QUESTION ON NOTICE – LEGISLATIVE COUNCIL
ESTIMATES COMMITTEE No. 2

MINISTER FOR COMMUNITY SERVICES
MINISTER FOR AGEING
MINISTER FOR DISABILITY SERVICES
MINISTER FOR WOMEN

QUESTION No: 50

Dr Chesterfield-Evans asked:

What provision has been made to cover on-going support for children who are adopted out or placed under sole parenting responsibility orders?

ANSWER:

Adoptions take place in accordance with the *Adoption of Children Act 1965.* Under this legislation, financial and/or other support may be provided to ensure the safety and welfare of children. Funds are provided through a number of line items under 35.1.1 *Child and Family Support.*

The decision to place children under a **sole parenting responsibility order** will be made by the Children's Court under the *Children and Young Persons (Care and Protection) Act 1998.* Guidelines for providing support and/or assistance under sole parenting responsibility orders are in the process of being developed.

QUESTION ON NOTICE – LEGISLATIVE COUNCIL
ESTIMATES COMMITTEE No. 2

MINISTER FOR COMMUNITY SERVICES
MINISTER FOR AGEING
MINISTER FOR DISABILITY SERVICES
MINISTER FOR WOMEN

QUESTION No: 51

Dr Chesterfield-Evans asked:

(1) What provision is there for alternative dispute resolution (such as family conferencing) under the new Act, and in the budget?

(2) What monitoring systems are in place in DoCS to guarantee the welfare of children in kinship care for whom DoCs is providing an allowance?

(3) What level is the monitoring at?

(4) Do children in kinship care, and the families involved, receive the same level of scrutiny or support as other children in foster care?

ANSWER:

(1) Significant work has been undertaken by DoCS to establish the provision of alternative dispute resolution to clients under the *Children and Young Persons (Care and Protection) Act 1998.*

The Act provides for the use of alternative dispute resolution at any point where it might reasonably assist children, young people and their families.

Alternative dispute resolution is available as an early intervention strategy or as an alternative to a care application or during the course of a care application.

The DoCS Alternative Dispute Resolution Program includes 3 approaches:

- Trained DoCS 'ADR Practitioners' provide internal Alternative Dispute Resolution. Since October 2000, DoCS has trained 93 ADR practitioners including Caseworkers, Managers, Psychologists, Senior Practitioners, Training Staff and the ADR Co-ordinator
- DoCS purchases External Alternative Dispute Resolution from a panel of external providers with expertise in care and protection, and

- Court-initiated Alternative Dispute Resolution is linked to section 65 of the Act and is also purchased by DoCS.

DoCS established the panel of 22 agencies to undertake External and Court-initiated ADR. Each provider went through a selection process to provide alternative dispute resolution in a care and protection context. The panel provides a range of alternative dispute resolution types to clients including family group conferencing, mediation, mediation counselling, conciliation and arbitration.

Each DoCS Area is provided with an allocated budget to purchase External and Court-initiated ADR. The DoCS alternative dispute resolution budget is recurrent and allocated at the start of each financial year.

(2) Where kinship care placements have been facilitated through a protective intervention, mechanisms include data monitoring, caseplans and reviews, and allocation of caseworkers, in accordance with assessed support requirements. Funded agencies responsible for supervision provide reports to DoCS on a three monthly basis for the continuation of allowances. Caseworkers within DoCS are also involved in monitoring placements.

(3) Monitoring of children in kinship care is dependent upon the level of need for support and based upon the needs of the child.

(4) Kinship care is different from foster care and support is provided subject to the needs of the family and the child or young person.

The principles of the *Children and Young Persons (Care and Protection) Act, 1998* include that protective interventions be facilitated in the least intrusive manner possible. Kinship care is considered to be one of the least intrusive means of providing alternate care arrangements for children and young people who cannot live with their natural parents for a range of reasons.

QUESTION ON NOTICE – LEGISLATIVE COUNCIL
ESTIMATES COMMITTEE No. 2

MINISTER FOR COMMUNITY SERVICES
MINISTER FOR AGEING
MINISTER FOR DISABILITY SERVICES
MINISTER FOR WOMEN

QUESTION No: 52

Dr Chesterfield-Evans asked:

1. What is the total number of children who required a field response by DoCS' officers in the past year?

2. Of the total, what number received a direct response contact from a DoCS' officer?

3. How were the cases prioritised and what were the deciding factors as to which children received contact from those who required a response by DoCS officers?

4. In the cases not receiving direct contact:

   a) What process was followed
   b) how many died after the call (to date)
   c) did the children stay on file for future reference
   d) did any return to DoCS attention
   e) if so, how many?

