

GENERAL PURPOSE STANDING COMMITTEE No. 2

Monday 13 October 2008

Examination of proposed expenditure for the portfolio areas

AGEING, DISABILITY SERVICES

The Committee met at 2.00 p.m.

MEMBERS

The Hon. R. M. Parker (Chair)

Mr I. Cohen
The Hon. G. J. Donnelly
Reverend the Hon. G. K. M. Moyes

The Hon. E. M. Obeid
The Hon. M. J. Pavey
The Hon. C. M. Robertson

PRESENT

The Hon. P. G. Lynch, *Minister for Ageing, Minister for Disability Services, and Minister for Aboriginal Affairs*

Department of Ageing, Disability and Home Care

Mr B. O'Reilly, *Director General*

Ms E. McAlpine, *Deputy Director General*

Ms C. Burlew, *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: Welcome to the inquiry into budget estimates 2008-09. I open this part of the hearing to the public. I welcome the Minister for Ageing and Minister for Disability Services and accompanying departmental representatives today. We are going to examine the expenditure for the portfolios of Ageing and Disability Services. While we have a time allocation in terms of different party representation, we will not divide the time according to those portfolios, so there will be a mixture of questions.

We have different media from this morning when we sat so I make them aware that for the purposes of these hearings only Committee members and witnesses should be the subject of filming or being recorded in any way. People in the public gallery should not be the focus of filming or photographs. Preparing responses to this hearing, it is the media's responsibility, as always, in terms of how it publishes its interpretation and the emphasis it places on anything that has been said before the Committee. The guidelines are placed near the door in relation to broadcasting. Please pass any messages through Legislative Council staff. I ask people to turn off their mobile phones, particularly those near the recording equipment with which it badly interferes.

Minister, the Committee requires that answers to questions on notice be returned in 21 days. The questions will be provided to you within two days, apart from what you take on notice today. Transcripts will be available tomorrow morning. Mr Ian Cohen is substituting for Ms Lee Rhiannon, the Hon. Eddie Obeid is substituting for the Hon. Tony Catanzariti and the Hon. Melinda Pavey is substituting for the Hon. Marie Ficarra.

BRENDAN O'REILLY, Director General, Department of Ageing, Disability and Home Care, and

CAROLYN BURLEW, Deputy Director General, Department of Ageing, Disability and Home Care, sworn and examined:

ETHEL McALPINE, Deputy Director General, Department of Ageing, Disability and Home Care, affirmed and examined:

CHAIR: Minister, how many staff of the Department of Ageing, Disability and Home Care [DADHC] were investigated for abusing clients last year?

Mr PAUL LYNCH: I should commence by saying in excess of 12,000 staff are employed by the DADHC and whatever other numbers there are should be taken in that context. In the period 1 July 2007 to 30 June 2008 investigations have been finalised against 23 employees relating to the use of inappropriate physical contact. Of staff in excess of 12,000 approximately 2 per cent of the staff in groups in the department had allegations of that type made against them in the last financial year.

CHAIR: What is the difference compared with last year?

Mr PAUL LYNCH: I was wondering if the Director General might be able to tell us that.

Mr O'REILLY: If I could, as the Minister said 300 new matters over the last 12 months.

The Hon. MELINDA PAVEY: Three hundred matters?

Mr O'REILLY: Three hundred and eighty matters.

CHAIR: Twenty-three were finalised?

Mr O'REILLY: That is right. Of the matters reported—I have a list of the type of matters if you are interested in that?

CHAIR: Yes. Will you table that list or is it brief?

Mr O'REILLY: Breach of policy and procedure related to 154 clients, mistreatment being inappropriate physical contact 54—I will go through the major ones if you are comfortable—matters that related to an inquiry only 49 and misuse of drug or alcohol 11. They are the major ones and I have also got across the page for the Committee where they are up to with investigations, what was finalised and what are pending.

Document tabled.

CHAIR: How many of those investigations were in the non-government organisation [NGO] sector?

Mr O'REILLY: No, they related to ours only.

Mr PAUL LYNCH: Almost by definition we would not have a complete knowledge of what happened in every NGO if there might be an episode.

CHAIR: Were staff suspended or transferred as a result of those investigations?

Mr O'REILLY: Yes, they were. The process we adopt is if it relates to a matter that affects the client's wellbeing the staff are stood aside from duty immediately. They are either suspended with pay or they are moved to a location and perform duties whilst the investigation is underway that has no client contact. Of the ones that we were looking at with regard to discipline, if we look at the 21, there were three people dismissed, one person was directed to resign, and eight were given remedial training and warnings. Others may well have been reprimanded, cautioned, retrained or relocated.

CHAIR: Associated with that, do you know the cost of keeping those people on alternate duties while being investigated or dismissal costs?

Mr O'REILLY: The cost of the investigations for the period 1 July 2007 to 30 June 2008 was \$258,972. The cost to suspend with pay we do not have. It is also the responsibility of the region to carry those costs. For people who were moved to alternate duties, there would be a cost of backfilling whilst we actually still provided support and care to clients.

The Hon. MELINDA PAVEY: So it has cost \$258,000 for the department to have investigators independently assess the situation?

Mr O'REILLY: That is right.

The Hon. MELINDA PAVEY: How are the investigators employed?

Mr O'REILLY: Normally there is a list of recognised investigators. We often use the services of the Internal Audit Bureau, which is separate to the Department of Ageing, Disability and Home Care [DADHC], where we brief the investigator, give them the allegations and they do the interviews, reports and transcripts. They also liaise with the police if it involves a criminal matter. For instance, if there was an allegation of assault we call the police in to investigate. Sometimes there is a delay in us finalising the investigation because the matter may be before the courts.

The Hon. MELINDA PAVEY: Are you able to provide details of all the payments made to investigators for the 2006-07 and 2007-08 periods and the names of the companies involved?

Mr O'REILLY: Yes, for 2007-08 it was \$258,972. The figure for 2006-07 I will need to take on notice, if I could?

CHAIR: Thank you. Minister, is DADHC currently funding Tai Chi lessons for staff in an environment where people are waiting desperately for urgently needed services?

Mr PAUL LYNCH: I will take that on notice, unless the Director General can give me an answer?

Mr O'REILLY: We certainly do not allocate money for staff to attend Tai Chi lessons. I would have to check with the regions if anything has happened there, but to my knowledge absolutely not.

CHAIR: So you do not have a budget for staff morale type activities?

Mr O'REILLY: For staff development and workforce training, but it does not include Tai Chi.

CHAIR: I would not imagine it would, but it was a story I heard. Minister, was an overnight staff member found asleep in a client's bed by the morning shift staff?

Mr PAUL LYNCH: Where, what year, what planet are we talking about? You would need to be a little bit more specific than that.

CHAIR: I think it is a significant issue. Perhaps Mr O'Reilly is aware of it. I am sure it would be a significant situation and not a common occurrence for an overnight staff member to be asleep in a client's bed, and the client presumably is elsewhere—I do not know where.

The Hon. EDDIE OBEID: You would have to be specific.

CHAIR: Mr O'Reilly, are you aware of the issue?

Mr O'REILLY: I am not aware of the particular case, however, obviously if that was the matter, it would have been reported, and the staff member would have had disciplinary action taken if it was the case.

CHAIR: And you would assume that they would not be still working overnight shifts if that were the case?

Mr O'REILLY: Well, I would hope not. I would have to have the specifics of the particular case and then I will follow it up.

CHAIR: How many DADHC employees are on the displaced public servant list currently?

Mr O'REILLY: As at 30 June, 11 permanent employees are currently unplaced in a permanent position but have been provided with meaningful work in a temporary capacity. I then have a breakdown of those 11, but it is only 11 out of nearly 13,000 staff.

CHAIR: Is that a movement up or down on last year?

Mr O'REILLY: It would be roughly the same. If there is a position that includes surplus the staff are advised. They are aware that they have salary maintenance for a maximum period of 12 months. We look at alternate positions that are vacant at that level and if they have the expertise to be able to move directly into those jobs. If not, they are reported to the Premier's Department and Cabinet where they are on a displaced list for the whole of government.

CHAIR: So you would have a list of how much that costs the department in a financial year?

Mr O'REILLY: Yes, I would just go back and get the figures for you.

CHAIR: Thank you, if you could take that on notice?

Mr O'REILLY: Absolutely.

CHAIR: You may need to take on notice or you may know the answer in terms of how many staff are currently on workers' compensation and what the cost of that was for the 2007-08 period?

Mr O'REILLY: I can say that the workers' compensation premiums for the department have dropped by several million dollars over the past 12 months. The only problem with the numbers is that there are going to be people who are off and then come back to work, so I am not sure if the figures are going to mean anything.

CHAIR: If you would provide us with what you are able to?

Mr O'REILLY: Okay.

CHAIR: If you can tell us how many currently are and how many were—

Mr O'REILLY: Certainly.

CHAIR: Are you going to take that on notice?

Mr O'REILLY: If I could, yes.

The Hon. MELINDA PAVEY: I wanted to ask some questions about the draft respite policy as it stands. It has caused some real concern within the community, particularly the issue of criminalising a person with a disability by labelling them as a trespasser because they are left with DADHC urgently needing support and assistance, which is inflaming the situation basically. Do you have a position on this draft policy, which basically is saying that if you are left in a DADHC facility you are a trespasser?

Mr PAUL LYNCH: As I announced on 2 October, I required that those policies be redrafted. The redrafted policies will be available in a couple of weeks.

The Hon. MELINDA PAVEY: Why did you want them to be redrafted?

Mr PAUL LYNCH: Because, as I was going to say before you interrupted me, there were clearly a number of public concerns about the draft policies. I have been in this position for five weeks, but it was fairly clear very early on that there were significant public concerns about it. I had a number of discussions with some people in the sector about the material. It seemed to me that there were a number of issues, and that the troubling one was the one that you have highlighted, but, as I said, I announced on 2 October that I require the policies to be redrafted. They are currently being redrafted. The redrafted versions will be available by the end of this month.

The Hon. MELINDA PAVEY: There was also concern in relation to weakening the powers of the Ombudsman under the draft respite policy. You are not aware of those, by the crease in your brow?

Mr PAUL LYNCH: I think there were some issues about the Guardianship tribunal. Having said that, there are a number of things that would be caught up in the redraft. The issue of the Ombudsman was not one of the critical ones that people were making a lot of noise about, but there would be a number of changes.

The Hon. MELINDA PAVEY: How many vacant properties does the department have in its housing stock? By way of background, I was in Queanbeyan in the past six or seven months and there was a group home that had been sitting vacant for about 12 months.

Mr PAUL LYNCH: There are certainly a number of places that will be vacant, for a number of reasons. One is that it has reached the end of its economic life and is being got rid of; another is that you have just purchased and have to make appropriate changes and modifications to it and you cannot just put people in without the changes being made. Thirty-eight new vacant properties are currently being modified for handover to the department or to a non-government service provider. In addition to that there are eight group homes and respite properties awaiting sale. One of those has someone in it temporarily.

The Hon. MELINDA PAVEY: Bear with me. You say there are 38 vacant properties and, of those, eight—

Mr PAUL LYNCH: No, in addition to those.

The Hon. MELINDA PAVEY: In addition eight are group homes awaiting sale. They are on the market.

Mr PAUL LYNCH: Sorry, 39.

