REPORT OF PROCEEDINGS BEFORE

STANDING COMMITTEE ON SOCIAL ISSUES

INQUIRY INTO DISABILITY SERVICES

At Sydney on Thursday, 9 May 2002

The Committee met at 9 a.m.

PRESENT

The Hon. Jan Burnswoods (Chair)

The Hon. Dr A. Chesterfield-Evans
The Hon. Amanda Fazio
The Hon. D. F. Moppett
The Hon. I. W. West

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MARGARET ANNE ALLISON, Director General, Department of Ageing, Disability and Home Care, Department of Ageing, Disability and Home Care, 83 Clarence Street, Sydney, and

ROBERT WILLIAM GRIEW, Executive Director Strategic Policy and Planning, Department of Ageing, Disability and Home Care, 83 Clarence Street, Sydney, affirmed and examined:

Ms ALLISON: I confirm I have received a summons issued to require my attendance today. I affirm that I am conversant with the terms of reference of the inquiry.

CHAIR: You have received a summons?

Mr GRIEW: I have received a summons also and I am also conversant with the terms of reference.

CHAIR: Just to explain for the record, I know you are familiar with where we are at, we had a group of witnesses a couple of weeks ago and that was a day when you were unable to come.

Ms ALLISON: Yes.

CHAIR: Which we saw as rounding off our inquiries and giving a number of the groups and individuals concerned an opportunity to say where are we now and how far have we progressed and so on. You have had an opportunity to look at the transcript of that?

Ms ALLISON: I have.

CHAIR: And there was an earlier session last December where we talked to some people about devolution and other issues in a similar sort of way. We have not prepared questions for you the way we do with most witnesses because you are really here to in a sense respond to the comments that have been made and tell us where you are up to. We have got a bit of a check list of the points that have been made to us, but since you have had a chance to hear what people are saying at the moment, could you start off with some sort of statement and then we might go through the areas of concern that have been raised with us.

Ms ALLISON: Thank you.

CHAIR: I suppose we are attempting to measure in as factual a way as we can where we are now compared to where we were.

Ms ALLISON: I think we have similar objectives, Madam Chair. Thank you for the opportunity to make some opening remarks to the Committee. I thought it might be useful if I spoke briefly about the context surrounding some of the specific initiatives that have been discussed and their outcomes to date; secondly, the challenges that the department faces within this context; and, thirdly, the very significant opportunities that I think are created by the establishment of the new Department of Ageing, Disability and Home Care.

So let me start by painting a broad picture. In New South Wales there are approximately 187,000 people who have some form of severe disability. Now, the vast majority of these people do not access any form of specialist disability services. They live in their communities with assistance from their families and with other informal support and they access generalist services. As you know, the department has a key role to foster and sustain this informal support and to work with generalist services to ensure they welcome and include people with a disability.

On a typical day only about 16,000 people with a disability use specialist disability services within this State. Within this group there are people whose needs are met by, for example, one or two hours of home care service a week, right through to people who require one-on-one assistance 24 hours a day. However, demand for specialist disability services is growing and there are two reasons for that. Firstly, there is an increase in the number of the people in the community with a functional disability, and, secondly, as people with a disability live longer their needs are compounded by ageing issues. Against this scenario there has been a substantial growth in disability services in this State. Since 1995 funding for services for people with a disability has increased by 87 percent or $316 million and 52 percent of this growth has been achieved in the last two years.

The largest percentage growth since 1995 has been in the expansion of respite services, services that support families in their caring role, and expenditure on respite services has increased 126 percent in that period. Spending on services like early intervention for children with disabilities, behavioural support and advocacy has increased by 75 percent. Investment in day services has increased by over 50 percent. All of these services, which are outside the accommodation and support sector, represent a major expansion of the basic infrastructure in disability services in this State and are critical services in terms of ensuring that people are supported to stay in their own homes and own communities as long as possible. There are now 208 more outlets for these types of services than there were in 1995 and 125 of these new outlets are outside Sydney. In the accommodation sector too growth has been unprecedented, with an increase of 28 percent in the last two years.

I thought the Committee would be interested to hear specific progress in relation to each of the programs you have been considering over time. So as a basis for our discussions, I will turn first to the issues of the Service Access System. This was put in place in September 2000 and designed to provide a service response to people at risk of losing their community placement. Currently 619 people are being supported through this program. I think what the Service Access System has highlighted for us is the need for clearer entry points to the service system and the need for some different models of service for people with very complex needs, and perhaps we might talk about that a little bit later during this session.

Turning to respite care, in the program to reform respite services the number of block beds has now reduced from 149 to 73 and in addition 34 new respite service outlets have been funded. Work on respite reform I think has highlighted the need for different responses to clients using very high levels of respite care, the need for better targeting of respite as a preventative measure and the need to best define outputs in terms of bed numbers or hours of service.

The Group Homes Project, in this project we have undertaken to review the support arrangements for 220 people with low support needs, living in group homes operated by disability services. Of that population of 220 people 140 have elected to stay with the Government provider, 80 people have chosen to relocate to a non-Government provider and 45 of these people have moved or will have moved by the end of June. So there is about 35 people to go to finalise this project.

With supported accommodation, in the program to provide supported accommodation to about 200 people with priority need for long-term accommodation support, 137 people now have these arrangements in place, and, again, a number of people are still waiting for their services to be finalised because they require the development of new and different models of care because of their complex needs, and this is one of the major pressure points in the system that I think we will need to turn to this morning.

In the devolution program, as you are aware, the first phase targeted about 400 people. Progress has been relatively slow with alternative arrangements finalised for 43 people to date, and I have to say that having read the evidence of the Community Services Commissioner, Robert Fitzgerald, I agree to a significant extent with his analysis of why this progress has been relatively slow to date. As I recall, he described the process of devolution as having too many facets. Devolution was initially designed as a program to move people from large residential centres, but we have included in the process extensive choice over all aspects of the service, including location, model of care provider and the extent and detail of the support provided, and this has inevitably had an impact on the pace of people moving from centres. So for the devolution program to progress, I think we now need to engage in a rethink of some of the processes we have used to date.

In implementing all of these initiatives the department has been responding to really the three big issues in disability services, unmet need, respite care and the devolution of large residential centres. It has been an incredibly ambitious task and reform agenda, and one which has presented the service system with considerable challenge, but they are challenges which I consider require us now to take stock and consider carefully the best way forward. The scope of the undertaking is an obvious challenge. This is a mission that has been common across Australia. So all States, and I do not think New South Wales is unique in this respect, face very significant levels of unmet need and all have invested very heavily in disability services, perhaps since the mid 90s. Managing rapid growth, noting where hastily established infrastructure required more work and understanding the true level of people's needs are challenges repeated in all jurisdictions across Australia. But there are other challenges.

One is the capacity of service delivery organisations to respond, particularly to the nature of the care required by clients with very complex needs. Another challenge is the nature of the processes being used by the department to create fundamental change and expansion. So all these factors - the capacity of service providers to respond, the extent of demand, the nature of the care needs of many clients and the department's focus on customising services around individuals - have played out to varying degrees in the new programs and initiatives.

