

## **Keneally - Questions taken on Notice, Inquiry into the Budget Estimates 2007-2008**

### **QUESTION 1**

**The Hon. JOHN AJAKA:** How many people have been in respite for over two years?

#### **ANSWER**

As at 31 August 2007, there were 24 individuals who had been in a respite bed for over two years.

Three are in the process of transitioning to permanent accommodation placement, five have been placed on service request registers for a supported accommodation place, two are in the process of transitioning to host family placements, two are having host families recruited and 12 have been allocated a *Stronger Together* place.

### **QUESTION 2**

**The Hon. JOHN AJAKA:** 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?

#### **ANSWER**

The Department operates or funds over 600 group homes and 33 large residential centres across the State and operates 50 centre-based respite services.

125 clients were taken to hospital or admitted to hospital during the last 12 months due to being injured. Reasons included; health related injuries such as falling or knocking against something during an epileptic seizure; self-injurious behaviour, falling while out in the community or at day activities, and injuries sustained through behavioural issues.

The Department is committed to the delivery of quality services to the residents of its accommodation and respite services. The Department takes its responsibility to its vulnerable clients seriously and has undertaken a number of improvement strategies to assist staff and clients.

These include an investment in Inclusive Communication and Behaviour Support (ICAB) training, the establishment of regional behaviour intervention teams in all regions to respond to the needs of people with challenging behaviours, and the establishment of the Office of the Senior Practitioner to oversee the delivery and quality of behaviour intervention services delivered by the Department.

The Department reviewed its Managing Client Health Policy following the Ombudsman's recommendations in the Report of Reviewable Deaths 2003/04. The revised Health Care Policy was released in April 2007, and is mandatory for both Department funded and operated accommodation support and centre-based respite services. The rollout of the policy is being supported by training staff from

both operated and funded services in the effective implementation of the Health Care Policy.

The Department recently tendered for a provider to conduct quality reviews of Department operated accommodation and respite services over the next three years. Up to 40 reviews will be completed each year and the results will be used to inform the development of regional quality improvement plans.

This will enhance the Department's Quality and Safety Framework, an internal self reporting data collection tool designed to monitor day-to-day service delivery and operational issues in Department operated accommodation and respite services. The data collected through the Quality and Safety Framework assists management to assess compliance with the Department's policies and procedures, identify risk areas and develop appropriate strategies to respond to areas requiring improvement.

### QUESTION 3

**(a) The Hon. JOHN AJAKA:** Do you know how many consultants have been utilised? (To conduct investigations).

#### ANSWER

In the 2006/07 financial year, the Department's Ethics and Professional Standards Unit utilised 15 investigators from 10 consultancies.

**(b) The Hon. JOHN AJAKA:** How much has been paid to these consultants?

#### ANSWER

In the 2006/07 financial year, \$450,255.88 was paid to consultants engaged through the Ethics and Professional Standards Unit to conduct investigations. It should be noted that this figure includes investigations undertaken in the previous financial year but not invoiced until the 2006/07 financial year.

### QUESTION 4

**CHAIR:** Minister, former Deputy Police Commissioner Dave Madden is a pretty experienced former policeman; that is pretty high-powered consultancy I would have thought for non-criminal matters. Why have you sought to use him as a consultant if there is no problem with these issues? What area is he actually dealing with, if not in relation to police matters?

#### ANSWER

In the 2006/07 financial year, Mr Madden was engaged through the Ethics and Professional Standards Unit to conduct 8 investigations involving 14 staff.

Mr Madden conducted 4 investigations involving allegations of inappropriate physical contact - 3 of these allegations were found to have no substance and 1 resulted in the staff member resigning.

Mr Madden also conducted investigations pertaining to neglect of client supervision, a staff member obtaining a benefit to which he/she was not entitled and alleged bullying and harassment (staff related, no client involvement).

Whilst the Department reports allegations of a criminal nature to the NSW Police Force as a matter of course, none of the matters investigated by Mr Madden were the subject of criminal charges by the NSW Police Force.