The Hon. MELINDA PAVEY: The 39 new vacant properties do not have anyone in them. Are you happy with that, Minister?

Mr PAUL LYNCH: They are currently being modified for handover. I would be thoroughly unhappy if people were being put into properties that had not been properly modified to take account of their situation.

The Hon. MELINDA PAVEY: Where are these properties located?

Mr PAUL LYNCH: We will table the schedule of those properties. That might be easier.

Document tabled.

The Hon. MELINDA PAVEY: Has the department been able to monitor the time from when the modification starts to its being finished and having people in there? Is it something for which the time scale needs improving?

Mr PAUL LYNCH: I will ask the Director General whether we are recording or monitoring the time.

Mr O'REILLY: We are. When we identify that a property has to be sold we pass that over to Commerce, which is the agency that handles the sale of our properties. When we have new properties coming on line that we may have purchased and we have to do modifications for people with disabilities, again Commerce manages that side of things. However, depending on how large the modification is—widening doorways, putting in a hoist, things like that—we monitor each property. We stay on the case with Commerce to be able to get the work done as quickly as possible. Our properties unit is only quite small but they work with Commerce and meet once a month to look at the progress reports on every property to see whether it has been delayed for some reason, what is the reason and whether it is acceptable.

The Hon. MELINDA PAVEY: So none of the 39 vacant properties at the moment has had its modifications finished?

Mr O'REILLY: That is right, at the moment. We are always doing some updates and modifications on our properties, not every property, with a maintenance plan. We then secure Commerce to work through the trades and specifications and that sort of thing.

The Hon. MELINDA PAVEY: Have you been able to determine the average length of time from purchase to finish of modification with the Department of Commerce?

Mr O'REILLY: I am not trying to be difficult but each one requires an individual plan because of the work that has to be undertaken.

The Hon. MELINDA PAVEY: Do you have a target, say, with the Department of Commerce that you would like—is it an average of 12 months?

Mr O'REILLY: Some do take 12 months with the extent of modifications, but others might take three months. It really does depend on each property. On that list that we have tabled are all the properties that we are talking about and where they are up to with regard to the maintenance work.

The Hon. MELINDA PAVEY: How many adults with a disability were relinquished by their families to the responsibility and care of DADHC in the past 12 months?

Mr PAUL LYNCH: If you are talking about block beds, which I assume is what your question is about—

The Hon. MELINDA PAVEY: I was actually just asking how many adults with a disability were relinquished by their families to the responsibility and care of DADHC over the last 12 months.

Mr PAUL LYNCH: So that we are quite clear what we are talking about, I assume you are talking about instances where people are left in respite care after the time allocated has expired.

The Hon. MELINDA PAVEY: I will have the answer to that as well.

Mr PAUL LYNCH: I am not sure your first question makes sense. That is what I was trying to say politely. At the moment there are 27 persons in respite beds in DADHC homes who are staying there beyond the allocated time. I think that is the figure you are after.

The Hon. MELINDA PAVEY: Is that 27 in the past 12 months or 27—

Mr PAUL LYNCH: That is 27 as of now.

The Hon. MELINDA PAVEY: They could have been there for a number of years.

Mr PAUL LYNCH: That is exactly right. Mr O'Reilly might have a figure on how many have actually commenced this year.

The Hon. MELINDA PAVEY: My question is still pertinent, Minister.

Mr O'REILLY: When a parent faces that really difficult decision to leave their son or daughter in a respite service—on top of that we also have an emergency response capacity—we report each month on the numbers in what we term block respite. Some of those people have been in there for a number of years, the reason being we cannot get agreement with the family for a relocation to a more suitable arrangement for that son or daughter. Of the 27 that remain we have plans for—Ethel may know the answer—

Ms McALPINE: There were 18 plans. Five of those plans have just been actioned with those folks moving to permanent accommodation, so there are 13 with plans that we are enacting and 14 that we are still negotiating plans with.

The Hon. MELINDA PAVEY: To get them out of that respite area?

Mr O'REILLY: That is right.

Reverend the Hon. Dr GORDON MOYES: Minister, I have asked questions in the past about disabled young people who are inappropriately placed in nursing homes and my understanding is that the department was provided with a \$7.6 million increase in funds to enable that to be resolved. I have noticed that there has been no decrease in the numbers of disabled young people inappropriately in nursing homes over the past five years. I have also been informed that no young disabled person has been moved out of retirement nursing homes.

Mr PAUL LYNCH: I have to say that that is a particularly significant policy area and it is entirely appropriate to be concerned about disabled people in nursing homes or aged care centres who are younger than the appropriate age. There is actually a jointly funded Federal-State government program for younger people in aged care programs. There are three elements to that. The first is to divert younger people who might otherwise end up in nursing homes or aged care facilities. That has been particularly successful for us in New South Wales. We have now met our targets in relation to that. Twenty-two clients have been diverted in the last 12 months who otherwise would have gone into aged care facilities.

Reverend the Hon. Dr GORDON MOYES: What about those who have been in aged care facilities for some substantial period of time?

Mr PAUL LYNCH: My understanding as of this morning is that four younger people have been moved out. That is not as quick as we would like.

The Hon. MELINDA PAVEY: How many in total are there?

Mr PAUL LYNCH: That is actually a difficult question to answer because there is no single database that gives you that figure. We are dependent upon people making applications. Mr O'Reilly will correct me if I am wrong. One of the problems that have caused this to become so slow is that we did not have a complete list of everyone to begin with and did not know who might have applied and did not have assessments on all of them. In that sense there is no simple sensible answer to how many there are altogether.

It has taken a long time—it has taken longer than we would have liked—to get the program to its current stage. Four people have already been moved out and, to put it mildly, more work has to be done. I will have a telephone hook-up with State and Federal Ministers on Friday. The third element of the program is providing disability programs for people who remain in aged care facilities. That is being rolled out reasonably successfully.

Reverend the Hon. Dr GORDON MOYES: You said that you did not have a database that would give you that information. However, these people are clients of yours and you know where they are.

Mr PAUL LYNCH: Some are clients of ours and some are clients of privately-run aged care facilities. In fact, DADHC does not have many aged care facilities. I think the director general wishes to add something to that.

Mr O'REILLY: When the Commonwealth announced the initiative the first issue was: Where are these people? We did not have the database; it was a Commonwealth responsibility. It took us some time to get that database and we then wrote to all those residing in nursing homes under the age of 50.

Reverend the Hon. Dr GORDON MOYES: Mr O'Reilly, I appreciate that. I hope you also appreciate that the Commonwealth knew about them only because it was funding them and because DADHC was not able to place them.

Mr O'REILLY: As at 11 August 2008, 329 applications had been received, with 184 from residents of aged care facilities, and 187 applicants had undergone a comprehensive assessment of their support needs. Once we understand their support needs we establish what accommodation is appropriate for them in what community base, what compatibility issues there are between clients who want to move, and to what locations they want to move. The fact that we have been able to move only four at this stage is not good enough. Over the next two to three years we have plans to move a total of—

Ms BURLEW: The target for 2010-11 is to move 109. We will meet that target. That is the minimum number, but we will meet the target that the Commonwealth has set. We will exceed the target for in-reach services for people who wish to stay within residential aged care facilities. It is important to note that of the number we have assessed so far, 48 per cent of them have decided that they wish to stay within the residential aged care facility. We are looking at what services can be provided in-house and what services can be implemented to make their lives better, and we are calling them in-reach packages. Some people want to come out and go into their own homes, but their homes need modification. Some want to come out and go into the private rental market and we have to try to source something there. Some of them want to come out and go into supported accommodation and we are also looking at that.

Reverend the Hon. Dr GORDON MOYES: Over a period of four years you propose to decrease the number of people by one-third?

Ms BURLEW: The target that has been set as part of the agreement with the Commonwealth is across the three program areas. The Commonwealth set target numbers for each of the three program areas. In the bilateral agreement the targets are that 221 to 303 people will have the service option. They will either have an in-reach package in that they want to stay in, or we will have diverted people from going into residential aged care facilities, and those who need to come out will have come out. Over the five years we will meet those targets.

Reverend the Hon. Dr GORDON MOYES: That reinforces what I said. You will have moved out one-third of the people who are currently in nursing homes?

Ms BURLEW: Yes.

Reverend the Hon. Dr GORDON MOYES: You said that two-thirds would be supported by other kinds of packages?

Ms BURLEW: One-third is achieved by diverting people from entering residential aged care facilities.

Reverend the Hon. Dr GORDON MOYES: Yes. Minister, I note that there has a 46 per cent increase in your department's income over five years—from roughly \$1.8 billion to \$2 billion—but the number of disabled people receiving DADHC services over five years has increased by a much smaller number, in fact, 10 persons per 1,000 of appropriate population.

Mr PAUL LYNCH: I think the obvious explanation for that is that greater degrees of services have been provided to people who were previously receiving services.

Reverend the Hon. Dr GORDON MOYES: We are talking about the same number of people but they are receiving much more expensive services.

Mr PAUL LYNCH: Or they are receiving much more extensive services.

Reverend the Hon. Dr GORDON MOYES: Certainly expensive, according to the figures that we have.

Mr PAUL LYNCH: I said "extensive" but you keep saying "expensive". I guess it depends on what sorts of services are being delivered. Does the director-general have a further comment on that?

Mr O'REILLY: Because of issues surrounding ageing carers, ageing clients, their changing needs, and the ageing population generally, about two years ago we did a major body of work using the actuarial services of PricewaterhouseCoopers through a gentleman by the name of John Walsh—

Reverend the Hon. Dr GORDON MOYES: We know him quite well.

Mr O'REILLY: He advised us of the impact of those three areas on service demand. As a result, the Government funded \$1.3 billion in new money over a five-year period. The Stronger Together plan announced by the Government details where that number of new places will be going, which includes respite day programs, accommodation, State wards reaching the age of 18 and moving from the Department of Community Services, people with a disability requiring support, the criminal justice system, therapy places, and the like. We report annually, not only to government but also to the public, that we have achieved those targets. To date we have either achieved them or we have exceeded them.

Reverend the Hon. Dr GORDON MOYES: The numbers that you talk about are people.

Mr O'REILLY: Yes.

Reverend the Hon. Dr GORDON MOYES: And each of those persons is in a desperate situation. You spoke about a budget increase. In 2006 there was an increase of \$514 million to fund 990 additional places. How many of those places were taken up by 30 June this year?

Mr O'REILLY: The Stronger Together document identifies how many places we have to achieve each year. To date we have exceeded those targets. I will have to get the report to show you where those places are.

Reverend the Hon. Dr GORDON MOYES: I am happy for you to take that question on notice. I reiterate my concern: since 2006 you have had budgetary increases for 990 places. I want to know how many increased places have currently been taken up?

Mr O'REILLY: Are you talking about accommodation places?

Reverend the Hon. Dr GORDON MOYES: Yes.

Mr O'REILLY: We do not get that money in one hit; we get it over five years. Each year we have a target. If I had the Stronger Together plan with me I could tell you exactly.

Reverend the Hon. Dr GORDON MOYES: Take that question on notice. I look forward to receiving your reply.

Mr IAN COHEN: Minister, how many activities funded by the department provide meaningful and vigorous activities for people with disabilities? Is the New South Wales Government funding active activity programs?

