

QUESTIONS ON NOTICE
BUDGET ESTIMATES 2007-08

1. Until 2005, DADHC provided approximately \$2 million per year to the Program of Appliances for Disabled People budget. I understand that a Memorandum of Understanding (MOU) between the two departments covered this funding. Would we see PADP program enhancements and service delivery improvements if PADP funding was subject to the Disability Services Act (NSW) 1993?

Responsibility for PADP rests with NSW Health. The Department of Ageing, Disability and Home Care (DADHC) contributes \$2 million per annum for appliances for children with a disability. These funds are paid directly to NSW Health by Treasury. DADHC has also allocated \$4.1 million one-off funding for appliances for clients supported under the Joint Commonwealth/ State Younger People in Residential Aged Care (YPIRAC) Program.

2. Recommendation 8 of the PriceWaterhouseCooper Report into the PADP scheme stated:

“DADHC should exercise its responsibilities for the development of policy in relation to persons with a disability in NSW by contributing to the development of policy surrounding this program through an appropriate governance mechanism that oversights this program and holds the Department of Health accountable for providing equity of access and operating the program efficiently and effectively.”

a. What programs and measures has the Department adopted in response to this Recommendation?

b. How has DADHC sought to ensure equity of access and program efficiency?

c. Has DADHC or the Minister made any representations to the Department of Health or the Minister for Health in relation to recurrent funding or one-funding injections and program efficiency? If not, why not?

Given the longstanding experience and infrastructure developed for the current program managed by *EnableNSW* of NSW Health and the key role played by clinicians in the prescription of aids and equipment, it seems most appropriate for the program to remain the responsibility of NSW Health.

DADHC has accepted a position on the *EnableNSW* Advisory Council, established by NSW Health, to provide high-level strategic advice in regard to people with a disability.

DADHC has provided recurrent funding of \$2 million for PADP specifically for children with a disability under the age of 16 since 2005/06, which Treasury directly allocates to NSW Health. Additionally, in 2007/08 a one-off grant of \$4.1 million was provided to *EnableNSW* for the provision of equipment to assist eligible applicants of the YPIRAC Program. The funding will provide practical assistance to people either remaining in residential aged care facilities or moving to alternative accommodation.

3. According to NSW figures about 300 children under six are diagnosed with autism every year. Can the Director General or Minister indicate whether children who do not nominate Autism Spectrum Disorder (ASD) as their primary condition are included in these statistics or not?

a. If no, why not?

The estimated number of children diagnosed with autism each year has been based on an accepted prevalence rate of autism spectrum disorder in the community and takes into account the age at which diagnosis normally occurs.

This estimate is not derived from Commonwealth State/Territory Disability Agreement data.

4. How does the Department account for large differences in data on ASD in NSW compared with Western Australia? For example, in 2004, 13 out 10,000 children between 0-5 years in NSW were recorded as children with autism, whereas the figures in WA show 22 out 10,000 and these figures are further polarised in older age brackets.

The Australian Advisory Board on Autism Spectrum Disorders (2007) report titled *The Prevalence of Autism in Australia*, found there are significant differences across Australia in the way children with Autism Spectrum Disorder are diagnosed, directed to services and are offered support schemes.

There is currently no international medical classification code specifically for autism spectrum disorder. Neither is there any definitive diagnostic test for the disorder¹. The result is that there is variability across professionals in the assessment and diagnosis of autism.

Autism disorder can be reliably diagnosed between the ages of two and three years.² Some people with autism are not diagnosed until their adolescent years when behavioural or mental health issues emerge.

Differences between States can result from different rates of reporting by services and professionals for the Commonwealth State/Territory Disability Agreement National Minimum Data Set, different approaches to diagnosis and the nature of services provided.

5. If there were an underestimation of the prevalence of ASD in NSW would the Department recalibrate program funding priorities and address demand for early intervention programs?

DADHC will continue to monitor current research and data on the prevalence of autism spectrum disorder and the need for early intervention programs.

¹ Roberts, J. & Prior, M. (2006). *A review of the research to identify the most effective models of practice in early intervention of children with autism spectrum disorders*. Australian Government Department of Health and Ageing, Australia.

² MacDermott, S., Williams, S., Ridley, G., Glasson, E., & Wray, J. (2007). *The prevalence of Autism in Australian: Can it be established from existing data?* A report prepared for Australian Advisory Board on Autism Spectrum Disorders.

6. Can the Minister explain how the \$200,000 funding for the rollout of a DVD and manual helps families of a young child immediately following their diagnosis of autism?

This resource titled "Building Foundations/Autism: Your child, your family", provides families and people who work with their children, information about autism immediately following diagnosis. This is often a time of significant emotion, grief, confusion, denial and uncertainty for families.

a. Is the Minister aware the service provider producing and distributing the DVD is charging families \$10 dollars for the DVD?

Aspect charges parents \$10 for a copy of the resource to cover the cost of printing and postage.

In addition, DADHC provided \$200,000 to Aspect to enable the re-printing and distribution of the resource at no cost to 6,499 Government, Catholic and independent schools, long day (child care) centres, DoCS funded pre-schools, family day care schemes and mobile services to help support families of children newly diagnosed with autism.

b. Is the distribution of the DVD compliant with the objects *Disability Service Act 1993*?

I am advised that the distribution of the resource complies with *the NSW Disability Services Act 1993*, Section 3. Part (e), in that it assists families to ensure positive outcomes for their children, by understanding issues relating to having a child with autism, including information about how to access relevant services to meet the needs of their children.

7. Can the Minister indicate whether the \$2 million centre-based and home-based 'Building Blocks' program has proven - in its early stages - to be a clinical success?

The Building Blocks program is one of three programs funded by DADHC to include an external evaluation that will determine the effectiveness of each program.

a. If this program does not prove to be a clinical success will the Department redirect funding to the successful Autism Behaviour Intervention (ABI) and (ABA) program?

Each program has been funded to provide a service for four years, during which time an evaluation will be undertaken. Autism Behaviour Intervention (NSW) known as ABI is providing one of the funded programs using an Applied Behaviour Analysis (ABA) approach.

8. Can the Minister state whether there is sufficient capital flow into supported accommodation and respite care to reduce the 'service registers' and adopt a more pro-active response to the issue of "blocked beds" rather than a reactive response?

Under *Stronger Together*, the NSW Government has provided \$603.8 million across five years to provide an additional 990 accommodation places. This is an increase of 20% in the number of supported accommodation places. People's needs change and there will continue to be people who wish to be included on the regional registers as needing accommodation. Unfortunately at times, some people will also need accommodation because of unforeseen circumstances. DADHC's Emergency Response Program is designed for such circumstances.

9. Does DADHC have the funding capacity to provide caseworkers and appropriate intervention when a family requires assistance as opposed to after a client overstays respite care?

Clients and their carers are referred for DADHC case management when:

- The client or carer has requested DADHC case management and has been deemed eligible for DADHC community support team services; and/or
- The Information, Referral and Intake Officer has identified that the child or young person's needs are best met by a DADHC case manager; and/or
- The child or young person is assessed by an Information, Referral and Intake Manager as meeting the criteria for 'Immediate Response' and is referred immediately for case management, prior to eligibility for service being determined by Intake; and/or
- The child or young person is currently receiving services from the community support team and the therapist identifies with the person that case management is required. The person is then referred directly for case management service.
- Guidelines for prioritising clients are outlined in the *DADHC Prioritisation and Allocation Policy 2002*. Considerations taken into account include where a child or young person is known to DoCS, where there is a health risk or where infants are at risk of a global development delay. Other considerations are also taken into account, such as major life transition phases (for example transition to school) and the circumstances of the carer (for example, experiencing a crisis or social isolation).

Under *Stronger Together*, DADHC's efforts are focused on enhancing support to carers and intervening early in order to minimise the risk of a client overstaying allocated respite care.

In 2007/08, 100 new frontline case management positions were funded under *Stronger Together*.

The addition of these staff provides improved capacity for case workers to provide an early intervention and prevention approach.

DADHC's Information, Referral and Intake officers refer families requiring assistance to local support coordinators, regional options coordinators or community support teams within DADHC. Alternatively, families requiring assistance may be referred to external agencies, whichever is the most appropriate service for the family.

10. Can the Minister explain why DADHC appears to push services only through case managers when people are waiting 3 months, 6 months, 12 months to access a case manager?

Access to a case manager is not a requirement to access DADHC's disability services.

Eligible clients requesting disability services are offered an assessment of need to clarify their specific needs. An assessment of need is conducted by staff in the community support team (CST). CSTs include case managers, but may also include therapists, nurses, social workers or behaviour intervention specialists. From the assessment of need process, the CST staff will discuss the results with the client and their family or carer and develop broad goals that reflect those needs. The specific services that can be provided by DADHC's disability services to meet

the client's agreed goals are then identified by the Manager and discussed with the client and their family or carer. Case management services may be one of these identified services.

11. With a limited number of Case managers in NSW, does the Minister believe that the relatively small number currently being introduced will significantly alter the lengthy waits that people with a disability are experiencing getting access to DADHC services?

Under *Stronger Together*, the NSW Government funded 100 new frontline case manager positions. This will enable DADHC to develop a new direction for case management service delivery and provide enhanced support to people with a disability and their families.

12. Can the Minister please update the Committee as to how the projections made within Stronger Together for Attendant Care places are progressing? Are they on track?

The projections for additional Attendant Care places made in *Stronger Together* have been exceeded. A total of 200 of the additional Attendant Care places under *Stronger Together* have been approved to date. This includes the promised 70 places in 2006/07, 20 in 2007/08, 100 in 2008/09 and an additional 10 places.

13. Can the minister comment on devolution of Nursing homes and how that is going and how a further \$3 million injection of funding to build Ferguson Lodge sits within this plan?

The Paraplegic and Quadriplegic Association of NSW (Paraquad) operates a large residential facility, Ferguson Lodge at Lidcombe, which provides 24 hour accommodation support for people with quadriplegia, paraplegia and spinal cord injury. The facility is not a Nursing Home.

14. What impact does a lack of attendant care places and accessible public housing have on hospital discharge of people with disability?

The availability of Attendant Care funding and accessible community housing sometimes needs to be coordinated to allow people to move back into the community from hospital or from a rehabilitation unit. DADHC's Attendant Care Program gives priority to eligible people ready for discharge and if necessary provides information to the Department of Housing of an in-principle approval of support if this will facilitate the person's priority for community housing.

Please also refer to the answer to question 12.

a. Does the Department have figures on this and has it quantified inefficiency costs?

DADHC and the Motor Accident Authority conducted a joint Community Participation project in 2005/06, facilitating the timely discharge of clients from Spinal Injury Rehabilitation Units. This project did a comparative costing of prolonged stay in a rehabilitation bed and community care. The project led to improved coordination across government agencies. The growth available to the Attendant Care Program has enabled these working protocols to be effective and priority to be maintained for eligible people for Attendant Care places.

15. Following the Federal government's takeover of aging services on 1 July 2009, what effect will this have on NSW Government home care services, as well as other non-government services?

The Council of Australian Governments (COAG) is currently considering improvements to services including services to older people. A final decision has not yet been made on the issue of aged care services to older people in NSW.

16. Do you anticipate any budget funding changes?

See the answer to question 15.

17. Is there any risk that the current level of homecare services will be reduced?

See the answer to question 15.

18. When will the Government introduce a waiting list for Homecare services?

(Note: this question was partially addresses during the discussion in the committee hearing)
Home Care does not intend to introduce a single waiting list for services.

Home Care keeps a priority list for people who have the highest intensity service needs who apply for the High Need Pool, servicing clients who require 60 and over hours of service per four week period. Applicants are scored for priority and ranked in this order – not in order of application. The list is regularly re-ordered to maintain relative priority.

19. Do you acknowledge that, though the current funding is adequate and is fairly distributed across regional centres, the homecare service are distributed unfairly because there is no waiting list for services? For example, if a person calls Home Care one day and is told that none is available, they are not followed up once a service becomes available. A different person could call the next day and receive that service as it becomes available.

(Note: this question was partially addresses during the discussion in the Committee hearing)
Home Care is not the only provider of Home and Community Care (HACC) services and does not service the full need for community care. A client who is unsuccessful for a service from Home Care on the day they make the first request may subsequently receive a service from another non government organisation (NGO) HACC provider. Waiting lists can therefore never provide a comprehensive picture of unmet need.

Home Care constantly monitors budget performance across regional areas and, within defined limits, has the ability to redirect funds within or across planning areas to address movements of demand.

20. Have you investigated the cost of introducing a Home Care waiting list?

See the answer to question 18.

21. Are there similar waiting lists systems used by other government agencies that could be adapted for the Home Care Service?

See the answer to question 18.

22. Will you investigate this and advise?

See the answer to question 18.

23. How is the Department helping self-funded retirees cope in the face of the global economic crisis? Is the Department putting specific measures into place to help independent retirees transition from being self-funded retirees to being dependent on the aged pension?

The issues in relation to self-funded retirees and funding to assist them fall under the responsibility of the Australian Government.

24. What review of the incidence of abuse of residents in aged care facilities has taken place in the last year?

The monitoring of residents' care in aged care facilities falls under the responsibility of the Australian Government.

25. What funds have been allocated to this issue? How will the money be spent?

N/A

26. What figures do DADHC use as an indication of the prevalence of ASD in NSW?

There are differences in the reported incidence and prevalence of the autism spectrum disorder which range from less than 4 per 10,000 to more than 100 per 10,000. Nevertheless, there is general agreement that:

- a) The prevalence of autism spectrum disorders is increasing, which is disproportionate to the general growth in the population.
- b) Autism is overrepresented amongst males, with a male to female ratio of 4 to 1.

The Australian Advisory Board on Autism Spectrum Disorders (2007) estimated a prevalence of autism spectrum disorders across Australia of 62.5 per 10,000 for 6-12 year old children³.

Autism Spectrum Australia has suggested that 'the best estimate for the prevalence of all autism spectrum disorders is 60 per 10,000 population'.⁴

³ MacDermott, S., Williams, K., Ridley, G., Glassson, E., & Wray, J., (2007). *The Prevalence of Autism in Australia: Can it be established from existing data?* A report prepared for Australian Advisory Board on Autism Spectrum Disorders.

⁴ Chakrabarti, S., & Fombone, E. (2005). Pervasive developmental disorders in preschool children: Confirmation of high prevalence. *American Journal of Psychiatry*, 162, 6, Health Module. Cited in J. Roberts and M. Prior (2006). *A Review of the Research to Identify the Most Effective Models of Practice in Early Intervention for Children with Autism Spectrum Disorders*. Australian Government Department of Health and Ageing, Australia.

27. Why does DADHC not use Centrelink data based upon numbers provided in relation to the carer's allowance?

DADHC reports data under the Commonwealth State/Territory Disability Agreement: National Minimum Data Set collection (CSTDA-MDS). This represents a set of nationally significant data items or pieces of information that are collected in all Australian jurisdictions and an agreed method of collection and transmission.⁵

The Carers' Allowance (Child) is administered by Centrelink for the Australian Government. This allowance is payable to the carer who has a child under the age of 16 living in their home with a disability or severe medical condition, which requires a lot of additional care or attention within their own home.

For the purposes of the Carers' Allowance (Child), a child with Autistic Disorder or Asperger's Disorder can be automatically considered eligible when diagnosed by a psychiatrist, a developmental paediatrician, or a psychologist experienced in the assessment of Pervasive Development Disorders and using the current Diagnostic and Statistical Manual of Mental Disorders (DSM).

The data provided by Centrelink will inform those parents who access the Carers' Allowance. However, this data will not include families who have not requested the Carers' Allowance (Child) payment.

28. Is DADHC concerned about ASPECT charging a non-refundable application fee for their schools when they have such a limited capacity to accept applicants?

N/A – DADHC does not fund Aspect schools.

29. Does DADHC take a policy position that it is more efficient to partner with one disability organisation such as ASPECT for service development and policy formulation as opposed to working with a broader range of organisations?

DADHC recognises that the disability and HACC sectors encompass a broad range of perspectives, including consumers, peak agencies and service providers. Therefore, in developing effective policy, DADHC consults as widely as practicable. In many cases, DADHC works with peak agencies representing particular sub-sectors or interest groups within the disability, HACC or broader NGO sector.

DADHC also consults, where possible, with those organisations with which it has a current funding relationship and which represent a section of the community that may be impacted by the policies under consideration. This may happen centrally or through regional offices.

DADHC is currently working on refining its interaction with the sector through the development of a stakeholder engagement framework. This framework will map DADHC's current interactions and provide direction for enhancement.

⁵ Commonwealth State/Territory Disability Agreement: National Minimum Data Set collection. Data Guide: Data items and definitions 2007-2008. July 2007.

30. (Are) Many kids (0-7 years) with Mild ASD are on a low priority for assistance on service registers?

Service registers data are only available for DADHC operated services. Severity of autism spectrum disorder is not recorded. There are 16 children (0-7 years) on service registers with low priority who have autism as a primary or secondary disability.

31. How many 0-5 year olds with ASD are on service registers awaiting for early intervention services?

Service registers data are only available for DADHC operated services. Data in these registers record information on primary and secondary disabilities only. It is, therefore, not possible to identify all children with autism spectrum disorder.

The total number of children (0-5), irrespective of disability type, who are on service registers waiting for early intervention services as at 30 June 2008 was 190. Reference should also be made to the answer to question 30.

32. How many 0-5 year olds with ASD have had access to the ADI and ADA programs. Considering the allocated funding for this program is \$2 million what is the average expenditure per child.

ABI is a DADHC funded organisation using the ABA (Applied Behaviour Analysis) approach in supporting young children with autism and their families.

From January 2007, DADHC funded ABI to trial an ABA program with up to 80 children with autism and their families. Due to the success of this trial, DADHC included ABA in the \$6 million autism initiatives funding.

For the four years from July 2008 to June 2012, ABA has been funded to provide this 20 week program to 300 children with autism and their families at a cost of approximately \$6,000 per family.

33. How many 0-5 year olds with ASD have had access to the Building Blocks program run by ASPECT, including those in the control group? Considering the allocated funding for this program what is the average expenditure per child?

In 2007, Aspect advised DADHC that the Building Blocks centre and home-based programs supported 159 children in a two year long (2006-2007) program. In addition, Aspect reported that it also had other Building Blocks programs providing different types of support, including NSW Health funded carer workshops, initial one-off consultations provided in the family home soon after diagnosis and education and support workshops to metropolitan families (including families wait-listed for the centre or home-based program). In addition, Aspect has 30 Building Blocks places on the Far North Coast funded by the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA).

In total, Building Blocks provided a service to 407 young children and families in 2006. Funding for these programs was provided from a range of sources, including the Department of Education and Training (DET), DADHC, NSW Health, FaHCSIA, Aspect and parents.

As part of the package of autism supports, Aspect has been funded by DADHC to provide an additional Building Blocks program to a total of 260 children and their families over four years at an average cost of \$8,000 per child.

34. How many DADHC staff were investigated for abusing clients last year?

In the 2007/08, 17 employees were the subject of disciplinary investigation as a result of allegations of inappropriate physical contact against clients.

35. How many investigations took place in the NGO sector?

DADHC does not collect data in relation to investigations undertaken by the NGO sector.

36. What were the nature of those investigations?

N/A

37. How many people were suspended or transferred to other duties as a result of investigations?

In 2007/08, nine employees were suspended and 34 employees were placed on alternative non-client contact duties.

38. What was the cost of this?

The estimated cost of wages paid to suspended staff in 2007/08 was \$203,000.

39. How many workers were dismissed?

In 2007/08, there were nine dismissals.

40. Is DADHC funding Tai Chi lessons for staff at the Penrith Office while people are waiting for urgently needed services?

Staff at DADHC's Penrith office have initiated Tai Chi. The sessions are held during their lunch period. The sessions start at 12pm and finish at 12:15pm and are held once a week. A staff member has volunteered to lead the class and there is no funding for these sessions from DADHC.

There is no negative impact on service provision.

41. What other staff incentives are offered to increase morale apart from Tai Chi?

There are no financial incentives offered to staff. However, they are to be encouraged wherever possible to lead a healthy lifestyle.

42. Was an overnight staff member found asleep in a client's bed by the morning shift?

A permanent part-time Residential Support Worker presented for morning shift found a night shift Residential Support Worker asleep in the client's bed.

43. Were reports made over these incidents?

A serious incident report was made to DADHC's Ethics and Professional Standards Unit. The incident was investigated by an external investigator who provided a report to the Delegate who determines disciplinary matters.

a. Was this person fired?

No. Other disciplinary actions were taken, namely a disciplinary penalty (caution) and remedial action (formal counselling, workplace monitoring and supervision for at least 12 months).

b. If not, is this person still working in accommodation/respice services?

The employee is still employed as a Residential Support Worker.

c. If not is this person still working overnight shifts?

The employee has been permitted to undertake overnight shifts subject to certain conditions. The employee's workplace performance is being monitored for a minimum period of 12 months. The employee is also required to maintain regular email contact with the Network Manager when rostered to work overnight shifts.

44. How many former DADHC employees are on the displaced public servant list?

11 employees

45. How much did this cost last financial year?

\$0 – All displaced officers were gainfully employed on alternative duties.

46. How many staff are currently on workers compensation and what did this cost in 2007-08?

From 1 July 2007 to 30 June 2008, a total of 1144 workers compensation claims were opened. As at 30 June 2008, 908 workers compensation claims remained active (i.e. 'open'). The workers compensation premium has reduced from \$37,951,160 in 2005/06 to \$26,959,576 in 2007/08. In 2007, DADHC received a Risk Management Award - Injury Management, from Treasury Managed Funds reflecting the improvements made in reduced cost of claims, reducing claim numbers and improved management of workplace injuries.

47. How much did it cost in 2006-07 and 2007-08 for external investigators to investigate incidents involving staff?

The amounts spent on external investigators to investigate incidents involving staff were \$491,670.87 in 2006/07 and \$545,007.95 in 2007/08.

48. Are some investigators on retainers?

a. If yes, how much did this cost in 2006-07 and 2007-08?

b. If yes, name the companies/people?

c. What was the most spent on a single retainer in these years?

No investigators are on retainers.

49. How many allegations of assault and abuse were made by clients in 2007 to this date?

From 1 January 2007 to 13 October 2008, there were 30 reports made by clients involving allegations of assault and/or abuse.

50. How many staff were investigated in 2007-to this date?

From 1 January 2007 to 13 October 2008, 86 employees were subject of a disciplinary investigation.

a. How many of these investigations were made in regard to assault of adult clients?

From 1 January 2007 to 13 October 2008, there were 23 investigations regarding allegations of inappropriate physical contact of adult clients.

b. How many staff that were investigated were stood down?

From 1 January 2007 to 13 October 2008, nine employees were suspended from all duties. In addition, 34 employees were transferred to non client contact duties.

c. What was the cost of replacement wages while awaiting outcomes of the investigations?

The Department does not retain centralised records that enable it to identify which employees replaced employees suspended from duties.

d. How many staff who were investigated were dismissed in the last 12 months?

For the year to 13 October 2008, six employees were dismissed.

e. What were the reasons for each dismissal?

Each of the employees dismissed were found to have engaged in serious misconduct. These include four employees were dismissed in relation to client mistreatment; one employee was dismissed in relation to serious breaches of DADHC policy/procedure; and one employee was dismissed in relation to the misuse of drugs.

51. How many of these investigations were/are in regard to assault of children clients in 2006-07 and 2007-08 and thus far in 2008-09?

Investigations involving allegations that would be reportable conduct in relation to a person aged under 18 years commenced as follows:

- | | |
|--|------------------------|
| • 2006/07 | 21 investigations; |
| • 2007/08 | 11 investigations; and |
| • 2008/09 – year to date (13 October 2008) | 3 investigations. |

52. How many staff who were investigated were charged with an offence?

Three employees were charged with an offence in the 2007/08 financial year.

a) How many staff who were/are being investigated resigned?

Five.

53. Have other overnight staff have been found asleep on duty in 2007-08 and if so how many?

The only staff member was the one referred to in the answer to Question 42.

54. How many staff have been found asleep in a clients bed by the morning shift in 2006-07 2007-08 or thus far in 2008-09?

The only staff member was the one referred to in the answer to Question 42.

a) What happens to staff who are found in such a situation (asleep in a client's bed)?

Staff who are found asleep in a client's bed are subject to immediate disciplinary investigation, as required under the *Public Sector Employment and Management Act* and related public service guidelines. There is no standard formulation of the penalties that will be applied if the employee is found to have engaged in misconduct. Each instance is treated on its own merits. However, DADHC considers such behaviour to be a very serious incident.

b) Was a photograph taken of one of these incidents (staff member asleep in a client's bed)?

Yes.

55. Minister, are you aware of how many DADHC clients were taken to hospital, having been injured or physically harmed in DADHC-managed supported accommodation and respite in the last 12 months?

For the year to 13 October 2008, there have been five investigations that have involved clients' sustaining an injury.

56. Isn't criminalizing a person with a disability by labelling them a trespasser because they are left with DADHC urgently needing support and assistance deliberately inflammatory and quite frankly a denial of the reason why a human services department such as DADHC even exists?

As I advised the Committee previously, the policy in question has been re-drafted.

57. Isn't relinquishing of care often due to failure of critical systemic supports including the lack of respite and other supports and the lack of timely and responsive supported accommodation?

DADHC is actively recruiting case managers to provide further assistance to families and is increasing its system capacity through the NSW Government's *Stronger Together* funding.

58. Does the Minister agree that this policy has deliberately weakened the powers of the Ombudsman? Please give an explanation of your answer?

The Ombudsman's powers are set by legislation. It is not the NSW Government's desire or plan to reduce those powers.

59. Is the Minister prepared to scrap this draconian respite policy, yes or no?

As I indicated previously, the policy has been re-drafted. The initial re-draft was issued to representatives of the disability sector and some families, prior to a roundtable held on 31 October 2008, to further discuss. Furthermore, the re-drafted respite and accommodation policies were placed on DADHC's website on 29 October 2008.

