

UNCORRECTED PROOF

## **GENERAL PURPOSE STANDING COMMITTEE No. 2**

**Monday 14 September 2009**

**Examination of proposed expenditure for the portfolio areas**

### **AGEING, DISABILITY SERVICES**

**The Committee met at 2.00 p.m.**

#### **MEMBERS**

The Hon. R. M. Parker (Chair)

Mr I. Cohen  
The Hon. G. J. Donnelly  
Reverend the Hon. Dr G. Moyes

The Hon. M. Pavey  
The Hon. C. M. Robertson  
The Hon. M. Veitch

---

#### **PRESENT**

**The Hon. P. G. Lynch**, *Minister for Ageing, Minister for Disability Services, and Minister for Aboriginal Affairs*

**Department of Ageing, Disability and Home Care**

**Mr J. Moore**, *Chief Executive*

**Ms L. Murray**, *Deputy Director General*

**Ms E. McAlpine**, *Deputy Director General*

**Mr J. Christian**, *Acting Deputy Director General*

---

## **CORRECTIONS TO TRANSCRIPT OF COMMITTEE PROCEEDINGS**

**Corrections should be marked on a photocopy of the proof and forwarded to:**

**Budget Estimates secretariat  
Room 812  
Parliament House  
Macquarie Street  
SYDNEY NSW 2000**

**JAMES MOORE**, Chief Executive, Department of Ageing, Disability and Home Care,

**LAUREN MURRAY**, Deputy Director General, Department of Ageing, Disability and Home Care,

**ETHEL McALPINE**, Deputy Director General, Department of Ageing, Disability and Home Care, and

**JAMES CHRISTIAN**, Acting Deputy Director General, Department of Ageing, Disability and Home Care, affirmed and examined:

**CHAIR:** I declare this inquiry into the portfolios of Ageing and Disability Services in the budget estimates 2009-10 open. Welcome Minister Lynch and accompanying officials. I advise the media that only Committee members and witnesses may be filmed. People in the public gallery should not be the primary focus of filming or photos. In reporting the proceedings of the Committee, the media must take responsibility for what they publish and what interpretation they place on the evidence. A document detailing the guidelines for the broadcast of proceedings is available by the door. Any messages should be passed through the Chamber and support staff. Minister, your staff can of course pass notes directly to you or your advisers. I remind everyone to turn off mobile phones or switch them to silent mode. If they receive data messages, please keep them away from the microphones because they interfere with the amplification system.

Minister, the Committee has agreed to ask questions broadly across both portfolio areas. That means your advisers for both portfolios need to be on hand. The Committee has also resolved that answers to questions on notice should be forwarded within 21 days. The transcript will be available on the web tomorrow morning. As there is no provision for the Minister to make an opening statement, we will proceed directly to questions. How many people applied for supportive accommodation in the past 12 months? Of those, how many were found a placement and how were they distributed across the regions?

**Ms McALPINE:** During this calendar year we have introduced the new vacancy management policy, which allows people to flag future need for accommodation. We have been adjusting the service registers to separate the need for accommodation soon versus future need. We have 1,076 people indicating a need for accommodation soon. In the past 12 months, there were 178 vacancies, 118 individuals were placed and a further 26 individuals have been identified for an available vacancy but have not yet been placed.

**CHAIR:** How were they distributed across the regions?

**Ms McALPINE:** The 178 vacancies were: Hunter region, 18; metro north, 42; metro south, 57; northern, 33; southern, 11; and western 17.

**CHAIR:** How many families relinquished responsibility to the department for their children, including adult children, because they found themselves in crisis in the past 12 months?

**Ms McALPINE:** In 2008-09, a total 63 people were relinquished to the care of the department. Of them, 40 were adults, 15 were children and eight were young people aged 16 to 17 years.

**The Hon. MELINDA PAVEY:** How does that figure of 63 for the past financial year compare with previous years?

**Ms McALPINE:** I will have to take that on notice.

**The Hon. MELINDA PAVEY:** Is it a substantial increase?

**Ms McALPINE:** I do not know off the top of my head.

**The Hon. MELINDA PAVEY:** Was it not around 30 the previous year? My understanding is that it has almost doubled in one year.

**Ms McALPINE:** I am sorry, I will have to take that on notice.

**The Hon. MELINDA PAVEY:** Mr Lynch, would you know, as the Minister?

**Mr PAUL LYNCH:** We will take that question on notice.

**The Hon. MELINDA PAVEY:** You do not know?

**Mr PAUL LYNCH:** I said we will take that on notice.

**The Hon. GREG DONNELLY:** Point of order: I think I have heard the words "take on notice" four times yet the Hon. Melinda Pavey continues to ask the same question and, rather sarcastically, directs the question to the Minister in a way that I think is inappropriate. The questions should be addressed in a proper way, and we can do without the sarcasm.

**CHAIR:** The question has been taken on notice. I think the Hon. Melinda Pavey is just surprised that the Minister and staff are unable to provide that information. Further to supported accommodation, when you said how many people had applied and you broke down the numbers to "soon" and other definitions of vacancies, you are talking about more than 2,000 people. Is that correct?

**Ms McALPINE:** There are 1,076 indicating a need in the near future. There was a large number last estimates—I think about 1,700—and that included future need.

**CHAIR:** Can you tell me how many group homes are currently on the department's books?

**Ms McALPINE:** In terms of how many the department operates, 310.

**CHAIR:** How many vacant properties do you have?

**Mr MOORE:** We have six properties, I think it is, that are vacant, three of which we are in the process of filling.

**The Hon. MELINDA PAVEY:** Where are those located?

**Mr MOORE:** There is one in each of Bowral, Mayfield, Goulburn, Kentlyn, Albion Park and Ulladulla. They range from two properties that we have recently completed construction of and are transitioning clients into through to properties where we have reached agreements with the local community that we will not fill in certain circumstances. In one circumstance we have clients in another house up the street and we are waiting for those clients to be relocated before filling that house.

**CHAIR:** What is your interpretation of unmet need in terms of supported accommodation?

**Mr MOORE:** I am not quite sure what that question means, I am sorry.

**CHAIR:** You are working out how many beds you have, how much supported accommodation is available. What do you interpret as unmet need? What numbers are we talking about?

**Mr MOORE:** We are very concerned that we do not try to deal with the request that people make for supported accommodation as being resolved or exclusively within the service of supported accommodation. We recognise that families need assistance and that they come seeking assistance from us. We are quite happy to register their request for assistance and then try to work with those families to work out what is the best possible set of arrangements to support them. We do not want to create for families a situation where they get on a track that leads them inevitably to complete breakdown of their connections with their family members.

**CHAIR:** Some of those people waiting would be in respite, would they not? How many respite beds are currently used by those people waiting?

**Ms McALPINE:** Currently there are 17 blocked respite beds. Five of those are children and 12 of them are adults.

**CHAIR:** When you say children, what age groups are they?

**Ms McALPINE:** I am sorry; I do not have the ages. I would have to take that on notice.

**CHAIR:** How long have they been waiting?

**Ms McALPINE:** I do not have that information either.

**CHAIR:** Will you take that on notice? Thank you. Perhaps you could also take on notice, in order to save time, some of the questions we have. What is the longest time a client has remained on request? How many clients are moving around respite beds so they are not counted as one block in respite beds, and how many clients are currently on a priority list for supported accommodation?

**Ms McALPINE:** That one I have given you—immediate need, 1,076.

**CHAIR:** Could you supply that in terms of varying levels, and could you break that down into regions as well?

**The Hon. MELINDA PAVEY:** Minister, do you see a direct link between the number of people who have just given up and handed their children over to the State to care for—63 this last financial year—and the lack of supported accommodation and respite beds available?

**Mr PAUL LYNCH:** I think the reasons that would cause someone to give over to the State someone they are caring for would inevitably be profoundly complex and complicated. It must be an extraordinarily difficult decision and I am not sure that you would necessarily be able to ascribe one particular factor as leading towards that decision being taken.

**The Hon. MELINDA PAVEY:** You do not think it is a factor or you think it could be a factor?

**Mr PAUL LYNCH:** My suspicion is it might be a factor but to be able to answer that question properly you would need to analyse each particular case. These situations are so difficult and so emotionally charged it may even be difficult for those people making the decision to be able to dissect the particular reasons they have come to that decision. I do not know whether Mr Moore might have a different view on that.

**Mr MOORE:** I think that is very true. What we are trying to do is take each person as they come in their own circumstances and work out how their family circumstances can be preserved as far as possible. That is not always possible. There are often complicated and difficult circumstances, and the issue is not whether we are supplying them with respite. There is a range of other services that we also supply. Different people need different things. The objective of the department is to take everybody, and while we might not be able to supply supported accommodation, in many cases we try not to supply supported accommodation because there are better answers for them as a family and for the family member with a disability as well. We have to think not only about the immediate pressing need but the long term. There are lots of opportunities to work with families to turn things around. So we are very concerned that we try not to end up with debate—the general philosophical discussions—about disability, and it all being about unmet need and nothing but unmet need. Unmet need is merely a sign that the family needs assistance.

**The Hon. MELINDA PAVEY:** But when you check the records and see that the number of families abandoning their children has doubled in the past year, would that cause enough concern for a better investigation from you, Minister, to set government policy to try to alleviate those numbers?

**Mr PAUL LYNCH:** You have to do a whole range of things. If you are talking about people being abandoned, our block bed numbers are the lowest they have been in living memory, which is one of the things you do to deal with it. So you try to work with families in that position. If you are not able to get the person restored to the family, you need to find a more permanent placement for that.

**The Hon. MELINDA PAVEY:** How many children were found to be staying in the same respite care services with adult clients in the audit that followed the assault on Megan Makila at the Melaleuca facility in the Kiama electorate, and why was your department breaching its own guidelines?

**Mr PAUL LYNCH:** The department breached its own guidelines; there is no doubt about that and the decision taken was wrong. The fact that that is the case is an explanation of why Mr Moore acted as quickly as he did in terms of suspending people and establishing an investigation. Mr Moore has conducted the audit or has had the audit conducted. I will ask him to deal with that.

**Mr MOORE:** On the particular day of the assault and subsequently the number of people under 16 in respite facilities with people over 18—which is the very technical definition of respite policy—is zero. That has been reinforced pending any further revision to that particular policy as being a mandatory requirement. The policy itself is too blunt because there are circumstances where you have siblings, for example, one over 18 another under 16 where you may not want to split them up and there are circumstances where you have people who are particularly immobile; those things have been examples in the past, where there have been 16-year-olds with 18-pluses who have said to staff throughout the organisation that we hasten slowly about how we adapt to those changes.

**The Hon. MELINDA PAVEY:** Are you aware of the situation involving a Department of Community Services property in Albatross Road, Nowra, where there are three children under the care of the department living in this property with a 30-year-old Department of Ageing, Disability and Home Care client?

**Mr PAUL LYNCH:** I am not aware of that.

**Mr MOORE:** Yes, I am. The ages are not quite right but there is such a property and there are people under 18 living with a person, I think she is 28. I might add to assist you, the policy that governs places such as Albatross Road—which are not respite centres; they are ongoing accommodation facilities—does not have the same stricture about age limits. It relates to the compatibility of clients and the specific purposes of particular centres. Those people are there with the consent of their knowing others.

**The Hon. MELINDA PAVEY:** Are you aware of incidents and reports regarding the adult client that the Ombudsman has investigated at this facility?

**Mr MOORE:** Yes, I am.

**The Hon. MELINDA PAVEY:** And you are comfortable with the current arrangement?

**Mr MOORE:** I am comfortable only inasmuch as I think the people on the ground have done the best they can with some particularly challenging clients and that they are working even harder now to come up with better arrangements. Again, in this particular circumstance, without wanting to get into individual client's characteristics, it is a facility for people with particular challenging behaviours and requiring particular strategies to manage them.

