

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: 72

Dr Wong asked:

The Justice Agency Data Exchange project is described at 4-8 in the Budget papers as enabling the electronic transfer of data between AG's, Police, Juvenile Justice and the DPP, *'thereby saving costs and increasing community safety'*.

- (1) Is substitute care or wardship status (either current or former) included as a category by the Data Exchange Project?
- (2) If not, what role has the Minister or Department of Community Services had in the formulation of the Data Exchange project?

ANSWER:

- (1) & (2) There are issues of client privacy involved in this matter. The Department of Juvenile Justice proposes to hold discussions with the Department of Community Services and the Children's Guardian regarding the inclusion of client legal status in the project.

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QUESTION No: 73

Dr Wong asked:

The Standing Committee on Law and Justice's Inquiry into Crime Prevention Through Social Support recommended that the Premier's Council on Crime Prevention appoint a body independent of the Departments of Juvenile Justice and Community Services to review the Wards projects of those Departments.

- (1) Has the Department been involved in any discussions with the Premier's Council or any other body on this issue?
- (2) Has this review been carried out?

ANSWER:

- (1) No, not that I am aware of.
- (2) The review is a matter for the Premier's Council on Crime Prevention. The Premier's Council is the most appropriate body to respond.

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QUESTION No: 74

Dr Wong asked:

With regards to parental illicit drug use and custody, can you or the Director General provide the following information:

- 1) Over the last two years, how many children have been removed from their parents solely on the basis of their parents drug use?
- 2) What is the Department's official policy regarding the removal of children from parents using illicit drugs?
- 3) How much does it cost the Department of Community Services to house children who have been removed in the above circumstances?
- 4) What money has been allocated in this current budget for parenting education and support for keeping families with illicit drug use together?

ANSWER:

- (1) When considering risk and safety issues for children and young people, DoCS caseworkers take into consideration a range of factors which impact on a person's ability to parent effectively. Substance abuse is one of those factors. For the majority of children who are removed from their parents where drug use is a factor there are other issues such as domestic violence which impact on the parents' ability to protect their children.
- (2) When children and young people are unsafe within their family environment DoCS staff work with the parents to make children safe. When this is not possible, children and young people are removed from the care of their parents. There are many occasions when the effects of the parent's drug use mean that children are removed and placed with extended family or in out-of-home care placements.
- (3) If children are placed with extended family members because they are unsafe with their families, DoCS may pay an allowance to these carers to assist with the

child's care. If children are placed in foster care, a basic allowance of \$350 per fortnight is payable to provide for their basic needs, including accommodation. In some circumstances, such as when a child has a disability, an additional allowance may be paid. If young people are placed in a residential care unit, the cost of their 'housing' is covered on a fee for service basis or included in the funding for the service.

- (4) The work of DoCS caseworkers is often one of assisting parents in the development of parenting skills either through referral to a Family Support Agency, a NSW Health service, such as Tresillian, or by working directly with the family.

Through the Drug Summit initiative approximately \$700,000 over four years has been allocated to the Practical Parenting Campaign. This includes the development of parenting magazines which were distributed through the press, through GP's and Children's Services. In addition, \$175,000 over 4 years has been allocated to supporting children of prisoners. The Cabramatta Anti-Drug Strategy has a family support component which includes family counselling, intensive family support and a mobile child care service.

In addition, in 2001/2002, DoCS has allocated \$125,000 for redevelopment of the Parenting Website, and \$400,000 for reprints and evaluation of the Parenting magazines.

Under the auspice of the *Families First* program, a number of Parenting Education Services – Challenging Behaviours will be established for parents with children under 5 years. The coordinators of these services will work with parents in a group setting to develop their parenting skills to assist in improving educational, social and health outcomes for their children. Whilst these are generic services they will be available to parents who are illicit drug users.

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QUESTION No: 75

With reference to the Community Services Commission's co-ordination of the Community Visitor scheme:

- (1) How many residential facilities for children, young people and people with disabilities are there?
- (2) What are the performance criteria for the independent monitoring of these residential facilities?
- (3) How frequently is monitoring undertaken?
- (4) What warning, including time span, of monitoring is given to any such residential facility?
- (5) How is the expenses costing performed, given that the budget has allocated \$200,000 for an extra estimated 150 day visits for the scheme, averaging therefore at least \$1,300 per visit? Do such visits each entail multiple personnel and what are the average travel costs?

