

**QUESTIONS TAKEN DURING THE HEARING**

**BUDGET ESTIMATES 2010/2011**

**Question 1**

**The Hon. CHARLIE LYNN:** Could you advise how many staff were dismissed and/or disciplined as a result of any of these investigations?

**Mr MOORE:** I would need to take that matter on notice; I am not able to directly cross-reference those particular allegations with dismissals. But I can advise you that a total of five staff were dismissed during 2009-10.

**Answer:**

No staff were dismissed or received disciplinary action during the 2009/2010 arising from investigations into allegations during this period.

**Question 2**

**The Hon. CHARLIE LYNN:** Could you advise what the total dollar loss was to clients?

**The Hon. PETER PRIMROSE:** I stress, the Hon. Charlie Lynn, we are citing allegations.

**Mr MOORE:** A total of two of those allegations were taken through to the next stage of investigation.

I do not have the total sum included in the allegations available to me. I can take that on notice.

**Answer:**

12 allegations involving a total of \$17,615 were made during 2009/2010. All have or are being investigated. Two have been concluded with a theft of \$200 being substantiated, and allegations of \$3,600 not being substantiated. The remaining investigations will be concluded this financial year.

**Question 3**

**CHAIR:** How many claims have been made against the department to WorkCover?

**Mr MOORE:** The total number of claims, again, I will need to take that on notice. We do not have the total number. I can tell you that in 2009-10 the claims incident rate decreased to 11.38 per 100 employees in that year. I can give you the total number on notice.

**Answer:**

1154 workers compensation claims were made in 2009/10.

### Question 4

**CHAIR:** This could not be true. Did your department spend \$150,000 on stress balls and massage kits for employees?

**Mr MOORE:** The precise amount I would need to confirm. I would need to take on notice the specific amount spent on the two items you just listed.

### Answer:

No. \$57,750 inclusive of GST was utilised for the 2009 Ageing, Disability and Home Care Safe Work Week promotion campaign including the inaugural OHS Champions Awards, lanyards for frontline staff which were part of a Safe Work Week promotion to encourage staff to be safety aware in the variety of work environments they enter throughout their day, and Work Life Balance Kits aimed at providing staff with a reminder of the importance of maintaining a work life balance for their mental and physical well being. These kits contained the stress balls and wooden massagers.

### Question 5

**CHAIR:** Certainly, I am happy to do that. There is no doubt that occupational health and safety is an important issue. What about staff sleeping on shifts? Do you have statistics on how many staff sleep on shifts?

**Mr MOORE:** Again, I would need to take the specific matter on notice. I am aware of some instances from prior financial years. None have been brought to my attention in relation to this financial year. But I will go away and check for you to see whether there are any specific allegations that have been made to that effect for 2009-10.

### Answer:

Three allegations of staff sleeping on shift were reported to the EPSU in 2009/10.

### Question 6

**CHAIR:** How many investigations have taken place into children's respite or accommodation services in New South Wales?

**The Hon. PETER PRIMROSE:** Could you give us some more information about what you are seeking? Investigations by whom and about what?

**CHAIR:** I guess your investigations, and there may in fact be an investigation currently. Perhaps parents have raised concerns about the mix of clients and staff in some of the children's respite services. That might be one example.

**Mr MOORE:** I do not have the data on me as to investigations into children's respite centres specifically as opposed to just more general investigations—broken down by children versus non-children, for example. But I can get you that data.

### Answer:

Nine investigations into reportable allegations occurred concerning children in ADHC respite or accommodation services. Four investigations were completed during 2009/2010. Of these one was determined not to be a reportable allegation, two matters were not sustained, and the final matter was found to be false.

## AGEING, DISABILITY AND HOME CARE

### Question 7

**CHAIR:** How many of those would be currently residing in the care of their parents or the family home? Have you got that breakdown and others?

**Mr MOORE:** Again, I do not hold that breakdown here. We have supplied a very substantial amount of data along these lines to the upper House inquiry into Ageing, Disability and Home Care funding. But I am more than happy to create a data table for you that tries to show where those people are currently being cared for.