It is clear to me that some specific work is now required to achieve a system that functions well and is sustainable in the longer term. The creation of the department last year provides the opportunity to undertake this work.

I would like to leave you with a clear picture of these very significant opportunities and how we are realising them. Firstly, the inclusion in the new department of the two largest service providers in the State: Disability Services and Home Care Service. This is allowing us to directly control service provision and capacity and to allocate resources within the government providers in a way that compliments the service delivery of our non-government partners. Also having the government providers within the department allows us to clearly define their role, to minimise gaps in the service system overall and to achieve optimal specialisation within government and non-government providers.

The inclusion in the new department of a comprehensive State-wide infrastructure is also allowing us to reconfigure our business to a regional service delivery focus. This allows responsive decisions to be made locally for clients, their families and for funded organisations.

We are also now in a position to be able to design a coordinated intake system that provides coherent pathways for clients and their families and to provide services in small and remote communities where non-government providers do not operate.

A strong State-wide infrastructure also allows us to modify and streamline the processes we use to put in place supported accommodation services. For example, we are separating centralised planning and acquisition of services from local decisions about the allocation of new accommodation places.

Finally, the new expanded scope of the department is allowing us to better develop cross-agency responses to complex needs. For example, we are currently working with the Department of Health to jointly articulate a model of care for people with acquired brain injury who also have high medical support needs. This new scope also makes it possible to more effectively influence the service delivery of mainstream government agencies whose role is such a vital part of supporting people with a disability outside the formal funded disability service system.

So, Madam Chair, that is just a little bit of a picture and a bit of an update that I thought might provide a useful starting point for the Committee.

CHAIR: That is excellent, thank you very much. We certainly needed those details across the system and the complexity to be brought together and, as I said, we have a bit of a checklist of some of the strong points that have been made to us, but you have probably seen most of them through our transcripts. Did you want to add anything at this stage, Robert?

Mr GRIEW: Not at this stage, thank you.

CHAIR: We might move around a bit because you have probably dealt with some of the things we wanted to raise more comprehensively, and not so much with others, but we thought that the Service Access System was a good place to start. The general view on that seems to be almost universal support for it as something that is worthwhile and overdue, but obviously we have heard a certain amount about logjams and delays that have developed. It is sort of, in a sense, becoming another example of the crisis situation sometimes overwhelming the need to actually move through and plan, so the different members of the Committee may want to raise some of those, but can I just mention some of the points which have been made to us: The delays in allocation of planners, preparation of plans and so on; the issue of whether the focus is too narrow, whether or not the focus on people with the highest levels of need does in fact make it more difficult to plan comprehensively into the future. There are a few other specific issues that we wanted to take up with you, for instance, recently the problem of young people with disability with essentially nowhere to live except nursing homes has been raised with us as an increasing problem and the way in which the Service Access System might be able to address a group like that. The other more general point that has been raised with us is the lack of data about the system, the lack of data to the groups, government and non-government, and clients with an interest. Some of those points I know you have addressed generally in what you have said already.

Ms ALLISON: The Service Access System was established to provide (a) an entry point in the system for people who were at imminent risk of losing their community placement. However, in the absence of other articulated entry points in the service system, it became, in a de facto sense, the entry point and a lot of people made applications to SAS to progress their own aspirations which may have been urgent or, in some cases, may have been future requirements for service, so the system did slow down considerably as a result of the unanticipated levels of demand and that demand peaked very early. It is fairly steady at the moment with about 24 applications per week continuing to be received.

One of the issues that is very apparent in SAS is that there is in fact a wide diversity of people seeking service through SAS and to some extent some of the more complex problems in SAS actually relate to people who are perhaps not well serviced at the moment by other service systems. For example, we do have quite a high number of people applying for SAS who have very high and complex medical support needs who may at the moment be in, say, rehabilitation units in hospitals or spinal units following an injury. There have been people who have gone into nursing homes, and I will come back to the issue of younger people in nursing homes. There are people who have been in the criminal justice system and who need some specialised support but whose primary issues relate to their offending behaviour. There are people who are the adult children of ageing carers and those ageing carers in many cases do not immediately want service for their family member but are saying to the department, "Some time within the next couple of years I will need to place my son or daughter because we're getting old, we're not as capable as we once were of providing the service", so there is a future registration of need. There is a significant group within SAS who have an existing service but wish to enhance or top-up that service in some way.

The Hon. DOUG MOPPETT: Would you say that when the SAS system was implemented it was designed to recruit those people who had indefinite future needs or was it really designed as a system to give immediate response to people who had acute need?

Ms ALLISON: It was certainly designed for situations requiring a more immediate response because the original criteria did relate to people who were at more imminent risk of losing their community placements for a range of reasons.

In the absence of those clearly articulated entry points, SAS became the de facto entry point and has become significantly overburdened.

The Hon. DOUG MOPPETT: Just guiding us through in detail, if somebody did ring up, because we in our minds compartmentalise those people as longer term unmet need, people who are going to materialise for whom planning should be going on, but I would imagine that if I were an officer in the Service Access System and somebody rang up with that sort of inquiry, saying, "Look, I've been looking after my child who is now 50 and I'm 80", or something like that, I would have said, "Well, you're on the wrong number, I'll refer you to somebody else", and you would then be able to say 1,600 applications, that was one which we dealt with quickly. The evidence we have had is that a large number of applications were outstanding and unresolved, unallocated, and it seemed that the nature of the Service Access System was that it would very quickly sort people into having immediate need and then connecting them with services. I think Mr Fitzgerald said that there were a very large number who had had their assessments made, but there was no connection after that. That is really what we are concerned about.

Ms ALLISON: I think there are a couple of points in the issues that you have raised. The first is about the determination of eligibility and how quickly that occurs, and there have been delays in that, and particularly if people are not going to be deemed eligible for services funded under SAS I think we need to let them know very quickly. The second issue is how it is then determined what services are appropriate for persons who have been deemed eligible, and one of the issues today is that we have been entirely dependent on an external network of service planners to achieve that. I think that we need to look at more timely ways of responding to people's service needs. We also, in my view, need to separate people who might need more intensive services, such as accommodation support, from people who need lower intervention services like respite, so it seems to me not sensible that we have required exactly the same level of scrutiny whether you want a permanent accommodation service for your son or daughter or whether you want a weekend's respite a month and we need to tease out some of those accommodation and non-accommodation services and responses.

In terms of the numbers, if I could just ask Robert to talk about some of the progress--

CHAIR: Just before you do that, can you explain what you meant? I think you said you have been dependent on an external network of planners.

Ms ALLISON: Once people have been declared eligible for SAS their matters are then referred to support planners. These are external contractors to the department and so the department has not necessarily had the capacity to determine when they commence their work.

Mr GRIEW: Can I first add a point to that: The director general talked in her opening remarks about the opportunity that the new department creates for us and one of the points that she made was the greater infrastructure we have by dint of bringing three regional structures together in our regions, so one of the opportunities here is actually to use regional infrastructure more effectively for programs like this. With the old department it was much smaller, these sorts of processes were much more centralised and so the process could much more easily logjam within a central office, whereas if we can clarify the kind of procedures and filters and processes for directing people to the most appropriate response then we can, with a clear rules system of that sort, place those functions in a regional network, which is the work we are now doing, and that will provide a much faster response to the clients. So there is a relationship between this issue and the structure opportunity of the new department and, of course, having providers directly part of the department should be able to help with that as well.

