



Youth Parliament of Western Australia

**Equity, Inclusion, Education, and Increasing  
Opportunities Act 2025**



## **Explanatory Memorandum**

In the State of Western Australia, there are significant gaps in how the needs of people with disability are addressed, particularly in the areas of education, diagnosis, and workforce support. Firstly, the current legal definition of disability is not comprehensive enough to reflect the full range of people's experiences. The school curriculum often excludes vulnerable groups, leading to a lack of understanding and inclusion for students with disability and contributing to broader challenges like finding employment or accessing travel opportunities. Additionally, long wait times for a diagnosis delays access to vital supports and services. The lack of regular, detailed, annual reporting makes tracking progress or identifying improvement areas difficult.

This Bill proposes several targeted solutions to address these issues. It broadens the Health and Physical Education curriculum to better address mental and physical health and focuses more on Social and Emotional Learning, especially for neurodivergent students. SEL teaches all students how to interact positively with others and manage their emotions, which is crucial for breaking down barriers to inclusion and building a more understanding and welcoming educational environment.

This Bill will set a maximum wait time for diagnoses, so that people are not left waiting too long for essential support and establishes a State Disability Workforce Planning Commission which monitors workforce needs, ensuring the right staff and services are available and can adapt as needs change.

The Bill will outline the general focus areas of strategies developed by the State Government to enhance the quality of life of individuals. These strategies will be accompanied by metrics measured on a regular basis, to evaluate the government's success in implementing its strategy and foster transparency and accountability in adhering to its responsibilities to improve the lives of West Australians with disabilities. All West Australians deserve a good quality of life, regardless of how they were born or how different they may be.

This Bill guarantees that this remains the case for years to come.

Western Australia

# Equity, Inclusion, Education, and Increasing Opportunities Act 2025

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Youth Parliament of Western Australia

# **Equity, Inclusion, Education, and Increasing Opportunities Act 2025**

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**No. 7 of 2025**

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**A Bill for**

**An Act —**

- **to amend the health and physical education curriculum to include disability and inclusion education; and**
- **to set maximum waiting times for essential disability support services; and**
- **to establish a disability workforce planning sub-commission; and**
- **to provide for mechanisms to evaluate the State Government's progress in improving outcomes for people with disabilities; and**
- **for related purposes.**

*[Assented to 10 August 2025]*

The Youth Parliament of Western Australia enacts as follows:

## **Part 1 — Preliminary**

**1. Short Title**

This is the *Equity, Inclusion, Education, and Increasing Opportunities Bill 2025*.

**2. Commencement**

This Act comes into operation on the day on which this Act receives the Youth Governor’s Assent.

**3. Terms used**

In this Act—

***AAC Devices*** means Augmented or Alternative Communication Devices;

***accessibility*** means, in the context of disabilities, the design of products, services, environments and information in a manner that allows people with disabilities to use them effectively and independently, to participate fully in society;

***Accredited Education Provider*** means an institution or organization that has been formally approved by a relevant Australian regulatory authority to deliver nationally recognized training or qualifications.

***Accredited providers*** mean registered psychologists, paediatricians, clinics, or allied health teams that have experience in neurodevelopmental assessments, meet minimum standards for assessment, transparency and reporting, agree to capped fees and are in a Department of Health accredited registry.

***Action Plan*** refers to the list of achievable actions that the State Government can take in order to enhance the focus areas and strategic priorities of the Disability Strategy;

***advocacy bodies*** refers to organisations and groups that promote, protect, uphold and defend the human rights and wellbeing of people with disabilities, as well as their carers;

***affordable and accessible housing*** means dwellings and places of residence that are especially tailored to meet the unique needs of people with disabilities, that can be purchased or rented at a reasonable cost;

***age-appropriate*** means content, activities, and strategies that are developmentally appropriate for the age, development, social/emotional capabilities, and general abilities of the child/ren;