**Answer:**

**Table1: Of those clients willing to take-up a vacancy immediately, 432 (around 60%) live in Private Residences.**

Residential Setting	Hunter	Metro North	Metro South	Northern	Southern	Western	Total
Boarding house/private hotel	5	1	8	1		1	16
Crisis accommodation facility	1	5	34	1	2	1	44
Domestic-supported facility		2		5			7
Group Home	6	10	10	6	5	10	47
Hospital	10	2	9			1	22
Other	9	7	5	3	1	1	26
Private residence	111	94	64	83	56	24	432
Psych/mental health facility		1	5	1	2	1	10
Public place/temporary shelter	1	1					2
Residence in an ATSI Community					1		1
Residential aged care facility	24	5		3	1	3	36
Retire village independent unit		1					1
Supported accommodation facility	8	6	7	5	1	4	31
Not stated/recorded	23	18	4	3			48
<b>Total</b>	<b>198</b>	<b>153</b>	<b>146</b>	<b>111</b>	<b>69</b>	<b>46</b>	<b>723</b>

## AGEING, DISABILITY AND HOME CARE

Table 2: The table below shows the Residential Setting of the clients on the Anticipated Needs list for each region. Please note that the data in this list are not yet fully validated.

Residential Setting	Hunter	Metro North	Metro South	Northern	Southern	Western	Total
Boarding house/private hotel		5					5
Crisis accommodation facility	2	4				1	7
Domestic-supported facility	1	7				6	14
Group Home	3	1				2	6
Hospital		4				4	8
Other	1	11			1	5	18
Private residence	130	308	67	9	55	208	777
Psych/mental health facility		2					2
Public place/temporary shelter	1	2					3
Residence in an ATSI Community		1					1
Residential aged care facility	6	15		1		1	23
Retire village independent unit		1				2	3
Supported accommodation facility	8	8	1			2	19
Not Stated/Recorded	27	66	2		2	23	120
<b>Total</b>	<b>179</b>	<b>435</b>	<b>70</b>	<b>10</b>	<b>58</b>	<b>254</b>	<b>1006</b>



### Question 8

**The Hon. IAN COHEN:** Minister, can you or your department disclose to the Committee the percentage of all Ageing, Disability and Home Care contracts awarded to or renewed with non-government agencies or private service providers that are known to be subcontracting all or part of their contracts?

**Mr MOORE:** We could endeavour to provide the best information we have on that, but I do not believe we would be well placed to provide much detail. We will endeavour to see what we can readily get out of our contract information system.

### Answer:

The Agency is aware of 128 (14%) non-government agencies that have subcontracting arrangements with third party organisations.

## Question 9

**The Hon. IAN COHEN:** Is there an issue with Ageing, Disability and Home Care awarding contracts for flexible individual respite packages that are client-focused or person-centred given that its guidelines and policies place priority on the delivery of more service hours?

**Mr MOORE:** I am not sure I understand the question.

**The Hon. PETER PRIMROSE:** Perhaps you can give us an example. We are happy to provide information.

**The Hon. IAN COHEN:** To be honest, I do not know of an example, so I cannot help with that. The department's general principle means that the goals of the provision of respite packages clash with the guidelines and policies that call for the delivery of more service hours.

**Mr MOORE:** No such concerns have been raised with me that I recognise. Again, I am happy to make inquiries to see whether concerns have been expressed, perhaps to our regional staff.

## Answer:

There is no conflict between a person-centred approach and the measurement of outputs based on service hours in the delivery of flexible respite services.

Each flexible respite place funded through *Stronger Together* provides a minimum of 168 hours (or the equivalent of 7 days) of respite support per year. The number of hours allocated over a year to an individual will depend on the assessed need of the person with a disability and their carer. Within their allocation, families and carers can, subject to availability, choose the respite service types that best meet their needs and the times at which the service is delivered.

# AGEING, DISABILITY AND HOME CARE

## Question 10

**The Hon. IAN COHEN:** Does it also provide information about the percentage of Ageing, Disability and Home Care service recipients who are provided with self-directed funding packages and how that compares to previous years?

**Mr MOORE:** It does not provide that specific piece of data. The self-directed funding is by and large in relatively segmented parts of our operation. We do not have very extensive self-directed funding at this stage, in respite programs, for example. But we do not provide performance data around that specific issue. Our performance data that we do publish in our annual reports are also published in other national documents and are at the higher output level.

**The Hon. IAN COHEN:** Can you perhaps provide on notice the comparison with previous financial years?

**Mr MOORE:** Certainly.

### Answer:

ADHC has developed a continuum of self directed programs that include self directed via an intermediary, self directed through the choice of service provider or the option of direct payment. Clients are not required to utilise these services, but rather are provided with the option and they may choose whether or not to access the services in this fashion.

In 2009/10, 18.6% of ADHC clients received a self directed funding package. This compared to 17% in 2008/09 and 16.7% in 2007/08.\*\*

Details of these placements are outlined in the table below.