60. How many vacant properties does the department have in its housing stock?

As at 27 October 2008, DADHC has:

- 10 properties in the process of being sold;
- 1 property in the process of being returned to the Department of Housing; and
- 6 properties that have been acquired and are awaiting occupancy.

In addition, DADHC has 33 sites where facilities are being planned for its use. They are at various development stages (design, tender/development approval, construction) and are not ready for occupancy.

61. How many adults with a disability were relinquished by their families to the responsibility and care of DADHC in the past 12 months? Respite

Families may relinquish their day to day caring responsibilities for a person with a disability, but not their parental rights. Of the 50 people in NSW whose families relinquished care to DADHC or DADHC funded services in 2007/08, 24 of these care recipients were adults.

62. How many children with a disability were relinquished by their families to the responsibility and care of DADHC in the past 12 months? Respite

Families may relinquish their day to day caring responsibilities for a person with a disability, but not their parental rights. Of the 50 people in NSW whose families relinquished care to DADHC

or DADHC funded services in 2007/08, 19 of these care recipients were children and 7 were young people (16-17 years).

63. How many people applied for supported accommodation in the last 12 months?

For the 2007/08 financial year, there were 1771 people on the service request register for supported accommodation. It should be noted that currently some families and carers who are forward planning for their children's future accommodation needs contact DADHC and may be placed on a regional accommodation register. Therefore, not all those on the register reflect current need.

64. How many people were denied the application process?

There were nine people in 2007/08 financial year who were eligible for DADHC services but not included on the register for accommodation because they were not in immediate need of service.

65. How many people were successfully placed in supported accommodation in the last 12 months?

The original *Stronger Together* notional allocation of places for 2006/07 and 2007/08 was 80 individuals. As at 30 September 2008, 107 individuals are receiving support using *Stronger Together* Other Specialist Support 2006/07 and 2007/08 funds.

In addition, 64 individuals were placed into vacancies in existing services during the 2007/08 year. A further 45 individuals were identified for available vacancies but did not complete their transition plan and move into the vacancy before the end of that financial year.

66. What is the level of unmet need for supported accommodation in NSW?

The level of need for supported accommodation that is unmet and requires a government intervention is not known. The Australian Institute for Health and Welfare has qualified estimates that, for people with a disability in Australia, around 28,000 had an unmet need for accommodation support and respite in 2005. The figure per State/Territory was not estimated.

67. How does this compare to the State of Victoria, Queensland and WA?

See the answer to question 66.

68. How many clients in NSW have been accommodated under 'Stronger Together'?

In the two years to 30 June 2008, *Stronger Together* funding was used to create 315 new supported accommodation places across various programs and service types.

69. How many clients with disabilities in NSW are entitled under the Commonwealth State and Territory Disability Agreement criteria to be considered for accommodation supports who currently do not have access to them

See the answer to question 66.

70. How many clients accommodated in supported accommodation services in 2007-08 across NSW were accommodated straight from the family home?

DADHC Regions reported that 51 people moved directly from the family home into supported accommodation models.

71. How many people have met the urgent need criteria for supported accommodation and are waiting on the list?

For the 2007/08 financial year, there were 401 people who were short listed for available accommodation vacancies. Of these, 292 were not allocated a place in an available vacancy.

As some individuals have indicated in their request for accommodation that they do not need a place immediately, it is not appropriate to count all individuals on the request register who were not allocated a place.

72. Would the Minister agree that this policy (allocation of places) also needs tearing up not reviewing?

A number of key issues were identified from the consultation period and the policy has been re-drafted to reflect this feedback. Further feedback was considered at a roundtable on 31 October 2008.

73. Why does this policy says that offers for accommodation will be anywhere within a planning region, and offers are limited or the person is removed as in need of placement, when the planning regions are vast?

The DADHC planning area is the smallest administration area the Department uses. Smaller areas may not encompass the range of services to meet the range of needs people have and may lead to people making requests that are not possible to meet.

74. The Western region is 564,243 sq km. Doesn't this policy mean that a person from the community of Walgett can end up in Broken Hill or Albury and still be considered as living in their community or region?

The location criteria in large rural regions are being re-considered. DADHC offers locations to people that, as much as it is possible, maintains family and community relationships while providing the services a person requires.

75. What is the Minister's response to information that already aging carers desperate to have their children placed before they die are reporting heartbreak because their adult children are living hundreds of kilometres away and they can see them only rarely?

No. DADHC offers the most appropriate accommodation option possible to clients, given available vacancies.

76. Would the Minister agree that this policy objectifies people with disabilities and treats them like cattle?

Intemperate language does not aid proper debate. Your assertions are rejected.

a) If not please explain how this policy maintains the human value and dignity of people with disabilities when a government department feels that it can truck them around the state for the expediency of a bureaucracy without thought to their human attachments?

DADHC does not 'truck people about the state'. DADHC offers services that are only taken up by people giving their consent. DADHC is obliged by legislation and service standards to make offers to people that best meet their needs and maintain their social (family) and community ties.

77. How many people with disabilities in NSW are entitled Commonwealth State and Territory Disability Agreement criteria to be considered for supported accommodation because they cannot live without 24 hour support?

See the answer to question 66.

78. What was the purpose of introducing extended respite care packages?

There are no respite packages of this type.

The purpose of the Extended Family Support Program is to assist families at risk of relinquishing the care of their child or young person with a disability. The focus of the support provided is to strengthen the ability of families to care for their child or young person or to restore care arrangements. This support is not limited to respite and there are no extended 'respite care packages'.

79. How many children's respite care beds are currently being blocked including beds by children who have been allocated DADHC's new 'extended' respite care packages?

As at 31 July 2008, there were nine children and young people blocking respite beds. Of these, five have clear exit plans. See also the answer to question 78.

80. How many adults respite care beds are currently being blocked including beds by adults who have been allocated DADHC's new 'extended' respite care packages?

As at 31 July 2008, there were 23 adults blocking respite beds. Of these, 15 have clear exit plans. See also the answer to question 78.

81. How many people both children and adults are currently waiting for access to centre-based respite?

Waiting lists are not held for DADHC operated respite services. Families who have an identified need for respite services are included on the respite service request register. Each quarter families on the service request register are asked to indicate what respite they would like.

82. What was the longest length of time that a child lived at the Mannix Centre or the Grosvenor Centre or Greystanes, before placement elsewhere?

The Mannix Centre previously provided permanent accommodation for children with disabilities. All children were re-located to appropriate community-based accommodation services prior to 31 December 2005.

Two children previously lived in blocked respite at the Grosvenor Centre for a period of one year.

The maximum length of time any child was at Greystanes prior to devolution was 18 years.

a) where were these children transferred to?

All children were re-located to appropriate community-based services, including specialist health care group homes where required.

All residents of Greystanes were transitioned to community-based group homes within the Blue Mountains and Penrith LGAs. These group homes are funded by DADHC and operated by Disability Enterprises Leura.

83. How many child/adolescent clients blocked a complete respite house because of behavioural disorders in 2007 -08 and for how long for each individual incidence?

One child/adolescent client with challenging behaviours blocked a complete respite house during 2007/08. The client was in respite for 1102 days prior to exiting in November 2007.

84. How many adult clients blocked a complete respite house because of behavioural disorders in 2007-08 and for how long for each individual incidence?

None.

85. Has DADHC transferred any clients in 2006-07, 2007-08 until this day who were blocking a department respite bed into the non government sector, including people who have been allocated an 'extended respite care package?

Yes.

a) If yes, how many?

In 2006/07 and 2007/08, a total of 17 clients who were blocking a DADHC respite bed were found suitable placements in NGO group homes. A further two clients were placed with an NGO Foster Care Program.

86. Are the people who have been recently blocking beds at Ryde's Salerwong respite facility still blocking these beds?

As at 28 October 2008, Salerwong respite has two clients who have remained in the facility.

a) If yes, do they have extended respite care packages or are they considered to be blocking a bed?

The two clients who remain in the respite facility beyond their agreed respite stay do not have an extended respite package.

87. How many managers have spouses/family members directly or indirectly supervised by them?

All DADHC staff are required under the terms of DADHC's Code of Conduct to declare any potential conflict of interest.

88. How many family members work in the same DADHC accommodation, respite or community support teams?

See the answer to question 87.

89. How many staff attending the June all-expenses-paid weeklong conference at Homebush Bay that Minister Keneally said cost the DADHC budget \$466,000 live in the Sydney basin?

The induction conference was aimed at increasing the capacity of key frontline case management staff and managers to provide strength-based, person-centred and solution-focused approaches that:

- meets the needs of the person with a disability, their families and carers, and
- centres on early intervention for people with a disability and their families, in particular during key life transition points.

107 staff were accommodated from the Sydney basin. Not all these staff were accommodated for the full five days. The program ran a number of evening sessions.

a) How many hours of therapy for children could have been provided with this money?

None, additional funds were allocated in *Stronger Together* to cover the cost of staff training and professional development, including this conference.

90. How many DADHC employees earned more than \$200,000 last year?

10 employees

91. How many DADHC employees earned between \$150,000 and \$200,000 last year?

17 employees

92. How many DADHC employees earned between \$120,000 and \$150,000 last year?

61 employees

93. How many DADHC employees earned between \$100,000 and \$120,000 last year?

131 employees

94. How much was the entire wages bill for DADHC's 23 Executive Positions in 2006- 07, 2007-08?

2006/2007: \$4,766,213.79

2007/2008: \$4,985,864.55

MINISTER

95. How much did the Minister's office space at Macquarie Towers cost in 2007-08?

\$228,328.08 (ex GST).

96. How many public relations staff does DADHC employ across all of NSW?

DADHC does not employ any public relations staff. It has one Media Director and a temporary Media Officer on a short-term placement. They service the needs of all Directorates and Regions across the State.

97. How much did all public relations/media cost in 2007-08?

All media monitoring costs are covered by the Department of Premier and Cabinet.

For 2007/08, DADHC paid a total of \$750.11 for delivery of daily newspapers (weekdays) to the Media Unit.

98. How much did the wages and packages for public relations staff cost in 2007-08?

DADHC's Corporate Communications Unit's (CCU) Event Media Office was contracted for Seniors Week and International Day of People with a Disability with funding of \$47,000. However, DADHC does not have any permanent public relations or media employees in CCU.

The total staff wages and packages for the two officers in the Media Unit was \$121,381.

99. What was DADHC's payroll tax last financial year?

\$27,662,155.

100. Do any DADHC staff earn in excess of \$250,000 per year?

a) If yes, name the positions and the salaries of all salaries in excess of \$250,000 per year and include their bonuses and incentives from last financial year.

Three staff members earned in excess of \$250,000 in the 2007/08 financial year. No bonuses or incentives are paid. The position and salaries of those staff are given below.

POSITION TITLE	REMUNERATION PACKAGE
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DEPARTMENT OF AGEING, DISABILITY AND HOME CARE

Director General	\$412,820.00
Deputy Director-General	\$253,500.00
Deputy Director-General	\$253,500.00

101. How many NSW children with disabilities in total under any scheme by any name are living out of the family home and being cared for and supported by staff paid for by the State of NSW who are not foster carers or aboriginal kinship carers?

For the 2007/08 year, DADHC provided out-of-home care for 25 children and 26 young persons who either lived in accommodation services or overstayed in respite services, and funded services for 35 children and 35 young persons who either lived in accommodation services or overstayed in respite services. As the data for funded services is derived from MDS reporting for 2007/08, some services do not return MDS data and the data may be incomplete. The data also contained a number of reporting anomalies such as incorrect service type data. Where it was possible to identify this data it has been excluded.

102. Does this include the house just opening at Mudgee?

The house just opening in Mudgee is for adults.

103. Why did DADHC representatives refuse to answer the question directly to the Woods Special Commission of Inquiry into Child Protection Services in regard to how many children with disabilities live in supported accommodation?

DADHC representatives provided the number of children living in DADHC voluntary out-of-home care to the Special Commission of Inquiry into Child Protection Services, Health and Disability Public Forum on 11 April 2008.

104. Why did Justice James Woods have to grill the dept representatives to get a response that did not omit facts or diversions from the basic question?

The issues discussed at the Forum were complex and often required considerable explanation or clarification. Some matters raised in the Forum related to the circumstances of individuals and DADHC representatives attempted to answer questions without reference to individual circumstances.

105. How many of the children who died in 2006-07 and 2007-08 in NSW from neglect and/or abuse had disabilities?

DoCS and the NSW Ombudsman may have further data on the number of children with a disability who died from neglect and/or abuse.

DADHC provides information to and works with the NSW Ombudsman when a child with a disability, who receives services from DADHC, dies.

106. Does DOCS contact DADHC if neglect or abuse of a child with disabilities comes to their attention so that disability services and interventions can be put into place?

DoCS refers children and their families to DADHC, if disability specific services are required.

a) If yes, How can it happen that a child with two services involved in their development can escape monitoring end up dead?

DADHC provides a range of services to children with a disability who are referred by DoCS.

DADHC is guided by the roles and responsibilities outlined in the Memorandum of Understanding (MoU) between DoCS and DADHC *on Children and Young Persons with a Disability* and the *NSW Interagency Guidelines for Child Protection Intervention 2006*.

107. How many people aged 65 and over in NSW receive personal care services from Home and Community Care (HACC) and what was the increase in service hours under 'Stronger Together' in 2007-08?

Stronger Together did not involve HACC programs and did not fund increases in hours of service under these programs.

108. How many people aged under 65 in NSW received personal care services from HACC and what was the increase in service hours under 'Stronger Together' in 2007-08?

See the answer to question 107.

109. How many people aged 65 and over in NSW receive domestic services from HACC and what was the increase in service hours under 'Stronger Together' in 2007-08?

See the answer to question 107.

110. How many people aged under 65 in NSW receive domestic services from HACC and what was the increase in service hours under 'Stronger Together' in 2007-08?

See the answer to question 107.

111. What is the State Commonwealth breakdown in terms of the funding of HACC?

	<u>2007/08</u>		<u>2008/09</u>	
State	204,736,000	*	219,340,000	*
Commonwealth	305,192,000		326,962,000	
	<u>509,928,000</u>		<u>546,302,000</u>	

* Excludes \$4.056 million provided by NSW Government for the awarded increases related to the Social and Community Services (SACS) Award

112. Given the Department administers HACC, what is the administration costs of the HACC program?

Under the HACC Triennial Plan, a provision of funds is provided to allow the administration of the HACC Program. In NSW, these funds are shared between the joint administering of DADHC,

NSW Health and Ministry of Transport. In 2008/09, the provision for administration is \$5,885,923 (\$5,749,280 in 2007/08).

113. Why does the State Government not have a whole of government strategy to deal with the State's ageing population for 2007 until 2017?

The NSW Government strategy to respond to the ageing of the population is called *Towards 2030: planning for our changing population*. The strategy is whole-of-government and was released by the former Premier in April 2008.

The strategy sets out five strategic outcome areas:

1. Getting in early: planning for change;
2. Improving prevention and early intervention;
3. A productive, skilled and adaptable workforce;
4. Facilitating participation in all areas of society; and
5. Providing quality care and support.

The strategic outcomes identify a range of practical ways that NSW Government agencies can respond to population ageing and sets out a program of actions that agencies are required to implement through cross agency partnerships.

Under each strategic outcome area there are:

- actions to be continued;
- actions to be delivered over the next 12 months (by April 2009); and
- actions to be delivered over the next 5 years.

114. Has the Minister written to the Federal government in support of pensioners having their pensions increased?

The Department of Premier and Cabinet is coordinating a whole-of-government submission from the NSW Government to the Pension Review.

115. Has the Minister spoken to the Transport Minister in support of removing the pensioner booking fee on railway bookings?

The issue of the financial viability of CountryLink services is a matter for the Minister for Transport.

116. Has the Minister spoken to treasury in regard to a Seniors and Pensioners Impact Statement for the 'Mini Budget'?

See the answer to question 114.

117. In last years budget estimates the Minister confirmed 19 vacant houses, how long has each of these houses been vacant , have any of these been sold and if so, how many and for how much?

- Details of the 19 houses identified at last year's budget estimates as being vacant for sale are provided at a table below.

DEPARTMENT OF AGEING, DISABILITY AND HOME CARE

Status of 19 Properties Vacant for Sale As At 20 November 2007	
Property	Status
Carlingford	SOLD
Goulburn	VACANT AWAITING OCCUPANCY - Temporarily withdrawn from sale to be used as temporary accommodation
Kempsey	SOLD
Merrylands	SOLD
Towradgi	SOLD
Gunnedah	SOLD
Grafton	VACANT FOR SALE - on market for sale
Coffs Harbour	OCCUPIED - Temporarily withdrawn from sale to be used as temporary accommodation
Mt Colah	SOLD
Wentworth Falls	VACANT FOR SALE - To be listed for sale once equity issues with NGO are resolved
Waratah	VACANT FOR SALE - on market for sale
Westleigh	VACANT FOR SALE - on market for sale
Figtree	VACANT FOR SALE - To be listed for sale once equity issues with NGO are resolved
Russell Vale	VACANT FOR SALE - on market for sale
Glendale	VACANT FOR SALE - on market for sale
Mt Keirra	SOLD
Hornsby Heights	SOLD
Dubbo	OCCUPIED - Temporarily withdrawn from sale to be used as temporary accommodation
O'Connell	VACANT FOR SALE - Passed in at auction, currently on the market for sale

In summary:

- eight properties have been sold;
- two have been reoccupied as temporary client accommodation pending completion of capital works; and
- one is to be reoccupied as temporary client accommodation pending completion of capital works.

118. Are these houses habitable for people who do not have physical disabilities?

All houses that have been vacated for sale are not suitable for ongoing use because:

- they are in a location that does not meet needs;
- they are on a site that is not suitable or efficient for use; or
- they are in a suitable location and site but do not meet DADHC standards for safety and fit-to-purpose and it is not cost effective to modify or redevelop on site.

119. Have any more Department owned houses become vacant since?

Since November 2007, three houses that were occupied have become vacant. Two are on the market for sale and one is being returned to the Housing NSW.

a) If yes, what suburbs are they in?

The two properties for sale are located in Orange and the one to be returned to Housing NSW is in Warilla.

b) What is their market value?

Market value – State Property Authority undertakes disposals for DADHC and it obtains valuations for the properties identified for disposal. These valuations are commercial-in-confidence.

c) What are the reasons for vacancy?

The reason for vacancy is the properties are not cost effective to bring up to a safe and fit for purpose DADHC standard and the site is unsuitable for redevelopment (small size and located near a busy road).

d) Where have the residents moved to?

The residents in Warilla relocated to Albion Park and those in Orange remained in Orange.

120. What criteria does DADHC use for purchasing properties?

The general search criteria for new properties depends on the accommodation model. Typically for a group home, they are:

- approximately 1000m² land in size and a level block;
- close to public transport, retail and health services and community facilities;
- adequate distance and privacy from neighbours;
- not in a bushfire or flood zone; and
- able to accommodate DADHC single storey property models.

121. What is the tender process to renovate these purchases?

The Department of Commerce undertakes capital procurement of renovations for purchased properties and for construction of new properties, utilising government accredited tender and project management systems.

Works generally utilise a select tender process whereby tenders are invited from a number of pre-qualified contractors (four to six) who are registered with the Department of Commerce, having been assessed as competent builders for the size of project on offer.

DADHC is also using Housing NSW (Resitech) as an additional service provider under the same terms as above.

122. How much of the new money allocated from Stronger Together in 2007-08 was for each of the following state-wide services?

- a) Case management
- b) Speech pathology
- c) Physiotherapy
- d) Occupational therapy
- e) Behavioural intervention
- f) Flexible respite packages
- g) Centre based respite
- h) Accommodation supports
- i) Supported accommodation
- j) HAAC services for people living with disabilities under 65 years of age?
- k) HAAC services for people living with disabilities over 65 years of age
- l) Home Modifications
- m) Community Transport

In none of the areas identified in the question, did *Stronger Together* involve allocations to services to operate on a state-wide basis. The funding allocations are identified in the table at page 32 of *Stronger Together*. The amounts are:

- a) \$7.9 million
- b) \$3.3 million was allocated for all forms of therapy. Distribution across therapy types is a matter for individual service locations and organisations and will vary from time to time
- c) See the answer to question 122(b).
- d) See the answer to question 122(b).
- e) \$1.2 million
- f) \$8.2 million was allocated for all forms of respite. This is in addition to the amount that is identified in the answer to question 122(g). Most of this funding was used to provide flexible respite packages.
- g) \$1.3 million was allocated to increase respite capacity at the Grosvenor Centre.
- h) It is not clear what this is a reference to.
- i) \$70.6 million
- j) \$0 – *Stronger Together* did not involve HACC services.
- k) \$0 – *Stronger Together* did not involve HACC services.
- l) \$0 – *Stronger Together* did not involve HACC services.
- m) \$0 – *Stronger Together* did not involve HACC services.

123. When The Centre was investigated for fraud, mistreatment of clients and other allegations that had been made about The Centre were children's services (children with disabilities) also part of this investigation?

DADHC has only provided funding to The Centre to support one person under the age of 18. This client was 15 when DADHC first provided funding for services. The services provided to this young person were included in DADHC's reviews of the organisation. Otherwise, DADHC provides funding for accommodation and day program services only for adults with a disability.

DADHC understands that The Centre provides services to children through arrangements with the Department of Community Services (DoCS).

124. If no, why not?

- a) If not shouldn't the investigation be re-opened and include Children's medical records?**
- b) Shouldn't the investigations have included Police incident reports from attending domestic assaults at children's services?**
- c) Shouldn't the investigations have included Police interviews with child clients?**
- d) Shouldn't the investigations have included Police reports on interviews with child clients?**

This question is not relevant to the circumstances of the young person funded by DADHC.

125. If yes, did these investigations include;

- a) Children's medical reports?**
- b) Police incident reports from attending domestic assaults at children's services?**
- c) Police interviews with child clients?**
- d) Police reports on interviews with child clients?**

This question is not relevant to the circumstances of the young person funded by DADHC.

126. How often has The Centre, both adult and children's services been under a review of any kind in the past 10 years (please give the dates) in regard to

- a) neglect or abuse?**
- b) assault of a client?**
- c) sexual assault of a client?**
- d) child protection issues?**

DADHC has undertaken four reviews in the last 10 years. One in 2004, two in 2006 and the regular service monitoring was through DADHC's Integrated Monitoring Framework (IMF) which was conducted in 2007.

These reviews covered all aspects of the operation of DADHC funded services, including corporate governance, staff training and support, record keeping and client care.

127. If a child client makes an allegation in regard to abuse or assault by workers, is it usual for that client to remain under the care and control of that service provider and to then transfer to adult services within the same providers network?

This question should be referred to the Department of Community Services (DoCS).

128. Will the Minister table the Walter Turnbull and Quovus report of their independent review of The Centre that was discussed at last years Budget Estimates?

It is not appropriate to table either report. The Quovas Report contains confidential client information. The Walter Turnbull report contains information about financial matters not related to DADHC and industrial relations matters, which are not appropriate to disclose.

129. How much was spent in 2007-08 on legal and professional services related to investigations?

\$545,007.95

130. Doesn't the jurisdictional 'cross ownership' of services between DOCS and DADHC often mean that neither can be viewed as 'totally responsible', thereby hiding internal systemic failures?

DoCS has the 'lead responsibility' in providing care and protection for children and young people in NSW and DADHC, along with many other agencies, has a role to play. No single agency, service, program or professional discipline has the knowledge, skill or mandate for the entire spectrum of interventions to protect children from harm. (NSW Interagency Guidelines for Child Protection Intervention 2006).

131. How is DADHC working on these 'cross ownership' problems in protecting children with disabilities?

DADHC and DoCS have a Memorandum of Understanding (MoU) to guide their work with children with a disability. During 2008, this MoU was independently evaluated to identify improvements that can be made to improve the effectiveness of both agencies in protecting and supporting children with a disability.

132. How many children's accommodation services are currently operated by The Centre?

This question should be referred to the Department of Community Services (DoCS).

133. How many adults accommodation services are currently operated by The Centre?

The Centre currently provides supported accommodation to adults with a disability in 12 group homes.

134. Could the Minister advise on the expenditure of joint Commonwealth/State funds under the COAG YPIRAC initiative in NSW, specifically?

The NSW Younger People in Residential Aged Care (YPIRAC) Program commenced in January 2007, following the signing of a Bilateral Agreement with the Australian Government in December 2006.

This initiative is underpinned by a national five year joint funding arrangement totalling \$244 million with funding of \$81.2 million in NSW and matched funding from the Australian Government.

In 2006/07, a total of \$2.74 million was expended by the YPIRAC Program.

Last financial year (2007/08), \$10.5 million was expended, as follows:

- \$4.24 million to establish and modify accommodation options;
- \$4.1 million to EnableNSW for equipment for the program's clients;
- \$0.29 million to approved providers for In-Reach Packages;
- \$0.27 million to the Multiple Sclerosis Society to divert up to 20 people at risk of inappropriate entry into residential aged care;
- \$0.36 million to the Statewide Home Modifications Scheme to undertake home modifications for people eligible to move home or live alone with supports through the Program;

- \$0.63 million for the Hunter group home inclusive of \$140,000 for initial fit out costs (carried over from 2006/07 budget);
- \$0.04 million for day programs for clients at Fingal Bay; and
- \$0.57 million in staffing and other administrative costs.

The allocations for the first two years of the Program were fully expended.

The funding allocation for the NSW YPIRAC Program for 2008/09 is \$17.72 million.

135. How many young people have been assisted to move to community based supported accommodation services and the amounts expended ?

A house in the Hunter Region at Fingal Bay is now fully operational and provides supported accommodation to four people. The annual cost to the Program to operate this house is \$0.45 million, excluding day programs.

136. What proportion of funds available through the initiative have been devoted to assisting young people at risk of placement in residential aged care to remain living in the community; how many young people have received assistance in this manner and what region have they come from?