***AUSLAN*** means Australian Sign Language;

***Assessment*** has the meaning given to that term by section 22 of this Bill;

***carer*** means an individual who provides ongoing, unpaid support to a person with a disability, with tasks such as personal care, mobility assistance, and the management of day-to-day activities;

***Commission*** means the Disability Services Commission referred to in the *Disability Services Act 1993*

***community and organisational leadership*** refers to positions that give an individual the capacity to guide and direct groups of individuals towards a set of shared goals, in both voluntary and remunerated settings;

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***community infrastructure*** refers to the buildings, facilities and services that exist to meet the recreational, educational, health and social needs of the community;

***complex needs*** refers to the existence of multiple, interconnected challenges arising from such factors as disability, illness, or other broader health and wellbeing difficulties, that significantly impact an individual's wellbeing and require specialised support;

***counsellors*** means a school employed person trained to give guidance on personal or psychological problem to help a student;

***delayed cognitive disorders*** means delays that affect a child's intellectual functioning and adaptive behaviour, in which the child functions significantly below the expected average for their age means delays that affect a child's intellectual;

***Designated space*** means a purpose-fitted area within a school that is accessible to students with diverse needs that complies with national disability access standards, school safety standards, and is suitable for confidential health and support services.

***digital correspondence*** refers to the exchange of messages and other information through electronic means;

***disability service provider*** means a business, organisation, or individual delivering funded disability services to individuals;

***Disability Strategy*** refers to an actionable plan to address the rights and unique needs of individuals with disabilities, by eliminating barriers to their societal participation, enhancing their safety, autonomy and dignity, and creating an environment

in which they are afforded equal opportunities in all aspects of life;

**Disability Support Hub** means a space available in schools for students to receive wellbeing and diagnostic care;

**DSC** means Disability Services Commission;

**DSC Board** means the Disability Services Commission board;

**economic participation** refers to an individual's involvement in the labour market, including such activities as working, seeking employment, and participating in education and training to develop the necessary skills and knowledge for future employment;

**education and training settings** means schools, universities, TAFE colleges, registered training organisations, and other entities, including community organisations, that provide structured learning experiences to enhance individuals' knowledge, skills, or competencies;

**government databases** refers to online portals maintained by State Government entities to support Government functions, provide information to the public, enable transparent reporting, and enable research and analysis activities;

**Healthy and Active Communities** means the content focusing on developing the knowledge, understanding, and skills to enable students to critically analyse contextual factors that influence the health and wellbeing of communities, supporting students to take action to promote the health and wellbeing of their communities;

**health services** refers to all actions broadly aimed at maintaining, improving or restoring the health of individuals;

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**Hub hours** means the working hours of a Disability Support Hub equal to a minimum of 1 hour before and after school hours, with optimal weekend availability subject to community demand and staffing.

**Inclusive Education** means the educational system where all students, regardless of their individual needs or background, are welcomed and supported to fully participate in learning alongside their peers. This is achieved through adaptations, including but not limited to adaptations to the learning environment, teaching methods, and curriculum to allow for accessibility and equity among learners.

**Instructional teaching** means the time spent and methods used to deliver content, knowledge, and skills to students;

**Interacting with Others** means the content focusing on developing knowledge, understanding, and skills to critically engage with a range of personal health focus areas and issues, including individual emotional and social wellbeing.

**Interpersonal Skills** means the content focusing on personal and social skills that can be developed through participation in movement and physical activities, including communication, critical and creative thinking, decision-making, problem-solving, and cooperation.

