CHIEF EXECUTIVE, AGEING, DISABILITY AND HOME CARE

QUESTIONS ON NOTICE

Inquiry into Services provided or funded by Ageing, Disability and Home Care

Question

Role of ADHC:

1. ADHC is currently responsible for administering the Home and Community Care (HACC) program in NSW. Can you please briefly tell us about this program, including the Aboriginal Home and Community Care Program?

2. The NSW State Plan has set your agency two goals:

   - closing the gap in the unemployment rate between people with a disability and the overall community by 50 per cent; and,
   - increasing the out of home participation rate of people with a severe or profound disability to at least 85 per cent.

   Can you please tell us what strategies you are using to reach these goals and the progress you have made on them to date?

3. In April 2008 the Government released *Towards 2030: Planning for our changing population.*

   Can you please briefly explain the influence this strategy has had on the policy direction of ADHC?

4. What actions has ADHC undertaken to advise clients and staff members of ADHC that the Social Issues Committee is carrying out this Inquiry?

5. Did you Mr Moore as Director General consider it beneficial to issue a agency circular to advise ADHC employees of the Inquiry and allow ADHC staff an opportunity to participate in this Inquiry? Were you requested to issue an agency circular to ADHC agency staff?

6. On average, how many complaints would ADHC receive from clients who feel they have been treated inappropriately after making a complaint about services? Is this a common occurrence?

Funding and unmet need

7. Does ADHC have an accurate picture and understanding of unmet demand and need for ADHC services?

8. What data does ADHC use or provide to Ministers to justify funding proposals to the Federal Government?

9. Has the Government publicly released the 2006 Unmet Disability Need and Population Benchmark report as identified in the submission from NCOSS?

10. Why is it so hard to accurately characterise unmet need?

11. What government, accountability and management reforms are needed to get a clearer picture of unmet need and demand for ADHC services?

12. What specific process does ADHC go through when the agency identifies a high level of unmet need?

13, 14, 15, 16, 17 & 18 are duplicates of 7-12

Service delivery, waiting lists and program quality

19. Can you please explain what actions have been undertaken to establish regional processes to monitor demand for ADHC operated Community Support Services?

20. The Committee has received evidence that service delivery, waiting lists and program quality varies depending on ADHC Regional Areas and that the availability of services in Western NSW is particularly problematic.

    a. Can you please offer suggestions as to why there inconsistencies may exist?

    b. What actions are ADHC undertaking to address these problems?

21. Your submission notes that Census data has revealed a strong relationship between providing assistance and age in NSW. As people age, they are more likely to provide unpaid assistance until they reach 62 (page 14).

    Can you please tell us what steps you are taking to support older carers?

22. Can you please tell us what steps you are taking to ensure carers and people with disability are able to access respite services in their local area?

23. Your submission states that ensuring people with disability are supported to live as independently as possible has changed the types of specialist accommodation your agency utilizes (page 44).

    Can you please briefly tell us about the types of specialist accommodation available to people with disability?

24. How many supported accommodation places does ADHC currently provide and fund?

25. For the financial year 2009/10 how many eligible requests for supported accommodation were not fulfilled?

26. Historically (over the last 5 years, since the commencement of Stronger Together), what percentage of eligible requests to ADHC for supported accommodation have been places in ADHC provided or funded supported accommodation?

27. How would you characterise the level of unmet need for supported accommodation?

28. Has ADHC done any forward planning or research on estimate growth in demand for supported accommodation services over the next 10 years? If yes, will you provide this research to the committee?

29. What are the criteria for prioritizing eligible applicants for supported accommodation?

30. Is demand and provision of supported accommodation consistent across all ADHC regions? If no, could you please outline regional variation in demand?

31. The recent NSW Auditor General's Performance Report on 'Access to Overnight Centre Based Disability Respite' stated; "There is no consistent needs-based approach for determining who gets respite and how much they get". Would this statement be equally true for other services provided by ADHC? If no, what does ADHC do differently in managing demand for other services that it has not yet implemented for managing respite services?

32. According to the report NSW spends less on respite care than other jurisdictions. Can you give us some comparisons of Victorian and Western Australian expenditure on respite care compared with NSW? Why does NSW spend a comparatively lower amount on respite care?

33. The Auditor General report also highlights some serious inefficiencies in management stating; "[T]wo ADHC regions use their beds less than 80 per cent of the time. A few ADHC centres had less than half of their beds occupied at any given time." Will the Director General outline the deficiencies in management that have lead to this situation?

34. In 2009/10 financial year how many ADHC clients were receiving respite care from an ADHC service or ADHC funded NGO service provider?

35. For the financial year 2009/10 how many eligible requests for respite care were not fulfilled?

36. Historically (over the last 5 years, since the commencement of Stronger Together), what percentage of eligible requests to ADHC for respite care have been placed in ADHC provided or funded respite care?

37. In their last annual report to the New South Wales Home Modification and Maintenance Scheme (HMMS) State Council stated; "Currently, the NSW Statewide Level 3 project has $1.404 million worth of major works on their waiting lists and cannot review this waiting list until 1st July 2010 when the new funding year begins". At the end of the 2009/10 financial year what was the total value of waiting lists for Level 1, 2 and 3 projects?

38. The previous Minister for Disabilities stated in relation to the HMMS that; "the data on number of referrals received but not able to be accommodation is not collected by DADHC and is known only at the service provider level". If ADHC does not have access to data on unmet demand in the HMMS on what basis does ADHC request roll over funding from the Commonwealth?

39. Is the recurrent funding level for HMMS adequate to ensure requests for service are actioned within 4-8 weeks?

Funding arrangements and client focused service delivery

40. Can you briefly explain the model used by ADHC to determine the appropriate level of funding for services?

41. On page 78 of your submission you state that people born in non-English speaking countries are three times less likely to use a government funded disability service than a person born in an English speaking country.

What actions are you undertaking to encourage Culturally and Linguistically Diverse groups to access your services?

42. A number of submissions were critical of the amount of 'red tape' they must go through to access ADHC and NGO services.

Can you please tell us what actions you are taking to reduce 'red tape' and improve efficiency?

43. Can you please briefly explain the Quality Framework for Disability Services in NSW that you are developing in conjunction with National Disability Services?

How will this framework improve the provision and delivery of disability services in NSW?

Answer

1. The Home and Community Care Program is a joint Australian and NSW Government initiative under the auspices of the *Home and Community Care Act 1985*. The funding arrangements for the Program has the NSW Government contributing approximately 40 per cent to program funding with the remaining 60 per cent provided by the Australian Government.

    In 2009/10 a total of $586.9 million was allocated to the Home and Community Care Program in NSW and the total expenditure in 2010/11 is anticipated to be $653.4 million. This is an increase of over $66.5 million from 2009/10, $38 million towards increases in service delivery, and almost $30 million on the HACC Capital Strategy. Services will be provided to an estimated 240,000 people.

    The Program provides funding for services which support people who are frail aged, younger people with a disability and their carers, who live at home and whose capacity for independent living is at risk or who are at risk of premature or inappropriate admission into residential care. Typically Home and Community Care services are provided to people in these categories who have relatively low support needs. They are not a substitute for residential care where a person has high support needs.