In terms of the numbers, there are 619 clients who have received assistance through the SAS program. 39 of those have received a permanent or recurrent package of support and 580 have received an interim solution, so people who are awaiting the negotiation, often quite complex packages, are eligible to receive an interim package of assistance. Those interim packages of assistance are often for clients with very complex needs, so many of these people are in that. We have talked about a number of these programs being affected by the needs of clients when they are very complex, requiring quite detailed work with families and so on, and we have talked about streamlining some of those processes in the future, but that 580 group is a big proportion of those people who are in that very complex group. There are about 123 clients whose recurrent packages are pending finalisation in a process that we are now going through to really try and sort the backlog in the way we are talking about here.

CHAIR: You said before you were going to come back to the issue of young people with a disability, in which we obviously include acquired brain injury and a whole variety of other disabilities that have been put to us as an increasing issue.

Ms ALLISON: It is certainly of concern to us that there are a number of younger people with high support needs who are currently residing in nursing homes in New South Wales. I would just like to get Mr Griew to talk about the numbers shortly, but if I could just give a little bit of the background.

There is no doubt that this is a very difficult issue. It is one in which we have engaged with the Health Department and have agreed to progress some work on joint models for people with a disability with high support needs also requiring medical intervention on an ongoing basis. However, there is also another dimension to it, and that is a political dimension. Yes, it is true that we have younger people with a disability in Commonwealth funded residential aged care and that they are inappropriate solutions. Equally, in fact more so, within the disability system in New South Wales we have very many people who are older, who are quite frail and have very significant support needs for whom the Commonwealth residential aged care system does not currently provide a response respite. Now, there are people who on all other criteria would clearly be eligible for residential aged care, but the system has not engaged with them particularly well because they have an underlying disability. That is the matter of some conversation that we are having with the Commonwealth in the context of negotiating the next Commonwealth/State disability agreement, because it seems to us that as well as issues of individual rights to access appropriate services, there is also a very real question of cross shifting. So at the moment because a lot of older people in our system are, with improved medical care, et cetera, living longer lives, there are not the exit points to aged care systems at the moment. At the same time we are providing a very intensive level of care for many of those people.

I will just turn to Mr Griew to talk to you about the numbers and give you a bit of a context about where these folk fit in the context of the total population of nursing home residents in the State.

Mr GRIEW: Just under one percent of the residential aged care population in New South Wales are less than 50 years, point nine of a percentage point. The figure that is most often quoted is 1,316 people aged under 60 live in residential aged care facilities, that is2.8 percent. 883 of those are aged 50 to 60 years. 433 are aged 50 years or less. Of those aged 50 or less, one in ten have an intellectual or developmental disability, one in three have a brain injury, two in three require high levels of care. In the residential aged classification system that is a level of one or two. 36 people are aged 30 years or less and 50 percent of this group have a brain injury or damage. 80 percent of those people require high levels of care. In this context, it is worth noting that just over 50 years, 52 years or so, is the average age for onset of Alzheimers disease for people with Downs Syndrome which is why I guess the reference point that we are using is 50 years here and why it is significant in putting this in context and really talk about just one percent of the aged care population being below 50.

I guess against that, to just follow the point that the Director General was just making, it is worth noting that something like one in four residents in our large residential centres that will be devolved are aged 50 years or over and of these eight percent are aged 60 years or over. So that is putting the two groups in some sort of context.

CHAIR: You have to look at it from both ends.

Ms ALLISON: Yes.

Mr GRIEW: I guess the other point I draw from that is that it is a high proportion and it is a higher proportion the younger age you go with people where their needs are not just about disability but also involve some level of medical maintenance for brain injury.

CHAIR: And presumably many of those people over 60, if they came in through the Service Access System at the moment, would not find themselves placed in such high levels of care in institutions. To some extent they are there because they have been there for a long time under the quite different standards in the past.

Mr GRIEW: Or have needs which will require responses from more than one system.

CHAIR: We had better move on. Some of these things we will probably come back to because they do interrelate. Our next heading was permanent accommodation, and thank you for giving us those figures about the progress that has been made with the 197 places that were funded in May 2000.

There are two issues: When will the rest of that program be finalised, if you can tell us, and what happens after we get to the magic figure of 197, what sort of funding is available to continue making those places available as the needs of the group of people who need them get to that point?

Ms ALLISON: The 197 actually rose to about 215 because there were some people from other initiatives in 1998 and 1999 that were incomplete that sort of translates to that program, so I think it is about 215. Do you want to just give a bit of an update on the numbers?

Mr GRIEW: Of the 215, 74 individuals are in alternate accommodation, 22 individuals are in long-term accommodation within disability services and 41 children are receiving support in home or in alternative placements, which is a total of 137 you could say have a robust long-term solution through that system. 54 additional clients are in disability services in some form of care, so they are not without care but there is still work being done, and there are 26 remaining proposals with other providers in combination with other programs like SAS.

CHAIR: So that leaves us how many to go, how long to go, and, in particular, what sort of level of funding to continue? It is very much related to our next area, which is about respite, and you did mention before the progress that has been made in care in the block beds and obviously some of those 197 are the people who have come out of the block beds into respite.

Ms ALLISON: Yes.

Mr GRIEW: Of those figures I quoted, there are 54 with temporary solutions in Government disability services and 26, with some overlapping group, where there are other proposals involving agencies being negotiated. So all of the group, the initial 197, have some form of funded care and I guess that is the bottom line.

Ms ALLISON: There are a couple of challenges I would like to talk about. The first is the complex needs of some of the individuals in that program, and I guess the second is the broader point about in trying to work towards a more comprehensive and cohesive system, one of the problems has been trying to deal with the different various initiatives, the 197 and the number of other initiatives, the 63 project, and the 19 project, some of the clients have been articulated into 215, and it has in a sense created its own problems and complexities in dealing with all these various different buckets of money and having to account separately for them as opposed to having some broader systemic guides to which we are working. That is another point.

Some of the complexities are about clients who have forensic issues. With some of those clients there are issues of community safety which have to be considered and the need for very robust behaviour intervention and support programs. There is also a significant number of clients who have high medical support needs and there are also some children within the program, and one of the things that we are moving towards increasingly is the development of family based models of care for children who must live apart from their families for a reason.

Our policy objectives with children are fairly clearly clear, and that is to provide the services needed to keep children with their families. There would be a strong view in the department that children with a disability are children first and foremost, and, as other children in the community, they have the right to be raised in the context of their family, along with the supports those families need in order for that to happen. So there is a very deliberate intent to improve our level of family support services, which includes respite, which includes behaviour intervention and support services and a range of other therapy services that families might require.

One of the challenges for us I think is that the disability sector has not moved as fast as it could have to articulate models of family based care for children with a disability and in that sense we are working a lot closer with the more traditional child and family welfare sector now to recognise the needs of children with a disability and to open up some of those traditional services to ensure that they are more inclusive of children with a disability.