**invisible disabilities** means a physical, mental, or neurological impairment that is not visible or immediately apparent when observing someone;

**legislative protections** refers to parliamentary legislation designed to protect the rights, interests, safety and dignity of individuals with disabilities;

***limb differences*** means any variation in the arm or leg which varies from typical form or function, inclusive of amputees and ambulatory wheelchair users;

***making responsible decisions*** means the skills required to make choices that affect an individual positively;

***members of staff*** means primary and secondary school staff including teachers, counsellors, advisors, education assistants, deputy principals and principals working directly with a student;

***mental health services*** refers to bodies that specialise in the diagnosis, treatment and management of mental health conditions;

***metropolitan*** refers to the boundaries Perth Metropolitan Area as established within the *Planning and Development Act 2005*;

**Minister** means the member of Parliament which oversees the portfolio this Act falls primarily under, or is tasked with enacting this Act;

***Movement Skills*** means the content focusing on the foundations of play and fundamental movement skills;

**NDIS** refers to the National Disability Insurance Scheme;

**neurodiverse** means individuals displaying traits of or characterized by neurologically atypical patterns of thought or behaviour;

***Office of Disability*** refers to the body established by the Department of Communities to provide disability sector stewardship, advice on State and Commonwealth systems, and drive work and innovation to advance the inclusion and participation of people with disabilities in Western Australia;

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***Personal Identity and Change*** means the content focusing on exploring personal identities and change as individuals grow older; develops the knowledge, understanding, and skills to support students to be resilient and to adapt to change over time;

***public school region*** means individuals displaying traits of or characterized by neurologically atypical patterns of thought or behaviour;

***public service*** means departments and organisations listed under Schedule 1 of the *Public Sector Management Act 1994*, or as determined by the Public Sector Commissioner;

***public transport*** means buses, trains and other related forms of transport that operate at regular times, charge set fares and run on fixed routes;

***qualified practitioners*** means an individual with the qualifications needed pertaining to the disability workforce;

***regional*** means any area falling outside of the Perth Metropolitan area, as established within the *Planning and Development Act 2005*;

***relationship skills*** means the skills required to foster and maintain healthy relationships;

***relevant fields*** means areas of work pertaining to disability;

***School of Special Educational Needs: Disability (SSEND)*** refers to the branch established by the Department of Education intended to build the capacity of WA schools to ensure that students with disability can access the school curriculum on the same basis as their peers;

***SCSA*** means the School Curriculum and Standards Authority;

***SDWSC*** means the State Disability Workforce Sub-Commission;

***SEL*** means Social Emotional Learning; the process through which students develop and apply the knowledge, attitudes, and skills necessary to understand and manage their emotions and subsequent behaviours, and show empathy for others;

***self-awareness*** means recognizing emotions and how they impact behaviour; acknowledging strengths and weaknesses to gain confidence in abilities;

***self-management*** means shifting thoughts, emotions, and behaviours to make decisions and reach goals;

***social awareness*** means the ability to read social situations, social cues, and empathise with others;

***State Disability Strategy*** refers to a framework intended to protect, uphold and advance the rights of individuals with disabilities in Western Australia, and allow them to feel engaged and empowered to live as they choose in an inclusive community;

***State Disability Strategy Reference Group*** means a representative body of people with disabilities in Western Australia, comprised of individuals from an array of cultural, linguistic, age, gender and professional demographics, who have been diagnosed with a disability, that provide advice and direction on the development, implementation and ongoing evaluation of State Disability Strategies;

***State Disability Workforce Sub-Commission (SDWSC)*** has the meaning given to that term by section 15 of this Bill;

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**state government entities** refers to entities created and given authority under legislation to manage state-related activities for the benefit of the Western Australian community;

**Staying Safe** means the content focusing on supporting and empowering students to make decisions and be assertive about their safety and wellbeing Staying Safe means the content focusing on supporting and empowering students to make decisions and be assertive about their safety and wellbeing;

**support person** means an individual that provides practical and emotional assistance and encouragement to a person with a disability, across all aspects of their daily life;

**support team** means a team consisting of counsellors, psychologists and a student chosen teacher, who, with input from the student, tailor emotional, psychological, social, and educational support, in accordance of the child's individual needs;

**support worker** means an individual that provides a broad scope of assistance and support to individuals with disabilities to help them live more independently and participate in daily life;

**TAFE** means Technical and Further Education;

**The Commission** means the Disability Services Commission;

**Tier 1 supports** means SEND's evidence-informed resource designed to strengthen teaching practices across all educational settings

**Understanding Movement** means the content focusing on developing knowledge and understanding about how and why the body moves, and what happens to the body when it moves;

**Universal Design for Learning (UDL)** means the educational framework based on cognitive neuroscience research that guides

the development of flexible learning environments and instructional practices to accommodate the diverse needs of all learners. This is achieved through removing barriers to learning via multiple means of engagement, representation, action, and expression.