The initial priority group for the program was people aged under 50 years of age who were most inappropriately accommodated in a residential aged care facility.

Assessments for this group are now completed and the assessment process for the next priority group, that is, those people at imminent risk of entering a residential aged care facility has now commenced.

An allocation of \$0.27 million has been provided to the Multiple Sclerosis Society to provide case management and brokerage funds to divert up to 20 people with degenerative disorders in the Metro South Region from entering a residential aged care facility.

Under the terms of the Bilateral Agreement, the program is required to assist 47 to 60 young people at risk of placement in residential aged care to remain living in the community. NSW will meet at least the maximum number by year five of the program. Of this divert group, an estimated 30 people are expected to move into supported accommodation at a recurrent cost of \$3.58 million. Funds will also be made available for these clients for day programs at a recurrent cost of \$0.79 million. In addition to providing supported accommodation, the program will assist at least 30 people access in-home support packages, at a total recurrent cost of \$0.87 million.

137. What proportion of funds available through the initiative have been devoted to delivering to assist the target group recover their health and well being through rehabilitation and allied health services aids and equipment?

In-Reach and In-Home Packages are individually tailored packages of disability supports, which consist of a range of services that not only increase community engagement but also assist the target group to recover their health and wellbeing through the provision of therapy, including recreational and diversional therapy, and allied health services, such as physiotherapy and occupational therapy.

A total of 100 final in-reach and 50 in-home packages are currently planned, including 91 interim in-reach packages for people who have indicated that they wish to move out of residential aged care. The maximum annual cost of each package is \$29,000.

In addition, one-off funding of \$4.1 million has been allocated to EnableNSW of NSW Health, for the provision of equipment for those younger people identified by the Program to receive equipment. As of 24 October 2008, 101 applicants have been identified by the Program to receive equipment in the short-term and further nine people have been identified as requiring equipment to move into alternative accommodation when it is available.

138. Can the minister provide details of the numbers of indigenous individuals who have participated in the initiative and the amount of funding made available to this group?

As at 24 October 2008, the YPIRAC Program had received applications from five indigenous individuals. The funding to be made available to this group will be dependent on the individual needs of each applicant, provided he/she is deemed eligible for the Program.

139. Can the minister indicate what new supported accommodation services are being developed under this initiative and the amounts expended in each case?

In total, 130 new accommodation places are to be established under the program over the next two years at a total cost of \$38.9 million, of which \$18.9 million is expected to be recurrent. Four places have been established to date and the first of a two stage tender process for accommodation service providers completed. 21 organisations have been identified to move to the second stage, which will involve a mix of direct, select and open tenders. It should be noted that as at June 2008, 48% of residents under the aged of 50 living in residential aged care facilities have indicated that they do not wish to move out of their current residence.

140. Can the minister indicate what funding is being allocated to deliver rehabilitation and allied health services, community access etc in these new services?

Funding will also be made available for a day program for each person who is offered a supported accommodation place under the Program. The day program will be specifically tailored to meet the individual needs of clients and the funding amount will be determined based on a comprehensive assessment of each person's needs in keeping with DADHC's Community Participation Program.

141. When was the first 'extended stay' respite care package provided to a clients family, or are they still unallocated?

Refer to the answer to question 78.

142. Are these 'extended stay' respite care packages time limited in the hope that the client will be returned home after 'time out' by the caregiver?

Refer to the answer to question 78.

143. How many 'extended stay' respite care packages have been allocated to children/adolescence in the past 12 months?

Refer to the answer to question 78.

144. How many 'extended stay' respite care packages have been allocated to adults in the past 12 months?

Refer to the answer to question 78.

145. When the time runs out for an 'extended stay' respite care package and the family refuses to collect the person in respite care, is the person given a new extended respite care package or are they then listed as a blocked respite bed?

Refer to the answer to question 78.

146. Aren't these extended respite packages just a mechanism to hide the amount of blocked respite care beds that are still in NSW?

Refer to the answer to question 78.

147. How many of these respite care beds are currently being blocked by children/adolescence, who have been allocated DADHC's new 'extended stay' respite care packages'

Refer to the answer to question 78.

148. How many respite houses are currently being blocked by a single child blocking multiple beds or the entire house?

None.

149. How many respite houses are currently being blocked by a single adult blocking multiple beds or the entire house?

As at 31 July 2008, there were no respite centres being blocked by a single client.

150. Are the figures for 'extended respite care packages' included in the previous answer as to how many respite care beds are currently being blocked? If not please include them.

Refer to the answer to question 78.

151. When a child is diagnosed as needing access to services because of their developmental disabilities and is also at risk of harm, how does the Memorandum of Understanding become active to make certain the child at risk is immediately allocated case management to obtain the services they need?

DADHC gives priority to children or young people referred by DoCS. Regional processes are in place for senior staff of both agencies to discuss and resolve issues concerning children with a disability.

152. If children at risk are provided with disability supports such as early intervention isn't the exposure to extended neglect lessened?

The literature indicates many benefits of effective early intervention programs for children at risk.

153. What has DADHC done over the past year to implement policy changes so that children at risk are provided with an active disability service case manager/co-coordinator to monitor and coordinates services with their family and DoCS?

Under *Stronger Together*, the NSW Government funded 100 new frontline case manager positions at a cost of \$53 million over five years. This increased capacity will enable DADHC to provide enhanced support to people with a disability and their families, including children at risk.

154. How can it happen that a child with two services involved in their development can escape monitoring?

DADHC has mandatory reporting obligations as a service provider to children and young people under the *Children and Young Persons (Care and Protection) 1998 Act*.

However, as DADHC is unable to provide intervention without the consent of parents or guardians, there are sometimes limitations on the amount of contact DADHC staff have with clients.

155. How much of the DADHC budget is spent each year co-ordinating and implementing services for children in partnership with DoCS?

It is not possible to estimate expenditure on coordinating and implementing services for children in partnership with DoCS. However, regional and statewide processes are in place for DADHC and DoCS staff to work together on providing services for individual children and for providing training and other support to staff.

156. Does DADHC have supportive accommodation services for some children that are totally funded by DADHC, whether outsourced to NGO's or serviced by DADHC?

Yes.

157. How many NSW children with disabilities are living out of the family home in NSW and being supported by foster carers?

This question should be directed to the Department of Community Services (DoCS).

158. What percentage of the cost for out of home placements of children with disabilities is absorbed by DADHC and how much is absorbed by DoCS?

It is not possible to provide a comparative costing between the two agencies.

For the 2007/08 year, the cost of DADHC operated accommodation services for people under 18 was \$3.24 million and for extended respite services was \$1.65 million. Estimating the equivalent cost for DADHC funded services is dependent on identifying the organisations reporting service provision to this age group in the 2007/08 MDS data. It is not possible to identify the specific service outlets reporting MDS data. There were no children or young people in DADHC funded extended respite services. DADHC does not have financial information from DoCS.

159. Has DoCS and DADHC been reworking the Memorandum of Understanding so that it defines the service provisions of both Depts and their separate obligations and commitments to children with disabilities since giving evidence at the Woods Inquiry?

DADHC and DoCS have a Memorandum of Understanding (MoU) to guide their work with children with a disability. During 2008, this MoU was independently evaluated to identify improvements that can be made to improve the effectiveness of both agencies in protecting and supporting children with a disability.

160. How many NSW children with disabilities under 7 years of age are being cared for and living in households with paid staff rather than foster carers and please name the agencies who provide this service?

DADHC keeps data for children under six years of age. There was one child under six years of age reported in a funded alternative family placement service. This service is similar to a foster placement.

a) How many of these children's residences are currently in Sydney and please name the agencies who provide this service?

It is not possible to identify the specific service outlets reporting MDS data.

161. How many NSW children with disabilities between the ages of 7 years of and 12 years are living in households with paid staff rather than foster carers and please name the agencies who provide this service?

DADHC does not keep aggregated data on this age group. There were 47 children between the age of six and 15 years living in accommodation services and 12 children in alternative family placement. It is not possible to identify the specific service outlets reporting MDS data.

162. How many NSW adolescents with disabilities are living in households with paid staff rather than foster carers?

There were 57 young persons aged 16 or 17 years who were reported as living in accommodation services and four young persons reported as living in alternative family placement in 2007/08.

a) How many of these children's residences are currently in Sydney and please name the agencies who provide this service?

It is not possible to identify the specific service outlets reporting MDS data.

b) How many of these children living in care/specialised accommodation are aboriginal children and please name the agencies who provide this service?

It is not possible to identify specific client characteristic data from the MDS reports.

c) How many of these children living in care/specialised accommodation are from CALD backgrounds and please name the agencies who provide this service?

It is not possible to identify specific client characteristic data from the MDS reports.

163. How many children live permanently in any institutions in NSW (permanent meaning for more than six months) and please name the institutions who provide this service or nursing level of care?

There was one child living in planned respite for more than six months in 2007/08 at Grosvenor Centre for post-operative care and pending resolution of appropriate specialist model.

164. What exactly does DADHC mean by this when historically a gatekeeper's job was to restrict the flow or deny admittance and triage is a process of prioritising urgent and critical need against those who must stay waiting in the queue?

The term 'gatekeeper' was used in the media release in the context of dealing with the growth to the case management services by DADHC. It is in this context, the word *gatekeeper* was used to reflect the role of the case manager in ensuring clients with the highest assessed need are those most able to access services. It was also in this context, that the word *triage* was used to reflect the need to ensure that clients and their families who find themselves in crisis from time to time have access to an appropriate and immediate response.

165. Is this the future direction of disability services under the move to State only funding, that only urgent or critical need will be serviced?

The Future Directions for Disability Services in NSW are set out in *Stronger Together: A new direction for disability services in NSW 2006-2016*. It involves responding to a range of needs with a range of strategies, including early intervention and prevention.

166. The NSW Ombudsman stated in 2004 that “families should have certainty about current and future service delivery”, when will this materialise, particularly given the gatekeeper/triage approach?

A key theme of *Stronger Together* is Strengthening Families – enabling children with a disability to grow up in a family and participate in the community.

As detailed in DADHC Annual Report 2006/07, *Stronger Together* includes the following initiatives over the next five years, which will provide certainty about current and future service delivery:

- \$83 million to strengthen families, enabling children with disabilities to grow up in a family and participate in the community;
- \$1,013 million to promote community inclusion and support adults with disabilities to live in and be part of the community; and
- \$242 million to improve services, provide fairer and clearer ways to access services, greater accountability and more opportunities for innovation.

167. Is the need for DADHC funded staff Tai Chi lessons a direct result or product of the need for de-stressing due to changes in policy directions that now see DADHC’s employees acting as gate keepers and triage, rather than service providers and support systems?

There is no DADHC funded Tai Chi.

168. How does the Gatekeeper and Triage approach strengthen families?

The case manager works with families to identify their strengths through assessment and planning, recognising the range of needs that individuals have and will have in the future.

169. What was the air travel bill for DADHC’s top 23 executives in 2006-07, 2007-08?

2006/07 - \$14,000.

2007/08 - \$7,000.

170. What was the cost of hire cars and taxis for DADHC’s top 23 executives in 2007-08

\$6,000.

171. Were any payments made to top executives not included in wages (such as performance bonus, allowances, car costs) and if so what were these for and how much in total did they cost in the years 2006-07 and 2007-08?

No.

172. How many middle management staff does DADHC employ?

There were 185 middle managers as at 30 June 2008.

173. How much was the entire wage bill in 2007-08 for middle management?

\$14,825,457.05.

174. Was there a budget blow out of the budget for public relations in 2007-08?

No.

175. How much did DADHC contribute towards World Youth Day?

DADHC did not contribute any funding towards World Youth Day.

176. Please break down the expenditure costs?

N/A

177. What extra costs for World Youth Day were absorbed by the DADHC budget?

Staff who volunteered to work for the World Youth Day Co-Ordination Authority (WYDCA) were granted special leave under the subclass 85 (j) of the Crown Employees (Public Service – Conditions of Employment) Reviewed Award 2006 on full pay for the time they are absent from duty (maximum period up to 5 days).

A total of 55 DADHC staff assisted the World Youth Day, including 27 Frontline staff. In order to ensure appropriate service levels were maintained, DADHC backfilled all Frontline positions. The cost associated with backfilling Frontline positions is estimated at \$13,520.

178. How much does DADHC pay for Ministerial office space?

DADHC does not contribute any funding towards Ministerial office space.

179. How much did DADHC pay for rental space combined for all office space across NSW in 2006-07 and 2007-08?

Total office space rental inclusive of car parking:

- 2006/07: \$10.9 million
- 2007/08: \$12.25 million

180. What is the annual cost to retrain people who have been moved to live in new and unfamiliar locations to access the community for work, social and recreational activities?

There is no current cost to retrain people to access their community.

181. When will all Home Care staff undergo police checks – including those who commenced employment PRIOR to the introduction of police check policy?

All new Home Care staff undergo Criminal Record Checks and have done so since February 2004.

DADHC is progressively checking Home Care employees who have not undergone a Criminal Record Check due to commencing employment prior to February 2004. This process is expected to be finalised by the end of 2009.

182. Why have all staff that commenced employment prior to police check policy not been subject to police checks thus far?

To apply the checks to existing staff who commenced before February 2004 requires individual consent from each employee. DADHC has started checking staff who commenced employment before February 2004, with priority given to staff covered by the (Commonwealth) *Aged Care Act 1997*. This process is now complete and all remaining staff will be progressively checked.

183. Isn't this a direct flouting of the law in relation to children and vulnerable people?

No. There is no legislative requirement to conduct criminal record checks on Home Care staff except for certain staff employed in federally funded aged care services. These requirements commenced in January 2007 with the introduction of provisions in the (Commonwealth) *Aged Care Act 1997*.

Despite this, the Department has undertaken Criminal Record Checks for all new Home Care staff since February 2004.

Home Care staff are not covered by the work settings in section 33 of the *Commission for Children and Young People Act 1998*. Therefore, there is currently no legislative basis under which to conduct Working with Children Checks on Home Care staff.

184. Are families who receive Homecare services always informed that they have staff working with their children who are not police checked if this is the case?

No. In the absence of a legal obligation to conduct Criminal Record Checks for Home Care staff, except for staff employed in federally funded aged care services, DADHC does not inform families of employees' police screening histories.

185. Are all DAHC staff who come face-to-face with clients currently all police checked?

Yes.

a) If not please explain why?

N/A

b) Isn't this firmly entrenched policy for NGO's?

Yes. All DADHC - funded NGOs are required to obtain criminal record checks for their staff who work with clients.

186. How many staff attending the June all-expenses-paid weeklong conference at Homebush Bay

The maximum number of frontline case management staff and Managers Access attending the Induction Conference on any day was 350 staff.

187. Was attendance at evening presentations mandatory?

There was an expectation that all participants to the Conference attend the evening presentation.

a) How many of the 269 people who were accommodated at the Novotel in Homebush Bay attended each evening session?

240 DADHC staff attended the evening session.

188. Were there other costs relating to this conference such as travel for staff?

Additional funds were allocated in *Stronger Together* to cover the cost of staff training and development, including staff travel costs for this induction conference.

189. Who paid travel or fees to conference presenters and how much were these costs?

a) How much were presenters at this conference paid?

b) How much was the presenters travel bill?

DADHC paid \$18,500 for Induction Conference presenters. Presenters did not separate or indicate travel costs in their fees for presenting.

c) Were family presenters paid?

Yes.

190. Were these costs separate or inclusive of the \$466,000 bill that the previous Minister admitted to?

The presenters' costs were included in the \$466,000.

191. How much was the total all up expenditure inclusive of all costs for this 5 days conference?

a) How many hours of speech therapy for children could have been provided with this money?

- b) How many hours of speech occupational therapy for children could have been provided with this amount of money?
- c) How many hours of speech physiotherapy for children could have been provided with this amount of money?
- d) How many hours of early intervention for children could have been provided with this money?
- d) How many hours of in home respite supports could have been provided for this amount of money?

None. Additional funds were allocated in *Stronger Together* under 'Improving System Capabilities' to cover the cost of staff training and development, including this statewide induction conference.

192. Do Therapists/Caseworkers need to get the agreement of the person requiring support if possible or families/carers involved in their care prior to closing a service?

Casework referrals are closed when the goals identified in the client's plan have been completed. The review of the plan is undertaken in consultation with the client and their family or carer (*Prioritisation & Allocation Policy* August 2002).

Therapists and case managers advise the family or carer about the intention to close a case. However, there are minor regional variations regarding this process. In some regions, staff provide this advice verbally, in other regions, the intention to close a case is advised in writing.

193. If so, why do carers say this not happening?

There are minor regional variations regarding the closure of casework referrals. Further information would be required regarding the circumstances of the individual case in order for DADHC to provide an informed response.

194. Are Caseworkers/Therapists instructed to close referrals if they have exceeded a certain timeframe rather than successful outcomes?

No. In accordance with DADHC's *Prioritisation & Allocation Policy*, if an intervention appears to require a long-term commitment of resources (more than six months), consideration for re-allocation will occur following a review of the intervention and the priority of all clients awaiting the service (*Prioritisation & Allocation Policy* Aug. 2002, Pg 2, No. 16).

195. How does closing referrals in this manner strengthen families?

Regular reviews of the client's plan by the case manager or therapist, with their supervisor, ensures that services that are provided continue to meet the client's agreed goals.

196. How much of a persons disability pension is charged as a fee for adult respite care?

There is now a no-fees policy for all clients accessing planned respite at DADHC operated centre-based respite services as per the Minister's announcement on 23 October 2008.

197. Is this an assumption by DADHC that while in respite the persons rent, payments and charges for their day-to-day life cease to exist?

Refer to the answer to question 196.

198. How does a family who live on carers payment afford this fee from the family income when the income is below poverty level existence?

Refer to the answer to question 196.

199. Do these charges mean that the families who live and care in poverty are less likely to access centre based respite care?

Refer to the answer to question 196.

200. Is the not-for-profit sector only funded at 80% so have to charge these fees to be viable?

Fees are charged for non-government centre-based respite services on a discretionary basis. This varies across the sector.

201. How do these fees for the poor strengthen families?

Refer to the answer to question 196.

202. How many elderly patients in need of rehabilitation were returned home to an ageing spouse in 2007-08 without intensive rehabilitation programs?

- a) How many aging spouses were instead given inadequate to need HAAC services?
- b) How many ageing spouses failed to cope adequately and returned their spouse to hospital?

This matter falls under the responsibility of NSW Health.

203. How many complaints were lodged in 2007-08?

3,189 complaints were received by DADHC in the 2007/08 financial year.

204. Of these complaints in how many were in regard to aged care services?

None. DADHC does not provide or fund aged care services. These services are provided and funded by the Australian Government.

However, the Home Care Service of NSW provides services for people with a disability and frail older people. The Home Care Service received 2,448 complaints in the 2007/08 financial year.

The Office for Ageing also received one complaint in the 2007/08 financial year.

205. How many were in regard to disability services?

298 complaints were received in regard to disability services in the 2007/08 financial year.

206. How many complaints were regional?

1,259 complaints were received in country regions in the 2007/08 financial year.

207. How many complaints were metropolitan?

1,256 complaints were received in metropolitan regions in the 2007/2008 financial year.

674 complaints were received by Central Office units. These complaints may relate to matters in all areas of NSW.

208. How many complaints were in regard to lack of access to services?

276 complaints were received in regard to lack of access to services in the 2007/2008 financial year.

209. How many complains were in regard to children's services?

Data is not available relating to these complaints. DADHC acknowledges the importance of having this data developed and has recently commenced a new method of recording complaints and will endeavour to be able to provide this information in the 2008/09 financial year.

210. How many complaints were in regard to reductions in HAAC services?

See the answer to question 209.

NEW MONEY FOR SERVICES

211. What percentage of the cost of these services (excepting Home Modifications) were for face to face services with the client?

- a) Case management
- b) Speech pathology
- c) Physiotherapy
- d) Occupational therapy
- e) Behavioural intervention
- f) Flexible respite packages
- g) Centre based respite
- h) Accommodation supports
- i) Supported accommodation
- j) HAAC services for people living with disabilities under 65 years of age?
- k) HAAC services for people living with disabilities over 65 years of age?
- l) Home Modifications

It is not possible to readily identify the level of face-to-face servicing. Organisations funded by DADHC are not required to report to DADHC on time usage by their staff. Further, DADHC does not require staff in services it operates to document their time usage in a manner which would allow this question to be answered.

There are a number of non-face-to-face activities that are essential to service delivery, such as planning, case preparation and case follow-up. There is also a range of administrative tasks that are required to maintain efficient operations, acquire new services, meet accountability requirements, and support and develop staff. The emphasis in DADHC is on ensuring maximum effort is given to servicing clients and that administrative overheads are kept to a minimum. The answer to question 339 identifies the level and trend in administrative costs in DADHC.

212. What percentage of the costs of these services was for paperwork/ bureaucracy?

Refer to the answer to question 211.

213. What was the travel expenses bill for frontline staff to deliver services across NSW?

- a) Speech pathology**
- b) physiotherapy**
- c) occupational therapy**
- d) behavioural intervention**

Travel expense costs are not captured by the employee type listed above. However, a total of \$542,000 was spent on travel for direct service staff engaged in community service and support activities which include the above frontline staff.

214. What was the travel expenses bill for frontline staff to deliver services across NSW for HAAC services?

Travel expenses of \$8 million for frontline staff delivering HACC services primarily relate to reimbursement of travel costs for field staff travelling between clients.

TRANSPARENCY WITH FAMILIES AND PEOPLE WITH DISABILITIES

215. Does DAHC have an open and transparent eligibility determination and prioritisation procedure for accessing disability services?

Yes. Eligibility and prioritisation procedures for disability services are currently applied by disability service providers in line with program guidelines and funding contracts set by DADHC.

These procedures are open and transparent, but do not allow for a coordinated approach for people with a disability and their carers.

To improve on this, DADHC is in the process of developing a new process that will determine eligibility and priority that is simple, transparent, needs based and involves families in the planning and decision making.

216. If yes, what are these eligibility determinations and how does the dept ensure transparency?

Eligibility determinations applied by disability service providers are in line with the *Disability Services Act 1993*. Transparency is supported through program and funding guidelines and the requirement for services to provide information about their services to the community. These aspects are monitored regularly through DADHC's Integrated Monitoring Framework.

217. Are all entry points visible, and if not what is the dept doing to change this?

Yes.

218. What is DADHC doing to improve regional access?

As announced by the Premier in June 2008, DADHC is also working with other Human Service agencies in NSW to deliver new and innovative ways of supporting families in rural NSW.

DADHC also has local support coordinators based in its rural and remote regions to assist with access to disability services and mainstream services through the provision of information and support. This is in addition to the Information, Referral and Intake officers that assist people with a disability, their families and carers to access disability supports.

219. How does DADHC work with people with disabilities and/or their families to establish appropriate service outcomes and measures of effectiveness of the support they have in place that are measurable and meaningful to the individuals involved?

DADHC recognises that the needs of individuals will vary and that accommodation of these needs is an essential element of effective support. DADHC seeks to engage people with a disability and/or their families through their involvement in initial assessments, the development of individual care plans and by encouraging feedback in relation to services.

Programs are adapted to individual need through:

1. Intake, assessment and appropriate referral for service provision either by funded service providers or DADHC provided services;
2. Implementation by service providers (or DADHC) of effective individual needs assessment and program planning; and
3. Provision of suitably tailored models of service that are reviewed and improved through a process of continual quality improvement.

As part of the Integrated Monitoring Framework, service providers currently have an on-site review once every three years coinciding with DADHC three-yearly funding cycle. This process includes reviewing the way organisations plan and deliver services to clients and the professional practices of staff, among other elements. The outcomes of this review are monitored through the ongoing contract management process.

220. Do families/caregivers/persons needing services have input into these assessments as to whether the service has delivered favourable outcomes?

Yes. As part of the Integrated Monitoring Framework (IMF) on-site review, regional staff may request input from service users, including families and carers to determine whether the service has delivered favourable outcomes.

DADHC does not assess the outcomes of services for each individual. Service providers are expected to provide the service outputs as described on the Service Description Schedule (contract) with DADHC in a manner that provides for individual needs.

221. What is DADHC doing to develop a continuum of services based on a life-course approach?

DADHC provides services that assist people with a disability at key transitions and life stages. For example, early childhood intervention services, transition to work and post school programs are in place to respond to the needs of people with a disability at different life stages.

222. What is DADHC doing to develop packages that offer choices to people with disabilities and/or their families?

DADHC has already implemented some models of packaged support. This includes:

- Attendant Care Program - Direct Payments;
- Family Assistance Fund; and
- Community Participation - Self Managed.

DADHC is developing further pilots to extend the provision of packaged support in NSW that will see the person with a disability and/or their family have greater control over the supports that they receive.

223. How does lack of transparency strengthen families?

DADHC aims to implement transparent processes in providing services to families.

224. How many complaints were received by DADHC by clients in licensed and unlicensed boarding houses?

There were seven complaints from either residents, or a family member, of licensed boarding houses.

No complaints were received from residents of unlicensed boarding houses.

225. How many inspections did the Department undertake of boarding Houses in the past twelve months?

In 2007/08, there were 373 routine monitoring inspections conducted at licensed boarding houses which exceeded the minimum requirement of 293. During the same period, four full service reviews conducted on a three-year cycle were also completed.

226. What is the current status of the new draft legislation of the Youth and Community Services Act 1973 that is much needed in improving the monitoring the standard of care in Licensed Residential Centres (boarding houses) and when will this be introduced to the Parliament?

An Inter-Departmental Committee (IDC) on the Reform of Shared Private Residential Services, including licensed and unlicensed boarding houses, has been established to review and make recommendations in relation to current legislation applying to shared private residential services to identify gaps and duplication, streamline legislation and standards, and ensure appropriate standards for the health safety and wellbeing of residents is maintained.

The *Youth and Community Services Act* will be included as part of this review.