**The Hon. MELINDA PAVEY:** What happened with the two staff who were suspended at the Melaleuca facility?

**Mr MOORE:** The two staff were not at the Melaleuca facility. That was staff at the facility itself.

**The Hon. MELINDA PAVEY:** Involved in Melaleuca.

**Mr MOORE:** I would just like to make it clear with regard to staff at the facility and their front-line managers that things could have been done better but those staff did a very good job. The issue was the oversight and more systemic management of that particular part of our operation. The second and third most senior managers in the southern region were asked to stand aside. They stood aside. In light of the investigation, I put new management arrangements in place. The third most senior manager has been returned to her job with different oversight arrangements around her and I have no issues with how she has performed.

The second most senior person's position has been abolished. We have reached other arrangements with her. We have brought in a much more senior manager—a deputy regional director—to oversee the accommodation because what was very clear to me in the light of that serious incident was that we needed to get some quite substantial changes in approach and the way in which people approached problems and the way in which they sought to solve client need and to manage risk. I brought in a new person who had much greater degree of experience in how to bridge different parts of the department's operation through behaviour support on the one side and ongoing accommodation on the other in an attempt to try to get the best out of everybody.

**The Hon. MELINDA PAVEY:** You put one person back on, with oversight responsibilities. What happened to the second person?

**Mr MOORE:** Her position was abolished and we have reached an arrangement with her as to alternative work completely outside the department.

**CHAIR:** In the past 12 months how many matters were reported to the professional standards unit. Of those, how many were investigated and what were the outcomes of those investigations?

**Mr PAUL LYNCH:** I think the numbers are broadly comparable to last year. Mr Moore will have a better grasp of the precise numbers. I think the number of sustained complaints is down significantly.

**Mr MOORE:** If you would just allow me to preface the numbers I am about to give you, we encourage matters or allegations to be raised with us because we are very keen to be able to understand, even when the allegation turns out to be not sustained. We want to understand what is a serious concern so that we can work out how to address them systemically. We do everything we can to encourage staff to come forward. In 2008-09 the top level of allegation, which flows all the way through to our professional standards unit, was a total of 359 allegations or matters reported to us. That is up marginally from 331 in the previous year, which I do not take to be significant in the scheme of things when you take into account the fact that there are 13,500 staff in the department.

**CHAIR:** How many of those were investigated?

**Mr MOORE:** Of those, we investigated 47 this year and 55 last year. Of the 55 we investigated last year, 21 of the allegations were sustained. This year so far eight of the allegations have been sustained but a number of the investigations are still ongoing so we do not know yet what the final number will be. I would not expect, statistically, it to be much different from last year. I expect to see 20 to 21 of them sustained by the time they have been concluded.

**CHAIR:** By "sustained" do you mean proven to be correct?

**Mr MOORE:** That is correct.

**CHAIR:** What sorts of complaints are we talking about here?

**Mr MOORE:** The most common complaint is that there has been a breach of our code of conduct, which often goes to the way in which staff behave towards clients and towards other staff but not behaviours that relate to mistreatment. Those are a separate category of things. We do have other matters that range from client mistreatment, theft and misuse of information technology equipment and the like.

**CHAIR:** How many staff have been suspended?

**Mr MOORE:** If you go all the way to the very end, a total of eight staff have been either disciplined or in some way had remedial action taken against them and one staff member has been dismissed. We do not count, in those numbers, instances of temporary employees or contractors, which is a small number that would have their contracts not renewed or terminated. I am not in a position to count those.

**CHAIR:** You may not be able to do this now, but can you provide us with the cost of that?

**Mr MOORE:** Yes. Could you be a little clearer about what you are seeking?

**CHAIR:** What the cost has been to the department of that action.

**Mr MOORE:** We spend somewhere around \$300,000 or \$400,000 a year on investigations.

**CHAIR:** That is on the investigation, but what is the cost of suspending or not continuing people's employment?

**Mr PAUL LYNCH:** There would not be a cost unless they were appealing.

**Mr MOORE:** There are costs to us in terms of staff who are suspended with pay but we try, almost to an exception, to get those staff doing alternative duties so that we get value for the salary and ensure that staff while they are suspended do productive work. The overwhelming thing for us is that most allegations are not

sustained. The trouble we have in terms of public perception about what we are doing here is the large number of matters that we investigate or consider investigating compared with the small number that go all the way through to there being something substantiated.

The reason that we as a department have taken that tack is that we absolutely want people to have the confidence that if something is alleged, we do not leave it unturned; we go into it as fully as we can. Quite often that means quite harsh outcomes for staff; they get made to stand aside. And mud always sticks. We do our damndest to rectify that, but it is not always possible. One of the things we try our damndest to do with staff that we have stood aside is to find alternative duties for them that are as decent as possible for them, to enable them to maintain their skills and reputation.

**Mr IAN COHEN:** Minister, what is the 2009-10 budget for the home maintenance and modification programs?

**Reverend the Hon. Dr GORDON MOYES:** If I could add to that question. What are your intentions about expanding that service, particularly in light of the provision of care for disabled people?

**Mr PAUL LYNCH:** Home maintenance and modification funding grew from \$19.2 million in 2003-04 to \$33.3 million in 2008-09, an increase of 73.4 per cent over a five-year period. Growth funding in 2008-09 for home modification was \$0.4 million, and \$0.9 million for home maintenance service. As to future intentions, as I am sure you would appreciate, I would be delighted to expand absolutely every service the department runs. It is a question of the budgetary processes. Time will tell. Mr Moore may want to add to that.

**Reverend the Hon. Dr GORDON MOYES:** However, more money spent there actually saves you.

**Mr PAUL LYNCH:** I think to be fair, that applies to a large part of this portfolio. One of the reasons I think Treasury was happy with Stronger Together was that a large part of what we are doing is saving money in other places in the long run, and that is a really sensible way of looking at this portfolio.

**Mr MOORE:** I will add to that. The 2009-10 allocations of funding to things like home modifications is part of the Home and Community Care Program. It needs to be signed off jointly with the Commonwealth before it is finalised. That is in the later stages of being done.

**Mr IAN COHEN:** What percentage of the 2009-10 budget is currently allocated?

**Mr PAUL LYNCH:** For home maintenance, do you mean?

**Mr IAN COHEN:** Of the home maintenance modification programs?

**Mr PAUL LYNCH:** As Mr Moore just said, because it has not been signed off yet by the Commonwealth, we do not have the final figure so we cannot give you a precise percentage of what has been allocated so far.

**Mr MOORE:** But the Home and Community Care Program is predominantly a base amount which rolls over, then there is a 5 or 6 per cent growth factor that comes in on top of that. The base rolls over, so virtually all of it will be allocated.

**Mr IAN COHEN:** Three months into the year, it is completely allocated at this point?

**Mr MOORE:** The only amount that is not allocated would be, in the big scheme of things, the relatively small amount of growth that we would be seeking agreement with the Commonwealth to inject into the area.

**Mr IAN COHEN:** How does that work for the remainder of the year?

**Mr MOORE:** We will receive advice from the Commonwealth. Depending upon the nature of the particular areas that we are planning to inject the growth funding into, we will go through anything ranging from tendering through to direct allocations. We tend to make the increases available generally with effect from the second half of the financial year.



**Mr IAN COHEN:** But you are quite comfortable about the fact that there has been a complete allocation of that section? At this point in time, there is no abnormality there; it is normal practice?

**Mr MOORE:** That is right. There is no problem with what is going on. It is all in accordance with standard practice, the way it has been rolled out each year. The base rolls out, and the growth comes along with approval of the Commonwealth generally in the second half of the financial year.

**Mr IAN COHEN:** Minister, could you advise the specific allocation for level 3 modifications—I understand that is modifications over \$20,000, for higher needs situations—in the 2009-10 budget?

**Mr PAUL LYNCH:** I do not think I have that in my notes. Does anyone at the table have the answer to that? If not, we might take the question on notice.

**Mr IAN COHEN:** Perhaps you could also take on notice what percentage of the level 3 modifications budget for the scheme is currently allocated.

**Mr PAUL LYNCH:** Yes.

**Mr IAN COHEN:** Minister, do you or the department have projected funding increases for the program over the next five years to deal with an ageing population?

**Mr PAUL LYNCH:** Obviously the population is ageing, and obviously that is one of the things we take into account. Because a lot of it is jointly funded with the Commonwealth, there are restrictions as to how much we think we might be able to spend. So our projections will always be dependent upon the Commonwealth. It is triennial funding in any event, so you would be looking at three-year terms rather than five-year terms. As to what the current three-year terms are—

**Mr IAN COHEN:** Can you give an idea of the expected funding increases?

**Mr MOORE:** The Home and Community Care Program operates on three-year or triennial funding. We are in the second of the three years in the current triennial funding. In very rough round terms, the totality of that program is funded for about an 8 per cent per annum growth rate, on which around 3 per cent is for prices and 5 per cent is for quality. In terms of the questions you are asking generally across the program, we are expecting to see about 5 per cent growth a year for increased quality.

**Mr IAN COHEN:** Could you give the Committee an idea of the extent of the current unmet demand for this program?

**Mr MOORE:** We could take that on notice and attempt to get you something. I think it would be particularly difficult to get data that would show that, but we will do the best we can.

**Mr IAN COHEN:** What was the outcome of the Department of Ageing, Disability and Home Care forums held by Allen Consulting on self-directed funding? Did Allen Consulting make any recommendations or suggestions resulting from the forums, and if so could you give the general gist of its feedback?

**Mr PAUL LYNCH:** Is that part of—?

**The Hon. CHRISTINE ROBERTSON:** It is disability services.

**Mr PAUL LYNCH:** Yes. Some research is being done by the Department of Ageing, Disability and Home Care at the moment. I am not sure whether it is Allen Consulting that is doing it. Some focus groups have been held.

**Ms MURRAY:** Can you indicate what year you are talking about?

**Mr IAN COHEN:** I presume it is last year. I do not have the date on this.

**Mr MOORE:** I am not aware of any Allen Consulting—

**Mr IAN COHEN:** Perhaps you could take the question on notice. What percentage of Department of Ageing, Disability and Home Care clients are participating in self-directed funding programs or pilots, and has there been any feedback so far from clients?

**Mr PAUL LYNCH:** I do not know that I can give you a percentage of how many. There are certainly a number of pilots, projects and bits of research going on at the moment. A project was commenced in March 2009 entitled Evaluation of Services Accessed by DADHC Clients. That is to examine current supports and services received by clients, and their future needs, including the characteristics of effective models of individualised support. That evaluation will obviously have a fair bit to do with where we go with this in the future. That evaluation is to be completed in October 2009.

There are a series of other programs that we are using that will inform where we go with individualised support. The project My Plan My Choice: Early Start provides families of children up to the age of six with a developmental delay or disability with funding of up to \$8,000. Formal and informal supports may be purchased to meet the child's development needs, which can be incorporated into the child's everyday experiences and activities. Families for that pilot have been selected from south-west Sydney local planning area, in the metropolitan south. My Plan My Choice: Older Carers is a program that is providing 30 carers of a person with a disability with funding of up to \$50,000. Carers can direct how this funding is spent, and choose the support they want. Carers for that pilot have been selected from the northern region. Recruitment for that program began in July 2009. It will be recurrently funded over the next 12 months.

The Extended Family Support Program will provide over 40 families of children up to the age of 18 with funding of up to \$50,000. The funds are to be used to put in place the extra support the family needs to avoid relinquishment of care, and to improve the sustainability of care arrangements. Families for that pilot are selected from the metropolitan north and Hunter region. That program is being recurrently funded; it commenced in July 2008.

There are also new daily programs, Life Choices and Active Ageing. There is also a further research project The Participatory Action Research Project. That will run across the full pilots in the demonstration project, trying to draw together the conclusions and morals that come out of that. The research project in particular has four aims: to generate evidence about the differences made by individualised support for a variety of stakeholders; to establish a systemic process of change that uses participatory action research to continually drive a transition from current traditional and standardised largely block-funded service delivery models to individualised or packaged support approaches; to augment the department's existing continual improvement processes; and to complement other evidence bases developed by the department about the value of personalisation of service delivery over the three-year time frame of the research. That is a bit of a snapshot of the things we are doing, and coming out of that work will be some more substantive conclusions. Does Mr Moore want to add to that?

