

QUESTIONS ON NOTICE

BUDGET ESTIMATES 2009/10

- 1. In regards to the Home Mobility Scheme:**
 - a. How is the Department responding to the recommendation of the 2008 Australian Housing and Urban Research Institute report which states the Home and Community Care (HACC) program for home maintenance and modification requires expanded funding?**
 - b. How many homes were modified and/or maintained under the program in 2008-09?**
 - c. Are unmet demand or waiting lists generally longer in rural and regional NSW?**
 - d. What interactions or engagement strategies does the program have with the Department of Housing?**

Answer:

- a. Home and Community Care (HACC) Program funding in NSW for Home Maintenance and Modification has grown from \$25.3 million in 2005/06 to \$33.3 million in 2008/09. For this period, the HACC planning process provided growth of funds over \$5.1 million, excluding indexation, to regional local planning areas.
- b. The HACC Minimum Data Set shows that 13,707 clients were provided with home modifications in 2007/08, and 20,211 clients received home maintenance services. Client data is not yet available for 2008/09. The Data Set is a national collection and the final 2008/09 report is not expected from the Australia Government until November 2009.
- c. See answer to question 18 taken on notice.
- d. HACC Program eligible clients in public housing do not have access to home modifications services. Modifications to Department of Housing homes are the responsibility of the Department of Housing.

- 2. In regards to the Industry Development Fund Tendering Process:**
- a. Will the Minister outline the tendering and contract award process for the \$17 million provided to the National Disability Services in June 2009 to help non-government disability service providers?**
 - b. Will the Minister outline the tendering process for the money provided to National Disability Services NSW to for the maintenance of a register of approved organisations that can benefit from the Government's exemption from competitive tendering?**
 - c. Will the Minister also disclose the amount of money provided through this process?**

Answer:

- a. The Industry Development Fund represents a partnership between Ageing, Disability and Home Care (ADHC) and the disability provider sector. It was established via direct allocation to National Disability Services (NDS), which is NSW's peak body for disability NGOs.
- b. Funding to NDS for this role is via direct allocation. NDS was selected because of its status as NSW's peak body for disability NGOs and its unique role in representing business services which are the organisations that will be the major benefactors of the Government's initiative.
- c. ADHC is currently negotiating the terms of the agreement. The amount to be provided will be a maximum of \$100,000 a year.

3. Has the Department considered any particular models of self directed funding?

Answer:

ADHC has considered a broad range of models of self-directed funding informed by policy, research and evaluations from a wide range of international and national disability systems, using a strong evidence base for further development of models in NSW.

In addition, you are directed to page 8 of the uncorrected transcript in the Hansard record of the ADHC Budget Estimates Hearing of 14 September 2009.

4. Has DADHC investigated how the In Control model operates in the United Kingdom and whether it is translatable to New South Wales?

a. If yes, what conclusions did DADHC come to?

Answer:

ADHC has examined the learnings of In Control UK, along with other jurisdictions. No one model is directly transferable to the NSW context.

ADHC will use a wide evidence-base to determine its directions.

5. Can the Minister specify what children's therapy services are available under self-directed/individualised funding pilots?

Answer:

A two year packaged support pilot project commenced in the South West Sydney Local Planning Area in July 2009. Families can receive funding for supports and services, including therapy services if required, to meet the developmental needs of children up to but not including six years of age.

6. Will the Minister advise the average period for which a referral remains open for children's therapy?

Answer:

There is a variation in the length of time a service request is allocated. This variation is based on the individual needs and circumstances of the child and family. There is no prescribed upper or lower time period for which a referral is open for children's therapy.

7. Is it normal for children to be provided therapist services not on an ongoing basis?

Answer:

Yes. People with a disability have different needs during their life. Therapists may be required to support families and others at key times to determine needs, set achievable goals and recommend activities to meet these goals. There are times when a child may require intensive support, eg transition to and from school, and other times when they do not need specialist therapy or behaviour support to participate in and access age appropriate environments.

8. Is it possible for a client to use their own DADHC Occupational Therapist if they are dissatisfied with the Manual Handling Unit within the Home Care Service of New South Wales?

a. If no, why not?

Answer:

It is usual practice for the Manual Handling Unit to collaborate with anyone the client wishes in conducting the assessment, so as to ensure client needs are addressed. This can include ADHC's occupational therapists, where applicable.

All clients involved with the Manual Handling Unit are required to sign an agreement form enabling the assessment to occur. The agreement provides the client with the opportunity to nominate other relevant people to be involved in the assessment process, including ADHC's occupational therapists. It is usual practice for the Manual Handling Risk Advisor to collaborate with the client, care worker and other treating health professionals currently involved with the client when making recommendations for equipment or changes to work processes.

- 9. Are all children who use 'medical model' respite of high need?**
- a. If no, are there difficulties in terms of providing social and community interaction opportunities to children who could benefit from such activities, yet the medical model respite does not accommodate this?**

Answer: Yes

10. If there are difficulties what actions going forward will DADHC take to make sure individual needs are satisfied in compliance with Standard 2, 5 and 6 of the Disability Service Standards?