    There are several special needs groups identified under the Program on the basis that they find it more difficult to access services. Special needs groups include:
    - people from culturally and linguistically diverse backgrounds
    - Aboriginal and Torres Strait Islander people
    - people with dementia
    - financially disadvantaged people
    - people living in remote or isolated areas.

    Services include personal care, domestic assistance, community transport, home modifications and maintenance, respite, meals, centre based day care, social support, nursing and allied health services.

    The Home and Community Care Program is not an entitlement program and services are not means tested. Clients may be asked to contribute to the cost of services based on their capacity to do so, but cannot be denied access to services based on their economic circumstances.

    Home and Community Care services are delivered by over 600 service providers including NSW Government agencies such as NSW Health and the Home Care Service of NSW, local governments and non-government organisations.

    The Program operates within a regional framework to improve planning, respond to the needs of consumers and to help achieve equitable access to Home and Community Care services. The Home and Community Care Resource Allocation methodology distributes growth funding according to each local planning area's share of population, weighted for a range of factors such as geographic disadvantage and Aboriginality.

A range of sector-wide initiatives focused on building and strengthening the capacity of the service system and support for non government service providers has also been undertaken by the Program. A key initiative is the Home and Community Care Capital Strategy.

The first part of this Strategy involves the construction of sixteen purpose built dementia day care centres across NSW. Eight centres have been completed, two centres are due for completion by the end of September 2010 and the remaining centres will open progressively over the next two years.

Under Round Two of the Home and Community Care Strategy, an amount of $8.5 million is available to upgrade and improve existing facilities used for services under the Program. The results of the tender process for Round Two are expected to be announced in late 2010.

At the Council of Australian Governments meeting on 19 and 20 April 2010, a package of national health reforms was agreed. Under these reforms, resources and operational responsibility for aged care services provided under the Home and Community Care Program will be transferred from NSW to the Commonwealth for people aged 65 years and over, or 50 years and over for Indigenous Australians.

NSW is committed to a transition to the new arrangements in a way that ensures:
- minimal disruption to clients and existing providers
- no net costs to the State, including over time
- minimal duplication of service provider reporting
- clear pathways for clients in navigating the new system
- seamless service provision, including interfaces between care systems.

Aboriginal Home Care

While a number agencies are funded to provide Home and Community Care services for Aboriginal people, the Home Care Service of NSW, as part of Ageing, Disability and Home Care, operates a specific service for Aboriginal people – Aboriginal Home Care.

Aboriginal Home Care is Ageing, Disability and Home Care's flagship program for Aboriginal people. It provides flexible and culturally responsive Home and Community Care services to eligible Aboriginal people.

Aboriginal Home Care is the largest provider of community care services to Aboriginal people, operating out of eight Aboriginal branches and 23 service outlets throughout NSW.

Approximately 76% of clients live in rural and remote areas and more than 300 Aboriginal people are employed to provide services. The majority of service hours provided are for personal care, domestic assistance and respite care. Aboriginal Home Care provides a safety-net of community care services to Aboriginal people throughout NSW.

Budget for Aboriginal Home Care

The Budget for Aboriginal Home Care is detailed in Table 1.

Table 1

	2008/09	2009/10	2010/11
Budget	$17,255,302	$19,639,440	$20,425,018
Number of Clients	2,750	3,000 (provisional)	3,100 (estimate)

2. Disability Employment Target

Closing the gap in the unemployment rate between people with disability and the overall community by 50 per cent equates to approximately 6,000 jobs.

A significant part of the target for reducing the unemployment rate for people with a disability will be met by the Transition to Work Program, which assists school leavers with a disability develop skills for entry into the workforce or into employment related education.

Since 2006, over 2000 school leavers have entered the program and approximately 50 percent of all participants have successfully made the transition to employment. To make the program more effective, training was delivered to 63 Transition to Work providers to improve their networks with private sector employers and to boost their capacity to place clients in work.

In 2008, the Australian Employment Network on Disability was funded to produce a booklet informing businesses about the benefits of employing people with a disability and of delivering services that are accessible to customers that may have a disability.

The remainder of the employment target is being met through other strategies. For example, in December 2009, the Government introduced the *Public Sector Management (Goods and Services) Regulation 2009* to exempt public sector agencies from the requirement to conduct open tenders when purchasing goods and services from registered businesses that predominantly employ people with a disability. To support the new purchasing arrangements ADHC has provided $440,000 in funding to National Disability Services (NDS) to:

- maintain a register of eligible businesses that mainly employ people with a disability, such as Australian Disability Enterprises; and
- to promote goods and to promote services provided by these organisations to potential purchasers in the NSW public sector.

ADHC has also implemented a pilot project engaging six Australian Disability Enterprises to provide lawn and garden maintenance services for 13 properties over a 12 month period.

Increased Community Participation Target

A wide range of activity undertaken by the NSW Government is contributing to achieving the State Plan target for increased community participation for people with a disability.

The substantial investment in new and expanded programs under *Stronger Together* contributes towards increased community participation. The number of people participating in community access programs funded by Ageing, Disability and Home Care (ADHC) has increased by 91%, from 6,700 people in 2004/05 to 12,900 in 2008/09.

In 2008/09 and 2009/10, a total of 670 new places in *Life Choices* and *Active Ageing* day programs have been opened. The number of people engaged in the Community Participation program has risen from 1,750 in June 2007 to 3,261 by the end of 2010.

Respite services are being expanded and Ageing, Disability and Home Care is developing new programs that target people at particular risk of becoming isolated and having limited community participation. These initiatives include the Older Carers Respite Program, the development of supports for young people in or at risk of entering nursing homes and support to community programs that enhance social inclusion. The Leisure Link program started in 2007/08 to enable people with a disability to spend time with others in cultural, social and recreational activities. Approximately 470 places are provided annually at a cost of $3.4 million.

$1 million has been allocated over four years from 2007 to 2011 to Arts, Sport and Recreation in the Department of Communities NSW. The Disability Sports Assistance Program has provided 505 training opportunities and over 3,800 people with a disability have participated in a wide range of sporting activities catering for all levels of interest and skill.

The Companion Card NSW was launched in March 2009 to enable people with a significant and permanent disability, who require attendant care for the rest of their lives, to participate in community activities and events. The Card enables free admission to attendant carers supporting people with a disability. As at August 2010, there are 7,750 Companion Card holders in NSW and 1,950 businesses affiliated with NSW Companion Card.

Progress to date on both targets
The data that best measures progress towards the achievement of these targets is the Survey of Disability and Carers (SDAC) by the Australian Bureau of Statistics (ABS). The last SDAC data was published in 2003.

Recognising the limited data availability, ADHC has been working closely with other State and Australian Government officials to improve the relevant ABS surveys, both in the areas of increasing sample size and the frequency (or alternative collection vehicles).

ABS has completed the field work for the SDAC 2009 and it is expected that the required indicators should be available early next year.

3. *Towards 2030: Planning for our changing population (Towards 2030)* is a five-year plan that was launched in April 2008. It has a horizon to 2030 and is a comprehensive whole-of-government approach to ensure that we are positioned to meet the opportunities and challenges of an ageing population. The goal of *Towards 2030* is to create a more 'age friendly' society that is able to respond effectively to population ageing in NSW.