***university*** means a place where people study for an undergraduate or postgraduate degree;

***waitlist period*** means the time between a referral for diagnostic assessment and the commencement of said assessment.

## **Part 2 — *Disability Services Act 1993* amended**

### **4. Act amended**

This part amends the *Disability Services Act 1993*.

### **5. Section 3 amended**

In section 3 delete the definition of *disability* (each occurrence) and insert:

*“disability* means a condition —

- (a) that arises from an intellectual, psychiatric, cognitive, neurological, sensory or physical impairment, or a combination of such impairments, whether the impairment is visible or not; and
- (b) that is permanent, likely to be permanent, long term, or a variable or temporary duration; and
- (c) that may be chronic, episodic, fluctuating, or situational in nature; and
- (d) that results in—
  - (i) a reduced capacity of the person to participate in communication, social interaction, learning, mobility, employment, or other major life activities; and
  - (ii) a need for ongoing, intermittent, or short-term support services, accommodations, or adjustments.”

### **6. Subsection 28(2)**

In section 28(2)—

delete: “A disability access and inclusion plan must meet any prescribed standards.” and insert:

- (a) a disability access and inclusion plan must meet any prescribed standards;

- (b) include measurable targets and clear accountability mechanisms for implementation;
- (c) align with Australia's Disability Strategy and the principles of the National Disability Insurance Scheme; and
- (d) uphold Australia's obligations under the United Nations Convention on the Rights of Persons with Disabilities.

**7. Subsection 28(7) amended**

In section 28, delete subsection (7) and insert:

- (7) “Not more than 3 years is to elapse—”

**8. Section 28 inserted**

After section 28(10) insert:

“

- (11) A disability access and inclusion plan must address how the public authority will—
- (a) support NDIS participants to effectively engage with its services, programs, and facilities;
  - (b) ensure clarity regarding which supports are the responsibility of the NDIS and which are the responsibility of the authority;
  - (c) ensure its services are accessible to both NDIS participants and non-participants with disability; and
  - (d) contribute to the foundational supports system as defined in the NDIS framework.
- (12) Each public authority must publish an annual report on the implementation of its disability access and inclusion plan, including—
- (a) measurable outcomes achieved;

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- (b) challenges encountered and how they were addressed; and
  - (c) feedback received from individuals in the public with a disability.
- (13) Digital platforms, information, and services provided by a public authority must—
- (a) meet current Web Content accessibility Guidelines;
  - (b) any other relevant accessibility standards, if any.

”

## **Part 3 — Inclusive education reform**

### **Division 1 — SCSA curriculum requirements**

#### **9. Health and physical education primary curriculum requirements**

Pursuant to section 9 of the *School Curriculum and Standards Authority Act 1997*, the Authority must ensure inclusive curriculum requirements in health and physical education for students from pre-primary to Year 6, as follows;

- (1) In Personal, Social and Community Health—
  - (a) Personal Identity and Change instructional teaching and Healthy and Active Communities instructional teaching is to be inclusive of—
    - (i) individuals with limb differences;
    - (ii) individuals with invisible disabilities;
    - (iii) neurodiverse individuals; and
    - (iv) individuals with cognitive development delays.
  - (b) Staying Safe instructional teaching to include varied forms of communication for acquiring help in unsafe situations including AUSLAN and AAC devices;
  - (c) Staying Safe instructional teaching to include how to engage with individuals utilising varied forms of communication including AUSLAN and AAC devices; and
  - (d) Interacting with Others instructional teaching to include how to engage with individuals using varied forms of communication including AUSLAN and AAC devices, and inclusive of—
    - (i) individuals with invisible disabilities;
    - (ii) neurodiverse individuals;