ANSWER

- (1) As of July 2001, there are 964 residential services in NSW eligible for visiting by Community Visitors. By target group, these services are –
 - 41 services for children and young people;
 - 41 services for children and young people with a disability;
 - 37 services for children, young people and adults with a disability; and
 - 845 services for adults with a disability.
- (2) Visitors monitor the performance of residential facilities on the adequacy and appropriateness of -
 - Behaviour intervention plans for residents
 - Management of incidents
 - Medication controls and consent processes

- Nutrition, hygiene and health care issues
- Residents' participation in community activities
- Residents' access to family and friends
- Privacy and dignity
- Individual planning
- Safety issues
- Handling of resident concerns and complaints
- Management responsibility
- Service environment and facilities
- Management of resident funds
- Other specific issues such as deaths in care, service devolution etc

Visitors report to the Community Services Commission on their visiting and related activity on a monthly basis, and report regularly to service management on current issues of concern for residents.

- (3) Frequency of visits to services varies. In 2000-01, at a minimum, every service outlet was allocated two x four hourly visits per annum. Additional visiting hours were allocated to services where residents were seen to be more vulnerable, and in particular -
- services for children/young people, including those with a disability; and
 - services having a large number of residents
- (4) Under the *Community Services (Complaints, Reviews & Monitoring) Act*, Visitors may "at any reasonable time, enter and inspect a place at which a visitable service is provided" (s.8(1)(a)). They are not required to give advanced warning about their visits, thus ensuring that they have an opportunity to observe the usual, day-to-day operation of the services provided to residents. Most visits occur in the evenings and at weekends, when residents are more likely to be at home.
- (5) Visits are costed on an *hourly* basis, and not on a full or half-day basis (as in other Visitor schemes). This ensures the maximum flexibility so that 'low risk' or low priority services receive a minimum allocation of visiting hours, and extra hours of visiting go to higher priority services where residents are more vulnerable. Some visit-related activities occur away from the service itself – for instance, follow-up phone calls to service management, and reporting to the Commission.

In 2000-01, the Visitor program budget was \$610,000 and 11,800 visiting hours were funded. For the first nine months of the year, Visitors were remunerated at the rate of \$22.87 per hour and the rate was increased to \$25.13 from April onwards. The hourly rate covers –

- Visit-related expenses, such as time spent at the service and on follow-up, excess travel and travel expenses; and

- Visitor support expenses, such as ongoing training, induction and mentoring for new Visitors, regional meetings.

The budget also covers the Visitor program's operational and administrative expenses such as postage, printing of annual report, database development, recruitment costs and so on. Salary costs for three Commission staff who coordinate and support the Visitor program are paid from the Commission's budget.

In 2000-01, Visitors travelled 206,762km throughout NSW in the course of their duties. Average travel cost per Visitor was \$6,751.

Most visitable services are allocated one Visitor. However, a small number of services are allocated two Visitors on the basis that –

- a) there are many residential units operated by the service auspice and two Visitors allows a team approach to dealing with systemic issues; or
- b) Visitors may be in physical danger due to the challenging behaviour of residents of the service.

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QUESTION No: 76

Dr Wong asked the Minister for Community Services, Ageing, Disability Services and Women relating to the Office of the Children's Guardian:

- (1) How many children or young people does the Children's Guardian exercise parental responsibilities of the Minister for?
- (2) How many case plans have been examined since the office's inception?
- (3) How many designated agencies have been accredited or monitored since the office's inception in accordance with the Act and regulations?
- (4) How many case plans and reviews of children and young people in out-of-home care are expected to be examined in the first full year of operation of the Office?
- (5) How many children and young people are in out-of-home care?

ANSWER

- (1) The Director-General of the Department of Community Services continues to exercise the parental responsibilities of the Minister for children and young people in care.

This responsibility will be conferred on the Children's Guardian in 2002 with the proclamation of section 181(1)(a) of the *Children and Young Persons (Care and Protection) Act 1998*.

