

GENERAL PURPOSE STANDING COMMITTEE NO. 2

Monday 20 December 2004

Examination of proposed expenditure for the portfolio areas

COMMUNITY SERVICES, AGEING, DISABILITY SERVICES AND YOUTH

The Committee met at 2.00 p.m.

MEMBERS

The Hon. P. Forsythe (Chair)

The Hon. T. Catanzariti

The Hon. Dr A. Chesterfield-Evans

The Hon. A. R. Fazio

Reverend the Hon. Dr G. K. M. Moyes

The Hon. J. F. Ryan

The Hon. H. S. Tsang

PRESENT

Department of Ageing, Disability and Home Care

Mr B. O'Reilly, *Director-General*

Ms C. Mills, *Deputy Director-General*

Ms E. McAlpine, *Deputy Director-General*

CORRECTIONS TO TRANSCRIPT OF COMMITTEE PROCEEDINGS

Corrections should be marked on a photocopy of the proof and forwarded to:

Budget Estimates secretariat
Room 812
Parliament House
Macquarie Street
SYDNEY NSW 2000

CHAIR: I declare this meeting open to the public and welcome you to this meeting of General Purpose Standing Committee No. 2. I thank the officers for attending today and for their forbearance in the change of date when it was anticipated that the Legislative Council may have sat all night and into the previously scheduled hearing date. Before questions commence there are some procedural matters to be attended to. Firstly, in relation to broadcasting I point out that the Legislative Council's guidelines for the broadcasting of proceedings are available from attendants and clerks. Only members of the Committee and witnesses may be filmed or recorded. People in the public gallery should not be the primary focus of any filming or photos. In reporting the proceedings of this Committee the media must take responsibility for what they publish or what interpretation is placed on anything that is said before the Committee.

Secondly, there is no provision for members to refer directly to their own staff while at the table. Members and their staff are advised that any messages should be delivered through the attendant on duty or the clerk. Thirdly, for the benefit of Hansard and members, departmental officers are asked to identify themselves by name, position and department or agency before answering a question referred to them. Fourthly, by agreement this morning questioning will be: 20 minutes for the Opposition, 20 minutes for the crossbench being 10 minutes each for Hon. Dr Arthur Chesterfield-Evans and Reverend the Hon. Dr Gordon Moyes, then 20 minutes for the Government, and then by rotation. I declare the proposed expenditure open for examination. Mr O'Reilly, do you wish to make a brief opening statement?

Mr O'REILLY: No, thank you.

The Hon. JOHN RYAN: Mr O'Reilly, one thing we want to focus on is the new arrangements for the community participation program and the transition-to-work program. With regard to transition to work, I have encountered a number of people who have applied to enter transition to work. I can understand why many people would apply for transition to work, it is the only program which will remain funded at the previous level. Some applicants have been refused, or at least it has been indicated that they have not been successful, I am not sure by what means. They then asked what appeals mechanism there would be. I understand that they have been told that there will be no appeals mechanism, because there is no budget to fund one. Will there be an appeals mechanism? If not, how will unsuccessful applicants be able to have that decision reviewed?

Mr O'REILLY: Firstly, there will be an appeals mechanism with respect to transition to work. If a person believes that they have been incorrectly assessed, which is done independently of the department, the person can appeal that assessment and after the appeal the matter will be reviewed. If the person is entitled to go into the transition-to-work program they will be able to do that. A budget has been set aside for that.

The Hon. JOHN RYAN: Who will do the reassessment?

Ms MILLS: There are a couple of different processes for current school leavers and people within the Adult Training, Learning and Support [ATLAS] program. For people leaving school in 2004, we have had 58 requests out of the 753 people going into the program for reconsideration of the program they have been allocated into. We made an administrative decision to allow each appeal to proceed so that people will be going into their preferred program. With people who are already in the ATLAS program, they have been previously advised that people who have a significant change of circumstance since their most recent assessment for appropriate allocation to work program, can appeal. We have not yet received formal appeals for that and envisage doing so in January and February. Those participants will not start in the new programs until April.

The Hon. JOHN RYAN: How many people are involved in the procedure you have outlined?

Ms MILLS: No, we do not.

The Hon. JOHN RYAN: As many as the 58 you mentioned?

Ms MILLS: It is not possible to gauge at this time. One issue we are examining is whether the most appropriate model for new people entering programs is whether to allow a three-month grace

period for them to assess whether that is the correct allocation of the program. People's perceptions of the program may be different from the reality. We do not want to move people inappropriately if they are better suited to the program to which they have been allocated.

The Hon. JOHN RYAN: Who actually will conduct the other appeal? How will that be done independently?

Ms MILLS: If the appeal is against the process; for example, the 58 school leavers who I spoke about, it was on an administrative basis. They were actually appealing against errors in the assessment data collection rather than an inappropriate assessment. That would be the same for existing providers. If it is a clerical error—they have been allocated inappropriately, or wrong information has been collated—that is dealt with administratively. If someone is claiming a change of circumstances that warrants reassessment, that would be conducted as per our usual assessment process which is either through Home Care or the Commonwealth Rehabilitation Service [CRS].

The Hon. JOHN RYAN: Would there not be another category of people who said that there was not an administrative error but the same facts would apply; they believed they had been misjudged?

Ms MILLS: If they can demonstrate that the assessment was incorrect or that their circumstances had changed since they were assessed—for some, it would be up to two years since they were assessed—they can apply for reassessment. That is the process that the CRS would have to undertake.

The Hon. JOHN RYAN: Service providers have sent families information as a result of changes to funding for the community participation program. You may not regard them as having changed but the funding for community participation is not the same as it previously was for the ATLAS program. People have been informed by the service provider that hours of service will be reduced, notwithstanding assurances by the Minister. Are you able to guarantee that it is not negotiable: the hours of existing participants will be cut, what happens to those participants who are currently funded for a greater number of hours than 18, some for 20 hours? Will they be guaranteed no cut to their level of hours of participation?

Mr O'REILLY: Are you asking in regards to transition to work?

The Hon. JOHN RYAN: No, community participation.

Mr O'REILLY: In the tender benchmark for new providers coming into the stream, it was 18 hours. Providers have indicated up to 30 hours, and the medium is 18 hours. That is what the data shows now.

The Hon. JOHN RYAN: When you say "data", how many service providers have given detailed information? Last time this estimates Committee was told that there were responses from service providers, essentially a number of people had put in scant information. How detailed was the information that the department was working on when it is saying 18, 30 or whatever hours? How rigorously described has that been?

Mr O'REILLY: There were 141 service providers through the community participation program, and 1,654 clients. If there are some requests for reassessment those numbers will change slightly.

The Hon. JOHN RYAN: That is 141 existing service providers for ATLAS post-school options is it?

Mr O'REILLY: That is for community participation. For transition to work, there are 101 service providers and approximately 74 of those are also eligible to provide the community participation program.

The Hon. JOHN RYAN: Of the 141 applicants for community participation you have allocated, what is the status of their applications? Has it been finalised?

Mr O'REILLY: Yes, 141 providers and 1,654 applicants.

The Hon. JOHN RYAN: The applicants are the clients?

Mr O'REILLY: That is right.

The Hon. JOHN RYAN: That is 141 providers, and I imagine they are people who have indicated to the department that they wish to continue in the scheme and provide community participation programs. How many of the 141 providers have now been told that they will be providing the community participation scheme?

Ms MILLS: The 141 providers have all been informed that they are eligible. They are on the eligibility list. But that does not guarantee funding from the department. The matching process for determining how many clients might go to which providers is currently under way.

The Hon. JOHN RYAN: If you are an eligible provider all you need to do is find some clients. There is no further assessment from the department?

Ms MILLS: The matching process looks at the number of clients and also factors like the capacity of the organisation to manage that number of clients. Some have provided us with a minimum number that would be required for them to be able to provide the service. A number have suggested a maximum. Part of the matching process is to take those factors into account.

The Hon. JOHN RYAN: Have the service providers outlined the type of programs they will offer to obtain the funding they request?

Ms MILLS: All service providers, as part of the tender and check list or follow-up process that we conducted, have given us information that enables us to make a judgement on their eligibility for the type of service, the fact that it meets the Disability Services Act [DSA] standards, the availability of appropriate networks that allow them to deliver an effective service, and so on.

Mr O'REILLY: The Department of Ageing, Disability and Home Care [DADHC] regional offices have already commenced matching service users to their preferred service providers. In cases where difficulties arise DADHC contacts service users to discuss any solutions. Service providers will be receiving letters of offer for delivery of the programs on Wednesday 19 January and letters of placement will be forwarded to 2004 school leavers on Tuesday 25 January.

The Hon. JOHN RYAN: Would there be any service providers who gave only information outlined in the checklist?

Ms MILLS: We contacted any organisation that did not provide sufficient information for us to make a judgement on any of a number of categories. There are six categories all up. Some were contacted to gain further information about the program and others were contacted for other reasons.

The Hon. JOHN RYAN: What are the six categories they had to give you information about?

Mr O'REILLY: We will just look that up for you, Mr Ryan. As at this morning's mail we have received around about 65 per cent of returns for the 2004 school leavers. They have come in, which is on par with previous years. People are away or are still making decisions. So it is in the post at the moment. The matching exercises are happening over the next three or four days so that we can keep to the timetable.