Given the vulnerable nature of our client group, the Department is committed to ensuring that investigations are conducted to an appropriately high standard.

## **QUESTION 5**

**Ms LEE RHIANNON:** Minister, do you have an involvement in the disability access audit of Parliament House?

### **ANSWER**

No, there has been no formal request for involvement in the Parliament House Access Audit to myself or the Department of Ageing, Disability and Home. However, my chief of staff, Tony Pooley has spoken on a few occasions to the Speaker's chief of staff about disability access issues in the Parliament building.

## **QUESTION 6**

**Ms LEE RHIANNON: Therapy Waiting Lists.** Do you have any information about the waiting lists—what size they are, if they are coming down, and the impact on them, please?

### **ANSWER**

The Department does not keep waiting lists for therapy services but records Service Requests which are continuously prioritised by local teams. Service Requests are prioritised on client need rather than a time-based waiting system.

In the period from 1 July 2006 to 30 June 2007, there were 372 service requests for physiotherapy, 1,181 service requests for speech pathology services and 987 service requests for occupational therapy services across New South Wales.

The figures should be interpreted in the context of the following:

A client may have more than one Service Request registered for a specific therapy. For example, one client may have two requests submitted for Speech Pathology such as 'communication' and 'swallowing'.

A client may also be receiving one type of service from a particular therapy, while they have another Service Request for the same therapy on the register.

A client may also have a Service Request registered for a particular therapy, while also receiving intervention for a different therapy.

Stronger Together has delivered 600 new therapy places allocated to non-government organisations (NGO), the Department's regional staff are working with each NGO to develop a priority of access policy for these new places. This will mean that individuals identified by the Department as having the highest priority will receive the highest priority of access for therapy support.

Initial feedback from the Department's regional and NGO staff is that in many locations people have been registered for a service from the Department and registered for the same service from an NGO.

## **QUESTION 7**

**Ms Lee Rhiannon:** What recommendations from the Ombudsman's Report have not been responded to?

## **ANSWER**

All recommendations have been responded to.

In response to the Ombudsman's Investigation Report (2004), the Department developed an Action Plan for improving services for children and young people with a disability and their families.

New service types relating to the Action Plan have been implemented:

- ▪ The Family Assistance Fund (practical grants);
- ▪ The Intensive Family Support Program (in-home intensive support for families in stress);
- ▪ Casework Consultants (Children and Young People) practice improvement;
- ▪ Family Like Group Homes and Alternative Family Placements – for children unable to be cared for at home; and
- ▪ The Leaving Care Program – long term support for young people with a disability who are leaving the care of the Minister for Community Services.

A Memorandum of Understanding with the Department of Community Services (2003) was also established to clarify respective roles and improve coordination.

An independent review of the progress made by the Department in relation to the Ombudsman's Report (2004) was undertaken in 2005.

Referring to findings from this review, the Ombudsman prepared a special report to Parliament (May 2006). This report acknowledged the progress made by the

Department and foreshadowed the need for future assessment of the longer-term results of service improvements for families.

An independent evaluation of the funded service types is currently being undertaken, including feedback from families. Outcomes of the evaluation are due in March 2008.

## QUESTION 8

**Ms LEE RHIANNON:** During the State election campaign I understand that the Government promised 450 new respite places and 960 new therapy places for children and young people with disabilities. How is this progressing? I am particularly interested in the location of these new services, whether they have been delivered or what your timeline for delivery is.

## ANSWER

In the first five years of *Stronger Together*, the Government committed to increase the total number of new respite places for children and young people by 450 and therapy places by 960.

In 2006/07, the Department allocated 539 new respite places for children and young people.

Of these 539 places, 79 were for flexible respite services, all of which are now operating.

460 of the places were for centre-based respite. Of these, 69 places are fully operational in three locations, 204 places are partially operational in four locations and 187 places will be available from early 2008 in four locations. Details are at **Attachment 1**. Plans are underway to allocate the remainder of the new respite places for children and young people in the period 2007/08 to 2010/2011.