CHAIR: When you say lifting the slowness in the disability sector, are you talking about the non-Government sector essentially or the department and everyone else or is it a general term?

Ms ALLISON: I was not necessarily implying a reluctance, but there are some significant social and legal complexities in the care of children outside their family home that need to be worked through. There are also some quite complex issues in terms of the feeling of parents and families who feel unable to continue the care of their own child for a period of time, perhaps the longer term, but maybe for a shorter period of time, and for some of those families it is very challenging to them, much more challenging to place their child in another family setting than it is in a more formal residential care program.

The Hon. DOUG MOPPETT: With respect, I think the evidence we have received in terms of the care of children with disabilities, is that families have been extremely tenacious in face of the most formidable obstacles, they have continued until their children leave school, then the problems seem to compound in finding occupation, but the great monolith that they continually have to look at is the people in acute circumstances, with adults with whom they have lived for many many years in very difficult circumstances, for whom either respite care or permanent accommodation seems just like a dream.

Ms ALLISON: I certainly would not question the tenacity of families with a disability and families are wonderful advocates on behalf of their children, and in fact the families of younger children who are seeking a placement represent quite a small group numerically, but I guess I should highlight the complexities of those demands when they occur, and when we look at the profile of folk we have in residential services, it is very clear that there is an age profile emerging, particularly in our large residential centres. We have very few people in those services under 30 years of age. So over time, as there has been a very deliberate effort to improve services to families, you do see fewer and fewer families wanting to place their children at an early age and more and more keen to have them access the kind of opportunities which are available to other children and young people in the community. So, for example, at the moment there is a very significant increase in the Commonwealth funding available for supported employment and that is providing a range of opportunities for young people with a disability that have not been available to date.

The Hon. DOUG MOPPETT: I think that the nub of this rounding-up stage of our inquiry relates to something that you said earlier where you said that the range of programs, devolution, unlocking respite care and so forth, were hugely ambitious projects. I put to you that the Committee believes that the objects that we have set out in our interim reports are modestly ambitious. I would agree that the implementation of them is complex because the individuals have complex requirements, but I think the Committee is really trying to round-off on the note: Why is it that even modest targets that are being set, the group homes project, steps with devolution, unlocking respite care, always seem to take an interminable time and inevitably explanations come back: Oh, new considerations are being taken into account. We now deliver respite care differently and, as a result of that, we have not been able to actually finalise very many of those programs, or we offered the choice to people in the group homes and at the end of the day, despite the huge amount of effort that went into it, 30 people decided to move, but 200 people were put under the sword of Damocles. We could go on for another hour or so listening again to what the department is proposing and I think you have these wonderful visions of plateaus and things that you are aiming at, but the Committee has constantly been - and as recently as Mr Robert Fitzgerald coming - given evidence of failure to meet targets and a constant atmosphere of crisis and a lack of really having a grip of where the whole thing is at, where you are planning, the people that are coming on stream this year, next year and in five years' time and what you are going to do about it. I think in some ways we need to narrow down to that rather than again listening to what the corporate plan for the department is.

Ms ALLISON: Thank you for your comments and I understand the context in which they are made. I think that there certainly has been some slowness in delivering on some of the objectives that we have been set and that is, in part, due to the incredibly ambitious nature of the service reform agenda that has been running in the department over the last couple of years. A whole lot of these programs have been running all together at the same time and some of those objectives are very difficult. As Robert Fitzgerald pointed out, devolution was not only about moving large numbers of people out of residential institutions, it became about choice, it became about contestability, so we tried to do a whole lot of things at once and I think similarly SAS tried to introduce something similar, so that there are notions of choice and contestability, and it seems to me at some point - and I think that point is very close - if we are to move forward productively there need to be some decision points about ways to move forward which will allow some real progress to be achieved while still allowing quality of life improvements for the individuals seeking service. That may require, in some ways, some compromise to some of those dimensions of programs and, if I can give you an example of that, for some clients with very high support needs it may not be possible at this point in time to offer the level of choice that we have offered to date. It may well be that there are a range of other considerations such as community safety that need to be taken into account in designing and delivering services for people who are forensic clients who have had previous involvement in the criminal justice system.

I think we are at a stage now of significant reappraisal. We have significantly delivered on a number of those programs and the exception is clearly devolution. The progress has been very slow in that area. It will continue to be slow unless we have this period of reappraisal and capitalise on the opportunities that the new departmental structure has allowed us to deliver. For example, as we are reviewing SAS at the moment, in an analysis of applications, it is very clear that a reasonably significant proportion of the applications actually come from clients of disability services. In other words, they are people who may be getting some level of service already from within the department. Well, it seems to us that there should be some capacity within disability services to improve services to those individuals and it becomes a very clumsy mechanism to improve level of servicing to people who are already departmental clients, so there are quite simple things that can be done and are being done quite quickly to improve our level of responsiveness to individuals. There are other things, such as devolution, which are going to take a little bit more fundamental reconsideration.

CHAIR: I think there would be a lot of people out there who, if they hear terms like "fundamental reconsideration", think: Here we go again, more plans filed away, more delay, more dusting off of transition plans or whatever they have been called, you know, some years in the future. Is it possible to do the sort of reconsideration that you are talking about without getting into what has become a stop-start process, particularly in relation to devolution and obviously going back 20 years or more, I am not just talking about the last couple of years. It is a big fear of so many people who have spoken to us.

Mr GRIEW: The areas that the current questions focus on are the range of programs that focus on individuals with complex and difficult needs where the solutions that the department has been attempting to design are individualised solutions, and if you look at all of those programs, taking devolution to one side, so the 197 and the 300 and a significant part of SAS, if you look at those programs, as I have looked at the figures in preparing some material for this hearing, this appearance, in fact the great majority of clients have actually received some solution. The work outstanding in those areas tends to be the creation of a permanent sustainable solution and largely when you drill down into that you will find that those are people with very complex needs where the models and the capacity of the service infrastructure is absolutely at its outside extent, it is being tested, so I can absolutely understand why families and the stakeholders in the area would be concerned about talk of reconsideration, but this is not just a departmental issue, it is an issue that actually faces the whole sector where where we are hitting a wall is with clients for whom models are only just accessible or are not accessible.

The kind of changes that we are talking about are not about whole new kinds of visions and corporate plans, they are about taking the opportunity of establishing systems for dealing with those sets of clients. For example, having now two major providers plus the network we already had, the planners and so on, to actually set up simple things like vacancy management systems on a regional level is much, much more accessible, so I can understand why there could be alarm at talk of more policy work, but we are really wanting to focus not so much on the highly complex kinds of areas of policy work but looking more at where systems could help with the great bulk of clients.

I am really making two points: One is that we are really talking about simple kind of reform, not very, very complex reform, and the second is that, while there has been a slowness around devolution and while there have been problems around finding permanent solutions for some of the very complex clients, if you actually look through most of those individualised programs, the great bulk of clients have actually received assistance.

The Hon. DOUG MOPPETT: Could you give us some figures on that devolution process? Robert Fitzgerald's figures were fairly chilling as far as progress in devolution is concerned. How many people are still in institutional care; how many are being actively considered for placement outside and what is the likely resolution for the remainder?

