of that but the individual still has a choice of which panel member they are able to access services from?

**Mr Airey:** I know that some jurisdictions have panels, but I think within the Queensland context organisations need to be an approved provider in any case. I understand that is still the case with this particular initiative. I do not see that there would be much benefit in having a panel associated with self-direction at this point.

**Mr HATHAWAY:** Thanks very much, Mr Airey, for your presentation. I know that the departmental briefing earlier today talked about not being as prescriptive as the Tasmanian model. I think that was the one thrown up. You are talking about this tension that exists between disability services and being a little bit more prescriptive, if I am right. What services would you think, without getting the act to be so prescriptive, would not be available to people under the model? How defined do you want that definition?

**Mr Airey:** I do not want it particularly defined at all, other than to reiterate what is in the framework itself, which speaks about disability services that are specific to the nature and impact of the disability on the person. I think all I would be asking for the bill to reflect is already in the self-direction framework. The definition within the act is about service types—and I understand that the department can wriggle within its definition and provide the list of things that it has within the self-directed framework, but if this is about self-direction then it would be helpful to be a bit more explicit about it being about the needs of the individual rather than a set of service types.

**CHAIR:** Any final questions? There being none, I thank you very much for not only your submission to the committee but also your time here today and your contribution to the discussion. Thank you very much, Mr Airey.

**Mr Airey:** Thank you very much.

**RICHARDS, Ms Jo, Team Leader, Social Inclusion Program, Micah Projects**

**CHAIR:** Ms Richards, would you like to make an opening statement?

**Ms Richards:** Thank you. I will try to be brief. Thank you to the chair and the committee for asking us to come in and represent the people we support in the greater Brisbane region and also the people of Queensland who live with homelessness, vulnerability and disadvantage in our wonderful state.

I have here some information about Micah Projects for the committee. However, I will quickly tell you exactly who the population is that Micah supports and what our services do. We are a community organisation with an unswerving commitment to social justice. We believe that every child and adult has the right to a home, an income, health care, education, safety, dignity and connection with their community of choice.

At the moment we are providing a range of support services to individuals and families, and we have several projects within our main Micah Projects framework. There is Working with Families, Women and Children, where we work with very vulnerable families who are in crisis or who are homeless, and that includes the Brisbane Domestic Violence Advocacy Service. There is also Working with Forgotten Australians, people who have been institutionalised in Queensland and Australia, and that now includes the Find and Connect Service, which is a national find-and-connect service for people who have been removed from their families, other than Aboriginal and Torres Strait Islander people.

We also have Homelessness to Home Support Services. There are two services in that particular project. One of them is Street to Home, where we have outreach vans that go out with a nurse, in partnership with Mater Hospital, between the hours of six and two to three in the morning depending on the need. We travel around the greater Brisbane area to the known areas of disadvantage, so parks where people who are homeless are living, and assist people with their health care and make sure they are safe and get them to places where they can be accommodated if vacancies are available.

I am a team leader among three or four team leaders who operate within the mental health and developmental disability services. We are a specific and very specialist service and we deal with people who are very vulnerable. Our cohorts are between the ages of, I would say, mid-20s and late 50s, so there are quite young people who are experiencing homelessness and comorbid mental health, but the primary issues in their life are developmental disability. They also have autism in a great deal of cases and they experience a lot of addiction issues as well.

We have Supportive Housing Services, which move people into their own home to live independently. It is a gradual transition from the streets to your own home and living what is a valuable lifestyle and becoming a far more productive person in the community. Then we have our Innovation, Research and Evaluation Unit. In our submission to you today you will see some statistics on those people. We have used a tool called the vulnerability index, which looks at the comorbidities and the experiences and stories of people who are experiencing homelessness in greater Brisbane and around the country now.

Micah Projects and the people we support would like to state that we support the amendment. We support the idea of personalised and individual direct funding to people, whether it is by host or by direct support dollars into people's accounts. Certainly it is within the spirit of the declaration on the rights of people with disability and it is also in line with international movements right across Europe, the United States and Canada and particularly in the Scandinavian countries and the UK. I will use a couple of UK examples very quickly. People with complex needs, with disability, mental health and addiction comorbidities, have problems accessing services. They have problems even coming to terms with the idea that they might need some support in their life. Their own self-identity is very fragmented. Most of the people that we support have been within the criminal justice system, have gone up through families and youth services over the years, have been part of disability services since they were over 18 and previously have been in and out of childhood institutions. So their idea of accessing services and their willingness to even look at services going forward in their lives to become more meaningful citizens and be productive are extremely compromised.