In the 18 months to June 2008, there is an increase of 516 therapy places for children and young people. These therapy places are located across the State. A breakdown of this information is provided at **Attachment 2**.

Almost half of these places are being delivered by The Spastic Centre, with the remainder being provided by The Northcott Society and other non government organisations. All of these services are operational.

The allocation of the first round of additional therapy places has resulted in an additional 349 places per year. Plans are underway to allocate the remainder of the new therapy places for children and young people in the period 2007/08 to 2010/2011.

## QUESTION 9

**The Hon. JOHN AJAKA:** Can you indicate how many people applied for respite accommodation and how many missed out?

**ANSWER**

Respite is delivered by both non-government organisations and directly through the Department.

In 2006/07, 1592 people registered for respite services provided by the Department. Information on who applies for respite, and who is provided with respite delivered by non-government organisations is not held by the Department.

The Department's Regional Offices are working with non-government organisations delivering new respite services to determine the best arrangements for referral and allocation of respite places.

These negotiations are based on cross-sector approaches that promote more integrated, equitable and streamlined access to respite for people with a disability, their families and carers.

During the 2006/07 year, all people on the register who requested respite were provided with at least one respite booking.

**QUESTION 10**

**The Hon. JOHN AJAKA:** Can that report be made available to Committee members? (Refers to Issues paper – Future directions for disability advocacy and specialist information services and consumer peak bodies)

**ANSWER**

A copy of the report is available at [http://www.dadhc.nsw.gov.au/NR/rdonlyres/BBDB9523-C44A-4DD4-95E1-C24C6B939DF0/2449/Website\\_Final.pdf](http://www.dadhc.nsw.gov.au/NR/rdonlyres/BBDB9523-C44A-4DD4-95E1-C24C6B939DF0/2449/Website_Final.pdf).

**QUESTION 11**

**CHAIR:** My question related to how many had made the transition. How many have you moved in to age-appropriate care services?

**ANSWER**

This information was provided by the Minister later in the Budget Estimates hearing, please refer to page 21 of the transcript.

## QUESTION 12

**Ms LEE RHIANNON:** I ask you some questions now about sport and disabilities. There is the national plan for disability support. I understand the Government supports this? We are told that it is an inclusive plan, but why does it exclude such disabilities as psychiatric, psychological, infectious disease, neurological, learning difficulties or chronic health? I am interested if the department is supporting the plan. I am interested in the context that because a whole number of those areas I just read out are excluded there are concerns of the ramifications of such a future plan for disability sports. So, I am interested in the input you have to the development of that plan?

### ANSWER

The Australian Sports Commission (ASC) in 2005 undertook a consultation and planning process to review the environment for people with disabilities in sport.

The Australian Paralympic Committee (APC) in 2006 evaluated the existing structures, pathways and programs in Paralympic Sport in Australia, including funding requirements and stakeholder relationships.

These two pieces of work have been combined into one draft national plan titled *National Plan for Paralympic Sport and Sport for People with Disabilities*.

The resulting document has a number of recommendations and strategies that would generally improve opportunities for people with disabilities to participate and achieve in sport.

NSW Sport and Recreation has indicated that it is generally supportive of the intention of the plan.

In regards to the exclusion of disabilities such as psychiatric, psychological, infectious disease, neurological, learning difficulties and chronic health – the Plan does not define disability nor refer specifically to any of these conditions.

The Plan does not state that any National Disability Organisations will be eliminated, although there is a section (2.5) on *increasing inclusion of sports for people with a disability in mainstream sports*.

NSW Sport and Recreation is supportive of strengthening mainstream sports' capacity to include people with disabilities. It also, through its support of the NSW Association of Disability Sports (NSWADS), recognises the ongoing need for State Sporting Organisations for the Disabled where inclusion into mainstream sport is impractical.

