QUESTIONS TAKEN DURING THE HEARING

BUDGET ESTIMATES 2009/10

Question 1

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.

Answer:

Relinquishment is a general term used by Ageing, Disability and Home Care (ADHC) to describe a range of situations where the person with a disability is no longer able to live with their family. Sometimes this may be due to the stress experienced by the family in caring for the person with a disability. However it also covers situations where the family wanted to continue their caring role and maintain their family but unexpected events occurred that prevented this such as, illness, death of a parent or other caring pressures within the extended family.

At the hearing it was reported that 63 people were relinquished in 2008/09 - 40 adults, 15 children and 8 young people. It has since been found that due to a counting error the figures relating to age bands were incorrect. The total number of relinquished clients remains at 63, in 2008/09 – 41 adults, 16 children and 6 young people.

The following table shows the number of clients relinquished to the care of ADHC for the past two financial years.

	2007/08	2008/09
children	16	16
young people	3	6
adults	38	41
total	**57**	**63**

Question 2(a)

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 (in respite)? How many clients are moving around respite beds so they are not counted as one block in respite beds, and …

Answer:

As at 30 June 2009, ADHC operated 45 centre-based respite units which provided a total of 232 respite beds Statewide and there were 1,807 clients who used ADHC centre-based respite in 2008/09. Of these, four children (aged under 16 years) and one young person (aged 16 to 17 years) were overstaying their planned period of respite. ADHC has worked closely with families to identify suitable alternative placements. However some families have been reluctant to express agreement once these placements actually become available. In addition, adherence to the policy requirements of placing children in family-based care has proved difficult in some cases as the support needs of the individual are very high and make it difficult to find a suitable host family. ADHC is now reviewing its policy settings to allow greater flexibility to address these difficulties.

As at 30 June 2009, the ages of the children and young person residing in temporarily unavailable beds were: 9, 12, 17, and two children were aged 15, and:

- the 17 year old has remained in the temporarily unavailable beds for 820 days;
- the 9 year old has remained in the temporarily unavailable beds for 468 days;
- the 12 year old has remained in the temporarily unavailable beds for 365 days;
- one 15 year old has remained in the temporarily unavailable beds for 180 days; and
- the remaining 15 year old has remained in the temporarily unavailable beds for 1,642 days.

Clients are not moved around between respite centres to prevent them being counted as blocking a bed.

Question 2 (b)

CHAIR: … how many clients are currently on a priority list for supported accommodation? … Could you supply that in terms of varying levels, and could you break that down into regions as well?

Answer:

Given that supported accommodation is a highly interventionist service with a significant potential to distance a person with a disability from their family and community ties, the Agency does not have a priority list or waiting list for supported accommodation. The Agency's approach is to make every effort to maintain a person's family and community ties. Waiting lists can be counter productive in this regard.

At the same time, it is important to allow some people to register their request for a future accommodation place; ageing carers wishing to plan future support arrangements can be a good example of this. To this end, ADHC maintains a Service Needs Register. It is a record of those people requesting an accommodation placement in the immediate or near future.

Placement on this register does not guarantee an accommodation service but accommodation vacancies are filled from this register. In addition, where a person must be accommodated immediately and there is no available vacancy, the Agency's Emergency Response fund is usually applied to acquire a temporary placement pending a permanent arrangement (if that is necessary).

Determining who is allocated an available vacancy is based on a match of the following factors, the nature of the vacancy, the location of the vacancy, the potential compatibility of the co-residents, and the current or changed circumstances of people on the service register. This last factor is particularly important as it recognises that significant changes in a person's life may require a more immediate service response.

Noting the above qualifications as to how the register does not correspond to a priority list, numbers of requests by region for accommodation in the near future are:

Metro North - 125
Metro South - 198
Hunter - 192
Northern - 284
Southern - 131
Western – 146

Question 3

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.

Answer:

Base funding for 2009/10 is $1,404,893. The NSW Home and Community Care (HACC) Program Annual Supplement for 2009/10 was submitted to the Australian Government in July 2009. Under the terms of the HACC Review Agreement, details of any funding growth for 2009/10 cannot be announced until there is joint approval of the Annual Supplement by both Ministers. Following announcement, ADHC will publish the Annual Supplement on its website.

Question 4

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

Answer:

All HACC Program services are paid quarterly in advance by ADHC. The Level 3 Home Modifications statewide service provider has received base funding for the first two quarters of 2009/10. Any funding growth for 2009/10 will be paid following Australian Government approval. The service provider has advised ADHC that funding is allocated to modifications with high priority.

Question 5

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.

Answer:

The data on number of referrals received but not able to be accommodated is not collected by ADHC and is known only at the service provider level.

Service providers are required to prioritise referrals to ensure that resources are allocated to provide the most benefit to the greatest number of people. All service providers must have a policy and process for determining priority and managing demand.

Question 6

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.

Answer:

The Allen Consulting Group has been engaged to undertake a research project. This project has not been completed.

Question 7

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.

Answer:

The Younger People in Residential Aged Care Program is jointly funded by the NSW and Australian Governments with an investment of $81.2 million over the five year period to assist the target group.