<b>Self Directed Funding Packages</b>						
<b>Programs</b>	<b>2007/2008</b>		<b>2008/2009</b>		<b>2009/2010</b>	
	<b>Places</b>		<b>Places</b>		<b>Places</b>	
	<b>No.</b>	<b>% of total in program</b>	<b>No.</b>	<b>% of total in program</b>	<b>No.</b>	<b>% of total in program</b>
Attendant Care Program – Direct Payment	10	2.5	15	2.2	19	2.3
Attendant Care Program - Cooperative Model	66	16.3	91	13.1	97	11.9
Family Assistance Fund *	1,552	100.0	1,552	100.0	1,552	100.0
Community Participation – Self Managed	30	0.01	70	2.5	123	3.9
Life Choices/Active Ageing – Self Managed	-	-	89	17.0	118	18.4
Extended Family Support – State Wide	100	100.0	100	100.0	100	100.0
Flexible Respite ( <b>CLIENTS</b> )	3,975	58.6	5,230	61.3	6,800	66.0
Younger People in Residential Aged Care (YPIRAC)	50	100.0	119	100.0	150	100.0
my plan, my choice: Older Carers	-	-	-	-	30	100.0
my plan, my choice: Early Start	-	-	-	-	20	100.0
<b>Total</b>	<b>5783</b>		<b>7266</b>		<b>9009</b>	

\* In 2007/2008 FAF supported an additional 711 places as one off.

\*\* Some clients may be receiving more than one of the packages listed in the table above (ie respite and a day program), and as such the percentage of total clients receiving self directed packages may involve some cross counted figures.

### Question 11

**Reverend the Hon. Dr GORDON MOYES:** Minister, you might remember a year ago the Treasury indicated a need to reduce expenditure in government departments by 26 per cent. At the time the expenditure by government departments in total was \$90 million. That has now gone up to \$101 million, which is not exactly a 26 per cent decrease. How much has your department spent on advertising?

**The Hon. PETER PRIMROSE:** While we are obtaining that I should point out that in the past five years we have had a \$1.3 billion increase in our budget under Stronger Together part one, and the Ageing, Disability and Home Care budget now lies at a smidgen under \$2.5 billion, which is a 9.1 per cent increase on what it was last time it was mentioned here. I will ask the chief executive to provide the details of the advertising.

**Mr MOORE:** I will give you the answer I have available to me but I would like to qualify it at the end, if I may. We spend \$407,000 on advertising for staff recruitment; \$87,000 on various events and \$3,000 on a strategic procurement tender. I qualify that in that I think of these data include some advertising costs that are embedded in particular program areas.

**Reverend the Hon. Dr GORDON MOYES:** Can you get back to me in writing on that, that would be fine.

### Answer:

Advertising costs incurred during 2009/10 totalled \$905,164.

### Question 12

**CHAIR:** Earlier we spoke about allegations regarding client abuse referred to the Ethics and Professional Standards Unit. Could you tell me how many allegations were made generally? It is my understanding that they are only referred to the Ethics and Professional Standards Unit if they are going to be investigated. Is that correct, and if so how many cases were referred otherwise?

**The Hon. PETER PRIMROSE:** I will ask the chief executive to respond to that.

**Mr MOORE:** Allegations are not always referred to the Ethics and Professional Standards Unit, the central unit. Allegations of the kind we are referring to will always be expected to be referred to the Ethics and Professional Standards Unit, and they are expected to be referred to the unit on the mere making of the allegation, irrespective of whether there is thought to be any substance to them. I would think that would be a decent account of the serious allegations we were talking about in terms of client abuse.

**CHAIR:** Would you be able to give us further details regarding those that are not referred to the Ethics and Professional Standards Unit?

**Mr MOORE:** I am certainly happy to see what data I can get. It becomes very difficult to get an accurate account if it has not been referred to the Ethics and Professional Standards Unit.

### Answer:

There is no information available on matters that were not reported to the EPSU. Matters not referred to EPSU are low level matters that are managed locally in regional offices.

### Question 13

**CHAIR:** Could you also tell us the number of reported overdoses or misuses of prescribed medications in 2009-10 amongst those in your care?

**Mr MOORE:** I would be happy to take that on notice; I am not in a position to give it directly here.

**CHAIR:** When you are providing that information, could you also let us know how many of those cases involved a mistake by a support worker?

**Mr MOORE:** Absolutely.

### Answer:

In 2009/10 there were 849 instances of potential medication errors recorded in the Client information System. As staff are encouraged to record all errors regarding medication in order to comprehensively manage risks for individual clients, the vast majority of these instances are relatively minor. Medication error incidents include where clients refuse their medication or where staff observe medication discarded by clients.