**Mr MOORE:** Only to say the extent of the work that you are seeing on ways of enabling clients to direct funding and to direct assistance is a critical part of the theory of Stronger Together. It is about recognising that the core thing is about trying to help families stay together and to make sure that they use the supports that are available to them to their best effect—they have a big role to play in that. In doing that we are very concerned to make sure that people are able to make the right sorts of choices and choices that work for them both in the short- and long-term. We are not talking about things that get resolved quickly when we are talking about people with a disability; we are talking about lifelong supports. So we need to help people to make the right choices, and we also have to be concerned about ensuring that there is a supply of services that matches their choices. It will be of no use to people to be able to have a greater degree of choice if at the end of the day the services available are no different.

We are working our way very carefully through a structured set of pilot projects, looking at the overseas data and at some work that has been done particularly in Western Australia and Victoria, with a view to being able to work out how to build in the larger disability system in Australia something that will work and will not end up resulting in clients and families having access to a lot of discretion but being unable to exercise that discretion because there is not the supply. We are concerned about how they exercise that discretion because they have to deal with very lifelong difficult decisions.

**Mr IAN COHEN:** As at 30 June 2009 how many attendant-care places were available?

**Ms McALPINE:** At 30 June we have approximately 694—in that vicinity—attendant-care places.

**Mr IAN COHEN:** Consistent with the figures provided in Stronger Together, has the department increased the number of attendant-care places by 190 from the 2005-06 baseline of 314?

**Ms McALPINE:** We have allocated all of the places that were due through to 2009-10, and that includes 90-odd that were supposed to be for this year that we allocated early so that people could start as quickly as possible in this financial year.

**Reverend the Hon. Dr GORDON MOYES:** Under the new agreement between the Commonwealth and the State in disability services, I understand there are some people who feel they are now worse off. In other words, they are coming between the cracks. Have you had complaints along those lines?

**Mr MOORE:** No, I have not.

**Mr PAUL LYNCH:** That almost sounds like the fear that people have of the possible splitting of responsibilities between the State and the Commonwealth on the age of 65. I have not heard those complaints about that, but that is a complaint I get about a fear of what might be going to happen.

**Reverend the Hon. Dr GORDON MOYES:** I will get back to you on that with a question on notice for some details, if you would not mind having a look at that?

**Mr PAUL LYNCH:** Happy to do so.

**Reverend the Hon. Dr GORDON MOYES:** I was going to ask the departmental people about attendant-care services and waiting lists for support under attendant care. What is the trend?

**Ms McALPINE:** As at 1 July there were 273 applicants registered and prioritised for high-level in-home personal care services through either the high-need pool or the attendant-care program.

**Reverend the Hon. Dr GORDON MOYES:** When are they likely to be dealt with? I appreciate it might be on the basis of one at a time.

**Ms McALPINE:** In the last financial year 76 people exited the attendant care program, and 161 people exited the high-need pool. So we anticipate getting to that 273 fairly quickly.

**Reverend the Hon. Dr GORDON MOYES:** Within a year?

**Ms McALPINE:** Yes.

**Reverend the Hon. Dr GORDON MOYES:** Minister, this time last year I asked you about young people who were in nursing homes and for whom other suitable supported accommodation could not be found. What is the situation now?

**Mr PAUL LYNCH:** The situation in some sense is similar in that we are still exceeding the provision of Inner Reach care and the diversion—

**Reverend the Hon. Dr GORDON MOYES:** I noted that here.

**The Hon. MELINDA PAVEY:** I am sorry, would you repeat your answer?

**Mr PAUL LYNCH:** Exceeding the targets for Inner Reach service and the diversion—

**The Hon. MELINDA PAVEY:** You are getting more young people out of nursing homes than you had planned?

**Mr PAUL LYNCH:** No.

**Reverend the Hon. Dr GORDON MOYES:** Just the opposite.

**Mr PAUL LYNCH:** By providing Inner Reach services we have exceeded our targets and by diverting people from going into nursing homes we have exceeded our targets as well. We have now moved 10 people out of nursing homes. I think where it is significantly better than last year is that we now have 89 with exit plans, which you would expect to be moving out in the next 12 months or so.

**Mr IAN COHEN:** Is that younger people?

**Mr PAUL LYNCH:** Yes.

**Mr IAN COHEN:** So 10 people this year?

**Mr PAUL LYNCH:** Yes. No, I am sorry; we have moved out a total of 10, which is another six this year and the four we quoted last year. There will be another 89 moving out we would expect in the next 12 months. That is tied into the fact that over the next two years we will be building over 100, perhaps up to 120, extra places. So the construction part of the program now is frankly taking off. The bits that did not involve construction we have done reasonably well in. Now that the construction work has started you will start seeing significant changes over the next 12 months.

**Mr IAN COHEN:** Minister, last year during budget estimates it was stated that the department aimed to move 109 young persons with disabilities out of residential aged care facilities by 2010-11. Is this keeping with your schedule?

**Mr PAUL LYNCH:** That will keep with that schedule. There are Young People in Residential Aged Care [YPIRAC] targets set for the entirety of the five-year program—we will get there with those. Those figures I have just quoted about moving out are consistent with that. The construction stage has been slower than the other two bits—that is consistent with other States. I think when targets were originally set people were probably optimistic about how quickly things would actually be constructed. The other interesting thing in New South Wales is that the total number of young people in nursing homes has not reached the figure you thought it might have. The other thing that is happening is that the Lifetime Care and Support Scheme has now got 230-odd clients, that is another stream altogether that is funding people for the most part avoiding having to go into nursing homes.

**Reverend the Hon. Dr GORDON MOYES:** Is there a cost shifting there from Commonwealth to State?

**Mr PAUL LYNCH:** State and Commonwealth jointly fund the program, and that is the result of the specific agreement. It is interesting because we had a bit of a discussion about this last Friday at the national disability ministerial council. It seems to me whatever you are doing with YPIRAC it does not really solve the final problem. Even if every State in the country reaches all the YPIRAC targets, there will still be a significant number of people under the age of 65 years in nursing homes. There needs to be some consideration as to what you do about that. Part of what has happened in this debate is that people have got so concerned about the YPIRAC targets—and that is reasonable and understandable. That becomes the only thing you actually think about. The real issue is what do you do about the people outside the YPIRAC targets. The way that I see that we may be able to pursue that is as I suggested last Friday—that we get some more work done by the national disability ministerial council about what to do about the rest of the YPIRAC clients.

**Reverend the Hon. Dr GORDON MOYES:** Would I be correct in saying there is about 2,500 people who are under 65 in nursing homes?

**Mr MOORE:** In New South Wales, 2,300 is roughly the right number.

**Mr PAUL LYNCH:** So simply relying upon YPIRAC and the targets is not going to be enough.

**Reverend the Hon. Dr GORDON MOYES:** It is going to take a long time?

**Mr PAUL LYNCH:** Yes.

**Mr MOORE:** Going to your specific question about cost shifting, it is our view that the Commonwealth, through the process of the various agreements over time related to disability, had specifically retained responsibility for providing nursing level supports, and the disability system that passed across to the

States did not carry that with it. What we are now seeing is a negotiation between the Commonwealth and us where we need to be very careful about not letting them off the hook with that commitment. The 2,300 younger people in nursing homes generally are there because they require quite high levels of support. We need to work constructively with the Commonwealth about how we split and share those costs.

**Reverend the Hon. Dr GORDON MOYES:** With the new constructions underway, how many would you anticipate housing over the next 12 months?

**Mr MOORE:** As the Minister said, there are 89 people definitely lined up. The reason that it took so long was that we had to, first of all, get the data as to who were the individuals. We had to survey the individuals to understand their preferences, whether we needed to find ways to line them up with appropriate care. It is not simply a matter of building a building for them. There has to be the care, the labour, the nursing to make it work properly. We have now been able to identify individuals with solutions that will work. We are now putting those in place. We are on track to get a total of about 130 people under 50 out of nursing homes by 2011, I think the date would be. As the Minister says, that would not be the end of the matter. That is just the start of the matter. As the Minister also pointed out and it was raised at the Commonwealth-State disability Ministers meeting last Friday, we need to not pat ourselves on the back and stop there but move on to the next.

**Reverend the Hon. Dr GORDON MOYES:** Is there any extra funding from the Commonwealth for that?

**Mr MOORE:** That will be the hard part of the negotiation.

**Reverend the Hon. Dr GORDON MOYES:** How much of the \$80 million have you spent?

**Mr MOORE:** I will have to take that on notice to do you proper service. We will spend the totality of the \$80 million.

**Reverend the Hon. Dr GORDON MOYES:** Within the year?

**Mr MOORE:** The \$80 million is over four years.

**Mr PAUL LYNCH:** By the end of the period.

**CHAIR:** You are taking that question on notice?

**Mr MOORE:** Yes.

**CHAIR:** Government members will now ask questions.

**The Hon. GREG DONNELLY:** Minister, can you outline the current status of the Companion Card scheme?

**Mr PAUL LYNCH:** I certainly can. On 28 March this year I had the pleasure and delight of launching the New South Wales Government's Companion Card program. Because of the Companion Card, people in New South Wales who have a significant and permanent disability can now take a carer on public transport and to events and venues for the price of a single ticket. The new card will assist people with a disability who need care to participate in the community. It recognises that a carer is indispensable to a person with a significant and permanent disability, giving them equal access to services and facilities, just like everybody else. We provide the card to people who always or usually require the assistance of a carer in their daily lives, with eligibility based on the needs of a person with a disability. The card is free. It is not means tested. We estimate that it will make it easier for about 25,000 people in New South Wales to better access the community and to access everyday services and events.

In addition to public buses and trains, there has been strong support for the card from the private sector, particularly entertainment and sporting businesses, with over 300 businesses signing to date. This means that not only will persons with a disability and their carers be able to catch a train into the city, they also will be able to enjoy the theatre or cinema and much more for the price of a single ticket. The program commenced on 1 March 2009 with more than 2,000 cards being sent out to new Companion Card members already. I am pleased to advise that we have received extremely positive feedback from members of the public, the sector and others

generally about the scheme. The budget for 2008-09 was \$941,000. The budget for 2009-10 is \$1,049,710. As I said, as at 17 July over 2,000 Companion Cards had been issued and over 470 businesses have joined as affiliates.

The assessment of the eligibility requires the collection of detailed information to ensure, obviously, that only eligible people get the card. There is an appeal process available for people who apply and their application for a card is denied. For those of you who have not seen it, it is a credit card-sized card that is issued to people with a disability bearing a photograph of the cardholder. It identifies that person as someone who requires attendant care support from a companion to participate at venues and in activities. It is issued to people on application who have a lifelong requirement for attendant care. It is presented when booking or purchasing a ticket only when the cardholder requires the assistance of a companion in order to access a particular venue or activity. The administration, assessment and marketing of the New South Wales Companion Card was outsourced via tender to the National Disability Services [NDS], which is doing a very good job. Applications for cards are reviewed by a qualified assessor at National Disability Services.

**The Hon. MICHAEL VEITCH:** There has been recent comment on and interest in the Government's introduction of personalised support services for people with a disability, their families and their carers in New South Wales. Can you provide some information on the Government's introduction of that program?

**Mr PAUL LYNCH:** We have dealt a little bit already with that in response to Mr Cohen. It is certainly true, as Mr Moore said, that is certainly part of the philosophy of Stronger Together. It is clearly where we want to go, but we have to do it carefully. That is why we run pilots and do research projects to gather the appropriate evidence. The danger, it seems to me, if you do not do that research, if you do not try to get it right, is that you will have a rerun of the Richmond report where they had a good idea, they threw it out there and, bang, it had some awful consequences. Whilst clearly we want to go down the path to provide individualised funding, we want to do it right. That means getting the research right. It also means, as Mr Moore indicated earlier, making sure that we have a service delivery sector that will continue to deliver the services.

Interestingly, most of the service delivery agencies I have talked to have been very keen on the concept, for obvious reasons. But we need to do whatever it is we are doing in such a way that they continue to be a viable sector to be able to deliver the services. As Mr Moore said, there is no point giving people a choice if there is nothing to choose from. I indicated earlier some of the programs. I will not go through those again, except to make the point that some of those have been running for a little while. We want to see where they go; we want to see how they turn out; we want to be able to build the research base. I think if you are going to do it, you also have to be in a position where you will allow people access to enough information for them to make choices. It is basic market theory. Markets work effectively if market participants have access to the knowledge and information. That will require some careful thought about who is able to provide information.