Towards 2030 has five strategic outcomes:
   - Getting in early and planning for change
   - Improving prevention and early intervention
   - Ensuring a productive, skilled and adaptable workforce
   - Facilitating participation in all areas of society, and
   - Providing quality care and support.

Key ageing issues that ADHC is addressing through the *Towards 2030* strategic outcomes are: social isolation; building community and individual resilience; workforce participation; health issues; technology; and social supports. All are designed to enable people to participate independently and as fully as they can in community life as they age.

Towards 2030 Agency Reporting and Second Annual Report

The implementation of *Towards 2030* is governed by the Interdepartmental Working Group comprising 16 agencies with responsibility to progress the Strategy. It is co-chaired by the Department of Premier and Cabinet (DPC) and ADHC.

ADHC has lead responsibility to:
   - collect data under the *Towards 2030* Outcomes Reporting Framework and to update the socio-demographics of *Towards 2030*
   - prepare and collate *Towards 2030* agency activity biannually to track agency progress
   - produce and publish an annual public report on *Towards 2030* progress. A public report was published in 2009, and the 2010 report is under development.

Key policy areas for ADHC that are aligned with *Towards 2030*

Ageing Grants Program
The aim of the Ageing Grants Program is to work within the framework of *Towards 2030* to support the wellbeing of older people and help them to enjoy meaningful and independent lives. Under *Towards 2030* strategic outcome five, 'providing quality care and support', the Ageing Grants Program is addressing longer term issues raised by population ageing through:
   - delivery of evidence-based policy advice
   - dissemination of information, research and evidence about ageing issues
   - advocacy in respect of issues related to the older people and the ageing population
   - development of resources, reports and materials to support the ageing population
   - fostering partnerships and collaboration across sectors and communities, and

- building capacity amongst service providers, the community and individuals

The Ageing Grants Program comprises five key funding streams:
- *Peak organisations:* for peak ageing activities across NSW
- *State-wide services:* for state wide service delivery activities that include information and referral for older people, their families and carers
- *Positive Ageing Grants:* for innovative ageing projects by local government, community and not-for-profit organisations to strengthen communities, contribute to an aged-friendly culture in NSW and maximize opportunities for older people to remain active, socially connected and engaged
- *Research Grants:* to fund research projects that build the evidence base for policy and service development on ageing
- *Dementia funding:* to promote awareness of dementia and provide information, education, and support to people, carers and families affected by dementia.

Research- population ageing
ADHC has developed relationships with researchers at various universities to build its evidence base for policy on population ageing. Current research activity addresses a range of strategic priorities under *Towards 2030* and is consistent with strategic outcome one, 'getting in early, planning for change' and specifically, strategic priority 1.1, 'to work across sectors and with universities to influence and expand the focus of research into the implications of demographic changes for NSW'.

Current and proposed research activities sponsored by ADHC include:
- Funding of $249,206 to the University of NSW in 2010 (approved) for research into participation by older people from a culturally and linguistically diverse (CALD) background in the volunteer workforce of the non-government sector.
- Funding of $244,900 to the University of Sydney in 2010 (approved) for research into the application of new information and communication technology to support social inclusion and participation of older people.
- Funding of $69,400 to the University of Newcastle in 2009 for a research project investigating environmental and built factors for maintaining independence in older age.
- Funding of $96,000 to the University of Sydney and Concord Hospital in 2009 for a health promotion and early ageing in people with an intellectual disability project.
- Funding of $71,460 to the University of Western Sydney for a research project on impacts of an ageing population for Local Government.

Dementia policy
Dementia is a key policy area for ADHC. The aim is to ensure an evidence-based approach to dealing with dementia across the continuum of care from prevention and early intervention through to acute treatment options and palliative care. This approach is being progressed through the development and implementation of the *NSW Dementia Services Framework 2010-2015* (the Framework). The Framework was jointly developed by AHDC and NSW Health and is anticipated for launch during Dementia Awareness Week in late September 2010.

The Framework addresses a range of priorities under *Towards 2030* and is consistent with strategic outcome five, 'providing quality care and support' and strategic outcome two, 'improving early intervention and prevention'.

Specific investments being implemented by ADHC in anticipation of the Framework's approval include:
- allocation of $250,000 to Alzheimer's Australia NSW to research care needs of people affected by early onset dementia
- development of an Aboriginal specific workforce development tool to improve care for NSW Aboriginal communities affected by dementia, and
- a suite of culturally appropriate information resources for NSW Aboriginal communities (total allocation for the two Aboriginal specific projects was $300,000).

NSW Ministerial Advisory Committee on Ageing
The NSW Ministerial Advisory Committee on Ageing (MACA) aligned its current Work Plan to fit within *Towards 2030* priorities in 2009. To this end, MACA:
- held a roundtable in November 2009 on recruitment and retention strategies for older workers by consulting a wide range of employers (both government and corporate) who have a proven track record in recruiting and retaining older people and obtaining feedback on successful initiatives. The MACA produced a report outlining recommendations that can be implemented across all government agencies and private enterprise.
- conducted four focus group meetings in March 2010 to further investigate employment and retention of older workers.
- hosted a healthy ageing expo and a seminar series during Seniors Week in Tweed Heads, and
- facilitated a roundtable discussion on health literacy and communication with industry experts and academics.

These consultations will be complemented by MACA commissioning evidence-based research on mature workforce retention and health literacy.

Resources- population ageing
ADHC has also worked very closely with the Division of Local Government (DLG), the Local Government and Shires Associations and local councils across NSW to develop resources and a webpage to assist local councils across NSW plan for an ageing population.

4. No specific action was taken by ADHC to advise clients and staff members about the Inquiry. The Inquiries was publicly advertised. ADHC will, as a matter of course, provide updates on the Inquiry in its agency staff and stakeholder publications, but no publications have been issued since the Inquiry was announced.

5. No such circular was issued, nor was one requested to be issued. The issues raised in the Inquiry are central to the core business of the agency and, as such, staff and senior management are continually involved in addressing them. A significant number of staff have been engaged in the preparation of the ADHC submission. The ADHC submission has been circulated to senior staff. Staff will be briefed on the outcome of the Inquiry.

6. Most complaints received by ADHC relate to aspects of service provision such as the quality of services provided, communication issues between clients and staff, discrepancies around fees charged, and access to services.

   An analysis of recent complaints data (Jan-June 2010) has not identified any complaints from clients specifically regarding inappropriate treatment as a result of having made a complaint about services. However, as indicated in evidence to the Inquiry, it is acknowledged that this could be due to clients not making complaints or complaints not being recorded in ADHC's corporate system.

   Improvements are being made to simplify and streamline processes for reporting, recording and resolving complaints, ultimately improving customer satisfaction with the handling of complaints.

   These improvements will be included in a revised complaints handling policy due for distribution across the Agency in October 2010. A communication strategy around the revised policy and guidelines will ensure that all ADHC staff have access to the policy and are made aware of their responsibilities around responding to complaints.

7. An accurate assessment of unmet demand and need for ADHC services is not currently achievable due to data limitations. This has been acknowledged nationally by Ministers for Disability Services and the National Disability Agreement signed in 2008 initiated work to overcome these limitations. The ADHC submission to the Inquiry sets out the data that ADHC uses to quantify demand (see pp. 46-54).