- (2) In Movement and Physical Activity—
- (a) Movement Skills and Understanding Movement instructional teaching is to be inclusive of—
    - (i) individuals with limb differences;
    - (ii) individuals with invisible disabilities;
    - (iii) neurodiverse individuals; and
    - (iv) individuals with cognitive development delays.
  - (b) Interpersonal Skills instructional teaching is to be inclusive of—
    - (i) individuals with invisible disabilities;
    - (ii) neurodiverse individuals; and
    - (iii) individuals with cognitive development delays.

**10. Social emotional learning inclusion**

SCSA is to include a curriculum requirement, pursuant to section 9 of the *School Curriculum and Standards Authority Act 1997*, in the Health and Physical Education Curriculum of Social Emotional Learning (SEL), with the pillars being—

- (a) self-awareness;
- (b) self-management;
- (c) social awareness;
- (d) relationship skills; and
- (e) making responsible decisions.

**11. Professional Development in Inclusive Education**

- (1) The Department of Education must ensure that every person employed as a teacher delivering instruction in the Health and Physical Education learning area completes professional development in inclusive education.
- (2) The professional development required under subsection (1) must –

- (a) Include comprehensive training on inclusive teaching strategies, principles of Universal Design for Learning (UDL), and the implementation of reasonable adjustments for students with disability or additional support needs;
  - (b) Provide practical, context-specific guidance on adapting physical activity and movement-based learning to foster participation and engagement of all students;
  - (c) Be delivered by an accredited education provider as approved by the Department of Education; and
  - (d) be completed—
    - (i) Within 12 months from commencement of instruction in the relevant learning area; and
    - (ii) At intervals not exceeding 3 years thereafter.
- (3) Principals must maintain up-to-date records documenting compliance with subsection (1) for all applicable teaching staff and provide such records to the Department of Education upon request.
- (4) The Department of Education shall have the authority to audit compliance with this section and may issue directives requiring corrective action for any identified non-compliance.

**12. Collaborative Practice in Inclusive Education**

- (1) Schools must establish and maintain collaborative learning communities to support teachers in inclusive education practices, including the adaptation of physical activities.
- (2) Such learning communities must facilitate the sharing of best practices, resources, lesson plans, and provide peer support.

**13. Resource Provision in Inclusive Education**

- (1) The Department of Education must provide schools with accessible and evidence-based resources, including but not limited to –

- (a) Toolkits for inclusive teaching and physical education adaptations;
  - (b) Exemplar lesson plans demonstrating inclusive approaches; and
  - (c) Guidance materials aligned with UDL principles.
- (2) These resources must be regularly reviewed and updated by the Department of Education to reflect current best practices.

**14. Making mainstream lessons and classrooms more accessible for students with disabilities**

- (1) The Department of Education’s School of Special Educational Needs: Disability (SSEND) is to assess the implementation of baseline accessibility measures in the curriculums of schools across Western Australia, to ensure that all curriculums are universally accessible to all students.
- (2) Every three years, school principals must arrange for SSEND officers to assess the school’s performance in meeting the Tier 1 Supports Checklist if students with disabilities are enrolled.
- (3) All schools are to be assessed in a staggered manner, to ensure that resources are not exhausted.
- (4) Assessments outside of the triennial schedule can take place within schools performing poorly across one or more of the seven strategies within the Tier 1 Supports checklist.