Ms BURLEW: We have two major post-school programs which are community participation and transition to work. In 2007 almost 2,500 people were supported in community participation and just over 1,300—almost 1,400—were supported in transition to work.

Mr IAN COHEN: I appreciate that. I am talking about active activity—sports-type activity programs. Let me give you an example. I am involved with disability surfing. Is your Government supporting any of those activities, given that people with disabilities who suffer from obesity have major self-esteem issues? Is your Government acting in any of those areas?

Mr O'REILLY: About four months ago the Government gave a grant of \$1 million to the Department of Sport and Recreation solely for people with disabilities to be able to participate in a sporting arrangement. It

has a model of grants to go to community organisations, but it did not have the funding for disabled people who wanted to do a sporting activity. That \$1 million is now being administered by Sport and Recreation

Mr IAN COHEN: Is that under the national inclusion plan?

Mr O'REILLY: No. This was an initiative of the State Government.

Mr IAN COHEN: That is provided for able bodied sporting bodies with the idea of trickling down for the disabled?

Mr O'REILLY: No. It has to be for people with disabilities specifically to be able to organise sporting activities. We have also funded just recently an organisation that is looking at the elite sporting arrangements required for people that have intellectual disabilities but who, after the Sydney 2000 Olympics, were ruled out and could not get access to elite sporting arrangements. We have also funded them over a three-year period to be able to set up regional arrangements right across New South Wales.

Mr IAN COHEN: My question is quite specific. We are not talking about elite athleticism, be it with a disability. I am talking about people with disabilities. You have situations where people with quadriplegia can have or should have activities that can encourage exercise within the realms of their abilities. I am just wondering whether you have ordinary people, not elite sportspeople, with disabilities who are very much impacted upon to give them activities?

Mr O'REILLY: We do. I can give to you the sporting arrangements that have happened across New South Wales through the grant we have given Sport and Recreation separately for people, not elite sportspeople, who have a disability to be able to participate in sport. They have to report to us each year on where the money has gone, what sport and how many people have been involved who otherwise would not have been able to participate.

Mr IAN COHEN: In providing sporting opportunities for people with disabilities is the department guided by the former national inclusion plan established by the former Howard Government?

Mr O'REILLY: I am sorry, I cannot comment on that. We work through the Department of Sport and Recreation because it has all the contacts in the sport system. It certainly would be part of the national inclusion plan and our funding would go towards that.

Mr IAN COHEN: That is my concern. I would like your comment on the fact that the national inclusion plan from the Howard Government calls on all disability sport and recreation groups to be disbanded and able bodied sports be given funding, which is supposed to trickle down—I say supposed—to disabled groups. Can you confirm that that still is the policy of your department?

Mr O'REILLY: That was never the policy of our department, sir, ever.

Mr IAN COHEN: Well, I am still interested to hear then what specific disability activities are developed? Is the national sporting organisation for the disabled [NSOD] an active participant with your department?

Mr O'REILLY: No. It is all through the Department of Sport and Recreation.

Mr IAN COHEN: But is that not as an able sporting body?

Mr O'REILLY: No.

Mr IAN COHEN: Is that not exactly what the concern is for disability groups, that all they are getting is the trickle down from able sporting bodies?

Mr O'REILLY: I agree with you there.

Mr IAN COHEN: We know that there may be some spin-off, but the fact is there is no specific program for the disabled?

Mr O'REILLY: There is now.

Mr IAN COHEN: What are the active sports? I know we have disabled surfing, but it is totally privately funded without government support.

Mr O'REILLY: Wheelchair basketball.

Mr IAN COHEN: Government supported?

Mr O'REILLY: Yes.

Mr IAN COHEN: Financially?

Mr O'REILLY: Absolutely.

Mr IAN COHEN: How much?

Mr O'REILLY: I would have to get out the figures. We recognised that people with disabilities were not getting access to sporting arrangements. We then worked with Sport and Recreation and gave it \$1 million to be spread over the three-year arrangement solely to target people who wanted to do sport but who happen to have a disability.

Mr IAN COHEN: It sounds very good to say \$1 million, but it is really a drop in the bucket for what is needed? We all know the difficulty, which I will come to in a moment, with PADP equipment and the like; it is very little in terms of getting disabled people up and active in various areas, be it boating, swimming, whatever, would you not agree?

Mr O'REILLY: I think you could put a lot more money into it.

Mr IAN COHEN: What would be a reasonable amount?

Mr O'REILLY: It is really a question for Sport and Recreation; it knows its demand levels.

Mr IAN COHEN: It is just that you said \$1 million and I do not see that as being effective in getting disabled people active or giving them the opportunity.

Mr O'REILLY: There is always more money that should be provided into sporting activities and any sort of activities that help a person who has a disability to be part of community life and enjoy that. The department took the initiative to give Sport and Recreation a tied grant for \$1 million to be able to improve on that. Whether it is \$1 million or \$5 million, I agree, but we only had \$1 million.

Mr IAN COHEN: What would have been done with that \$1 million? Of that \$1 million what benefit would a person with a disability have gotten on the ground, if you like?

Mr PAUL LYNCH: I think that would be best answered by Sport and Recreation. The money has gone to that department; it is in a position to answer that rather than us.

Mr O'REILLY: There is sail ability, wheelchair basketball. There is—

The Hon. CHRISTINE ROBERTSON: Riding for the disabled.

Mr O'REILLY: —riding for disabled, tag—

Mr IAN COHEN: Is riding for the disabled supported by government funding?

Mr O'REILLY: Yes.

The Hon. CHRISTINE ROBERTSON: In some places.

Mr O'REILLY: I am very happy to be able to get you the first year's return on what has been achieved.

Mr IAN COHEN: Thank you, I appreciate that. Regarding DADHC and the PADP scheme, a recommendation in PricewaterhouseCooper's report states:

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

What programs and measures has the department adopted in response to this recommendation?

Mr O'REILLY: With regards to PADP, yes, it is under Health. The department contributes, well, it is taken off from our bottom line from Treasury, which is \$2 million towards that program. For all of the appliance needs that our clients require for which we actually run the operation, we actually have a separate system called ADAS. So that provides the equipment and support needs for our clients in our group homes.

Mr IAN COHEN: Has DADHC or the Minister made any representations to the Department of Health or the Minister for Health in relation to recurrent funding or one-off funding injections and program efficiency?

Mr PAUL LYNCH: That is a matter for the Minister for Health and the department.

Mr IAN COHEN: No, this is DADHC or you making recommendations.

CHAIR: It is about whether you have spoken with your—

Mr PAUL LYNCH: PADP is run by the Department of Health and the Minister for Health. That is a matter for them.

Mr IAN COHEN: Yes, but you do have—

The Hon. MELINDA PAVEY: Do you want it?

Mr PAUL LYNCH: No.

Mr IAN COHEN: You do have a role in representations and recurrent funding. You say there is no role for your department?

Mr PAUL LYNCH: It is administered by the Department of Health. The Treasurer takes \$2 million from our budget and sends it straight to PADP. It is a matter for the Minister for Health.

CHAIR: Oh, it has gone from \$1 million to \$2 million now, has it?

Mr PAUL LYNCH: No. It was \$1 million for sport. I think it is \$2 million off our bottom line that goes straight from Treasury. We do not even see the money.

CHAIR: But you would have to agree that it is inadequately funded, would you not?

Mr PAUL LYNCH: That is a matter for the Minister for Health.

CHAIR: Surely you would be lobbying on behalf of the people with a disability?

Mr PAUL LYNCH: It is a matter for the Minister for Health.

Mr O'REILLY: Further in response to your question, in 2005-06 we provide \$300,000 as a one-off grant to the Spastic Centre to purchase a number of speech generating devices for their vocalised program for children. In 2006-07 we contributed an additional \$5 million for non-recurrent funding to Health for the Program of Appliances for Disabled People.

CHAIR: How much do you spend—

The Hon. GREG DONNELLY: I think it is the Government's question time.

CHAIR: It just follows the same line. We will give you your 20 minutes of Dorothy Dixers in a minute.

The Hon. CHRISTINE ROBERTSON: Do not be rude to us anymore or we will not be so nice.

CHAIR: Just to follow that line so that we do not have to come back to it, I was wondering what your expenditure is. You have said you have a complementary program to the PADP for clients in group homes?

Mr O'REILLY: Yes.

CHAIR: How much per client do you spend? Is it a limited amount? Do they have to wait three years for a wheelchair or do they get it straight away?

Ms McALPINE: It is approximately \$2.6 million. It is spread across the clients in our group ones in large residential services. We have been fully spending and it is about two and a half to three years that we have had this operating. Delay time has been quite short.

CHAIR: If you want aids and you are a disabled person in New South Wales, you are much better off living in a group home than being a resident.

Ms McALPINE: Obviously people in the group home would not be eligible for PADP, so this was ensuring that they did get access to equipment.

The Hon. GREG DONNELLY: Minister, for the benefit of the Committee, can you explain what the Government is doing to assist families of children with challenging behaviours?

Mr PAUL LYNCH: The Department of Ageing, Disability and Home Care is one of the largest human services organisations in New South Wales. It provides support and services to more than 1 million older people and people with a disability to ensure that they are valued and can lead independent lives as well as have the opportunity to participate fully in community life. The department is committed to providing services that assist families of children with challenging behaviours who are experiencing significant stress and who are at risk of relinquishing care to manage day-to-day demands. That is why funding of \$5 million a year has been allocated to assist families reduced their stress and sustain the care arrangements by providing more flexible and longer-term help.

The funding will cover three key areas: extending family support, providing short notice out-of-home placements, and offering options for intensive placements. The extended support could include access to extra regular respite or activities that provide a respite effect, such as additional in-home support, additional or more intensive behaviour management support, and problem solving around school issues. Research indicates that family and family-like placements are the most suitable option when out-of-home placements are needed for children under the age of 12 years. This funding will be used to place children in the family or professional carers where they can live in a stabilising home environment while their long-term interests are assessed.

The department acknowledges that this is a more appropriate alternative to extended stays in respite facilities. Priority will be given to placing children who are at risk of harm to themselves and others, and where other placements have not been possible. An independent evaluation of intensive family support services funded by the department showed that the department had a role in helping 97 per cent of 169 families refrain from relinquishing care of their child. This is an excellent result and indicates the value of investing extra funding for this initiative.

The Hon. EDDIE OBEID: Minister, can you provide an update on progress with the development of the new direction case management contained in Stronger Together, the Government's 10-year plan for disability services in New South Wales?

Mr PAUL LYNCH: In July 2006, the New South Wales Governments announced "Stronger Together: a new direction for disability services in NSW 2006-2016", which included a commitment of up to \$53 million over five years to fund 100 new front-line case managers for disability services and the development of a new

direction for case management service delivery. Case management is a critical component in the effective delivery of front-line services to people with a disability, their families and carers, and ensures the right mix of services at the right time. New direction case management increases the capacity of key front-line case management staff to provide strength-based, person-centred and solution-focused approaches that meet the needs of a person with a disability, their families and carers, and that centres on early intervention for people with a disability and their families, in particular during key life-transition points.