Further analysis reveals that 112 of these medication errors could be considered more serious instances of medication error. These occurrences include, for example, where staff have observed abnormalities in blister packs that would appear to indicate the client has taken a double dose, clients grabbing medication that is not theirs, the administration of medication prescribed to another client, and incorrect dosages being compiled by the pharmacy who completed the prescription.

Records indicate that whilst appropriate remediation actions were taken for these more serious cases, there were no recorded instances in the period where medication errors resulted in serious harmful symptoms, hospitalisation or other serious outcomes to clients.

In 2009-10 there were 3 serious instances of medication error reported to EPSU for assessment and advice regarding possible misconduct. After assessment it was determined that none of these matters were deemed to constitute misconduct and were managed at the local level with reinforcement of policy and practice requirements.

## Question 14

**CHAIR:** Minister, you would be aware that new staffing structures for community-based accommodation respite services are taking place in two phases. I wonder why that is being done in two phases.

**The Hon. PETER PRIMROSE:** We are pondering what the reference to two phases refers to. But I am happy to try to provide some information, because there have been a number of major management reforms underway in and affecting the Department of Ageing, Disability and Home Care. These reforms include the formation of the Department of Human Services, including Ageing, Disability and Home Care; the redevelopment of the large residential centres; the implementation of structural reforms associated with the new community living award through improved support structures and group homes, respite centres and in-house support; and the realignment of central office functions. Finally, the Department of Ageing, Disability and Home Care opened day care program centres to the non-government sector. I can provide additional information on that.

**CHAIR:** Could you also provide the cost of those restructures in terms of wages to the department and what involvement the Public Service Association had in those negotiations?

**The Hon. PETER PRIMROSE:** Yes, we are happy to take that on notice, and I am happy to give you details on each of those specifically now, if you wish.

### Answer:

Ageing, Disability and Home Care is making changes to the staffing structure in ADHC accommodation and respite services which will be in place from 11 October 2010.

Instead of a Network Manager working from the office and visiting clients' homes, a Team Leader will be based in clients' homes to supervise and support the staff. Most of the staff will stay the same and clients housemates will not change.

The changes are about providing a better service to clients.

The new structure has been developed following extensive consultation with staff, clients, families and the Public Service Association of NSW. A new Award providing for conditions of employment and wages for staff in the new structure has been negotiated with the Public Service Association and has recently been made by consent of the parties in the Industrial Relations Commission of NSW.

A Staff Management Plan was developed, in consultation with the Public Service Association, to place existing staff into the new structure in accordance with the merit principle under the *Public Sector Employment and Management Act 2002* and the policy of managing staff affected by structural change.

The new structure has been implemented in a four phased approach:

**Phase 1:** Matching and priority given to staff at their substantive rates of pay and continued permanent appointment.

**Phase 2:** Consideration is given to long term temporary appointees/temporary employees who have been appointed through a competitive selection process for two years or more (sections 31 and 86A of the *Public Sector Employment and Management Act 2002*).

**Phase 3:** ADHC will utilise the benefits of declaring a major restructure, whereby existing staff may apply for and be appointed to a promotional position without the need for external advertising.

**Phase 4:** External recruitment. Any position in the new structure that is not filled through Phases 1, 2 or 3 will be recruited externally via normal recruitment processes.

The changes proposed are firmly aimed at improving the quality of support for clients by putting front-line managers back into group homes, respite units and in-home support services. This will provide leadership and support for staff. Staff will also benefit from clearer career path options and more professional development opportunities which in turn will ensure a quality service to clients and families.

The restructure of staffing in community-based accommodation and respite services has proceeded in accordance with the Government's employee relations policies and is anticipated to deliver efficiencies through better management of staff and staffing arrangements.

### Question 15

**CHAIR:** How many residential support workers, grade 3 network managers and managers of accommodation respite previously under investigation for inappropriate behaviour, including sexual, physical, emotional and verbal abuse, have been allocated with new positions in the impending restructure without reference checks?

**Mr MOORE:** Again I need to take that on notice. I am not aware of any specific instance of that, and those sorts of circumstances would seem to me to be not ones that would be accepted, should the allegations prove to be warranted. I would not tolerate anyone being in those circumstances if the allegations had been substantiated.

### Answer:

All staff subject to merit selection allocated positions in the new restructure have undergone the appropriate reference checks at the time of their initial employment. These checks remain in place as part of the redeployment.



### Question 16

**CHAIR:** You are confident, Minister, that people doing this restructure from one position to another without going through some of these normal requirements is adequate?