**Division 2 — Disability Support Hubs**

**15. Establishing Disability Support Hubs**

- (1) Disability Support Hubs are to operate within an available space in designated schools.
- (2) These spaces are to be—
  - (a) in a location that is easily accessible for all students; and

- (b) Inclusive of a range of physical, cognitive, sensory, and psychosocial needs. If it is not feasible to meet all accessibility requirements in a single physical site, the Department of Education must ensure supplementary support is available, including but not limited to –
    - (i) mobile outreach units for students with mobility restrictions or who are geographically remote;
    - (ii) digital access to services via telehealth platforms; and
    - (iii) adaptive scheduling to support students with fatigue, sensory sensitivities, or fluctuating health conditions
- (3) Disability Support Hubs are to—
  - (a) provide mental health support to all students through the form of a minimum of one counsellor per Hub, accessible to all students during Hub hours; and
  - (b) provide disability support to students with individual or complex needs, through the form of a minimum of one general practitioner, accessible to all students within Hub hours.
- (4) If a Disability Support Hub is unable to staff a full-time general practitioner or counsellor, the Department of Education must –
  - (a) partner with local health networks to provide regular visiting services;
  - (b) establish telehealth access to registered health professionals; and
  - (c) maintain a shared staffing model across multiple hubs in the same region.

**16. Disability Support Hubs in each region**

The establishment and number of Disability Support Hubs per educational region must be guided by—

- (a) school population density and enrolment data;
- (b) average travel time and geographic spread of schools;
- (c) the existing availability of school-based support staff; and
- (d) community consultation on local accessibility needs.

**17. Regional access and eligibility for Disability Support Hubs**

Disability Support Hubs must admit students from surrounding schools in the same educational region. Each Hub must—

- (a) maintain an intake policy specifying eligibility, referral requirements, and capacity;
- (b) obtain parent or guardian consent for external students accessing services; and
- (c) maintain a clear supervision plan for all attendees, including entry, duration, and sign-out protocols.

**18. Wellbeing and Inclusion programs in Disability Support Hubs**

In addition to providing medical and mental health referrals, each Hub must deliver in-house programming that promotes student wellbeing and inclusion. This includes, but is not limited to –

- (a) group-based resilience or social skills workshops;
- (b) peer support and mental health advocacy initiatives;
- (c) family support evenings and community information sessions.

**19. The role of Support Teams**

- (1) Disability Support Hubs will collaborate with school counsellors to form support teams whose roles and responsibilities include—
  - (a) keeping and maintaining records of students accessing the Hub;
  - (b) referring students to a general practitioner or external counsellor, within the bounds of confidentiality and with parental/guardian permission; and
  - (c) working collaboratively with external counsellors to support students best.
- (2) General practitioners are to take on referrals from Members of Staff for students.
- (3) All student health, counselling, or referral records collected under subsection(1)(a) must comply with the Health Records and Information Privacy Act 2001 (Cth), and any relevant state privacy legislation. Each Hub must -
  - (a) appoint a Data Protection Officer responsible for the secure collection, storage, and handling of student data;
  - (b) ensure students and guardians are informed of how their data will be used and stored; and
  - (c) require written, informed consent prior to any referral to external services, unless immediate disclosure, if necessary, under child protection obligations.

## **Part 4 — State Disability Workforce Sub-Commission**

### **Division 1 — State Disability Workforce Sub-Commission**

**20. *Disability Services Act 1993* amended**

In section 6(5) insert—

- (a) The Commission is to oversee the provision of a State Disability Workforce Sub-Commission investigating the requirements to sustain a disability support workforce.

**21. **Membership of the State Disability Workforce Sub-Commission****

Members of the SDWSC will consist of—

- (a) at least two individuals with disabilities;
- (b) at least two disability support workers;
- (c) at least three qualified practitioners in relevant fields at the discretion of the Commission;
- (d) at least one representative of a disability service provider;
- (e) at least two students currently studying a relevant tertiary education course;
- (f) at least one representative of a relevant WA TAFE;
- (g) at least one representative of a relevant WA university.

**22. **Selection process****

- (1) Membership of the SDWSC will be obtained through invitation from the Chairperson of the DSC Board.
- (2) If invitation is accepted, a membership form must be completed which will outline the following—
  - (a) the name of the member;
  - (b) contact and residential information of the member;
  - (c) details concerning the occupation of the member; and

- (d) a signature agreeing to the terms of membership outlined in section 18.