Answer:

ADHC instigated a comprehensive approach to monitoring the standards of service provision by developing the Integrated Monitoring Framework (IMF). The outcomes of the activities undertaken as part of the IMF ensures service providers' compliance with the terms and conditions of their Funding Agreement, which requires conformity with the Disability Service Standards.

Program specific monitoring for Post School Programs and ADHC operated centre-based respite and accommodation also support compliance with Standard 2, 5, and 6 of the Disability Service Standards.

11. Children and young people housed with adults

- a. How many people who have been left in the care of the department currently do not reside in permanent accommodation and instead are living in boarding schools, hospitals, respite houses or temporary accommodation such as motel facilities? Of these how many are children?**
- b. Of the children who became homeless in the past year, what services (t naming the children child one, two etc) were each of the children accessing 12 months prior to being left to the care of the department?**
- c. At budget estimates committee proceedings, the Director General said in regard to the accommodation facilities that they do not have the same stricture about age limits. Isn't there an accreditation process that must be followed in order to provide accommodation to children?**
- d. If so, are there any children or young people currently living in DADHC funded facilities or operated facilities that do not have official accreditation, and if so, how many children are being cared for in facilities in NSW that have not had accreditation?**
- e. At budget estimates committee proceedings, the Director General said in regard to the incident of the assault on Meg Makila and the standing down of two managers that "the second most senior person's position has been abolished, we have reached other arrangements with her as to alternative work completely outside the department". Could you please describe these arrangements that you have reached with the Manager concerned?**

Answer:

- (a) There are 22 people of which six are children aged under 16 years, and five are young persons aged 16 to 17 years.
- (b) Of the children and young people who were relinquished into the care of ADHC in 2008/09, the services that they were accessing in the 12 months prior are set out in the table below.

Child/young person	Services accessed 12 months prior to care being relinquished.
Young person #1	Case Management Respite
Young person #2	Case Management
Young person #3	DADHC Case Management DADHC Psychology - behaviour intervention support & emotional support DADHC operated centre based respite Community Participation Program 4 days per week NGO Respite
Young Person #4	Case Management Behaviour Intervention Support Speech Pathology Occupational Therapy DADHC operated centre based respite Children's Casework Consultant NGO Respite
Young Person #5	Emergency Response outside of school hours care Behaviour support Case Management – intensive work with family and the young person
Young Person #6	NGO Respite
Child #1	Case Management Respite
Child #2	Case Management
Child #3	Case Management Respite
Child #4	Case Management
Child #5	Case Management
Child #6	Case Management Behaviour Intervention Services Respite
Child #7	DADHC Case Management DADHC Psychology - counselling and behaviour intervention support DADHC Occupational Therapist - equipment DADHC Speech - communication/feeding DADHC Physiotherapist - therapy/equipment DADHC Children's Casework Consultant - consultant Grosvenor Respite Unit - respite Allowah Children's Hospital - respite
Child #8	DADHC Case management DADHC Psychology - behaviour support DADHC operated centre based respite NGO Respite
Child #9	DADHC - Case Management DADHC operated centre based respite DADHC Occupational Therapist DADHC Psychology - behaviour intervention Counselling and support for sibling
Child #10	Case management Behaviour intervention Occupational therapy and Centre-based respite

	Shared Care Program – intensive family support
Child #11	Personal Care/domestic support Case management Therapy NGO Respite
Child #12	Case management NGO Respite
Child #13	NGO Respite Case Management Therapy
Child #14	Respite Case Management Therapy
Child #15	Case Management Respite
Child #16	NGO Respite DADHC Case Management

- (c) Yes. Accreditation by the NSW Office for Children – the Children’s Guardian is a legal requirement for all agencies providing out-of-home care to children and young people who are in court ordered care arrangements.
- (d) If a child or young person is placed on a final court order, they are the responsibility of the Minister for Community Services. In consultation with Community Services staff, all children and young people in court ordered care arrangements are placed with an accredited provider.

In ADHC operated services, Out-of-home Care is being provided to five young people in court ordered care arrangements. ADHC has been given interim accreditation status through participating in the NSW Office for Children – the Children’s Guardian’s Quality Improvement Program.

- (e) The Manager concerned is seconded to a position in another agency.

12. Professional Standards Unit

- a. Mr Moore said that regarding serious incidents that 'harsh outcomes were made regarding staff', yet only one staff member was dismissed in the entire year. What exactly does a staff member have to do that would warrant dismissal?**
- b. How many of assaults on clients have been reported to the police in the last year?**
- c. Is sexual assault always reported to the police and if not why not?**
- d. How many incidents of sexual assault have been alleged in the past three years?**
- e. Were any of these allegations concerning children?**
- f. Could we please have a breakdown sheet of all incidents, investigations etc by the Professional Standards Unit over the past year?**
- g. How many staff have been sacked by the department in the past three years?**
- h. Could you please supply a sheet with the reasons for each sacking?**
- i. Minister, are you aware of how many DADHC clients were taken to hospital, having been injured, overdosed or physically harmed in DADHC-managed supported accommodation and respite facilities in the last 12 months?**
- j. Minister, are you aware of how many DADHC clients were taken to hospital, having been injured, overdosed or physically harmed in DADHC-funded but NGO operated supported accommodation and respite facilities in the last 12 months?**
- k. How many DADHC staff were found to be asleep on the job over the past 12 months?**
- l. How difficult is it to transfer or to sack non performing employees, or for that matter to get rid of employees who abuse clients?**
- m. Wouldn't most staff prefer it if under-performing staff could be terminated because retaining them makes their working lives more difficult?**