CHAIR: I think initially, Margaret, you said 43 have moved.

Ms ALLISON: Yes.

CHAIR: Was that children or was that the total?

Ms ALLISON: That was the total.

The Hon. DOUG MOPPETT: Out of the 400 program, but above that there is a whole heap.

Mr GRIEW: Devolution is the area, I am separating devolution from those other programs. With the other set of programs there may not be permanent solutions for everybody, but there have been solutions put in place for most of those clients. With devolution, I think we have said there has been slow progress. 43 is the number.

The Hon. DOUG MOPPETT: Would you confirm what we have heard before that there are still some 1,000-plus people who are in large institutions, and particularly the largest institutions, for whom there appear to be no plans?

Ms ALLISON: The devolution program was designed in two parts, so, as you are aware, there was the first stage up until the end of 2004 and there were some 402 people targeted to move in the first stage of the program. In the latter part of the program there was the remainder of the large residential institutions. The numbers for that second half of the program were approximately 1,266 people. Having only fairly recently come into the position, there is a plan in place for stage 1 devolution. There is not a plan for stage 2 devolution, so for the final six years of the program, at this stage. I should say not yet in place. One of the things that we are doing at the moment is looking at some of those longer term system and sustainability issues that need to be addressed for the second part of the program while moving to progress some of the people who were in the first cohort of clients to be moved to the community before the end of 2004.

CHAIR: Since we are now dealing with devolution, there are probably two major sorts of issues. One is related to the figures, whether we are having so much difficulty devolving the 400 that it is almost, you know, we will think about the other 1,200 maybe years down the track. The other point comes back to the comments you were making earlier and we noted particularly Robert Fitzgerald's comment to us in relation specifically to devolution that maybe the time has come to consider whether flexibility needs to be traded off to some extent for certainty, which I guess opens up a whole field of thinking not only about devolution, but what has been put to us and the context in which that was made is the confusing variety of choice, the sorts of issues you were talking about before where families of people, and particularly children, in large institutions have gone through a very lengthy process of being faced with, I think, 67 different possible providers, all the different models, the different possibilities of supported accommodation or return to the family, all of which in theory is wonderful but obviously some people are saying the time it takes and the difficulties of the families coping with this --

Ms ALLISON: Yes, and indeed a lot of parents, particularly older parents, have reflected to me that they find that process enormously stressful and that they are wanting a guarantee of continuity of service for their family member throughout their life time, they are wanting to ensure that the standard of care that their family member receives is of a high quality and they are wanting to ensure that they can have ready access to their family member and that their family member can continue to be a part of their family and the community. They want a range of choices and an opportunity for their family member to participate in community life. But for many of those people it is inherently stressful for them to think about making choices and determinations of service provider and there are strong indications from many of those people that they want assistance with that, that they want those outcomes delivered for them, but not necessarily to make the choice themselves.

The Hon. AMANDA FAZIO: So what, they are saying that they are being swamped by choice?

Ms ALLISON: Yes, they are finding it overwhelming and stressful.

The Hon. IAN WEST: Would I be right in assuming that that is probably one of the reasons why SAS received such universal acclaim initially, because people had certain expectations of that system which probably were not what the system is about in terms of access, flexibility, consistency, delivery, knowledge of outcome, actual knowledge of what the department was delivering, and the criticisms of SAS now, do they not go to that issue of the great difference between what the clientele understood it to be and what it is?

Mr GRIEW: If I understand your comments correctly, the SAS system draws attention to the lack of an easily discernible entry point to supported accommodation or to accommodation support and the lack of that or the need for more development of that sort of system, where for example the aged care system has a much more known set of entry points, drives people to seek solutions even through a mechanism that was only designed for crises.

The Hon. IAN WEST: My point went to the question of the people who were trying to go to SAS who did not give you an indication of the lack of understanding and knowledge out there in the clientele as to what has been set up and therefore the initial universal acclaim may have been a bit distorted.

Mr GRIEW: Probably half that and probably half people not understanding what that program was about and partly people looking for an entry point that was a more discernible, easily accessible entry point. I guess then the commonality of the problems with devolution are that people do not always necessarily want to have to negotiate the whole system themselves and make all those choices themselves. Some people may want some degree of assistance or more easy processes.

The Hon. IAN WEST: So does the department see any great need for better communication as to the services available and the knowledge in the community as to what is attainable between demand management and demand assessment?

Mr GRIEW: Yes, and in addition to that, a much greater emphasis on a regional infrastructure to deliver that locally, rather than through more centralised systems which get clogged too easily.

The Hon. AMANDA FAZIO: Can I just ask you a question going back to devolution? It has been described in discussions that I have had with lobby groups as sort of like a funnel, there is all this money and good intention and good policies going into the top of the funnel and few little drips coming out of the bottom of service provision, which would be the 43 people who have been placed outside of the institutions to date. Do you think that if you take on board some of the suggestions of the Community Services Commissioner and implement your other changes, that you will be able to speed up that process so that the flow of service delivery and the flow of people being devolved will be better, so it will not take so long to get the next 43 out?

Ms ALLISON: We certainly can through some of our internal processes improve the rate at which some people are able to move from institutions to the community. For example, the way processes have been designed to date, where people have been resident in departmental institutions, the staff of those departmental institutions, who know the clients really well, who understand the people, with whom individuals get on in the centre setting, have not been involved in devolution, and in my view we have not capitalised sufficiently on the knowledge, interest and very real regard that many of those staff have for the residents in providing information that will contribute to that placement.

Having managed institutional reform processes in Queensland, it was a critical part of the process and facilitated movement of clients for staff of those departmental institutions to, for example, identify groups of clients who would be compatible co-tenants in houses in the community. A number of non-Government service providers have said to me that they would like to see that kind of work being done by the department, so that they are asked to prepare a package for a household of residents and not for separate individuals.

CHAIR: We had quite a lot of evidence along those lines by a woman who spoke to us last time from Greystanes about the way they were going through that kind of process and devolving their own centres, and we have had other evidence too, but certainly there seems to be agreement that that is the way to go.

Mr GRIEW: There is one area that we need, and we are starting to look at, to improve the rate of progress, which is the way in which we access housing and looking for models of housing that are easier to establish and allow the provision of care to be more effective and also in a more cost effective way. We have actually started having discussions with the Department of Housing about accessing public and community housing stock so that we are not dependent on the extra facets of Mr Fitzgerald's analysis of also having to be in the business of developing housing options, which adds a whole lot more dimension.

Ms ALLISON: And is also not the core expertise of the department.

CHAIR: Which also raises the issue that we have not directly addressed yet. We do need to move on. We have a whole lot of other questions too, but whether you call it population planning or whatever you call it, clearly everything you have said, and we all know anyway I guess that the need is growing, the number of people seeking all sorts of services, including accommodation services in the community is growing, and to what extent is the department moving towards an acknowledgement of that fact, so that in acquiring housing, for instance, we are not doing it because we need so many more places for so many out of the 197 or the 300, but we simply know that we can predict that the need in level and demand will grow year by year, and to what extent is the department acknowledging that need and therefore making plans to have some spare space available month by month, year by year?