227. What is happening with the slow to recover program for those affect by acquired brain injury?

There is not a "*Slow to Recover Program*" in NSW.

228. At what point does a block bed cease becoming temporarily unavailable?

A person who is occupying a respite bed beyond their contract of stay or who is effectively homeless and is being accommodated in a respite centre is deemed to be making that bed unavailable for other service users. Once the person leaves the facility the bed then becomes available for use by others requiring centre-based respite support.

229. How many people in NSW are waiting for respite?

See answer to question 81.

230. How does the Department prepare planning data for Respite and Supported accommodation?

DADHC analyses relative demand for and supply of respite services across the State when planning the distribution of new respite services. A variety of quantitative data sources are used in this analysis. In addition DADHC Regional offices provide qualitative service demand information which is gathered through regional community and other stakeholder consultations.

231. How is eligibility assessed??

Eligibility for access to DADHC operated services is determined by the following criteria:

1. Clients must be permanent residents of Australia and residing in NSW.
2. People over the age of 6 are eligible if they have intellectual disability or multiple disabilities where intellectual disability is also present.

A person has an intellectual disability when they have:

- intellectual functioning measured at two or more standard deviations below the mean for the Full-Scale score on a recognised test of intelligence

- significant deficits in adaptive functioning in two or more areas (significant is defined as two or more standard deviations below the mean or equivalent), and
- these deficits in cognitive and adaptive functioning are manifest prior to 18 years.

OR

- a specific diagnosis of a syndrome strongly associated with significant intellectual disability made in a written report by a health professional or Diagnostic and Assessment Service.

Children under 6 years of age are considered eligible if:

- the child demonstrates features that are consistent with a global developmental delay, or
- the child demonstrates specific areas of delay in at least two areas of functioning. These delays must be determined from a norm-referenced developmental assessment. Reports and casual observation are insufficient grounds for determining delays.

People may be eligible for DADHC funded services if they have a disability under the *NSW Disability Services Act 1993*, including intellectual disability.

232. How many are on that list?

DADHC maintains regionally based service request registers to ensure that individuals with higher need are prioritised for allocation of respite services based on need. All clients on the service request register are eligible clients. See also answer to question 81.

233. When did your government stop taking waiting lists for supported accommodation and respite?

DADHC does not maintain a waiting list for accommodation services. However, it maintains regionally-based service request registers to ensure that individuals with higher relative need are given priority for placement. This approach suits the changing circumstances of people with a disability and their desire to be located in a particular area where they grew up or have community and social connections.

234. How are priorities for care set?

Individuals requesting permanent accommodation are assessed and a client profile developed. When a vacancy occurs, a profile is created of the group home. Client profiles are then compared to vacancy profiles. When there is a match, the individual is short-listed and considered for the vacancy by the Regional Placement Committee. Each Regional Placement Committee makes decisions according to prioritisation criteria:

High Priority

- people who have overstayed in respite,
- people in emergency response funded services,
- people who are homeless or at risk of homelessness,
- people where there is a risk of violence or abuse resulting in the client, family or carer, or member of the community being at risk of injury,

- people where the health of the primary carer is placing the client, family or carer at risk
- people requesting a change in accommodation location or type.

Medium Priority

- people with ageing carers, where there is not an immediate need for placement,
- deteriorating circumstances where need is likely to become more urgent.

Low Priority

- people requesting accommodation who do not fall into “high” or “medium” categories.

In addition, specific criteria apply to particular programs such as the Young People Leaving Care program and the Criminal Justice Program.

235. What are the methods to place resources on the basis of priority?

Places are distributed according to a needs-based planning formula. The need factors relate to addressing the equitable distribution of disability accommodation support places across NSW and the population distribution of people with a severe to profound disability according to Australian Bureau of Statistics' (ABS) data.

Refer to previous question 234 for distribution of resources under *Stronger Together*. See also answer to question 230.

236. Are vacancies being declared in an open and accountable way so that families and people with disabilities can see how they are progressing toward the allocation of an accommodation place?

Case managers work closely with people with a disability and their families and keep them apprised of the process, particularly to assist them with their own planning.

237. Is there an average length of time between vacancies becoming available and when they are filled?

This data is currently not maintained on a central database. This data will be available in the DADHC Client Information System as part of modifications to support the *Allocation of places in supported accommodation* policy when it is finalised.

238. Could you please supply a copy of the state-wide priority accommodation register?

Currently, there is no statewide priority accommodation register as each region maintains its own records. Nonetheless, DADHC cannot provide this information because it is a list of NSW residents (their names and addresses) and it would be a breach of privacy.

239. Is the proposed redevelopment of three institutions (Lachlan, Peat Island and Grosvenor) under the Stronger Together plan a breach of the Disability (Act)?

No.

240. What is the status of the Advocacy and Information review that commenced 5 years ago in 2003?

The former Minister for Disability Services approved the finalisation of the Disability Advocacy and Information Services Reform Project.

DADHC is currently building on the work undertaken to date to implement reforms, which includes:

- Extension of funding for existing advocacy and information until 30 June 2011;
- An injection of \$1 million in recurrent funding for generalist individual advocacy services;
- Development of individualised service specifications for all disability advocacy and information services, including performance reporting;
- Further consultation planned with a representative stakeholder group in relation to future directions for disability information services; and
- Implementation of annual service planning for funded peak activity organisations.

A number of advocacy services are jointly funded by the NSW and the Australian Governments. The NSW Government has been working closely with the Australian Government to identify and ensure the most effective and supportive way to implement Disability Advocacy and Information Services reforms across the advocacy sector within NSW.

241. Is the Minister sitting on a report in relation to this review?

No. DADHC's Future Directions for Disability Advocacy and Specialist Information Services and Consumer Peak Bodies – Summary of Outcomes from the Consultation Process was publicly released in November 2005, subsequent to consideration of submissions received from the sector.

242. When was the NSW Advocacy review completed?

The former Minister for Disability Services approved the finalisation of the Disability Advocacy and Information Services Reform Project in May 2008.

Disability Advocacy and Information services reforms are now being implemented in a staged process, which commenced with new arrangements for peak activities followed by advocacy services and then information services.

243. When will it finally be released?

As advised in question 241, there is no report to be released.

244. What are the findings in relation to shortcomings of carer advocacy?

There are no specific findings in relation to carer or family advocacy.

The current reforms are based on the consultations with the sector, which supported a service delivery framework that defines three service types: individual advocacy services, specialist information services and consumer peak bodies. The development of specifications for individual advocacy services will not exclude the provision of advocacy for carers or family members supporting individuals with a disability.

Improved performance reporting will be implemented as part of reforms, which will enable the Department to collate more specific information to inform the NSW Government on service deliverables within the advocacy sector.

245. What were the findings in regard to state-wide disability family advocacy and its accessibility to all?

See answer to question 244.

246. Will the Minister table the report?

As advised in question 241, there is no report to table.

247. How many people have transitioned to work under the transition to work program in 2007-08?

In 2007/08, 228 (49.4%) of the 462 school leavers who commenced their two year Transition to Work program in 2006 exited the program into employment.

248. How many people were redirected into community participation programmes in 2007-08

In 2007/08, 115 (24.9%) of the 462 school leavers who commenced their two year Transition to Work program in 2006 transferred to the Community Participation Program.

249. Has a consultancy been engaged to advise the department on quality management and reporting?

Yes. In 2007, DADHC engaged an external consultancy to research quality management systems used by organisations within the human services sector both nationally and internationally with a view to developing a quality management system for DADHC's Quality Framework.

250. Could you provide a copy of that report?

Yes. A copy of the report – *'Towards a quality system for DADHC services: Synopsis. 10 August 2007'* is attached at TAB A.

251. Why wasn't there consultation with the sector?

DADHC has established an Industry Reference Group for the purpose of providing feedback on the Quality Reform Project. Members of the Industry Reference Group have been drawn from peak bodies and specialist agencies operating in the ageing and disability sectors.

The Director-General of DADHC wrote to service providers on two occasions to provide updates on the progress of the project. In addition, information has been made available on DADHC's website.

252. What are the measures are in place to ensure consistency?

At present, in order to ensure consistency in service delivery, all service providers are required to participate in the onsite review component of the Integrated Monitoring Framework. The onsite review identifies whether key performance indicators are met, partially met or unmet and service providers are required to develop an action plan that describes how they will address any areas of concern.

As part of DADHC's future Quality Framework, it is proposed that service providers be required to undertake a self-assessment prior to a verification assessment being carried out. If areas of non-conformity are identified through this process, service providers would be required to develop an action plan that describes what action they would take to address the non-conformity.

Release Date: 11 January 2008 Homes for intellectually disabled people in the Camden area

253. How many of the six new group homes in Western Sydney, such as those being established at Ellis Lane, Grasmere, Theresa Park, Catherine Fields, Cobbity and Kentlyn, are to provide accommodation for people from this immediate area?

There are a total of seven group homes opened or in the process of being opened within the Macarthur, Wollondilly and Camden areas through the *Stronger Together* initiative. These supported accommodation models will house a total of 34 people.

a) How many clients are or will be housed from further away than 15 km?

Of the 32 clients currently identified for these supported accommodation models, 22 will be accommodated from more than 15 km away. Metro South Region is currently identifying the two final clients for these services.

b) How many clients from families in the Macarthur region, the Camden or Wollondilly regions have been accommodated under Stronger Together?

Of these 32 identified clients, 11 are from the Macarthur, Camden or Wollondilly areas.

c) How many clients will be sent across from Sutherland, or the inner west?

There are three clients who have accepted these *Stronger Together* accommodation placements from the Sutherland Shire. A further three clients are from the Inner West suburbs of Sydney.

Media release dated 19/10/07

254. The previous Minister stated she would not waver in her demand that the Federal government match the Stronger Together funding. Is this still the position taken by NSW

now there has been a change from a Liberal to Labor Federal Government, if not please explain this change of heart?

At the May 2008 meeting of Disability Ministers, it was agreed that NSW would receive an additional \$303.51 million in Commonwealth funding for new disability services. The NSW Government will continue to pursue appropriate funding from the Australian Government for people with a disability.

Media Release dated 08/11/07

The announcement of an Aged Care Institution where the Minister said quote "that NSW had to fill the gap left by the previous Federal government".

255. Why does this gap in Disability Aged Care that Minister blamed on the previous Federal government still exist under a Federal Labor government, but without objection?

See the answer to question 15.

256. Will the Minister explain this anomaly?

See the answer to question 15.

Media Release dated 3rd June 2008

\$460.9m for ageing and disability services in Western Sydney

257. How much of that announcement was new money?

The press release identifies items of new expenditures that are included in the \$460.9 million allocated to Western Sydney from the 2008/09 Budget.

258. How much of that announcement was recurrent expenditure from past years?

See answer to question 257.

259. How much of the new money was for children's services?

All of the funding for the autism specific child-care centre and portions of the funding for the Grosvenor Centre, respite services and therapy services.

260. How much of the new money was for disability services?

All of the new money identified in the answer to question 257 was for disability services.

261. How much of that new money was for aged care services?"

None of the funding identified was for aged care services. Funding for aged care services falls under the responsibility of the Australian Government.

New funding for Home and Community Care (HACC) services, which support frail older people to live independently, was not identified in the press release. The distribution across NSW of growth funding for these services was not jointly agreed with the Australian Government at the time of the press release.

262. It was stated that “We have closed 11 large residential centres” in NSW – please name the institutions that were closed, the dates of closures and where the residents were moved to?

Table 1: Stage 1 large residential centre closures

Name of LRC	Service Provider	Date of closure	Clients Relocated to:	Service Provider
Warrah, Dural	NGO	2005	Community accommodation	DADHC / NGO
Whitehall, Revesby	DADHC	2005	Community accommodation	DADHC / NGO
Greystanes Leura	NGO	2005	Community accommodation	NGO
Strathallen, Goulburn	DADHC	2004	Community accommodation	DADHC / NGO
Mannix, Liverpool	DADHC	2005	Community accommodation	DADHC / NGO
Jennings, Parramatta	NGO	2003	Community accommodation	NGO
Woodstock, Albury	DADHC	2003	Community accommodation	DADHC
York Road, Bondi Junction	DADHC	2003	Community accommodation	DADHC / NGO
Gower St, Summer Hill	DADHC	2005	Community accommodation	DADHC
CRAM, Wollongong	NGO	2002	Community accommodation	NGO
Marsden Rehabilitation Centre (MRC)	DADHC	2003	Community Accommodation	DADHC / NGO

263. Were these closures were for private large residences or ones owned or operated by the NSW government?

Refer to the answer to question 262.

Media Release dated 3 June 2008

\$821 million for ageing and disability services in rural and regional NSW.

264. How much of that announcement was new money for 2008-09?

The press release identified that funding for regional and rural services had increased in 2008/09 by 7.5%.

265. How much of that new money was for the Northern Region?

The press release was about total allocations for regional and rural NSW. Apart from the reference to the overall percentage increase in funding (see the answer to question 264), it did not itemise new funding either by initiative or region.

266. How much of that new money was for the Hunter Region?

Refer to the answer to question 265.

267. How much of that new money was for the Western Region?

Refer to the answer to question 265.

268. How much of that new money was for Southern Region?

Refer to the answer to question 265.

Media Release dated 3rd June 2008

\$243.2 million for Hunter ageing and disability services

269. How much of that announcement was new money for 2008-09?

The press release identifies items of new expenditures that are included in the \$243.2 million allocated to Hunter from the 2008/09 Budget.

270. How much of this announcements money was also included in the announcement of \$821 million on the same day for ageing and disability services in rural and regional NSW?

The press release on regional and rural NSW allocations identifies the amount provided to the Hunter Region. It is the same amount as that identified in the press release about allocations to the Hunter region.

Media release 3rd June 2008

\$75.8 million for ageing and disability services on the Central Coast

Quote “Older people, people with a disability, their families and carers living on the Central Coast are set to benefit from the lemma Government’s allocation of an estimated \$75.8 million to fund support services and programs in the region in 2008/09”

271. How much of that announcement was new money?

The press release identifies items of new expenditures that are included in the \$75.8 million allocated to the Central Coast from the 2008/09 Budget.

272. How many residents of the Central Coast with disabilities will benefit from the two major big spend projects of specialist disability accommodation?

The accommodation at Hamlyn Terrace (a 100-bed aged care village for people with intellectual disability) and the 20-bed group home cluster at nearby Wadalba will be able to accommodate approximately 80 people currently living at the Peat Island Centre. It is expected that approximately 40-beds will be available for both respite (four beds) and people within the Hunter region. It is not possible to sequester beds for people from particular parts of the state as people's needs and locational requirements can vary over time.

Media Release dated 23rd May 2008

"David Harris, Labor Member for Wyong, said, "Under Stronger Together the lemma Government committed to redeveloping or closing large residential centres, and creating new liveable communities with appropriate accommodation,"

273. How many large-scale facilities (more than 20 beds) are being built or have proposals being developed to build over the next five years?

The only large scale facility is the Hamlyn Terrace Aged Care Village.

Lachlan Centre is to be closed and its residents offered accommodation in a nearby cluster of 10 five-bedroom homes which will each be operated independently, while sharing some specialist services. This arrangement meets the explicit request of families of the residents.

274. How many DADHC institutions are going to remain/be upgraded to continue to service people in large residential settings?

DADHC is planning to close all its large residential services. A number of services are being redeveloped to meet the needs of people requiring a high level of support. These services may include various groupings, but the residential arrangements are planned to be in homes, villas and other accommodation models facilitating a high degree of independence and community involvement.

275. How many large residential government run institutions will be closed without replacement and when?

DADHC is currently preparing a state-wide services plan to meet the support needs of people in its large residences in community-based specialist services. A timetable will be prepared when the service planning is completed and priorities can be equitably established.

276. What is the current average turn-around in accessing a Caseworker if a family requests access to one?

Where a client is identified as meeting the criteria for an 'Immediate Response' in accordance with the *Prioritisation & Allocation Policy*, service is provided immediately, within 24 hours of receipt of the request for service.

Under *Stronger Together*, an additional 100 new case manager positions were funded to provide support to people with a disability and their families.

277. Does NSW keep statistics for primary carer suicide or would they be hidden amongst suicide statistics for mental illness / depression?

DADHC does not maintain statistics of this target group as the issue relating to mental illness/depression falls outside of its core business. NSW Health may have these statistics.

a) Will the Minister ask the coroner to collect this information for statistical purposes?

No, see answer to question 277.

278. When a primary carer asks for assistance with the person they care for because of clinical depression, what is the DADHC's protocol for offering support?

DADHC does not provide services to treat people with clinical depression. This is a NSW Health matter.

279. Is there a proactive strategy to avoid family crisis and can the Minister describe this process?

N/A

280. To receive intensive assistance must carers first prove clinical depression?

N/A

281. How long does it take from first notification to DADHC of clinical depression for intensive support services to be provided and implemented?

N/A

282. How many primary carers attempted suicide last year?

a) If these attempted suicide statistics are not collected as data, does the Minister agree that the care role should be listed as relevant under data collection for statistical purposes on both attempted and successful suicide, given the release of major reports into carer wellbeing?

DADHC does not collect this information.

283. As it is estimated that unpaid family carers and friends provide 93% of all disability services how does DADHC regularly include their input in policy development?

DADHC is a key partner in implementing the initiatives contained in the *NSW Carers Action Plan 2007 – 2012*. The Carers Action Plan commits all government agencies to identify carers as a key stakeholder group for consultation and engagement in the development of relevant government policies and to incorporate the needs of carers in the development of policies and programs.

DADHC uses a range of consultative mechanisms to achieve this.

DADHC also provides funding to Carers NSW for peak activities, including the development and promotion of carer participation and representation policies, and training for carers to enhance their ability to represent the needs and interests of all carers.

DADHC also has consumer representatives on a range of Expert Advisory Groups, who provide input into policy development.

284. How many primary carers of people with severe and profound disabilities are on the Ministerial Advisory Council?

The Ministerial Advisory Committee on Ageing (MACA) has members from a diverse background and are selected for their broad capacity to understand the needs of older people (including older carers) and the issues of population ageing. Several MACA members have caring responsibilities, however as far as DADHC is aware, none have a caring role for a person with a severe or profound disability.

285. What are you doing to change the way primary carers are utilised in NSW given the fact that carers currently have fewer formal rights than the people to whom they provide unpaid assistance?

The NSW Carers Action Plan 2007 – 2012 contains initiatives that focus on five strategies:

1. Carers are recognised, respected and valued;
2. Hidden carers are identified and supported;
3. Services for carers and the people they care for are improved;
4. Carers are partners in care;
5. Carers are supported to combine caring and work.

Stronger Together: A new direction for disability services in NSW 2006 – 2016 is the NSW Government's ten year plan for disability services. *Stronger Together* is backed by \$1.3 billion in funding in the first five years. Carers of children and young adults with a disability in NSW will benefit from expanded services, particularly respite and parenting support services. Carers of adults with a disability will benefit from a more diverse range of supports, in particular respite, expanded post school programs that teach employment-related or life skills, day programs and behaviour support services.

DADHC has also worked with Carers NSW to develop the "Working with Carers" training package to support service providers to work more effectively with carers.

286. Is NSW reviewing legislation to ensure that primary carers have a rights based framework to protect their interests or meet their role-related needs?

No.

a. If not could the Minister please explain why not?

The whole-of-Government NSW Carers Action Plan 2007 – 2012 ensures carers' interests are protected through initiatives focussing on five strategies (as detailed in question 285).

287. Does the government agree that Carers Advisory Council, made up of elected primary carers might be a step towards some kind of social equity?

The Government provides funding to Carers NSW for peak activities, including development and promotion of carer participation and representation policies, and training for carers to enhance their ability to represent the needs and interests of all carers.

The NSW Carers Action Plan 2007-2012 already identifies carers as a key stakeholder group for consultation and engagement in the development of relevant government policies and commits all government agencies to incorporating the needs of carers in the development of policies and programs.

288. Has primary caring become a no choice policy under the NSW governments 'Stronger Together'?

On the contrary, *Stronger Together* provides an additional \$69 million over five years to enhance the availability of respite in the community. Respite is a critical service for carers, enabling them to take a break from their caring role.

289. If not, please explain the process of how a primary carer who so chooses can move away from providing 24/7 care and support in NSW?

See answer to question 288.

Expanding services for people with a disability and older people significantly benefits their carers and ensures that they receive support to complement their caring role. Carers of children and young adults with a disability in NSW will benefit from expanded services, particularly respite, therapy and parenting support services. Carers of adults with a disability will benefit from a more diverse range of supports, in particular expanded post school programs, day programs, respite services, therapy and behaviour support services. Respite services are particularly important in giving carers a break from their caring role. *Stronger Together* provides an additional \$69 million over five years for new respite places.

290. What is NSW doing to ensure that Primary Carers of adults who work are able to keep their income given that many are forced to pay for the cost of care directly out of their already taxed wages?

Priority area five of the NSW Carers Action Plan 2007 – 2012 is that carers are supported to combine caring and work. NSW Health has lead responsibility for implementing the Plan.

291. When will the Companion Card be rolled out across the State?

The Companion Card is planned to be rolled out across the State in the first half of 2009.

292. Is it true that DADHC use a scoring system called a 'priority assessment tool' to prioritise service allocations?

No, prioritisation criteria are applied when determining how resources are allocated to provide interventions to clients in accordance with the DADHC *Prioritisation & Allocation Policy*. (*Prioritisation & Allocation Policy* Aug. 2002, Pg 3, *Operational Guidelines*)

293. If so are people “scored” without their knowledge?

People are not ‘scored’. The person and their family or carer participates in developing the Assessment of need which is the document against which the prioritisation occurs.

294. What scores are given for the following?

- a) Serious illness or death within family 12 months ago
- b) Serious illness or death within family 13 months ago
- c) Separation or divorce
- d) Disabled sibling
- e) Terminally ill close family member
- f) Carer illness
- g) Carer over 70
- h) Socially inappropriate behaviours
- i) Client prone to falling or bumping
- k) Client lifting /transferring causes the family physical strain
- l) Client requires assistance during the night
- m) Likely breakdown of family within 12 months
- n) A member of the immediate family has ongoing health problems

See answers to question 293. DADHC does not score clients to determine priority. Prioritisation for services is based on a set criteria applied to identified needs and risk factors. (*Prioritisation & Allocation Policy Aug. 2002, Pg 2, No. 10*)

295. If the last question (n) is answered in the affirmative do DADHC require a medical certificate to prove this rather than taking the carer at their word?

See answers to question 293. DADHC does not score clients to determine priority. Prioritisation for services is based on a set criteria applied to identified needs and risk factors. (*Prioritisation & Allocation Policy Aug. 2002, Pg 2, No. 10*)

DADHC does not require a medical certificate. However, staff may suggest a medical certificate is provided as part of the assessment process.

296. Does the person with a disability or carer have any input into the scoring process?

People are not ‘scored’. The person and their family or carer participate in an assessment of needs. This process determines the client’s needs and goals and the prioritisation for service.

Prioritisation for services is based on a set criteria applied to identified needs and risk factors. (*Prioritisation & Allocation Policy Aug. 2002, Pg 2, No. 10*).

297. Are carer’s informed that they are “scored” in this manner?

See answer to question 296.

298. What score gets you access to services and support?

The client's needs are prioritised against the criteria identified in the DADHC *Prioritisation and Allocation Policy* August 2002.

299. Who does the “scoring” and how do they estimate that a family is at risk of breakdown within 12 months?

People are not scored.

300. Are staff who do the scoring familiar enough with the family to qualify them to answer such intimate and private questions about a family?

Professional staff undertake the assessment of need in conjunction with the person and their family or carer. The person with a disability and their family or carer will be engaged as much as possible to participate in and contribute to the development of an assessment of need, the document against which prioritisation occurs.

301. Does the Minister agree that some families may be offended with such a breach of privacy, particularly as they are not aware that such information is being recorded about them?

No, DADHC staff are required to implement the Operational Procedures: Privacy, Dignity and Confidentiality (Policies for Working with People with Disabilities, October 1996) and ensure that:

- Clients and their family are made aware, at the point of entry into the service, that a paper and computer file will be established to record information about the client, their needs and the assistance provided.
- Staff members advise the client and their guardian/advocate or 'person responsible' about the possible use of the information and their right to have access to that information. This includes the service's requirement to provide non-identifying data for the purposes of planning.

The information gathered is used to make appropriate referrals (within DADHC and to external agencies) and for planning purposes. Families are informed that all requests for service are prioritised. (*Refer Information and Referral Function Handbook, pg 45*)

302. How many families in 2007- 08 were informed by the NSW Ombudsman that the Director General of DADHC had written to The Ombudsman stating that a complaint had been resolved when the family disputed this resolution?

This question should be redirected to the NSW Ombudsman.

DADHC's DRAFT POLICY MAINTAINING RESPITE CAPACITY

303. What are the ramifications of the implementation of this policy to both the person in need of care and the family who supports them?

The policy has been re-drafted and remains subject to a consultation process.

304. Is one independent member on a panel deciding whether needs are going to be met by a placement or the suitability of an allocated placement enough to show transparency?

DADHC is yet to finalise the policy and the final structure of the assessment panel is subject to further consultation.

305. What makes the Minister so certain the Guardianship Tribunal would sanction this abuse of their independence and their powers in regard to removing guardianship rights to non-compliant parents?

The question does not make sense.

306. How does this policy strengthen families in crisis, the supposed underpinning of 'Stronger Together'?

The policy is being redrafted.

DADHC's DRAFT ACCOMMODATION PAPER

307. Did DADHC staff write this policy or was it outsourced?

A contractor was engaged to research practices in other jurisdictions. The final policy was prepared by DADHC staff.

308. Who signed off on this policy?

The new draft policy was approved by the Minister after a redraft for circulation and further consultation.

309. How much money did DADHC's policy division cost including wages and outsourced contractual agreements in 2006-07 2008-09?