Ms MILLS: The six categories—and I am not quoting directly—are in the areas of: ability to deliver the program; ability to demonstrate meeting disability standards; appropriate linkages within the system to allow an effective program; demonstrated management experience and capacity to deliver; and some financial criteria. They are the broad areas. Also a description of hours, unit costs, overheads, administration costs and things like that. When we went back to service providers for additional information for the checklist, it was in one of those categories, one or more depending upon

the type and level of information they provided. It was about clarification of the original check list data.

The Hon. JOHN RYAN: Many of the existing providers would not have too much difficulty providing information about their management expertise. That would be the history of the organisation and who runs it. The funding criteria again would largely be historical data, demonstrating they have managed a similar budget in the past. Similarly, that would apply to linkages. The description of hours and program contents are the topics that have people significantly interested. How much information do they have to give you about the description of the hours and the contents of programs? What would have been the least amount of information given that would have been acceptable to keep providers eligible?

Ms MILLS: The least amount of information with regard to price and hours was the breakdown of administrative costs versus direct service costs. So a picture of the way in which program funds would be utilised; a calculation of the number of clients upon which they were budgeting; a calculation of the average unit cost; and the average number of hours that the unit cost would apply to.

The Hon. JOHN RYAN: What about a description of the activities?

Ms MILLS: With regard to activities, they were asked to describe key elements of their program, the type of services they might provide and the type of linkages they had within the community that would enable the program to be delivered. For example, if there is an emphasis on certain types of activity, they might demonstrate they have links with particular community organisations that provide that type of service.

The Hon. JOHN RYAN: As I understand it at the previous hearing of the Estimates Committee we asked for details of the Wollongong study. My memory is an agreement was made to the Committee that would we receive a copy of that study. Is a copy available?

Ms MILLS: Yes, a copy is available. If it has not been forwarded, I will make sure it is forwarded today.

Reverend the Hon. Dr GORDON MOYES: It was asked for previously.

Ms MILLS: I will follow it up if it has not come through.

The Hon. JOHN RYAN: Could we have it today or within the next 24 hours?

Ms MILLS: Yes. Can I clarify that? The Wollongong study is different to the one I believe you asked for last time. I think you asked for a copy of the Elton study.

Reverend the Hon. Dr GORDON MOYES: We did ask for the Wollongong study.

Ms MILLS: The Wollongong study is not completed yet. It is a different issue. My understanding is we have made an agreement to forward to you the Elton study.

The Hon. JOHN RYAN: Would you explain the difference between the two studies?

Ms MILLS: The Elton study, which was done a couple of years ago, was to review elements of the day program and some of that information was used as part of the formulation of the split between the transition to work and community participation. The Wollongong study is a current examination of issues to do with the delivery of and options for community participation. They are different studies around different time frames.

The Hon. JOHN RYAN: One of which I understood was to be relevant to the costing of programs and would work out the real cost. Which of the two studies would be the most relevant?

Ms MILLS: The Wollongong study is known as a costing project, but it was not its intent to deal specifically with the level of detail of costing we are talking about. It was to give broad indicators. It was not a unit cost.

The Hon. JOHN RYAN: You have said it is not yet complete. What information are you able to give to the Committee about that? Are you able to leave the study with the Committee, given it is not yet complete?

Ms MILLS: No, I am sorry, I was referring to the Elton report.

The Hon. JOHN RYAN: You will be able to provide the Elton report to us but not the Wollongong study because it is incomplete?

Ms MILLS: Yes.

The Hon. JOHN RYAN: The Wollongong study is yet to be completed?

Ms MILLS: We have not yet received a draft report from Wollongong University.

The Hon. JOHN RYAN: The original funding levels of community participation included a level for people with moderate support needs and a level for people with high support needs. The recent announcement makes only one entry funding level, a pooled amount for high support needs and a supplementation amount for very high support needs. How has the figure of \$1.4 million been arrived at and how many people are likely to receive high support need supplements? How are those people to be identified?

Mr O'REILLY: The costings of the program initially were developed by the department drawing on studies that had been commissioned into community access programs, information held about the potential costs of these programs and an analysis of the structure and costs of similar programs in other jurisdictions. The funding levels in New South Wales are comparable to what is happening in other States. South Australia has an average funding level of \$14,190; Victoria has five funding levels between \$7,000 and \$21,695; Queensland funds between \$7,500 and \$18,000 and only for a maximum of five years; Western Australian funding levels range from \$1,450 to \$6,800 for low support need levels and to a maximum of \$20,500; and the Commonwealth benchmark rate for those people who are not going to be involved in vocational-type transition arrangements is currently \$9,000.

The Hon. JOHN RYAN: Are we able to adduce from that approximately how many people will be involved in the funding arrangement? I take it there is a high amount and a low amount and we can divide that into the \$1.4 million and get a rough idea of how many people will become involved?

Mr O'REILLY: When we spoke in our consultations with the Australian Council for the Rehabilitation of the Disabled [ACROD] and a number of other providers, they thought the average ratio of one in four would represent high support needs. That was similar to the intelligence we had in the organisation itself, but it could drop to possibly one in three. Of the \$1.4 million, based on that arrangement we would be saying around about a couple of thousand dollars per client for the high needs pool. But it is subject to a business case. We are working with the providers at the moment, the people on the ground, to be able to tell us what is needed to identify high needs clients and then apply that funding arrangement.

The Hon. JOHN RYAN: Is the \$1.4 million fixed? If it is demonstrated that figure needs to grow, is there an opportunity for it to be increased?

Mr O'REILLY: At the moment it is fixed, but we would certainly make representations if that was significantly different.

The Hon. JOHN RYAN: We have had reported from DADHC that a number of people have been involved and consulted—as you have said, selected service providers. We, of course, know ACROD. It has been put to me that some of the people most affected by these decisions are people who have carers and people with disabilities. Why have they not been represented in your negotiations

and consultations to date? ACROD is but one organisation and even Mr Patrick Maher from ACROD frequently tells me it is his job to represent service providers. He makes no bones about the fact that is who his constituency is. How do we know you have had adequate input from the actual clients, given the negotiations seem to have been between ACROD and the department?

Mr O'REILLY: At all stages of the reform process the department has consulted with relevant peak bodies, service providers, advocacy groups, parents and participants, as well as with educational providers at both the school and departmental levels. Discussions have been held with ACROD, Council of Social Service of New South Wales [NCOSS], People With Disabilities [PWD], Family Advocacy and others and the department has also had discussions with the Commonwealth Department of Family and Community Services. At the regional level staff have attended regional stakeholder forums, parent meetings and reform information sessions. Most DADHC regions have had at least two series of information sessions, one for providers and another for families and participants. Regional staff have continued to attend and present verbal reports at the monthly regional patient support office [PSO] and Adult Training, Learning and Support [ATLAS] service provider forums. In September 2002 a number of working groups were established to provide feedback on the reform process. The groups, which had representatives from key stakeholder groups, provided feedback on subjects such as high support needs, transitional pathways and assessment frameworks.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Was a respite centre promised in the Albury region? If so, has it been opened? If not, why not?

Mr O'REILLY: We have a fair bit of information on respite. Give your question relates to Albury, can I take that on notice and get back to you this week?

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Yes. You have changed from having house managers to network managers.

Mr O'REILLY: Yes.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Does that mean you have more people working on computers and not delivering services? It seems you still need a person in charge in the houses. If the network managers sit at head office tapping on their computers, have you not introduced just another level of bureaucracy?

Mr O'REILLY: I will just explain that the Department of Ageing, Disability and Home Care [DADHC] is the largest provider of accommodation services across the State, and my department will provide accommodation for some 1,396 residents in 309 group homes in 2004-05. This year the department expects to spend approximately \$128.3 million on these services. The number of improvements with regard to the issue around house managers and network managers, the current arrangements mean that 120 full-time network manager positions were created throughout the eight regions to manage a small number of accommodation and respite units. Regional input was sought to ensure that the span of control is appropriate, having regard to the client support needs, the geographical distance and staff supervision. Under the new model the network managers manage a small network or grouping of houses. The number of houses in each network varies according to the geographical distance and complexity of the clients' needs, but it is generally between two and four houses.

Being a more senior position to the former house managers, network managers have a direct and more accessible relationship with the new regional senior management structure as they report directly to the regional or area manager. That facilitates a more professional, full-time approach to management and enables staff in the group homes to focus fully on client support. Network managers manage the operations and resources of the network, including supervision of the staff, management of rosters, leave, occupational health and safety matters, budgets and assets. They have a quality assurance system and they have to ensure that it is implemented across the State. The majority of the positions of the 120 were filled from internal candidates, including former assistant managers and former house managers.

In the initial recruitment 35 house managers were recruited to the network manager positions. Currently we have 22 vacancies that are being filled through current recruitment processes. Additional

network positions will be created on a needs basis to cater for any new group homes that come on stream, or as a result of the relocation of clients from larger residential centres. When we look at staff supervision, they have regular staff and team meetings, direct face-to-face meetings with individual staff, telephone contact, formal supervision and performance management sessions, and informal staff counselling and assistance. The number of visits per week—we have done some statistics on this to ensure that network managers are not deskbound—is a minimum of one per week for Metropolitan North and five staff supervision meetings per month.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: That is per house or per network manager?