The first phase of recruitment to just over half of the 100 new front-line case manager positions was undertaken in May 2008. The second phase of recruitment for the remaining positions will be completed by May 2009. A comprehensive induction for new case managers and existing managers under the department's new direction in case management was the vehicle for funding under Stronger Together. A five-day case management induction conference was held from 16 to 20 June 2008 at the Novatel Conference Centre at Homebush Olympic Park. During the induction conference, front-line staff heard from leading academics and professionals and facilitated discussions in the areas of strength-based, person-centred and solution-focused work, diversity, leadership, teamwork and supervision.

People with a disability, their families and advocates also presented at the conference, and regional staff shared innovative projects. Approximately 350 staff attended the conference. Of those, 269 staff were accommodated at the venue with a total cost for staff attending the conference of \$466,000, or \$1,314 per person for five days. This represents a valuable investment in front-line services and an excellent example of professional development. The attendees' evaluation of the conference indicated that it was extremely well received; 99 per cent of respondents rated the conference as excellent, very good or good, and agreed that the conference improved their understanding of the department's new direction case management.

The Hon. CHRISTINE ROBERTSON: Minister, can you please provide feedback on the effectiveness of the Home Care Service in New South Wales?

Mr PAUL LYNCH: The New South Wales Government has a strong commitment to improving the lives of older people in the State. The Home Care Service of New South Wales assists people to live independently in their own homes by providing domestic assistance, personal care and respite care to older people, young people with a disability and their carers. The Home Care Service of New South Wales conducted its bi-annual client satisfaction survey in June 2008. It ensured that clients fully understood that the survey was voluntary and confidential, and ensured they understood that the survey would not have an impact on the service they received from the Home Care Service.

The survey was undertaken by an independent research group and involved interviews with 550 clients. Clients were asked why they rated their satisfaction with Home Care the way they did. Those who were satisfied put this down to five main reasons: the standard of service is excellent or very good; they are nice, pleasant and caring people; Home Care does what it says it will do; they are helpful, obliging and cooperative; and they have a cheerful, happy demeanour, and are easy to talk to. The outcomes of the survey showed the following: 96 per cent are satisfied with the way Home Care workers help them, which is an increase of 2 per cent since 2006; 95 per cent are satisfied with the reliability of services provided by Home Care, which is an increase of 3 per cent since 2006; and 87 per cent are satisfied with the way Home Care is managed, which is an increase of 4 per cent since 2006.

The satisfaction findings are very positive and are consistent across all the services indices measured. The very high response rate of 82 per cent indicates strong support for the service. This obviously is an excellent result, showing that the Home Care Service of New South Wales is continuing to provide services that clients need in a way that they are happy with. In fact, according to the survey, 58 per cent of people felt that they would no longer be living at home without the Home Care Service's assistance; among carers, 68 per cent of people felt that Home Care does take into account their needs as would someone caring for a person with dementia, and 48 clients or 9 per cent indicated in the survey that a language other than English was spoken in their household. The vast majority of those clients indicated that the Home Care Service was both sensitive and responsive to the customs and traditions of their culture and backgrounds.

The Home Care Service of New South Wales delivers approximately 3.8 million hours of help to more than 53,000 people in New South Wales. Services are provided through a network of 42 branches across New South Wales, including eight Aboriginal branches that provide a wide variety of services specifically for indigenous clients. The 96 per cent satisfaction rating from this survey clearly demonstrates and proves the New South Wales Government's commitment to improving the lives of older people in the State. This is testament to

the staff of the Home Care Service in New South Wales, who were described by their clients as nice, pleasant and caring people who are helpful, obliging and cooperative, and who are cheerful, have happy demeanours, and are easy to talk to. We will continue to support older people to continue to live at home with the support they need.

The Hon. GREG DONNELLY: Just following on the point you made, Minister, about the provision of services for Aboriginal people, what action is being taken by the New South Wales Government to increase the opportunities for Aboriginal people in the disability sector?

Mr PAUL LYNCH: Quite a significant number of things are being done. That is important because, as I indicated earlier, this department is one of the largest human services organisations in the State. It provides support and services to more than one million older people and people with a disability. The aim of that is to ensure that those people are valued and can lead independent lives and have the opportunity to participate fully in community life. That is as relevant for Aboriginal people as it is for anyone else. The department is committed to delivering services to Aboriginal families. That is why the Aboriginal staff conference was held in Coffs Harbour in August 2008. The theme of the conference was "First Nation First People". About 150 staff from the department's six regions and central office, including specialist service providers such as Aboriginal Home Care, attended the two-day conference.

The conference was a way for Aboriginal staff from the department to discuss their different ways of working and how they approach the delivery of services. Through the conference, the Department recognised the important contribution made by Aboriginal staff and provided an invaluable networking opportunity for Aboriginal staff to meet and share information and best practice experiences. The conference focused on three main areas: service delivery, professional development, and implementation of sustainable, ongoing support mechanisms in the department's regions. It is important that the department continues to expand awareness among Aboriginal people of the range of services and support we can offer through our Aboriginal staff, whether their needs are for care programs, therapy and day programs, or home care.

In recognising the importance of retaining Aboriginal staff who have expertise in providing services for Aboriginal families, the department has developed a number of innovative projects specifically targeted to attract or retain and develop Aboriginal staff. These include the Aboriginal Home Care traineeship program. This program is an Aboriginal-specific traineeship in community care, which incorporates part-time employment training and access to driver training and licensing. It includes the Aboriginal traineeship "Making it our Business" initiative. This is a New South Wales initiative to encourage a greater number of Aboriginal people into the public sector workforce.

Increasing Aboriginal employment allows for a better understanding of cultural values and a greater capacity to deliver programs and services specifically designed for Aboriginal people. This encourages support and respect for Aboriginal values and people, and is an important part of the training process for the delivery of services throughout the community. Fourteen Aboriginal traineeships in certificate three residential support workers were completed in February 2008 in the department's southern region, and similar traineeships are targeted for remaining departmental regions.

The Hon. CHRISTINE ROBERTSON: During another Committee inquiry into access to the Program of Appliances for Disabled People an interesting gentleman came and spoke to us from the Aboriginal disability council, was it?

Mr PAUL LYNCH: There are a couple of different groups like that.

The Hon. CHRISTINE ROBERTSON: This person was based in Redfern somewhere but he was responsible for working for an organisation. Do you know of him?

Ms BURLEW: Damian Griffis.

The Hon. CHRISTINE ROBERTSON: So he has been working with you?

Ms BURLEW: I have certainly had discussions with Damian Griffis around the Aboriginal Disability Network, yes.

The Hon. EDDIE OBEID: What is the Government doing to prevent social isolation of older people and particularly to prevent older people dying alone?

Mr PAUL LYNCH: The mark of a civilised and successful community is that it takes care of all its citizens so that people do not get marginalised. As our population ages, the responsibility increases for all of us to look after older community members. Some older people in our community are isolated from neighbours, family and friends. Social isolation is an issue of concern for our whole community, not just those who are isolated. It is clearly an issue that all levels of government, business, community groups and, above all else, individuals must work together to address. However, we need to remember that the research shows that most older people have regular contact with family or friends, and report that they are able to get support in time of need. The risk of social isolation is linked to changes in our population and communities.

Currently, older people make up 14 per cent of the New South Wales population. This is projected to increase to 22 per cent or more than one in five people by 2030. This increasing longevity is a cause for celebration; it is a good news story. However, at the same time that the population is ageing, there is an increase in the proportion of people living alone, which is one of the many factors that can increase the risk of social isolation for older people. Older people make up the largest group of single person households, with 27 per cent of older people living alone. All of us need to keep healthy and stay connected to the community as we grow older. For those older people who are isolated, we need to find ways to reach out and offer support.

The New South Wales Government is committed to supporting the health and wellbeing of older people by strengthening the capacity of individuals and community to build connections. The New South Wales Government provides or funds a range of services that assist in identifying and supporting people who may be isolated in our communities. For example, a wide range of services funded through the Home and Community Care Program play an important role in helping to link isolated people to supports in their communities. This includes activities by the Home Care Service of New South Wales, which is the largest provider of in-home services in New South Wales, with more than 50,000 people receiving support in the last financial year.

Home Care staff assist people to develop plans that include contact names and phone numbers of individuals who could be contacted in cases of emergency. They also encourage people to think about how they want to link with a trusted person or network of people who can look out for them. Other older people may be referred to a service such as Telecross, which is a volunteer-based service coordinated by the Australian Red Cross, where a phone call is made each morning to check on their safety and wellbeing. The New South Wales Government supports Telecross through the Home and Community Care Program, and has provided specific one-off funding so that Telecross can recruit and train more volunteers, and spread the word not only about the service but also about the valuable contribution that community members can make through volunteering a small amount of time each day.

Recognising the potential risk of social isolation for older people living in public housing, the New South Wales Government has also contracted Telecross to deliver the new care call program to provide regular phone calls to frail older people living alone in public housing. These examples highlight the important contribution that neighbours and community-minded individuals can make in reducing the social isolation of older people. The New South Wales Government also funds a range of community-based initiatives to help link older people to services and strengthen the connections between older people and others in their communities. For example, the department is supporting innovative demonstration projects aimed at reducing social isolation and improving intergenerational relations.

The Department of Ageing, Disability and Home Care is currently implementing the intergenerational Aboriginal project in partnership with Campbelltown City Council. The intergenerational Aboriginal project aims to improve intergenerational connections by bringing together older Aboriginal people and young people in the Campbelltown local government area and sharing life stories. The Ministerial Advisory Committee on Ageing has also undertaken a project on building good communities for older people. In recognition of the importance of population ageing and the need to plan at a whole-of-government and whole-of-community level, the Government held Ageing 2030—Creating the Future at the end of October 2007. This important event brought together 120 decision makers and experts from government and the private and community sectors to consider the challenges and opportunities of population ageing.

The issue of social isolation and the importance of social connection to healthy and positive ageing was addressed within the Ageing 2030 themes. These themes were prevention and early intervention, liveable homes and communities, and social and economic engagement. The background papers prepared for Ageing 2030 and

the keynote presentations are currently available on the department's website. At Ageing 2030 the Premier announced the development of a whole-of-government strategy on ageing. This strategy, titled Towards 2030—Planning for our Changing Population, was released by the Premier in March 2008 and is also available on the department's website.

The strategy includes specific short and longer term actions to address social isolation through community building technology and social support. The New South Wales Government also supports New South Wales Seniors Week which actively encourages older people's participation in community work and social life through the Live Life campaign. It acknowledges that seniors should live life by exploring new roles as well as celebrating existing roles and relationships. New South Wales Seniors Weeks promotes positive ageing while recognising the diverse interests of older people. It also aims to challenge some of society's stereotypes of ageing and invites us to consider our relationships with and attitude towards older people.

The Hon. MELINDA PAVEY: How many people have applied for supported accommodation in the past 12 months?

Ms McALPINE: We have the followings numbers by region: 283 in the Hunter, 449 in metro north, 169 in metro south, 505 in northern, 107 in southern and 258 in western. That is a total count as at 30 June.

The Hon. MELINDA PAVEY: What is the total?

Ms McALPINE: It comes to 1,771.

The Hon. MELINDA PAVEY: How many people were successfully placed in supported accommodation in the past 12 months?

Ms McALPINE: Sixty-four individuals were placed during the 2007-08 year and a further 45 individuals have been identified for available vacancies that have not yet been placed.

The Hon. MELINDA PAVEY: Is that because you are waiting for the houses to be finished?