**The Hon. PETER PRIMROSE:** I am advised by the chief executive officer that he has met all the requirements as established by the Department of Premier and Cabinet. If you are asking for details of those, I am very happy, as the chief executive has indicated, to provide them. If you have any particular concerns relating to any individual, maybe it is appropriate that you talk with the chief executive office directly.

**CHAIR:** Those who are provided care, their families and other interested people would want to know that the staff caring for these vulnerable people in our society are awarded positions on the basis of merit rather than just sliding across from one position to another. The assurance we want is that everyone is recruited on that basis.

**The Hon. PETER PRIMROSE:** Given that suggestion, I will ask the chief executive to provide whatever additional information he can.

**The Hon. CHRISTINE ROBERTSON:** Including the process of performance appraisal.

**Mr MOORE:** I am happy to provide you with some more information in response as best I can to the concerns you are raising. The concerns are the same that we would have. We do not want the families who have members of their family in our care to be in any way concerned. Our approach in relation to this transition to a new structure, which puts much greater supervision on a day-to-day basis inside the team working with the family members, is one that is entirely consistent with public service guidelines. We would not want to be acting outside those or have anyone concerned that that was the case.

### Answer:

See answer to question 14

## AGEING, DISABILITY AND HOME CARE

### Question 17

**CHAIR:** You referred to 26 people moving into residential aged care. Can you tell us how many have been forced into nursing homes as a result of a lack of availability of State Government-funded supported accommodation?

**Mr MOORE:** We are not in a position to answer such questions. We do not have data from the Commonwealth that would allow us to identify that level of detail. All we are aware of from the survey data the Commonwealth gives us is that the number of people aged under 50 in nursing homes or residential aged care facilities has increased by five over the past year.

**CHAIR:** Has increased?

**Mr MOORE:** The total number of people has increased by five.

**CHAIR:** You must know the figure for the other years.

**Mr MOORE:** In the previous year I think it went down. It has been in the low 300s for several years. I am happy to give you what data we have here by year on the under 50s.

### Answer:

Responsibility for aged care facilities falls under the Australian Government Department of Health and Ageing (DoHA) and as such, ADHC does not have direct access to this data. However, based on information from DoHA, the following is a breakdown by age categories of the number of young people residing in aged care facilities per year since 2006. This data is for all people in residential aged care. Data on reasons for entry to aged care are not available to ADHC.

2006		2007		2008		2009	
Age range		Age range		Age range		Age range	
15-19 yrs	2	15-19 yrs	1	15-19 yrs	1	15-19 yrs	2
20-29 yrs	23	20-29 yrs	22	20-29 yrs	19	20-29 yrs	20
30-39 yrs	58	30-39 yrs	62	30-39 yrs	58	30-39 yrs	57
40-49 yrs	307	40-49 yrs	298	40-49 yrs	260	40-49 yrs	258
<b>Total</b>	<b>390</b>	<b>Total</b>	<b>383</b>	<b>Total</b>	<b>338</b>	<b>Total</b>	<b>337</b>

Jan-2010		Mar-2010		May-2010		Jun-2010		Jul-2010	
Age range		Age range		Age range		Age range		Age range	
15-19 yrs	0	15-19 yrs	0	15-19 yrs	0	15-19 yrs	0	15-19 yrs	0
20-29 yrs	16	20-29 yrs	16	20-29 yrs	16	20-29 yrs	16	20-29 yrs	15
30-39 yrs	50	30-39 yrs	53	30-39 yrs	51	30-39 yrs	49	30-39 yrs	46
40-49 yrs	238	40-49 yrs	238	40-49 yrs	245	40-49 yrs	239	40-49 yrs	233
<b>Total</b>	<b>304</b>	<b>Total</b>	<b>307</b>	<b>Total</b>	<b>312</b>	<b>Total</b>	<b>304</b>	<b>Total</b>	<b>294</b>

### Question 18

**CHAIR:** I have a couple of questions in relation to the Disability Services portfolio. Minister, is it true that the home modification level three funding for 2009-10 was spent by December 2009 and, if so, can you tell us how many people were on a waiting list and how many people with a disability were delayed from being discharged from hospital because of that?

**Mr MOORE:** Some aspects of your question I would need to take on notice. We have previously answered questions on this by pointing out that we do not hold information on numbers of people who have made requests. There are some 90, I think it is, home modification organisations. We have had discussions with the provider of the level three, the highest level home modifications. Last year we gave them a four and a bit million dollar one-off injection, which we understood enabled them to meet the main pressures they were facing, but I am happy to go away and see what extra information we can get about that and bring it back for you.