The draft national plan recognises that disability organisations have a role in providing advice and technical support. It states:

*Funding issues and mainstreaming have led to significant changes in the role of National Sporting Organisations for the Disabled (NSOD) since 2000. While NSODs have acknowledged that their role in disability sport is changing,*

*National Sporting Organisations and athletes continue to see NSODs as relevant providers of important technical and disability expertise.*

Further, the Department of Ageing, Disability and Home Care provided \$1 million to the Department of the Arts, Sport and Recreation to expand its *You're in the Game* program for people with a disability. This program funds community-based initiatives to provide opportunities for people with a disability to become involved in sport. Grants of between \$2000 and \$20,000 are provided over a two-year period to not-for-profit organisations for initiatives that will provide regular and ongoing opportunities for people with a disability to take part in an activity. This funding will provide \$250,000 a year over the next four years to allow this expansion of the program across the state. Funding of the program meets one of the State Plan's objectives for "increased employment and community participation of people with a disability".

### **QUESTION 13**

**The Hon. JOHN AJAKA:** How much payroll tax is paid by the Department to Treasury?

### **ANSWER**

The amount of payroll tax paid by the Department in 2006/07 was \$25,558,072.

### **QUESTION 14**

**The Hon. JOHN AJAKA:** How many of the staff earn more than \$100,000 a year?

### **ANSWER**

There are 165 staff who earn more than \$100,000 a year.

### **QUESTION 15**

**The Hon. JOHN AJAKA:** How many staff were dismissed in the past 12 months?

### **ANSWER**

Three staff were dismissed in 2006/07.

### **QUESTION 16**

**The Hon. JOHN AJAKA:** Are you aware of concerns regarding corrective service clients living with people from a non-violent background in group homes? Have any clients been endangered or abused as a result of a decision for such placements as far as you are aware?



## **ANSWER**

The Department places people in group homes according to the *Interim Placement of Clients in Group Home Vacancies Policy (2005)*. A sector wide Vacancy Management Policy is scheduled for release later this year.

This Interim Policy clearly articulates the need for the Regional Placement Committees to consider the Unit Vacancy Profile (which indicates any potential vulnerability of the current residents) in relation to a Client Risk Profile, a Client Profile, and a Vermont Assessment for each applicant for the vacancy.

This mechanism provides a rigorous assessment process to identify any potential risk to current residents. If a risk, such as the potential for violence between residents is identified, the Department would either recommend another applicant for the vacancy or would ensure that measures are undertaken to mitigate any potential risk.

While it is noted that people with an intellectual disability are overrepresented within the criminal justice system, the majority of offences tend to be of a minor and of a non-violent nature.

In the event that a risk of potential violence between residents is identified in a group home, whether it has resulted in contact with the criminal justice system or not, the Department will prioritise clinical support and intervention.

The Department provides behaviour support and intervention to address complex and challenging behaviour.

Those people who have been in custody and have a history of violence would be prioritised to enter the Criminal Justice Program, which provides specialist clinical, case work and accommodation services.

## **QUESTION 17**

**The Hon. JOHN AJAKA:** Are you aware of any instances where, after your audit or reconciliation, you have discovered that payments have been made on behalf of persons who are deceased? If so, what action have you taken to recover those monies? Will you take it on notice to advise the amounts you have sought to recover and what you have been able to recover? For any amounts paid incorrectly, due to not receiving appropriate notice?

## **ANSWER**

The Department has two community access programs (Transition to Work and Community Participation) that support eligible young people with a disability after leaving school. The funding for these programs is administered in different ways.

Under the Transition to Work Program, a block grant is provided each calendar year to individual service providers according to the number of people attending the service at the beginning of each year. When the Department is advised that a young

person has died, a vacancy is created at that service outlet, which means that another person can be supported at the service.

As Transition to Work is administered as a block grant the provider continues to receive the same level of grant.

In the Community Participation Program, funding is provided each quarter according to the number of people in a service. Adjustments are made quarterly according to when people start and leave a service. This would include an adjustment where a person had died in the previous quarter.

Since the full introduction of the new funding arrangements in January 2007, 16 young people have died who were attending a Community Participation Program. Of these people, 13 died during a period which meant that no funding adjustment was required, as the funding for each of these people ceased at the end of that quarter. For the other 3 people who died, funding was recouped for \$23,721 as they had died in the last month of the previous quarter and funding had already been advanced for the next quarter.