Mr GRIEW: In her opening remarks the Director General referred to the rate at which the number of people with disabilities in the community is increasing faster than the population. In fact, the growth curve of people with disability is very similar to the growth curve of the aged population, with changes in medical technology and people with disabilities living longer and also with the ageing population and the ageing of the population with disabilities.

The background to this is unprecedented growth in the disability sector in New South Wales. $316 million extra has gone into service infrastructure since 1996, $165 odd million of that in the last two years. The New South Wales Government puts in something approaching 80 percent of that amount of growth. So there is very substantial growth. In fact, that has been probably one of the reasons for some of the burden the department has been carrying which was actually getting that on the ground. There are really quite sophisticated planning operations, planning processes. We have just commissioned another data set for the third of our population group planning mechanisms, and one of the things that has been achieved over that period is a very substantial growth in non-metropolitan based infrastructure and that service out was established over that period. The majority of them have not been in the metropolitan area. So there is a number of actual background achievements here.

One of the issues we face, of course, is that in the forthcoming Commonwealth budget there is a question of whether just over $33 million recurrent growth funding put in under the current Commonwealth/State disability agreement will be sustained, which the States had all understood to be recurrent money and has been allocated on a recurrent basis. So that is a bit of an issue that hangs over us at this moment and we are assuming it will be sustained, but there is a debate between the Commonwealth and the States about what the level of growth will be into the future on top of that.

The Hon. DOUG MOPPETT: During one of our country trips we met with a person who apparently had the permission within his region to develop this long-term strategic plan. He was studying ABS figures and population extrapolations and so forth and also interviewing people so that it was not just simply assumed because there are 500,000 people there would be extra with disabilities. He had the task of making that accurate as to locality. That is some little time ago and we seem to have had no evidence that that plan has actually crystallised, that what he was working on has been brought together and that the department has a strategic plan of the growth in needs in specific regions by category, what will be needed to be provided in respite care, what will be needed in support accommodation, what will be needed in day services, and you have not referred to that yourselves today. Is that really going to become a firm policy directing instrument or is it just another one of those things that was a good idea at the time?

Mr GRIEW: I do not know the gentleman you refer to, but I just referred to the process of population group planning where we are actually in our third round now. So two rounds have actually been used in the roll-out of regional development of services. The term used is the regional capacity building funding rounds and those have been completed for both home community care and for disability services for a number of years now based on exactly that population planning.

The Hon. DOUG MOPPETT: But how does it manifest itself? We continue to hear from people out in the field that respite care is still an unattainable objective in many regional areas, we hear that the progress in devolution is slow, that the provision of group homes to meet the unmet need is glacial at best and yet you are saying there has been this funding going in which is in response to strategic planning. It does not seem that there is any strategic implementation.

Ms ALLISON: The processes to which Robert referred apply to new money and I think we have established this morning that because of the rate of growth in this population and the extent of demand, despite the enormous new investments, there continues to be significant need in the community. In tems of your earlier question about planning processes, as well as the broader population group planning processes, the department has a regional planning framework which was introduced in 2000. So each region of the department has planning objectives for three years from July 2000 and those regional plans are derived from three processes. So there is the broader population based planning, there is data analysis, which includes the examination of existing service infrastructure, spread, equity, growth patterns, et cetera, and also consultation and those processes have been applied in the purchasing of services funded through the regional capacity building that Robert spoke to. But there are two different issues I think: One is about whether we have rational processes for the allocation of new funding and the second is actually about the extent of need that continues to exist in the community.

Mr GRIEW: I can supplement that with some figures on new service outlets, if you wish, by category. Since 1995 there actually are 329 additional accommodation service outlets, all but 150 outside the metropolitan area; 47 community support outlets, that is advocacy services, early intervention services, all but 34 outside metropolitan areas; day program, post-school type services, 127 new services, all but 43 outside metropolitan areas, and 34 new respite outlets, all but six outside metropolitan areas. So while the unmet need continues, I think it is worth acknowledging that it is against a background of really substantial growth.

The Hon. DOUG MOPPETT: Is that readily available? That is part of the evidence that we have had from even people like the Community Services Commissioner, that there is no comprehension in the community that there is a plan. Is that likely to be made available, for instance, here?

Ms ALLISON: There is an intention to publish regional plans later this year, yes.

CHAIR: When you used the term "outlets" or "centres" or "services", how is that defined? Is that like an actual building that might serve five people or 20 people, or is it an individual package?

Mr GRIEW: I sympathise with your desire for clarity on this point. We are talking about addresses. There are three kinds of things there. There are organisations, but many organisations have many different outlets; there are outlet addresses from which services are delivered and then there are services, and sometimes one address will provide a number of services, so the unit of measurement I am using is places.

CHAIR: Addresses?

Mr GRIEW: Yes, it seems the most tangible.

CHAIR: But it does not actually tell us whether there are 100 people receiving service or 1,000 people. I mean you could go back and work it out.

Mr GRIEW: We do attempt to count that as well, but I was not using that count.

Ms ALLISON: The other thing that I would highlight, just quickly, is that from October this year there is a new national data set being rolled out for disability services. We have had a national minimum data set in place for HACC services for a few years now and that has delivered really useful data on usage patterns, et cetera. From October this year nationally - so we will have some nationally compatible data - we will be rolling out a similar minimum data set for disability services. That has been somewhat of a slow process because it has been a national one, but we are ready to go in October.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Do you have case plans for every client? With Maryanne Hammerton some time earlier, when talking about devolution, there was great emphasis on plans for each individual client. As a simple fellow, I would think you have a plan for each client; once you computerise that you could see what the cumulative plans required and then you could say, well, this is what the plans for the existing would require and then we have the unmet need plans and we then get to a vision document based on hard data. Do all clients have individual case plans?

Ms ALLISON: Yes, they do. However, as part of the devolution process, what we have started to do is do some different kinds of mapping so, for example, we have with all clients a very clear idea of the level of support needs they have and, in the cases of that first cohort of clients, what their families' wishes are for the kinds of services they might have. We need to do some broader mapping, though, about issues like locational preferences, so that we can see ultimately where people need to move across the State, and when you get some of that kind of data then it is possible to make some of the broader connections that you are talking about, so we are, in a sense, getting to transcending these individual kinds of programs and getting to some broader systemic planning that will I think deliver much clearer outcomes for people because we are looking right across the range of people who need services. That also requires what Robert referred to earlier as an improved vacancy demand and management system across the State, but that will be regionally based.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: So you are telling me that each individual case file, which presumably has always existed as some loose leaf or book or whatever, now has a plan in it for each individual client. Is that right?

Ms ALLISON: For each individual client there is a plan, yes.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: A life plan, as it were?

Ms ALLISON: Yes.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: And when the minimum data set comes that will presumably be computerised and enable you to then look at those fields, both geographical and in terms of service needs, and then plan very rationally based on the value which is updated at a certain frequency, presumably?