DADHC does not have one centralised policy directorate. The budget for the Accommodation Policy and Development Directorate includes salaries for a number of policy officers and, from time to time, a number of contractors depending on project requirements.

The Accommodation Policy and Development Directorate expended a total of \$4.78 million in 2006/07. In 2007/08 \$3.56 million was expended. The 2008/09 budget is \$4.89 million, of which \$0.89 million has been expended by the Directorate as at the end of October 2008.

310. Isn't this vacancy management system a denial of the right of choice, for the person with a disability and their family?

The policy provides a uniform and equitable method of matching people, in order of greatest relative need, to services that meet their needs, and offering that place to them.

a. Does this policy mean a person from Mona Vale can be sent anywhere within 6,228 sq km and still be considered to be living in their community or region?

No. All DADHC policies and practices operate under the *Disability Services Act* and its own Service Standards. People are not 'sent' without consent, and offers are made in cognisance of people's needs to maintain social (family) and community relationships. As not all service types are available in all areas, DADHC staff work to achieve the most effective outcome for clients and their families.

b. Is it true that under this policy a person with a disability who grew up in and has strong social ties and support networks in the Tweed, or Coffs Harbour or the Great Lakes, could be sent to Narrabri or the Moree Plains or any community within 140,353 sq kms to live and still be considered to be living in their community or region?

Not unless the person consented to the move. One of the factors to be considered in giving consent for most people would be maintenance of social (family) and community relationships. This factor is one of the many considered by DADHC in identifying suitable accommodation for people.

c. What about families from Labor heartland such as Wollongong? Under this policy their sons or daughters could be sent to Cooma or anywhere really within a 59,116 sq km area to live couldn't they?

See answer to the above question. A person's political affiliations are not a factor in offering support services.

d. Is this what your government calls 'Stronger Together'?

Stronger Together is the Government's 10-year funding plan, with an additional \$1.3 billion over five years from 2006 to deliver more support more quickly for people with a disability, families and carers. These policies assist the equitable delivery of resources to those in the greatest relative need.

311. How does this policy take into account the value of human relationships, the value of community and the value of family to a persons wellbeing?

Case managers work with people with a disability and their families to identify the services they require and the preferred location of these services, seeking to maintain a person's family and community relationships. In regional areas, the challenges of distance are recognised and means of better responding to people's need to maintain relationships were discussed at a recent roundtable chaired by the Director-General.

All DADHC staff are guided by the Service Standards which explicitly recognise the importance of family relationships.

312. In DADHC's recently released draft accommodation paper does it say that "Supported Accommodation will only be considered after all other support options have been exhausted?"

Yes. DADHC seeks to offer people services that give them maximum independence. If, for example, day programs, or in-home support would meet a person's needs, these would be the preferred option. These must be properly considered by the case manager before supported accommodation is identified as the best option.

a. Can the Minister please explain how this will work when it often takes years of battle to obtain each and every service offered, so to exhaust the system could take a lifetime?

Stronger Together funding is providing a large increase in available services. Services will be offered to people in greatest relative need. DADHC's case management service is designed to support all people eligible for its services.

313. It then says that "This is to recognise that Supported Accommodation is part of a continuum of support, and all other reasonable options should be attempted before considering supported accommodation", but nowhere does it define 'reasonable', so I ask you Minister could you please define what exactly do you mean by 'reasonable'?

The requirement on staff to act reasonably, means that they would consider support that was appropriate to a person's need and seek to provide it in a fair and practical manner with respect to the person's interests, circumstances and requirements.

314. Is this policy demanding that families are to have no choices at all as to whether they will provide ongoing care no matter the level of care required?

No. DADHC will work with families to provide services that are in a person's best interests given the resources available.

315. Isn't this a violation of human rights, to demand no say in the direction of your own life, whether you are a person with a disability or a carer?

DADHC does not impose services on people, but only will respond when a person gives consent. DADHC will, as required, facilitate advocacy services to ensure that a person's interests are being protected.

316. What percentage of primary carers are sole parents by the time their son or daughter are adults?

DADHC does not collect this information.

317. What percentage of primary carers do so in poverty?

This question should be referred to the Australian Government Department of Families, Housing, Communities Services and Indigenous Affairs.

318. How does this policy place intrinsic human value on people with disabilities who are in need of assistance?

See answer to question 315.

319. How does the Minister foresee the Lachlan Centre working in the best interest of the person requiring care, when large groups of people with complex and challenging behaviours are all confined to one site?

Lachlan residents have lived together on the same site for more than 30 years and have strong personal relationships that should be maintained. These residents require intensive clinical supports and a critical mass of professional clinical expertise is desirable in order to respond to crisis events resulting from unstable medical issues or acute psychotic episodes. Many Lachlan residents have returned to the Centre following previous unsuccessful attempts to provide care in community settings and families are very confident in the quality and sustainability of care provided at Lachlan.

In addition, clients are not 'confined' but are accommodated with their consent. Families sought that clients' existing social relationships be preserved and sought that DADHC provide the accommodation as proposed for Lachlan residents so they could maintain their social relationships with each other. The 10 houses will be operated to maximise clients' independence and will be operated as independent group homes and not as a de facto institution.

a. Doesn't this facility undermine the spirit of the Disability Services Act and the Declaration of Human Rights for People with Disabilities?

No. The Lachlan Centre is being reconfigured to provide improved facilities and services and to enhance the outcomes of residents.

320. Doesn't this policy remove any ability for people with disabilities or/and their families to forward plan their lives?

Allocations requirements are assessed and supported through case managers. In most cases, DADHC would encourage families making contact with staff as their needs increased, not just when families felt an immediate need for support. Staff in regions are active in supporting people through the Information, Referral and Intake Service and assisting in planning to meet current and future needs.

321. Isn't the NSW Disability Services Act is based on the premise that people with disabilities should be supported to access the same life choices as people without disabilities of the same age?

The Act, amongst other things, does require that services and programs of services be designed and administered so as *"to provide opportunities for persons with disabilities to reach goals and enjoy lifestyles which are valued by the community generally and are appropriate to their chronological age"*.

322. At age 18, is a person without disability considered the responsibility of their family?

The answer to this question varies from circumstance to circumstance, family to family and community to community.

323. What is DADHC doing to plan for people with disabilities that offer a range of options rather than dictatorial policy that allows only minimal support until the worst case scenario happens?

DADHC provides a range of support options and works with people and their families to arrange appropriate services that meet their need. DADHC is planning an increasing range of services, including flexible packages to support people either in their own home or in supported accommodation. Also refer to the answer to question 320 above.

324. Your documents say the accommodation register will not be used to manage or estimate future demand, so how is the Minister proposing to plan for the future?

The plan for disability services in NSW is mapped out in *Stronger Together: A new direction for disability services in NSW 2006-2016*.

325. Why is the Minister turning his back the Price Waterhouse Coopers detailed assessment of future demand for disability services that DADHC itself commissioned?

The premise behind the question is rejected.

326. How much did the Price Waterhouse Coopers detailed assessment cost?

Please refer to the 2005/06 Annual Report for DADHC.

327. What was the outcome of the analysis of the need for more respite and accommodation services both now in the next decade?

Refer to the *Stronger Together: A new direction for disability services in NSW 2006-2016*.

328. How many thousands of accommodation places did the Price Waterhouse Coopers report say was needed?

The approach was detailed actuarial analysis of current and projected population and service level data. It was not an analysis of the policy approaches and service delivery strategies required to respond to specific population trends. These are set out in *Stronger Together*.

329. How does this policy strengthen families?

Refer to the answer to question 328.

330. Could the Minister make a copy of the Price Waterhouse Coopers report available?

The report is subject to Cabinet-in-Confidence requirements and cannot be released.

331. How much money was allocated from the annual DADHC budget for each of the following services in 2006-07 and 2007-08?

a) Case management

Total allocations for case management are included with therapy services and behaviour intervention in the service group "Therapy and Intervention". It is not possible to readily and accurately separate these allocations among service types, such as case management and individual therapies. The budget for Therapy and Intervention for 2006/07 was \$130 million and for 2007/08 was \$133 million.

b) Speech pathology

Refer to the answer to question 331(a).

c) Physiotherapy

Refer to the answer to question 331(a).

d) Occupational therapy

Refer to the answer to question 331(a).

e) Behavioural intervention

Refer to the answer to question 331(a).

f) Flexible respite packages

Total allocations for flexible respite packages are included along with all other respite types in a single Respite service group. It is not possible to readily and accurately separate these allocations among service types, such as Flexible Respite Packages and Centre-based Respite. The budget for Respite for 2006/07 was \$205 million and for 2007/08 was \$229 million.

g) Centre-based respite

Refer to the answer to question 331(f).

h) Accommodation supports

It is not clear what this is a reference to.

i) Supported accommodation

2006/07: \$598 million. 2007/08: \$649 million

j) HACC services for people living with disabilities under 65 years of age?

Funds for HACC services are not allocated on the basis of the age of clients.

332. What are the outcomes on studies in regard to therapy services for children?

a) In regard to life outcomes

b) In service costs across the life continuums

There is a range of literature on the efficacy of therapy intervention for children with disabilities. Professor Anita Bundy published a review of the literature, *Therapy services in the Disability Sector: A literature Review in 2008*. This review is available on DADHC's website.

333. Are greater levels of investment in care required in the adult years because of lack of investment in the formative years that leads to the person requiring support not maximising their abilities and potential?

No, DADHC supports the principle of early intervention and prevention. However, even with additional support and early intervention the needs of an individual change as they age.

Increased levels of investment in care required in the adult years relate to an increase in life expectancy due to improved care and support services. The care and support of an adult with a disability often moves from the parents or family to the disability sector as those family/carers age.

334. Are Part-time and casual staffs still working almost the equivalent hours as full-time staff?

a) What did this cost in 2007-08?

Under existing award provisions, part-time staff are able to work additional hours beyond their part-time contract. The cost to DADHC of staffing a roster using a part-time staff member working additional hours is equivalent to the cost of using a full-time employee working ordinary hours.

Casual staff can be employed to work a variety of hours, including full-time for intermittent periods. While casual staff receive a 15% loading, this is in lieu of leave entitlements, so the net cost of filling a vacancy in this way does not have a financial impact on DADHC.

335. Were there costs blowouts in the projected costs of administration and if so how much in dollar terms?

There were only very minor variances between forecast and planned administration expenditures in 2007/08.

336. Has the entry level of new staff been lowered to enable vacancies to be filled but are failing to up-skill these staff through training and coaching?

DADHC has not changed the entry requirements for recruitment to positions.

DADHC has invested in training and there was a 53% increase in training for frontline staff between 2006/07 and 2007/08 financial years.

337. How many hours on average are Network Managers doing in overtime per (an average across the state)?

32.6 hours of overtime per annum.

338. Has DADHC been able to overcome the fact that close to 70% of staff were not having reviews and feedback sessions with their manager to discuss their performance and expectations?

DADHC is not aware of any data that indicates 70% of staff who are not receiving performance reviews from managers. DADHC has in place the appropriate policies governing the requirements for supervision and management of staff.

339. What percentage of disability expenditure in 2006-07 and 2007-08 was allocated towards administrative costs?

2006/07: 9.4%

2007/08: 9.4%

340. Has DADHC staff undergone skills training from the Dept of corrective services?

DADHC works closely with the Department of Corrective Services to coordinate support to people with an intellectual disability leaving custody. Whilst this work provides for the exchange of skills and knowledge between staff from the two Departments, DADHC staff have not undergone skills training from the Department of Corrective Services.

341. How much did this cost?

N/A

342. Was this corrective services training only provided to staff who have consistent contact with people coming from corrective services or was this training provided as general skills development for people who work with people with disabilities?

N/A

343. How many staff has had this training and what positions are they employed in?

N/A

NATIONAL DISABILITY AGREEMENT

344. Bill Shorten stated “The Government will develop a National Disability Strategy aimed at improving economic participation, social inclusion and wellbeing for people with disability, their families and carers”, when will these negotiations be finalised?

Currently, there is no National Disability Strategy. Development of such a strategy is being led by the Australian Government. Questions as to timing of completion should be referred to the Australian Government.

345. Under the National Disability Agreement that is to replace the CSTDA will there be a guarantee of services for people with disabilities?

Currently, there is no National Disability Agreement. Such an agreement is being developed through processes established by the Council of Australian Governments (COAG).

346. What is the perceived advantage to our elderly citizens of all services coming under Federal control?

Refer to the answer to question 15.

347. Will the Federal government finance aged care service but still expect NSW to be responsible for delivering 'in community' aged care services?

Refer to the answer to question 15.

348. How will the delivery of in-home support be monitored?

Refer to the answer to question 15.

349. Aged care accommodation services are currently close to fully funded. In NSW there are between 42,000 and 50,000 accommodation beds for our elderly citizens while disability services offers fewer than 8,000 places for 232,000 eligible people who fall into the CSTDA target group. Can the Minister explain the advantage to people living with disabilities in NSW for the sole responsibility for costs of social supports, accommodation supports, and respite services lying with a poorly funded NSW Disability Support System?

Refer to the answer to question 15.

350. Can the Minister explain how, given the statistics, that the average age a person entering residential aged care currently stands at 82 years of age, that the Federal government was able to convince the NSW government that NSW should have sole responsibility at this time for its disabled citizens given the crisis in aged care is predicted in four decades, not the immediate future?

Refer to the answer to question 15.

351. Can the Minister explain his convictions that this sole funding cost shift to NSW government support system will benefit our disabled citizens and carers?

Refer to the answer to question 15.

352. During Federal negotiations prior to last years Federal elections, NSW was spouting the Neil Warren report that said that Australian intergovernmental fiscal arrangements are characterized by a very high fiscal imbalance, so how can the transfer of accountability from the Feds, enhance services to the States most vulnerable populations?

Refer to the answer to question 15.

353. As the Federal Government collects 80% of taxation revenue while being responsible for 54% of own-purpose spending, while the States collect around 16% of tax revenue while being responsible for around 40% of own purpose spending, where will NSW get the money needed for equitable disability services?

- a) Exactly how much money has been offered in SSP payments to NSW and what are they expected to cover?
- b) Will any of these SSP payments be quarantined just for Disability services?
- c) If not where does this leave NSW vulnerable people who are already suffering from chronic under-funding?

Refer to the answer to question 15.

In addition, COAG has tasked Treasurers with resolving funding arrangements around the new national agreements, including disability services. Questions about funding would need to be directed to the Treasurer.

354. What is the Ministers response to the fact that the Rudd Government has publicly stated last year that it plans to move towards population-based benchmarks for funding Disability Services in 2011?

State and Territory Disability Ministers have a process in place to consider population-based benchmarking. No decision has yet been made about the application of benchmarks.

355. Is DADHC working towards establishing the population-based benchmark funding model of service delivery that the Rudd government has promised will start in 2011?

Refer to the answer to question 354.

356. Did the Rudd Government outline the projected costs to NSW of population based benchmarks for funding disability Services at today's estimates or forward estimates to the 2011 promised start date before NSW agreed to work towards taking sole responsibility?

Refer to the answer to question 354.

357. Who has/will be appointed to do the strategic planning and modelling for this move towards population-based benchmarks for funding disability services for NSW in 2011?

Refer to the answer to question 354.

358. How will accountability for specialist disability services be measured?

If this question is about measuring services against population-based benchmarks, then see the answer to question 354.

359. What are the projected costs for population based benchmarks for funding Disability Services for NSW by the time 2011, the date cited by the Rudd government to introduce population based benchmarks rolls around?

Refer to the answer to question 354.

360. What has the Rudd government offered to NSW to assist with these projected skyrocketing costs?

The question cannot be answered as it is not clear what it is referring to.

361. How will NSW ensure that people with disabilities and Families receiving HACC in home care support will have seamless services under this transition to state funded services?

Refer to the answer to question 15.

362. How will aged carers of people with disabilities whose programs such as Aged Parent carer respite program that are funded and managed by the Commonwealth be affected by these changes?

Refer to the answer to question 15.

363. How will growth funding for unmet need be addressed if direct payments do not match Population Based Benchmark Funding criteria?

Refer to the answer to question 15 and 354.

364. Why are the states allowing the Commonwealth to abandon People With Disabilities and their families to poorly serviced state funded services that denies them their Constitutional Rights under Commonwealth Law? i.e. the freedom to move interstate and take services with them as they do in aged care.

Refer to the answer to question 15.

365. Hasn't the NSW government rolled over on families and people with disabilities who have been fighting for these rights with the Commonwealth by asking that the Commonwealth take full responsibility at least for adult services that would allow supports to be transferable across state boundaries?

Refer to the answer to question 15.

366. Has NSW entered into an agreement with the Commonwealth to take over Veterans services?

This question should be redirected to the Department of Veterans' Affairs.

367. If yes, why have we exposed NSW taxpayers to a Commonwealth obligation that will leave our already limited capacity ready to implode?

This question should be redirected to the Department of Veterans' Affairs.

368. What financial incentives were offered to NSW by the Commonwealth?

This question should be redirected to the Department of Veterans' Affairs.

369. How many current servicemen or women have NSW taxpayers been exposed to providing services for over the next decade?

This question should be redirected to the Department of Veterans' Affairs.

370. Has NSW agreed to guarantee veterans the services they need given that under the Commonwealth arrangement there was an inbuilt guaranteed of an entitlement to service?

This question should be redirected to the Department of Veterans' Affairs.

371. What will be NSW's immediate exposure be in dollar terms and will this mean that current difficulties in receiving support are estimated to blow out of control over the next decade?

This question should be redirected to the Department of Veterans' Affairs.

372. What financial planning and funding growth has NSW agreed to with the Commonwealth in the event of war?

This question should be redirected to the Department of Veterans' Affairs.

373. Did NSW look at the statistics for Vietnam Veterans requiring services over the past 40 years to forward estimate projections of potential exposure to costs before agreeing to take over all future veterans disability supports and services?

This question should be redirected to the Department of Veterans' Affairs.

374. What were these projected costs based on?

This question should be redirected to the Department of Veterans' Affairs.

375. How many face-to-face hours for in home support are projected as being necessary for Veterans in the next decade?

This question should be redirected to the Department of Veterans' Affairs.

376. How much additional funding will be required for veteran's home modifications?

This question should be redirected to the Department of Veterans' Affairs.

377. Will Veterans services be run separate to Disability Services to allow veterans their own individualized entry points or will they be jumping onto the same queues as everybody else?

This question should be redirected to the Department of Veterans' Affairs.

378. Will NSW be exposed to the costs for servicemen and women currently mildly incapacitated who as yet are not receiving services from the Commonwealth but will as they reach their middle years because of service related injury?

a) If yes, what are the projected costs?

This question should be redirected to the Department of Veterans' Affairs.

379. Has a separate agreement been brokered in the event that Australians are sent to fight under our flag in the event of peacekeeping and massive casualties arise?

This question should be redirected to the Department of Veterans' Affairs.

380. Will this cost shift from the Commonwealth expose our veterans to the same service system that is unable to react adequately to unmet need?

This question should be redirected to the Department of Veterans' Affairs.

381. Why has NSW agreed to take on this Commonwealth obligation?

This question should be redirected to the Department of Veterans' Affairs.

382. Have Veterans and Servicepersons groups been extensively canvassed in regard to their opinion of being sent into a second rate program?

This question should be redirected to the Department of Veterans' Affairs.

383. Why is NSW building an aged care facility for older people with disabilities when clearly this comes under the auspice of aged care and should be Federally funded and maintained?

Arrangements between the Commonwealth and States are currently under review. Historically, the Commonwealth has referred all disability support services to the states, irrespective of a person's age. There are no known Commonwealth funded services for people with an intellectual disability who have ageing related support needs.

State Governments are working with the Commonwealth to develop a better approach for people with intellectual disability as they age.

a) What will be the criteria for entrance to this age care facility?

DADHC is currently working on a comprehensive entry pathway. The central criteria will be increased support needs due to ageing. This could include such domains of increased needs as frailty, increased medical needs, dementia, loss of mobility where it is due to ageing, etc.

b) How will age related disability be assessed as differing to cognitive impairment?

The entry pathway will include assessment instruments informed by appropriate clinicians to ensure assessment is accurate to need.

c) Could we have access to the classification studies, scope and assessment tools that have been developed to assess the need for residential aged care in a population that has cognitive disability?

Documentation is currently in the early stage of development.

(Questions 384 until 392 are missing in the original document).

The additional cluster that is to be built to house 20 of Peat Islands younger residents, will be built on a pocket-handkerchief site, opposite a Coles supermarket, near a school and a 3am licensed hotel leaving the surrounding streets are like a car park.

393. Has an assessment of the probable psychological ramifications to the residents confined to such an environment been undertaken, given that the targeted residents are used to the freedom of Peat Island?

The location criteria were developed in consultation and agreement with the families and friends of Peat Island residents. Transition planning will be done to identify and manage any issues such as those raised.

a) If yes what was the result of this assessment?

Refer to the answer to question 393.

b) If yes, will the Minister release the assessment?

Refer to the answer to question 393 (a).

c) If not, why has this environmental and psychological assessment not taken place considering the vulnerability of these residents?

Refer to the answer to question 393.

394. Do the stakeholders (family and friends) object to the position of the current housing site?

Refer to the answer to 393. I am advised that one family member has raised objections to the location. However, it meets the criteria agreed with the families to, among other things, maintain the clients' social relationships.

395. Will Peat Island be sold and if yes, what is it estimated value of Peat Island?

The NSW Government may dispose of the Peat Island Centre site in the 2010-2011 year subsequent to the closure of the Centre.

a) Which dept will benefit from the sale?

See answer to question 395.

396. Isn't replacing one institution with another in direct defiance of the spirit of NSW Disability Services act and the rhetoric of closing institutions for community living?

The Government is not acting as presumed by this question.

Referring to the Hamlyn Terrace Aged Care Village, DADHC is building a service that will be similar to services provided to the general community for people with ageing related support

needs. Unlike community aged care villages, Hamlyn Terrace is designed to be operated as 10 individual homes to provide maximum independence for residents. It will not be operated as an institution where residents would be unable to exercise choice over the pattern of their daily lives and be placed in congregate living arrangements that reduce their privacy.

397. What is the opinion of the NSW Ministers Advisory Council in regard to the building of new residential institutions in NSW?

The Government is not building new residential institutions, assuming that by the term 'institutions' is implied congregate care with minimal client independence. DADHC is planning specialist support services for clients with high support needs to maximise their independence and integration with the community.

398. How many residents currently reside at Rydalmere?

There are 178 clients residing at Rydalmere.

399. When was the last placement of a client in the Rydalmere accommodation services?

An emergency temporary care client was placed in Rydalmere on 17 March 2008, following an independent psychiatrist's advice regarding this temporary arrangement to stabilise the client's behaviour.

400. When will the residents of Rydalmere accommodation services, be devolved and supported to live in community settings?

This and other metropolitan residential centres are subject to state-wide specialist service planning that will allow equitable establishment of priorities for their closure. The service planning exercise for the Rydalmere Centre is due to take place over the next 12 months.

401. How many hours each month (as an average figure) do residents of Rydalmere leave the site and participate within the broader community?

For the quarter July to September 2008, the average hours per client for community access was 20 hours per month.

402. What day programs are provided for residents of Rydalmere and how many hours each week are the residents given access to these programs?

There are two day program services at Rydalmere and an additional range of recreational activities provided by the Metro Residences Recreation Team. Sessional activities include signing choir, sensory stimulation, art and craft, orienteering program, music appreciation, walking group, social group, music therapy, fitness group and coffee shop.

On average, most residents receive between six to nine hours of day program sessions per week. However, 10 residents only receive three hours per week and three residents receive 15 hours per week.

Recreation activities average three hours per day. These hours are not counted as day program hours.

403. How many residents gain access on a regular basis to day programs?

All residents gain access to day programs on a regular basis.

a) Are they off site – in the community?

Programs are onsite.

404. How many vehicles to transport the residents of Rydalmere and Lachlan are available on a daily basis?

Rydalmere

Seven Toyota Tarago vans, two Toyota Hi-Ace wheelchair vans and two sedan cars.

Lachlan

Two Toyota Tarago vans, two Toyota Hi-Ace wheelchair vans and two sedan cars.

405. Is it a breach of the Disability Services Act with the proposed redevelopment of three institutions (Lachlan, Peat Island and Grosvenor) under the Stronger Together plan?

See the answer to question 239.

406. Why is it costing \$7.7 million to provide just 30 beds at the former Grosvenor site, given that this equates to \$256,000 per bed?

The model for the new 30 bed facility at the former Grosvenor site is yet to be fully costed. However, it can be confirmed that it will be considerably less than the \$7.7 million stated. The Grosvenor Centre is providing 20 permanent beds and 10 respite beds

407. How many 5-bedroom houses could have been supplied in a community setting for \$7.7 million dollars?

Operational costs vary depending on client need. It is noted that Grosvenor supports people with a disability who have complex health care needs.

408. How long have the permanent residents who were blocking the former Grosvenor site been living in respite?

No permanent residents have blocked a respite bed at Grosvenor.

409. Will there still be both an adult's house and a children's house on site?

The new Grosvenor Centre will provide 20 permanent beds for adults, five respite beds for adults and five respite beds for children.

410. Were the people who lived in Grosvenor regularly accessing the community?

Yes

a) If yes, how many hours per month was the average community access?

The average community access was 123 hours per month per client. This is inclusive of day programs.

b) Will the permanent residents of Grosvenor have access to offsite day programs, and if so, how many days per week?

Yes, depending on their health status, clients will have access to off-site day programs for three to five days per week.

411. In last years budget estimates the Minister confirmed 19 vacant houses, is this still the number vacant"

a) What is the address of each of these vacant houses, whether sold or not?

See the answers to questions 60 and 117.