#### **QUESTION 18**

**Ms LEE RHIANNON:** How many people in the department are employed on 457 visas?

#### **ANSWER**

None.

#### **QUESTION 19**

**Ms LEE RHIANNON:** What is the financial cost to New South Wales when people are unable to be discharged from hospital due to a lack of or delay in providing home care or accessible housing or disability equipment or home modifications? We heard before about these problems; there must be a financial cost?

#### **ANSWER**

I understand that the Minister for Health was asked to provide the same information. Please refer to this for the full response.

#### **QUESTION 20**

**The Hon. JOHN AJAKA:** What is the current backlog or waiting list for home modifications?

#### **ANSWER**

The Department does not hold centrally a waiting list for Home and Community Care (HACC) home modifications.

The NSW Home Modification and Maintenance (HMM) State Council is the industry peak representing HACC funded home modification services.

The NSW HMM State Council has advice from its members that the state-wide waiting list for HACC home modifications as at 29 October 2007 is:

- • 2319 jobs for modifications between \$0 - \$5000;
- • 184 jobs for modifications between \$5000 – \$20,000; and
- • 18 jobs for modifications over \$20,000.

The New South Wales HMM State Council has been funded by the Department to reduce waiting list numbers and is currently holding funds to address any backlog. The HMM State Council anticipates this funding will be expended before the end of the financial year.

In the 2006-07 financial year, in excess of 12,000 Home and Community Care funded home modifications are recorded as taking place, according to the 2006-07 Home and Community Care Minimum Data Set.

## QUESTION 21

**(a) The Hon. JOHN AJAKA:** How many case manager vacancies are there currently in the Department of Ageing, Disability and Home Care?

### ANSWER

There are currently 11.5 Case Management vacancies, that includes 7.5 positions to be advertised in November/December 2007.

**(b) The Hon. JOHN AJAKA:** What is the average length of employment for a case manager?

### ANSWER

The average length of employment in a Case Manager role is 16 months. This is based on Case Managers (Caseworker Consultant – Children and Young People) who started after June 2006, and includes current employees. These are new positions. Other community support team staff also provide case management services.

## QUESTION 22

**Ms LEE RHIANNON:** How many children under the age of six have been assessed as eligible to receive services under the developmental delay criteria in the Intellectually Disabled Persons Services Act 1986? Could you give the figure for 31 December 2006?

**ANSWER**

For the period 1 January 2006 to 31 December 2006, 991 children under the age of 6 years were determined to be eligible for DADHC community support services.

**QUESTION 23**

**Ms LEE RHIANNON:** How many of the children assessed as eligible receive those services? When you assess them do they all get the services? Of those eligible to receive services in each of the categories, what was the average amount of hours allocated to each child? What was the greatest number of hours allocated to each child for speech therapy, physiotherapy, behavioural intervention, case management, occupational therapy, autism and specific services?

**ANSWER**

The Department's Client Information System shows that all of the 991 children assessed as eligible in 2006 received at least one service from the Department. The first full year of operation of the Client Information System was 2006.

Once a child has been assessed as eligible for Departmental services their specific needs are assessed and prioritised jointly with the family. Each child has a service plan, which identifies the services that they require. They may be provided by the Department, non-government or other government agencies.

Not all children receive services from the Department once their assessment has been completed. Where a person is assessed as requiring a Department service, this is called a Service Request. These service requests are continuously prioritised according to relative client need.

Of the 991 children assessed as eligible in 2006, the Client Information System shows there were 239 service requests allocated for speech pathology, 214 service requests allocated for physiotherapy, 47 service requests allocated for behaviour intervention, 235 service requests allocated for case management and 189 service requests allocated for occupational therapy. Data is not collected under a category of autism specific services. The remaining 67 children received services other than those listed.

The Client Information System indicates that these service requests resulted in 4,184 hours of speech pathology intervention, 2,576 hours of physiotherapy intervention, 854 hours of behaviour intervention, 3,243 hours of case management intervention and 7,196 hours of occupational therapy intervention.