A few issues in the amendment itself have come up. The first one is about access to information. Service agreements are going to have to be very carefully designed to be accessible to people and their families. The education and comprehension abilities of people can be very compromised—and this is not just in the homeless sector; this is across the whole population of people who are family members or supporting people with disabilities in the community generally. Those service agreements are going to have to be provided in lots of accessible ways and accessible to even the point of plain English documents which are very, very simple. We feel it is very important that accessibility is included in the amendment in terms of the individual service agreement. People need to understand what they are agreeing to if they are going to direct funding.

People with cognitive difficulties and mental health are certainly very happy about the idea of that money falling into their own accounts, to be their dollars to pay for their services, because for them it is about control. They have had very little control and a lot of them will opt for that, whether they are prepared for the onerous management of those funds and whether they are prepared to have services come in and do that management with them. We feel that a separate body that manages all of that—that has specially

equipped people who can translate government speak, accountancy speak and all of those issues—would probably be a good investment by the government to make Your Life Your Choice a good piece of legislation.

We support the role of the Public Trustee in the life of people. If the funds fall into someone's account, the Public Trustee will have direct consent power over those moneys. Our concern is that, no matter what the cost, if a person selects a service that they are comfortable to choose they have the right to access that service. The trustee will have the power to say, 'No, service Y is offering you a service at \$5 less an hour. That is the one you will go to.' We see that as contradictory to the whole idea of Your Life Your Choice. It is about accessing services that meet the needs of your disability. The needs of your disability may be a lot more than \$38 an hour. They may be \$48 an hour if you have restrictive practice and you have severe mental health issues on top of your disability such as a young man with autism. The quality of person you are going to need supporting you, to have a meaningful impact and be a citizen, is much higher than, say, for someone who is going to come in and do your housework every day. It is a very different kettle of fish.

The ability of the Public Trustee to change decisions without regard for the person is concerning, whereas the Adult Guardian has a very different focus. They will consent to what they believe is in the best interests of the person. The Public Trustee looks strictly at dollars. We have a lot of people who do not have an Adult Guardian because they are considered to have capacity in accommodation decisions and health decisions but they do not have capacity in financial arrangements. So I ask that the committee take into consideration the power for decision making around service selection by people when they have done their person centred work.

I would recommend that the committee look at the work of a group in the UK, the city of London, called Broadway. In 2010 they completed a pilot study on providing personalised support and personalised funding to rough sleepers. Some really meaningful things came out of that study. Now there are some special pilot services within cities of the UK to provide individually directed funds to homeless people. They were not given the money directly; homelessness services were given funds. The person was not even told how much there was but they were able to completely direct how they would move from homelessness through the system into their own homes and have someone to negotiate that with them.

It is an indictment of our wonderful Queensland society that we have people living rough and sleeping rough every night. There can be anything up to 300 people in the greater Brisbane region sleeping rough at night. These are people living with disability, whether it is diagnosed or undiagnosed. These are people living with comorbid mental health issues who spend a lot of public money going through the revolving door of the A&E departments every day. You have probably seen those statistics and know how much that costs the Health budget every year. If these people had more meaningful living with better services, their own homes and support to maintain those tenancies, which, as a team leader, I can tell you is not easy for them, I think we would have a much broader and a more exciting Queensland with people who are really starting to do some good things as citizens. Thank you for the opportunity.

**CHAIR:** Thank you. You indicated you have some information you want to provide to us. Is it additional to your submission or was it contained in the original submission?

**Ms Richards:** It is additional.

**CHAIR:** Would someone like to move that that information be received? It is so moved by Steve and seconded by Dale. It is carried that that information be tabled.

**Mrs MILLER:** I have one question. In relation to mental health as well as employment programs, when you have mental health issues—and as you say, they front up to the A&E—some of them come in on justice examination orders.