8. The financial transfer from the Federal Government to the State Government of funding for the provision of specialist disability services is governed by the Intergovernmental Agreement of Federal Financial Relations (IGA) and the associated National Disability Agreement (NDA) and the Disability Services Specific Purpose Payment. The Agreement commenced on 1 January 2009 and has established the basis of the financial transfer amount and formula through to 2013/14.

   This does not require, or allow for, the provision of additional funding proposals from the State.

   The IGA also establishes the Public Accountability and Reporting framework for all associated National Agreements such as the NDA. The Steering Committee for the Review of Government Service Provision has overall responsibility for collating the necessary performance data and the Council of Australian Governments (COAG) Reform Council provides annual reports to COAG containing the performance data and reports on the comparative analysis of the performance of governments in meeting the objectives of the National Agreements. The reports are based on the NSW Minimum Data Set (MDS) returns comprising client numbers and hours of service by service type.

   In addition, NSW provides information on progress against a number of initiatives of interest on a six monthly basis to the Community and Disability Services Ministers' Conference. This Information Sharing consists of updates on activities at a jurisdiction

level that progress achievement of the three NDA objectives (this may be new services established, pilot initiatives, program evaluations etc). Information is also shared on progress towards the targets and outcomes of three former Bi-lateral Agreements (Younger People in Residential Aged Care, Disability Assistance Packages targeting older carers and the Capital Works Memorandum of Understanding).

9. It is assumed that this question refers to work undertaken by PriceWaterhouseCoopers for the NSW Government to assist its deliberations for *Stronger Together*, the Government's 10 year plan to reform specialist disability services. That work is subject to Cabinet-In-Confidence provisions and is ongoing as part of preparations for the second five-year funding phase for *Stronger Together*.

However, the PriceWaterhouseCoopers work is being used as the base to build a National Need And Supply Model. This is national work arising out of the 2008 National Disability Agreement. All Australian Disability Services Ministers endorsed the methodology for the model at their meeting in June 2010. It is anticipated that the first outcomes of this work will be available by mid 2011. Public release of this material is anticipated but is subject to the approval of all Australian Disability Services Ministers.

10. There is no commonality in the use of the term 'unmet need'. At one level this is reflective of the absence of a definitive measure of unmet need (see the answer to Question 7 and note that all Australian Disability Services Ministers have commissioned national work to improve measurement). Some of the reasons that make definitive measurement difficult may also explain the difficulty in characterising 'unmet need'. While there are clear examples of unmet need that everyone would agree on, there is a wide range of views as to:

- what need should be met: the circumstances in which a need for support can arise because a person has a disability varies significantly; for example level and type of disability is highly variable as is a persons' strengths and life aspirations and the capabilities of the person's carers and community.

- who should meet need: the specialist disability services system is often characterised as the provider of services where the mainstream service system, the community and/or family/carer/other informal supports have not provided or cannot provide sufficient support.

- how need should be met: the specialist disability services system is increasingly relying on early intervention and prevention approaches. To some extent these approaches are endeavouring to address a need for a future support with a view to removing it or reducing the extent to which specialist services will be required in the future.

11. The primary action required to obtain a clear picture of unmet need and demand for ADHC services is to improve population level data on disability and carers. Given the difficulties outlined in the answer to Question 10, this is essential to obtaining a clear understanding of the coverage of the potential population by existing and projected

levels of services. The most valuable data source in this regard is the Survey of Disability Ageing and Carers (SDAC) which is carried out every 6 years by the Australian Bureau of Statistics. NSW, along with all other Australian Governments, contributed funding to expand the questions asked in and double the sample size of the current SDAC. The results will be released in early 2011. In addition, NSW is working at the national level to expand the data collection on the population of people with a disability.

Given that changes to population level data collections are necessarily slow to eventuate, there are a number of other reforms and improvements that are underway to obtain a clearer picture of unmet need and demand for ADHC services. These include:

- improvements to the Minimum Data Set (MDS), which is the primary means of collecting data on service levels across all ADHC services (ie. funded and operated services). Ensuring a high level and quality of data input from service providers enables ADHC to assess changes in coverage of services it funds and operates. It will also provide a window into some aspects of potential unmet need in as much as it shows, for example, people using multiple instances of services targeted to people with lower need levels.

- maintaining and developing administrative data on requests for services. ADHC's submission to the Inquiry sets out what data it holds in its administrative systems (pp 48-55). Within current information systems and practices (ADHC's and other providers') it is not practical for data on request for all service types to be collected and maintained centrally. However, in key areas such as request for supported accommodation and intensive in-home support services ADHC has established service request data that covers ADHC and funded providers. ADHC is currently developing a Respite Allocation and Booking System which will allow the capture of a sector wide view of demand for respite. This is scheduled for completion in 2011.

It is also important to continue to ensure that wherever possible service responses are configured around indicators in addition to unmet need. For example:

- early intervention and prevention strategies are often designed to address a future need before it arises or before an existing need increases to a level that requires a major intervention.

- the Community Participation and Transition To Work programs. These programs provide services for school leavers assessed as having a disability which stops them entering the workforce at the time they leave school.

12. Within the resources approved by Government, ADHC addresses unmet need by making allocations based on the best data available with respect to disability population, prevalence of disability and current service allocations. Typically this is done on an equity basis, as with the rollout of *Stronger Together* growth places, where those Regions with the lowest per capita services received the greatest proportion of new services. Regional allocations also recognised that even areas with high per capita resources still have emerging needs that must be met.

There is only limited scope to redistribute existing disability resources because most are committed to individuals on a long term basis. Accordingly, any response to unmet need that requires additional resources is a matter for Government. ADHC would be responsible for providing the Government with the evidence base and policy options for responding to the unmet need. The most significant recent example is *Stronger Together*, the Government's 10 year plan for disability services, which allocated $1.3 billion in additional resources to specialist disability services in the first five years of the plan.

Q. 13-18 are duplicates

19. Each Ageing, Disability and Home Care (ADHC) region has a process in place to monitor demand for Community Support Team (CST) services. The ADHC Prioritisation and Allocation policy is used by all regions to prioritise requests for service. The policy assists regions to identify the type of requests that have a high, medium or low need for response. For example, if a client has an ageing carer it indicates a high need for response. An ongoing process is also in place in each of the regions to regularly review the needs register and to respond to information that indicates that a client's circumstances may have changed. Managers Access in each Community Support Team regularly review the needs register and also discuss the required priority of requests with senior clinical staff. Any additional information provided is reflected in a revised priority.

20. a. Inconsistencies across the 6 regions that make up Ageing, Disability and Home Care's (ADHC) service delivery network arise from a variety of factors:

    - differences in the geographic and demographic make-up of each region.

    - the legacy of historical funding decisions. Much of the service system is characterised by long term placement of individuals and, therefore, once a service is allocated to one region there is limited opportunity to reallocate to another region.

    - regional differences in the ability to attract and retain appropriately trained and qualified staff.

    - differences in the capabilities of mainstream services and the community to meet the needs of frail older people, people with a disability and their carers.

    In the specific case of Western Region, travel distance can be a significant factor in increasing the difficulty in families accessing services and staff delivering services. It can also be a factor in lessening the benefit of services, eg a five hour one-way trip to access overnight respite can reduce the respite effect for the family member. Western Region does benefit from stable staffing but this is offset by the inability to attract some types of staff, particularly therapists and other specialists.