Answer:

- (a) All allegations against staff are taken seriously and, where necessary, are investigated and disciplinary or remedial outcomes are imposed. ADHC adopts a risk management approach to all allegations involving its employees. In the case of serious allegations, for instance, client assaults, staff are placed on alternative duties. This is a protection not only for clients but also for the employee. At this early stage, no judgement has been made regarding the allegation. Each case is considered on its own merits and disciplinary action is imposed having regard to the facts of the matter. Action to remove staff to alternative duties can result in loss of income (eg shift allowance) and can impact on their reputation even where they are exonerated.

One staff member was dismissed and three staff were directed to resign from ADHC during the 2008/09 year. Another agency staff member was no longer offered shifts as a result from a reportable allegation.

- (b) During 2008/09, there were 60 matters involving alleged client mistreatment reported to Police.
- (c) Yes. All sexual assault matters that ADHC is aware of are required to be reported to the Police as a matter of priority.
- (d) 2006/07 5
2007/08 8
2008/09 6
- (e) Three.
- (f) ADHC encourages the reporting of matters where there is a concern about their potential seriousness. This is to encourage openness within the organisation, to ensure that the organisation is recognised as ethical and committed to protecting the vulnerable people in its care and to identify potential system weaknesses before they result in serious incidents. The number of matters reported is not a measure of the level of serious incidents occurring in ADHC. Each matter is examined and where there is an apparent case for a staff member's actions or inactions to be considered as misconduct the matter is subject to a disciplinary investigation. Disciplinary investigations are initiated by the Chief Executive or a Deputy Director-General (as the Chief Executive's delegate) on the advice of the independent Ethics and Professional Standards Unit of ADHC. Details of investigations by allegation type for 2008/09 are set out below:

Allegation Type	Disciplinary Investigations
Breach of Code of Conduct	6
Client mistreatment - Neglect	3
Client mistreatment	10
Client mistreatment - Verbal/Emotional	1
Client theft - Financial	9
Criminal - Other	1
Criminal - Theft	2
Fraud - credit/fuel card	1
Reportable Allegation - Client	12
Reportable Allegation - Not Client	2
TOTAL	47

- (g) 2006/07 3
2007/08 9
2008/09 1

- (h) The primary allegation type which was upheld in each dismissal was as follows:

Breach of Code of Conduct	6
Client mistreatment – Neglect	1
Client mistreatment – Physical	5
Misuse drug/alcohol	1

- (i) Centralised data on reasons for hospitalisation which would enable an answer to this question to be prepared is limited. However, available data show that twenty clients were hospitalised for injury, physical harm or overdose in 2008/09.
- (j) Information is not collected on hospitalisation of clients living in ADHC funded accommodation and respite services.
- (k) Two.
- (l) Transferring or dismissing employees is governed by the *Public Sector Employment and Management Act*. It provides fair and effective processes to manage serious employee workplace behaviour and performance.
- (m) Most staff recognise that there will be occasions when colleagues experience performance difficulties for a wide range of reasons, be they personal or work related. The public sector has clear guidelines for the management of unsatisfactory performance and managers have a responsibility to ensure that these guidelines are adhered to when addressing performance issues. Staff who are unable to achieve improvements in their performance despite formal processes to support and assist them may have their employment terminated.

13. Legal Action against the department

- a. How many out of court settlements has the dept entered into with people with disabilities or their families in the last year and how many of these settlements were in favour of the person with disability and/or families?**
 - i. How many actions for damages or compensation have been finalised by the department in the past year?**
 - ii. Minister, without disclosing any personal details of an individual case, how much money in total has been paid out by the department for compensation to clients and their families in the past five years and how much has been paid out in the last financial year?**
 - iii. How many cases for client/family compensation are currently still pending?**
 - iv. How much money has the department spent on defending legal action by families?**
- b. Are there currently any legal actions against the department regarding human rights issues?**
 - i. If yes, How much money has the department spent on defending itself against any action taken out against it regarding human rights concerns?**

Answer:

- a. ADHC entered into three out of court settlements, in favour of the person with a disability, in 2008/09:
 - i. other than the matters referred to in 13(a), no actions for damages or compensation were finalised in 2008/09.
 - ii. for the last 5 years compensation paid was paid by TMF (the NSW Government's insurance scheme) and not ADHC.
 - iii. There are 6 cases for client/family compensation currently pending.
 - iv. Legal costs in 2008/09 were paid by TMF, not ADHC.
- b. There are currently no legal actions against ADHC regarding human rights issues.