Ms McALPINE: No, that is about compatibility assessments and matching clients to needs.

The Hon. MELINDA PAVEY: Mr O'Reilly, in the table you provided earlier, the expected total vacancy period is well over 12 months on average for most of these properties—20, 17, 15, 16 and 22 months. Granted, there seems to be one or two homes with which you are having trouble with the local council's approval process, it seems to take a long time to do a home renovation to modify to the needs. Are you happy with the management of this process through the Department of Commerce?

Mr O'REILLY: I share your concern about how long it takes to carry out a renovation or a modification. We are also looking at not only commerce but other agencies to be able to assist us in getting that done through Resitech.

The Hon. MELINDA PAVEY: What is Resitech?

Mr O'REILLY: It is part of a housing arrangement. They have their maintenance arrangement which is called Resitech. The Department of Housing has all its maintenance contracts and the rest of it, we are hooking on with them as well to be able to secure the trades people at the regional centres. I do share your concern but that is the time it actually has taken us.

The Hon. MELINDA PAVEY: Minister, is there a more efficient way to do that?

Mr PAUL LYNCH: One would like to think there was but that is a matter that the Director-General and I will no doubt be discussing.

The Hon. MELINDA PAVEY: It might be something that you will pick up as an issue?

Mr PAUL LYNCH: It is one of a number of issues I have come across in the five weeks I have been in the portfolio.

The Hon. MELINDA PAVEY: The number of people who were denied supported accommodation is 1,771 minus 64, is that right?

Ms McALPINE: And the 45 that are in train.

The Hon. MELINDA PAVEY: The level of unmet need for supported accommodation in New South Wales is around 1,700. How does that compare as per the percentage of population with Victoria, Queensland and Western Australia?

Ms McALPINE: I do not have that off the top of my head. I will take it on notice.

The Hon. MELINDA PAVEY: How many clients in New South Wales have been accommodated under Stronger Together?

Ms McALPINE: Three hundred and fifteen have moved on the first phase and that is broken down into 77 people in the Criminal Justice program, 125 in the general specialist places and 113 young people who have been transitioned from the Young People Living in Care Program.

The Hon. MELINDA PAVEY: How many clients with disabilities in New South Wales are entitled under the Commonwealth State and Territory Disability Agreement criteria to be considered for accommodation supports who currently do not have access to them? Is that the 1,700 figure?

Ms McALPINE: Is that the people who say they need a group home?

The Hon. MELINDA PAVEY: Yes. How many?

Ms McALPINE: Out of the total population, I need to take that on notice.

The Hon. MELINDA PAVEY: How many clients accommodated in supported accommodation services in 2007-08 across New South Wales were accommodated straight from the family home? Do you keep such a statistic?

Ms McALPINE: No. I would have to take it on notice.

The Hon. MELINDA PAVEY: How many people have met the urgent need criteria for supported accommodation and are waiting on the list? Is that the 1,700 or so?

Ms McALPINE: Yes.

The Hon. MELINDA PAVEY: Do you agree with the Australian Institute of Health and Welfare data that unmet need stands at 8,500?

Ms McALPINE: In New South Wales?

The Hon. MELINDA PAVEY: Yes.

Ms McALPINE: We do not have 8,000 putting up their hand right now.

CHAIR: In relation to Aboriginal people with a disability, how much does your department negotiate with other departments in terms of people's home modifications if they have a disability, for example, someone leaving a Correctional Centre who might need alterations to their house in order to move around in a wheelchair? Do you have any of those negotiations occurring?

Mr PAUL LYNCH: We certainly have a very serious program to deal with people coming out of jail. Perhaps the Director-General might have further detail.

Mr O'REILLY: Can I come back to that? I will find that figure for you.

The Hon. MELINDA PAVEY: Similarly do you have negotiations with the Department of Health in relation to the number of beds in the public hospital system that are being effectively blocked because of the

inability of people to get back home or to an alternative service because your department is not able to provide facilities for them?

Mr PAUL LYNCH: My understanding is that on a localised basis in particular areas there are negotiations between local DADHC officers and the local hospital to try to solve individual problems.

Ms McALPINE: The Home Care Service works with social workers in hospitals around returning people to their home within home supports. The office of the senior practitioner works with mental health, and we have a specialist program. The Integrated Services Project has worked with 39 individuals who have been at the extreme end of challenging behaviours. Many of those individuals were blocking mental health beds.

CHAIR: Do you have statistics on the number of blocked public hospital beds because you are not able to provide alternative services for them?

Ms McALPINE: Not as a total, no.

CHAIR: In relation to support to your staff within the department, I understand the department held an all expenses paid conference at Homebush Bay under former Minister Keneally. It is said that the cost was \$466,000 to the DADHC budget. How many people who stayed at Homebush actually live in the Sydney Basin?

Mr PAUL LYNCH: I think we might take that on notice.

CHAIR: Certainly, and could you also take on notice how many of those people were required to attend evening activities and tell us, with \$466,000, how many hours of therapy for children could have been provided? Do you want to take that on notice or answer it now?

Mr PAUL LYNCH: No, I will take it on notice.

Mr IAN COHEN: Did you say earlier in discussing that conference that the funds were taken from funds earmarked or part of the Stronger Together Program?

Mr PAUL LYNCH: I do not think I did say that.

CHAIR: I think they might have been taken from what could have been delivery of services.

Mr IAN COHEN: Well, perhaps you could take it on notice if it was taken from the Stronger Together Program?

Mr O'REILLY: Stronger Together provided funding to the department not only for the direct line supports for people with disability, but also for the professional development of our staff. The conference was the first one that our caseworkers have ever had the opportunity to attend or we recruited additional staff and they attended an induction program. It was a five-day conference. The staff who lived in Sydney were invited to stay overnight where they were attending night sessions and training programs. As the Minister pointed out, it cost a grand total of \$1,300 per person, and you would never get it cheaper than that under any benchmark. We had international speakers and parents, who have worked in the service system or tried to get services through the service system, explain their experiences. There was a training program for staff, which is all linked to Stronger Together. It was probably the best conference the department has ever had for staff where they worked incredibly hard but gained incredible skills.

CHAIR: We look forward to further details coming on notice. In terms of respite care vacancies, could you tell us what was the purpose of introducing extended respite care packages?

Ms McALPINE: Can you give me some further information on extended respite care?

CHAIR: I gather that there are packages that are for a longer period of time than normal?

Ms McALPINE: Is that Strengthening Families?

CHAIR: Yes.

Ms McALPINE: I think you are referring to the Intensive Family Support Program. It provides short intensive and flexible in-home services; it assists families of children with disability who are at risk of out-of-home placement or family breakdown to address their immediate situation and develop sustained routines and support. The Intensive Family Support Service works closely with families under severe stress to assist them to safely care for their child and family. Sixteen intensive family support services, including three culturally and linguistically diverse specific services and four Aboriginal specific services are in operation across New South Wales.

CHAIR: How many people, both children and adults, are currently waiting for access to centre-based respite?

Ms McALPINE: We do not keep a waiting list in that sense in relation to centre-based respite. Every three months we go through a new booking period and people request respite for that three-month period. Not all people request for each three-month period, so I would need to get a total count of requests versus allocations.

CHAIR: Thank you. That would be useful, would it not, in terms of calculating whether you have enough respite beds? There must be some people not able to have their needs met?

Ms McALPINE: There are a range of models. Some people use a combination of models to meet their needs and situations do change from quarter to quarter depending on specific needs of families.

CHAIR: In terms of specific respite centres could you tell me the longest period of time a child has lived at the Mannix centre, the Grosvenor centre or at Greystanes?

Ms McALPINE: I would have to take that on notice.

CHAIR: How many child and adolescent clients blocked a complete respite house because of behavioural disorders in 2007-08?

Ms McALPINE: I would need to take that on notice too.

CHAIR: Could you also give us a period of time for that?

The Hon. MELINDA PAVEY: What is the longest time that a person has remained in respite in a centre in New South Wales? I have just been given information suggesting that people have been in respite beds for greater than five years.

Ms McALPINE: Yes, there was one person who was there for approximately nine years. That person has now moved.

CHAIR: How big a problem is that?

Ms McALPINE: It is a very small number of people who stay for extended periods.

CHAIR: What do you class as an extended period?

Ms McALPINE: When you are getting to years, and particularly over five years. That one situation was extremely difficult to get a negotiated agreement around.

Mr O'REILLY: One of the problems with why we have had to review the respite policy, as Ethel McAlpine has pointed out, for people to make the decision to leave a person in a respite centre they are at the end of their tether. We accept that. It would be an incredibly difficult situation. We have had problems in the past, and one example for the reason why a lengthy stay occurred was that the family, after leaving their son in the respite centre, went to live in Indonesia. Another family lived in New Zealand but refused to cooperate with the department to be able to move the person out of the respite centre. That is what our problem has been. It is a very rare event, but a respite centre has not been built and nor is it staffed as a 24/7 accommodation model. We do need more respite. Stronger Together does address that over the coming two years of funding, but respite is a critically important thing for families with regard to being able to care for their son or daughter.

The Hon. MELINDA PAVEY: Is there potential for this problem to be exacerbated through your draft accommodation paper, and I talk about the impact that this policy could and will have on regional communities where, for example, in the Western region, which is an area of 564,000 square kilometres, if respite or supported accommodation is required you can be regarded as having it in the Western region, but it could be anywhere between Walgett and Albury. This is a problem with the draft accommodation paper, is it not?

Mr O'REILLY: It is, and I am not speaking for the Minister, but the Minister has pointed out that if you go on just the local government area we could in fact disadvantage people in rural New South Wales, particularly in big areas—what you are referring to as the Western region. The intent was never that, however, that is being modified as a result of changes to the policy.

The Hon. MELINDA PAVEY: Have you been told of cases where ageing carers, desperate to have their children placed before they die, are caught in heartbreak because their adult children are now living hundreds of kilometres away and they only see them rarely? Have any of those cases been brought to your attention?

Mr PAUL LYNCH: I have seen a couple of instances such as that.

The Hon. MELINDA PAVEY: And your view on the draft accommodation paper?

Mr PAUL LYNCH: That is one of the two policies that are being redrafted.

CHAIR: Redrafted or thrown out?

Mr PAUL LYNCH: Redrafted.

CHAIR: Minister, could you tell us how many DADHC employees earned more than \$200,000 last year?

Mr O'REILLY: That would only be the senior executive service staff. I am trying to think of the cut-off point for an SES4 or an SES5. It would probably be around SES4 and above.

CHAIR: You could take that on notice and provide us with the breakdown.

Mr O'REILLY: It is probably a dozen.

The Hon. MELINDA PAVEY: This information used to be provided in annual reports.

CHAIR: Could you provide the breakdown of those employees on those wage scales and how many there are, starting at more than \$200,000? We would also be interested to know how many earned more than \$100,000.

The Hon. MELINDA PAVEY: Let us say from \$200,000, from \$150,000 to \$200,000, from \$120,000 to \$150,000 and from \$100,000 to \$120,000, and what was the entire wages bill for DADHC's 23 executive positions in 2006-07 and 2007-08.

CHAIR: Will you take that on notice?

Mr O'REILLY: Not a problem.