**CHAIR:** And who was impacted. That would be great.

### Answer:

No it is not true. Level three home modification services were provided to eligible clients throughout the 2009/2010 financial year. Initial allocations were expended by December 2009 but additional funding was provided to the amount of \$2.4 million.

## Question 19

**CHAIR:** How many families made the decision to relinquish responsibility of their loved one to the State Government due to being in a crisis situation—being unable to cope? If you could break it down into how many children and how many adults, that would be useful.

**The Hon. PETER PRIMROSE:** Clients who have been relinquished into out-of-home care in 2009-10—adults, 53; children, that is up to 16 years of age, 9; young people 16 and 17 years of age, 10. That gives us a total of 72. I will ask the chief executive to elaborate to clarify any of those figures.

**Mr MOORE:** Relinquishment does not refer just to crisis. It is any instance where the family has been unable to continue caring. "Crisis" is the most common, but it would also include unexpected death. We would have a breakdown of the full range of things.

### Answer:

The reasons families relinquished care in 2009/10 are as follows:

Reason for relinquishment	Adult	Young Person**	Child**
Death of carer	3		
Carer moved to aged care facility	7		
Carer unable to manage challenging /violent behaviours	12	7	5
Carer unable to continue due to age/health issue	22	1	1
Person with disability at risk in the home	2		
Risk of harm to siblings		2	1
Carer unable to meet child's needs			2
No family available to care	5		
<b>Total</b>	<b>51*</b>	<b>10</b>	<b>9</b>

\* Reduced from 53 previously advised as:

- One adult previously advised as having been relinquished was actually relinquished in Victoria and is accessing supported accommodation in that State.
- One additional client erroneously included in the previous count.

\*\* Child is aged 0 to 15, young person aged 16 to 17, and adult aged 18 or more.

**Question 20**

**CHAIR:** Thank you. In terms of the department's expenditure, how much was spent statewide on staff over time and penalties in 2009-10 for Ageing Disability and Home Care-operated respite care facilities?

**The Hon. PETER PRIMROSE:** We do not have that degree of disaggregation. We will take that question on notice.

**Answer:**

**Penalty rates of pay, for example for weekend and public holiday work, are a normal part of most Award pay structures and are factored in to planning for ADHC budgets.**

**The total paid in overtime and penalties for the period was:**

Overtime: \$880,500.99

Penalties: \$4,314,170.12

**Question 21**

**CHAIR:** Will you also take on notice the same details for Ageing Disability and Home Care-operated group home facilities?

**The Hon. PETER PRIMROSE:** Yes.

**Answer:**

Overtime: \$6,303,794.71

Penalties: \$28,816,822.68

**Question 22**

**a) CHAIR:** I note that in 2008-09 Ageing Disability and Home Care overpayments were approximately \$1,570,677. Were those overpayments redeemed?

**The Hon. PETER PRIMROSE:** I will ask the chief executive to answer that.

**Mr MOORE:** Where they were economically feasible to redeem and where we were able to contact the staff member, so in instances where staff members had left, it is much more difficult to redeem, but I am happy to get you the exact details of just where we are in the redemption process, the collection process, because we have the situation where it cuts both ways; there are also underpayments that we have for staff. I can get you the detail about where we are with correction of under and over payments.

**b) CHAIR:** You might want to include in the response the cumulative amount at that time was approximately \$3,165,000. When did the cumulative data on overpayment start?

**Mr MOORE:** We would always have had data on overpayments but some time during the 2007-08 period we moved to an upgraded new information technology system that enabled us to be much more effective at monitoring specific breakdowns of wages and people's entitlements. There were a number of teething problems with those that resulted in a number of overpayments, which we have subsequently been correcting, so I am happy to also give you an historical picture.

**c) CHAIR:** Thank you. Could you break that down into regions as well?

**Mr MOORE:** Most likely, yes.

**Answer:**

a) A total of \$336,013 was redeemed against this outstanding debt in the 2009/10 financial year.

b) All underpayments resulting from the upgraded new information technology systems in the 2008/09 financial year have been rectified.

c) Salary overpayments are monitored by Ageing, Disability and Home Care. In accordance with standard financial accounting practice net salary overpayments are recorded on an accumulative basis and reported to management. The cumulative balance of salary overpayments outstanding at 30 June 2009 was \$1,570,677.