Ms ALLISON: The minimum data set will actually do something a little bit different. At the moment the way we derive information on the users of non-government disability services is to have a snapshot of service users on a particular day, and that is always a weekday, so it is like a one day census. That provides some slightly skewed data because, for example, with respite care the far more significant usage of respite care is on weekends, so you get an under-usage, and there is no telling whether there are seasonal trends that need to be taken into account. With the implementation of the national minimum data set what that will deliver to us is a much more comprehensive picture of service usage over time, of levels of service usage by individuals, so if you take respite care, for example, we will be able to see not only the number of service users but the levels of usage, in a completely de-identified way, I would hasten to add - the privacy of individuals will be protected - but we will be able to see the range of demand in particular service types and the extent of usage.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: When will you have sufficient data, and your data being entered to be quantified, to be able to make these sorts of predictions?

Mr GRIEW: There is a limit to that sort of approach to planning which is it requires these things - people who are in one of these programs or in scope for it, without a uniform assessment process, you are not going to capture people who are outside the system through that sort of planning.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: You have people within the system and then presumably you have the unmet demand which through the Service Access System you are attempting to quantify as those people progressively try to access the system, are you not?

Mr GRIEW: In the earlier evidence we provided on the Service Access System I guess we were at pains to stress that the focus of that is on people who are in imminent danger of losing their residential place. That is probably not a good measure of unmet need. We actually need a third thing, which is, as I said earlier, a bit like the system that they have in the aged care system where there is a place you can go to to access that system, have your needs assessed for it, and that provides a good database for that system, but there is not actually such an opportunity within the disability system and the Service Access System probably struggles slightly because people may perceive it as being a place you can go to to get your needs assessed rather than the place you go to when you need fairly tight criteria for imminent--

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Presumably this is a resource thing.

CHAIR: I think perhaps what might not be clear is that the unmet need you were talking about in relation the Service Access System is essentially for accommodation, whereas what Arthur is talking about is respite. You are really saying that the Service Access System was not designed to deal specifically with, say, a need for perhaps relatively small amounts of respite, so we are talking about the Service Access System at the moment I suppose doing something that it was not set up to do.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Do we expect phase 2 of the Service Access System to deal with this, which is obviously a common perception of it basically being the interface that allows planning. I mean if you do not capture the unmet need presumably you cannot ever quantify it or meet it except by some sort of demographic projections.

Mr GRIEW: You can capture it at a kind of macro level through the various kinds of planning mechanisms we have talked about and you can also capture more effectively express need through some sort of uniform service assessment system and that is certainly something that is needed.

CHAIR: We do need to move on. Looking at our list of things that we have not talked about, there are a few on which we will probably ask you to get back to us later in writing, but there are a number of points that have been made by the NGOs and we have not really talked about their role much or their perception of difficulties. They are not necessarily closely related, but if I could just run through some of the issues that they have raised with us, one is a considerable level of dissatisfaction with the expression of interest process, finding it time-consuming, finding that it does not necessarily produce outcomes that meet needs and also, from their point of view, saying that the system really takes for granted their willingness to take fairly considerable risks. Another area is about the development of a service development framework in relation to financial viability and skills basis and so on of NGOs, which to some extent also comes back I suppose to their ability to take risks, and I suppose their concern that they have a declining income base and feel that they are being asked to do more and more with less and less. That, of course, relates to the extent to which DADHC itself is going to continue to be a service provider. They are probably the major areas. There are obviously issues also about the award, the sort of staff they can attract and keep and remunerate and so on, but you are probably aware that NGOs have raised a number of these sorts of issues with us and feel that they are a considerable part of the system. Could we have some comments on those? I have probably missed a couple because we have them under different headings.

Mr GRIEW: On the expression of interest process, the notion of an expression of interest process probably reflects a misunderstanding that it may be we need to do some work to correct, but in fact when we set about funding new services, issuing an expression of interest, which is like an open tender process, is actually only one of a number of mechanisms we can use and in fact in this year's funding rounds something like a third of the funding is actually being issued not through competitive tender processes at all but by direct approaches to small organisations. Government funding purchasing requirements drive us to consider value for money, transparency and probity of process and also transaction costs, the costs of actually running a process, and we are very, very conscious that, particularly with small amounts of money where the infrastructure is brittle in the way that you have talked about, the cost of running a full kind of open tender process is just an unfair burden in many cases and not cost effective, which is why, particularly in the home and community care program, for example, we rely on a lot of very small agencies. We make the choice in, as I said, about a third of cases to issue the funding by direct approach. Those are two ends of the spectrum, there are a range of mechanisms in between, so to the extent that the NGO sector has a perception that we always use an expression of interest process, that is a misconception and we need to correct it because we are also very conscious that the cost and risks we can impose on small organisations is often not sustainable and government guidelines do not require it as long as we are transparent and accountable in the way we make those decisions.

CHAIR: What about the whole question of a service development framework, the way in which the whole system hangs together, the service based sector, the financial management issues? A number of different points have been made today that, as I said, cut across the various areas. I guess there is a general sense of a growing system and the system itself becoming more complex, with players large and small of all sorts of different backgrounds becoming part of it, but it seems that it is all a bit undefined out there.

Mr GRIEW: I think that is probably a fair point. I mean one of the key issues for us that we referred to earlier is the capacity in the system for particularly the hard end of provision of service, design of service for those groups. There are strategies we have which provide a safety net through the issuing of liability support grants for organisations that get in trouble, and obviously we have a network of officers who work with those organisations quite intensively to try and address the underlying issues. The observation I make is that there is always more one can do in that area, particularly with non-Government infrastructure and with very difficult programs there are always those problems. It is an increasingly complex business to be in, the provision of human services, whether you are looking at insurance or the complexity of the industrial system or the multiple Government or corporate legal requirements placed on those organisations. This is a very complex area and we need to work with the sector to make sure those supports are available, but one would not want to understate the task they are taking on.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Could I come back to the individual plans again?

CHAIR: There is an awful lot we have not raised at all yet and we have got about ten minutes. Can I just quickly run through the things that we have not talked about at all.

We have had a particular point made to us about the massive under-representation of people from non-English speaking backgrounds accessing disability services. I do not know whether you can give us any data on that, but at different times we have been given approximate percentages and there seems no doubt there are other groups, and we talked earlier about young people for instance. Under that heading of under-represented groups it has also been suggested to us that there are major needs in various different areas of physical disability where there is a considerable area of almost ignored unmet need too. Some of these things you may be able to get back to us with. They are two areas.

The other area we have hardly talked about at all is day programs, which we mentioned in passing, but it is obviously an area of growing concern and another area where there is a problem with funding. They are a couple and I am just checking our list of all the things we have to get to.

Mr GRIEW: I can give you the figures on the people of non-English speaking backgrounds straight onto the record if you want.

CHAIR: Yes?

Mr GRIEW: The Commonwealth/State disability agreement minimum data search shows that three percent of total service users were born in a non-English speaking background, which is not adequate performance when you consider that the Australian Bureau of Statistics in 1996 said that 15.7 percent of the population of New South Wales were from a non-English speaking background. The HACC minimum data set shows that 11 percent of the total HACC total client group, that is the Home and Community Care program, spoke a language other than English at home, and the Home Care Service, 9.25 percent of all their clients are from a non-English speaking background. So there is room for gain and improvement in all of those three parts of the service.