Reverend the Hon. Dr GORDON MOYES: I would like to ask Mr O'Reilly or one of the two deputies a question. As one involved in service provision with large numbers of disabled people, one of the things I found most helpful under the Home and Community Care Program was home maintenance and modification services. Could you give me an update? How many not-for-profits are involved in being funded by your department to provide home maintenance and modification services?

Mr O'REILLY: I do not have that information with me but we will go to our grants register and provide that.

Reverend the Hon. Dr GORDON MOYES: Thank you. It is a very important service and I hope it is not decreasing.

Mr O'REILLY: No, I can say the budget has increased but I will give you that list.

Reverend the Hon. Dr GORDON MOYES: Your major capital works for 2008-09 included \$35 million for accommodation services. Can you explain where that money has been spent and on what kinds of services? For example, I was responsible for developing hospital-based spinal cord injury centres. We think we can work better out of the hospital base. Where are you planning to build and who gets that capital?

Mr O'REILLY: With regard to the capital our first priority is for the non-government organisations to be able to access that funding and the services. If we do not have a provider that wishes to provide those services, obviously government will provide them. That is our first priority—put it out to tender for the non-government organisations. With regard to where the capital program is for each of those budget line items I can provide you with a list that gives that virtually by accommodation model right across the State.

Reverend the Hon. Dr GORDON MOYES: I understand the Spinal Cord Injury Association [SCI] is doing a development at Collaroy and has made application for a relatively small amount of money. Are they on your schedule?

Mr O'REILLY: This is fairly complex. The Spinal Cord Injury Association secured the land through Health and we provided some funding towards their development. They have had advice that they have a shortfall of funding. We provided it to the Motor Accident Authority and the Spinal Cord Injury Association went with Friends of Collaroy and a trust that had made arrangements based in New Zealand as a result of a bequest. The amount of money that was available for the establishment of the new centre was, from memory, about \$7.6 million.

Reverend the Hon. Dr GORDON MOYES: Yes, I think that is roughly right.

Mr O'REILLY: They then came back in the past six months and said there had been a breakdown between the trust, the Friends of Collaroy and the Spinal Cord Injury Association. The Motor Accidents Authority has said that it can no longer fund it based on the fact that it is no longer viable. That is where it is at. I do know SCI is attempting to raise the funds.

Mr IAN COHEN: According to New South Wales figures about 300 children under six are diagnosed with autism every year. Can the Director General or the Minister indicate whether children who do not nominate autistic spectrum disorder, or ASD, as their primary condition are included in these statistics or not?

Mr PAUL LYNCH: I will defer to the Director General.

Mr O'REILLY: If they are not diagnosed I would assume they are not.

Mr IAN COHEN: It is the ASD that is their primary condition.

Mr O'REILLY: Okay, so under ASD, it is approximately 60 in 10,000. That is the research through the American Journal of Psychiatry, the Health module. It is about 60 people per 10,000 of the population.

Mr IAN COHEN: My understanding, and correct me if I am wrong, is that in 2004, 13 out of 10,000 student children between zero and five years of age in New South Wales were recorded as having autism whereas in Western Australia the figure was 22 in 10,000. These figures are further polarised in older age brackets. Could you explain the differences there?

Mr O'REILLY: I can only go on the research that I am aware of. The figures for ASD that we have worked on with Aspect, which is the peak body we deal with for autism and to which we have given quite a few grants over the last few years to address the growing problem of autism—the figures they have been using have been around 60 in 10,000.

Mr IAN COHEN: Perhaps you could check that out and take it on notice. If there is an underestimation—your figure may be an overestimation or it may be correct—of the prevalence of ASD in New

South Wales, will the department recalibrate the program funding priorities and address the demand for early intervention programs?

Mr O'REILLY: I would have to say that we are not meeting demand for autism now. A growing number of people are being diagnosed with autism. We have addressed it through a range of work we have done with Aspect and the Autism Association. We are also setting up an early childhood centre, which is the first time New South Wales has done that, with AEIOU. We have also allocated \$6 million in additional funding for autism and we have funded the development of a booklet that is now being made available to every school that explains what autism is, what to look out for and how to assist parents and that sort of thing.

Mr IAN COHEN: Does that include a DVD?

Mr O'REILLY: Yes.

Mr IAN COHEN: I understand the service provider producing and distributing the DVD is charging families \$10 for it. Can you confirm that?

Mr O'REILLY: Yes, it probably is charging \$10 for the DVD, however we have made it available to every school in New South Wales as well as a library loan.

Mr PAUL LYNCH: It is a particularly good DVD.

Mr IAN COHEN: I am not disputing that at all. The \$10 on top of everything else may be a bit rough. Could you take on notice whether the distribution of the DVD is compliant with the objects of the Disability Services Act 1993?

Mr PAUL LYNCH: In what respect are you suggesting it is not?

Mr IAN COHEN: The fact that people have to pay for it. I am not doubting the value of the product. I am a bit concerned that these families suffering hardships have to pay for what should perhaps be a handout.

(Short adjournment)

Mr IAN COHEN: What consideration has the department given to self-funded retirees to gain eligibility to the Mobility Parking Scheme? Does the department consider the current policy of ineligibility for self-funded retirees to the Mobility Parking Scheme to be equitable?

Mr PAUL LYNCH: I think that question is probably better directed to the Minister for Transport who deals with the Mobility Parking Scheme.

Mr IAN COHEN: It has nothing to do with you?

Mr PAUL LYNCH: No, another Minister runs it.

The Hon. MELINDA PAVEY: Would you not support it though for self-funded retirees?

Mr PAUL LYNCH: another Minister runs it.

Mr IAN COHEN: Would your department have anything to do with retirees ability to travel interstate and support for retirees on train travel? Is that the responsibility of the Department of Transport, or does your department have any role to play?

CHAIR: CountryLink booking fees.

Mr IAN COHEN: Does your department have any role in claims that elderly residents in country areas are restricted to their local areas due to downgrading of New South Wales rail services?

Mr PAUL LYNCH: I am not responsible for rail services either.

Mr IAN COHEN: But under your portfolio of Ageing you are responsible for looking after elderly residents, are you not? Minister, I thought you would have been very concerned about these issues?

CHAIR: Passionately interested.

Mr PAUL LYNCH: This committee is dealing with budget estimates for DADAHC, not public transport or rail policy.

Mr IAN COHEN: What about the seniors card?

Mr PAUL LYNCH: That certainly is a responsibility of DADAHC; that is something we do.

Mr IAN COHEN: Is your department working on a reciprocal arrangement between the States and the Federal Government for the seniors card? What specific measures have been put in to place to deal with irregularities when New South Wales senior cardholders try to use their seniors cards in other States?

Mr PAUL LYNCH: Subject to what my director general says, the current state of play is that the Commonwealth contacted us to get reciprocal arrangements between the States. We said to the Commonwealth, "That is fine. This is what it will cost. What do you think?" We have not heard back from the Commonwealth. I think that is where it is up to. Mr O'Reilly will correct me if I am wrong.

Mr O'REILLY: That is roughly it.

Mr IAN COHEN: This might come under your purview. Does the department consider that, with the conditional abolition of stamp duty for seniors downsizing their homes, this will consolidate aged people into centralised areas for aged care services as well as provide housing in populated areas which, in turn, will help with urban sprawl?

Mr PAUL LYNCH: I do not think that comes under our purview.

Mr IAN COHEN: Minister, can you indicate whether you intend to introduce mandatory reporting of abuse of residents in nursing homes? What is the current situation?

Mr PAUL LYNCH: What used to be called nursing homes are now called aged care centres. I think that is the responsibility of the Federal Government rather than the State Government.

Mr IAN COHEN: Does your department not have a responsibility for nursing homes?

Mr PAUL LYNCH: No, that clearly comes under the Federal Government.

The Hon. MELINDA PAVEY: Minister—

The Hon. CHRISTINE ROBERTSON: It is now the turn of Government members to ask questions.

The Hon. MELINDA PAVEY: I was assisting Mr Ian Cohen. He still has seven minutes.

Mr IAN COHEN: I still have seven minutes.

CHAIR: Let me clarify the timing issues, which are important. Crossbench members have a shared amount of time and it is up to them as to how they divide that between them.

The Hon. CHRISTINE ROBERTSON: I understand that.

CHAIR: If crossbench members wish to give extra time to the Coalition that is their choice.

The Hon. EDDIE OBEID: No, they cannot.

The Hon. CHRISTINE ROBERTSON: I think they can share their time at the end.

The Hon. EDDIE OBEID: They cannot use up their time.

Mr IAN COHEN: I hope that the clock was stopped.

The Hon. EDDIE OBEID: You have run out of steam, Ian.

Mr IAN COHEN: No, I have not. Home and community care, or HACC, funding for community transport services goes to the Ministry for Transport each year. Do you know what percentage of community transport in rural and regional communities is performed by volunteer services?

Mr O'REILLY: I do not think anyone knows the exact amount of work that is done by the voluntary sector, other than to suggest that it is enormous. Funding for community transport has grown from \$24.3 million in 2003-04 to \$39.8 million in 2007-08, which is an increase of 63 per cent over a four-year period. I do not think anyone knows the number of volunteers involved in that.

Mr IAN COHEN: Could you take that question on notice, or is it the case that you simply do not know?

Mr O'REILLY: We would not have that information.

Mr IAN COHEN: Do you acknowledge that HACC funding for community transport services is needed to increase mainstream services in rural and regional areas?

The Hon. EDDIE OBEID: The new Coalition!

The Hon. MELINDA PAVEY: Whatever it takes, Eddie.

Mr PAUL LYNCH: Could we have that question again as we were distracted by some of the theatre.

Mr IAN COHEN: Do you acknowledge that home and community care, or HACC, funding for community transport services is needed to increase mainstream services in rural and regional areas?

Mr PAUL LYNCH: I might take that question on notice.

Mr IAN COHEN: Can you clarify recent changes to the older driving test, or is that outside your purview?

Mr PAUL LYNCH: That belongs with the Roads and Traffic Authority and with Minister Daley.

Mr IAN COHEN: How many people aged 65 and over in New South Wales received personal care services from home and community care? What was the increase in service hours under Stronger Together in 2007-08?

Mr O'REILLY: One portion of home and community care is home care. I am not too sure whether we can give you a figure. In excess of 50,000 a people a year receive the service through home care. Stronger Together relates only to disabilities and not to the home and community care plan, which is funded 60 per cent by the Commonwealth and 40 per cent by the State.

Mr IAN COHEN: Minister, have you written to the Federal Government in support of pensioners having their pensions increased?

Mr PAUL LYNCH: No, I have not.

The Hon. MELINDA PAVEY: You will be though.

Mr IAN COHEN: Could you give us a commitment at this point that you will undertake to do that?

Mr PAUL LYNCH: Together with a number of my colleagues I do not understand how you can live on the pension as it is currently set.

CHAIR: Will you be strongly lobbying the Federal Government on behalf of pensioners?

Mr IAN COHEN: Is that something you are prepared to do? Are you lobbying your Federal counterpart?

Mr PAUL LYNCH: I have already spoken to a number of my Federal colleagues, including the Parliamentary Secretary for Disabilities, about putting views similar to the ones that I just put.

Mr IAN COHEN: Have you spoken or written to the Minister for Transport in support of removing the pensioner booking fee on railway bookings?

Mr PAUL LYNCH: There is statement in relation to that issue.

Mr IAN COHEN: Have you spoken to Treasury in regard to the seniors and pensioners impact statement for the new budget?