**Question 23**

**CHAIR:** How much did Ageing Disability and Home Care overpay non-government organisations during 2009-10?

**Mr MOORE:** I am not aware of any substantial overpayments. I am happy to check for you.

**CHAIR:** Could also tell us what steps you take to recoup those overpayments, if there are any?

**Mr MOORE:** Just let me clarify one matter with you. There is a distinction between an overpayment and where contractually a non-government organisation may, for a variety of reasons, not fully equip an expenditure. I would be dealing just with where there has been an overpayment.

**Answer:**

One instance occurred resulting in an overpayment of \$2,362. The over payment has since been recovered.



**Question 24**

**CHAIR:** In terms of flexible respite packages, the information I have is that 180 families on the North

Shore had missed out on flexible respite packages, is that correct?

**Mr MOORE:** I am not aware of such number.

**CHAIR:** Do you have any idea of how many have missed out on those packages?

**Mr MOORE:** I am not sure of what this is a reference to, I am sorry.

**CHAIR:** I guess it is families who have had a package in the past, have been denied having a package and may have applied for a package and do not get accepted and given that package?

**Mr MOORE:** I can get you on notice, but we have to be precise about two things: one is people who have applied for and not received respite in the northern part of Sydney and those who may have held a respite package and are now no longer receiving that, I am aware of some instances where that has taken place. I am happy to get you a piece of data about both of those circumstances.

**CHAIR:** If you could. It would also be good if you could tell us how many families were unsuccessful in their application. Is that possible?

**Mr MOORE:** Yes.

**Answer:**

189 families in the Northern Sydney Local Planning Area who applied for flexible respite have not been allocated a flexible respite service for the 2010/11 financial year.

38 families who had received a package for the 2009/10 financial year were not allocated a package for the 2010/11 financial year.

The demand for flexible respite has significantly increased for the 2010/11 financial year. Flexible respite places were allocated to families assessed as having a higher priority in the Northern Sydney LPA. Those families who are eligible and did not receive a package will be considered if a vacancy occurs.

**Question 25**

**CHAIR:** If a family has more than one member with a disability—for example, they may have two children with a disability—are they able to pull that amount of respite money or does it still have to stay with the individual?

**Mr MOORE:** I will have to check on that. That is not something that I have specifically dealt with personally. Will you allow me to check that for you?

**Answer:**

Families are allocated respite places based on their individual circumstances and level of need. This assessment will take into consideration, among other factors, the number of children with a disability in the family.

## Question 26

**The Hon. IAN COHEN:** Has the Department of Ageing, Disability and Home Care seen the survey results or information collected by Dr Carlo Caponecchia from the University of New South Wales, who has researched workplace bullying in that department?

**The Hon. PETER PRIMROSE:** This was a study from the University of New South Wales done in

August and September 2009? I am sorry, I did not understand your question.

**The Hon. IAN COHEN:** I am wondering if you have seen the survey results or information collected by that academic from the University of New South Wales. If so, would you or the department be able to table the research paper?

**The Hon. PETER PRIMROSE:** Yes, we have seen it. I can talk about the issue of workplace bullying and the consequences of the findings. In relation to your specific question, I will ask Mr Moore to speak. But I am happy to elaborate in relation to workplace bullying more generally, if you wish.

**The Hon. IAN COHEN:** I am interested in this particular report and whether it could be made available to the Committee.

**Mr MOORE:** I think that we are referring to the same report. We certainly anticipated and put ourselves forward to participate in a University of New South Wales [UNSW] study because we wished to have an independent study to help, particularly me, to understand the issues with respect to bullying within our organisation. There are a number of serious reports that one receives about that. If you think through the nature of our workforce and how we are trying to work with people, it really is an intolerable situation for us to have.

We need to have people very confident of being able to speak to their managers about matters that are often very difficult and we cannot afford that culture. So we wish to understand the extent of it. As to the particular UNSW study, whether it is the one you are referring to or not, I will see whether there is any issue that prevents me from making it available to the Committee. Unless some limitation has been placed on it by others, I have no qualms with airing that.

## Answer:

In line with our values, ADHC has taken a “zero tolerance” approach to bullying in the workplace.

In 2009, ADHC participated in a workplace bullying study conducted by the University of New South Wales. All staff were invited to participate and share their perceptions about bullying and intimidation in the workplace.

The research was undertaken as an academic project with the intention of publishing it in a reputable journal but not naming ADHC. The UNSW advises that the report is only in draft and the release of any data may jeopardise its future research in developing effective strategies for dealing with workplace bullying and its consequences.