    It is noted that, on the measure of geographical equity that ADHC uses to assess the distribution of services (see page 35 of the ADHC Submission to the Inquiry), Western Region ranks second. This indicates that in relative terms, it is ahead of all other Regions but Metro North in terms of the ratio of people receiving assistance to people

indicating a need for assistance. It is also ranked second in terms of services to people from a CALD background and indigenous people.

20 b. Opportunities arise through service enhancements to address the historical and emerging inequities in service provision across regions in NSW:

- ADHC employs equity of access indicators to monitor whether people with a disability have equitable access to service irrespective of where they live in the State, or their Aboriginal and CALD status. Inequities in the regional supply of specialist disability services relative to disability population prevalence were identified for each service type in the rollout of *Stronger Together* phase one funding and funding allocated accordingly. See pp. 35-37 of the ADHC submission for more detailed information on this.

- A HACC resource allocation formula was developed in 2008/09 based on the latest demographic and service utilisation statistics and giving special consideration to Indigenous and CALD status and locational factors. This formula benchmarks the equitable distribution by LPA and allocates expansion funds to achieve equity in a given time span according to HACC planning cycles. New information on services, the amount of expansion funds available and other data can be used each year to update the allocations.

In addition, a range of policy measures, learning and development strategies, and sector development initiatives are employed to support ADHC operated and funded service delivery. For example, in relation to ADHC operated Community Support Teams, initiatives have included the development of the Case Management Framework, Case Management Policy and the Case Management Practice Guide, which promote a consistent orientation to case management service delivery. In relation to therapy services, these have included the development of the Specialist Support Framework, Standards of Practice, and Practice Packages. State wide Practice Leaders in Nursing and Health Care, Speech Pathology, Occupational Therapy, Physiotherapy and Psychology have been established to lead best practice development and provide world standard practice leadership. In addition ADHC provides a broad range of professional development opportunities and networks for all specialist service staff to ensure their skills and knowledge remain current.

In 2008, ADHC established the Operational Performance Committee (OPC). It is charged with the responsibility of reviewing the performance of ADHC's:

o Programs and services.

o Workforce management.

o Financial and asset management.

o Acquisition and contract management of funded services.

The regular OPC meetings have a clear focus on assessing program and regional performance, and determining priority actions to enable improvements and better consistency of practice. They also explore options for the provision of better services at

the local level and how to remove impediments to the delivery of responsive service delivery.

Further strategies in Western Region
While Western Region has only nine percent of the total population of NSW (just over 560,000 people), it encompasses an area spanning almost 564,000 square kilometres – or almost 100 times the area of the metropolitan regions and four times the area of the second largest region, Northern.

Specifically in rural regions recruitment options have been developed that include flexible locations to attract and retain staff.

The ADHC Western Region has worked with The University of Sydney to arrange the placement of 12 final year therapy students over a six week period in rural and remote locations. It is anticipated that students will get a better understanding of the issues and will choose to work in rural and remote areas. Western region is providing scholarships for three students to assist with the cost of their placement.

The use of technology to further mitigate the issue of distance in Western region is also being incorporated. For example the large geographical area provides challenges for both families and staff to address the complex area of feeding for people with swallowing issues. A model to address mealtime management issues was developed. This model was trialled to utilise the skills of a range of staff across the region to support families. Use was made of videos to overcome the challenge of distance. The outcome of the trial was that families were able to receive support to manage mealtime issues and staff development was also facilitated. The use of technology is also being incorporated into clinics.

The region is also working collaboratively with the Department of Premier and Cabinet and other government agencies and community groups with the service delivery trial in Walgett, Western NSW.

21. ADHC acknowledges older carers are a group that is going to grow as the population of people with a disability ages. It is critical that in addition to being able to access general ADHC services as appropriate, there is a range of targeted services available to provide them with the support they need, including respite and planning for the future of the person for whom they are caring.

Strategies are being implemented across ADHC program areas that focus on early intervention and long-term planning for older carers of sons and/or daughters with a disability, namely:
- Case management services are being delivered under the *Support Coordination* program for ageing parent carers aged 60 years and over, and 45 years and over for Aboriginal carers. These services focus on engaging with older parent carers, identifying current and future support needs and providing support for future planning.
- A Futures Planning project to assist older carers to put in place plans for a future time when they are no longer able to care is being piloted in Northern NSW.

- Supported accommodation models to meet the needs of people with a disability who are ageing have been developed and are being implemented.
- Day Program initiatives have also been developed in response to the growing number of people with a disability living beyond middle age.

The *Respite for Ageing Parent Carers* program provides:
- 903 flexible respite places
- 126 centre-based respite places
- Case management support through the *Support Coordination Program* for up to 2160 families
- 125 day program places in the *Life Choices* and *Active Ageing* programs

In addition, using the Commonwealth–funded *Disability Assistance Packages* (DAP) initiative, ADHC has allocated the following services to support ageing carers in NSW:
- 131 day programs
- 718 flexible respite places
- 156 Intensive in-home support places
- 102 supported accommodation places

22. Through *Stronger Together* ADHC has committed $69 million for respite support in the first five years. More than 4000 new respite places have been funded. This includes more than 2560 places in the non metro regions which incorporate rural and remote communities.

In addition to this, more than $5.7 million in funds transferred from the Australian Government through the Disability Assistance Package has been rolled out across the State.

ADHC will continue to allocate respite growth funding, as it becomes available, to areas that need it most (based on disability population prevalence and current services supply). This will build on the regional needs analysis undertaken to guide the rollout of *Stronger Together.*

On 5 May 2010, the NSW Auditor General released a Performance Audit on access to overnight centre-based disability respite. Its recommendations relate to better utilisation of services based on need and improved performance monitoring. It also recommended that ADHC speed up the development of its Respite Assessment and Booking System to improve consistency in planning and delivering respite across the State. ADHC fully accepts the Auditor-General's recommendations and is actioning them as a matter of priority

23. Currently fewer than 3% of people with a profound or severe disability in NSW are living in specialist disability accommodation environments, as a result of their complex needs and their circumstances. Historically these people have had to "fit into" the traditional 24/7 group home model of support that is both high cost and often not the best solution for the individual.

The group home model has been widely used in NSW since the 1980s and is based on theories of normalisation where up to six people (most commonly five people) with a

disability live in a typical suburban home in a local community setting. ADHC currently funds or operates more than 900 group homes across the State.

The Government's Innovative Accommodation Plan (2008) (copy enclosed) for people with a profound or severe disability has expanded the breadth of accommodation types and support models being used to better meet the spectrum of client needs and reflect contemporary living arrangements. It recognises that the thinking and practice around accommodation and support should not be restricted to people requiring high level (24 hour) care or be asset based.

A variety of new support arrangements and accommodation models have been developed ranging from high need group homes for extremely complex clients to clustered apartment living, to community based solutions that rely largely on informal supports, such as the drop in support models being operated for Aboriginal clients in New England and the Mid North Coast areas and for CALD families in South West Sydney.

We have also developed a strong partnership with Housing NSW for the provision of social and community house stock for specific initiatives under the NSW Housing Accord. The Disability Housing Accommodation Support Initiative (DHASI) provides low cost drop in support in a social housing setting for people with an intellectual disability or acquired brain injury who do not have access to adequate informal support networks or stable accommodation. Not only is the average ongoing cost of this model less than half the cost of a group home place but it maintains the client in the community.