Certainly there will be some people in the sector who know the system inside out and who are able to navigate their way through the sector as it is and probably will not need a lot of help. But if you do not put in appropriate supports to provide information to people, you will make a change that will affect, frankly, a very small proportion of carers and people with a disability. If you want to do this, you want to do it in such a way that a whole range of people gets the benefit from it. That means you will have to have structures in place to be able to provide advice and assistance to people so that they can then make an informed decision about where to go.

**The Hon. CHRISTINE ROBERTSON:** Minister, can you outline progress on the rollout of the dementia day care centres under the Home and Community Care Capital Strategy?

**Mr PAUL LYNCH:** In response to the increasing incidence of dementia, the first round of the Home and Community Care Capital Strategy is targeted at the provision of one purpose—to design a dementia day care facility in each of the 16 Department of Ageing, Disability and Home Care local planning areas. The New South Wales Home and Community Care Program annual plan for 2006-07 identified \$27 million for the first round of the Home and Community Care Capital Strategy. It is pleasing to report that two dementia day care centres are now complete. One is located at Wee Waa in the northwest of the State and the other at Woy Woy on the Central Coast. Another six projects in Orange, Casino, Fairymeadow, Willoughby, Baulkham Hills and Cooma are expected to be complete prior to 30 June 2010. The remaining eight projects will be completed in 2010-11. In 2009 there are an estimated 84,000 people in New South Wales living with dementia. By 2050 this number will increase to an estimated 341,000.

The building of these dementia day-care centres shows that the Australian and New South Wales governments are working together and preparing for the future. These centres will give people with dementia the opportunity to socialise and form new friendships, receive assistance with their personal care and also attend outings. Because the centres will provide a day-care service, they will provide respite—a much-needed break—to the carers of people with dementia who use the services.

These centres have been designed to incorporate specialised dementia design guidelines commissioned by the department to ensure a safe and harmonious environment for these individuals. These guidelines provide for personalised spaces that are conducive to the care and safety of people with dementia, including features such as outdoor spaces, gardens and calming lighting. We are constantly reminded that as people age they want to remain independent and in their own homes and communities. The Home and Community Care Program delivers affordable and accessible care to help meet the individual needs of frail older people, younger people with a disability and their carers. Without home and community care services many people would have to move prematurely into residential care.

I am also pleased to advise that there will be a second round of the Home and Community Care Capital Strategy funding. The second round will be targeted at the upgrading of the Home and Community Care Program facilities and has been allocated an additional funding of \$4.8 million. Advertising for proposals is planned for October 2009. In 2009-10 the Australian and New South Wales governments will provide a combined total of \$586.8 million for the Home and Community Care Program in New South Wales, of which the New South Wales Government will contribute \$240 million.

The New South Wales Government will also provide \$4.1 million funding for social and community award increases, bringing the total budgeted expenditure of the program to \$590.9 million. The total matched budget for 2009-10 includes growth funding of \$40.5 million, providing an increase of 7.4 per cent over the allocation for 2008-09. In 2007-08 more than 224,000 people across New South Wales received Home and Community Care Program services.

**The Hon. MICHAEL VEITCH:** Minister, can you please outline what the New South Wales Government is doing to improve services for people with multiple and complex needs and how it is relieving pressures on hospital emergency services, hospital emergency departments, mental health units and the criminal justice service?

**Mr PAUL LYNCH:** All the issues in my portfolio are important but this is one that is particularly important. We have recently made a commitment to allocate almost \$40 million over the next four years to continue the work of the Integrated Services Project [ISP]. The Integrated Services Project, which is led by the Department of Ageing, Disability and Home Care in partnership with New South Wales Health and Housing NSW, is an exciting example of a multiagency response to the needs of a complex and vulnerable group of individuals with significant mental health issues. Clients accepted into the project are adults who have multiple disabilities, including an intellectual disability, mental illness, drug and alcohol abuse or acquired brain injury.

The project enhances the lives of people with complex needs and significant challenging behaviour by reducing their risk of homelessness, increasing their participation in community activities and employment and reducing their participation in criminal activities. The decision to continue funding of the project comes after a successful trial, which demonstrated that the project can successfully achieve its goals and outcomes. The project provides services for people who have a range of complex needs and diagnoses, including, as I say, mental illness, intellectual disability and substance abuse. Many have a mental health condition such as schizophrenia or a personality disorder, and many have spent time in prison.

Prior to entry to the program clients were usually residing in temporarily available acute beds in mental health units and other facilities or were homeless. The average annual cost per client in the trial is significantly lower than the cost before the program began, and early information indicates that the cost per client once people left the program to long-term accommodation might be even lower. An independent evaluation of the first half of the trial showed an 84 per cent reduction in visits to emergency departments, a 96 per cent decrease in days in hospital and an 80 per cent decrease in the number of days in prison. What is particularly pleasing is that 83 per cent of those surveyed reported that their health had improved and 61 per cent had improved their relationship with family and friends. For example, one successful participant in the trial came from a long history of mental illness, suicidal behaviour, homelessness and drug and alcohol abuse. Since this person was accepted in the project he gave up his alcohol addiction and his behaviour stabilised to the point where he could get a job.

It is an example of the Government developing an innovative approach to help people with complex and challenging needs maximise their independence and engage positively with the community. At the same time the project reduces the impact of these people on services such as hospital emergency departments, mental health units and prisons, as well as lowering the overall cost of their support. The Integrated Services Project involves three State Government agencies—the Department of Ageing, Disability and Home Care, New South Wales Health and Housing NSW—working together. It provides comprehensive assessment, support services and case management. Participants are provided with supervised accommodation as well as access to intensive therapeutic and behavioural services.

The project draws on the experience of experts, including psychiatrists and psychologists, and local support agencies such as housing and disability providers, who work collaboratively to establish a lasting framework of high-quality supports to help each individual live as safely and as independently as possible. It is a prime example of a cross-agency response to the Government's State Plan in critical areas, including reducing the rate of crime, antisocial behaviour and avoidable hospital admissions.

**The Hon. CHRISTINE ROBERTSON:** Minister, you have told us about quite a few exciting projects but can you also outline the Government's achievements in ageing and disability services?

**Mr PAUL LYNCH:** I certainly can. The Government has maintained its strong commitment to supporting the wellbeing of older people, helping them to enjoy good health, security and meaningful and productive lives. The Government provides concessions on many services for older people living on the aged pension. These include concessions for rates, water, gas and electricity, telephone rebates, mobility concessions and transport concessions provided for Senior's Card holders. As a government we understand that responding to the ageing of our population and the specific needs of older people requires integrated strategies and initiatives across multiple services. This is why we are actively implementing across-agency initiatives on important issues such as the mature workforce, older people in disadvantaged communities, responding to the abuse of older people and supporting people with dementia and their carers.

The Ageing Grants Program currently supports a range of services and projects in meeting the needs of older people in New South Wales, including peak bodies in the ageing, early intervention and referral services, particularly the Seniors Information Service. A budget of \$5.9 million has been allocated for ageing grants in 2009-10. Almost \$2.63 million was allocated for the Dementia Strategy in 2009-10. People living with dementia, their families and carers need access to a range of services and support. The Dementia Program is delivered jointly through the Department of Ageing, Disability and Home Care and New South Wales Health.

In 2007 the New South Wales Government convened Ageing 2030, a future-focused roundtable to help us respond to the challenges and opportunities associated with population ageing and to the need to plan for population ageing. At Ageing 2030 the Government announced the development of a whole-of-government strategy on ageing. This strategy, entitled "Towards 2030: Planning for our changing population", was released in April 2008 and includes specific short and longer-term actions to address population ageing. Eighty-eight out of 90 of the first year activities outlined in Towards 2030 have been achieved to date.

In responding to the issue of abuse of older people the Government has launched the Interagency Protocol for Responding to Abuse of Older People to identify and respond quickly and effectively to suspected incidents of abuse. The Government has also maintained a strong commitment to improving services for people with a disability, their families and carers. The release of the Government's 10-year plan Stronger Together further consolidates this commitment. Stronger Together details how we will provide greater assistance and long-term practical solutions backed with an additional \$1.3 billion funding over the first five years.

The 2009-10 budget has allocated a total of \$2.3 billion to the department—an increase of \$238 million over the previous year. This funding is making a real difference for people with a disability, their families and carers. Stronger Together commits the Government to expanding the number of therapy places available. In 2009-10, \$11.9 million is allocated, an increase of \$4 million, for therapy services, including occupational, speech and physiotherapy, to help young people and people with a disability to reach their full potential.

The Government understands the importance of respite services for families caring for a person with a disability, having doubled funding of these services since being elected in 1995. As part of Stronger Together, intensive in-home support and flexible community packages have increased. Under the 2009-10 State budget the fourth year of Stronger Together provides \$31.9 million for flexible respite packages. This represents an



increase of \$17.2 million. We also announced joint funding with the Australian Government of \$48 million over three years for respite services in New South Wales for older carers of people with a disability. The support is also provided through the Attendant Care Program and the High Need Pool to support people with a disability and older people living in their own homes to assist them to live as independently as they can in the community.

Over the five years of Stronger Together places on the attended care program will increase to 634. This represents total growth of \$66 million in this program. An additional \$23.5 million has been allocated for 2009-10 for attended care places. The Government has introduced key changes to support more than 2,300 people with a disability in the community participation program in 2008 and it has allocated \$58 million for post-school programs in 2009-10 to increase support for young people with a disability. Stronger Together focuses on strengthening families and provides more than \$32 million over five years to assist children and families through 16 new intensive family support services.

In March 2008 the Government also announced a \$6 million package over four years to boost services for young people with autism and their families. In 2009 the Government has also introduced a \$1 million pilot program called Case Management for Young People With Challenging Behaviour. Stronger Together will provide more support to enable adults with a disability to live in the community. In addition, \$155.1 million has been allocated for 2009-10 for supported accommodation; that is, providing community-based residential support for people with a disability. That is an increase of \$45.8 million to provide 349 extra supported accommodation places by the end of 2009-10.

The Government has also made a number of announcements under Stronger Together regarding plans for more appropriate accommodation and support services for people in large residential centres. These included the closure of the Grosvenor Centre in Summer Hill and its replacement with a purpose-built specialist accommodation service, the closure of the Lachlan Residential Centre and its replacement with specialist accommodation for people with significant challenging behaviours and the closure of Peat Island Residential Centre and its replacement with a village-style aged care model for people with intellectual disability at Hamlyn Terrace on the Central Coast.

**The Hon. MELINDA PAVEY:** Minister, are you aware of funding provided by your department to the Luke Priddis Foundation?

**Mr PAUL LYNCH:** I recall a cheque being handed over some time ago, but no ongoing funding. The Luke Priddis Foundation is a charitable organisation that aims to improve opportunities and services for children with autism. The Department of Ageing, Disability and Home Care does not provide funding to the foundation. A cheque for \$10,000 was presented to the foundation by the member for Penrith when she participated in the Luke Priddis Foundation Walk for Autism at the Sydney Regatta Centre in Penrith in 2007.

**The Hon. MELINDA PAVEY:** Was that \$10,000 from the department?

**Mr PAUL LYNCH:** No, I do not think it was.

**The Hon. MELINDA PAVEY:** Where was it from?

**Mr PAUL LYNCH:** I think it was from the member for Penrith.

**The Hon. MELINDA PAVEY:** Was it from her electorate allowance?

**The Hon. CHRISTINE ROBERTSON:** Get off!

**The Hon. MELINDA PAVEY:** I am trying to get an answer.

**Mr PAUL LYNCH:** Mr Moore tells me that it was departmental funds. That 2007 cheque seems to have been the only—

**The Hon. MELINDA PAVEY:** Were you the Minister then?

**Mr MOORE:** The Minister has been given a poorly worded piece of advice. A \$10,000 cheque drawing on departmental funds was made available to the Luke Priddis Foundation in 2007.