ANSWER:

1– 2

DoCS received 72,986 reports in 1999-2000. 9,045 were assessed as involving abuse and neglect. These cases all received a response which included at least one visit by Caseworkers. Many more cases which were not assessed as involving abuse or neglect also received a response which included visits to the home by Caseworkers.

3 All cases are subject to an initial assessment at the time they are reported to DoCS. The initial assessment identifies risk and safety factors in order to determine an appropriate response time. Cases are prioritised according to the level of risk to the child or young person. Children and young people who are at serious risk or subject to serious safety concerns receive the most prompt response by DoCS.

4 In some cases which were not responded to with direct contact, contact was made with other agencies in order to further assess the risk to the child or young person and the supports available to them.

All reports to DoCS are recorded on electronic and on paper files and these records are maintained. Reference is made to these files if the child or young person comes to DoCS' attention at a later stage.

Risk is defined as the relationship between the degree of harm and the probability of the harm occurring. A number of factors can increase the likelihood of harm occurring in the future.

Factors which increase risk to children are vulnerability, including the age of the child or young person, the severity of the abuse, history of patterns of harm and factors which impact on parenting, such as domestic violence or alcohol or substance abuse.

QUESTION ON NOTICE – LEGISLATIVE COUNCIL
ESTIMATES COMMITTEE No. 2

MINISTER FOR COMMUNITY SERVICES
MINISTER FOR AGEING
MINISTER FOR DISABILITY SERVICES
MINISTER FOR WOMEN

QUESTION No: 53

Dr Chesterfield- Evans asked:

(1) Now that the Australian Democrats have forced the Federal Government to allow a Health Care Card for foster carers, is the Department doing anything to inform foster carers of their ability to receive the Health Care Card?

(2) Will the Department make it a standard practice for the Health Care Card to be applied for by all foster carers?

ANSWER:

(1) The Federal Government initiative is the result of various factors, including arguments presented at the Community Services Ministers' Conference in 2000 by myself and other Community Services Ministers, and further dialogue with the Commonwealth.

From 1 July 2001, foster carers in Australia will be eligible for a Health Care Card for any foster child in their care. The Department of Community Services has prepared written advice on this provision, to be sent to all foster carers, out-of-home care community partner services and the relevant peak bodies.

(2) Information pertaining to a foster carer's entitlement to a Health Care Card in the name of the foster child in their care is to be included in the new Foster Carers Handbook, which is currently being prepared by DoCS. The information will also be added to practice directions for all child and family staff, to ensure that staff advise foster carers.

The advice has been provided to the Foster Care Association (NSW), which distributes a regular newsletter to foster carers, and to the Association of Children's Welfare Agencies (ACWA), which also distributes a newsletter to staff in the sector.

QUESTION ON NOTICE – LEGISLATIVE COUNCIL
ESTIMATES COMMITTEE No.2

MINISTER FOR COMMUNITY SERVICES
MINISTER FOR AGEING
MINISTER FOR DISABILITY SERVICES
MINISTER FOR WOMEN

QUESTION NO: 54

Dr Chesterfield-Evans asked: Relating to Disability Services – Devolution

(1) How many people, who are part of the 400 people targeted as part of the devolution plan, have moved out of institutions up to June 2001?

(2) The Government has provided a total of $17.49m recurrent for devolution ($14.59 in 2000/01 and $2.9 in 2001/2). What are the Government's cost estimates to enable this to support 400 people?

(3) Devolution is being managed by a highly centralised administration. What are the impediments to the development of options responsive to individual needs and life styles of control by a centralised process?

(4) How many children under 12 years live in institutions?

(5) Is the Government involving substitute care agencies in the devolution of children and young people? If yes which agencies for how many children?

ANSWER

(1) Six people had moved to new living arrangements by June 2001. Residents, families and advocates require extensive consultation at each centre. In almost all centres the process has reached a point at which decisions about location and service providers have been or are being finalised. A further 57 people are expected to move during the next few months with another 82 people expected to move before the end of the year.

(2) Together with current operational costs, this funding will support the future recurrent costs of community living for the people involved. Seed funding for capital requirements will enable the acquisition of property until the sale of current residential centre properties provides funds for the rolling acquisition of property for the program.

(3) The Department's Community Living Development Unit (CLDU) was established to promote the development of new community based living options for people with disability. With the Devolution Program, members of the Unit work on a localised and personal level with people with disability, their support networks and the Board and management of Large Residential Centres. Families have welcomed the time taken to visit them and to assist them in the consideration, with local service providers, of possible support options for their relative. This approach provides the opportunity to respond to both personal and local need as well as expanding the experience of officers, establishing consistent points of interaction with service providers and building confidence and goodwill across the sector. The structure of the Unit enhances rather than impedes the development of community based living options.