Work is occurring to further develop flexible support options for clients living in their own accommodation, alone or with informal supports. These models include individual packaging and transitional models focusing on skill development to assist people live with a high degree of independence.

A variety of other accommodation pilots are underway. These include 'clusters' where a number of group homes or villa/apartments provide similar services and are within a close geographical area, sometimes on the same site, but operating independently. In some cases, these arrangements support people who have moved out of large residences that have closed, and they afford maintenance of social contacts, but in a community setting. Another approach being piloted is a community managed shared home, where people with low to moderate support needs have their own rooms, with separate access, but also can use shared dining, kitchen and lounge rooms, with a housekeeper they retain. This model relies on community support through families and friends.

24. In 2009/10, there were 1,611 funded places in ADHC operated supported accommodation. Non-government organisations provided support for 6,269 clients in supported accommodation.

25. In 2009/10, 699 eligible requests for supported accommodation were not filled. This comprises 388 Service Requests raised during the year, 403 Service Requests raised before 2009/10 that continued to be active in 2009/10, less 92 individuals who were placed in group homes during 2009-10.

26. There are substantial qualifications that must be placed on the data available to answer this question.

a. By way of context: as part of a *Stronger Together* initiative to develop fairer and clearer guidelines for eligibility and priority of access to operated and funded supported accommodation, ADHC released the *Allocation of Places in Supported Accommodation Policy and Procedures* in August 2009. This police governs the placement, movement and exit of people in supported accommodation services operated by ADHC and NGOs.

b. This policy established for the first time consistent state-wide criteria for recording requests for accommodation in a Register. It also allowed for the establishment of a centralised data-base of requests and the disaggregation of requests where the person requesting is willing to take up a place immediately on offer from those where the request is for accommodation some time in the future.

c. Prior to the implementation of this policy in January 2010, no centralised data were maintained on requests for accommodation. Accommodation allocation was managed entirely at the regional level. Accordingly, data from before that date are not consistent and not able to be accurately disaggregated between types of requests. In establishing the central data base ADHC has focused on ensuring that the data it holds is accurate for the category of people requesting 24 hour supported accommodation and willing to take up a place immediately it is offered.

d. As a result of these developments, the data for 2009/10 are not comparable with prior years. Prior year data is aggregated from regional registers and do not separate those willing to take up a place immediately from those requesting a place some time into the future. Some regional registers also included requests even where the person was not eligible for supported accommodation. In addition, there are no reliable data readily available for 2005/06 and 2006/07.

e. People placed directly from Community Services out-of-home care services, correctional facilities and boarding houses and people placed in services funded under the Young People In Residential Aged Care program are not included on the Register, nor are they counted in the numbers of people placed using the Register.

Noting the qualifications above, the percentage of eligible request to ADHC for supported accommodation that have been placed in ADHC provided or funded supported accommodation were:

2009/10: 11.6% (92 people placed out of 791 eligible requests[1])

2008/09: 11.0% (118 people placed out of 1076 eligible requests)

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[1] This includes requests made in the financial year and those requests from a prior year that were not met by the start of the financial year.

2007/08: 3.6% (64 people placed out of 1771 eligible requests)

27. In general terms, the difficulties in characterising unmet need (see the answer to Question 10) apply equally to supported accommodation. However as indicated in the answer to Question 11, ADHC has developed a Register of Requests for Supported Accommodation to maintain a centralised database of such requests for planning purposes and to manage an equitable and efficient placement process across vacancies in operated and funded accommodation services.

As at 30 July 2010, the Register of Requests for Supported Accommodation records 1,729 people who have requested 24 hour supported accommodation now or in the future. Of these, 723 have indicated that they are willing to take up a place immediately it is offered; the remaining 1,006 have indicated an anticipated future need.

28. As indicated in the answer to question 27, information on the current demand for supported accommodation is captured in ADHC's supported accommodation register and was included in ADHC's submission to the Upper House enquiry.

As part of its future demand and service modeling, ADHC is also developing a forecast of the growth in demand for supported accommodation over the next 20 years. There are complicating factors in estimating this growth and it is yet to be finalised. For example, the reforms planned under Stronger Together are expected to reduce the level of demand and/or delay the age at which people with disability would need to enter the specialist accommodation system. There is also service capacity which is freed up through vacancies estimated to be between 2-3% each year. As the supported accommodation client population ages, this vacancy rate is expected to increase.

Finally, the current analysis of demand data is based on the 2003 Survey of Disability and Carers (SDAC). Finalisation of modeling is pending the release of the 2009 SDAC which will include some of the effects of Stronger Together. This is expected in early 2010/11.

29. When a vacancy arises, a shortlist is established based on the following four criteria and in order[2]:

(a) Location:		People with a disability who have an immediate need entered on the Register for a place in the location of the vacancy.
(b) Program:		The nature of the program that funds the place and any restrictions which may apply to the vacancy (for example, the boarding house relocation program).
(c) Matching support needs:		People whose support needs match the support provided in the vacancy and where a sustainable placement would be

[2] Section 5.7 of Allocation of Places in Support Accommodation Policy and Procedures: 'Creating a shortlist'

		created.
(d) Priority and in order:	High:	• homeless or effectively homeless, or • at imminent risk of homelessness – the person's support system has broken down, or • the person's own support needs have increased and the family is unable to continue to provide support in the family home, or • the person's primary carer is older than 65, or who has ageing related support needs, or • the person is in receipt of emergency funded support and has applied for supported accommodation, or • the person or placement is at risk, or • a person requesting to move from one supported accommodation place funded by ADHC to another supported accommodation place funded by ADHC where the current place does not adequately support a person's living arrangements or social connections, or • a person exiting from the Integrated Services Project (ISP).
	Moderate:	A person whose current living arrangements are not likely to be sustainable or whose current placement is showing early signs of breaking down.
	Low:	For any other reason not mentioned above.

30. An important planning strategy for *Stronger Together* was to improve equity of access to accommodation support services across NSW. Some locations across the state have experienced population growth but have not had a commensurate growth in accommodation support places delivered.

The Local Planning Areas (LPAs) with the lowest number of places per 10,000 of the projected 2011 population of people with a severe or profound disability aged less than 65 years are the Far North Coast and the Mid North Coast. The Northern Region is the most under-resourced Region followed by Metro South Region. While Hunter Region can also be seen to be under resourced for specialist services, the presence of Peat Island Centre, Kanangra and Stockton and their planned devolution within the Region offsets a priority being given for additional places.

The distribution of Disability Housing and Support Initiative (DHASI) places and Priority Initiative projects also were weighted to those Regions where the perceived demand was greatest.