Mr O'REILLY: Each network manager does that per house.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: One visit each per week is not many for someone who is managing something.

Mr O'REILLY: But they also have five supervision staff meetings per month on top of that, and in Metropolitan South-East it is two.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Could they not combine those?

Mr O'REILLY: It is the time that the people are away from homes for the supervision. The network manager goes out to the home, but it has to be done at times when a minimum of client care is needed. It could be that they are on day programs or whatever so they will run the programs then for staff supervision. But they are out there at least once per week and five supervisions per month in Metropolitan North. All of the regions have five supervision sessions per month, and Metropolitan North, the one I quoted, has one meeting per group home per week. All the others are around two to three.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: It is a very managerial answer. It is all about reporting, networking and clichés. Does this mean a house manager has less chance of being regraded because this network manager who comes once a week is writing reports and dealing with head office?

Mr O'REILLY: In the past the house manager was given a release for two days per week for that home. We now have a person five days a week to look after two to three homes and doing all the administration, which includes all the occupational health and safety, the rosters and that sort of thing. It is to take that away from what was a house manager's role on two days a week. They are now doing that so that we can ensure that the care is there in the centre.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: I will not pursue it further. Is there recognition of qualifications in terms of remuneration by the department, or do you have very well-qualified people stuck at RSW2s or RSW3s?

Ms McALPINE: For those staff that are entering our group home system without a qualification we have a grade of RSW1, and they are supported while they are on that grade to get the competency-based certificate three. There is a large number of staff that we have assisted through that process by in-house support from training officers, but also in time release to do some of the work that is involved in that qualification. When they get that certificate they move up into RSW2, and there is a pay incentive for them to do that, so there is a higher grade. To be an RSW3 requires five additional competencies at a higher level, and staff are also supported to do that. However, they are targeted positions so you cannot just flow through the system. You get the qualifications and then a position to apply for an RSW3 when it becomes vacant. The five units are targeted at the specific needs of our client group—things such as challenging behaviour, ageing clients, communication, older clients health care, that sort of thing.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: You could have a masters from TAFE, but get no recognition if an RSW3 did not come up?

Ms McALPINE: If you came in with a masters from TAFE you would not have to do the competency-based training. There is recognition of prior learning that would map your qualifications onto the certificate, and it might be that your competency is made to the higher level that would be suitable for an RSW3, but it is about applying for that position.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: If there is not a position you do not get the money, is that the bottom line?

Ms McALPINE: Then you would wait until that position becomes vacant, but I would have to say that is common throughout the public service.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Do you have open and merit-based selections?

Ms McALPINE: Yes.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: In acting positions, is there any limit on how long someone can act in a position? Is there some nepotism, which there have been complaints to me about? People are put in acting positions for quite long periods and then when they apply for the job, whoever might have got that job is at a huge disadvantage because a person has been acting in it for a long time.

Ms McALPINE: At the moment we have a situation where there have been a large number of vacancies in group homes, which I am sure you are aware of, and we are in the process of going through and recruiting for those. The first round is over and there were a significant number of people, about 400, who have been offered employment in those positions. We are going now with the second round of interviews and appointments, which will see vacant positions filled in all but two regions. That will position us in such a way that that long-term acting will cease and future acting arrangements will be subject to an EOI process.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: But in higher positions, such as network managers, do people act for long periods in positions that are not then challenged to be substantive?

Ms McALPINE: Not all network managers were filled on the first round, so there were a number that were vacant that have had people acting in them. The initial round commenced in March. People started in those positions and the vacant ones are now being filled. It has been a gap of six or seven months.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Is there any limitation on how long people can act in positions? It gives the incumbent an advantage over other people who might apply. Is there any limit to that time? After three months or something do they have to compete for it?

Ms McALPINE: Regions have to balance the notion of limiting acting arrangements versus some stability for clients and families in that situation.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Surely there must be a time limit. You cannot have people acting for a long time. You must have to put that to some sort of substantial merit-based selection process?

Ms McALPINE: And that is what has happened this year with the advertisement of all outstanding vacant house manager and network manager positions.

Mr O'REILLY: And normally the policy across the department is four months. After that we do an expression of interest across the department. As Ms McAlpine mentioned, sometimes because of client needs and the geographical location of our group homes it does exceed that period of time.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Network managers are managers; they do not have contact with clients.

Ms McALPINE: No, but they are at the group home a minimum of once a week.

Reverend the Hon. Dr GORDON MOYES: How many service providers have been accepted by the department under the Adult Training, Learning and Support Program[ATLAS]?

Mr O'REILLY: For the transition to work?

Reverend the Hon. Dr GORDON MOYES: Yes.

Mr O'REILLY: We have 101 service providers and approximately 74 of those are also eligible to provide community participation, and in the community participation we have 141 service providers.

Reverend the Hon. Dr GORDON MOYES: How many service providers who previously were providing services have not been accepted?

Mr O'REILLY: For transition to work we invited tenders. They were reviewed by an independent assessment panel. Some 90 organisations across the State received letters notifying them of their successful tender application, and letters were also sent to those organisations that were considered ineligible in this process. Some 21 appeals were received by the department.

Reverend the Hon. Dr GORDON MOYES: Do you have a number of those that were rejected?

Mr O'REILLY: Of the 21 appeals, 11 of the appeals were upheld so I am assuming 10 appeals were unsuccessful. The eligibility is for three years only. For the community participation, providers were invited to submit tenders for assessment as eligible providers. Out of the 11 tenders, nine organisations across the State received letters notifying them of their successful tender application to be a community participation provider.

Reverend the Hon. Dr GORDON MOYES: How many service providers have indicated they will not continue to provide services in 2005?

Mr O'REILLY: I do not know the exact numbers, but it is a very small number.

Reverend the Hon. Dr GORDON MOYES: Has the department increase the budget for accommodation services and respite services in the light of the number of complaints by service providers concerning the levels of funding?

Mr O'REILLY: Since 1995 this Government has expanded investment in accommodation services for people with a disability by over \$232 million. In 2004-05 the Department of Ageing, Disability and Home Care expects to spend approximately \$455 million to support approximately 5,041 clients in group homes or large residential centres—that is Government and non-government, of course. The department will provide around \$191million to non-government organisations to deliver a range of accommodation options across the State and, in addition, we will spend more than \$263 million on directly provided accommodation services. The department funds or operates approximately 783 group homes across the State. We are expanding our vacancies management approach and developing an integrated approach to manage placement of clients, which will enable vacancies to be filled more efficiently as they arise across all Government and non-government services statewide. The budget has grown from \$446.2 million in 2003-04 to \$455 million this financial year.

Reverend the Hon. Dr GORDON MOYES: I want to ask a question that I have not been able to check out. This morning, wearing another hat, I opened a new office of Wesley Mission services in Wilcannia and Menindee. I have used some of my staff who have experience in Broken Hill. They are experienced providers in the Far West. They tell me there are no support services at all in that area. There are lots of vacancies, but there is no staff. Do you have any comments?

Ms McALPINE: Could I clarify what you mean by "support services", because we have a home care multiservice centre in Wilcannia?

Reverend the Hon. Dr GORDON MOYES: Is that currently staffed?

Ms McALPINE: Yes, and recently it won a prize in the Premier's awards.

Reverend the Hon. Dr GORDON MOYES: Is there anything at Menindee?

Ms McALPINE: Menindee, I am not sure about, but there is definitely at Wilcannia and also in Broken Hill.

Reverend the Hon. Dr GORDON MOYES: Yes, I understand you have several staff in Broken Hill. This morning I was told by a phone call that when people arrived on site they looked at the other services in the area and there are no services in Wilcannia. I have not had a chance to follow up that information.

Mr O'REILLY: I will check that.

Reverend the Hon. Dr GORDON MOYES: I do not blame you if you do have vacancies there.

The Hon. JOHN RYAN: Are there any future proposals to convene a committee to advise either the department or the Minister on the progress of future reforms to community participation and transition to work reforms? Effectively has that finished? As I understand it there possibly might be further reform once the current arrangements are implemented. Are you planning to have it oversighted by a committee or will it continue to be a process of largely interaction with ACROD?

Ms MILLS: At this stage our focus is on bedding down the implementation for 2005 and we are taking a number of different approaches for involvement of stakeholders in that. Rather than having an oversighting committee, using the work that has been done previously including the steering committees that existed from 2002, we have taken an issues-based approach at the moment and are convening groups of identified stakeholders to assist us with the development of various elements of the program. For example, at the present time we have a small group of providers assisting us with formulated options for the identification of appropriate clients and the allocation process for the high-needs pool money.

In addition, once we have some models on the table we will be involved in other stakeholders through nomination, through NCOSS, and other areas to get feedback from parents, care givers and other experts on the implications of the various models to help us make that decision. Similarly, with transition to work we have convened a working party to look at the issues that remain for the implementation period of transition to work. We have developed a work program out of that session that involved a range of stakeholders, including representation from NCOSS. As each of those items is worked upon there would be appropriate consultation. So rather than an overarching steering committee we are dealing by bringing in particularly skilled people to deal with individual issues.

The Hon. JOHN RYAN: What is the reason for which block funding is being introduced as a reform?