**Mr PAUL LYNCH:** That was significantly before I became Minister.

**The Hon. MELINDA PAVEY:** From what funding pool did that money come and how did that happen?

**Mr PAUL LYNCH:** I will have to take that question on notice.

**Reverend the Hon. Dr GORDON MOYES:** It was probably from the Minister's discretionary account.

**The Hon. MELINDA PAVEY:** Perhaps.

**Reverend the Hon. Dr GORDON MOYES:** Ministers can do good things.

**Mr PAUL LYNCH:** That is why I will take the question on notice.

**The Hon. MELINDA PAVEY:** The Cumberland Industries Limited situation is disappointing. I understand that the company has gone into liquidation, receivership or administration.

**Mr PAUL LYNCH:** I think the administrators have on sold the part of the business that employs people.

**The Hon. MELINDA PAVEY:** Which part?

**Mr PAUL LYNCH:** The part that employs people. Those who were in supported employment continue to be employed. While what happened was unfortunate, it is not as bad an outcome as it could have been. The fact that the supported employment continues is obviously a very good thing.

**The Hon. MELINDA PAVEY:** Did DADHC provide money to Cumberland Industries before it went into administration?

**Mr PAUL LYNCH:** Cumberland Industries was placed into voluntary administration on 26 May 2009. The department had the following funding arrangements with the company: a \$900,000 contract for the Building Capacity—Professional Services for Disability Service Providers Program for the period 1 July 2007 to 30 June 2010—

**The Hon. MELINDA PAVEY:** Is that a \$300,000-a-year rolling program?

**Mr PAUL LYNCH:** Effectively, yes. There was also a \$28,865 per annum funding agreement to provide targeted support to two clients. Cumberland Industries brokers out the provision of those services to other service providers. Arrangements have been negotiated to ensure continuity of services for the two clients receiving targeted support with funding from the department. The department is exploring alternatives for delivering building capacity to the service providers involved in the program.

**The Hon. MELINDA PAVEY:** Are you saying that about \$350,000 has evaporated?

**Mr PAUL LYNCH:** We are an unsecured creditor for \$356,000 in undelivered services. That is associated with the Building Capacity—Professional Services for Disability Service Providers Program. A significant amount of work was delivered to us, but not as much as would have met the entire contract price.

**The Hon. MELINDA PAVEY:** When you say "work", do you mean that money would be used to employ people?

**Mr MOORE:** Cumberland Industries is predominantly providing services funded by the Commonwealth for people with a disability. We were providing a one-off contract for it to develop. The label is reasonably descriptive. It is about working with a number of providers to build their capabilities and capacity. The company had provided a number of services and done some start-up work, but it had not been able to complete that work before it went into administration. It is a small part of the company's overall operations and it was an attempt by us to try to leverage off their positioning capabilities to try to build skills and capability in the non-government organisation sector.

**The Hon. MELINDA PAVEY:** Mr Moore, you are relatively new to the department.

**Mr MOORE:** No, I am not. I have been with the department for seven years.

**The Hon. MELINDA PAVEY:** Were you concerned about the internal audit processes and that that money appears to have evaporated?

**Mr MOORE:** I am now. Looking back at the checks and tests put in place before the moneys were paid to Cumberland Industries, I am satisfied that appropriate processes were followed. However, clearly we did not get what we wanted. We are in the process of working with the administrator to see what we can get back. I am not hopeful that we will see all the dollars come back.

**The Hon. MELINDA PAVEY:** What are you hoping for?

**Mr MOORE:** It is too early to speculate. I understand that we should know by the end of this year, but it is still in the hands of the administrator. I do not understand how they sort through that business.

**CHAIR:** Minister, you talked about Stronger Together. Is it correct that Stronger Together II is estimated to cost about \$2 billion?

**Mr PAUL LYNCH:** It is much too early to put a figure on it. We are clearly looking at it and we will be going through the normal budgetary processes. Obviously, from my point of view, the more the better. However, it is frankly much too early for us to provide a sensible figure.

**CHAIR:** So you have no forward projections on what the figure might be based on the current situation and the numbers and unmet need you have talked about today?

**Mr PAUL LYNCH:** None that I am prepared to share. To be quite blunt, there is a negotiation process we will go into with Treasury, and I am not going to pre-empt—

**CHAIR:** How confident are you—given the budget constraints currently, and particularly within Health—that you will achieve the necessary funding required?

**Mr PAUL LYNCH:** I am fairly optimistic, I must say. Part of that is because so much of what we do—and this touches on what I said earlier—saves money in the long run. Once again, to be fairly blunt, Stronger Together part one got up because Treasury understood that by spending a significant amount of money it saved itself money in the long run. That is precisely the argument we will be putting about Stronger Together part two. I think, on that basis, it is reasonable for me to have a degree of optimism.

**CHAIR:** So you have made strong representations already?

**Mr PAUL LYNCH:** We spend almost every week making strong representations to Treasury about Stronger Together part two.

**CHAIR:** I just want to ask you some questions about intervention services. Last year in budget estimates your department said you do not keep waiting lists for intervention services, community support teams—that you only get qualitative service demand data. The response to a request under freedom of information for qualitative service demand data was there were no documents in relation to qualitative service demand data. If that is the case how can you explain this document that I have—and I will give you a copy of it—that shows that in relation to only two of the ten specialist support teams in Metro North 309 clients are waiting for service and 616 clients are waiting for service requests to be addressed?

**Mr PAUL LYNCH:** Granted it is a freedom of information issue and Ministers do not control such issues, I might ask Mr Moore to comment.

**Mr MOORE:** Might I see the document first? First of all, I am not familiar with terminology that is being used on this piece of paper and the role it has played. Others in my team are aware of it. The simple fact is in relation to community support teams that we have clients who, one way or another, come to us. Where it is deemed appropriate we provide services to them. They are also able to access non-government service

provision, and we have records of how many clients we have listed with us to be provided services and how often and when we service them, and they tend not to be termed waiting lists because they are not set out to be structured in that way. They are a record of people who made requests. They get prioritised, and we do not make the effort to determine whether they have in all cases been met by provision through non-government services, for example. We work our way through this, endeavouring to deal with all those people prioritised as needing a service—high need, met immediately—all the way down through people who have need but that need does not need to be met immediately. So they are not structured as people waiting and absolutely having to be serviced by a certain time.

**CHAIR:** Could you provide, please, lists of numbers of clients waiting for services, clients on service requests to address, such as that one I have provided you with, from every specialist support team within the six department areas?

**Mr MOORE:** I am more than happy to get you the data I think we can usefully pull out that is accurate and represents people who are being serviced or who are listed to be serviced but not currently receiving services in a way that I think will answer, sort of, what you are looking at. But it will be accurate, not misleading for you.

**CHAIR:** Can you also give us similar lists from the case management teams, the access teams and the respite teams?

**Mr MOORE:** Absolutely.

**The Hon. MELINDA PAVEY:** Again in relation to budget estimates from last year, there was a categorical denial that it scores people in terms of judging how much need they have. I have document here that gives point scores for families in crisis such as nine points for a death within a family, nine points for a likely breakdown of a client family situation, twenty points if a medical certificate is produced confirming ongoing family health problems, particularly those requiring hospitalisation, six points if the client is non-compliant and might put themselves at risk, and a variety of other such behaviours or needs that can be added together to form a point score which suggests actions and assistance are called for. Have families been informed that these highly personal questions are being answered on their behalf or is this still occurring without their knowledge? I can hand up that document.

**Mr MOORE:** If you could permit me to come back to you on notice about the particular document we have here. What I can give you by way of advice now is that we are looking at various ways to undertake a more objective form of assessment as a way of trying to understand whether somebody is entitled to support and what degree of priority should be attached to it.

**The Hon. MELINDA PAVEY:** So a point score system such as that is a valid way to do it?

**Mr MOORE:** That is what we really do not know. Disability is so personalised and so specialised in terms of individual circumstances. At the same time, as we get much bigger—and that is what the Stronger Together growth is making us do—we need to be able to run the system with a much greater degree of comfort as to whether it is objective and try to turn it away from being something where individual circumstances need to be so personalised that people need to put themselves out there in such personal ways and put their difficulties in front of people in ways that will leverage access to the system, if you like, by playing on heartstrings as opposed to objective facts. If we cannot solve that problem of how to get people to have access in fair, consistent, equitable ways then we will really run into difficulty as the system gets bigger. If the objective ways relied very much upon individual case managers, access managers, and how they react personally you will really run into difficulty with comfort of the community in terms of how you are administering that system.

It is not easy. What we have tried to do is not to be dishonest about it and say we can solve the problem. We have been working our way through various ways of trying to unpack that. We have lots of people in lots of circumstances who quote research and tell us it can be done easily, and I am very discomforted by the idea we can do it easily because it seems to me to do it easily is to forget the individuals. But if it is only individuals being assessed by other individuals, where do you get the degree of comfort that the system is equitable and fair.

**The Hon. MELINDA PAVEY:** I suppose the issue is about letting families know how these decisions are made and how the information is collected and recognised. If these sorts of surveys are happening and just presented to you families probably have a right to know they are being accessed in that way?

**Mr MOORE:** As I said, the only ones I am aware of are being done within a piloted context to try to get us some sense of how these objectified, let us call them, tests sit alongside standard, more subjective assessments by individuals.

**The Hon. MELINDA PAVEY:** That comes back to the issue. It was denied at budget estimates last year that this was happening. You are saying now it is being piloted. So, at least we have some information on the public record. I want to go back to young people and the nursing homes issue. We have 2,300 people in New South Wales, as you were informed just then, that are under 65 living in nursing homes throughout New South Wales and it is a \$80 million, four-year package, I understand from the information you have just given me. You have had—was it 10 people successfully over the past two years—taken from nursing homes into another option, is that right, with another 130 planned for the next year?

**Mr MOORE:** It is 120.

**The Hon. MELINDA PAVEY:** How many houses are coming on line?

**Mr PAUL LYNCH:** There are 120 places to be constructed over the next two years and about 89 with exit plans over roughly the next 12 months.

**The Hon. MELINDA PAVEY:** How many homes are being constructed?

**Mr PAUL LYNCH:** I might take that on notice.

**The Hon. MELINDA PAVEY:** Can you tell us where they are as well?

**Mr MOORE:** It is much more complicated than that because it is not just individual places for young people in nursing homes. Because people are scattered throughout New South Wales, 120 is not a lot. We are trying to find solutions where you can add an individual extra bed into this facility that we are building. We will get you something that will give you a good flavour at least of where we are with this.

**The Hon. MELINDA PAVEY:** The big question is that a lot of the \$80 million has not been spent yet. What has been spent so far to get 10 people out of there?

**Mr PAUL LYNCH:** We will take that on notice. The bulk of the money will go on construction and that is what we are now ramping up. Things are being built literally as we speak, so exactly how much of that money has been spent and at what stage I just do not know.

**Mr MOORE:** Where we have not spent the money on accommodation, we have been spending the money on in-reach services. Of the 89 that we are planning to relocate out of a nursing home, where it makes sense for that individual why they have not yet left, if in-reach services can be provided to assist them, we provide in-reach services. They draw down on some of the money that we would otherwise be spending on an out-of-home arrangement for them. It is complex.

**The Hon. MELINDA PAVEY:** You will provide details?

**Mr MOORE:** Yes.

**Mr PAUL LYNCH:** The diversion stuff involves a fair amount of support to people outside the nursing home to prevent them getting in there. So that also chews up a reasonable whack of the money.

**CHAIR:** In relation to Home and Community Care services and the proposal that they will be taken over by the Federal Government, how many elderly clients currently benefit from Home and Community Care services and how will they be affected by the Commonwealth takeover?

**Mr PAUL LYNCH:** In terms of the numbers, we will take that on notice. In terms of how people are going to be affected, it depends upon how it actually happens. There has been no final determination yet. It is

fair to say the noises out of the Commonwealth are still that they want it to happen, but there has been no final decision so it is not possible to say exactly what the implications of it will be. Certainly our view has been, amongst other things, that if it is to happen, there should be similar service delivery. There needs to be some sort of overarching structure so that we can look at it over a period of time and if there is a problem go back and revisit it or revisit parts of it. I think the original proposal was a phase-in period of three years; sometimes they talk about a phase-in period of five years. That is as precise as anyone can be until there is a final landing.