DADHC REGION	Severe/ Profound Estimate 2003:0-65 Years [1]	Severe/ Profound Projection 2011: 0-65 years [2]	DADHC and NGO operated GH Bed Capacity pre-*Stronger Together* [3]	Beds as % of 2003 Pop. with Severe/Profound Disability	Beds per 10,000 of 2003 Pop. with Severe/Profound Disability	2006-08 OSS Places [4]	2008-11 OSS Places [4]	Total Bed Capacity 30 June 2011	Beds as % of Projected 2011 Pop. with Severe/Profound Disability	Beds per 10,000 of 2011 Pop. with Severe/Profound Disability
METRO NORTH	43,632	46,152	1186	2.72%	272	15	25	1226	2.55%	255
METRO SOUTH	51,923	57,313	997	1.92%	192	30	68	1095	1.91%	191
HUNTER	24,318	26,663	397	1.63%	163	9	34	440	1.65%	165
NORTHERN	21,852	23,644	230	1.05%	105	34	93	357	1.51%	151
SOUTHERN	15,750	17,411	365	2.32%	232	11	10	386	2.22%	222
WESTERN	15,643	15,739	439	2.81%	281	26	15	480	3.05%	305
TOTAL	173,117	188,923	3614	2.09%	209	125	245	3984	2.11%	211

(1) Population data source: 2003 ABS Synthetic Estimates of Disability. Disability figures are based on 2001 Census (total population count) applied to ABS Synthetic Estimates of Disability (2003). Numbers of people with a disability are estimates only.

(2) The projection has been calculated from the projected growth in the broader population from 2001 to 2011 for each LPA and applying this to the synthetic estimate of people with a disability aged between 0 and 65.

(3) DADHC operated GH bed capacity sourced from 2007-08 Group Home Budget Build and reflects funded capacity. NGO operated GH bed capacity sourced from regional returns November 2007. Does not include boarding house relocation places as these are not available for the general supply, Emergency Response program places or new Stronger Together places.

(4) OSS - Other Specialist Support

31. ADHC will be implementing the new Respite Assessment and Booking System (RABS) in centre-based respite services in 2011. RABS will provide consistent tools for assessing, prioritising and allocating centre-based respite based on client and carer need.

ADHC is currently progressing work to determine benchmark bandwidths for allocation of centre-based respite to high, medium and low need groups.

The situation in relation to other services varies depending on the service. In relation to the approach taken to manage community support services, details are provided in the response to Question 19. In relation to the approach used to manage supported accommodation services, details are provided in the response to Question 29.

Intensive in-home support services are allocated centrally using a rigorous eligibility and prioritization process that takes account of needs and circumstances. One of the primary aims of this program is to stop inappropriate entry of younger people into residential aged care services.

32. The NSW Auditor General's Performance Report states that national data suggests that while NSW has traditionally invested less in respite than other jurisdictions, NSW has started to catch up through *Stronger Together* investment.

The Report on Government Services 2010 demonstrates that NSW spending on respite has increased from 7% of the total disability expenditure in 2004/05 to 8.8% in 2008/09.

During the same period Victorian spending on respite increased from 5% of their total disability expenditure in 2004/5 to 6.6% in 2008/09. Western Australian spending on respite decreased from 7.4% of their total disability expenditure in 2004/05 to 6% in 2008/09.

33. The finding of under-utilisation of ADHC centre based respite services is presented without contextual information. The presentation of occupancy data in this manner does not take adequate account of the factors impacting on client utilisation patterns.

   For example, the reported occupancy rates do not take account of the fact that weekdays are often not a desirable time for respite, and there is significantly less demand for respite at this time.

   In addition, some clients with high needs may not be compatible with others and this can restrict the groupings of people who can use a centre at the same time.

   ADHC will be commencing the implementation of the Respite Assessment and Booking System (RABS) in 2011. RABS will provide consistent tools for assessment, prioritisation and allocation of centre-based respite based on client and carer need. RABS will also assist in determining the level of priority for respite and the matching of clients to the staffing capacity of the respite centre.

34. In 2009-10, 1936 clients accessed ADHC respite and 7734 clients received respite from an ADHC funded NGO service provider. 925 clients accessed respite from both an ADHC service and an ADHC funded NGO service provider.

35. In 2009-10, 561 new service requests for ADHC respite care were raised. Of these 538 (96%) have been allocated or completed. Twenty three new service requests are in the process of being allocated.

   ADHC does not have a consolidated register of demand for respite across ADHC operated and funded services.

36. ADHC does not have a consolidated register of demand for respite across ADHC operated services and funded services. ADHC operates only centre based respite and records demand for this type of respite on its Client Information System (CIS).

   Since July 2005, 2163 new service requests for ADHC respite care have been raised. Of these, 2136 (99%) service requests have been allocated to an ADHC centre-based service or completed.

37. Waiting lists for home modification services are held by the home modification service providers. At a meeting with senior representatives from Ageing, Disability and Home Care on 10 August 2010, the Executive Officer of the NSW Home Modification and Maintenance State Council advised that additional non recurrent funding of $4.1 million allocated to service providers in 2009/10 enabled service providers to meet all current eligible requests for all service levels. Additional recurrent growth funding of at least $1.5 million will be provided in 2010/11 for these services.

Ongoing funding levels for these service types are being examined in an independent review of the operation of the home modifications program which is due to be completed in early 2011. Ageing, Disability and Home Care has engaged Elton Consulting to conduct this review.

38. Specific requests for home modification services are made to and held by individual service providers. In 2009/10 ADHC worked closely with individual service providers and the NSW Home Modification and Maintenance Services State Council to examine identified client demand for services. ADHC is not required to request roll-over funding from the Australian Government to address this issue.

39. Because of the nature of building works, it is difficult to provide timeframes for the completion of work. However, the majority of requests for services are actioned within six weeks of the request. In relation to complex and large building works, issues such as Development Approvals may require more than six weeks.

As indicated in the answer to Questions 37, ongoing funding levels for these service types are being examined in an independent review of the operation of the home modifications program which is due to be completed in early 2011. Ageing, Disability and Home Care has engaged Elton Consulting to conduct this review.

40. ADHC uses a resource allocation formula (RAF) to determine the equitable allocation of total funds of the Home and Community Care Program (HACC) across ADHC Local Planning Areas (LPAs) in NSW. The formula was developed in 2008/09 and it was based on the latest demographic and service utilisation statistics. The formula considers differences by LPA in both disability prevalence and service utilisation by applying a series of weighting factors to characteristics of the population within each LPA. These weighting factors are age, sex, socio-economic well being, people from culturally and linguistically diverse backgrounds and Indigenous people.

This formula benchmarks the equitable distribution by LPA and allocates expansion funds to achieve equity in a targeting time span according to HACC planning cycles. The RAF is a flexible model which allows for the addition and revision of information as it becomes available. New information on services, the amount of expansion funds available and other data can be used each year to update the allocations. The RAF was used for production of the HACC Triennial Plan 2008-11 in consultation with regional staff.

To ensure the equity principle is consistently implemented in the diverse planning processes for specialist disability services, ADHC has been developing a set of business rules for resource allocation and an accompanying data tool and formula. The package provides guidelines for program areas in allocating funding for disability services across LPAs. The business rules guide the process step by step while allowing for flexibility and inputs from program areas. The statistical information on the potential target population, their demographic characteristics, special needs groups and the existing service supply are the key pieces of supporting evidence in the data tool.

41. The NSW Government is committed to providing accessible, inclusive and responsive services to meet the diverse needs of families from culturally and linguistically diverse (CALD) backgrounds.