Reverend the Hon. Dr GORDON MOYES: Do you want me to answer that?

The Hon. JOHN RYAN: I realise there are people at this table who might have a conflict of interest.

Mr O'REILLY: Blocking funding has been introduced to improve service capacity and incentives for service providers. Each service provider will receive a block grant to support services for an identified number of service users, rather than receive a separate individualised funding package for each client. Block funding will give service providers greater flexibility, will enable them to plan ahead and will help to ensure the sustainability of the new programs, especially in rural and regional areas. Service providers have been telling the department that they were unable to develop

stable infrastructure for the delivery of the programs and were often relying on casual staff, and that has contributed to poorer outcomes. They have also told the department that their efforts at longer term planning were being hampered by the inherent uncertainty caused by individualised funding. The department was also concerned that the smaller programs in rural areas were significantly weakened by the individualised funding framework.

The Hon. JOHN RYAN: What do you mean by flexibility? What will they be able to change?

Mr O'REILLY: The big problems that service providers have been experiencing with individualised funding is that they had no guarantee that they would have the funding available for their overheads, including infrastructure arrangements and their ongoing retention of staff as numbers kept changing. It also allows them to plan ahead over a three to five-year period.

The Hon. JOHN RYAN: Is that not the same for any business that offers a service to anyone? Obviously, if they do not keep the service good they will not have any customers and therefore all of that is the same? In what way are clients of these programs any different to anybody else purchasing a service?

Mr O'REILLY: The non-government organisations sector is not-for-profit. They are not making a lot of money out of this at all and they need to have certainty of funding so that they can stay in existence, so they can keep the staff and so they can be able to plan ahead rather than be thinking from one year to the other "What does this mean to us? Are we going to be in a position to keep going?"

The Hon. JOHN RYAN: Is it not the fact that most service providers, such as the centre at Drummoyne or those various challenge providers in virtually every large centre in town, have been providing that service for as long as those programs have been operational? Many of them will have a group of post schools options programs that will be part of their service and many have been maintaining staff for significant periods of time. Given that the Government has now guaranteed that the service is going to continue in the new format of community participation, does that not give particularly good service providers an adequate amount of assurance that they will have a program into the future into which they can at least hire a core of staff and have a core of infrastructure that will not change?

Mr O'REILLY: Part of the problem is that the service providers were almost unanimous that this was the one reform that they welcomed with respect to this idea of block funding because the issue that they were being faced with was the fact that they could not be guaranteed to be able to plan ahead for infrastructure arrangements if clients moved. That is what they told us.

The Hon. JOHN RYAN: You say they are unanimous—

Mr O'REILLY: No, I said "almost"—

The Hon. JOHN RYAN: I have some correspondence from a group from the metropolitan north west and metropolitan west PSO, ATLAS and day services regional forum which, I understand, represents providers as much as it does clients, and they clearly have a preference for individual funding and are somewhat annoyed with ACROD for not representing their views. What evidence is the department able to provide the committee that it is the position of the majority of service providers that block funding is to be provided over the alternate, and it is not just a small clique of large providers? For example, I do not believe for a minute that the Spastic Centre and a number of other large centres, can decently argue that they have any difficulty with providing infrastructure in which to operate and have the security of tenure and so on. Many of those organisations are obviously going to be with us into the future, even, with great respect, Wesley Mission.

I accept that administratively it may provide them with some ease but one imagines that they would always want some ease. I mean, we would all like it if we can get it, but it does deprive the clients of a significant air of power in their life, that is, the capacity to make choice. It has been my observation that to have a disability you are forever dependent upon government in making decisions about your life. This was one area where it was possible to extend—

The Hon. AMANDA FAZIO: Is there a question or are you giving a lecture?

The Hon. JOHN RYAN: Yes, there is. I think Mr O'Reilly understands what I am getting at. It is an area where significant power was given to individuals and many of them are not convinced that there is a good reason to remove that.

Ms MILLS: If I might make one comment. We have certainly worked to preserve what we see as the core elements of the advantages of individual funding that consumers and care givers had raised with us, that is, the ability to choose and move between services and that is retained. It should also be remembered that it was always a hybrid model in a sense that the individual funding was nominal. It was always paid direct to the service provider, and will continue to be paid direct to the service provider. Under the block funding arrangement we will have a system of review, probably on an annual basis, about the appropriate number of places that will be provided by each individual provider and we will take into account movement and expressions of interest in the moving of clients to ensure that that ability remains.

The Hon. JOHN RYAN: As I understand it the new clients of the Community Participation Program are to be presented with a couple of choices of provider that they may select between.

Mr O'REILLY: It could be more than a couple. We have asked them to pick in priority order the first two from the list that are available in that particular region.

The Hon. JOHN RYAN: For example, in Penrith there are quite a number of service providers and it would seem to be sensible to give them a choice of at least all the people in the Penrith area. There seems to be no logical reason why a client in Penrith by accident would choose one and not the other when the client might even have a relationship with a provider.

Mr O'REILLY: That is right. I have heard there was some confusion and some were saying that they could only choose between two, but that is not the case. It is all the providers that are available and who have advised us of their availability in that region that will be listed. It will be up to the person to make the choice and we have asked for two just in case their first preference is not available because the service itself not being able to take that number of people.

The Hon. JOHN RYAN: If a client wishes to nominate someone who is not on a list can he or she do that?

Ms MILLS: All eligible service providers for the Community Participation Program have been placed on the list, and that is a full list across metropolitan Sydney, which has been provided to all participants in the program next year. They can choose any of those so they can visit northern Sydney if they wish or they can stay within Penrith, et cetera.

The Hon. JOHN RYAN: Some might choose a provider because they are convenient to the workplace of someone and a decision to move them would have catastrophic results?

Mr O'REILLY: That is right.

The Hon. JOHN RYAN: If the high-support needs supplements are targeting differing amounts to identified individuals, how will that relate to block funding rather than to individualised funding? When it is considered that a high-support needs person is identified, they get an amount of funding and if that person moves what happens to that money? Does the service provider keep it or will the client be able to take that with them if they choose to be somewhere else?

Mr O'REILLY: If a service provider is provided a high-support needs funding base, and the client leaves throughout the year, the service provider retains that money because we would backfill with a high-needs person.

The Hon. JOHN RYAN: That means that a person with high-needs will obviously have slightly less choice of service providers they can access? Is that true?

Mr O'REILLY: No. You see what happens during the year is reassessment. It may mean that the initial choice they made, they want a reassessment and they change programs and they will change providers as well. So, I do not think so, but any of those individual cases that arise we would look at those as individuals.

The Hon. JOHN RYAN: Services participating in the Community Participation Program are apparently to be asked to separately account for clients using post schools options funding on an individual basis, community participation on a block funding basis and high-support needs supplements to specific individuals. This obviously appears to be a great deal more complex than the previous financial reporting requirements. How does this represent streamlining the proceedings and providing better quality services?

Ms MILLS: In effect, we believe this will be a simpler process. We are very keen to make it as simple as possible. Part of the block funding arrangement will actually simplify the previous model which had up to four different arrangements in each contract. To give you an idea of the current complexity, we have individual contracts with each provider for every client in the current system, and there are four price points within that that comprise the contract. So it is actually a most onerous model both from the point of view of DADHC and the service providers at the moment. The new financial arrangements, albeit that they are running more than one program on our behalf and that will be reflected in the financial reporting, the new model financial reporting for transition to work or community participation which will be much more straightforward, and contracting arrangements much clearer than under ATLAS.

The Hon. JOHN RYAN: The current arrangements for ATLAS and post schools options do not seem to involve a great deal of oversight or supervision from DADHC and, I suppose, many people regard the individual's capacity to make a choice or some level of supervision equality. Is there any proposal to provide more supervision and checking that the programs being said to be offered are being offered and adequately audited, particularly in terms of their quality, and the service being provided to clients in terms of the facilities being used and that they meet occupational health and safety standards and so forth?

Mr O'REILLY: I think it is a fair comment that in the past the supervision or the monitoring was not as good as it could be. What has happened is that this year we are implementing a new system for monitoring all services. It will integrate existing monitoring and review approaches and provide a consistent-based approach for all service providers. The new system will be an annual return from each provider's board that gives assurances about compliance with the legislation, funding arrangements and departmental standards and policies. A review will be undertaken at least every three years that examines whether services are obtaining the outcomes required by the funding agreement, with continuation of the community visitor program and a strengthened complaints handling procedure within the department.

This new integrated monitoring system will play a key role in driving continuous improvement and quality developments in service provision. It was probably 18 months in the making. When we met with a range of service providers, they explained to us that they already have to do a fairly detailed return on the quality of standards to the Commonwealth Government in a number of instances but they also have systems where they are quality accredited. So the department set up a working party with this group, worked through the issues to develop the integrated monitoring system, where it was changed quite substantially. It is currently being trialled at the request of the providers and it finishes in April 2005.

We have also sent a copy of that to the Ombudsman for his information so that he can see where we are going with our whole monitoring services. The feedback we have had is that it is a giant step forward. After the trial we will then be looking at what did we learn from the trial, where are ways we can improve it, and then we will be implementing that, effective from June 2005 right across New South Wales.

The Hon. AMANDA FAZIO: Is there any client or advocate participation in that monitoring? What is their role in this monitoring trial?