14. Privacy in housing

- a. In July 2008 the PSA claimed to have had 'PSA Organisers' visit over 60 group homes. Does the department think this is appropriate given that these group homes are in fact just that, people's homes and even family members are not able to 'drop in'? (see addendum 3)**
- b. How many group homes from regional areas has the PSA visited since as were their intentions as stated in addendum 3 and the link below?
http://www.psa.labor.net.au/decisions/1219631878_30694.html**
- c. Is any other group beyond community visitors from the Ombudsmans office allowed this kind of free access to clients homes?**

Answer:

- a. In addition to being places of residence, group homes are also workplaces for ADHC staff, a number of whom are members of the PSA. Both ADHC and PSA have rights and obligations concerning workplace visits by union officers under the *Industrial Relations Act 1996*. Arrangements for visits are agreed locally between management and PSA and are organised at appropriate times having regard to operational and client needs.
- b. The PSA makes prior arrangements for these visits in consultation with local management and staff are advised accordingly. ADHC does not maintain central records of these visits.
- c. The PSA does not have free access to group homes.

15. Supported Accommodation/Respite Waiting Lists

- a. How many people applied for supported accommodation in the past 12 months?
- b. How many applicants were found a placement?
- c. How many in each region?
- d. How many families relinquished responsibility of their family member to the department because they found themselves in crisis over the past 12 months?
- e. How many clients have been accommodated directly from their family home in the past 12 months without the family having in the first instance, to refuse to pick them up from respite care?
- f. How many clients are currently on any of the varying levels of priority list for supported accommodation, such as the priority list and the urgent list?
- g. How many clients names are on the service request lists in each of the six regions for supported accommodation but not viewed by the department as having priority status?

Answer:

- a. The Agency does not hold centralised or consolidated records that allow ready identification of the number of people who applied for supported accommodation in the past 12 months.

The date at which a person requests supported accommodation is not held in centralised or consolidated records. It can readily advise only on the total number of people on its accommodation register. There are 1,076 people currently on the register.

The Agency does not hold centralised or consolidated records of the number of people who requested supported accommodation but were not considered eligible to be placed on a register. However, it is considered rare for someone who requests supported accommodation to be refused registration. Where someone seeks supported accommodation but does not want a placement in the near future, they are included on a list of possible future need, usually defined as five to ten years from now. Currently, there are 1,066 people on this list.

- b. There were 118 people permanently placed in accommodation during the 2008/09. A further 26 people were identified for placement or were in transition as at 30 June 2009. In addition, 44 people who required urgent placement to avoid homelessness but who could not be found a suitable permanent placement were accommodated using the Emergency Response fund. The basis by which people are placed in accommodation vacancies is the linkage to the register referred to in answers to part (a) of this question is set out in the answer to Question 2(b) of the questions taken on notice at the Hearings of 14 September 2009.

- c. The regional breakdown of placements is as follows:

Region	Permanently Placed	Identified / Transitioning	Emergency Response
Metro North	37	1	0
Metro South	30	11	20
Hunter	8	10	5
Northern	33	0	15
Southern	7	4	2
Western	3	0	2

- d. The Agency does not hold centralised or consolidated information on the number of families who relinquished responsibility in the circumstances described in the question. The total number of relinquishments recorded by the Agency in 2008/09 is 63. The range of circumstances covered by this classification is set out in answer to Question 1 of the questions taken on notice.
- e. The Agency does not hold centralised or consolidated information on the number of clients accommodated in the circumstances described in the question.
- f. See the answer to Question 2(b) of the questions taken on notice at the Hearings of 14 September 2009.
- g. The Agency does not have prioritised lists. The answer to Question 2(b) of the questions taken on notice at the hearings of 14 September 2009 gives details of the Register of Requests for Supported Accommodation the Agency has and why it does not maintain priority or waiting lists. A regional breakdown of the Register is given in that answer. In addition, as indicated in the answer to part (a) above, there is also a list of indicated future need. The regional breakdown of the 1,066 people on that list is as follows:
- Metro North: 423
- Hunter: 207
- Northern: 248
- Southern: 50
- Western: 138
- Metro South: no data available as yet

16. Businesslink - Would the Minister please make available a copy of all of the charges and fees for services that have agreed to by DADHC when the department does business with Businesslink?

ADHC procures business services under a commercial arrangement with NSW Businesslink Pty Ltd (Businesslink). The cost of services is set by Businesslink.

ADHC can advise that it pays Businesslink fees and charges at agreed schedule rates each year for information technology, human services, financial services and business services. Businesslink is a proprietary limited company registered with the Australian Securities and Investments Commission. Businesslink is responsible to the NSW Minister of Community Services. Requests for information on its fees and charges should be directed to that Minister.

17. Restricted Practices

- a. How many clients currently have a Restricted Practices Authorisation?
- b. How many clients currently have chemical restraint permissions by the Restricted Practices Authorisation Panel?
- c. If a service provider uses restrictive practices on a client without legal consent or permission from the panel, what are the penalties that DADHC imposes on the service provider?
- d. What penalties does DADHC impose on service providers who use PRN medications without permission of the person responsible?
- e. What penalties does DADHC impose on service providers who use medications as chemical restraints in the absence of comprehensive treatment plans??
- f. What disciplinary action does DADHC take if staff implement restricted practice without authorisation?
- g. How many clients in NSW live in lock down units?
- h. How clients from criminal justice system are currently housed in group homes with non offending clients?