**23. Terms of membership**

The terms of SDWSC membership include—

- (a) agreeing to make any conflicts of interest or personal benefit known to the SDWSC; and
- (b) that the information given on the membership form is true.

**24. Duration of membership**

- (1) Membership is held for a term of three years.
- (2) At the end of their term, members may reapply for membership of the SDWSC.

**25. Funding of SDWSC**

- (1) The State Disability Workforce Sub-Commission (SDWSC) shall be funded through an annual appropriation from the Department of Treasury to the Department of Communities, specifically allocated under the Disability Services Commission (DSC) operational budget.
- (2) All members of the SDWSC shall be compensated for their time and contributions at a rate determined by the Public Sector Commission, in line with advisory board standards.
- (3) The Department of Communities shall ensure that funding for the SDWSC is guaranteed on a rolling two-year basis, to allow for long-term planning and continuity of operations.
- (4) The Department of Communities shall publish an annual financial statement outlining expenditure related to the operation of the SDWSC, including member remuneration, consultation processes, research, and administrative costs.

**26. Function of SDWSC**

The function of the SDWSC are—

- (a) to investigate and engage with tertiary education course requirements to—
  - (i) sustain adequate disability staffing levels; and
  - (ii) advise tertiary educators on the increase in course creation.
- (b) to create recommendations for the Minister and the DSC, regarding;
  - (i) the providers of disability services;
  - (ii) sustaining adequate staffing;
  - (iii) advise tertiary educators on the increase in course creation; and
  - (iv) any other related recommendations.

**Division 2 — Reporting**

**27. Auditing workforce needs**

- (1) SDWSC are to—
  - (a) use recommendations to advise the Minister and the DSC on the providers of disability services; and
  - (b) use recommendations to advise the Minister and the DSC on requirements to sustain adequate staffing.
- (2) The Minister must establish a mechanism for public submissions regarding the Disability Support Services Workforce.

## **Part 5 — Developing, evaluating and implementing successful Disability Strategies**

### **Division 1 — Capacity in Diagnosis**

- 28. Decreasing wait times for neurodevelopmental diagnosis**
- (1) The Minister for Health must direct providers of diagnostic services for identifying neurodevelopmental disabilities to prioritize the reduction of wait times for services to a target wait time of 3 months.
  - (2) The Minister for Health must do the following—
    - (a) establish a comprehensive review of service providers within WA, with the goal of identifying the common barriers to reducing wait times, to be completed within 18 months;
    - (b) ensure accurate reporting of wait times and other statistics relating to the provision of these services;
    - (c) make these reports available to the WA Parliament and the Public; and
    - (d) take actions based on the findings of these reporting mechanisms.
  - (3) Providers of these services have 3 years to reach the target wait time as outlined in 25(1).
- 29. E-voucher system to relieve stress on public sector diagnostic services**
- (1) The Department of Health shall create a public-to-private services voucher to support individuals who have been waiting for diagnosis for over 6 months and relieve pressure on public sector diagnosis, to be eligible for a voucher, an individual must—
    - (a) be on a public waitlist for a relevant neurodevelopmental diagnosis for more than 6 months;

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Capacity in Diagnosis

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- (b) reside in Western Australia;
  - (c) be a holder or dependent on a Medicare card; and
  - (d) have this be the first instance they have received the voucher.
- (2) Eligible recipients will have a unique electronic voucher code, valid for 6 months, attributed to them and an accredited private service provider, meaning that when the assessment has been completed, this unique code can be used by the provider to receive the voucher payment from the State Government.
- (3) Providers must charge no more than \$3000 for a relevant assessment for them to be eligible for the voucher system.
- (4) The Department of Health is authorised to administer random audits to accredited providers to ensure assessments meet minimum standards.
- (5) The Department of Health shall co-ordinate the voucher scheme, ensure transparency for recipients, and commit to regular review and updates, at the direction of the Minister for Health.
- (6) The Department for Health must ensure fairness by providing an adequate geographical spread of providers to ensure regional accessibility.