Mr O'REILLY: Yes, there will be. There are eight fields and part of that will also be whether the service provider is involving the client in the decision making with respect to activities, is there an individual plan for the client and has the client, the advocate, the guardian or parent had input?

The Hon. JOHN RYAN: How many supported employment services are operated by the Department of Ageing, Disability and Home Care with financial assistance provided by the Commonwealth Department of Family and Community Services?

Ms McALPINE: There are four supported employment services that have been operating with funding from the Commonwealth. They are Kalorama Farm, Castlereagh Learning Service, Marden Industries and Peat Island Industries.

The Hon. JOHN RYAN: How many supported employees attend these services?

Ms McALPINE: Sorry, I would have to take that as a question on notice.

The Hon. JOHN RYAN: Are you aware that Commonwealth-funded specialist employment services, whether provided by government or non-government providers, must be accredited under the Commonwealth's quality assurance system by 31 December 2004 or they will cease to be eligible for Commonwealth funding? Is it correct that DADHC supported services have failed to gain accreditation under the quality assurance scheme and will therefore cease to be eligible for funding from 31 December 2004?

Ms McALPINE: This has been a longstanding issue going back to 1992 when the original classification of these services occurred and the Commonwealth was notified in writing at that stage that these services, while classified as employment, actually looked more like day programs. There has been negotiation over some years with the Commonwealth about the transfer of those services and their funding back to the State, to be operated as day programs. They are clearly day programs at Kalorama and Castlereagh and, to a lesser extent, at Marsden Industries. The agreement that we are negotiating with the Commonwealth is that they would return to the State, be classified in Marsden's case as a special program, and it will be prework skills that we are focusing on.

The Hon. JOHN RYAN: So what happens from 31 December?

Ms McALPINE: They will be transferred back, as currently operating, to the State, so from the clients' perspective service will continue.

The Hon. JOHN RYAN: That means that the State Government will just pick up the whole of the funding, will it?

Ms McALPINE: No, the Commonwealth will transfer the funding back to the State.

The Hon. JOHN RYAN: So what is the difference?

Ms McALPINE: They will be properly categorised in the first instance because many of the clients, even at Marsden Industries, would not be capable of working at a level that is necessary for a competitive employment service.

The Hon. JOHN RYAN: I imagine the difference is that they no longer have to qualify under the quality assurance scheme?

Ms McALPINE: That is right. They would meet then the standards under the DSA.

The Hon. JOHN RYAN: The standards are obviously going to be more than you can meet. What sorts of standards might be at issue that would compromise this?

Ms McALPINE: Some of those were about work output and capacity to work at a competitive level. That was the essential problem that these services had back from 1992 when the

original classification of them as a work program was made. Many of the clients attending have quite significant disabilities that limit their productivity levels.

The Hon. JOHN RYAN: What is the proportion of Commonwealth funding in those programs?

Ms McALPINE: I do not have that figure. I would have to take that as a question on notice.

Reverend the Hon. Dr GORDON MOYES: I appreciate that this is not in your direct field but can you speak to your colleague about the places I mentioned, Wilcannia and Menindee, to see if the community services centres operating in those areas are fully staffed?

Mr O'REILLY: Certainly. I have a note of that.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Do you have any guidelines as to staff rosters? Do they have to go on forward rotation, as is the recommendation for shift workers by the occupational health and safety expert?

Mr O'REILLY: If I could just clarify that? Are you talking about shift changeover?

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: I am talking about rosters, in other words, which shifts you work. People are saying that they work a very large number of shifts in one fortnight and then very few in the next fortnight. Certainly if you are going from day shifts, to afternoon shifts to night shifts, the general principle is that you always have forward rotations. There are quite a lot of guidelines on occupational health and safety relating to changes in diurnal rhythms and so on, physiologically, and there has been a lot of controversially, has there not, over rostering in some areas?

Ms McALPINE: I am unable to give you detailed information, however, I shall follow it up. If I could make a couple of observations: I think one of the difficulties our group homes have had over the past 12 to 18 months in rostering is the number of vacancies that have been covered. I think that has led to less than optimum situations in terms of when people work, particularly with overnight shifts to when they come in the next shift on duty. I think we have been through an unusual situation, which we can now get over with full staffing being achieved early next year and we can get back to more sensible patterns of rostering where people are allowed recovery time after night shifts.

The second observation I would like to make is that it is to the benefit of all staff and clients if staff do move through the pattern of shifts so that they have some shifts on the weekend, shifts during the week and shifts at night. I think where one staff member might do all night shifts continuously, it is not in their best health and it does not spread the load equally amongst the other staff in the house.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Is there a policy that shifts shall rotate according to the good occupational health and safety principle of forward rotations and limitation of hours?

Ms McALPINE: Yes, there are principles of rostering that go through all of those things but, because of the large number of vacancies that have been in the system, it has been very hard for regions to meet those rostering principles on all occasions.

CHAIR: Why are you confident that the system will change?

Ms McALPINE: Because, with the large number of vacancies we have had—for example some regions have had 100 vacancies, someone may have worked day shift and we asked them to stay back because we know we have a failed shift in the next 24 hours, so with that move to full staffing, the likelihood of people having to stay on and work two shifts straight and come in early will be decreased.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: How many houses lack RSW3s? Is it a lack of money? If you presumably promote people to RSW3s, it is more likely that you are putting more money into the system.

Ms McALPINE: We have an agreement with the Public Service Association that there will be at least one RSW3 in all houses.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Is that maintained? Is that actually achieved?

Ms McALPINE: At this point in time our issue is more RSW3s than that agreement.

Mr O'REILLY: About 70 more.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: You have got about 70 more RSW3s than one per house?

Mr O'REILLY: Than we need to have one per house. Can I just also add to your question: one of the good things that happened, round about April-May when I started we did a review, because a lot of parents were very concerned about the turnover of staff in our group homes and we actually went on a statewide recruitment arrangement. We had 546 vacancies in our homes. It is difficult to get people. It is not an easy position but we have been successful in getting 445 people, so we are carrying a vacancy rate of 101 across the State compared to 546. We believe those 100-odd positions will be filled as a result of our second round of interviews and assessments very early next year. There is a huge turnaround that is happening in our sector of group homes.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: While I am on occupational health and safety, I gather you have changed the incident reports so that assaults are no longer reported as assaults; they are filled in on ABC charts, is that right? What difference is that?

Mr O'REILLY: In relation to the occupational health and safety side of things, we have been allocated just under \$2.8 million over a three-year period to 2005-06 to employ occupational health and safety staff to develop and support the implementation of the statewide program in line with legislative requirements and government policy. We have been able to employ risk management advisers and injury management co-ordinators across all of our eight regions and large residences. The corporate unit has also been established to develop statewide management systems, policies and programs. In the first year of funding there has been substantial progress in developing better systems and practices in the areas of risk management, consultation, injury management and reporting. An occupational health and safety improvement plan has been developed, setting out specific targets for the development of the management system. Progress in the implementation of the plan is reviewed periodically. The system is also subject to external audit by WorkCover under the Government's "Taking safety seriously" policy. Occupational health and safety performance is monitored and reported on a quarterly basis.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: I understand that there are always lots of occupational health and safety policies written these days but they are not always implemented. The question I am asking relates to incident reports. The format of incident reports, they are no longer written in the charts. If people are prone to assault people, in a sense they have only complied with their behaviour description. My understanding is that incident reports no longer happen and they go on a separate chart where they may be less accessible, is that so?

Mr O'REILLY: Just on the question of whether the policies or plans are beginning to bite at all, in 2003-04 there were 178 injuries by assault and 111 injuries of hit by a moving object. The total of 289 injuries in these categories is a reduction from a total of 347 in the previous year, so the policy side of things, the plan and the training are beginning to take effect.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Is the figure compiled from medical reports lodged by people who have been hit or from incident reports within the system? You are not collecting incident reports, so obviously you would get an improved statistic. The question is whether

you are counting people who have been assaulted, which is presumably the standard measure, or the incident reports, which I am saying have been watered down.

Mr O'REILLY: If anything, as a result of occupational health and safety and WorkCover inspections reporting is on the increase rather than the decrease. The issue is affecting the entire non-government organisation [NGO] sector, not only ours. Last week we had a round-table meeting with WorkCover and a representative group of about 16 providers regarding occupational health and safety, its relationship with the Disability Services Act as against occupational health and safety legislation, what constitutes a risk and what are the best practices available, be they in our workplace or the NGO sector. As a result, WorkCover has agreed that rather than simply having it as part of the industry reference group arrangement to which we refer such matters, we need a specific working party relating to the disability sector because of the peculiarity of our problems and the work relation arrangements. Four documents are involved in shift changeovers: a client shift report; the unit diary; the communication book; and the shift changeover checklist. They all involve issues regarding documentation of any incidents that have occurred in the group home during the shift.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: I understand there is a lack of availability of training for residential support workers [RSWs] in certain areas of TAFE, particularly RSW3 training.

Ms McALPINE: This is something we are exploring with TAFE. For TAFE to take on that training it must work closely with us to ensure there is a market for it. Until now we have been the principal trainer of our own staff—at both the RSW2 and RSW3 levels. We are in the process of exploring that with TAFE.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Will that training be resourced? I understand that some training is not resourced.