Answer:

- a. 740 clients currently have Restricted Practice Authorisations in place.
- b. Under ADHC policy, chemical restraint is defined as: *The abuse of medication to control or influence behaviour, mood or level of arousal. This includes the administration of psychotropic medication contrary to the instructions of the prescribing psychiatrist or paediatrician, contrary to a documented PRN Protocol.* It is a practice prohibited by ADHC and, therefore, cannot be authorised for use.

There are 364 clients who have Restricted Practice Authorisations in place to receive psychotropic medication on a PRN basis as prescribed by a Psychiatrist or Paediatrician.

- c. Each non-government organisation that is funded by ADHC is legally contracted to conform to ADHC policy to have local procedures in place to implement this policy. One of these policies is the *Policy and Practice Manual: Behaviour Support*.

In the event that an organisation is identified to have used a Restricted Practice with a client without proper legal consent or authorisation, an investigation will be conducted.

Depending on the outcome of the investigation and the seriousness of the matter, the organisation may be subjected to a review of the local policies and procedures. This process may result in the development of an action plan to address any gaps identified.

In the event of a more serious situation, ADHC may issue a 'show cause' notice in relation to the incident. If the organisation's response to this notice is not adequate, ADHC may consider the organisation to be in breach of their contract and that contract can be terminated.

If the breach is of a criminal nature, the matter will be reported to the Police for further investigation.

This process is conducted in the context that family and/or advocate may also refer to matter to an independent body, such as the NSW Ombudsman or the Police.

- d. See answer to 17(c).
- e. See answer to 17(c).
- f. If a staff member implements a Restricted Practice without authorisation then the staff member is in breach of policy. The disciplinary processes that would be implemented would depend on the nature and the circumstances of the breach. Each instance would be dealt with individually and action would be taken based on advice from ADHC's Ethics and Professional Standards Unit.
- g. Homes are not identified as lock down units. People with an intellectual disability often require additional support in their daily lives. This support could include residing in homes with greater environmental constraints that may reduce their freedom of access and require the support of others (staff for example) to access the community. These restrictions are put in place as required, in consultation with the individual, their family, carers; and with consent from an appointed guardian as appropriate.

There are also currently 13 individuals who are supported by ADHC who are considered to have extreme challenging behaviours and or severe emotional disturbance. These individuals are provided with a very high level of structured support and supervision. Access to the community is generally planned in advance and they are accompanied at all times.

- h. People with an intellectual disability are more likely to come into contact with the criminal justice system as victims and alleged offenders. This is often due to their vulnerability within the community generally and within the criminal justice system. Historically, a significant number of people with an intellectual disability have ended up in custody as a result of a lack of community support services. The NSW Government, through *Stronger Together* is now making a significant investment in services to support people with an intellectual disability to live in the community.

ADHC does not keep records on the number of clients who are supported across the disability accommodation system that have been in contact

with the criminal justice system. The mere fact that someone has previously been in contact with the criminal justice system does not mean that they cannot be well supported within a disability group home.

However, for those individuals who do require a more specialist model of support due their offending behaviour, ADHC provides specialist housing and support services. These services do not provide support to “non-offending clients”.

18. Home Care Staff

- a. Is every member of Homecare staff police checked yet, including those who were employed by the service prior to the introduction of police checking? If not why has this not happened? Isn't such a check an important part of protecting vulnerable people?**
- b. If not, how many employees remain without a police check?**

Answer:

All new Home Care staff undergo criminal record checks and have done so since February 2004.

ADHC is compliant with Commonwealth legislation which requires that all staff working in Commonwealth programs must have a current police check not more than three years old. Processes are in place to ensure that three yearly checks take place.

The process for checking remaining Home Care employees who commenced prior to February 2004 will not commence without first gaining the consent of individual staff. ADHC acknowledges this is an important part of protecting vulnerable people and is working on resolving criminal record checks for people who commenced employment prior to February 2004. This is a high priority for ADHC.

19. Cumberland Industries

- a. What follow up was done by DADHC with Cumberland Industries after giving a \$350,000 rescue package to them?**
- b. Precisely what was the \$350,000 of department money used for?**
- c. What date was the \$350,000 given to Cumberland Industries by the department?**
- d. What was the agreement/stipulations that DADHC negotiated with Cumberland Industries regarding the \$350,000?**
- e. Could we have a copy of all negotiations, contracts and/or correspondence between DADHC and Cumberland Industries or their agents that led to Cumberland Industries securing this money?**

Answer:

- (a - d) At no time was a “rescue package” given to Cumberland Industries Limited (CIL) or any of its divisions. ADHC is an unsecured creditor for \$356,000 in undelivered services associated with the *Building Capacity* project, details of which are provided below.

ADHC had a \$900,000 contract with the Social Enterprise Centre (SEC), which was part of CIL, to deliver the *Building Capacity – Professional Services for Disability Service Providers* project for the period of 1 July 2007 to 30 June 2010.

This project was established to assist ADHC-funded disability service providers improve their governance, planning and organisational performance. At the time CIL entered into voluntary administration, 23 service providers had either completed the project or were still undertaking activities identified through their needs assessments and subsequent organisational plans, and a final 11 service providers were due to commence participation in the project.