The study’s recommendations will be implemented in full. ADHC has developed strategies and taken action to eliminate and prevent bullying in the workplace such as:

- Dignity and Respect Charter signed by Chief Executive on 21 July 2009.
- In 2009/10 2,740 staff participated in workplace culture and conduct training.
- Team Leader positions created and filled in group homes and respite centres effective from 11 October 2010 providing on-site supervision for staff. Also the Team Leader Program commenced September 2010.
- New Dignity and Respect Policy to be launched November 2010 with Chief Executive addressing staff in each Region/business stream on this important issue.

**Question 27**

**The Hon. IAN COHEN:** Does the department have adequate staff numbers at the appropriate Australian Public Service [APS] grade to undertake core administrative as opposed to management tasks?

Would it be possible to provide a breakdown of the APS grades of all ADHC staff over the last three financial years?

**The Hon. PETER PRIMROSE:** Again, I will ask the Chief Executive to answer. The question is very specific about the operations of the department.

**Mr MOORE:** I am more than happy to provide the type of data that you have asked for.

**Answer:**

Employees of the NSW Public Service are not classified by APS (Australian Public Service) grades therefore we cannot provide a breakdown based on this classification.

## Question 28

**The Hon. IAN COHEN:** Could you tell me the terms of reference and reporting time frame for the interdepartmental committee on the reform of the shared private residential services sector?

**Ms MURRAY:** I would have to give you the terms of reference on notice. We can provide those. We are in the process now of finalising that report and we are looking to provide recommendations to Cabinet.

## Answer:

The purpose of the Interdepartmental Committee on reform of the shared private residential service sector is to make recommendations to Government about reforms needed to provide a framework, including any regulatory or non-regulatory improvement if necessary, and maintain viability of boarding houses and other forms of private residential services.

The Committee's primary responsibilities include:

1. considering the establishment of a registration system for boarding houses and forms of other private residential service to track the location, number of residents and services provided;
2. considering the support needs of vulnerable people residing in boarding houses and other forms of private residential service;
3. considering financial and other incentives to maintain industry viability;
4. developing a work plan for progressing reforms;
5. creating working groups to progress the work plan as necessary.

ADHC chairs the Committee and membership includes nominated representatives from the following agencies: Housing NSW, Department of Planning, NSW Fair Trading, NSW Health, Department of Premier and Cabinet including Local Government and NSW Treasury.

**Question 29**

**The Hon. IAN COHEN:** For the home modification component, what percentage of the 2010-11 budget is already allocated?

**Mr MOORE:** Can we take that question on notice?

**Answer:**

Ageing, Disability and Home Care has fully allocated its 2010/2011 recurrent budget for home modification services to service providers. Service Providers, not ADHC, allocate funds to clients from these budgets throughout the year.

**Question 30**

**The Hon. IAN COHEN:** Yes. Minister, would you advise on whether Ageing, Disability and Home Care when awarding or renewing contracts to non-government organisations and private service providers that provide community transport services has a policy to ensure that at least one of each community transport service that provides vehicles has wheelchair access? If not, why not?

**Mr MOORE:** I would have thought so, but let me check for you.

**The Hon. IAN COHEN:** You will take that on notice.

**Answer:**

Under the Home and Community Care Program, service providers are required to establish and maintain their fleets in keeping with the needs of the communities in which they operate. Therefore, the majority of Home and Community Care community transport services have wheelchair accessible vehicles. Transport NSW, which manages community transport services on behalf of Ageing, Disability and Home Care, is currently in the process of conducting a review of the community transport fleet to develop strategies to inform vehicle replacement. This review is due to be completed by June 2011.

## Question 31

**The Hon. IAN COHEN:** How does New South Wales investment in respite care compare with other State jurisdictions? Could you provide the Committee with a per capita investment figure for each State?

**Mr MOORE:** I can absolutely provide that to the Committee. I do not have it on hand but I will provide it on notice. I think it is no secret that the Auditor-General identified that, inasmuch as you can rely on interstate comparisons—and it is very difficult to get an apples with apples comparison—New South Wales was significantly behind Victoria, behind the national average but that the Stronger Together investment to date was giving us a significant step up.

## Answer:

According to the Report on Government Services 2010 published by the Productivity Commission, New South Wales government investment in respite services is higher than other states and territories. On a per capita base, New South Wales respite expenditure is \$17.6 in 2008/09. That is 22% higher than Victoria (\$14.4), 19% higher than Queensland (\$14.7), 56% higher than Western Australia (\$11.3), 86% higher than South Australia (\$9.5), 12% higher than Tasmania (\$15.7), 1% higher than the Australian Capital Territory (\$17.4), and 79% higher than the Northern Territory (\$9.8).