**Reverend the Hon. Dr GORDON MOYES:** Has there been any change at all in the department's attitude to supporting non-government organisations, particularly those in the dementia field, such as the Alzheimer's Association?

**Mr PAUL LYNCH:** In general terms, non-government organisations are critical for us, and in fact the majority of our funding goes to non-government organisations rather than to the public.

**Reverend the Hon. Dr GORDON MOYES:** So there are no changes to the policy.

**Mr PAUL LYNCH:** No.

**Reverend the Hon. Dr GORDON MOYES:** I understand that you may stop support of one or other organisation for various reasons, but there will no overall policy changes.

**Mr PAUL LYNCH:** Certainly not, no. If anything, we are keener and keener on getting non-government organisations to work effectively. I announced significant funding at the time of the budget to help the non-government organisations develop their skills and increase their capacities. It is critical for us that they do as well as they possibly can otherwise we cannot do what we want.

**Mr IAN COHEN:** Minister, of the 170 people who exited the home care high needs pool, how many were transferred to the Attendant Care Program?

**Mr PAUL LYNCH:** I will have to take that on notice. It is probably not logical that that would happen, though.

**Mr IAN COHEN:** You do not think that has happened at all?

**Mr MOORE:** Some would have moved. The Attendant Care Program and the high needs pool program have some differences in how they are applied and the high needs pool program is exclusively driven through the Home Care Service. The more important thing is that, by and large, the overall capacity in transferring from one program to another does not result in a reduction of overall capacity that is available to the system.

**Mr IAN COHEN:** You say that a number of those 170 would have gone across to the Attendant Care Program. Will you take the number on notice and give us an idea of the situation?

**Mr MOORE:** Yes.

**Mr IAN COHEN:** Minister, are you aware of the difficulties posed with transport for day care and respite services in northern New South Wales, and might it reflect in other areas of the State? Do you see that as an issue and is there any capacity within the current budget to provide additional bus services for day care and respite services, particularly in the region that I come from, but also as a typically country problem?

**Mr PAUL LYNCH:** I cannot say that I particularly identified it as an issue in your area, but generally it is an issue across the State. Certainly significant amounts of money go into community transport already—the 2008-09 budget is \$44.9 million.

**Mr IAN COHEN:** Is that right across the State?

**Mr PAUL LYNCH:** That is right across the State. It is an 85 per cent increase since 2003-04.

**Mr IAN COHEN:** It would be interesting to know what support has gone to country areas in that formula. Perhaps you could take that on notice because it is my understanding there is still concern about the real limitation for people.

**Mr PAUL LYNCH:** And the greater distances to be travelled make it objectively harder.

**Mr IAN COHEN:** Is there no access to public transport that might otherwise facilitate some degree of transport to people with disabilities?

**Mr PAUL LYNCH:** I am happy to take it on notice and give you a proper break down.

**Mr IAN COHEN:** Can you indicate what opportunity children in medical model respite have to access or participate in the community?

**Mr MOORE:** In very general terms, and by definition regarding the sorts of high needs medical respite that we offer, accessing the community—in terms of going out and accessing the community—is highly limited by the very nature of the disabilities of the individuals. We have a range of arrangements, including in-reach community access, that we draw on. But at the same time respite is not something where it is the point in time where you are giving the parents—the carers—the respite and the community participation is not the predominant matter that you are trying to resolve with respect to the respite care.

**Mr IAN COHEN:** Are you saying it is a special difficulty with children in the medical model situation?

**Mr MOORE:** If you were to see some of the children for whom we provide high needs medical support, either on a respite or an ongoing basis, you would understand fully the difficulties that we have in being able to supply the services. First and foremost, health care becomes critical. Our objective is to enable those people to be able to live and to be able to have a high degree of care put around them. That is why quite often we provide that service from within a larger facility. There is a range of activities and participation processes that we provide, but if we are talking about the same sort of facility—what I would refer to as a high medical needs facility—then the quality of medical, day-to-day care is pre-eminent.

**Mr IAN COHEN:** It might not be just in those specific facilities; it could be where a child is in a family situation. However, you would understand that better than me. Given that you understand the issues of those levels of support, have any concerns been raised about medical model respite for children not conforming with the Disability Services Act and Federal disability standards?

**Mr MOORE:** Yes, I am aware of some concerns that have been raised.

**Mr IAN COHEN:** Could you indicate those concerns? In terms of the budget, is there any financial allowance, or a potential to resolve those problems?

**Mr MOORE:** We are currently in legal proceedings with an advocacy group that is challenging what is called the Summer Hill facilities. They are challenging the respite facilities that are there, which provide care for 20 people. I have particular concerns about the challenges being raised, because at heart, as I was saying earlier, what you need to be able to do for children or adults with very high medical needs is to be able to meet the medical challenges. If you fail to do that adequately, at the end of the day the ability to keep those individuals alive becomes a significant issue. First and foremost, quality of life comes down to the ability to enable these people to live. The ability to supply the medical and particularly nursing care of the high quality that we do provide in places like Summer Hill is only possible when you do it where there is enough care to be able to maintain the nursing skills you need. It is not possible to maintain nursing skills in small facilities—not at the standards you need for people who are incredibly medically fragile. We have circumstances where we take children from our facilities to a hospital because they are ill, and the hospital itself suggests things like, "These will be under 'do not resuscitate' arrangements." We say, "No. We won't give up on these people."

**CHAIR:** May I seek clarification? Is this issue currently the subject of legal action? Is it in the courts at the moment?

**Mr MOORE:** It is before the tribunal, yes.



**Mr IAN COHEN:** I do not want to transgress that area. I was simply asking in general terms; I was not necessarily probing for that particular issue.

**Mr MOORE:** But that is our general stance. You can see where we stand.

**Mr IAN COHEN:** In general terms, is the Department of Ageing, Disability and Home Care confident that medical model respite conforms with the Disability Services Act?

**Mr MOORE:** Absolutely.

**Mr PAUL LYNCH:** We are absolutely certain that the current facilities we have comply with the legislation.

**Mr IAN COHEN:** Minister, Aboriginal clients represent 5.3 per cent of clients in the Department of Ageing, Disability and Home Care operated disability services and 4.2 per cent of clients in Department of Ageing, Disability and Home Care funded disability services. In response to this high level of representation, the department has developed the Aboriginal Access and Equity Plan 2009-13. Would you advise whether this plan requires any additional funding commitment to ensure that access to culturally appropriate and physically accessible respite care and supported accommodation is available to Aboriginal communities?

**Mr PAUL LYNCH:** Certainly the things that we are doing in accordance with that plan are fully covered by our current budgetary allocations, which is exactly as it ought to be because Aboriginal issues should not be funded only by special extra add-on bits that ought to come out of core government services. One of the interesting aspects of that plan is that the current level of employment of Aboriginal people in the Department of Ageing, Disability and Home Care is 3 per cent, and we want to drive that up to 5 per cent. You referred to the plan, so you will know there are some quite interesting projects in it. There is a residential support worker training program of 180-odd people and there are some other interesting home care things that we are doing as well.

**Mr IAN COHEN:** Do all local planning areas with an Aboriginal population of 32 per cent to 40 per cent of the local planning area population have culturally appropriate respite care and supported accommodation services?

**Mr PAUL LYNCH:** I might take that on notice.

**Mr MOORE:** I think that is an area that we recognise we need to do better in. The statistic you quoted of 5 per cent coverage, I suspect, is an understatement. We have put actions in train to bolster that service.

**Mr IAN COHEN:** I would appreciate it if you could get back to the Committee with the accurate figures. How many people are currently in the Transition to Work Program? How many people are currently in the Community Participation Program?

**Mr PAUL LYNCH:** In 2008-09 the Post Schools Program supported a total of 5,772 people, 2,841 young people were supported in the Community Participation Program, and 1,564 young people were supported in Transition to Work. A further 1,299 young people were supported in Post School Options.

**Mr IAN COHEN:** Can you inform the Committee whether there is increasing demand for Transition to Work programs?

**Mr PAUL LYNCH:** It is very successful. We are getting about a 50 per cent success rate of people moving to work from it. It is estimated that there will be about 900 new school leavers entering a Post Schools Program in 2010. I do not know that I have the projection for Transition to Work. Perhaps Mr Moore could assist.

**Mr MOORE:** The Transition to Work and Community Participation programs are another interesting core under Stronger Together, where the concept of demand does not quite apply because these are entitlement programs. You leave school, and you are assessed under an objective set of tests. If it is assessed that with up to two years of extra intensive assistance you would be likely to be able to move into the workforce or further education, you are entitled to be placed in Transition to Work. If that is not the case—that is, you are assessed as not being able to enter the workforce, which means that even with two years additional systems you are unlikely



to—you are entitled to Community Participation. The numbers move around depending upon the number of school leavers that year, and the number of successful efforts that the school system itself has been able to make with individuals to build their work readiness before they have left school.

**Mr IAN COHEN:** You would not necessarily say that there was an increasing demand for Transition to Work programs?

**Mr MOORE:** It is roughly that number that we have had for the last couple of years. We expect the number to go up as the size of the population expands.

**Mr IAN COHEN:** And the drivers come, to a great extent, from the success of the education system in preparing those people. Are there any other drivers for that?

**Mr MOORE:** In terms of entrants into Transition to Work, that is the main driver. The main drivers would be the family and the community around them; what expectations they have set; how they have influenced the individual; plus what the school system can do, which is the most important one. At the other end, it is what the Commonwealth and its supported employment places can manage to achieve. That is for someone who is able to progress from Transition to Work to supported employment.

**Mr IAN COHEN:** Will self-directed funding programs be extended if current programs and pilots are successful?

**Mr PAUL LYNCH:** Absolutely, if they are successful.

**Mr IAN COHEN:** Are any of these self-directed funding programs or outright programs encompassing children's therapy services?

**Ms MURRAY:** The early start packages.

**Mr PAUL LYNCH:** Ms Murray is right: The early start packages, which is one of the pilots I talked about earlier, have some capacity for therapy services for children.

**Mr IAN COHEN:** With regard to the Home Mobility Scheme, we went through that in a fair amount of detail before. Is unmet demand in that scheme, or waiting lists, generally longer in rural and regional New South Wales as compared with metropolitan areas?

**Mr MOORE:** We will see what information we can get you on that. To be honest with you, these services are supplied through third parties, so the ability for us to access data on what are "waiting lists" is somewhat difficult. But, as I said, we will do our best to get you something that gives you the input at least.

**Mr IAN COHEN:** In terms of that program, what interaction or engagement strategies does the program have with the Department of Housing?

**Mr MOORE:** If the question is, "Do they supply home modifications into Department of Housing facilities", the answer would be no.

**Ms MURRAY:** May I just add to that? There is an opportunity under the policy if there was an immediate risk. It is usual not to provide home modifications where people are renting but if there was an immediate risk of safety then that can be applied. So there are some exceptions under particular circumstances where home modifications can be provided where they are not normally done.

**Mr IAN COHEN:** How does the Manual Handling Unit balance the rights and the needs of the client with the needs of staff? Is there a consistent document to deal with both client and staff safety or does a range of different and unconnected standards cover safety requirements?

**Mr MOORE:** In simple terms, we as an employer and NGOs as employers are bound by the occupational health and safety legislation and are unable to escape that as a primary legislative responsibility—nor should we be able to escape it. We have worked with National Disability Services, the NGO peak body, to find ways of being able to put on par commitments to clients, legislative obligations to clients, and care considerations with occupational health and safety regulations to enable us to get the best of both worlds—good

outcomes for clients and safe outcomes for workers. There is no point being able to offer services to clients if the workers at the end of the day are unable to be supplied because they get injured.

**Mr IAN COHEN:** What training does the Department of Ageing, Disability and Home Care provide to occupational therapists working with the Manual Handling Unit in client relations and client privacy?