Ms McALPINE: We resource the current training, and when we work with TAFE it will be the same. In addition, we will be eligible for a traineeship.

Mr O'REILLY: We have also been meeting with Robyn Kruk of New South Wales Health and Andrew Cappie-Wood of the Department of Education and Training about staff shortages that the human services sector faces generally. That relates to physiotherapists, occupational therapists, RSWs and so on. The work force issues are common to all of us. How do we encourage people to study in this area and link their study back to our various departments so that we can provide ongoing training and hands-on experience?

(Short adjournment)

The Hon. JOHN RYAN: I would like to ask some questions about home care, basically relating to matters contained in the Auditor-General's report. The Auditor-General observed that in the year 2002-03 half of all applicants eligible for HACC service received the service from the Home Care Service. This declined to 1 in 4 applicants in the year 2003-04. Can you provide the Committee with some sort of explanation as to why the capacity of the Home Care Service to meet demand seems to be declining at a very rapid rate?

Ms McALPINE: Over the past two years we have had a significant investment into the non-government service sector in three key service types that have been the traditional domain of Home Care: that is, personal assistance, personal care domestic assistance, and respite. In 2002-03, \$4.9 million was funded into the non-government sector, with a further \$8 million in 2003-04, and that was to deliver 183,000 hours of domestic assistance, 176,000 hours of personal care and 109,000 hours of respite service. So, whereas some years ago, Home Care was the only provider in some of those areas, it is now one of many providers in those three key service types.

The Hon. JOHN RYAN: Have you any idea whether the refusal rate is resulting in people not receiving a service? It does seem a phenomenal fall-away in a year that you would go from a 50 per cent refusal to a 75 refusal. Are you able to determine whether those people that you are refusing are getting a service?

Ms McALPINE: There was a study done. We went back and contacted a sample of 300 people who have been unsuccessful at receiving a service from Home Care, and found that over 50 per cent of that sample group no longer required a service. The reasons that they no longer required a service included that 27 per cent had found an alternative agency to deliver a service; 27 per cent had cancelled the initial referring, stating that their family were now helping or that they no longer needed assistance; 23 per cent were now managing alone, had recovered sufficiently or were being provided with equipment that increased their independence; 11 per cent had passed away; 6 per cent had been placed in a nursing home; and 6 per cent had found private assistance.

The Hon. JOHN RYAN: Are you able to provide the actual study to the Committee?

Ms McALPINE: I shall chase that up.

The Hon. JOHN RYAN: Do you know what it is called?

Ms McALPINE: No, I do not.

The Hon. JOHN RYAN: I think my colleague Dr Moyes wants to ask a question along the same line, and I am happy to defer to him for a moment.

Reverend the Hon. Dr GORDON MOYES: It was in connection with home care services and in particular with the support for carers. You run a program of support for carers under Home Care Services. What increase has there been in the hours provided to assist carers? This has been a quite controversial area.

Ms McALPINE: As a separate service type from domestic assistance and respite?

Reverend the Hon. Dr GORDON MOYES: Yes. It is support for the carers, as opposed to support for the client.

Ms McALPINE: The New South Wales Government established the New South Wales carers program in 2001-02 with a \$5.1 million recurrent budget, which is held by NSW Health but jointly administered with the Department of Ageing, Disability and Home Care. The program recognises the role played by informal carers, who provide 75 per cent of all community based care, and their need for ongoing support. NSW Health is the lead agency for that program, and we work in partnership with them around policy and cross-agency initiatives.

Reverend the Hon. Dr GORDON MOYES: I guess you are not aware of any increases in that service since it was founded.

Ms McALPINE: The budget allocation in 2004-05 was \$1.2 million, and that is in addition to the core funding of \$490,000. So there has been an increase.

The Hon. JOHN RYAN: Given that NSW Health is the lead agency on that—I do not want to get into asinine debates between two separate government departments—how are you able to ensure that the funding is not simply being dragged into acute care for people who are just coming out of hospital, as opposed to people with disabilities who have needs that must be met over a long period of time?

Ms MILLS: With all funding that Health receives through the Department of Ageing, Disability and Home Care, whether it be through the HACC agreement or other initiatives like ageing grants, Health is required to complete the same type of financial reporting as is any other agency that receives funds from us, according to the requirements for that program. So, with HACC funded programs, we are required to provide financial reports back to the Commonwealth, and Health contributes a component, which talks about service outcomes, et cetera.

The Hon. JOHN RYAN: On page 16 of the Auditor-General's report I read that in April 2004 the Home Care Service tried to address a shift to high-needs clients by capping service hours to 28 per four weeks for all new clients and also widened the range of eligible applicants that could proceed to assessment. These changes were significant because before April the service cap was 59

hours per four weeks for all clients. In effect, the change reduced the service cap by 31 hours, thus restricting the ability of applicants with complex care needs to access services. Was any attempt made to apply that cap to existing service users? What has been happening? I was aware of a case, which became public, of a client who was having 60 hours of service and, because of a workplace assessment, went to 120 hours. What has happened to the clients you are servicing that were not already within that cap? Did you continue with them, or have they been exited?

Ms McALPINE: One of the things that the audit report wished us to look at was how we review clients, and also an exit policy, so that we are in the process of some work around that that would look at a systematic way of how we review clients, how we try to chart their changing needs and refer them on to programs that might be more appropriate to those changing needs.

The Hon. JOHN RYAN: In this case, the gentleman was 64 years old and there was an attempt to get him into a nursing home, which, as we all know, is largely funded by the Commonwealth. Is there ever likely to be a situation where Home Care is going to try to shift its clients to nursing homes, or hospitals for that matter, as a means of managing the number of hours it has?

Ms McALPINE: There are a range of programs that are provided in the community, some of which are funded by the Commonwealth and some through the HACC program administered by the State, and there are points of intersection through those various services. For example, regarding the Aged Care Assessment Team [ACAP] package and the Extended Aged Care in Home [EACH] program, there are some movements between those two programs that are funded by the Commonwealth and the State.

The Hon. JOHN RYAN: If a person had dementia, was medically very fragile and elderly, I could understand that person being moved to a nursing home. In the case that I am thinking about, the man was not very fragile; he simply needed a significant amount of care. He certainly did not have dementia, and was quite robust. My fear is that the exit policy will include moving people inappropriately into aged care. Are you going to make sure that people will not be inappropriately moved into aged care services?

Ms McALPINE: This is part of a broader community care review that the Commonwealth is undertaking, and that same question is being asked in that broader review, as well as the question on an issue that is confronting Home Care, and that is: Where are people's individual needs best addressed through the various programs? It is likely, through the community care review that the Commonwealth is running, that we will go towards some capping as well.

The Hon. JOHN RYAN: How does that stop people from inappropriately entering aged care?

Ms McALPINE: I am saying that there are likely to be caps on care.

The Hon. AMANDA FAZIO: How do you know it is inappropriate for that person if they need 120 hours of care?

The Hon. JOHN RYAN: If a person lives in a home, owns a computer and goes to the shops, it is highly inappropriate that that person is put in a nursing home if the person does not have dementia and be restricted to a quarter of a ward. I am seeking to ensure that some people will not end up with very significant changes to their lifestyles by ending up prematurely in aged care homes, when obviously there should be a range of different sorts of care, most of which would be provided in group homes and so on by the Department of Ageing, Disability and Home Care. Do you plan to introduce new care models to deal with those people who are not ready for aged care?

Ms McALPINE: The department will be releasing a discussion paper under the auspice of the disability program, but I think it will have a wider interest, and that is looking at what accommodation models are required for the future and also for the various disability groups. At the moment, the group home model is almost exclusively for people with an intellectual disability or significant and multiple physical disabilities. That discussion paper will be out for three months of

consultation, and that asks the question: What range of models, for what sort of people, with what sort of support needs?

The Hon. JOHN RYAN: Will that be produced next year?

Mr O'REILLY: No. It is ready now. It has been cleared for release. We could put it out now, but I am a bit worried about the Christmas-New Year break. But it is certainly available for discussion.

The Hon. JOHN RYAN: In any event, in addition to caps on hours, will there be a cap on people inappropriately entering aged care? Will it be part of the regime that there will be considered to be situations where it is inappropriate to put young people into nursing homes?

Ms McALPINE: Through that accommodation discussion paper, we will be looking at a greater range of models to meet the changing needs of individuals. At the moment, we run a limited range of models, and the group home model would not be widely available for the person that we are talking about. Indeed, that person, being with a group of people with an intellectual disability, whereas the model might suit his support needs, I do not think he would be happy being in that arrangement. But at this point in time we do not a model that is appropriate for such people.

The Hon. JOHN RYAN: I need to ask the question one final time: Will your review of this cap and the exit policy include a provision that people will not be inappropriately placed in nursing homes?

Ms McALPINE: It will look at the Department of Ageing, Disability and Home Care creating models that are appropriate for a greater range of people, so that there is a more appropriate place for them to go to than a nursing home.

The Hon. JOHN RYAN: And if there is not one created in time, will they be able to stay where they are?

Ms McALPINE: They will be supported, as far as we can, within the service.