Three payments of \$300,000 were made to the SEC for this project. An additional \$15,000 was also paid to assist with cost pressures arising from travel, subsistence and accommodation expenses associated with providing the project’s services in rural areas.

CIL was placed into voluntary administration on 26 May 2009, before the project’s completion date. ADHC is liaising with the CIL Administrator and has registered a proof of debt as an unsecured creditor for \$356,000 in undelivered services associated with this project.

- (e) As the documents relate to a third party and include materials which it may consider commercial in confidence, ADHC will liaise with their representatives to determine what materials may be appropriate to release.

20. Transport

- a. Is the department aware of the difficulties posed with transport for day care and respite services in New South Wales as a separate issue to community transport, which tends to be more generic, for medical appointments, shopping and the like, more specifically for older people as opposed to services to young people. Don't other states supply their disability services day programs and respite services with buses to assist people to and from both day programs and respite care facilities? Why is it that NSW funds very little specialised transport for service providers to deliver services that people with a disability can readily access.**

Answer:

In 2008/09, \$44.8 million was allocated to transport services under the HACC Program to provide a range of services.

In addition, for ADHC funded day programs, there is flexibility to assist with client transport needs on a case by case basis. There are several provisions regarding transport. These include using mainstream transport options, taxi subsidies and the Mobility Allowance, where eligible, and low cost transport provided by the service provider. A limited number of service hours may be used in some day programs to provide transport where there are no other transport options.

21. Wages

- a. How many DADHC staff are earning more than \$100,000 per year, \$200,000 per year or more per year?
- b. How much did the 3 day training session for DADHC employees in the Kangaroo Valley cost? (Southern to respond)
- c. What are the reasons that DADHC have cancelled Carersfest early next year and changed it to 5 one day sessions?

Answer:

- a. 268 employees had earnings (including shift penalties and overtime payments) for 2008/09 more than \$100,000. Of the 268, 10 had earnings which were more than \$200,000.
- b. The total cost of the Psychological Flexibility Workshop held at Kangaroo Valley on 13-15 May was \$6,192.18.
- c. Carersfest is not an ADHC event, nor is it funded by ADHC.

22. Young People in Nursing Homes

- a. How many clients have successfully transitioned from a nursing home to supported accommodation in the community under the YPIRAC Program for supported accommodation?**
- b. How do these figures compare with the latest figures from Victoria?**
- c. Has NSW numbers reach the agreed goals from 2007 up to date? If not what has happened to prevent NSW meeting the Federal Governments agreed targets of 2006/07?**
- d. Why has it taken so long for the department to approve tenders for stage one?**
- e. How many people up to now have been diverted from inappropriate admission to age care facilities under the YPINH project, without including those people covered through insurance under the motor accident scheme?**
- f. How many In Reach packages have been granted and implemented so far and what has been the cost of this to date?**

Answer:

- a. At 30 June 2009, ten people have transitioned from a residential aged care facility (RACF) to supported accommodation in the community. A further two people have moved out of a RACF back to their own home.
- b. Figures tabled at the Commonwealth Disability and Community Services Ministers Conference held on 11 September 2009 indicated that as at 30 June 2009, 21 people had moved out of a RACF in Victoria. It is not known if this number relates only to those who have moved to supported accommodation or also includes those people who have been supported to move home.
- c. The program has three priority objectives and specific targets for each as agreed with the Australian Government at the Program's commencement in January 2007. Targets were set before the Program commenced and, more importantly, before details of individuals were available to NSW to determine their requirements. The time taken to establish the identities of the individuals and their preferences took longer than expected as did identifying appropriate capital solutions for individuals who required an alternative accommodation arrangement.

The Australian Government has always indicated that the targets under the Program are negotiable. This option has not been taken up by NSW as it is expected that NSW will meet or exceed its overall targets by the completion of the Program.

For Priority Objective 1 – people moving from a RACF – is the area with the longest lead times and the most complexity in creating the necessary infrastructure to achieve it. While performance to date is under the target set for 2008/09, assessments and service planning for all the eligible people currently indicating they want to move from a nursing home has

been undertaken. Current projections indicate that NSW will meet its minimum overall target for this Objective. NSW has already exceeded the targets for Priority Objectives 2 and 3.

- d. There has been no delay in approvals for Stage One of the YPIRAC tender process. Stage One of the Request for Expressions of Interest for the Expanding Supported Accommodation Options (RFEOI) under the NSW Younger People in Residential Aged Care (YPIRAC) Program resulted in the identification of a short-list of proposals from suitable organisations. In November 2008, 21 service providers were pre-qualified in Stage One to deliver accommodation services under the YPIRAC Program.
- e. As at 30 June 2009, 51 people had received services to prevent inappropriate entry to a RACF.
- f. As at 30 June 2009, 113 people are receiving an In-Reach Package at a total annual cost of \$3,017,016.

23. Stronger Together - What has been the actual dollar spend under the Stronger Together program for the year 2008/09 for each of following Stronger Together programs:

- a. Strengthening Families**
- b. Enhanced supports for parents and other carers**
- c. Family Support programs**
- d. Information kits and peer support trials**
- e. Promoting Community Inclusion**
- f. Expand post school programs**
- g. Increased number and range of day programs**
- h. Expanding the options for specialist support**
- i. Disability Housing and Support Initiative**
- j. Improving specialist care quality**
- k. Improving system capabilities**
- l. Training and traineeships**
- m. Service purchasing and benchmarking reform**

Answer:

See the answer to Question 20 taken on notice at the Hearings of 14 September 2009.