**Mr MOORE:** I would have to get you those details.

**The Hon. CHRISTINE ROBERTSON:** Can you describe the Manual Handling Unit?

**Mr IAN COHEN:** Later—I will take that question on notice.

**Mr PAUL LYNCH:** It is people who have to be moved in and out of baths.

**The Hon. CHRISTINE ROBERTSON:** I understand what manual handling is.

**Reverend the Hon. Dr GORDON MOYES:** It is from packaging to—Mick Veitch is an expert in that field—

**Mr MOORE:** I am presuming it is a reference to a team of people that would be working within the Home Care Service of New South Wales governing how clients are serviced by home care staff.

**Mr IAN COHEN:** Thank you.

**The Hon. GREG DONNELLY:** Could you outline to the Committee, and its very interested members, the status of the Disability Housing and Support Initiative of the Government, building on earlier comments?

**Mr PAUL LYNCH:** I am pleased to outline the Disability Housing and Support Initiative. This is one of the innovative programs created under the Government's \$1.3 billion Stronger Together 10-year strategy for disability services. Stronger Together is fostering a new approach to providing accommodation and support to some of the most vulnerable people in New South Wales by encouraging the development of effective and flexible models that meet a range of people's needs and preferences. This initiative is a collaborative program between the Department of Ageing, Disability and Home Care and Housing NSW.

The primary goal of the Disability Housing and Support Initiative [DHASI] is to provide drop-in support in a social housing setting to enable people with a disability to live alone or in small, shared living arrangement and to develop skills so they can live relatively independently. The initiative is targeted mainly at people aged 18 to 65 years who are on low incomes, have limited daytime support, and who are in danger of becoming homeless through not being able to afford somewhere to live. A number of the places are reserved specifically for people with an acquired brain injury resulting from an accident and those with an intellectual disability.

DHASI phase one was introduced in 2007-08, with contracts totalling \$1.54 million let to four community-based organisations to help a minimum of 20 people with a disability in south-west Sydney and northern New South Wales live independently in their communities. An additional 10 places were created as a result of a direct allocation of \$756,000 to two service providers in 2007-08, the services targeting clients with an acquired brain injury. In 2008-09 DHASI phase two was introduced, with funding totalling over \$1.58 million provided to four community-based organisations to help people with a disability live independently in their communities. A minimum of 20 people will be helped by the new services.

There are four services to be established in the Newcastle-Lake Macquarie, Albury, Hornsby-Ryde and Wollongong-Shellharbour local government areas. Each will comprise five properties and a minimum of five clients requiring support with daily living, personal care and independent living skills. The new funding, awarded after an open tender process among non-government organisations, comprises \$348,000 per year and \$58,750 in set-up costs to Life without Barriers for a service in Albury; \$348,000 per year and \$44,950 in set-up costs to Lorna Hodgkinson Sunshine Home for a service in Hornsby-Ryde; \$348,000 per year and \$42,000 in set-up costs to the Disability Trust for a service in Wollongong; and \$348,000 per year and \$48,000 in set-up costs to Challenge Disability Services for a service in Newcastle-Lake Macquarie. I have no doubt that once these services are completed there will be more people with a disability who will benefit from this program.

**The Hon. MICHAEL VEITCH:** Minister, you are aware that I have a very strong interest in the employment of people with disabilities. Would you please tell us how the Government is using its influence as a major purchaser of goods and services to increase employment for people with a disability?

**Mr PAUL LYNCH:** I am happy to talk about that, and I acknowledge your interest over a lengthy period of time in precisely that area. The New South Wales Government is strongly committed to increasing employment opportunities for people with a disability. As a significant purchaser of goods and services, the New South Wales Government is well placed to boost job opportunities for people with a disability through strategic procurement. Providing equal opportunities to all members of society to participate in work, education and community life is the foundation of our society's prosperity. These activities have a positive effect on a person's health, wellbeing and their sense of belonging.

It is not acceptable for anyone with a disability to be excluded from any of these activities, including the world of business and employment. Society must acknowledge that people with a disability can be as productive as anyone else. Although job opportunities are restricted due to the global economic crisis, there is no excuse for us not to make progress in promoting employment opportunities for people with a disability. Promoting disability employment is a key priority in the New South Wales State Plan, which sets a target to close the gap in the unemployment rate between people with a disability and the overall community by 50 per cent by 2016.

Last week, at a function that Mr Veitch attended, the Premier announced that organisations whose workforces consist mainly of people with a disability would have greater access to the economic opportunities provided by government purchasing contracts. In future, government agencies will be able to purchase goods and services direct from the organisations whose workforces consist mainly of people with a disability without the need for a competitive tender. This announcement will be a great boost in job prospects and job security for the 8,000 people in New South Wales who currently work in commercial enterprises known as Australian Disability Enterprises. These enterprises are a major source of employment for people with a disability. They produce a wide range of goods and services from small assembly items, such as electrical fittings and mail-outs, to services like catering or landscaping. This initiative is to ensure that people with a disability will enjoy increased employment opportunities as the economic environment improves.

As a demonstration project, the Department of Ageing, Disability and Home Care has already bought landscaping and garden maintenance services for 13 of its properties from six disability enterprises using a selective tender process that started with an expression of interest. This project has already shown its value through the gainful employment of young people with a disability who are gaining skills and enriching their lives through the experience. To support this measure, the peak body for disability services in Australia, National Disability Services, will be assigned responsibility for maintaining a register of approved organisations that can benefit from the Government's exemption from competitive tendering.

The inclusion of people with a disability in the labour force has economic and social benefits for everyone—employers, people with a disability and the community as a whole. Workers with a disability are excellent employees. This initiative is just one of the many ways that the New South Wales Government is seeking to tap the talent of people with a disability and break down the barriers to their inclusion in the community and the workplace. As I understand, we are the first State to have done this. I had pleasure in presenting all of that to the ministerial council on Friday and they were appropriately impressed.

**The Hon. MICHAEL VEITCH:** It is very exciting news.

**The Hon. CHRISTINE ROBERTSON:** You have spoken about infrastructure. Can you outline what the New South Wales Government is doing to speed up the delivery of new group homes to people with a disability?

**The Hon. MELINDA PAVEY:** Are you moving outside the Department of Commerce? There was an issue raised in last year's budget estimates. I am just assisting.

**The Hon. GREG DONNELLY:** You are just trying to get something in *Hansard*.

**Mr PAUL LYNCH:** I am happy to advise that the Department of Ageing, Disability and Home Care has significantly fast-tracked the delivery of new group homes to disability clients. The department has been partnering Landcom, an expert in the project home market, to deliver 30 of its projects in as little as 37 weeks

once the land is purchased. This adds to employment, obviously, in the residential building industry, and the industry has responded with some enthusiasm to our initiatives. The department is on track to achieve a timeline of 41 weeks from owning land to opening a new home. This is at the low end of timelines for social housing projects in other jurisdictions. These timelines are being surpassed with the Landcom projects, of which 7 are now in construction and 15 are in the planning stage. With the new group home at Sutherland to accommodate five people with a disability, the builder, Cosmopolitan Constructions, will be on site and has commenced construction only seven weeks after the department settled on the land acquisition. In 2009-10 the department will open 300 new places of specialist accommodation in 58 projects through the capital program.

New South Wales Public Works is delivering the balance of the group housing projects for the department through a much-reformed project delivery system. I am also pleased to advise that the Government is implementing its Stronger Together plan, with 650 new accommodation places in group homes to be provided between 2008-09 and 2011-12. The department has re-engineered its capital works delivery process to speed up the time it takes to buy the land and design and construct a new group home. This has involved a more standardised approach to design, collaboration with a wider range of construction services providers and the involvement of private sector project management expertise. These arrangements also are adding employment within the home building sector. Through these fast processes, the department aims to deliver 300 of its 650 places in 2009-10 alone.

This is all part of Stronger Together. The total cost over three years, 2008-09 and 2011-12, is \$165 million. That includes 106 construction projects across the State. Group homes include the standard five-bedroom group home, groups of villas and co-located homes. We have improved our capital projects delivery system to expedite the provision of this accommodation using standard designs, a mix of residential builders for the more complex homes and project home builders for more standard homes. The new affordable rental housing State environmental planning policy [SEPP] has assisted in time reduction, as a development application to council is no longer required for group housing of less than 10 bedrooms. That is a significant reduction in time from previously and difficulties with councils and otherwise can be avoided. As I indicated, the group home project at Sutherland is an indication of how quickly things can happen.

**The Hon. GREG DONNELLY:** Minister, can you outline what the Government is doing to support disability service providers in New South Wales in delivering services to people with a disability, their families and their carers?

**Mr PAUL LYNCH:** Non-government organisations are the major providers of services required by the Department of Ageing, Disability and Home Care to deliver for people with a disability, the elderly and their carers and, as such, are essential to ensuring an effective and efficient specialist disability and home and community care service system. They provide the variety of services that are needed to meet the varied needs of individuals. Unlike some larger organisations which must offer services suitable for a broad client base, some smaller non-government organisations are able to offer quality niche services to clients with specific needs, such as, particular service locations or for a specific type of disability. Non-government organisations also can provide a great capacity to involve the community in the lives and care of people with a disability, their carers and frail older people. In particular, they provide low-cost prevention programs, such as, respite and day programs, which help people to continue to live at home.

This is why I am pleased to advise that \$17 million was provided by the New South Wales Government to National Disability Services in June 2009 for an Industry Development Fund to help non-government disability service providers to improve the efficiency of their operations and increase the quality of their services. I averted to this in passing when I was talking with Dr Moyes a little while ago. During its first five years Stronger Together—the Government's 10-year plan for disability services in New South Wales—is contributing \$1.3 billion in extra respite, supported accommodation, in-home support, therapy and post-school programs for people with a disability in New South Wales. This significant boost in funding is to ensure that people with a disability, their families and their carers receive more support more quickly. Non-government organisations are key partners in delivering those disability services. To manage this sizeable increase in funding and services we need to support and build the capacity for disability service providers.

The Industry Development Fund is tangible evidence of the Government's support for the sector and commitment to building the capacity of non-government organisations. The fund will assist disability service providers funded by the department to meet the costs of any structural adjustments necessary to implement initiatives to reduce red tape and increase efficiency. The Industry Development Fund also will assist non-government service providers to participate in a new quality system consistent with national reforms in

disability standards and common arrangements in home and community care. The remainder of the fund is to assist in building the capacity of the sector through workforce training, exploring shared service models, system upgrades to facilitate data transfers, and other service improvement measures.

The fund is managed by National Disability Services under the direction of a board comprising the chief executive of the Department of Ageing, Disability and Home Care and the State manager of the New South Wales branch of National Disability Services. There is also provision for the appointment of an independent person should this be considered necessary. The governing board is responsible for establishing the fund's priorities, business rules and key performance indicators. The board also monitors its outcomes. Going forward, the New South Wales Government's focus in supporting non-government disability service providers continues to be: funding services that deliver improved outcomes for older people, people with a disability and their carers; reducing red tape and its associated costs by streamlining temporary, compliance and acquittal processes; and enhancing sector capacity through improved systems and training.

The New South Wales Government is continuing to work with the non-government sector to improve services for people with a disability, older people and their carers in this State. We are strengthening families to support children and young people with a disability and we are providing greater support for adults with a disability, frail older people and carers. The Industry Development Fund complements other important government strategies already in place that aim to support non-government disability service providers. In 2008-09, \$5 million was distributed to eligible disability service providers to assist with a number of policy changes, including criminal record check changes and first aid training for accommodation and respite service providers.

Considerable support also is being given to health service providers to expand their workforce in order to meet the increasing demand for services as our population ages. Over the next five years the New South Wales Government acknowledges that there will be a need to expand the disability and community care workforce. As a result, in June 2008 the Government established a \$4.3 million disability workforce recruitment campaign. The campaign aims to raise the profile of the disability and community care sector, change perceptions of the sector within the community and ultimately recruit more employees. Under Stronger Together the Government implemented a number of strategies to help strengthen disability service providers. These included the development of "It's Your Business", a management resource manual on governance and financial management providing legal, risk assessment and planning guidance, and information for non-government service providers.