**Ms Richards:** That is correct.

**Mrs MILLER:** But a lot of them are turned around a few hours later.

**Ms Richards:** Yes.

**Mrs MILLER:** So they just go back out on the streets.

**Ms Richards:** That is correct.

**Mrs MILLER:** We all know that that has happened for many, many years. Particularly in relation to young teenagers it is worse because there are very few mental health beds in Queensland. In relation to employment programs for vulnerable people, it is my experience in my electorate that when you provide them with the employment and training programs in a holistic package you get a better outcome.

**Ms Richards:** Absolutely.

**Mrs MILLER:** I was wondering what your view was in relation to that, particularly when the employment programs have been gutted. That would have an impact, I am sure, on your service.

**Ms Richards:** For the people that Micah supports, employment is a dream in many situations. We have young women whom we support through our domestic violence who want to work. We have young people in mental health and disability who would love a job but they do not even meet the criteria for supported employment or the old-fashioned sheltered workshop because the people that they are  
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preclude them from that kind of support. They would love to work. They even have ideas and dreams about their own businesses, but they have enough trouble keeping a roof over their head and food on the table and their ability to self-manage is very severely compromised because of their histories. I would love to be able to move people on through our social inclusion programs straight into employment, and I see so many who are more than capable of doing that. The issue for us is that not only are the programs not cut out to suit people with complex needs but also, really, they are in the too-hard basket for a lot of services, which is why Micah is in their life.

**CHAIR:** You mentioned that getting access to information is one of the big impediments initially. The previous presenter, Mr Airey, suggested that information was also an issue but from a point of inconsistency. Have you found that as well in a metropolitan area? Mr Airey was talking more broadly across Queensland: different regions had different answers to the same question and different policy positions in many respects. Is that true in a CBD environment?

**Ms Richards:** Absolutely. I honestly do not know how some of the young men and women we support would access anything given that they cannot read and they have disengaged from services generally. We have to use very flexible and innovative models to get them to engage with our services at all. To get the information out to them, you cannot hold a training day.

**CHAIR:** No.

**Ms Richards:** You have to have someone who is prepared to come and meet them where they are, where they are comfortable, develop a relationship and then start the information crossover. That is what Micah does in a sense. We help them to establish relationships. They trust us to support them in a way that accepts them for who they are and is not judgemental about their lives, their previous history or what their daily choices are in terms of their lifestyle.

**CHAIR:** Thank you, Ms Richards, not only for your submission to the committee but also for your attendance here today, your contribution and additional information.

**MEWETT, Mr Peter, General Manager, Services, Cerebral Palsy League**

**CHAIR:** I would now like to invite Mr Peter Mewett from the Cerebral Palsy League, our final witness for today on this bill. Peter is the General Manager of Services in Cerebral Palsy League. Welcome. Could you begin with a short opening statement?

**Mr Mewett:** The Cerebral Palsy League thanks the committee for an opportunity to comment on the Disability Services (Your Life Your Choice) Amendment Bill 2012. CPL is the largest non-government service provider for Queenslanders who have a physical disability and we provide a very broad range of services throughout Queensland. We anticipate that a great many of the individuals and families who CPL support will be in a position to participate in Your Life Your Choice at some stage over the coming years. CPL's vision is an inclusive world for all people and our written submission was informed by input from our constituency.

CPL has long been a supporter of fundamental change in the way that disability services in Queensland and, indeed, Australia are funded and delivered. We believe that specialist disability support must empower people with a disability and their families to maximise their independence and their contribution to society, not simply be about providing care and support which promotes a real or perceived dependency on government and community handouts. We must fundamentally change the way we approach disability in this country, not simply change the funding regime for disability support. We must support individuals and families to actively take opportunities when they exist rather than just passively see the opportunities that might exist. We recognise that the state government's Your Life Your Choice initiative will embody these same principles.

Self-directed funding is a key foundation empowering people with a disability and their families to live the life they want to live. It will provide them with purchasing power and enable them to establish relevant and tailored packages of support. This in turn will provide them with greater opportunity to participate and contribute to community life. The proposed amendment bill will go some way to removing legislative barriers that have previously held back the rollout of self-directed funding within the disability sector and, accordingly, CPL strongly supports the passage of the legislation through Queensland parliament. However, we also recognise that there will be practical obstacles to overcome in its implementation.