The addresses of the 17 houses vacant as at 27 October 2008 are:

113 Bradley Street, Goulburn	329 Bloomhill Road, O'Connell
55 Bligh Street, Grafton	12 Newman Street, Orange
18 Rosebery Street, Wentworth Falls	117 Bathurst Road, Orange
8 Boomerang Road, Waratah	18 Morgan Avenue, Warilla
2 Cutler Close, Westleigh	14 Cawdor Farms Road, Grasmere
235 Georges River Road, Kentlyn	46 Algona Street, Lavington
8 Garden Avenue, Figtree	3-5 Kent Street, Blacktown
6 East Street, Russell Vale	19 Washinton Avenue, Cromer
288 Lake Road, Glendale	

412. Which assets are currently leased out to other services or private entities and what are the locations, the lessee's details, the value of each property and the negotiated terms of the lease?

The assets are:

- three day program centres, which previously housed DADHC operated day programs. The programs have been reauspiced to NGOs and the premises leased to the NGO operator at no or minimal rent.
- 18 residential houses that are associated with the Peat Island Centre but are located on the mainland adjoining the Centre. They are leased on the open market for market rents.

a) What are the addresses of all leased properties?

108 Sutton Street, Cootamundra

20 Haslingden Street, Moruya

14 Reservoir Street, Mt Pritchard

50 Pacific Highway, Mooney Mooney
51 Pacific Highway, Mooney Mooney
52 Pacific Highway, Mooney Mooney
53 Pacific Highway, Mooney Mooney
54 Pacific Highway, Mooney Mooney
55 Pacific Highway, Mooney Mooney
56 Pacific Highway, Mooney Mooney
57 Pacific Highway, Mooney Mooney
58 Pacific Highway, Mooney Mooney
59 Pacific Highway, Mooney Mooney
60 Pacific Highway, Mooney Mooney
61 Pacific Highway, Mooney Mooney
62 Pacific Highway, Mooney Mooney
63 Pacific Highway, Mooney Mooney
64 Kowan Road, Mooney Mooney
66 Kowan Road, Mooney Mooney
67 Kowan Road, Mooney Mooney
68 Kowan Road, Mooney Mooney

b) What are the reasons for leasing assets that could be used for services?

The reasons for leasing these assets are as follows:

- ♦ the three day program centres are being used to provide services; and
- ♦ the houses associated with the Peat Island Centre are residential premises situated on DADHC owned land but separate from the operational areas of the Centre. The residences are not suitable for provision of operational services. Leasing the houses provides a return on these assets ahead of decision-making about the appropriate use of the entire site for the Centre once its residents relocate in 2010.

c) What is the total value of assets that have been leased?

The value of assets that have been leased is:

- ♦ Cootamundra - \$110,000 - \$130,000;
- ♦ Moruya - \$270,000;
- ♦ Mt Pritchard - \$318,000; and
- ♦ The value for the houses associated with the Peat Island Centre is part of the overall valuation for the Centre. There is no separate valuation for each house.

413. Are any of these assets vacant land and if so what are the locations and the value of each?

No.

414. What is the total value of assets that have been sold in the past 5 years?

\$45.6 million

415. What is the total value of DADHC asset acquisition in the past 5 years and how many properties were acquired and in which town or suburb was each property purchased?

DEPARTMENT OF AGEING, DISABILITY AND HOME CARE

Total value of property assets acquired over the last five years is \$183.6 million.

DADHC's asset records are complete with respect to its properties but do not allow ready identification of which properties were purchased at specific times prior to 1 July 2007. Since that date, 56 properties have been acquired and the towns and suburbs in which they are located are listed below:

Abbotsford	Caringbah	Mascot	Smithfield
Albion Park	Castle Hill * 2	Mcleans Ridges	Tamworth West
Alison	Catherine Field * 2	Miranda	Taree
Argenton	Coffs Harbour * 2	Mortdale	Theresa Park
Ballina	Condell Pk	Mudgee	Thurgoona
Berkshire Park	East Albury	Narraweena	Ulladulla
Blackbutt	Forster * 2	Orange * 2	Villawood
Blacktown * 3	Goonellabah	Penshurst	Warilla
Bowral	Grassmere	Punchbowl	West Ryde
Cabramatta	Hurstville	Quakers Hill	Woodbine
Camden	Jilliby	Rutherford/Telara	Woolgoolga * 2
Campbelltown	Louth Park	Schofields	Wyong

416. How many DADHC owned properties in total have been sold in the last 5 years and in which town or suburb was each property?

DADHC has disposed of 43 properties over the last five years. The towns and suburbs in which they are located are listed below:

Balgowie	Condell Park	Hornsby Heights	Springwood
Bass Hill	East Gosford	Keiraville	Towragdi
Baulkham Hills	Five Dock	Kellyville	Wahroonga * 2
Blacksmiths	French's Forest	Lavington	Waratah * 2
Bondi Junction	Goulburn * 2	Merrylands	Wentworth Falls * 2
Campbelltown	Greystanes	Mount Colah	West Kempsey
Canada Bay	Griffith	Mt Keira	West Ryde
Carlingford	Gunnedah	Nowra	Wollongong
Collaroy	Harper Avenue	Parramatta	Woy Woy
Concord	Horningsea Park	Revesby	

417. Who purchased each of these properties sold and how much was paid for each property?

Properties are sold by public auction to the highest bidder by the State Property Authority. DADHC does not keep records of the purchaser.

418. What are the addresses of these properties?

Details to answer these questions are only available, or readily available, for properties sold since 1 July 2007.

Eight properties have been sold since that date and their addresses are identified in the answer to question 117.

a) How many people have been displaced by these sales?

None. Property sales do not occur until replacement homes are completed.

b) How many of these displaced people have been permanently rehoused in a different community or in less valuable property?

The reasons why a property is sold are listed in the answer to question 118. Residents of properties that were sold since 1 July 2007 were relocated within the same suburbs or towns, except in the following instances:

- ♦ Mt Colah to West Ryde; and
- ♦ Mt Keirra to Kembla Range and Curramore.

c) How many of these people are currently living in temporary accommodation or blocking respite beds?

None

419. How many-funded 24 hour nursing care days for out of home respite was provided by DADHC in either DADHC run facilities or DADHC funded facilities in the year 2006/07?

Nursing care respite is offered in two 10 bed respite facilities in NSW – Liverpool Respite Centre and Grosvenor at Summer Hill.

The Liverpool Respite Centre was opened on 17 November 2006 and offered 2,250 nursing care days to 30 June 2007.

Grosvenor was operational for 365 days in 2006/07 and offered 3,650 nursing care days.

420. How many families benefited from these nursing care respite days and the average allocation per family in 2007/07?

Liverpool Respite Centre: 46 families; average allocation four nights per month.

Grosvenor: 27 families; average allocation eight nights per month.

421. How many high care nursing beds does DADHC permanently fund at present in NSW?

DADHC operates 20 beds – see response at 419.

DADHC does not fund any non-government organisations to provide nursing beds.

422. Has Nardy House been included in this number?

No.

423. How many clients were given access to centre based nursing care respite?

For 2006/07: Liverpool Respite Centre: 48 clients (two families had two clients each).
Grosvenor: 27 clients (numbers of families and clients were equal).

424. How many clients are eligible for centre based nursing care respite, children and adult services?

This information is not available.

425. How many applications/verbal requests for nursing level care clients have been received but not granted in 2006-07 and 2007-08?

No formal data is collected for requests that do not proceed to the intake process. For those that proceed to intake and become an application (referral), the following number of referrals were not granted:

Liverpool Respite Centre: 2006/07 – Nil; 2007/08 – two
Grosvenor: 2006/07 – Nil; 2007/08 – one

The reason for not granting an application was that the client was not eligible for the medical model.

426. How many clients in need of nursing level respite care have made enquiries in regard to Nardy House but were;
a) denied access while fitting the criteria?

Each client who has sought a planned stay with high level care needs has been supported. Those assessed as requiring Registered Nurse or physiotherapist interventions have been provided with that service during their stay in Nardy House.

No client who met the criteria for Nardy House has been denied access to planned stays, Two client's families have rejected the service unless Registered Nurses are available 24/7. Independent medical assessment of one of these clients indicated the proposed service delivery plan met the individual's health and care needs.

b) sent a daunting 60 odd page form and did not fill it out

All clients with high support and care needs who have made inquiries have received support through their case managers and the Departmental liaison officer to apply for planned stays at Nardy House.

The completion of detailed health and care plans for planned stays are imperative given the target group is those who have the highest physical health and care needs.
All individuals with case worker assistance have completed the support and care details. Every client has either a DADHC direct case worker or a DADHC funded case worker who coordinates and finalises the details to ensure the Department supports each client according to their identified need and in accord with their medical treatment, to ensure the service fulfils its duty of care responsibilities.

c) referred elsewhere

Two clients, one from Illawarra and one from Ulladulla have been accommodated in DADHC operated respite centres closer to their homes.

d) How many clients were approved for respite care in Nardy House?

Currently, 11 clients have been assessed and are accessing planned stays at Nardy House.

427. How many clients have lived permanently (more than 6 months) in nursing care respite beds in NSW?

As at 31 July 2008, there were two clients in specialist centre-based respite for more than six months.

a) How many are children?

None

428. How many adults are currently blocking nursing level respite care beds or have an extended respite package in a nursing level respite bed and name these units?

As at 31 July 2008, there was one adult blocking respite in a specialist centre-based respite unit. The unit is Grosvenor.

429. How many children are currently blocking nursing level respite care beds or have an extended respite package in a nursing level respite bed and name these units?

As at 31 July 2008, there were not any children blocking a respite bed in a specialist centre-based respite unit. There was one young person (16 years) blocking a respite bed in a specialist centre-based respite unit.

430. How many children respite care beds are in NSW?

As at 31 July 2008, there are a total of 103 respite beds for children and young people in DADHC operated respite centres.

In addition, there are a total of 10 dual model respite units providing an additional 51 respite beds. These are alternatively available for both children and adults.

Regions report that as at 30 June 2008, there were a total of 96 respite beds for children and young people in NGO respite centres. In addition, there is one NGO dual model respite unit providing an additional five beds. These are alternatively available for both children and adults.

431. How many respite beds are currently being blocked or have an extended respite package by children including multiple bed blockages by a single child?

As at 31 July 2008, there were 13 respite beds being blocked in DADHC operated services by children and young people. See also answer to question 78.

432. What is the longest time a single child/adolescent has blocked a respite bed?

As at 31 July 2008, the longest time a single child/adolescent has been in a blocked a respite bed is three years and five months.

433. What is the longest time in months or years that a single child/adolescent has blocked an entire respite house?

See answer to question 83.

434. What is the protocol in transferring from children's (DoCS) to adults services (DADHC)?

If a child or young person is under the parental responsibility of the Minister for Community Services, DoCS notifies DADHC of young people with a disability before they leave the parental responsibility of the Minister for Community Services. DoCS and DADHC staff work together to identify the support needs of individual young people and to transition eligible Young Ppeople into the Leaving Care Program. This program will support young people with a disability to transition to live as independently as possible through transitional planning and case management.

435. If a young person makes allegations in children's services against a service provider/staff, would DADHC leave that young person with the same service provider for their adult services?

Service providers have a responsibility to investigate and respond to allegations against a staff member working with children. In addition, the views of young people are taken into account during the transition planning process.

436. How long does the transfer process from children's services to adult services take and what is the protocol?

To ensure a suitable time for assessment and transitional planning, DoCS will, where possible, initiate referral to the Leaving Care Program two years prior to the young person leaving care. However, if referrals are made later than this, eligible young people are still able to access the Program.

437. Would the young adult, if not attending school, have the opportunity to participate in day programs suitable to their intellectual capacity while the transfer takes place?

Young people transitioning into the Leaving Care Program may be eligible for DADHC funded post school programs.

438. Will all clients continue to access day programs as they age?

Day programs are a critical component of the DADHC service system, building life skills of people with a disability, supporting them to participate as valued members of the community and providing a respite effect for families and carers.

Clients accessing day programs will continue to receive day program support as they grow older.

439. What are the proposals for equitable access to older people with disability to age appropriate day programs who are not currently eligible because of state/federal cost shifting?

DADHC is increasing the number of day program places for adults with a disability by an additional 780 places by 2010/11, in accordance with the NSW Government's commitment under *Stronger Together*. 235 places were implemented in 2007/08. The focus of further growth will be on flexibility, responsiveness and age-appropriate service options to address the changing needs of adults as they grow older.

Adults with a disability are considered for the new adult day places depending on their need.

Older people with a disability also currently receive support through the Older Parent Carers – Flexible Day Options initiative, which supports older parents caring for an adult with a disability to continue to care for the person at home.

440. What was the increased funding expenditure under the Stronger Together program for the year 2006/07 in the following Stronger Together programs:

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

The answer for each part of this question is set out in the financial table on page 32 of *Stronger Together*. The exception is part (n); no small residence redevelopment and planning was included in *Stronger Together*. A copy of *Stronger Together* is attached at **TAB C**.

441. How many people who were assessed disagreed with the assessment in 2007 –08?

In 2007/08, 115 appeals were received from 2007 school leavers who disagreed with the outcome of their assessment and a further 30 appeals were received from existing Community Participation service users.

442. Were the mechanisms available to appeal for reassessment in 2007 –08?

Existing service users can apply for a reassessment through an appeal process. Unless there are particular extenuating circumstances for an individual (for example, increasing health needs), a reassessment would not usually be undertaken within twelve months of the previous assessment.

443. How many people were re-assessed in 2007 –08?

30 existing Community Participation service users who appealed their funding band allocation in 2007/08 were reassessed.

444. How many people were given higher funding bands on reassessment in 2007 –08?

Out of the 30 appellants referred to at Question 443, 21 were allocated to a higher funding band.

445. How can clients and their family be involved in the appeal process?

A young person or their family may lodge an appeal by writing to DADHC and advising that they wish to appeal the outcome of their assessment.

Young people making an appeal can submit any additional information that may assist with their appeal. Examples of this information that may be included with the appeal are letters or reports from doctors, psychologists, service providers, the school principal, teachers and others. This information assists the Appeal Panel to understand the young person's support needs and whether their program or funding band should change or remain the same.

446. What is the time frame between before application to appeal and the reassessment?

Existing service users who appeal may undergo a reassessment. The timeframe between receipt of the application to appeal and the completion of the reassessment is usually between three and six weeks. The actual timeframe depends on the need to involve other stakeholders (the young person, their family/advocate or guardian and the service provider) and to gain necessary consents.

447. What is the timeframe between assessment process and the decision?

The timeframe from the receipt of the request for a reassessment to the approval of the reassessment outcome is variable depending on the time taken to conduct the reassessment, analyse the assessment data and allocate program and funding band (if required) and Appeal Panel review. The need for any additional information to support the application is a key factor influencing the timeframe.

Young people continue to receive support while their appeal decision is undertaken.

448. What is the time frame between the decision and advisement of passing the information to the client/family?

Young people and/or their families are usually notified within 10 working days of the decision.

449. Have the inconsistencies across the entire tool been reviewed and changed?

In June 2007, DADHC convened a workshop to seek input from key stakeholders about changes that could be made to the Post School Programs Eligibility Assessment Tool.

The workshop was independently facilitated and attended by key stakeholders, including a selection of Community Participation and Transition to Work service providers, peak organisations, advocacy groups, the University of Wollongong and senior DADHC officers, including the Deputy Director-General. In addition, written feedback that had previously been provided by the education authorities at the end of the 2006 school leaver process was incorporated into the workshop discussion.

As a result of this workshop, the Eligibility Assessment Tool was revised for implementation during the 2007 school leaver process. The Tool was revised to supplement scored questions in Parts 1- 4 of the Tool with additional questions about:

1. the stability or effect of the young person's disability and/or medical/health care needs on their capacity to manage activities of daily living (e.g. stable, episodic, improving over time or becoming worse over time);
2. where the young person has a significant behaviour or mental health issue, space for the assessor to provide a comment on the level and nature of the required behaviour support. This may include information about the range of variables attributed to the environment that influence the person's behaviour (for example new environments, travelling), and supports which may be required after leaving school; and
3. an open ended question for the assessor to provide any additional information about the supports required for the young person to meaningfully participate in a post school program.

450. If the review has taken place, is the tool now working with equity across disability types?

The Tool contains functional assessment information with additional opportunity for comments regarding the individual young person's support needs.

a) If the review has taken place who did the review?

DADHC convened a workshop on 14 June 2007, which was attended by key stakeholders including a selection of Community Participation and Transition to Work service providers, peak organisations and advocacy groups.

b) If the review has not taken place, are Service Providers for people with extremely high support needs, including behavioural support needs still left with economic disadvantage or if not able to carry the fiscal disadvantage leaving the client with less than equitable care?

Service providers may appeal the level of funding allocated to a young person if they think that the current funding allocation is inadequate to support the person in the Community Participation Program.

During the tenders for Community Participation services, service providers were asked to identify the number of service users they could support across all funding bands. Funding bands range from \$20,040 per annum for those on the Moderate funding band to \$50,101 for those with Exceptional support needs.

In last years budget estimates answers it was repeated that behaviour was not a disability type to questions of where the points are awarded that complete a picture of the need for higher funding bands.

451. If challenging behaviours are not assessed extremely highly within the disability rating for this tool, then why is NSW building an institution where the overarching criteria for institutionisation of the person with a disability is challenging behaviours associated with a variety of disability types?

NSW is not building an 'institution' for people with high challenging behaviours. It is building a specialist service that consists of a cluster of group homes. The cluster will allow maintenance of existing relationships between the residents who will be offered places upon the closure of Lachlan Centre, continuation of beneficial relationships between residents and staff and effective delivery of specialist services. The cluster arrangement is in response to the families and friends of residents wanting such an arrangement.

Each group home will be operated independently in terms of clients' daily activities, access to day programs and outings, to maximise client's independence. It is expected that one of the benefits of people living in smaller supported groups is that the incidence of challenging behaviour will decrease, leading to greater independence and skill development.

a) Doesn't the above question dispute the assessment tools contention that challenging behaviours are less disabling than the primary disability and therefore are scored using minor point allocations?

Part 4 – Behavioural Functional Assessment of the Tool includes five questions on the behavioural function of the young person, including their problem wandering or intrusive behaviour, verbal disruption, physical aggression, emotional independence and danger to self or others.

Additionally, where the young person has a significant behaviour or mental health issue, the assessor can provide a comment on the level and nature of the required behaviour support. This may include information about the range of variables attributed to the environment that influence the person's behaviour (for example new environments, travelling) and supports which may be required after leaving school.

The stability or effect of the young person's disability and/or medical/health care needs on their capacity to manage activities of daily living (e.g. stable, episodic, improving over time or becoming worse over time) is also assessed.

b) Doesn't the tool fail if I cannot load the score for these behaviours that can be so disabling that DADHC is planning to remove some people from the community because of these associated behaviours?

See answer to question 451(a).

452. How does the assessment tool grade these associated behaviours that can disable the ability for social participation within a group far more than most disabilities that have a 'type'.

The Tool assesses a young person's functional ability across the four domains of the assessment tool (Functional Overview, Domestic Activities of Daily Living, Self-Care and Behaviour), rather than their disability type.

The stability or effect of the young person's disability and/or medical/health care needs on their capacity to manage activities of daily living (e.g. stable, episodic, improving over time or becoming worse over time) is also assessed.

a) Give the scores that would be given to three clients in the section of the tool that gives the major point score in Part 1, Part 2, Part 3 and Part 4;

i) moderate cognitive disability with aggressive challenging behaviours

ii) severe cerebral palsy and moderate cognitive disability

iii) moderate cognitive disability and unstable schizophrenia

The Tool assesses a young person's functional ability across the four domains of the assessment tool (Functional Overview, Domestic Activities of Daily Living, Self-Care and Behaviour), rather than their disability type. Young people with a certain disability type, effects and stability would not necessarily score similarly as each individual in that grouping may have differing levels of function across all domains of the Tool.

453. Would this tool still load the cerebral palsy client with the greater score because they are unable to do domestic tasks and personal self care tasks?

See answer to question 452 (a) (i-iii).

454. How does the tool score clients who are able to perform functioning tasks but will often refuse not because of associated behaviours or mental illness?

When responding to questions in the Assessment Tool, assessors are asked to rate what the person is currently capable of, not what they actually do. In assessing capability, the assessor is advised to take into account not only the young person's physical function and health care needs but also their cognition and behaviour (such as unpredictable challenging behaviour). For example, a young person who is not able to complete a task with verbal prompting should not be scored as independent in the Tool because they require prompting in order to complete that task.

If the applicant's health or ability varies from day to day, the assessor is asked to rate the person at their least stable level of functioning in the last month.

455. Give a comparison of scores that would be given to three clients in the section of the tool that gives the next highest point score for;

- i) moderate cognitive disability with aggressive challenging behaviours**
- ii) severe cerebral palsy and moderate intellectual disability**
- iii) moderate cognitive disability and unstable schizophrenia**

See answer to question 452 (a) (i-iii).

456. In reassessing people in 2007-08, how many applicants were re-assessed for the highest funding band?

In 2007/08, one out of the 30 young people re-assessed was moved to the Exceptional funding band.

a) How many applicants were instead provided with interim funding?

Young people appealing the outcome of the Community Participation funding band or undertaking a reassessment receive their approved funding band until the outcome of the appeal or reassessment is known. Once the outcome of the appeal or reassessment is known, the young person's service provider is paid any required difference between funding levels since the date that the appeal or request for re-assessment was lodged.

b) How long does this interim funding last?

See answer to question 456(a).

c) When the interim funding is completed, what provisions are then/will then be made for the client?

See answer to question 456(a).

457. Please supply a copy of the explanation of the categories of the funding tool?

A standardised assessment tool developed by the University of Wollongong is used to determine a school leaver's eligibility for DADHC's Post School Programs, their program allocation (Transition to Work or Community Participation) and their Community Participation funding band.

The assessment tool includes questions relating to the following categories:

- Functional Overview – these questions provide an overview of the level of assistance needed by the young person needed to perform activities of daily living;
- Domestic activities in daily living – these questions are about the things people do in their daily lives and how much help they need to do them;
- Self-care – these questions are about personal care and mobility, including questions that indicate a person's capacity to do things, such as showing, dressing and eating.
- Behaviour – these questions provide information about the person's behaviour support needs.

The assessment tool also includes other information that may assist in understanding the young person's support needs, including information from families and carers.

458. How are the assessment scores analysed?

Following completion of a standardised Post School Programs Eligibility Assessment by transition teachers, de-identified assessment data is sent to the University of Wollongong for analysis.

a) Could a copy of the analysis tool be supplied?

A copy of the Post School Programs Eligibility Assessment is attached at TAB B.

b) Could we have a copy of all of the studies including the 'Costing and Classification Study' developed by Wollongong University by Kathy Eager and any other study that used in reaching the classification of funding bands?

Information about the functional assessment of school leavers can be found at Eager, Kathy et al. (September 2006), "Functional Assessment to Predict Capacity for Work in a Population of School-leavers with Disabilities", *International Journal of Disability, Development and Education* Vol.53, No.3, pp 331-349.

459. Please supply an explanation on how the decisions are reached for a higher funding band?

If a young person or their family is dissatisfied with the outcome of the Post School Program Eligibility Assessment, they can lodge an appeal about their program allocation or funding band (if eligible for Community Participation).

An appeal may be submitted by the young person, their family or advocate, or their service provider (with consent from the young person and their family). A young person or their family may lodge an appeal by writing to DADHC and advising that they wish to appeal the outcome of their assessment.

Young people making an appeal have an opportunity to submit any additional information that may assist with their appeal. Examples of this information that may be included with the appeal are letters or reports from doctors, psychologists, service providers, the school principal, teachers and others. This information will assist the Appeal Panel to understand the young person's support needs and whether their program or funding band should be changed or stay the same.

An Appeal Panel will look at the information that was used to make the original decision and consider any new information submitted by the young person or their family. This Appeal Panel includes a senior DADHC manager, a senior disability services practitioner, and an independent person from a consumer or disability organisation.

The Appeal Panel will then prepare a report on its findings and make a recommendation that the eligibility assessment change or stay the same. DADHC will then inform the appellant in writing of the appeal result.

460. Are transition to work programs separate programs to community participation programs or can they be rolled together for the convenience of the service provider?

Transition to Work and Community Participation are separate programs for school leavers with a disability, targeting people with moderate to very high support needs. Organisations offering these programs are required to meet the specific key result areas of the two programs and at times some joint activities may occur.

The Community Participation Program assists young people with a disability to develop the skills they need to work towards their goals, increase their independence and participate as valued and active members of the community. The Program is targeted to young people with a disability with moderate to high support needs who require an alternative to paid employment or further education in the medium or longer term.

The Transition to Work Program is a two year program, which develops the skills and/or qualifications needed by young people to successfully secure and sustain employment. The Program provides services to young people with a range of support needs but is primarily targeted to young people with moderate to high needs.

Both programs are provided by non-government service providers funded by DADHC. While a number of organisations currently provide both programs, separate tender processes were conducted to determine eligibility.

a) If separate, is there a penalty for service providers who do not run distinctly separate programs for these two separate cohorts?

As Transition to Work and Community Participation are separate programs with distinct outcomes for participants, separate performance monitoring and evaluation criteria apply to each program. Organisations that are funded to provide both Transition to Work and Community Participation programs are expected to support participants in accordance with the separate funding arrangements and Key Result Areas for each program.

461. How do carers apply for flexible respite packages, are they all done through Respite Intake Allocation Panel (RIAP)?

There are multiple entry points for carers to apply for flexible respite which varies across DADHC regions. These include carers or their representatives applying directly to service providers or through regional Information, Referral and Intake (IRI) teams. Regions have developed their own allocation processes for flexible respite, which may include centralised regional panels of service providers. The Respite Intake Allocation Panel (RIAP) process applies specifically to the Cumberland/Prospect areas within DADHC's Metro North Region.

462. If they are successful in gaining a flexible respite package (of any size) are they automatically excluded from applying for vacation care for their child?

DADHC does not hold information on this centrally. Each NGO services have their own eligibility and intake processes.