(4) Fifteen children under twelve live in institutions. The Department is working with the families of these children as a matter of priority.

(5) Yes. Substitute care agencies involved in discussions to date include Burnside, Centacare and Department of Community Services. Options are currently being considered at a policy and planning level. One or more demonstration/pilot projects are being proposed for joint funding with Department of Community Services Child and Family.

Discussions are being held between the Community Living Development Unit and families about the future care of their children in accordance with the Devolution process. Families are being encouraged to consider a range of alternatives. Some families are wishing to pursue a foster care option and these children may be part of the target group for the demonstration projects.

QUESTION ON NOTICE – LEGISLATIVE COUNCIL
ESTIMATES COMMITTEE No.2

MINISTER FOR COMMUNITY SERVICES
MINISTER FOR AGEING
MINISTER FOR DISABILITY SERVICES
MINISTER FOR WOMEN

QUESTION NO: 55

Dr Chesterfield-Evans asked:

Relating to Disability Services - Respite Services

(1) What will the process be for the allocation of the $4m announced for respite care services?

(2) What process was used to allocate the money for respite care announced in the last budget?

(3) Of moneys allocated to respite care in the last budget, what proportion went to generic agencies to provide support for people with disability?

ANSWER

(1) For 2001/2002, $4 million in recurrent funding will be made available for additional respite services across New South Wales.

It is proposed that a range of funding methodologies, including Expression of Interest, Selective Tender and Direct Allocation processes will be utilised. This will ensure that resources are targeted to areas of greatest need and allocated in a timely and efficient manner according to the Department's Competitive Selection Process Guidelines.

(2) Under the Regional Capacity Building Initiative in the 2000/2001 financial year, both Direct Allocation and Expression of Interest (EOI) Processes were used to allocate growth funding to 35 respite services across NSW.

These funding methodologies were put in place based on outcomes from Population Group Planning statistical data and the Department's Regional Planning process.

Population Group Planning and the new Regional Planning Framework make it possible for the Government to adopt a more responsive approach to funding

and resource allocation across Ageing, HACC and Disability services on a regional basis.

(3) In the 2000/2001 financial year a total of $5,599,228 recurrent was distributed to 17 agencies for the establishment of 35 new respite services across NSW.

Of the 17 agencies funded to date:

- 1 is a government agency;
- 1 is a local council;
- 12 are community based agencies that provide a range of services to people with disabilities; and
- 3 are church based.

Many of these new services involve community partnership programs where local communities and services have contributed resources of their own to the new service.

QUESTION ON NOTICE – LEGISLATIVE COUNCIL
ESTIMATES COMMITTEE No.2

MINISTER FOR COMMUNITY SERVICES
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MINISTER FOR DISABILITY SERVICES
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QUESTION No: 56

Dr Chesterfield-Evans asked:

Relating to Disability Services – SAS System

(1) How many people with disability were in blocked respite beds on 1 July, 2000?

(2) How many people with disability have been moved out of blocked respite beds as of June 2001?

(3) How many people have moved to live permanently in a respite care?

(4) What is the number of people who have applied for support under the SAS system?

(5) How many people have been provided with interim support under the SAS system?

(6) How many people have been provided with permanent support under the SAS system?

(7) How many of the people who receive permanent support started off with interim support?

(8) What is the time frame between receipt of application for support in the SAS system and the provision of support? (Provision meaning persons employed to actually do something for person with disability)

ANSWER

(1) The Department of Ageing, Disability and Home Care (DADHC) reports that as at 1 July 2001, 46 (out of 1,484 SAS) individuals were occupying respite care centre places when they made application under SAS.

It is difficult to produce accurate data on blocked respite beds. A respite data collection tool, which is currently being finalised, will address these difficulties. The scheduled collection period is October 2001, which will

track the capacity and usage of residential respite care places. In the interim a new data management system is being introduced to provide the necessary links between the data generated by various programmes to address respite care issues.

(2) 26 people have moved from blocked respite beds to alternative living arrangements. Plans are advanced for a further 17 people in blocked respite beds.

(3) People with disabilities generally do not make an active choice to move and live permanently in respite care facilities. Rather, their occupation of a respite care bed on a long term basis has most often been the result of a breakdown in their current caring arrangement.

The implementation of the Service Access System (SAS) has provided an alternative mechanism for the management of people with disabilities who are at risk; their current community support arrangements are at risk; or their current level of independence is at risk.