CHAIR: Is it fair to assume that the level of need is approximately equal? Presumably there are differences in the age composition of people from non-English speaking backgrounds and other factors like that which may actually make a difference in the levels of need or do we simply not know?

Mr GRIEW: Other than the age profile of different communities, there would be no reason to assume a difference there.

CHAIR: So they are really considerably under-represented?

Mr GRIEW: Yes. There is an under-representation. We are conscious of that.

Ms ALLISON: We are very conscious about addressing this at the moment, and in fact we have recently provided funding of over $600,000 for two purposes. One is to look at some cultural awareness training for providers. So how do providers in establishing and advertising their services make links with people who do not traditionally have those links with service providers? There are a range of strategies that can be used, some of which you could almost characterise as community development strategies, but we have provided some funding for training, and indeed it is a requirement for all substantial service proposals that people indicate to the department how they propose to represent people from culturally and linguistically diverse backgrounds. The other part of the money is for individual advocacy targeted at people from those non-English speaking backgrounds in rural or remote locations throughout the State to ensure that there are people funded to advocate on behalf of them for access to service systems and to ensure service systems are responsive to their particular needs.

The Hon. DOUG MOPPETT: And physical disabilities, people with physical disabilities and the perceived lack of service to people with physical disabilities?

CHAIR: Just before you start answering that, we also had made a point of comments that have been made about a slowness to plan and deliver specialist support, which relates to some extent to people with physical disability, including early intervention therapy, support for people with high medical needs, challenging behaviour, attendant care, home modification, et cetera, and Robert Fitzgerald noted a lack of tangible outcomes from ADD's review of allied health services which obviously covers some of those, but not all of those relate to people with physical disabilities and others relate to other groups.

Ms ALLISON: In terms of providing data on people with physical disability, I would prefer to give you some information in writing on that because I do not have precise information with me, but I would note that as we have been reviewing the areas into which new funding has significantly gone, as we have looked, for example, at new HACC funding over the last couple of years, the areas of growth are very significantly in home modifications and community transport, which are two of the most critical issues for people with a physical disability, and similarly, as we have looked at new funding in the disability program, the highest growth area very significantly is in respite services, so could I just make that point about the substantial growth in HACC services in those services which are very substantially used by people with physical disability.

CHAIR: The other area where you may be able to get back to us is those other areas of specialist support and allied health services.

Ms ALLISON: Yes.

CHAIR: What about day activities, post school options? I think you mentioned before some growth in supported employment.

Ms ALLISON: There is a review that is currently being undertaken of day programs and at the same time there are some reforms under way in the ATLAS and post school options area. There are some wonderful new opportunities that have presented themselves for younger people with a disability leaving school, so one of the things that the department has done is that for the young people who left school in 2001, for the first time this year, they will have a single assessment to see where they should be streamed in terms of employment services or access to data programs, so prior to this the Commonwealth and State Governments have conducted their own assessments to see whether young people should be directed towards supported employment or even open employment or other opportunities. We have been responsive to feedback from parents that tell us that they find these ongoing assessments of their children very distressing and in some cases a reminder of the grief that many of them continue to experience for having a child with a disability, so we have successfully negotiated with the Commonwealth a joint assessment tool that will be used, the Commonwealth Rehabilitation Service is conducting these assessments on our behalf, and those young people are being assessed at the moment. The processes for the 2002 school leavers are happening quite early this year, so they will happen before young people leave school, so some of those pathways for young people once they leave school I think are becoming much clearer much earlier and we do need to go back and reassess some young people who left school in the last few years because numbers of them may not have had opportunities to access some of those Commonwealth supported employment programs.

CHAIR: Is the employment there? Is it still the case, as has been said over some years, that with the best will in the world these programs exist, but the employment simply is not there?

Ms ALLISON: We are talking about specialist employment programs. In very few cases we are talking about open employment, so with the very significant Commonwealth investment in supported employment the number of places that are available has increased very significantly.

The Hon. DOUG MOPPETT: And are you confident that the funding will be renewed after this review that you have talked about, that it is not going to be in some way terminated and a new program introduced, that your funding will go on and again, with this planning aspect of it, do you really feel that you have a handle on the demand for these post school options?

Ms ALLISON: There is a very clear sense of the demand for post school services. Because young people are coming through school, it is a highly predictable number of young people who will come into the post school system.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Could I come back to your comment about the assessment tools? We took some evidence about the assessment tools, about how reliable they were, that they were quick to do but their meaningfulness was not good. I notice in Mannix, Robert Fitzgerald's criticisms of that, he said there were eating problems not known and people did not seem aware of the plans or even the levels of functioning. What comment would you make on that?

Ms ALLISON: I think when you are talking about the kind of people who are residents of the Mannix Centre and the kind of people that we are talking about in terms of post school options programs and entry to supported employment, we are talking about people--

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Yes, poles apart.

Ms ALLISON: Yes, different populations.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: But if it is not right in the very bad or severely disabled population, then you would worry about it at the other end too, would you not? If the knowledge is not there in the really severe cases, you would worry about the level of knowledge in the other cases.

Ms ALLISON: I do not think it necessarily translates that that is so and I think that people with severe, profound disabilities, multiple disabilities, who are resident in facilities have a very different arrangement from young people living with their families in the community where those families continue to actively advocate for them. There would be a proportion of people in the Mannix setting, for example, who do not have family members or other external people monitoring the satisfactoriness of their arrangements. I would say, however, that in response to some of the concerns raised about the Mannix Centre there have been some significant new arrangements put in place, that the department has worked very actively with the board of the Mannix Centre to introduce some new service improvements, including a new management regime, and has agreed to fast-track the devolution of the Mannix Centre.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: So does everybody have an advocate, just as they have a plan, and, if so, what caseload do the advocates have?

Ms ALLISON: It is my understanding that not every individual has a paid advocate and I would not venture an opinion as to the appropriateness or otherwise of that. Certainly very many people have family who very actively continue to advocate for them, but no, not everybody has an external paid advocate.

CHAIR: We have noted a couple of areas where you will be able to give us further material. I hope that, if we check back and think it would not be really difficult, we could ask you for a few other specifics as well?

Ms ALLISON: Certainly.

CHAIR: Thank you for giving us such a range of detailed information. At this stage, since this is our last hearing, we have to look forward to what we put in the report. I hope we can look forward to what is in the budget in terms of continuing the growth that has been occurring. I guess you would be looking forward to that in the same way as we would, but I think, one way or another, we have covered all the areas and thank you for coming and sharing it all with us.

Ms ALLISON: Thank you. These are very difficult and very complex problems, and I know I am not telling you anything in terms of the course of your inquiry over the last couple of years, and some of the complexity, as we have said, relates considerably to the extent of growth and reform that we have seen in the system over the last couple of years, but it is with a sense of optimism that we are working through a range of these problems.

The Hon. DOUG MOPPETT: Hopefully too, if you, on reflection, feel that there are aspects of the evidence we took most recently, which I understand you have, from Robert Fitzgerald and others, that you would like to respond to, you would furnish us with your comments.

(The Committee adjourned at 11.50 a.m.)