463. How many hours per week is the average flexible package?

A flexible respite place provides a minimum of 168 hours of respite care per year. A flexible respite place is funded at \$8,000 per place per year.

a) How many of the flexible respite packages have had to be outsourced due to a lack of staff in the NGO sector?

N/A

b) How much does this out sourcing deplete in respite hours the value in flexible respite packages?

N/A

c) How much per hour does the average cost escalate when staff has to be outsourced?

N/A

d) What is DADHC intending to do about this depletion of 'real time out' for carers because of staff shortages in the NGO sector?

N/A

e) How much of this staffing level problem is because of lower wages for the SACS award than the award DADHC staff work under?

N/A

f) Would you supply a comparison of the two different awards?

N/A

464. Doesn't the sometimes rather onerous fee charged for some flexible respite care packages often exclude the very carers who live the hardest lives, those on carer payment, or low incomes?

a) Is there a way to exclude being charged this payment?

b) If yes, please describe the process

c) If not, why not?

DADHC does not prescribe any fees which NGO providers pass onto clients.

465. On what date did the Federal government release funding to NSW for aging carers centre based respite?

a) Have all of the service providers who have set up respite houses ready to take clients had the funding released from the NSW government?

b) If yes, on what date was this funding released?

c) If not, why not and when will you be releasing this money so that respite can commence?

Australian Government released funding under the Disability Assistance Package to NSW to assist ageing parent carers on 7 October 2008. Under this package, the Australian Government had provided one-off funding to enable some service providers in NSW to enhance their capacity to deliver centre-based respite services.

DADHC endorsed the allocation of funding to these providers to help operate these centres on 24 October 2008 and is currently arranging the distribution of these funds.

466. Has the permanent respite resident of more than 8 years in the Wheeler Heights respite care unit been moved to supported accommodation?

This client moved to alternative accommodation in early December 2007.

467. How many respite hours were lost to carers due to blocked beds or extended respite care packages statewide in 2007-08.

Data is not available on this statistic.

468. How many families had more than one respite allocation cancelled in 2007 -08 because of blocked beds or extended respite care packages in their allocated respite facility?

DADHC does not cancel planned respite for families who have had their planned respite cancelled on a previous occasion.

469. In relation to government and non-government respite beds for people with disabilities as at 30 June 2008:

a) How many of adult beds were there in NSW?

DADHC

As at 30 June 2008, there were a total of 85 respite beds for adults in DADHC operated respite centres. The breakdown is as follows:

- 71 adult beds in dedicated adult respite centres;
- 10 adult beds in specialist centre-based units (five adult beds at Grosvenor and five adult beds at Liverpool); and
- four DADHC group homes each providing one respite bed.

In addition, there are 10 dual model respite units providing 51 respite beds. They are alternatively available for adults and children.

NGOs

The NGO sector provides 114 respite beds for adults as at 30 June 2008. There are an additional 11 respite beds provided in dual model units.

b) How many of these beds were not open between 9.00 am to 3.00 pm, unless it was an emergency.

DADHC

DADHC operated adult respite centres are not generally open during 9am and 3pm as clients generally attend day-programs. Where clients do not attend a day program the region makes alternative arrangements for the client/s.

NGO

Operation of funded respite units is generally based on client need. During the hours of 9am to 3pm, clients are generally accessing age appropriate activities, eg school, day programs etc. Centres are technically not closed rather staff are undertaking administrative and domestic duties. Where a client is unable to attend their day activities, they are supported within the centre, or as appropriate.

c) How many of these beds were available less than seven days a week, 52 weeks a year?

DADHC - All DADHC operated respite centres are closed on Christmas and Boxing Day. Some regional units may close for an additional time during the Christmas period, but this is dependent on client need.

NGO - 104 adult respite beds are available less than 7 days a week, 52 weeks a year.

470. When did DADHC commission Price Waterhouse Cooper to look at unmet need in accommodation and respite services in NSW?

2004 and the work continued into 2005.

a) What was the scope of the report?

See the answer to question 328.

b) What forward projection of unmet need for accommodation did the report cover?

See the answer to question 328.

c) What was the immediate need for accommodation services?

See the answer to question 328.

d) What was the immediate need for centre-based respite?

See the answer to question 328.

e) Was flexible respite need looked at and if so what was immediate need?

See the answer to question 328.

f) Given the extent of unmet need by AIHW data, let alone a complex report by Price Waterhouse Cooper how was the 'Stronger Together' figures decided upon?

Stronger Together figures were determined on the basis of actuarial analysis. From this analysis, the policy approaches and service delivery strategies were incorporated into *Stronger Together*.

g) Have the Federal Government a copy of this report?

No.

h) What was the extent of unmet need for accommodation services and respite services projected to be after ten years from the reports completion?

See the answer to question 328.

471. How does the NSW project meeting this need without Federal Funds?

The future funding of disability services is the subject of current COAG negotiations. See the answer to question 353.

472. How many clients who have been 'accommodated' under 'Stronger Together' have been re-accommodated to a different facility?

Stronger Together was used to increase the capacity of the specialist disability service sector. There has never been an intention to 'ring fence' *Stronger Together* capacity from the capacity of the entire system.

473. How many people under stronger together have changed locations for their accommodation service?

See the answer to question 472.

474. How many clients in NSW who live in accommodation services have overnight staffed supported accommodation services?

2613 people live in DADHC operated supported accommodation services with overnight staffing.

475. How many targeted accommodation supports clients for 'Stronger Together' in 2006-07 and 2007-08 were placed in dept of housing accommodation?

The Disability Housing and Support Initiative is a partnership arrangement with Housing NSW under the Housing and Human Services Accord, which will provide 45 community properties over four years to house a minimum of 45 people with an intellectual disability, or an acquired brain injury, to live independently or in a shared arrangement with appropriate levels of support.

Funding for the first 25 places has been allocated and service providers are in the implementation phase. Clients and properties are currently being identified for placement.

476. How many clients who live in accommodation services in NSW have 'drop in' services?

In 2006-07, 1,672 clients were living in 'drop in' services operated or funded by DADHC. (Annual Report, 2006-07. The Annual Report for 2007-08 will be published in November 2008).

477. How many NSW supported accommodation clients who have accessed supported accommodation services under 'Stronger Together' have accessed these services directly from the parental home without first being relinquished or blocking a respite bed?

33 people moved from the family home to *Stronger Together* supported accommodation services. This figure excluded *Stronger Together* Leaving Care places because the people moved from foster care not the family home.

478. How many NSW clients who have accessed supported accommodation services in the past two years have accessed these services because of relinquishment, caused by failure to be returned home from respite care or relinquishment at some other venue?

In the last two years, 43 people who did not return to their family home from respite have been placed in accommodation services.

479. What is the most common reason for carer relinquishment of the person they were providing care for?

Specific data is not retained for every client who moves away from a family care environment to care in another setting. Families do not make decisions to relinquish care lightly. Decisions may be influenced by a range of external factors, such as carer admission to hospital or a nursing home or the carer no longer coping with the caring role.

Sometimes the decision for a person with a disability to live in another care situation is made for positive reasons, such as to enable the person with a disability to live more independently and to develop their own social connections and independent life. The importance of planning for future care is acknowledged in the expanded range of services targeted to older parent carers.

480. How many carers who relinquish care have the support of a Caseworker before the care situation breaks down?

In 2007/08, a total of 50 people with a disability were no longer able to continue living with their family or carer. Of these, 49 had a case manager prior to their living circumstances changing.

481. How many carers who relinquished care were on the waiting list for a Caseworker?

In 2007/08, no families who relinquished care were on a waiting list for a case worker.

482. How many carers who relinquished care made contact with DADHC in an attempt to procure support services?

In 2007/08, of the 50 people with a disability who were no longer able to continue living with their family, only one family was known to DADHC but not receiving any services.

483. How many clients have accessed accommodation services under 'Stronger Together' because of the impending death of the primary caregiver?

Two.

484. How many clients have accessed accommodation services under 'Stronger Together' because of the closure of boarding houses?

The NSW Government assists people with a disability affected by licensed boarding house closures under the Boarding House Relocations program. In 2007/08, 55 additional people affected by licensed boarding house closures were provided with supported accommodation services under this Program.

485. How many clients have accessed accommodation services under 'Stronger Together' because of foster placement breakdown?

No people have accessed accommodation services under "Stronger Together" because of foster placement breakdown.

486. How many clients have accessed accommodation services under 'Stronger Together' because of release from juvenile justice facilities?

There have been five individuals who have accessed accommodation services because of release from juvenile justice facilities.

487. How many clients have accessed accommodation services under 'Stronger Together' because of release from adult justice facilities?

49 individuals have accessed accommodation services because of release from adult justice facilities.

488. How many clients currently receive intensive in-home support services because of risk of carer relinquishment and how much on average has this cost per person, what is the maximum cost of a single client and what was the minimum cost of a client given intensive support services?

DADHC does not keep this data in an aggregated form. It is not possible to collect the data from regions and analyse it in the time available.

489. How many clients were left with the caregiver until the death of the caregiver before services were forthcoming in 2007-07 and 2007-08?

Five people were left with the caregiver until the death of the caregiver before services were forthcoming. A referral had not been made to DADHC for four of these people prior to the death of the care giver.

490. How many terminally ill carers in the past 5 years had informed DADHC of their impending death but no accommodation has been forthcoming until DADHC was informed of their death?

One client has been identified as being referred by a terminally ill care giver, with accommodation services being provided on the death of the care giver. It should be noted that the carer died suddenly within a very short time of the referral.

491. What is DADHC doing to support people with disabilities whose caregiver is terminally ill in order to transition into permanent accommodation with carer support prior to the caregiver's death?

The Disability Assistance Package (DAP) provides \$303.51 million over four years for Respite Capacity Building for Older Carers and Specialist Disability Services and Transition Support for clients with older parent carers. The DAP provides targeted support for people with disabilities whose caregivers are elderly. Part of this group will consist of carers who are ill or at risk of death.

492. The Disability Services Act states that people should be serviced to live and remain in their communities, what does DADHC consider the act means when it says 'to live in their own communities'?

The Act does not state that "people should be serviced to live and remain in their communities."

493. Does DADHC placement policies on accommodation follow the disability services act?

Yes.

494. Did DADHC amalgamate Sydney into two regions with massive populations so that they could send clients to less costly areas?

No.

495. What is the outcome of the DADHC tender for a pilot intentional community project? Has this outcome been announced to the public?

There was no outcome from the Intentional Communities tender as no one tender was considered strong across all factors.

Many of the proposals reflect village community models rather than an Intentional Community. These proposals while not suitable for this tender, have merit and have considerable capital investment opportunity available. They may be suitable for future funding roll-outs particularly those arising from proposed Commonwealth Disability Assistance Package.

Applicants have been informed and feedback has been provided.

496. If the pilot project for which tenders were recently considered is not to go ahead, what plans does DADHC have to fulfil its commitment to provide innovative alternatives to group homes for people with intellectual disabilities?

DADHC has undertaken a consultation process with all unsuccessful applicants during which a range of ideas were presented. DADHC is considering an approach of new model development, feasibility and market testing.

497. If the pilot project is not going ahead, why was that decision made after tenders had been short-listed by DADHC beyond the excuse that there was no guarantee to proceed?

Not one tender was considered strong across all factors and fully encapsulated the Intentional Community model. There was concern regarding issues such as the level of independence, participation in governance, community integration and opportunity for property ownership/control was limited as was the articulation of a philosophy or set of values for the operation of the community.

498. Has one person who has a dual diagnosis of intellectual disability and mental illness been a resident in Cumberland Hospital for more than four months this year because he was refused re-admittance to his group home?

As a result of this client's changing support needs, it was determined that it would not be appropriate for them to return to the group home operated by a non government provider.

Due to the person's behaviours which could not be managed, the person was exited and admitted to Cumberland Psychiatric Hospital.

The Mental Health Review Tribunal has extended the order for the client to remain at Cumberland Hospital until early January 2009, while a new placement is arranged.

a) How much did this cost?

DADHC does not maintain records on the cost of health (mental) service provision for individual clients. The client would be eligible for this service like any other person in the community.

b) Who paid for this blocked mental health bed at Cumberland, DADHC or Health?

NSW Health is responsible for the finances of Cumberland Hospital.

c) Where is this person residing now?

This person is staying in a supported living unit attached to Cumberland Hospital in accordance with a decision of the Mental Health Review Tribunal on 8 October 2008.

DADHC is currently engaged in planning for this client's discharge from the unit.

499. What are you doing in regard to poor health outcomes for people with developmental disability?

This issue falls under the responsibility of NSW Health.

500. How much funding has been made available to the Ryde Developmental Disability Clinic?

a) Has this years funding been released?

b) If not, why not?

These questions should be directed to the Minister for Health as the Developmental Disability Health Unit is the specialised clinic for people with developmental disabilities, funded through Medicare and NSW Health.

501. What is NSW doing in regard to training developmental disability medical staff?

This issue falls under the responsibility of NSW Health.

502. What is being done for the 20-30% of people who have intellectual disabilities and mental illness to enhance their life outcomes?

The full range of services for people with an intellectual disability that are provided by DADHC are equally available to people with an intellectual disability who have a mental illness.

In addition, DADHC's Behaviour Intervention Services work closely with mental health services to provide specialist support to people with an intellectual disability that have a mental illness.

DADHC has also undertaken work to enhance workforce capacity and development around mental health and intellectual disability. In particular:

- A University Chair in Disability Mental Health with a focus on intellectual disability has been established within the University of NSW. The full-time position, funded by the NSW Government, is designed to increase workforce capacity to deliver appropriate and effective services to people with an intellectual disability who have a mental health issue; and
- DADHC is also working with the NSW Institute of Psychiatry to introduce Advanced Psychiatric Fellowships in the area of intellectual disability and mental health. Subject to interest from psychiatrists, up to nine, one-year fellowships will be made available.

DADHC is also an active member of the Senior Officers' Group on Mental Health. Through this mechanism, DADHC supports interagency strategies to improve mental health outcomes for this group. For instance, DADHC conducted 14 Mental Health First Aid Training courses for 289 DADHC staff from July to October 2007.

DADHC is also working closely with NSW Health to improve cross agency support (Health and Disability services) to people with an intellectual disability and a mental health issue.

**503. How many disability specific/mental health acute care beds are currently accessible in NSW? a) Where are these beds and how many in each facility?
b) Are these beds a target only for this cohort?
c) If not please elaborate.**

This issue falls under the responsibility of NSW Health.

504. What was the total budget in 2007-08 for disability mental health care?

This issue falls under the responsibility of NSW Health.

505. What is being done in regard to poor health outcomes for developmental disability in regional areas?

This issue falls under the responsibility of NSW Health.

506. What percentage of disability expenditure in 2007-08 was allocated to the Not for Profit Sector?

62%.

507. Does DADHC work in conjunction with NGO providers; carers and people with disabilities to develop a detailed plan for change in the way services are packaged?

Yes, engaging with stakeholders is an important element of program reform and planning for the significant expansions under *Stronger Together*.

As reported in *Stronger Together* Progress Report Card, January 2008, 'Engaging with stakeholders is an important element of program reform and planning for the significant expansions beginning in 2008 /09. '

A working group of non-government providers, their peak body and carer and client representatives has been established to inform the further development and implementation of packaged support in NSW.

508. Does the cost of services factor in wage parity of non-government organisations with government provided services?

Wage costs are a factor that organisations take account of in undertaking work for DADHC and are covered through negotiations around direct allocations, and responding to tenders and requests for expressions of interest.

509. What is DADHC doing to enhance the capacity of the NGO workforce ensuring the size, composition, shape, skill-mix, knowledge and values of the workforce is appropriate to give effect to the forward direction for disability services?

DADHC is working closely with the NGO sector to increase the supply of labour, improve retention of workers, improve skills development and training, and improve planning.

As the sector expands, so too must the workforce.

DADHC has committed \$3.3 million to a joint project with National Disability Services (NDS), the peak disability service provider body, to address the workforce recruitment and development issues arising from additional demand for services.

510. Have Funding Agreements for 2008-09 build in capacity for wage rises for people working in non-government services?

a) If not, how does DADHC intend that the NGO sector attract the staff needed to provide adequate services when the SACS award is comparatively low compared with the award DADHC staff are under?

Funding for wage increases is provided through annual indexation adjustments to ongoing grants to non-government organisations.

511. In following a lengthy and time consuming application process a large number of DADHC staff were informed that they were successful in obtaining a place on the "Frontline Management" course, why has this course never materialised as promised?

The course is part of the suite of learning and development activities that is available to staff in 2008/09.

a) When will it begin?

The timing of participation by individual staff in this, or any other course, is determined by their local and/or regional management in the light of local priorities and needs.

b) What is the expected cost of this training as compared to the \$466,000 spent on the Novotel week away?

The cost of this training is \$4,985 per person.

512. New staff are able to obtain the Certificate 4 in Disability Work via a Federal Government sponsored traineeship, why does DADHC not offer the same course to existing, long-serving staff?

The suite of learning and development activities available to DADHC staff in 2008/09 includes Certificate 4 in Disability Work courses. Participation by individual staff in this, or any other course, is determined by their local and/or regional management in the light of local priorities and needs.

513. What is DADHC doing to ensure equitable access to job opportunities that would allow long-serving staff the same employment and promotional opportunities?

Expressions of interest for temporary opportunities are published on the Department Intranet Jobs Notice Board.

The Department appoints long-term temporary employees in line with the provisions of the *Crown Employees (Public Service Conditions of Employment) Award 2006*.

See also the information on training in the answer to question 336.

514. Do some Level 3's take home more pay than a Network Manager? If so, why?

Yes. As shift workers in group homes, a Residential Support Worker Level 3 may be entitled to shift penalties and penalty rates that Network Managers do not receive. They may also work overtime.

515. How many Managers (state-wide) are in acting positions, and what is the longest time a person has been an 'acting' manager?

As at 30 June 2008, there were 79 staff acting as Network Managers and the longest time for an acting Network Manager is 2.5 years.

DADHC has been reviewing the staffing structures in group homes for some time in negotiation with the Public Service Association. The position of Network Managers are affected by this review and as such have not been filled on a substantive basis.

516. Why are people not being employed in permanent positions?

Staff in the Department are employed under a range of employment types, depending on the need. Positions are filled temporarily when they become vacant due to extended leave, maternity leave, leave without pay or where the occupant is acting elsewhere. Temporary positions created to implement a specific project cannot be filled permanently.

517. In view of the constant state of restructure and resulting low staff morale how much is spent on the EAP scheme?

There is no "constant state of restructure". See the answer to question 518 for information on EAP scheme expenditure.

518. How much was spent on the EAP scheme in 2006-07 and 2007-08?

2006/07 \$472,045.81

2007/08 \$352,548.49

519. Has the entry level of new staff been lowered to enable vacancies to be filled but the failing to up-skill these staff through training and coaching?

See the answer to question 336.

520. Has DADHC been able to overcome the fact that few staff were having reviews and feedback sessions with their manager to discuss their performance and expectations?

See the answer to question 338.

521. How many people are currently living with government funded accommodation supports?

There are 2,700 people funded for 2008-09 in DADHC operated services for all accommodation service types and a further 4,099 people were reported as living in DADHC funded services in the 2006-07 MDS data return from services. The DADHC 2007-08 Annual Report will be published in November.

522. How many people who have an entitlement to supported accommodation because of their level of disability are currently receiving only accommodation supports?

People are eligible for DADHC operated or funded accommodation services according to the criteria in question 231. People are then allocated group home (24 hour support) or in-home accommodation support services (drop in support) based on support needs and urgency of need. Clients are not allocated in-home accommodation support services if they require group home services. At times people's needs change, and they need more or less support. People with changing needs for accommodation services are referred to the regional allocation committees.

523. How many people in NSW are entitled to attendant care services?

Approximately 750 people in NSW currently receive, or have applied for, services under the Attendant Care Program. Not all persons who have applied will be eligible for services.

a) How many people in NSW are waiting for attendant care services?

There is a single register for Attendant Care and High Need Pool services with eligibility and prioritisation determined at assessment. There are currently 589 applications registered and prioritised in the Service Need Register for high level in-home personal support services through either the High Need Pool or the Attendant Care Program. 240 of these applicants may be eligible for the Attendant Care Program.

b) How many people in NSW receive attendant care services?

There are currently 493 people receiving services under the Attendant Care Program and there are a number of offers in process which are dependent on the person's capacity to accept the offer and commence a service within set timeframes.

c) How many people in NSW receive personal care services from HACC?

In the 2007/08 year, 15,889 clients received personal care services funded by the HACC program and Home Care makes up about 55% of the overall personal care clients.

d) How much is allocated for the most expensive attendant care package that a client has and how much for the least expensive package?

The most expensive Attendant Care package is \$147,679 per year
The least expensive Attendant Care package is \$33,755 per year
The average Attendant Care package costs \$67,135 per year

524. How many of these clients who received HAAC were under the age of 65? (SPP)

In the 2007/08 year, of the 15,889 clients who received personal care services funded by the HACC program, 29.1% (4,629 clients) were under 65 years.

525. How many of these clients who received HAAC were over the age of 65? (SPP)

In the 2007-08 year, of the 15,889 clients who received personal care services funded by the HACC program, 70.9% (11,260 clients) were over the age of 65 years.

526. How many of these HAAC clients were primary carers? (SPP)

Personal care services are provided to the individual. However, if that person is also a carer, this is not identified.

In the 6,288 sq kms that covers the Metro North region that has an estimated 259,008 people with a disability,

527. How many are children under 12 years of age?

There is limited data available which breakdown the number of people by DADHC region and by age group. The best available data is set out below:

Number of people with a disability by age group by DADHC Region

DADHC Region	Age Group			
	0-14	15-19	20-34	35-64
Metro North	22,906	8,213*	30,881	112,078
Metro South	24,444	8,913*	40,479	136,817
Hunter	11,541*	4,139*	14,555*	67,322
Northern	10,003*	3,576*	11,059*	64,075
Southern	7,458*	**	8,841*	44,536
Western	8,305*	**	9,404*	43,174
Total	84,657	30,270	115,219	468,002

* estimate has a relative standard error of 25% to 50% and should be used with caution

** estimate has a relative standard error greater than 50% and is considered too unreliable for general use

Source: NDA and ABS small area estimates (Based on Survey of Disability, Ageing and Carers 2003)

528. How many are adolescents (12-18)?

See the answer to question 527.

529. How many are young adults (18-35)?

See the answer to question 527.

530. How many are between the age of 35 - 65?

See the answer to question 527.

531. How many carers of people with disabilities in this region are entitled under CSTDA criteria to be considered for respite care?

- a) How many carers of people over the age of 65 receive centre based respite care?
- b) How many carers of people over the age of 65 receive flexible respite care?
- c) How many carers of people under the age of 65 receive centre based respite care?
- d) How many carers of people under the age of 65 receive flexible respite care?

There is no data source that identifies the number of people in the population who are eligible for respite care. The answers to parts (a) to (d) of the question are in the following table.

DEPARTMENT OF AGEING, DISABILITY AND HOME CARE

DADHC Region	part (a)	part (b)	part (c)	part (d)
Metro North	0	4	598	591
Metro South	0	2	533	609
Hunter	0	1	298	417
Northern	2	11	567	377
Southern	0	3	183	427
Western	5	1	227	380
Post Code not in NSW	0	0	9	40

Note: The number in each region was estimated based on service users' residential postcode. Some postcode areas were split between two or more regions. Where this was the case the data were weighted according to the proportion of the population of the postcode

Source: CSTDA MDS 2006-07

532. How much was spent on Home Modifications in 2007-08 in this region?

Expenditure on home modifications is set out in the following table.

HACC Home Modifications: 2007/08 Expenditure and Clients		
DADHC Region	Expenditure (\$'M)	Number of Clients(*)
Metro North	3.0	3,200
Metro South	2.2	3,200
Hunter	1.9	2,600
Northern	2.9	2,400
Southern	1.5	800
Western	2.0	1,200
Not identified	0.0	100

(*) All client numbers rounded to the nearest 100.

a) How many people received this service?

See the table above

b) How many people were refused this service?

DADHC does not hold this information. Home Maintenance and Modification Services across NSW are operated by non-government service providers. They are not required to supply DADHC with information on numbers who apply for services and how many of these, if any, are refused services.

c) How many requests for assistance in 2007-08?

See the answer to question 532(b).

533. How many people eligible under CSTDA criteria for accommodation supports who are already aged over the age of 30 are still living with a co-resident carer in this region?

There is no data source that identifies the number of people in the population who are eligible for supported accommodation.

534. How many people in this region were on lists for supported accommodation in 2006-07 and 2007-08?

DADHC does not maintain a waiting list for supported accommodation.

All applicants for supported accommodation are assessed against broad criteria. If they meet the criteria applicants are then placed on a register of future need.

Candidates considered for specific supported accommodation vacancies are drawn from the register based on various criteria but length of time on the register is not one of these. Criteria include their immediate need for supported accommodation and their potential compatibility with the accommodation model and client mix.

People are not removed from the Register unless they (or their representative) specifically request that their details be removed, they have permanently relocated to another area, or they have successfully transitioned into a suitable supported accommodation vacancy.

535. How many people in this region were viewed for placement in 2006-07 and 2007-08?

'Viewed for placement' is treated as being specifically considered for their appropriateness against one or more available vacancies during the year. 62 people in 2006-07 and 80 people in 2007-08 were considered for appropriateness against available vacancies.

536. How many supported accommodation clients who have accessed supported accommodation services under 'Stronger Together' have accessed these services directly from the parental home without being relinquished?

Six clients have come directly from the parental/family home to new services funded under *Stronger Together*.

537. How many children in this region accessed early intervention services last year?

3,148 accessed early intervention services last year from DADHC and DADHC funded services.

538. How many children in this region accessed one or more early intervention services last year?

See the answer to question 537.

539. How many carers/educators made service requests for an individual child for early intervention in this region last year?

1,663 clients under the age of 18 requested, received or completed a DADHC service in 2007/08.