By developing SAS with an immediate response capacity, it is anticipated that the pressures placed upon the respite care system by individuals who are at risk of placement breakdown and who have been unable to access other suitable supports within the community, will be alleviated.

(4) As at 1 July 2001, 1,484 people have applied for support under the SAS system.

(5) As at 1 July 2001, 310 people have been provided with interim support funding through SAS.

(6) As at 1 July 2001, 6 individuals now have long term support options in place. A further 31 are in the final stage of arrangements for long-term support.

(7) As at 1 July 2001, of the 31 individuals who have approved support plans, only two did not have interim support arrangements in place.

(8) Because of the high degree of variability in client's disabilities, circumstances and needs it is not possible to set a standard timeframe across all SAS clients. Interim support is generally available within a 2-3 week period. For small amounts of support or support that is required urgently a shorter timeframe is possible. In some cases support has been provided within hours of a request being made.

QUESTION ON NOTICE – LEGISLATIVE COUNCIL
ESTIMATES COMMITTEE No. 2

MINISTER FOR COMMUNITY SERVICES
MINISTER FOR AGEING
MINISTER FOR DISABILITY SERVICES
MINISTER FOR WOMEN

QUESTION No: 57

Dr Wong asked:

Relating to Community Services

1) What is the expenditure in this budget, compared to the previous budget, on research into the 'in-care' prostitution drift nexus?

2) What are the results of the program from the previous year's budget addressing the 'in-care' prostitution drift nexus?

3) What is the expenditure in this budget for programs addressing the 'in-care' prostitution drift nexus?

4) How many case management studies were produced by the successful service providers after the reported EOI for NGO intensive casework support for children and young people engaged in prostitution and drug use in the inner city/Kings Cross area last year?

ANSWER:

(1) Nil. No such research has been undertaken.
(2) There is no such program.
(3) See Answer above
(4)(i) None.
(ii) The NSW Government has committed $3.605 million over 4 years to the establishment of The Getting It Together Scheme. It provides intensive case management and brokerage services to young people who are regarded as particularly at risk of drug use and homelessness, and who would not normally access conventional support services. Over 250 young people have used these services.

The Scheme operates in 13 locations across NSW, including Kings Cross/Darlinghurst, Redfern/Waterloo, Broken Hill/Wilcannia, Campbelltown, Mt Druitt, Nowra/Shoalhaven, Newcastle, Wollongong, Cabramatta, Crows Nest and Penrith.

QUESTION ON NOTICE – LEGISLATIVE COUNCIL
ESTIMATES COMMITTEE No. 2

MINISTER FOR COMMUNITY SERVICES
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MINISTER FOR WOMEN

QUESTION No: 58

Dr Wong asked:

With reference to Intensive Support Services for children in care:

1. What resources and funding are provided for in this Budget for 'Intensive Support Services' for children in care?

2. In what specific ways have these services improved or deteriorated since the closure of Ormond and Minali, in particular referring to outcomes for the children (such as increased or reduced health and behavioural problems, access to family members, drug or prostitution drift)? What are the comparative pre and post closure statistics on children who were or would have been institutionalised since the closure of those institutes?

3. What is the comparative per capita cost, on a daily or weekly basis, of placing children in the previous institutionalised care versus current accommodation services in non-institutionalised care, including the costs associated with staff or other supervision?

4. What has been the comparative requirement for DoCS or other staffing with the two systems (institutionalised versus non-institutionalised), based on an equal number of child night accommodation provided for Intensive Support Services?

5. How has this affected the availability of DoCS officers for other duties?

ANSWER:

1. In 2001/2002, $5,123,382 has been allocated for the provision of crisis and short term Intensive Support Service throughout NSW. A further $5,618,612 has been allocated for longer term Intensive Support Services provided by Community Partners and DoCS services directly.

2. Children and young people who would have been eligible to access the services previously offered by Ormond and Minali now enjoy a service structure that focuses on providing as much normality in their lives as possible. Services are provided based on assessed individual need. The requested statistics are not available. Since the decision to close these facilities, children have not been assessed in terms of their suitability for institutionalisation.

3 & 4.

There was a varied range of institutionalised care arrangements operated by both government and non-government agencies, and comparative cost data, if available, would have varied over time and according to the type of facility, unique features of individual facilities, and the target group of residents. Today's costs are based on providing a support "package" for the children or young people concerned, rather than basic accommodation and custodial care.

It would therefore be very difficult to make accurate and meaningful historical cost comparisons. The decision to place children in out-of-home care rather than in institutions was based on the best interests of children and not on costs.

5. In areas where Intensive Support Services are provided directly by DoCS, staff have been recruited, trained and funded through allocations specifically for intensive support services.