## **Division 2 — Reporting**

### **30. General focus areas to be adhered to in the development of State Disability Strategies**

All Disability Strategies developed by the State must ensure that—

- (a) people with disabilities can participate and contribute in economic, recreational, leadership and education and training settings;
- (b) people with disabilities can access suitable infrastructure and public transport services;
- (c) suitable housing options, health and mental health services remain accessible to people with disabilities across all stages of life; and
- (d) the rights and dignity of people with disability are upheld, within the justice system and other advocacy bodies.

### **31. Workforce expansion**

- (1) WA Health shall allocate funding for the recruitment and training of additional psychologists, paediatricians, and speech pathologists with a focus on neurodevelopmental conditions.
- (2) This includes subsidies for postgraduate training in developmental paediatrics and neuropsychology.
- (3) Funding shall prioritise regional and remote service coverage.

### **32. Annual disability strategy metrics and focus areas**

- (1) If a statistic directly relates to individuals with disabilities and their personal experiences, the Office of Disability shall use data from the most recent census to understand which members of the WA community to target for surveying and evaluation.

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- (2) Data collection, research and evaluation should begin in the final quarter of the present calendar year and be completed no later than the annual publication's due date at the conclusion of the first quarter of the subsequent year.
- (3) Wherever possible, statistics should be broken down into metropolitan and regional.
- (4) Where individuals with disability are incapable of addressing information requests made by the Office of Disability for reporting purposes, an authorised support person may be appointed to speak on their behalf.
- (5) A combination of phone conversations, digital correspondence and mail-based surveys may be used to collect the information necessary to measure each chosen statistic.

**33. The Disability State of Support Services WA Report**

- (1) The Minister for Disability Services is to collaborate with the DSC and SWDSC to oversee the creation of The Disability State of Support Services WA Report with the objective to—
  - (a) consolidate reporting systems needed in this Act into a single, structured framework;
  - (b) increase accountability within public sector entities that provision services for people with disabilities;
  - (c) ensure reporting mechanisms are not overburdensome to the effect of reducing public sector efficiency and availability of support services; and
  - (d) be expandable and adapted to further strengthen support of public sector disability support services;
- (2) The Disability State of Support Services Report is to include the following -
  - (a) a Workforce Needs Assessment, identifying steps the State Government must take to sustain and grow WA's

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- disability support workforce, and consistently review how the current system is operating;
- (b) a Staff Shortages Analysis, identifying public sector disability support providers unable to effectively provision their services due to staffing difficulties;
  - (c) Diagnostic Services Strength Evaluation, assessing -
    - (i) average time individuals have spent on waitlists for neurodevelopmental diagnosis;
    - (ii) the number of staff available to provision diagnostic services;
    - (iii) clinical service capacity and any records where patients are not satisfied with the services provided.
- (3) A Government Progress Audit, conducted by an independent body, in consultation with the WA Auditor General, assessing the progress the State Government has made is aligned with key focus areas in clause 25. The Progress Audit must—
- (a) assess how public policy relating to the focus areas is actively improving outcomes for those with disabilities in WA;
  - (b) evaluate how State Government contributions and decisions have impacted people living with disabilities in WA; and
  - (c) assess public sector performance against key statistics and indicators to be developed in consultation with the DSC and associated agencies.
- (4) Integration of the measurable statistics stated within clause 28(3) where relevant to sections of the report.
- (5) An overview of the data presented in this report, and a list of 10 recommendations to strengthen public sector disability support services that align with the information presented.

***Equity, Inclusion, Education, and Increasing Opportunities Act 2025***

**Part 5** Developing, evaluating and implementing successful Disability  
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- (6) The Disability State of Support Services WA Report must be published annually, tabled in parliament, and available for public access.
- (7) An easy-read, formatted version of the report shall also be made and published alongside the standard version of the report.
- (8) Within 4 months of the tabling of this report in WA Parliament, the Minister for Disability Services must provide a formal Government Response to the recommendations and outline the next steps the State Government will take on actionable items therein.