The department has engaged national disability services to develop a comprehensive learning strategy supporting the implementation of It's Your Business with the rollout of the broad development opportunities planned to occur from October 2009. The Government also continues to support service providers through a training and development program. In the past, service providers had access to training on financial management and tender preparation. In addition, a unit-costing tool has been developed to assist service providers calculate unit costs accurately in tenders, and a service provider portal has been developed to improve the information flow between service providers and streamline reporting and accountability processes.

As I have outlined previously, non-government organisations are essential to ensuring that there is an effective and efficient specialist service system in place, and the New South Wales Government has been working to strengthen the non-government sector through a variety of initiatives designed to assist the sector to provide more effective and efficient services for people with a disability, their families and carers.

**The Hon. MICHAEL VEITCH:** Minister, can you outline what the Government is doing to increase Aboriginal employment in the ageing and disability agencies?

**Mr PAUL LYNCH:** One of the things we are doing is pursuing the Aboriginal Residential Support Worker Program. It is a key strategy of the Department of Ageing, Disability and Home Care's Aboriginal Employment Capability Framework Action Plan 2008-10, which is called Building Pride Through Opportunities. This targeted employment initiative will provide 90 Aboriginal people per year over each of the next two years with an opportunity for full-time employment, formal study, the support of a cultural mentor and participation in a cultural camp. The initiative aims to provide participants with cultural wellbeing, cultural pride and the confidence to be active members of the workforce.

The 90 earmarked positions represent under 3 per cent of the over 3,000 residential support workers employed by the department. The positions are temporary 12-month contracts and will help with meeting the

workforce planning needs of the department by building a high-quality residential support workforce that meets the growing need for disability services into the future. The Public Service Association, I should add, has been extensively consulted on the implementation of the program. The department is working in partnership with the Australian Government's Department of Education, Employment and Workplace Relations within the Indigenous Structured Training and Employment Program to fund the formal training and administrative components of the program.

The program will benefit the department by providing a pool of skilled and experienced potential residential support workers. More importantly, the initiative will integrate Aboriginal cultural perspectives into residential support work. I am pleased to advise that 55 participants commenced under the program on 27 July 2009, which includes 12 participants in the department's Hunter region, 5 in the metro north region, 10 in the metro south region, 6 in the northern region, 14 in the southern region and 8 in the western region. Further recruitment intakes will be undertaken in October and November 2009 and throughout 2010.

All participants have completed an intensive one-week induction program and commenced formal studies in Certificate III in Disability. All program participants acknowledged that their personal circumstances had improved as a direct result of the Aboriginal Residential Support Worker Program. These improvements included increased social relationships, increased income and improved self-esteem. Aboriginal cultural mentors have been engaged to support program participants in each region. The department has engaged a consultant to develop and monitor a mentor induction program that will provide the Aboriginal cultural mentors with the knowledge and skills required to carry out the duties of their mentor role. The department has also recruited a senior Aboriginal cultural mentor to provide guidance and assistance to the Aboriginal cultural mentors for the duration of the program.

**CHAIR:** The remaining time I choose to divide equally between members.

**The Hon. MELINDA PAVEY:** Minister, have you been lobbied by your Cabinet colleague the Hon. Joe Tripodi on any matter to do with your portfolio in recent times?

**Mr PAUL LYNCH:** Not that I can recall. I must say that it is probably a matter of some notoriety that Minister Tripodi and I do not talk terribly often.

**The Hon. MELINDA PAVEY:** Which is why you would probably remember having had a conversation with Minister Tripodi.

**Mr PAUL LYNCH:** That is precisely right.

**The Hon. MELINDA PAVEY:** So you are saying you have not?

**Mr PAUL LYNCH:** I have not had a conversation. Certainly I can recall having letters from him in his capacity as a local member, as I get from most local members, and I have done responses to that.

**The Hon. MELINDA PAVEY:** But not a personal lobbying effort on his behalf other than mail?

**Mr PAUL LYNCH:** I cannot remember him having directly spoken to me.

**The Hon. MELINDA PAVEY:** Just back to your very interesting answer to a question from a Government member in relation to the delivery of group homes and how you are very proud and pleased with the way things are happening a lot better than they have in the past. There was comment by the former director general Brendan O'Reilly last year that he was frustrated by the Department of Commerce and the management of many of your projects. Is the Department of Commerce now not involved?

**Mr PAUL LYNCH:** The Department of Commerce is involved—

**The Hon. MELINDA PAVEY:** As involved? Has it changed?

**Mr PAUL LYNCH:** I think they are involved as they always were. I mean that part of it has not changed, but the way that it is being done is, I think it is fair to say, much better than it was.

**The Hon. MELINDA PAVEY:** Why? Is that because you are involved in the private sector?

**Mr PAUL LYNCH:** No, I think it is because we are doing it differently. There are two things that I talked about earlier. One is change to some of the planning regulations, which means that that process is a whole lot easier. I think the other thing we have done is gone to a more standardised design and that means you do not have to spend quite so much time designing something special—you have got one design that works and you keep using that and it makes it a whole lot quicker—and we have come to specific arrangements with Landcom to make it work. Do any of the officers want to add anything to that?

**The Hon. MELINDA PAVEY:** James, you are nodding.

**Mr CHRISTIAN:** Nodding in agreement, of course.

**Mr MOORE:** I will add one thing. I think that the fundamental expansion of the capital works of the department around Stronger Together commenced in 2008-09. The big step up in rollout was then. So the frustrations that my predecessor was describing were also the frustrations at the start, and that meant working relationships needed to be established better with the Department of Commerce, Resitech and Landcom. Those things have now been better established—we have got standardised designs and the SEPP changes the Minister referred to. So in some ways it was what you would expect at the beginning. The department has gone from effectively operating an annualised capital works program for a number of years, which is not the way you can run capital works, to in 2008-09 we effectively ended up with a capital works program over a five-year period, which was nearly half a billion, and it took a while to get on top of that. We have got on top of it.

**CHAIR:** Given the amount of time that is left you may want to take these questions on notice. If you could provide to us the actual dollar spend under the Stronger Together program for 2008-09?

**Mr MOORE:** Can I just add, we will provide you with what we can within the 21 days. Because there are many different programs and streams of funding that we are operating, our annual reporting arrangement for fully reconciled accounts and expenditure for Stronger Together is in the annual report, which will be in October. We will give you what we can. Some of it may be indicative only expenditure at this point in time.

**CHAIR:** Could you also tell us how many speech pathologists are currently employed by the Department of Ageing, Disability and Home Care?

**Mr MOORE:** We will take that on notice.

**CHAIR:** Can you also tell us how many of those have been appointed in the last 12 months and, similarly, with occupational therapists, how many you employ and how many of those have been appointed in the last 12 months?

**Mr PAUL LYNCH:** We will take that on notice.

**CHAIR:** Could you tell us what sort of advocacy service State-funded advocacy organisations provide? Is that information available on a website, and how do you ensure accountability of those organisations?

**Mr PAUL LYNCH:** The organisations have to adhere to work plans.

**Mr MOORE:** The advocacy services have a wide-ranging brief. Generally we will allow them to advocate for individuals, not quite of their choosing, but largely of their choosing. It is not up to us to be prescriptive as to who can be lined up with whom.

**CHAIR:** Is that information available on the website?

**Mr MOORE:** What information?

**CHAIR:** The type of advocacy those services provide.

**Mr MOORE:** There is a general description of the type of advocacy that is available.

**Mr IAN COHEN:** Does DADHC, with the assistance of the Department of Health, monitor the impact on hospital beds as a result of delays in service provision under the home modification scheme or the Program of Appliances for Disabled People [PADP]?

**Mr PAUL LYNCH:** We do not monitor that, but other agencies might.

**Mr IAN COHEN:** Would you agree that it is difficult to characterise potential cost savings without such monitoring?

**Mr PAUL LYNCH:** It is difficult to estimate cost savings for the health system. We do not have that information, which may be why the Department of Health does the monitoring. We do not do it because it is not a cost to us.

**Mr IAN COHEN:** Do you know the average time it takes DADHC clients to receive PADP equipment?

**Mr PAUL LYNCH:** PADP is administered by the Department of Health.

**Mr IAN COHEN:** Would you not be aware of that sort of thing in respect of DADHC clients?

**Mr PAUL LYNCH:** That equipment is supplied by the Department of Health, so if monitoring is being undertaken it would be done by that department.

**Mr MOORE:** DADHC clients who are clients of our residential services do not get PADP services. We look after our own arrangements. We do not know the times for clients of non-government organisations.

**Mr IAN COHEN:** I refer to Stronger Together—and this question may have been asked already—and the reference in the 2009-10 budget papers that funding is available for 310 new attendant care places. Are new places considered against the 2005-06 baseline of 314 places or are the 319 new places in addition to the 504 attendant care places that should have existed as of 30 June 2009? In other words, can we expect 823 attendant care places by 2011, or is the figure 633?

**Mr PAUL LYNCH:** My suspicion is that if it relates to Stronger Together and overall targets, it is taken off the original baseline.

**Mr MOORE:** It is 633. The Stronger Together numbers were cumulative each year.

**Mr IAN COHEN:** Do you accept that those announcements might be misleading—not necessarily deliberately—because the funding increases were already committed and publicised?

**Mr PAUL LYNCH:** No, the figures were clear in Stronger Together.

**Mr IAN COHEN:** How many people are on the current waiting list for attendant care?

**Mr MOORE:** We answered that earlier.

**Reverend the Hon. Dr GORDON MOYES:** How many applications has DADHC made to the Guardianship Tribunal in the past three years for its clients?

**Mr PAUL LYNCH:** We will take that question on notice. It happens from time to time, but it would not be a large number.

**Reverend the Hon. Dr GORDON MOYES:** How many of them cite parental irresponsibility?

**Mr MOORE:** We will endeavour to get that information. We do not maintain centralised records of that sort of information, but we will do what we can.

**Reverend the Hon. Dr GORDON MOYES:** Can you also indicate whether they are living with their parents or within a DADHC-funded home?



**Mr MOORE:** With your indulgence, we will endeavour to get what information we can. However, we do not maintain centralised records of such things. It will be a matter of what we are able to gather together across our operations.

**Mr IAN COHEN:** Do DADHC-funded non-government organisations charge a fee for providing respite?

**Mr PAUL LYNCH:** It depends on the non-government organisation.

**Reverend the Hon. Dr GORDON MOYES:** We had a problem with that last year.

**Mr PAUL LYNCH:** The situation with regard to DADHC places has been resolved as a result of Dr Moyes raising it with us. With non-government organisations it depends on the individual provider. I suspect that some were not happy with the announcement we made following last year's estimates hearings.

**Reverend the Hon. Dr GORDON MOYES:** It was an excellent announcement.

**Mr PAUL LYNCH:** Reverend Moyes is absolutely right. It is something we should have done.

**Mr IAN COHEN:** So that is still a possibility?

**Mr PAUL LYNCH:** It depends on the non-government organisation.

**Mr IAN COHEN:** If that is the case, would the fee be the same amount for all providers? Is there a regulation?

**Mr PAUL LYNCH:** No, it depends on the non-government organisation.

**Mr MOORE:** It is literally a matter for each non-government organisation to resolve. We do not require them to perform in particular ways around fees and other sources of contributions they bring to the services. Part of the point of engaging with non-government organisations is not to be overly prescriptive about every last thing that they do. It is a partnership with them, not a contract where we say they must do dot, dot and dot.

**Mr IAN COHEN:** Minister, you listed a number of employment initiatives for people with a disability. Has the Government considered the provision of workplace attendant care? The current lack of that option may be a disincentive for people with a disability from seeking employment.

**Ms McALPINE:** It is up to each individual in receipt of an attendant care package to work out where they wish to have those hours in their week. Some people do choose to have attendant care at work.

**CHAIR:** As I pointed out, questions on notice must be provided within 21 days. I thank all the participants in today's hearings for the way in which questions were received and answered.

**Mr IAN COHEN:** It was very civil and informative.

**Mr PAUL LYNCH:** People were nice to me so I was nice to them.

**CHAIR:** We look forward to detailed answers.

**(The witnesses withdrew)**

**The Committee proceeded to deliberate.**