The total cumulative expenditure at 30 June 2009 for the Younger People in Residential Aged Care Program is $31.46 million.

The NSW Government intends to spend the total $81.2 million allocation by the end of the Program based on services already committed and planned.

Question 8

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.

Answer:

A cheque for $10,000 was paid to the Luke Priddis Foundation in June 2007. The source of funds was the Department of Ageing, Disability and Home Care 2006/07 appropriation fund.

Question 9

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.

Answer:

ADHC does not keep waiting lists for therapy services but records service requests which are continuously prioritised. In the period 2008/09, 84% of service requests were allocated within a 12 month period. Service requests are prioritised on client need as opposed to a time based waiting system.

ADHC provides direct services to a range of clients. Those clients may also be accessing other providers, including funded non-government providers or government services such as NSW Health. Commonwealth initiatives such as the '*Helping Children with* Autism' package are also available avenues for therapy and support services.

Staff from ADHC's Community Access Teams register requests for service on the Client Information System. A client may have more than one service request registered for a specific Community Access service. While on a service request register for a specific service, a client may be currently receiving another type of support either from ADHC directly or another provider.

The following table identifies the current number of requests on the service request register. Clients may have more than one service request, may be on separate registers and may also be receiving other services.

DISCIPLINE	Met North	Met South	Hunter	Northern	Southern	Western
Case Manager	146	307	184	155	169	182
LSC			65	20		1
Occupational Therapist	729	847	210	384	269	161
Physio therapy	345	223	193	140	64	85
Psychology	178	688	220	75	67	81
Speech Pathologist	791	1041	246	438	364	268
Behaviour Support	323	1	7	170	50	26

Note: A client may be on more than one service request register. Columns cannot be totalled to obtain the number of unique clients.

Requests from clients not currently receiving a service are noted in the table below. Note that one person may be waiting for more than one service request.

DISCIPLINE	Met North	Met South	Hunter	Northern	Southern	Western
Case Manager	86	172	99	92	84	120
LSC			44	11		
Occupational Therapist	351	485	103	172	88	47
Physio therapy	167	105	68	44	21	24
Psychology	99	433	126	45	30	39
Speech Pathologist	435	689	136	181	166	121
Behaviour Support	197		5	89	34	8

Note: A client may be on more than one service request register. Columns cannot be totalled to obtain the number of unique clients.

Question 10

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

Answer:

See the response to Question 9 regarding case management and the access teams (access teams cover all the disciplines listed in the response to Question 9).

Families who have an identified need for respite services are included on the respite service request register. Each quarter families on the service request register are asked to indicate what respite they would like. In the April to July 2009 quarter, a total of 1,443 people made requests for ADHC centre-based respite. Of these, 1,434 people have been given respite services.

Question 11

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.

Answer:

The Agency does not have a statewide tool for assessing and prioritising access to respite. However, as part of its commitment to improve the management of ADHC operated centre-based respite centres and to ensure a consistent and equitable approach to eligibility and prioritisation across the state, ADHC is developing a Respite Allocation and Booking System. This project includes, in part, assessing whether objective scoring systems are appropriate. This will include assessing whether prioritisation tools are appropriate. The document tabled at the hearings is a local tool used in Metro North Region.

Best practice is that tools such as the Metro North document are answered by the case manager with the carers at the time of entering the centre-based respite system. When circumstances change, the assessment will be referred back to the case manager to update with the carer.

Question 12

The Hon. MELINDA PAVEY: 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.

Answer:

The NSW Government has already delivered or has plans for a total of 35 supported accommodation facilities across NSW for the Younger People in Residential Aged Care Program target group.

These facilities will provide services to 152 people seeking to move out of residential aged care and those at risk of inappropriate entry to residential aged care.

Question 13

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.

Answer:

The total expenditure for the three financial years to 30 June 2009 through the Program is $31.46 million.

Question 14

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.

Answer:

In 2008/09, the HACC Program in NSW provided assistance to approximately 233,100 clients, with 80.4% (185,300) of these clients aged 65 years or older.

The exact number of clients who would be affected by the transfer would depend on the timing and nature of the transfer.

A final decision regarding the future responsibilities for aged, disability and community care services will be determined by the Council of Australian Governments. The NSW Government's key consideration for evaluating any proposal to change existing arrangements is that it delivers the best possible outcomes for frail older people, people with a disability and their families and carers.

If there are changes to current roles and responsibilities, the NSW Government's position is that the changes will need to provide:

- seamless service provision;
- clear client pathways;
- no net costs to the State – including over time;
- minimal disruption to the service system; and
- minimal duplication of service provider reporting.

The NSW Government remains committed to the provision of a comprehensive suite of support services for frail older people, younger people with a disability, their families and carers.

Question 15

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.

Answer:

For 2008/09, 72 people transferred from the High Need Pool Program (HNP) to the Attendant Care Program (ACP). Transfer from the HNP to the ACP is a regular event and dependent on available capacity. In 2008/09, there were more movements than normal as funding became available for a specific client category, that of older carer situations. This movement created vacancies in the HNP, which could be filled by other general target groups. The ACP is attractive to many clients as it allows more control and flexibility in managing their services. In some rare circumstances, clients can move from the ACP to the HNP as its capacity providing shorter services may result in a better service plan.