Mr PAUL LYNCH: I invite you to speak to the Treasurer about that.

Mr IAN COHEN: Does that mean that you have not?

The Hon. MELINDA PAVEY: You have not?

Mr PAUL LYNCH: There is a State Minister to do that without me making comments in the public forum. We are here to deal with the budget estimates for my department. I have a whole range of views that I am delighted to share with you. I could talk about a number of issues but they are not relevant to the questions that are being asked.

Reverend the Hon. Dr GORDON MOYES: My question is relatively simple. It concerns respite care for people on disability pensions. When they come into respite care they are charged a fee. They also have to pay their mortgage to keep their home or rental premises going. What is the rate of that fee? Are these other circumstances take into account in charging for respite?

Ms McALPINE: Could I clarify what you are actually referring to because our respite services do not charge fees on centre-based respite?

Reverend the Hon. Dr GORDON MOYES: Good. Does that cover the entire area of the department?

Ms McALPINE: This is disability. If you are talking, for example, about centre-based respite in the aged care sector—

Reverend the Hon. Dr GORDON MOYES: No, I am not. I am referring to disability.

Ms McALPINE: We do not charge fees in our respite.

The Hon. CHRISTINE ROBERTSON: What is the Government doing to assist people with a disability and older people in regional and rural situations?

Mr PAUL LYNCH: The New South Wales Government has a commitment to improving services for people with a disability, their families and carers in rural and regional New South Wales. Stronger Together forms the basis for our initiatives in rural and regional areas and provides significant investment. For example, over its first five years Stronger Together will deliver an estimated \$80 million to the western region. It is estimated that the northern region will receive over \$230 million additional funding. An estimated \$178 million is being provided to the Hunter region—that also includes the Central Coast area. Around \$80 million will be provided to the southern region. All services will benefit from the injection of funding through Stronger Together: accommodation, respite, therapy, family support, case management, the attendant care program, day programs and post-school programs.

As well as Stronger Together, the Better Together framework includes a number of key projects, which include improving services for rural and isolated communities. Advocacy services are important to people with a disability in rural and regional communities. In this financial year funding of \$8.8 million will be provided for disability peak body advocacy, and information and print disability alternative format services. This includes

services in rural and regional areas and specific services for people from special needs groups. In 2008-09 additional funding of \$500,000 will be made available for disability advocacy services. This will bring base funding for information and advocacy to \$9.3 million in 2008-09.

In 2007-08 we have improved access by introducing better intake and referral processes, and improved our case management and therapy functions. We have expanded the types and numbers of services available, especially early intervention services. We have improved therapy and behaviour support functions. We have focused more effort on improving access to services for Aboriginal people and people from culturally and linguistically diverse backgrounds. We have developed and expanded services for people with dementia and we have strengthened the workforce through ability and development opportunities in related issues. There has been a significant expansion of respite service provision in the southern region with increases in centre-based and flexible respite options in the Illawarra and Southern Highlands local planning areas.

Respite processes were improved to target priority families and develop sustainable service support models. Other developmental work was also undertaken with local respite providers to improve coordination and planning for all respite types. Our new group homes opened in the Illawarra housing five clients under the age of 25 years. This home was specifically designed for younger adults as they come from a hospital or respite bed. We have continued our work to improve service delivery for Aboriginal people in the southern region. This includes working together with a service provider by introducing a decentralised intake and assessment service for Aboriginal communities. We have also worked closely with other service providers to increase linkages, including mainstream services.

The need to strengthen the capacity of our workforce to meet the growing demand for services and expand the service system into the future has been identified. To achieve this, opportunities are being created for front-line staff to undertake a broad range of administrative and leadership roles, and to receive training in specialist areas such as working with clients who have complex needs such as dementia, mental health and complex physical needs. Making it our business is a New South Wales Government initiative to attract more Aboriginal people into the public sector workforce. Increasing Aboriginal employment enables better understanding of cultural values and a greater capacity to deliver programs and services specifically designed for Aboriginal people. In February 40 trainees in whole-of-Aboriginal traineeship programs successfully completed their training.

The northern region has the highest total number of Aboriginal people representing 25 per cent of the total Aboriginal population of New South Wales. This year we continued to integrate Aboriginal home care services with mainstream home care service branches in the northern region to build access to the range of services for Aboriginal people. An Aboriginal accommodation model for the region has been specifically designed to respond to regional demographics and to meet the individual cultural needs of the Aboriginal people in the New England and mid North Coast areas, including Moree, Narrabri, Kempsey, Nambucca and Coffs Harbour.

The new model will develop 20 drop-in accommodation support places, a flexible pool to meet one-off additional client needs, accommodation access and assessment capability with Aboriginal home care, a two-year development project for partnership development, and to assist organisations to improve their access strategies for this client group. In 2007-08 an Aboriginal mentoring project was funded through the Home and Community Care Program to provide practical business planning and government support to develop existing and potential Aboriginal community-based organisations. The project is building organisational capacity for the delivery of Aboriginal-specific in-home and community care services within the New England and far North Coast.

Supporting families and children is also one of the key priorities for 2007-08 in the northern region. This consists of a number of things, including a range of specialist support models that have been established on the far North Coast for adolescents and young adults with autistic spectrum disorder, including a supported accommodation model. It also includes \$2.57 million that was allocated to fund more flexible and responsive respite places, including an outreach service for Aboriginal children and families in the north-west of New England. A new centre-based respite service opened in Port Macquarie for people living along the North Coast. In addition, improved coordination and collaboration between service providers has resulted in easier pathways for families and carers to access respite services. The northern region is building a range of flexible supported accommodation options for children, young people and adults who require support to live outside of the family home.

The new support options, funded through Stronger Together, provide more choices and increase opportunities for independence and community living. These include family choices, a model of voluntary shared care and out-of-home care placements for children and young people with very high support requirements. A new drop-in support service for people with acquired brain injury also has been established in Lismore for the far North Coast to provide a community-based housing linked flexible and package support. It also includes purpose-built villa-style accommodation for 24-hour on-call support.

The northern region also has two disability housing and support initiative services established in the mid-North Coast at Hastings and Taree, and the far North Coast at Tweed. That has been done in partnership with Housing New South Wales and the Office of Community Housing. The disability housing and support initiative is a cross-agency support model that provides community housing and supports daily living, personal care and independent living skills. In the northern region there has also been a regional memorandum of understanding developed between the North Coast Area Health Service, the departments and Housing New South Wales. This includes a joint commitment to provide short-term crisis housing and support, including up to four units in Lismore and potentially more through rental agreements. The aim is to provide emotional support for people with acquired brain injury or mental illness. The northern region also has collaborated with the aged services resource centre at Southern Cross University on the futures planning project to support aged carers to plan ahead.

The Hunter region has sustained occupational health and safety improvements by investing in specialist equipment and more effective and targeted training for injury management, risk management, manual handling and inclusive communication and behaviour support—the critical skills for front-line staff. The inclusive communication behaviour support training program is designed to enhance the health and safety of both clients and staff by improving their interactions. This year, the training was rolled out to a further 27 group homes housing 129 clients. Since it was introduced, 77 per cent of group homes have had no staff injuries resulting in a claim for workers compensation, thereby maintaining the region's 33 per cent reduction in staff injuries from assaults from the 2005-06 period.

In February 2008, the New South Wales Government announced that the State's first aged care village, built specifically for people with a disability, would be constructed on a greenfield site at Hamlyn Terrace on the Central Coast. The village will accommodate 100 people, of whom 96 will be permanent residents and four will occupy respite places. The design and construction of the aged care village will take two to three years and will provide modern accommodation in a cluster of inter-connected buildings. In addition, a 20-bed facility in nearby Wadalba will care for the needs of people who have the potential to live more independently through community-based accommodation. The two new centres are within two kilometres of each other, which means that residents who currently live in the Peat Island facility will be able to maintain existing long-term friendships.

A number of Stronger Together initiatives were implemented in the Hunter this year, many with an early intervention focus. An Intensive Family Support Options Program was established at a cost of \$600,000 to assist 72 families per year across the Hunter and the Central Coast. The Intensive Family Support Options Program is an intensive support service for families who have a child or adolescent, aged from 0 to 18 years, with a diagnosed disability, and who are experiencing a high level of stress or a crisis. The service is particularly useful for families who are at risk of requiring a placement for their child, or where there are child protection or safety issues. Additionally, in the Hunter region there will be an expansion of support to five early childhood intervention services at a cost of \$183,329 over five years. In addition there will be 65 new therapy places for adults with a disability at a cost of \$357,500. As well, 27 new therapy places for school-aged children and young people with a disability were created at a cost of \$148,500.

In a new centre-based respite unit on the Central Coast, 73 respite places were created for adults with a disability at a cost of \$632,250. As well \$328,109 was allocated to fund 40 new flexible respite packages. These packages will support adults, children and young people with an acquired brain injury. The Hunter region also received 29 new day program places. Services were further enhanced with the employment of three casework specialists for children and young people, seven community access managers, seven level three case managers, a senior practitioner, and the creation of two senior psychologist positions to improve and support the professional development of psychologists. In addition, nine new supported accommodation places were created, including four places on the Central Coast for people with high support needs and five general places across the Hunter region.

A new Supported Accommodation Program was established at Fingal Bay for the Younger People Living in Residential Aged Care Program. The new service is providing supported accommodation for four young people who have complex needs. The Fingal Bay service is one of the first to be funded through this \$81.2 million New South Wales Government and Australian Government program. In the western region, the Supported Accommodation Program has been a major focus, with Stronger Together funding an additional 20 group own places in Dubbo, Mudgee, Wagga Wagga and Albury. Properties have been purchased and have been modified to meet the needs of the new residents. As well as the new properties that were purchased under Stronger Together, an additional eight new group homes have been purchased to replace rented properties. These new residences are either operational or are in the construction-modification process. Work has been undertaken to reconfigure group homes in the western region. As part of that process, the placement of all residents was reviewed, and a number of residents were relocated to accommodation that is better matched to their needs and aspirations.

The Criminal Justice Program continues to be developed in the western region. New properties were acquired to meet the varying service model requirements of this vulnerable client group, such as a rural dwelling which is now fully occupied, an urban residence, and land on which five independent living units will be constructed in the near future. A specialised staff recruitment and training program is being undertaken. The western region now has a group of skilled workers in place to facilitate the ongoing development of the program. Due to an absence of local psychiatrists trained to work with people who have intellectual disabilities, this year the western region negotiated for specialist psychiatrists to outreach from Melbourne and Sydney. As a result, the following services are now available: A paediatric psychiatrist conducts much-needed clinics at Albury and Wagga Wagga and the psychiatrist, who specialises in the study of autism, supports local paediatricians in the confirmation of the diagnosis of autism as well as providing follow-up support and medication advice; and a psychiatrist who is experienced in working with people with intellectual disability and who present with symptoms of psychiatric illness or extreme challenging behaviour is conducting regular clinics in Orange and Albury for clients from across the region.