24. Therapists

- a. How many speech pathologists does DADHC currently employ?**
 - i. Of these how many have been appointed in the past 12 months?**
- b. How many occupational therapists does DADHC currently employ?**
 - i. Of these how many have been appointed in the past 12 months?**
- c. How many physiotherapists does DADHC currently employ?**
 - i. Of these how many have been appointed in the past 12 months?**
- d. Does DADHC use private therapists for clients residing in residential care?**
 - i. If so what are the reasons for not using in-house therapist ?**
 - ii. If so what was last years bill for these private therapies?**
 - iii. If so, why doesn't the dept use private therapists to reduce the waiting lists?**
- e. How many case managers does DADHC currently employ?**
 - i. Of these how many have been appointed in the past 12 months?**
- f. How many Behaviour Intervention Service (BIS) Senior Clinical Consultants does DADHC currently employ-**
 - i. Of these how many have been appointed in the past 12 months?**
- g. How many Behaviour Intervention Service (BIS) Forensic Casework Specialists does DADHC currently employ-**
 - i. Of these how many have been appointed in the past 12 months?**
 - ii. How much per hour on average does DADHC spend on in house therapies for children with and adults with developmental disabilities?**
 - iii. How many hours on average is a unit of service?**

Answer:

- a. See the answer to Questions 21 and 22 taken on notice at the Hearings of 14 September 2009.
- b. See the answer to Question 22 taken on notice at the Hearings of 14 September 2009.
- c. As at 30 June 2009, 63 Physiotherapists were employed by ADHC. Of these, 16 were appointed in the past 12 months.
- d(i) ADHC may contract private therapists at different times. This is to enable the provision of therapy services if there are staffing vacancies. There is a shortage of therapists in Australia. This shortage is reflected in ADHC, NSW Health and across the disability sector. The funding for these positions is from allocated staffing budgets and not additional funds. ADHC may employ staff in a range of employment types including permanent, temporary, contracting or fee for service. Contracted therapists provide services in the same manner as DADHC employed therapists. Clients are allocated according to the Prioritisation and

Allocation Policy (2002). This policy applies to both community and residential accommodation clients.

- d(ii) The cost for the contracting of private therapists by Large Residential Centres last year was \$88,042.98. The majority of therapy services to group home clients are delivered by ADHC staff. It is not possible or cost effective to provide an answer for group homes as it would require the checking of thousands of individual records to identify each group home client who received a therapy service and identify if it was delivered by a private therapist.
- d(iii) Contracted therapists provide services in the same manner as ADHC employed therapists. Clients are allocated according to the Prioritisation and Allocation Policy. This policy applies to people seeking access to therapy services provided by the Agency.
- e. As at 30 June 2009, 302 case managers were employed by ADHC. Of these, 82 were appointed in the past 12 months.
- f. As at 30 June 2009, ADHC employed 10 Senior Clinical Consultants. Of these, 2 were appointed in the past 12 months.
- g. As at 30 June 2009, ADHC employed no Forensic Casework Specialists in its Behaviour Intervention Service.

25. Older carers

- a. How many older clients aged over 65 have used centre based respite care facilities in 2008/09?**
- b. How old is the oldest carer receiving centre based respite from an aging relative with a disability?**

Answer:

- a. 16 clients aged 65 years and over used ADHC and NGO disability centre-based respite in 2008/09.
- b. Data are not available to identify the age of the oldest carer receiving respite through centre-based services.

26. Guardianship

- a. How many applications has DADHC made to the Guardianship Tribunal in the past three years for clients to come under public guardianship?
- b. How many of these applications cited parental irresponsibility or neglect?
- c. How many of these applications were deemed to be unfounded?
- d. How many applications were initiated because of refusal of families to agree to chemical restraint or prn medications?
- e. How many of these applications claimed mental health problems of the person responsible without supporting medical documentation, just on the say so of the case worker or support person?
- f. How many of these applications concerned clients residing with family?
- g. How many of these applications concerned clients living in government funded NGO accommodation?
- h. Is it correct that information can be presented and considered as fact by the Guardianship Tribunal when it is not evidence based but dependent on reports written by someone who may or may not have an agenda?

Answer:

Question.	ADHC Large Residential Centres	Metro North Region	Metro South Region	Western Region	Southern Region	Northern Region	Hunter Region
a.	43	24	25	27	37	14	42
b.	1	8	0	11	6	0	8
c.	0	2	0	0(*)	0	0	1
d.	1	0	0	0	0	0	0
e.	2	0	0	0	0	0	0
f.	0	4	4	10	20	1	13
g.	0	13	14	6	3	1	10

* - One application withdrawn.

- h. The Guardianship Tribunal is an independent legal tribunal. Like any court in NSW, evidence can be presented by parties and witnesses to the Tribunal. However, the Tribunal will only make findings of fact after testing and assessing the evidence available.