Question 16

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.

Answer:

The annual allocation of growth funding for the Local Planning Areas (LPAs) in the HACC Program is subject to a Resource Allocation Formula (RAF). The RAF attempts to equitably share HACC funding across the 16 LPAs in NSW and is based on factors such as age, sex, indigenous status, culturally and linguistically diverse background, disability prevalence, HACC service utilisation and locational disadvantage. Local planning processes, including community consultations, are used to determine local priorities for the application of growth funds assigned to a LPA by the RAF.

Question 17

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.

Answer:

There are no ADHC Local Planning Areas (LPA) with an Aboriginal population of 32% to 40%. The largest Aboriginal population in an ADHC LPA is 12.4% in the Western Region. In 2007/08, Aboriginal clients represented 4.9% of clients in ADHC funded disability services and the corresponding percentage for ADHC operated group homes is 3.3%.

While there is no agreed measure of what constitutes cultural appropriateness, given the complexity of the issue, for Aboriginal clients of ADHC-operated and funded respite and supported accommodation services, cultural appropriateness is of paramount importance and steps are taken to ensure this occurs. For example in ADHC's Metro North Region, two Aboriginal residential support workers were employed to ensure there were other Aboriginal people in the residence that an Aboriginal client was about to enter that were able to support the client and connect them with community and culture.

ADHC has also undertaken reforms, including the creation of an Aboriginal Service Development and Delivery Directorate to better deliver disability services to Aboriginal people and will focus on developing initiatives and strategies to improve workforce and the sector generally.

ADHC's enhanced residential support worker program is also about ensuring that there are as many Aboriginal staff as possible in ADHC-operated accommodation services and will employ 180 Aboriginal people. Implementation of the program included conducting cultural awareness in the facilities where Aboriginal staff would be located, directly and indirectly facilitating understanding of Aboriginal values in the workplace.

Question 18

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.

Answer:

The data on the number of referrals received and assessed as needing to be met but unable to be met is known only at the service provider level, so it is not possible to determine if waiting times are longer in rural and regional areas compared to metropolitan areas. In 2008/09, the HACC Program provided one-off funding of $600,000 to the Home Modifications and Maintenance State Council to reduce waiting lists in rural, remote and isolated areas. Funding was allocated to rural service providers to enable them to engage building contractors and access resources. This assisted clients in Broken Hill, Coonamble, Dubbo, Mudgee, Lithgow, Wentworth and Cowra.

Question 19

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.

Answer:

All occupational therapists within the Manual Handling Unit:

- undergo induction on commencement of employment, which includes the provision of occupational therapy services in accordance with the Australian Association of Occupational Therapists code of ethics. Induction material includes working with clients in relation to respect, dignity and confidentiality of client-related information;
- are required to sign ADHC's code of conduct which provides clear guidelines on client confidentiality and privacy;
- obtain a signed client information consent form for all referrals for manual handling risk assessments prior to attendance. The consent authorises the occupational therapist to conduct the assessment and involve others (e.g. treating doctor, physiotherapists, HACC home modification service, etc) as required to ensure a quality service and sustainable outcome; and
- undergo training in their undergraduate courses in relation to privacy and confidentiality.

Occupational therapy service providers are contracted across regions to enable the Manual Handling Unit to provide a timely and quality service. All occupational therapy contracted service providers:

- undergo an evaluation process to ensure they meet the necessary qualifications and experience to provide services in accordance with ADHC's requirements;
- are provided with the information relevant to meeting their responsibilities for client relations and privacy consistent with the requirements of all occupational therapists; and
- agree to ADHC's privacy and confidential requirements as part of their contract.

Question 20

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.

Answer:

Total expenditure for the *Stronger Together* program in 2008/09 was $362.7 million.

ADHC's Annual Report will provide details of this expenditure by individual components of *Stronger Together*

Question 21

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.

Answer:

As at 30 June 2009, there were 145 Speech Pathologists employed by ADHC.

Question 22

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.

Answer:

52 Speech Pathologists have been employed in the last 12 months.

As at 30 June 2009, there were 136 Occupational Therapists employed by ADHC. Of these, 34 have been employed in the last 12 months.

Question 23

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

Answer:

The following are the total applications made by ADHC's six Regions to the Guardianship Tribunal in the past three years:

			Living Arrangement			
	Total	Involving parental irresponsibility	With family members	DADHC funded supported accommodations	DADHC operated accommodations	Living independently
Hunter	42	8	13	10	11	8
Western	27	11	10	6	6	5
Southern	37	6	20	3	0	14
Northern	14	-	1	6	1	6
Metro North	24	8	4	14	6	0
Metro South	25	0*	4	14	3	4
ADHC Large Residential Centres	43	1	N/A	N/A	43	N/A

*none cite parental irresponsibility, but 3 refer to concerns about decision by family members