The number of wards in out-of-home care on 30 June 2000 was 3,441.

- (2) This responsibility will be conferred on the Children's Guardian in 2002 with the proclamation of section 181(1)(d) of the *Children and Young Persons (Care and Protection) Act 1998*.

It is anticipated that the Children's Guardian will undertake 3,000 case plan reviews by June 2002.

3,000 is an estimate based on the provisions of the *Children and Young Persons (Care and Protection) Act 1998* and figures from DoCS Annual Report 1999 – 2000.

Review procedures will be developed in consultation with stakeholders.

- (3) This responsibility will be conferred on the Children's Guardian in 2002 on proclamation of section 181(1)(e) of the *Children and Young Persons (Care and Protection) Act 1998*.

Accreditation will be against standards developed by the Office in consultation with stakeholders. They will build on existing standards, which need to be reviewed in the light of the new legislation.

Until these standards are operational, agencies providing out-of-home care will be given provisional accreditation for up to three years by regulation.

- (4) This responsibility will be conferred on the Children's Guardian in 2002 with the proclamation of section 181(1)(d) of the *Children and Young Persons (Care and Protection) Act 1998*.

It is anticipated that the Children's Guardian will undertake 3,000 case plan reviews by June 2002.

3,000 is an estimate based on the provisions of the *Children and Young Persons (Care and Protection) Act 1998* and figures from DoCS Annual Report 1999-2000.

Review procedures will be developed in consultation with stakeholders.

- (5) The DoCS Annual Report 1999-2000 indicates that there were 8,517 children and young people in out-of-home care.

The Minister had parental responsibility for 3,441 of those children and young people, known as wards.

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QUESTION No: 77

Dr Wong asked:

Relating to the Department of Ageing, Disability and Home Care:

- (1) How much is the budgeted increase in Workers Compensation Premiums mentioned on p 5-10 in the Estimates?
- (2) What are the reasons for the increase, if they are over the premium increases expected annually?
- (3) Why have the premiums in this area risen, to the point of being noted as an expenditure trend item in the Estimates, when those in the Home Care Service of NSW have dropped over recent years? Are similar Occupational Health and Safety policies and programs in place in both areas?
- (4) How much is budgeted for support for individuals in crisis?
- (5) Are any of the individuals experiencing such crisis (based on the last year's experience) people who would previously have been housed in large residential institutions and are now in the community? If so, what percentage of crisis cases involve such individuals?

ANSWER

- (1) The budget for DAD&HC for Workers Compensation in Budget 2001 was \$21.176m and the Revised Budget for 2001 was \$16.953m. This represents a decrease of \$4.223m.
- (2) The budget for 2002 is \$18.497m and represents an increase over the revised 2001 budget of \$1.544m. The increase was in the Disability Services Program and was attributable to the long tail nature of worker's compensation claims history.
- (3) The Budget in 2002 compared to Budget 2001 represents a decrease of \$2.679m which is a similar trend to other Agencies. The Budget was based on quotes provided by the Department's Insurer the Treasury Managed Fund.

- (4) An investment of some \$20 million in 2000/2001 is enhanced by a further \$27.4 million in 2001/2002 to assist people whose support arrangements are at risk. This includes:
- \$13.5 million in recurrent funding for long-term support options for eligible individuals;
 - \$5.5 million for one-off immediate assistance; and
 - \$5 million capital.
- (5) Individuals experiencing such crisis would not be people who were previously housed in large residential institutions.

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QUESTION No: 78

Dr Wong asked :

Relating to Disability Services:

- (1) Page 5-10 of the estimates report indicates that ‘more appropriate prevention programs’ to support individuals to remain in the community would be established. What were the identified problems associated with the previous programs which have been designated as inappropriate? How do the new programs correct those deficiencies?
- (2) How are the outcomes, which are to be improved, for individuals and their families as a result of Government support/ investment to be measured? What are the key performance indicators?
- (3) What are the key performance indicators of success (ie measurement methods) for the improvement of collaboration between Government and non-Government services in the strategic directions?