Ageing, Disability and Home Care (ADHC) views cultural diversity as part of its core business and is committed to the delivery of services that are culturally relevant and accessible to all of its service users and potential service users. This is achieved in a number of ways including the implementation of specific programs for CALD groups, information sessions to raise awareness about services and use of interpreter services.

ADHC has developed a framework titled, 'Valuing and Managing Diversity: Cultural Diversity Strategic Framework 2010-2013' (the Strategic Framework), which aligns with current NSW Government initiatives *Better Together* and *Stronger Together* and new directions in the delivery of person-centred approaches.

The Strategic Framework further integrates cultural diversity into ADHC's core business and sets state-wide strategic priorities and directions in order to deliver services to the Agency's diverse client base.

These strategic directions are:
- to further integrate cultural and linguistic diversity in planning, monitoring, reporting and evaluation;
- to continue to build organisational capabilities to work within a culturally and linguistically diverse community; and
- to continue to develop and provide culturally and linguistically responsive services and programs.

Priority is being given to the following initiatives in 2010/11:
- The implementation of a Language Services Policy and Guidelines which provide a consistent and integrated approach to language service delivery throughout Ageing, Disability and Home Care and support the implementation of language services in accordance with current State Government policy.
- Through a series of regional practice based workshops, continue to use and promote the effective use of language services by frontline staff to increase access to service provision. This further demonstrates our commitment to effectively work cross culturally to increase service access and outcomes to people from CALD backgrounds with low English proficiency.
- Increase awareness of ADHC services among people from culturally and linguistically diverse backgrounds through development of information resources, community education programs and networking with peak ethnic and multicultural non-government organisations.
- Improve the collection of ethnicity data and the reporting of cultural diversity initiatives in order to monitor progress in the area of cultural diversity, build a solid evidence base, document good practice and share learnings and successes across ADHC.
- Greater access to information about disability, services, rights, and responsibilities in a written and oral format for families with a child or young person with a disability from Afghanistan, Iraq and Sudan. In 2008 we invested $270,000 for the development of the information kits 'Raising kids together'. The

kit was developed in partnership with peak multicultural organisations. 'Raising kids together' won the Government category of the National Multicultural Marketing Award from the Community Relations Commission in 2009.

- • ADHC will continue to fund SBS to air the Home and Community Care (HACC) Homereach radio programs. This series commenced in 1993 and aims to raise awareness and understanding of HACC services amongst CALD communities. It is aired in nine different languages over a ten-week period.

ADHC continues to build on its previous achievements in the provision of responsive services and programs to encourage culturally and linguistically diverse groups to access disability services.

42. Ageing, Disability and Home Care (ADHC) assists people with a disability and their families to access ADHC and Non-Government Organisation (NGO) services through the operation of specific information referral and intake services in its Disability, Home Care and Home and Community Care (HACC) operations. They are:
    - • Regional Information Referral and Intake (IRI) Teams, based in each of ADHC's six regions;
    - • Home Care Referral and Assessment Centre;
    - • Aboriginal Home Care Access and Assessment team;
    - • Attendant Care and Physical Disability Unit; and
    - • Hunter Community Care Access Centre.

All of these services play a key role in listening to what individuals and families are asking for, establishing eligibility and assisting people to access services by either assessing applications or providing information regarding the most appropriate service.

Combined, these services responded to over 53,000 calls in the 2009/2010 financial year. Of these, around 29,000 people were assessed as eligible for disability, Home Care or HACC services (in the Hunter region).

ADHC's actions to improve efficiency and reduce barriers to access include streamlining its assessment processes to ensure that information, referral and intake services can make the decisions about access to services and reduce the number of calls or contacts people with a disability and their families are required to make.

The actions to improve efficiency of the information, referral and intake services include:
    - • Expansion of the role of the IRI teams to manage application processes for up to 28 of ADHC's funded programs. This regional coordination by the IRI teams means only one referral is required, coordination between service providers for acceptance of clients, a more efficient assessment of need and allocation of resources.
    - • The Home Care Referral and Assessment Centre, established since 2000, has significantly streamlined the process of determining eligibility and referral to local Home Care offices. Home Care's assessment and referral processes are under continual review to ensure person centred approaches. The more recent establishment of a centralised Aboriginal Access and Assessment team in 2007 has assisted over 3,000 new clients to access Aboriginal Home Care.

- ADHC has also successfully implemented the new Community Care Access Centre under the Commonwealth's Home and Community Care reform to streamline access to HACC services, with 11,000 people with a disability and their families assisted to access services in 2009/10 financial year.
- The Respite Plan and Respite Plan Update Form which is completed for all clients prior to their first orientation to ADHC operated centre-based services has been revised to make it easier for carers and staff to complete while ensuring it captures the right information to manage the client appropriately and safely whilst in respite. The revised Respite Plan and Update Form were implemented in · 2009/10.
- ADHC is developing a Respite Assessment and Booking System (for implementation in 2011) to improve consistency in planning and delivering its centre based respite services across the State, as well as making access easier and more transparent for families.

43. The NSW Quality Framework (framework) reflects work at a national level with the development of a National Quality Framework for disability services, including the revision of the National Standards for Disability Services.

Ageing, Disability and Home Care (ADHC) is working with National Disability Services (NDS) NSW to develop a Quality Framework for Disability Services in NSW. The Quality Framework aims to ensure that people with a disability, their family and carers receive high-quality services that deliver positive outcomes and support them to participate as valued members of the community. The Quality Framework is built on the UN Convention on Rights of Persons with Disabilities and is underpinned by the National Standards for Disability Services.

In NSW, all funded service providers are required to comply with the NSW Disability Services Act 1993 and the NSW Disability Standards (standards) as a condition of their Funding Agreement. The Quality Framework outlines ways in which service providers can review, refine and continuously improve service delivery. It embeds a culture of continuous improvement as an ongoing process for service providers as they strive to improve outcomes for service users.

The Quality Framework aligns with ADHC's strategic objective to develop a unified, regulated sector with service users at the centre and has the capacity to respond effectively. The application of the Quality Framework will also streamline reporting requirements for the sector through the recognition of the findings of independently assessed systems (third party accreditation).

The Quality Framework is built on a partnership approach that recognises and supports the role of Boards of Management. It places the responsibility on service providers to demonstrate compliance against the standards through a process of self-assessment, independent assessment or accreditation by a third party. It allows service providers to assess the effectiveness of service operations and identify areas for improvement.

ADHC is currently establishing a program to refresh, enhance and develop tools and resources to support the implementation of the quality framework. This work is being

undertaken with the sector through the Industry Development Program. These resources will provide service providers with information on recognised assessment tools, quality management systems and a guide on recognised third party accreditation bodies. One resource will include an interactive model of the Standards in Action guide with hyperlinks to policy and good practice so service providers can continuously improve service delivery outcomes for people with disability.

The development of the framework also aligns with the NSW Government's red tape reduction strategies. It aims to streamline reporting requirements for the sector through the recognition of the findings of independently assessed systems (third party accreditation) allowing service providers to more effectively focus on direct service delivery.

The framework will provide a greater level of assurance for service users, funding bodies, and the broader community, that the services being provided comply with legislative and contractual requirements which:
- reflect contemporary practice
- provide value for money
- comply with the NSW Disability Service Standards
- are client centred and reflect client choice
- embed continuous improvement strategies including better utilising the information from client complaints to improve services.