27. Respite

- a. What is the longest a child has been waiting for orientation to respite?**
- b. What is the longest an adult has been waiting for orientation to respite?**
- c. How many blocked beds in children's respite state-wide?**
- d. How many blocked beds in adults respite state-wide?**
- e. Is it correct that some respite units have actually open with already blocked beds?**
- f. Have any units opened with more than two beds blocked by the opening date?**

Answer:

The timeframes for orientation include the time from the family's initial request for respite to the completion of the orientation at the unit. There are a number of factors that may impact on the completion of orientation to respite, such as changes in client or family circumstances (eg client health, living arrangements), or a bed being temporarily unavailable as a result of a client overstaying their planned period of respite. In addition, some clients take longer to complete their orientation and need additional short visits to the respite unit prior to an overnight stay.

- a. 15 months – The delay of orientation to respite was as a result of a change of case worker and a miscommunication between the respite staff and case management staff. This has now been rectified.
- b. 14 months – The request for orientation to respite came at a time of high demand. A number of other clients with higher support needs requested orientation to respite at the same time and this resulted in this individual waiting an unusually long time for orientation. Orientation dates have now been set for this client. In the interim, the client accessed respite provided by a non-government organisation.
- c. As at 30 June 2009, there were five children overstaying their planned period of respite in ADHC's centre-based respite services.
- d. As at 30 June 2009, there were 12 adults overstaying their planned period of respite in ADHC's centre-based respite services. These 12 adults occupied 13 beds. While clients only occupy a single bed physically, there are times when a client is deemed to occupy more than one bed. Examples of when this happens include where the client has high support needs and/or challenging behaviours and requires additional care and supervision from staff.
- e. No. However, one adult respite unit that opened in 2008/09 replaced an existing respite unit where two adult clients were overstaying their planned respite. Both of these clients were transferred to the new unit and have since been placed into permanent non-government accommodation.
- f. See response to 27(e).

28. Assault in the Bomaderry respite unit

- a. How did Meg Makila come to be staying in a respite service with an adult who was known to be both violent and to have sexually inappropriate behaviours?
- b. How many times has Meg Makila slept overnight in a respite house with this client?
- c. Could you please explain this excuse your department gave under FOI from our office that it was considered safe for Meg to stay with this client because there had not previously been any incidents between these two clients?
- d. Why were there two awake shift workers on duty at the Bomaderry respite unit the night that Meg was assaulted if it was considered appropriate to leave the client who perpetrated the assault unsupervised with a vulnerable client such as Meg?
- e. Is it a usual practice in respite care facilities to pre cook meals in the small hours of the morning rather than make them fresh?
- f. Was the client in question considered as being a reduced capacity client?
- g. Did the Client who assaulted Meg Makila have a Behavioural Assessment Report, a Behaviour Support Plan or an Incident Prevention and Response Plan?
- h. Was part of this plan to never leave them unsupervised around other clients?
- i. How many clients were present at the respite unit when Meg was assaulted?
- j. What directive or instructions were given to staff on duty at the time?
- k. Why were both of the 2 staff members on duty required to be cooking at 1am, when only one client takes food orally?
- l. What time did staff call the ambulance?
- m. What time did staff call the On-Call Manager?
- n. What time did staff call the parents?
- o. Did anyone, at anytime raise concerns about Meg sharing the respite unit with the adult male?
- p. What was the title of the most senior manager who was aware that a vulnerable female child would be sharing respite with an adult male with a history of violent behaviour?
- q. A quote was made by the Director General that the client had never been seriously violent, what does DADHC consider to be seriously violent?

Answer:

- a – k. The incident in question is under investigation. A preliminary investigation has been completed and actions to redress systemic weaknesses apparent in the Southern Region's management of respite services have commenced. However, a full investigation of the

details of the incident and precursor events needs to be completed before it would be appropriate to draw any final conclusions.

- l. At approximately 00:25am.
- m. At approximately 00:30am.
- n. At approximately 1:40am.
- o - p. see answer to a - k.
- q. "Seriously violent" incidents are classified as Category 1 incidents. The statement by the Chief Executive was made shortly after the incident based on the fact that ADHC's system did not record any other Category 1 incidents associated with the client. Subsequently, information from Agency enquiries, families and the media led to the Chief Executive to reappraise the nature of previous incidents. This was one factor in the decision to change the approach of the response to the incident and to ask two senior managers to stand aside.

29. Luke Priddis Foundation Donation

- a. Does the Minister know exactly how the departments donation to the Luke Priddis foundation was spent?**
- b. How many private charities has the department made donations to in the past two years?**
- c. Precisely what pool of money did the \$10,000 donation to The Luke Priddis Foundation come from?**
- d. Who signed off on this donation?**
- e. What checking processes were made - to ensure everything was above board - prior to handing over the \$10,000 to the Luke Priddis Foundation?**

Answer:

- a. The donation to the Luke Priddis Foundation was available for use by the foundation to meet its objective for maximising services and opportunities available to children with Autism and children with special needs.
- b. Nil.
- c. The donation was paid from ADHC's 2006/07 appropriation fund.
- d. The donation was approved by the former Minister for Disability Services.
- e. The Luke Priddis Foundation is a registered charity. Further, the Department validated its bank details.