The amendment bill requires an individual or family to enter into an individual funding agreement with the state. No detail has been made available on the form that such an agreement will take. CPL's client group have made it very clear that the agreement needs to be written in plain English in a way that can be understood and that training or other resources are developed to ensure that it can be understood and used to great effect by those individuals and families. The agreement or the guidelines need to be clear about what can be purchased with self-directed funding and what cannot. A list of exclusions would seem to be the most useful vehicle for this as it clearly identifies non-negotiable items that lie outside the scope of the funding.

Also, red tape needs to be kept to a minimum in the agreement. CPL's constituency understands the need for financial probity and are happy to provide reasonable evidence that goods and services purchased have been used for the intended purpose. However, they also have identified they do not want to exist in a situation where the time spent on financial accountability actually outweighs the relative worth of the funding and works contrary to the very premise of Your Life Your Choice.

I would like the committee to note that a majority of the adults who access CPL services have complex communication needs. Accordingly, alternative communication vehicles will be required for these individuals and families to effectively participate in Your Life Your Choice. Surety and continuity of funding support is also a key concern for CPL's client group. Individual funding agreements should enable long-term solutions, not simply a patchwork of limited term responses due to lack of certainty.

Because there will be no increase in funding support available to individuals and families, it will be critical that they make good purchasing decisions. This will require an additional investment by the state in tools and resources to support them to become more sophisticated purchasers. The amount of funding that is available to individuals and families has already been tagged for direct support. Any call on this funding to assist individuals or families to buy assistance in actually purchasing this support will erode the amount of direct support that can be purchased with that amount and seems to work contrary to the purpose of the initiative.

From previous experience, CPL is also aware there are potential obstacles in other Queensland state legislative instruments and state government department or financial probity policies and regulations that may reduce the effectiveness of Your Life Your Choice. An example of this may be how is it intended that the proposed bill and associated funding program processes will overcome barriers to provide financial assistance directly to individuals that are inherent in the state's Financial Accountability Act 2009? Specifically, will state government require individuals receiving funding under Your Life Your Choice to be deemed statutory bodies under the Financial Accountability Act 2009? To require this of individuals and families would encumber them with a structural and accountability requirement that is completely at odds with the stated purpose of the proposed amendments in question today.



CPL values the work undertaken thus far and encourages the state government and relevant departments to engage in well focused dialogue on the instruments and resources used to implement the Your Life Your Choice initiative. This includes program guidelines, the individual funding agreement itself and resources to assist in helping people make well informed decisions. CPL and the people who access our services will welcome the opportunity to contribute to the relevant department's consideration of these matters.

**CHAIR:** You have been very succinct. There is no doubt about that.

**Mr Mewett:** It is perhaps a surprise to some.

**CHAIR:** Within the Cerebral Palsy League do you find inconsistency in information across the state? Because you are your own body now do you encounter that much with various departments across the state or various regions?

**Mr Mewett:** It would be fair to say that no matter the size of the organisation, whether you are locally based or state-wide based, the inconsistency of the information that comes from various agencies not just within state government but across all three levels of government is one of the major issues that people face in actually being able to contribute to their communities. It is not just that information is inconsistent; the programs and initiatives are inconsistent as well. Particularly with complex communication needs, the format that that information is provided in and the format and mechanisms available for them to contribute make a huge difference on their capacity to be able to contribute.

**CHAIR:** That is a theme that was echoed by Ms Richards earlier about the ability to pass on that information.

**Mrs MILLER:** For Peter's enlightenment, earlier today I asked questions in relation to the auditing requirements. The officers said that they are still working on the policies and the guidelines. I expect that there might be a body of administrative law that is developed around how this is going to proceed in future years. In fact, it could very well be judicial review in the Supreme Court before we get that body of law through on how this is actually going to work on the ground.

**Mr Mewett:** I would not be surprised. By the same token, I would hate to see things being held up in terms of the opportunities for individuals and families to be able to access the ability to self-determine because we have those interstate government issues between departments.

**Mrs MILLER:** Where you have myriad people who are going to access this potential funding, there would have to be reasons for the decision as to whether or not the departmental officers will allow some particular items to be approved or not. Therefore, you then get into the administrative law regime. That is what I am saying: there might be a whole body of law that comes out of this. When I asked about regulations it was basically, 'We'll see how that happens as it works out.' It is quite incredible to me to have a group of expert bureaucrats who have not worked out how it is going to actually be rolled out on the ground.