540. How many children in this region have developmental disabilities making them eligible under CSTDA criteria for one or more of the services and supports listed below?

There is no data source that identifies the number of people in the population who are eligible for services. There is no data source that reliably identifies the number of children with development disabilities by DADHC region.

541. What are the eligibility criteria to access these services below?

a) Case management b) speech pathology c) physiotherapy d) occupational therapy e) behavioural intervention

DADHC's Intake Policy (2002) outlines the eligibility for DADHC direct services, including Community Support Team services. The eligibility criteria are:

- Clients must be permanent residents of Australia and residing in NSW;
 - AND
- People over the age of 6 are eligible if they have intellectual disability or multiple disabilities where intellectual disability is also present;

A person has an intellectual disability when they meet the three criteria below or have a specific diagnosis as follows:

- Intellectual functioning measured at two or more standard deviations below the mean.
- Significant deficits in adaptive functioning in two or more areas.
- These deficits in cognitive and adaptive functioning are manifest prior to 18 years.
 - OR
- Specific diagnosis of a syndrome strongly associated with significant intellectual disability made in a written report by a health professional or Diagnostic and Assessment Service.

Children under 6 years old are considered eligible if:

- The child demonstrates features that are consistent with a global developmental delay, OR
- The child demonstrates specific areas of delay in at least two areas of functioning. These delays must be determined from a norm referenced developmental assessment. Reports and casual observation are insufficient grounds for determining delays.

542. What was the average number of hours that children who were given face-to-face access to intervention received in metro north in those categories?

a) Case management b) speech pathology c) physiotherapy d) occupational therapy e) behavioural intervention

Data at a regional level are not available. Average hours per client per year for the State are:

- a) 18.68 hours
- b) 20.41 hours
- c) 18.59 hours
- d) 16.85 hours
- e) 20.97 hours

543. How many individuals were denied access to waiting lists for supported accommodation in 2006-07 and 2007 –08 in this region?

See the answer to question 534.

544. How many individuals were on the waiting list for these supports longer than two years in 2007 -08?

- a) What is the average time on the waiting list for these supports?**
- b) How many individuals were removed from these lists without these supports in 2007 -08?**
- c) What is the longest time on these lists without allocation of support?**

See the answer to question 534.

545. Name every town in this region that has a DADHC funded or operated early intervention service.

The quantity of DADHC provided or funded services per region are in DADHC's Annual Reports. The location of individual services is outlined in ServiceLink, which is a comprehensive directory of human services in NSW, and is also available to people in need of services by contacting their local DADHC Region.

546. Name all suburbs that have centre based respite care, managed by DADHC with separate listings for adult and children's services.

See the answer to question 545.

547. Name all suburbs have centre based respite care, managed by service providers with separate listings for adult and children's services

See the answer to question 545.

548. How much does DADHC pay for all office space in this region in 2007-08?

Region	Amount (Excluding GST)		
	DADHC	Home Care Service of NSW	TOTAL
	(\$)	(\$)	(\$)
Metro North	3,191,231.37	353,068.95	3,544,300.32
Metro South	2,081,359.86	484,604.23	2,565,964.09
Hunter	1,336,787.31	187,863.74	1,524,651.05
Northern	1,159,957.51	220,626.37	1,380,583.88
Southern	1,139,678.44	123,198.68	1,262,877.12
Western	681,414.61	331,786.38	1,013,200.99
TOTAL	9,590,429.10	1,701,148.35	11,291,577.45

549. How many children live in supported accommodation with paid care providers and in what suburbs are these homes and what ages are the children?

There are 13 children, 12 aged between 12 and 17 years and one aged eight. It is not appropriate to provide location data.

550. What was the most used HAAC service in this region for elderly citizens over the age of 65?

Meals.

551. How long on average from application and service delivery does an elderly client with medical needs wait for service?

The data required to answer this question is not collected. The National HACC Minimum Data Set, which specifies what data all funded HACC providers must provide, requires information on services provided to individuals but not on the time between application and service provision.

552. How many elderly carers (over 70) accessed respite care in 2007-08 and how many days on average was accessed?

The number of "carers (over 70) who accessed respite care in 2007/08 and how many days on average was accessed" is not available because the data necessary to identify the age group specified are not collected. Data are also not available to calculate the average number of days that respite was accessed.

The following table shows the estimated number of carers aged 65 and over who accessed respite care in 2006/07.

DADHC Region	Number of carers aged 65 and over who accessed respite care - 2006-07
Metro North	108
Metro South	123
Hunter	101
Northern	164
Southern	98
Western	62

Note: Number in each region estimated based on service users' residential postcode. Some postcode areas were split between two or more regions. Where this was the case the data were weighted according to the proportion of the population of the post code.

Source: CSTDA MDS 2006-07

553. What is the time from application to service for a frail aged person to secure in-home domestic support once assessed as eligible?

See the answer to question 551.

In the 6,861 sq kms that covers the Metro South region that has an estimated 314,365 people with a disability

554. How many are children under 12 years of age?

See the answer to question 527.

555. How many are adolescents (12-18)?

See the answer to question 527.

556. How many are young adults (18-35)?

See the answer to question 527.

557. How many are between the age of 35 - 65?

See the answer to question 527.

558. How many carers of people with disabilities in this region are entitled under CSTDA criteria to be considered for respite care?

a) How many carers of people over the age of 65 receive centre based respite care? b) How many carers of people over the age of 65 receive flexible respite care? c) How many carers of people under the age of 65 receive centre based respite care? d) How many carers of people under the age of 65 receive flexible respite care?

See the answer to question 531.

559. How much was spent on Home Modifications in 2007-08 in this region?

a) How many people received this service?
b) How many people were refused this service?
c) How many requests for assistance in 2007-08

See the answer to question 532.

560. How many people eligible under CSTDA criteria for accommodation supports who are already aged over the age of 30 are still living with a co-resident carer in this region?

See the answer to question 533.

561. How many people in this region were on lists for supported accommodation in 2006-07 and 2007-08?

See the answer to question 534.

562. How many people in this region were viewed for placement in 2006-07 and 2007-08?

'Viewed for placement' is treated as being specifically considered for their appropriateness against one or more available vacancies during the year.

2006/07: 40

2007/08: 29

563. How many supported accommodation clients who have accessed supported accommodation services under 'Stronger Together' have accessed these services directly from the parental home without being relinquished?

Three clients have come directly from the parental/family home to new services funded under *Stronger Together*.

564. How many children in this region accessed early intervention services last year?

3,474 accessed early intervention services last year from DADHC and DADHC funded services.

565. How many children in this region accessed one or more early intervention services last year?

See the answer to question 564.

566. How many carers/educators made service requests for an individual child for early intervention in this region last year?

2,123 clients under the age of 18 requested, received or completed a DADHC service in 2007/08.

567. How many children in this region have developmental disabilities making them eligible under CSTDA criteria for one or more of the services and supports listed below?

See the answer to question 540.

568. What are the eligibility criteria to access these services below?

a) Case management b) speech pathology c) physiotherapy d) occupational therapy e) behavioural intervention

See answer to question 541 (a-e).

569. What was the average number of hours that children who were given face-to-face access to intervention received in metro north in those categories?

a) Case management b) speech pathology c) physiotherapy d) occupational therapy e) behavioural intervention

See the answer to question 542.

570. How many individuals were denied access to waiting lists for supported accommodation in 2006-07 and 2007 –08 in this region?

See the answer to question 534.

571. How many individuals were on the waiting list for these supports longer than two years in 2007 -08?

a) What is the average time on the waiting list for these supports?

b) How many individuals were removed from these lists without these supports in 2007-08?

c) What is the longest time on these lists without allocation of support?

See the answer to question 534.

572. Name every town in this region that has a DADHC funded or operated early intervention service.

See the answer to question 545.

573. Name all suburbs that have centre based respite care, managed by DADHC with separate listings for adult and children's services.

See the answer to question 534.

574. Name all suburbs have centre based respite care, managed by service providers with separate listings for adult and children' s services

See the answer to question 534.

575. How much does DADHC pay for all office space in this region in 2007-08?

See the answer to question 548.

576. How many children live in supported accommodation with paid care providers and in what suburbs are these homes and what ages are the children?

There are 21 children, nine aged between six and 14 years and 12 between 15 and 17 years. It is not appropriate to provide location data.

577. What was the most used HAAC service in this region for elderly citizens over the age of 65?

Domestic Assistance.

578. How long on average from application and service delivery does an elderly client with medical needs wait for service?

See the answer to question 551.

579. How many elderly carers (over 70) accessed respite care in 2007-08 and how many days on average was accessed?

See the answer to question 552.

580. What is the time from application to service for a frail aged person to secure in-home domestic support once assessed as eligible?

See the answer to question 553.

These next 28 questions all relate to the Hunter region.

In the 26,302 sq kms that covers the Hunter region that has an estimated 154, 948 people with a disability;

581. How many are children under 12 years of age?

See the answer to question 527.

582. How many are adolescents (12-18)?

See the answer to question 527.

583. How many are young adults (18-35)?

See the answer to question 527.

584. How many are between the age of 35 - 65?

See the answer to question 527.

585. How many carers of people with disabilities in this region are entitled under CSTDA criteria to be considered for respite care?

- a) How many carers of people over the age of 65 receive centre based respite care?
- b) How many carers of people over the age of 65 receive flexible respite care?
- c) How many carers of people under the age of 65 receive centre based respite care?
- d) How many carers of people under the age of 65 receive flexible respite care?

See the answer to question 531.

586. How much was spent on Home Modifications in 2007-08 in this region?

- a) How many people received this service?
- b) How many people were refused this service?
- c) How many requests for assistance in 2007-08

See the answer to question 532.

587. How many people eligible under CSTDA criteria for accommodation supports who are already aged over the age of 30 are still living with a co-resident carer in this region?

See the answer to question 533.

588. How many people in this region were on lists for supported accommodation in 2006-07 and 2007-08?

See the answer to question 534.

589. How many people in this region were viewed for placement in 2006-07 and 2007-08?

'Viewed for placement' is treated as being specifically considered for their appropriateness against one or more available vacancies during the year.

2006/07: 53 people

2007/08: 110 people

590. How many supported accommodation clients who have accessed supported accommodation services under 'Stronger Together' have accessed these services directly from the parental home without being relinquished?

Four clients have come directly from the parental/family home to new services funded under *Stronger Together*.

591. How many children in this region accessed early intervention services last year?

1,973 clients under the age of 18 accessed early intervention services last year from DADHC and DADHC funded services.

592. How many children in this region accessed one or more early intervention services last year?

See the answer to question 591.

593. How many carers/educators made service requests for an individual child for early intervention in this region last year?

1,268 clients under the age of 18 requested, received or completed a DADHC service in 2007/08.

594. How many children in this region have developmental disabilities making them eligible under CSTDA criteria for one or more of the services and supports listed below?

See the answer to question 540.

595. What are the eligibility criteria to access these services below?

a) Case management b) speech pathology c) physiotherapy d) occupational therapy e) behavioural intervention

See answer to question 541 (a-e).

596. What was the average number of hours that children who were given face-to-face access to intervention received in metro north in those categories?

a) Case management b) speech pathology c) physiotherapy d) occupational therapy e) behavioural intervention

See answer to question 542.

597. How many individuals were denied access to waiting lists for supported accommodation in 2006-07 and 2007 -08 in this region?

See answer to question 534.

598. How many individuals were on the waiting list for these supports longer than two years in 2007 -08?

- a) What is the average time on the waiting list for these supports?
- b) How many individuals were removed from these lists without these supports in 2007-08?
- c) What is the longest time on these lists without allocation of support?

See answer to question 534.

599. Name every town in this region that has a DADHC funded or operated early intervention service.

See answer to question 545.

600. Name all suburbs that have centre based respite care, managed by DADHC with separate listings for adult and children's services.

See answer to question 545.

601. Name all suburbs have centre based respite care, managed by service providers with separate listings for adult and children's services

See answer to question 545.

602. How much does DADHC pay for all office space in this region in 2007-08?

See the answer to question 548.

603. How many children live in supported accommodation with paid care providers and in what suburbs are these homes and what ages are the children?

There are 10 children, six aged between 15 and 17 years and four are aged 14 years or younger. It is not appropriate to provide location data.

604. What was the most used HAAC service in this region for elderly citizens over the age of 65?

Meals.

605. How long on average from application and service delivery does an elderly client with medical needs wait for service?

Refer to the answer to question 551.

606. How many elderly carers (over 70) accessed respite care in 2007-08 and how many days on average was accessed?

Refer to the answer to question 552.

607. What is the time from application to service for a frail aged person to secure in-home domestic support once assessed as eligible?

Refer to the answer to question 553.

In the 140,353 sq kms that covers the Northern Rivers region that has an estimated 142,581 people with a disability,

608. How many are children under 12 years of age?

Refer to the answer to question 527.

609. How many are adolescents (12-18)?

Refer to the answer to question 527.

610. How many are young adults (18-35)?

Refer to the answer to question 527.

611. How many are between the age of 35 - 65?

Refer to the answer to question 527.

612. How many carers of people with disabilities in this region are entitled under CSTDA criteria to be considered for respite care?

a) How many carers of people over the age of 65 receive centre based respite care? b) How many carers of people over the age of 65 receive flexible respite care? c) How many carers of people under the age of 65 receive centre based respite care? d) How many carers of people under the age of 65 receive flexible respite care?

Refer to the answer to question 531.

613. How much was spent on Home Modifications in 2007-08 in this region?

**a) How many people received this service?
b) How many people were refused this service?
c) How many requests for assistance in 2007-08**

Refer to the answer to question 532.

614. How many people eligible under CSTDA criteria for accommodation supports who are already aged over the age of 30 are still living with a co-resident carer in this region?

Refer to the answer to question 533.

615. How many people in this region were on lists for supported accommodation in 2006-07 and 2007-08?

Refer to the answer to question 534.

616. How many people in this region were viewed for placement in 2006-07 and 2007-08?

‘Viewed for placement’ is treated as being specifically considered for their appropriateness against one or more available vacancies during the year.

2006/07: 50

2007/08: 53

617. How many supported accommodation clients who have accessed supported accommodation services under 'Stronger Together' have accessed these services directly from the parental home without being relinquished?

24 clients have come directly from the parental/family home to new services funded under *Stronger Together*.

618. How many children in this region accessed early intervention services last year?

2,183 clients under the age of 18 accessed early intervention services last year from DADHC and DADHC funded services.

619. How many children in this region accessed one or more early intervention services last year?

Refer to the answer to question 618.

620. How many carers/educators made service requests for an individual child for early intervention in this region last year?

1,211 clients under the age of 18 requested, received or completed a DADHC service in 2007/08.

621. How many children in this region have developmental disabilities making them eligible under CSTDA criteria for one or more of the services and supports listed below?

Refer to the answer to question 540.

622. What are the eligibility criteria to access these services below?

a) Case management b) speech pathology c) physiotherapy d) occupational therapy e) behavioural intervention

Refer to the answer to question 541 (a-e).

623. What was the average number of hours that children who were given face-to-face access to intervention received in metro north in those categories?

a) Case management b) speech pathology c) physiotherapy d) occupational therapy e) behavioural intervention

Refer to the answer to question 542.

624. How many individuals were denied access to waiting lists for supported accommodation in 2006-07 and 2007 –08 in this region?

Refer to the answer to question 534.

625. How many individuals were on the waiting list for these supports longer than two years in 2007 -08?

a) What is the average time on the waiting list for these supports?

b) How many individuals were removed from these lists without these supports in 2007-08?

c) What is the longest time on these lists without allocation of support?

Refer to the answer to question 534.

626. Name every town in this region that has a DADHC funded or operated early intervention service.

Refer to the answer to question 545.

627. Name all suburbs that have centre based respite care, managed by DADHC with separate listings for adult and children's services.

Refer to the answer to question 545.

628. Name all suburbs have centre based respite care, managed by service providers with separate listings for adult and children' s services

Refer to the answer to question 545.

629. How much does DADHC pay for all office space in this region in 2007-08?

Refer to the answer to question 548.

630. How many children live in supported accommodation with paid care providers and in what suburbs are these homes and what ages are the children?

There are seven children and all are aged between 15 and 17 years. It is not appropriate to provide location data.

631. What was the most used HAAC service in this region for elderly citizens over the age of 65?

Transport.

632. How long on average from application and service delivery does an elderly client with medical needs wait for service?

Refer to the answer to question 551.

633. How many elderly carers (over 70) accessed respite care in 2007-08 and how many days on average was accessed?

Refer to the answer to question 552.

634. What is the time from application to service for a frail aged person to secure in-home domestic support once assessed as eligible?

Refer to the answer to question 553.

In the 59,116 sq kms that covers the Southern region that has an estimated 98,878 people with a disability

635. How many are children under 12 years of age?

Refer to the answer to question 527.

636. How many are adolescents (12-18)?

Refer to the answer to question 527.

637. How many are young adults (18-35)?

Refer to the answer to question 527.

638. How many are between the age of 35 - 65?

Refer to the answer to question 527.

639. How many carers of people with disabilities in this region are entitled under CSTDA criteria to be considered for respite care?

- a) How many carers of people over the age of 65 receive centre based respite care?**
- b) How many carers of people over the age of 65 receive flexible respite care?**
- c) How many carers of people under the age of 65 receive centre based respite care?**
- d) How many carers of people under the age of 65 receive flexible respite care?**

Refer to the answer to question 531.

640. How much was spent on Home Modifications in 2007-08 in this region?

- a) How many people received this service?**
- b) How many people were refused this service?**
- c) How many requests for assistance in 2007-08**

Refer to the answer to question 532.

641. How many people eligible under CSTDA criteria for accommodation supports who are already aged over the age of 30 are still living with a co-resident carer in this region?

Refer to the answer to question 533.

642. How many people in this region were on lists for supported accommodation in 2006-07 and 2007-08?

Refer to the answer to question 534.

643. How many people in this region were viewed for placement in 2006-07 and 2007-08?

'Viewed for placement' is treated as being specifically considered for their appropriateness against one or more available vacancies during the year.

2006/07: 26

2007/08: 39

644. How many supported accommodation clients who have accessed supported accommodation services under 'Stronger Together' have accessed these services directly from the parental home without being relinquished?

One client came directly from the parental/family home to new service funded under *Stronger Together*.

645. How many children in this region accessed early intervention services last year?

1,338 clients under the age of 18 accessed early intervention services last year from DADHC and DADHC funded services.

646. How many children in this region accessed one or more early intervention services last year?

See the answer to question 645.

647. How many carers/educators made service requests for an individual child for early intervention in this region last year?

729 clients under the age of 18 requested, received or completed a DADHC service in 2007/08.

648. How many children in this region have developmental disabilities making them eligible under CSTDA criteria for one or more of the services and supports listed below?

Refer to the answer to question 540.

649. What are the eligibility criteria to access these services below?

a) Case management b) speech pathology c) physiotherapy d) occupational therapy e) behavioural intervention

Refer to the answer to question 541 (a-e).

650. What was the average number of hours that children who were given face-to-face access to intervention received in metro north in those categories?

a) Case management b) speech pathology c) physiotherapy d) occupational therapy e) behavioural intervention

Refer to the answer to question 542.

651. How many individuals were denied access to waiting lists for supported accommodation in 2006-07 and 2007 –08 in this region?

Refer to the answer to question 543.

652. How many individuals were on the waiting list for these supports longer than two years in 2007 -08?

a) What is the average time on the waiting list for these supports?

b) How many individuals were removed from these lists without these supports in 2007 -08?

c) What is the longest time on these lists without allocation of support?

Refer to the answer to question 534.

653. Name every town in this region that has a DADHC funded or operated early intervention service.

Refer to the answer to question 545.

654. Name all suburbs that have centre based respite care, managed by DADHC with separate listings for adult and children's services.

Refer to the answer to question 545.

655. Name all suburbs have centre based respite care, managed by service providers with separate listings for adult and children's services

Refer to the answer to question 545.

656. How much does DADHC pay for all office space in this region in 2007-08?

Refer to the answer to question 548.

657. How many children live in supported accommodation with paid care providers and in what suburbs are these homes and what ages are the children?

There are three children aged between 10 and 16 years. It is not appropriate to provide location data.

658. What was the most used HAAC service in this region for elderly citizens over the age of 65?

Transport.

659. How long on average from application and service delivery does an elderly client with medical needs wait for service?

Refer to the answer to question 551.

660. How many elderly carers (over 70) accessed respite care in 2007-08 and how many days on average was accessed?

Refer to the answer to question 552.

661. What is the time from application to service for a frail aged person to secure in-home domestic support once assessed as eligible?

Refer to the answer to question 553.

In the 564,243 sq kms that covers the Western region that has an estimated 98,339 people with a disability;

662. How many are children under 12 years of age?

Refer to the answer to question 527.

663. How many are adolescents (12-18)?

Refer to the answer to question 527.

664. How many are young adults (18-35)?

Refer to the answer to question 527.

665. How many are between the age of 35 - 65?

Refer to the answer to question 527.

666. How many carers of people with disabilities in this region are entitled under CSTDA criteria to be considered for respite care?

- a) How many carers of people over the age of 65 receive centre based respite care?**
- b) How many carers of people over the age of 65 receive flexible respite care?**
- c) How many carers of people under the age of 65 receive centre based respite care?**
- d) How many carers of people under the age of 65 receive flexible respite care?**

Refer to the answer to question 531.

667. How much was spent on Home Modifications in 2007-08 in this region?

- a) How many people received this service?**
- b) How many people were refused this service?**
- c) How many requests for assistance in 2007-08**

Refer the answer to question 532.

668. How many people eligible under CSTDA criteria for accommodation supports who are already aged over the age of 30 are still living with a co-resident carer in this region?

Refer to the answer to question 533.

669. How many people in this region were on lists for supported accommodation in 2006-07 and 2007-08?

Refer to the answer to question 534.

670. How many people in this region were viewed for placement in 2006-07 and 2007-08?

'Viewed for placement' is treated as being specifically considered for their appropriateness against one or more available vacancies during the year.

2006/07: 25

2007/08: 15

671. How many supported accommodation clients who have accessed supported accommodation services under 'Stronger Together' have accessed these services directly from the parental home without being relinquished?

13 clients have come directly from the parental/family home to new services funded under *Stronger Together*.

672. How many children in this region accessed early intervention services last year?

1,459 clients under the age of 18 accessed early intervention services last year from DADHC and DADHC funded services.

673. How many children in this region accessed one or more early intervention services last year?

Refer to the answer to question 672.

674. How many carers/educators made service requests for an individual child for early intervention in this region last year?

914 clients under the age of 18 requested, received or completed a DADHC service in 2007/08.

675. How many children in this region have developmental disabilities making them eligible under CSTDA criteria for one or more of the services and supports listed below?

Refer to the answer to question 540.

676. What are the eligibility criteria to access these services below?

a) Case management b) speech pathology c) physiotherapy d) occupational therapy e) behavioural intervention

See answer to question 541 (a-e).

**677. What was the average number of hours that children who were given face-to-face access to intervention received in metro north in those categories?
a) Case management b) speech pathology c) physiotherapy d) occupational therapy e) behavioural intervention.**

Refer to the answer to question 542.

678. How many individuals were denied access to waiting lists for supported accommodation in 2006-07 and 2007 –08 in this region?

Refer to the answer to question 534.

**679. How many individuals were on the waiting list for these supports longer than two years in 2007 -08?
a) What is the average time on the waiting list for these supports?
b) How many individuals were removed from these lists without these supports in 2007-08?
c) What is the longest time on these lists without allocation of support?**

Refer to the answer to question 534.

680. Name every town in this region that has a DADHC funded or operated early intervention service.

Refer to the answer to question 545.

681. Name all suburbs that have centre based respite care, managed by DADHC with separate listings for adult and children's services.

Refer to the answer to question 545.

682. Name all suburbs have centre based respite care, managed by service providers with separate listings for adult and children' s services

Refer to the answer to question 545.

683. How much does DADHC pay for all office space in this region in 2007-08?

Refer to the answer to question 548.

684. How many children live in supported accommodation with paid care providers and in what suburbs are these homes and what ages are the children?

There are four children and all are aged under 16 years. It is not appropriate to provide location data.

685. What was the most used HAAC service in this region for elderly citizens over the age of 65?

Domestic Assistance.

686. How long on average from application and service delivery does an elderly client with medical needs wait for service?

Refer to the answer to question 551.

687. How many elderly carers (over 70) accessed respite care in 2007-08 and how many days on average was accessed?

Refer to the answer to question 552.

688. What is the time from application to service for a frail aged person to secure in-home domestic support once assessed as eligible?

Refer to the answer to question 553.

689. Is the Government meeting all benchmarks set down in the state plan?

Yes. The monitoring of the 'NSW State Plan' targets overall is a matter for the Premier.

DADHC is a lead agency for State Plan Priority F2: Increased employment and community participation for people with a disability. Targets in relation to Priority F2 are:

- close the gap in the unemployment rate between people with a disability and the overall community by 50% by 2016. This is equivalent to around 6,000 jobs; and
- increase the out of home participation rate of people with a severe or profound disability to at least 85%. This is equivalent to an additional 8,900 people participating in the community.

DADHC is on track to deliver on both of these targets within the endorsed timeframe.

690. What follow up work has been undertaken since the 2030 ageing summit?

Substantial work has been undertaken to develop the NSW Government strategy on ageing – *Towards 2030: planning for our changing population*. The development of the strategy was announced by the former Premier at the Ageing 2030 Roundtable, and the document was released in April 2008.

Implementation is led by a whole-of-government Working Group convened by the Department of Premier and Cabinet.

A number of agencies have lead responsibility for particular actions under the strategy and this work is continuing and will be the subject of regular reports to the Department of Premier and the Cabinet.

691. Will the Minister commit to a state plan for demographic ageing?

This commitment has been made with the release of develop the NSW Government strategy on ageing – *Towards 2030: planning for our changing population*. See the answer to question number 690.