Mr O'REILLY: Our problem is that when we have a particular situation where a person's needs doubled because of occupational health and safety or whatever, obviously the person does not want to leave their own home. We have a limit to the amount of money. Under the agreement with the Commonwealth, as part of the funding arrangements it is \$20 million a year that the Commonwealth says we are allowed to spend on high needs, and we have to live within that budget. In the case that you are talking about, we have taken a different approach, where we are looking at another provider outside Home Care that will be able to provide the services for that gentleman. I think, though, at the end of the day, it is not the department that does the assessment of whether the individual can live at home. That is done through the Department of Health. So that is a Health responsibility. If Health says that the person cannot stay at home, that puts us in a very difficult position.

Reverend the Hon. Dr GORDON MOYES: The aged care assessment team.

Mr O'REILLY: Yes, that is right.

Reverend the Hon. Dr GORDON MOYES: I am aware of that, but you cannot just pass them on, they have to be assessed by an agency?

Mr O'REILLY: That is right.

The Hon. JOHN RYAN: I raise the issue of workplace safety requirements. One of the contributing factors in the case I referred to of the man who had 60 hours, when it was decided that there needed to be a second person available for a lift, was because of occupational health and safety requirements—and the person reported that they largely did not do anything, but were there in case something terrible happened rather than to assist. Occupational health and safety requirements are having a very significant impact on the number of hours required to service clients. Has that been the case? Are there other clients who are suddenly discovering that although nothing has happened to

cause them to deteriorate but suddenly the number of hours required to service them has escalated for no other reason than occupational health and safety assessment?

Mr O'REILLY: I can answer that in two parts. First, relating to the person you are talking about, the assessment was done initially by an occupational therapist to determine whether two people were needed for occupational health and safety and also we had an occupational health and safety inspector check whether the assessment was correct. Steps were taken, because you can actually change the physical layout so that you may not need two people.

The Hon. JOHN RYAN: Absolutely.

Mr O'REILLY: That is right, and that is what we have pushed to find the solution around that. Second, with respect to occupational health and safety, there are major concerns within the sector and within the department that the occupational health and safety legislation requires all employers to ensure workplace safety, hence my earlier comment to Mr Chesterfield-Evans that what we have done is bring all the parties together—the department plus major providers—to talk about what the disability services Act requires for access to the community, arrangements for independency as much as possible, and what that means with respect to occupational health and safety legislation. There are some tensions there, and we heard from a number of providers about the operation of business services, the risk factor associated with employment arrangements.

We have an agreement from WorkCover to not simply send that list of concerns to the industry reference group. In fact we want to have a representative from the industry reference group and we want the providers and DADHC with WorkCover to work through those issues. You are absolutely correct, there are some issues that have arisen.

The Hon. JOHN RYAN: Has the DADHC assessed the impact of occupational health and safety laws on your service provision?

Mr O'REILLY: It was raised with me by a number of providers and also our own staff. Our first it was to get WorkCover into the room with us, explain the tensions. There is no question that every one of the providers and the DADHC want the highest standards possible for their employees. However, there are some issues that arise around business service operations, possibly day programs where the risk for the client through episodic behaviour outbursts or whatever, that we have to look through with WorkCover. The first step was WorkCover in the room, and it was a pretty successful meeting. People thought progress was made. The second step is that early in the New Year we have a representative group of the sector, not just ACROD, plus the department plus WorkCover, to work through those issues and do the assessment.

The Hon. JOHN RYAN: Have you quantified the impact on your services of the requirements of occupational health and safety on potential additional costs involved in the legislation?

Mr O'REILLY: That is what we are doing now, as is the non-government sector as well.

The Hon. JOHN RYAN: Have you benchmarked your requirements of occupational health and safety with the private sector? You just mentioned that an alternate provider would be sought, I would not be surprised if the alternate provider does not have the same requirements of occupational health and safety and may well be able to be serviced with less hours. Is there any chance that the occupational health and safety standards of the Home Care Service are different from those of the non-government providers?

Mr O'REILLY: No. WorkCover made it clear that those standards are applicable to all providers. The issue that arose through a number of providers was that some people would shop around. As a provider is told that they need X done to their physical layout or they need a greater staff ratio, the client may shop around to a less well-known provider and attempt to secure services there. WorkCover made it very clear that the same standards apply to all providers, be it government or non-government.

The Hon. JOHN RYAN: Page 18 of the Auditor-General's report points out the impact of policies of capping from the Home Care Service to high service users to the high needs pool. He indicated that the waiting list for the high needs approval has grown from zero in 2000 to 346 in December 2003. That includes 93 people already in the high need pool wanting extra services. Obviously the policies of the Home Care Service will have an impact on the high needs pool. What will be done to increase the capacity of the high needs pool to meet those additional demands?

Ms McALPINE: The high needs approval and the amount of resources that are dedicated to it is an agreed amount between the Commonwealth and the DADHC of \$20.1 million.

The Hon. JOHN RYAN: Obviously your policies with Home Care will have an impact on the waiting list. One imagines it will go higher. If it goes higher because of your policy, something has to give. It is not possible to move people away from Home Care's services, and obviously they will go to the high needs care, but that is a policy decision that the Government will make without increasing the safety net of the high needs bill. We will have a lot of people with high needs going nowhere, or being inadequately met or winding up the nursing homes. There appears to be no other way out of it unless the high needs approval is addressed. Are you saying that the only way of addressing a high needs pool is a combined agreement with the Commonwealth?

Ms McALPINE: Many people on the waiting list for the high needs approval have also been on the waiting list for attendants care. In the last financial year there was an allocation of 100 new places and that picked up some of those people. It is not simply the high needs bill, it is also expansion in the attendants care program that provides opportunities for people with high needs.

The Hon. JOHN RYAN: What is the current waiting list for the high needs pool?

CHAIR: Your time has expired, you can ask further questions later.

Mr O'REILLY: The high needs pool, through the Home Care Services of New South Wales, provides a higher level of support for frail, aged people, younger people with a disability and their carers. It has to be jointly approved by the Commonwealth and New South Wales governments, and is anticipated at 20.1. Currently there are 245 people on the waiting list for support for the high needs pool. With respect to the attendants care program, which Ms McAlpine mentioned, the applications are received by the department and categorised according to the current circumstances. When vacancies occur access is prioritised on the basis of needs.

Younger people with a disability living in nursing homes or hospitals receive the highest priority for placement in the program. Currently there are 225 people on the waiting list for support. The additional 100 attendant care places announced by the Premier in January last year and funded in the 2003-04 budget have been filled.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Does every person in care of DADHC have an individual advocates?

Ms McALPINE: Not necessarily. People have a person responsible, and they take decisions over medical care and dental care. Some people take a wider interest in the person's life, but not everyone has a formal advocate.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: The position of formal advocate does not exist? That was very controversial at the time of the inquiry into group homes.

Ms McALPINE: There have been times during specific initiatives such as the group home initiative in 1999 when an agency has been specifically funded to take on advocacy in targeted circumstances.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: There is not a general principle or policy that there ought to be an advocate for each individual?

Ms McALPINE: That is not the case, no.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Do you believe that there should be?

Ms McALPINE: I think there are many instances in which people are not in need of advocacy in their life. They may have high family involvement, their circumstances are stable, their daily program is stable, their living arrangements are stable.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: If that were the case, presumably it would be merely a case of classifying their current relatives as their advocates?

Ms McALPINE: And that was the example I gave of the person responsible, who was often a family member who take that broader interest in their life. But it is an informal arrangement.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Who makes the decision of which residents are allocated to group homes and changes from one home to another?

Ms McALPINE: There is a process for moving people in group homes. Or do you mean devolution?

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: People moving between group homes or combining group homes or changing combinations?

Ms McALPINE: I will look that up.

Mr O'REILLY: While Ms McAlpine is getting that information, I add that in 2004-05, 40 organisations are funded to provide advocacy services across the State. The Government will provide \$5.84 million in funding for disability advocacy and information services.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Does that include both peak advocacy groups and individual advocacy groups?

Mr O'REILLY: Yes.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: There was a fuss about the tendering for peak groups, you may recall?

Mr O'REILLY: That is right. Currently a reform project is under way—all providers receive stable funding for three years from July 2002, while the department develops the State plan for the delivery of the services. In 2003 the department undertook an extensive consultation process that included 31 face-to-face sessions with people with a disability, their family, carers and service providers at 16 venues across the State. There was good response to the process, with more than 500 people participating in the 31 consultation sessions. The department has received 79 written submissions. The department is currently going through that and putting a paper to the Minister for consideration.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Is there any suggestion that the peak advocacy groups will be defunded as a result of that process?

Mr O'REILLY: We have not got it all together yet or referred it to the Minister. We are still going through all the information from the sessions and will put it in a paper for the Minister.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: It is a matter that we ought to keep watching?

Mr O'REILLY: I am quite sure you will.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Ms McAlpine, do you have the information on the allocation decisions for people in group homes?

Ms McALPINE: Yes. The DADHC focuses on providing accommodation that is responsive to individual needs, it ensures that placement decisions are equitable and transparent and we ensure

that clients with the greatest need are prioritised within available resources. There is a range of reasons why an existing group of clients in a group home may need to be changed; a change in a person's needs may mean that they require a higher level of support than the house can give; or they may have quite specialised needs and might need a nurse on the roster, when there is not a nurse at that house; or when there are difficulties in relationships between clients that are often related to someone's aggressive behaviour and another client being subject to that aggressive behaviour. When a decision is made on that, it looks at the client profile and the risk profile.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Sure, but who looks at it? I am sure it is all very good, but who makes the decision? What appeal mechanism is there?