ANSWER

- (1) In 1997 the then Ageing and Disability Department distributed and conducted training in a policy called The Positive Approach to Challenging Behaviour, which had as its main objective the prevention of behaviour that placed at risk the physical safety of the person with a disability or nearby people. While implementation of the policy had positive outcomes it was found that in practice many services and families did not have the skills – nor access to other people with the skills – to make full implementation possible.

The proposed Prevention and Support Framework of the Department of Ageing, Disability and Home Care takes this account by planning the establishment of a Referral List of Providers who have behavioural management expertise, a wider Shared Practice Network which will give families and others access to information and advice, and a pool of funding to allow purchase of direct support services.

A further significant prevention and support initiative has been the introduction of Local Support Coordination. It is a flexible new program aiming to increase the connections between people with disabilities, their families and their local communities. The local support coordinator works with people with disabilities to help them determine their own needs and to identify the informal and formal support options that will make a difference to their lives. The first eight Local Service Coordinators in New South Wales are now active in Tweed/Lismore, Bega, Shoalhaven, Sutherland Shire in Sydney, Port Stephens, Forbes and Parkes.

- (2) & (3) An Evaluation Framework is being developed by DADHC that enables valid reporting against program objectives up to whole-of-program level and allows comparison between modes of service delivery. Performance indicators will be consistent with the National Performance Indicator Framework for Disability Services being developed by the National Disability Administrators and the Australian Institute of Health and Welfare.

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QUESTION NO: 79

Dr Wong asked:

- (1) With regard to the integration of Disability Services, what are the current service models in use?
- (2) How do the new range of models differ?
- (3) What extra features do they offer the disabled?

ANSWER

- (1) As part of the Government's Disability Reform Agenda, "Living in the Community", new and existing early intervention services are being developed and expanded to maximise opportunities for integration and the positive benefits of support within the community for people with disabilities, including children and young people, and their families or carers.

Three service models are included in the early intervention approach. These are the existing Early Childhood Intervention Program together with two new initiatives, Local Support Coordination projects and Early Intervention and Family Disability Support Services. All three models are part of a systematic approach to provide individuals with disabilities and their families with the supports necessary for them to access and manage existing specialist disability services and mainstream community based resources to meet their needs. These three service models are designed to have the features of being flexible, individually focused and providing a range of services including support, information and programs of direct support.

Early Childhood Intervention (ECI) is an existing program providing a family centred, preventative service to families with a child with disabilities 0-6 years old. Currently \$8.8m per annum is being provided to 86 organisations throughout the State. Assistance includes, as appropriate, information and advice to families, assessment, therapy, special education, integration and inclusion programs, playgroups, pre-school preparation and coordination of ECI

services with other specialist and mainstream services in the local area. The strength of this model is its flexibility and its ability to deliver positive outcomes for families.

Given the complexity of service provision, the Early Childhood Intervention Coordination Program (ECICP) was initiated to address, amongst other things, access problems experienced by children with disabilities and their families. This program is jointly funded by DADHC, the Department of Education and Training, and the NSW Department of Health and is administered by DADHC.

- (2) Two new service models, Local Support Coordination projects and Early Intervention and Family Disability Support Services, are now being introduced to prevent crises in support provision for individuals and families and to establish a systematic and planned approach to early intervention to maximise the active participation of people with disabilities within the community. Specifically these two initiatives are aimed to strengthen informal and formal supports for people with disabilities to better include children, young people and adults with disabilities in their local communities.
- (3) Local Support Coordination is a flexible new program aiming to increase the connections between people with disabilities, their families and their local communities. The local support coordinator works with people with disabilities to help them determine their own needs and to identify the informal and formal support options that will make a difference to their lives. There are now eight Local Service Coordinators in New South Wales in Tweed/Lismore, Bega, Shoalhaven, Sutherland Shire in Sydney, Port Stephens, Forbes and Parkes.

Early Intervention and Family Disability Support Services is a new model of service for children and young persons with disabilities 6-18 years, that is, school aged, and their families. These new services in Sydney and regional NSW will extend the family centred best practice principles of the Early Childhood Intervention services during school years to include a range of support options such as, to name a few, coordination, information and referral; specialist groups for fathers, mothers or carers, siblings; independence, recreation and wellbeing programs; homework centres; integration programs; and equipment loans.