**Mr Mewett:** We just look forward as an organisation to assisting those same bureaucrats in developing the notion. As we have said in our submission or as I have said today, we actually find the carta principle as used in constitutions probably useful in that it is more useful to have a list of exclusions because that is more inclusive than having a list of inclusions. If you have a list of exclusions, by definition, everything else is included whereas if you have a list of inclusions, every time you want to do something outside that box you have to potentially change the list. Our very strong suggestion is that it is better to have the non-negotiables clearly identified which then by definition means everything else is in.

**Mrs MILLER:** Except that that can be added to at any point in time.

**Mr Mewett:** Potentially, yes. But it depends on the instrument that would be used and whether that instrument needs to be tabled in parliament I would suggest.

**Mrs MILLER:** But we do not know whether it is going to be a regulation, a policy or a guideline. You made a comment about statutory corporations, because it is governments that set up quangos.

**Mr Mewett:** It was not so much that; it was under the financial assistance act 2009. That sets up who can actually receive grants of financial assistance from the state government. On our reading, at the moment it still does not seem that under that legislation there is the ability to actually provide money to an individual.

**Mrs MILLER:** Yes, I would agree with that.

**Mr Mewett:** You can provide rebates, but you cannot actually provide money directly. So regardless of what goes through in this legislation, if that legislation which is the primary instrument—the cheque-turner-out, if you will, of government. If you are unable to provide it through that act it really does not matter what changes are made to this act.

**Mrs MILLER:** I just have another question for Peter in relation to that. That would mean that any individual if they were in the receipt of government money could then potentially become a unit of public administration for the CMC act.

**Mr Mewett:** Sorry, I am not qualified to make a comment.

**Mrs MILLER:** When you take it to that nth degree, that is how it could work out.

**Mrs SCOTT:** I have a quick question. A parent does the best with organisations for their child up to whatever age when they will then have some choices for themselves. At what age is that transition going to take place?

**Mr Mewett:** I suppose it would depend if you are asking historically or now. The way we work as an organisation is that we start working in a very real sense as soon as children—each family is different, but basically as soon as children are turning 12 we are trying to get them involved as much as possible in their service planning.

**Mrs SCOTT:** So choices to be made?

**Mr Mewett:** Yes. One thing I would reiterate is that as an organisation we believe that individuals and families have the absolute right to be choosing where and where not they purchase these services. If we cannot provide services that are relevant to people's needs, we do not deserve to survive into the future.

**Mr DAVIES:** Earlier on when the department was here I asked a question regarding working families actually getting some funding as a primary caregiver. Particularly with your organisation, you would see that happen quite a lot. Do you see that as a problem? They said some states actually allow it and some do not. Do you see that, going forward, that would be a good thing?

**Mr Mewett:** I would love to think that the majority of families who support children with disabilities were actually able to connect with the workforce. Unfortunately, the opposite tends to apply and people are leaving the labour market because of their responsibilities. However, that being said, anything that we can do—and there is a whole range of different ways that you can put purchasing power in the hands of individuals and families. It does not necessarily need to be money in people's bank accounts, although that would be a great. There is a whole range of ways. Certainly our aim is to see purchasing power put in the hands of families of children and adults with a disability.

**Mr DAVIES:** Let us just say a family had a sibling who decided that they would forgo their career to look after their brother or sister as a job in a sense. Obviously, they are not getting what they would outside.

**Mr Mewett:** I would have to see the program guidelines. There are already situations where family members in remote areas are effectively paid to be people's paid carers given that there is not an available workforce in those spots. That is more a rarity. There are significant conflict of interest issues that we experience as an organisation around those matters. While we are open to it in exceptional circumstances, there is a conflict of interest. From a public policy point of view you would need to be looking at how that interacts with the income support system as well. There may be some constitutional matters that would need to be looked at there as well. However, it does happen in very remote areas. We just need to work with both the families and others in actually setting up an arrangement to deal with those potential conflicts of interest. We have not had anything blow up in our face yet, but it does take careful work up front.

**CHAIR:** Thank you very much not only for your submission but also for your contribution and your time here today. I also advise all submitters that the submissions are now published on the parliamentary website. They are live now. The time allocated for this public hearing has expired. I declare the hearing closed. The committee will now continue in a private meeting.

**Committee adjourned at 4.15 pm**