Ms McALPINE: The decision is made through the network manager and the vacancy management committee in each region and in discussion with the families. They can be an appeal to the regional director. Any of the vacancy management committee's decisions can be appealed to the regional director for review.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Presumably there is a big input from house staff, they know the personalities?

Ms McALPINE: There will be, and that will be gathered by the network manager.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Is the devolution program still on? Is it planned to fully devolve all the people in the large group homes or the large institutions?

Ms McALPINE: Since the program began in 2000 a total of 219 people have moved into community-based accommodation options, resulting in the closure of six institutions. They are the Woodstock Centre in Albury which closed in March 2003, the Cram Foundation in Wollongong which closed in June 2003, Jennings Lodge in Parramatta which closed in September 2003, Marsden Rehabilitation Centre which closed in November 2003, York Road which closed in December 2003 and John Williams Respite Centre which closed in April 2004. The department expects to relocate approximately 80 people by the end of this calendar year with the remainder due to relocate—this is the stage one remainder—during 2005 and up until the end of 2006. To date over 50 properties have been purchased for the devolution program since it commenced.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Are Stockton and Peat Island likely to remain?

Ms McALPINE: They were in stage two. At this stage we are working through stage one.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: The Program of Appliances for Disabled People [PADP] has been a problem in group homes and residences. To what extent has that problem been addressed? I asked the Minister about this issue and was told that the client information system was a problem. Is there any chance that people will have their needs met before the computer glitches are fixed?

Ms McALPINE: I hope so. We have taken some action on this. As a general rule the Department of Ageing, Disability and Home Care is responsible for the funding of aids and appliances for residents in large institutions and group homes that it operates, whereas New South Wales Health is responsible for the funding of aids and appliances for residents of group homes and larger residences that are auspiced by the non-government organisations and for people living in private homes. In 2003 the department reviewed its PADP provisions for people in its own accommodation and found that not all regions were aware of the responsibility for funding aids and appliances in services that are operated by the department. The matter has since been clarified with regional directors and managers to ensure that we all have a common understanding of our arrangements with respect to the provisions of aids and equipment. We are also working jointly with Health to improve the efficiencies in the PADP through common purchasing of key items.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: That sounds like a good direction. Has there been any feedback from people on the waiting list for PADP? Is there a waiting list?

Ms McALPINE: When reviewing in 2003 we found that most regions were purchasing equipment for people in group homes and larger residences. However, even with some equipment purchased there were still some clients requiring equipment.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Certainly they came to us in 2004 with complaints. I would like more recent information than the 2003 situation.

Mr O'REILLY: The PADP comes under the Department of Health.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Apart from residents in your institutions. The complaint was that they receive slower service if they are residents in institutions than if they were home based and going through Health. That was the essence of the complaint.

Mr O'REILLY: As Ms McAlpine mentioned, we have sent a clarifying policy around to the regions and the institutions advising them of their responsibilities for the provision of that equipment.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Has that resulted in greater spending on equipment?

Mr O'REILLY: Yes, it has.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: How much more?

Mr O'REILLY: I am sorry, I have not got the figure. You can rest assured that as we review the budget regularly we know there is increased spending. Madam Chair, if I could go back to the question that was originally asked about accommodation support and moving from group homes. We have an area placement committee set up with seven people: the manager of accommodation support, a manager of the community support team, a person from the group home where the vacancy exists—

The Hon. AMANDA FAZIO: Is that a resident?

Mr O'REILLY: No, a staff member. Also a clinical practitioner and two independent people, at least one of whom should be a relative of a person with a disability receiving support services. Then there is the whole issue around compatibility of the clients and the mix with the new person coming in. A trial period occurs and it is monitored to make sure there is not a placement breakdown. There is also an appeal mechanism.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Is there a joint consultative committee, or have you just described the joint consultative committee?

Mr O'REILLY: That is the committee, because it involves parents, carers and clinicians.

The Hon. AMANDA FAZIO: Does the appeal mechanism work both ways? If the person who goes into a group home is unhappy about the placement, is he or she able to appeal the decision? If a person goes into a group home and the others do not like him or her, are they able to appeal against that person becoming a resident?

Mr O'REILLY: There is an appeal mechanism that is available.

The Hon. AMANDA FAZIO: For all of them?

Mr O'REILLY: Yes. There was a question asked by Mr Ryan about the number of people in the employment services who have been transferred. They are from Marsden 75 people, Peat Island 40 people, Kalorama Farm 12 people and Castlereagh Learning Service 13 people. Assessments are being undertaken by the Commonwealth for all at Castlereagh and Kalorama for day programs. The assessment results are not yet available for Peat Island or Marsden but the Commonwealth has guaranteed placement of those people who want employment services.

CHAIR: Reverend the Hon. Dr Gordon Moyes does not have any more questions. Does the Government have any questions?

The Hon. AMANDA FAZIO: If no other member has any questions we do not have any.

CHAIR: The Opposition has three brief questions. The department may wish to take those questions on notice because of the detail required.

The Hon. JOHN RYAN: I thank the Government for the courtesy extended to us today in allowing us to ask questions beyond the normal time allocated for the Opposition. You may need to take these questions on notice and come back to us with the detail. You mentioned earlier that 240 people were on the waiting list for the high needs pool. Would you clarify whether that represents a reduction in the size of the waiting list, as was reported by the Auditor-General in his performance audit of the Home Care Service dated October 2004? You also mentioned a number of people on the waiting list for attendant care and the high needs pool are young people inappropriately placed in aged care facilities. Would you indicate what number of people are on the waiting list for that purpose?

I will refer to two recommendations of the Auditor-General, which I believe would require a more urgent response. One is with regard to his recommendation that the Home Care Service include a criminal record check and a working with children check as part of pre-employment screening. He also referred to the fact you may have a number of employees who because they were employed prior to a certain date would not have even had a criminal record check. Would you indicate to the Committee what you intend to do about that recommendation and how soon you intend to address that?

I would be interested to know whether or not the Home Care Service intends to do anything about maintaining a waiting list for eligible applicants who are most at risk of not accessing services elsewhere, as was recommended by the Auditor-General in his performance audit. The general lack of a waiting list results in an enormous difficulty in trying to determine the unmet demand of that service. It would be helpful to have that information. If you could address any or all of those issues on notice or immediately, they are all the questions the Opposition has this afternoon.

Mr O'REILLY: We will take them on notice. If I could mention about the home care and waiting lists, one of the big issues we face is that although there are around about 700 different providers in the Home and Community Care [HACC] program generally, Home Care by its very name is sort of a brand name in the system. It has around about 34 per cent of the provision of home care services. When people are looking for a service they automatically ring Home Care. As Ms McAlpine mentioned before, when we did that brief study we found a lot of people have been able to either gain services elsewhere through the referral and intake arrangements that we have or they reapply. What we are currently doing is looking through the Home Care Advisory Board and in line with the recommendations from the Auditor-General at whether we can come up with a waiting list-type arrangement or a priority list for those in the highest need. If we had a waiting list for everyone we could spend more time administering it because every day the list changes. We actually need to segment it to be able to come up with something that is workable. I am happy to take the other questions on notice.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Are jobs offered to casual staff before agency staff routinely or is it at the discretion of the manager? Have there been complaints that casual staff have been bypassed and agency staff used?

Mr O'REILLY: Normally we would use casual staff first.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: That is the assumption of the casual staff, but I believe that has not always been the case.

Mr O'REILLY: Not that I am aware of. I can follow it up with the regions. The general priority is that we would use permanent staff, casual staff, and then through a temp. agency where possible. Unless there is something extraordinary where the casuals are not available, generally that is the way we would go.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: It has been said that using agency staff has been used as a disciplinary tool. People who are not popular and are looking for permanency might be induced to play the game if they are not given shifts they may otherwise have been given.

Mr O'REILLY: I will take that on board.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Are all staff or a percentage of staff in group homes required to have first aid certificates?

Mr O'REILLY: In group homes. As to the actual number and ratios I have not got the information.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Are they encouraged to have a first aid certificate or is it a requirement that say 60 per cent have one? Is there a guideline for the requirement of first aid certificates?

Mr O'REILLY: If I could come back to you on that I would be able to give you some information on what category of staff are required to have them, what level we encourage people to attain, and what training is provided to get them qualified.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: If they are required to have first aid training, are they required to pay for the training themselves or does the Government pay?

Ms McALPINE: I would need to get specific updated information. We have provided backfill to allow staff to go to first aid training for some years. This forms a significant proportion of our training initiative.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Do you pay for that?

Ms McALPINE: Yes.

CHAIR: I do not believe any documents were tabled for the Committee. I advise the department that as to any questions taken on notice you have 35 calendar days in which to provide the answers. I also indicate that while the Committee has not made any decisions about whether we need any further hearings, there will be none prior to Parliament resuming on 22 February 2005. Thank you for attending today's hearing and for your willingness to answer our questions.

(The witnesses withdrew)

The Committee proceeded to deliberate.