Significant enhancements have been made to respite services as a result of Stronger Together. Four new respite centres have been established, providing more than 280 extra places of centre-based respite. The new facilities will operate in Broken Hill, Wagga Wagga and Albury. We are continuing to develop the Aboriginal Flexible Respite Program, which aims to provide an innovative and culturally responsive model for the Aboriginal community. This unique program provides approximately 80 individually tailored packages per year. A key feature of the model is the familiarisation of all potential users with the program. This is achieved through face-to-face meetings with Aboriginal carers and service providers, a range of marketing activities involving local media and printed material, and a family camp to bring together clients, carers and staff to encourage communication and familiarisation with the model. Staff of the Department of Ageing, Disability and Home Care are continuing to identify creative ways of presenting the program and the packages to optimise the support for carers and enjoyment for clients.

A special Aboriginal intensive family support service has also been established and is based in Dubbo. Funding has been provided to a local non-government provider to supply a range of supports to families across the Orana far west area of behalf of the department. The main objective of this program is to provide in-home, short-term support for local Aboriginal families who are providing care for a person with a disability, at a time when families signal that additional help is required. While this program is still in its infancy, it has been very well received in the Aboriginal community.

We are committed to ensuring that people with a disability, frail older people and their families and carers who are living in rural and regional areas of the State have access to the services they need. The challenges and priorities for us in 2008-09 will be developing an ongoing partnership between the department and our funded agencies, implementation of a range of respite programs across the State, continuing the rollout of the Stronger Together Program in collaboration with our key stakeholders, and promoting work force opportunities in rural and remote areas of the regions to respond to the changing needs of the sector.

The Hon. CHRISTINE ROBERTSON: Thank you for that very detailed answer.

The Hon. EDDIE OBEID: Minister, can you outline for the Committee the Government's Better Together Program?

The Hon. MELINDA PAVEY: Can you do it in two minutes?

Mr PAUL LYNCH: Probably not, but I dare say we might truncate it.

The Hon. MELINDA PAVEY: That would be okay. You could table the rest of the answers.

CHAIR: Or you could table it now and read on.

The Hon. CHRISTINE ROBERTSON: We have only two minutes left.

The Hon. EDDIE OBEID: As long as you do not have silly questions.

Mr PAUL LYNCH: And provided that the two minutes is not allocated to someone else, I would be happy.

The Hon. EDDIE OBEID: That is right. Take your time.

The Hon. MELINDA PAVEY: You would hate to for us to get two extra minutes. Is that the problem?

Mr PAUL LYNCH: But if that does not happen, I would be happy to table them.

The Hon. MELINDA PAVEY: It is going to happen.

Mr PAUL LYNCH: On that basis, I will go on talking.

The Hon. MELINDA PAVEY: You are shocker.

The Hon. CHRISTINE ROBERTSON: You are the shocker.

Mr PAUL LYNCH: Better Together complements Stronger Together and builds on commitments in the New South Wales State Plan to promote an opportunity for all citizens, including those with a disability, to participate in community life. For Better Together, the New South Wales Government will continue to invest in adapting mainstream services to provide better access for people with a disability. From 2006-11 we will spend more than \$1.7 billion on capital programs to assist people with a disability to make use of everyday and specialist services. One of the achievements of the New South Wales Government is Stronger Together, a new 10-year plan for disability services which delivers more than \$1.3 billion of funding in its first five years for extra respite, supported accommodation, in-home support, therapy, post-school programs and the practical need families told us they need. When the Government was finalising Stronger Together the directors general of 12 government agencies were asked to work together to improve planning, management and coordination of services and facilities to better serve people with a disability and their carers. They were the Department of Ageing, Disability and Home Care, New South Wales Health, the Department of Education and Training, the Department of Community Services, Housing, Corrective Services—[*Time expired.*]

The Hon. CHRISTINE ROBERTSON: Can you table the remainder of that answer for our records?

Mr PAUL LYNCH: I am happy to do that.

The Hon. MELINDA PAVEY: How many New South Wales children with disabilities in total, under any scheme by any name, are living out of the family home and being cared for and supported by staff paid by the State of New South Wales who are not foster carers or Aboriginal kinship carers?

Mr PAUL LYNCH: We will take that on notice.

The Hon. MELINDA PAVEY: Can that answer include the house that has just been opened at Mudgee, which you mentioned in your previous answer? There has been some concern about the DADHC representatives refusing to answer questions directly to the Wood special commission of inquiry into child protection services in regard to how many children with disabilities live in supported accommodation. Is the issue a little complicated or is there some concern surrounding the criteria?

Mr O'REILLY: No. Any information that Justice Wood has asked the department to provide, we have provided that information to him.

CHAIR: I want to ask some questions about rehabilitation services. I know there has been some concern about elderly patients who needed rehabilitation being returned home, sometimes to an ageing spouse, without proper rehabilitation programs. Do you have the number of elderly patients who have been put in that position?

Mr PAUL LYNCH: It is probably a question that might be able to be answered by the Department of Health. I am not sure that we have the figures.

CHAIR: What about ageing spouses in terms of home and community care services? Do you have any information about how many need home and community care services, what the unmet need is and what the gaps are? The question goes to those aged spouses who are unable to care for their spouse and basically the spouse then ends up back in hospital.

Ms McALPINE: I can provide you with information regarding the Home Care Service of New South Wales, which is part of the home and community care system but not all of it. In the past 12 months we had 1,831 referrals that we recorded as unmet need. That was when we had 22,760 referrals for that period, so it is only a very small number that did not make it through to services.

CHAIR: What was the official outcome of those people?

Ms McALPINE: They were referred on to, for example, private providers. Sometimes they no longer wanted to proceed with the referrals; they said the family was coping.

The Hon. MELINDA PAVEY: In relation to children with disabilities living outside foster care or the family situation, what percentage of the cost for out-of-home placements of children with disabilities is absorbed by DADHC and how much is absorbed by the Department of Community Services [DOCS]?

Mr O'REILLY: We will take that on notice but I am not sure whether we can give you that information.

The Hon. MELINDA PAVEY: I suppose it goes to the issue that came up in the Wood inquiry with children falling between the two agencies. Have DADHC and DOCS been reworking the memorandum of understanding [MOU] so that it defines the service provisions of both departments and their separate obligations and commitments to children with disabilities since giving evidence at the Wood inquiry?

Mr O'REILLY: We started the review of the MOU prior to the Wood inquiry. We have employed an independent to do the review because we needed to find out what DOCS staff at the ground level thought of the MOU and whether it worked, and also whether our staff, rather than the two directors general, thought it was a good thing. That review is due to be finalised, from memory, in November. The big issue with the DOCS is that currently if a family finds itself having to leave a child in, say, a respite centre, the only avenue we have is to notify DOCS that the person is no longer living at home. We have a mandatory responsibility there. That does not necessarily help the family because it has made its decision, what is often outside an issue of abuse or harm. The problem is that the respite centre is not a place to raise a child, so we have to advise DOCS. Then we work with the family to be able to come up with alternative arrangements.

The Hon. MELINDA PAVEY: Such as the Mannix Centre?

Mr O'REILLY: I am a little confused about this Mannix Centre.

The Hon. MELINDA PAVEY: I was of the understanding that the Mannix Centre was a place for children with disabilities.

Ms McALPINE: It closed and devolved into community group homes.

The Hon. MELINDA PAVEY: How many group homes cater for children under the organisation?

Ms McALPINE: I will have to take that on notice.

The Hon. MELINDA PAVEY: How many New South Wales children with disabilities between the ages of seven and 17 are living in households with paid staff?

Mr O'REILLY: The family care model?

The Hon. MELINDA PAVEY: Yes.

Mr O'REILLY: We will take it on notice.

The Hon. MELINDA PAVEY: Are there separate homes for adolescents older than 12 and up, 12 to 16, 12 to 18?

Mr O'REILLY: We have very few children in out-of-home accommodation. I will get you those numbers. Our policy is to unite with the family as much as possible. For people over the age of 12, we can get you those figures as well.

CHAIR: Can you clarify a term that I have heard used where DADHC referred to the role of a case manager as a combination of gatekeeper and triage? I cannot work out how those two fit together because gatekeeper restricts flow and a triage person is supposed to prioritise urgent critical needs and balance that. Who decides who will be in the queue if you have one restricting flow and one trying to privatise?

The Hon. EDDIE OBEID: Whose quote was that?

CHAIR: Is that not a term used?

Mr O'REILLY: We have hundreds of case workers. Someone may have used that term.

CHAIR: It is not the departmental term?

Mr O'REILLY: No, it is not.

The Hon. MELINDA PAVEY: What is the plan for people with disabilities nearing retirement age and currently funded in a day program and still wanting to participate? Do you want to take that on notice?

Mr O'REILLY: I can answer it. We are doing work with the non-government sector as well. It is an issue where people have been working in what we call business services. They are now nearing retirement age and they have to have a program. We are working with a number of providers who run business services to identify what is the continuum of care once a person leaves school: Until what age do you do a post-school program? Then do you do a day program? Then when do you do pre-retirement program?

Reverend the Hon. Dr GORDON MOYES: The Minister and the Director-General heard me ask a question just a few moments ago about how much of the pension of a person with a disability is charged as a fee for adult respite care. Do you stand behind your deputy director's answer?

Mr O'REILLY: May I ask what the answer was?

Reverend the Hon. Dr GORDON MOYES: The answer was that DADHC does not charge a fee. I asked was it free and I was delighted to hear that you provide a free service. Do you agree with that?

Mr O'REILLY: Any respite centre for a person under the age of 16 is definitely free.

Reverend the Hon. Dr GORDON MOYES: I did say an adult person on a disability pension. That is not a child.

Mr O'REILLY: No, I am just explaining anyone under 16 is definitely free. People over the age of 16 may be charged a small fee—they may be. I would have to find out what that figure is, sir.

Reverend the Hon. Dr GORDON MOYES: Would that fee be approximately \$200 plus per week?

Mr O'REILLY: That is news to me.

Reverend the Hon. Dr GORDON MOYES: It may be, sir. I will go a step further. I then asked a couple of other supplementary questions. I asked does that fee take into account that a person still has to pay rent for a place in which they live while they go into respite?

Mr PAUL LYNCH: Can I suggest that you give us whatever particular detail you have got? That might be a suggestion.

Reverend the Hon. Dr GORDON MOYES: I think the deputy director's answer was quite wrong and misleading. The fact is DADHC does charge adults to go into respite care. Do you take into account a person's specialised needs, such as living under the poverty line et cetera?

Mr O'REILLY: Without knowing the particular case—

Reverend the Hon. Dr GORDON MOYES: I am not referring to a particular case I want you to answer it generally.

Mr PAUL LYNCH: There must be an example you have otherwise you would not be that specific.

Reverend the Hon. Dr GORDON MOYES: People are being charged over \$200 a week to go into respite care. I have just been told by the deputy director that the department does not charge that. I want to tell you that the department does.

Mr PAUL LYNCH: And the way to get to the bottom of that is for you to tell exactly what case you are talking about.

Reverend the Hon. Dr GORDON MOYES: No, I am not talking about a case.

Mr PAUL LYNCH: But you must be otherwise you would not pursue that line.

The Hon. EDDIE OBEID: There must be an example.

Mr PAUL LYNCH: There must be an example to justify what you have said otherwise—

Reverend the Hon. Dr GORDON MOYES: I can do that but would you take that on direct notice and find out if it is a policy of the department to charge fees? What percentage of an adult disability pension is charged as a fee?

Mr O'REILLY: When a person is in a group home it is 75 per cent of their pension.

Reverend the Hon. Dr GORDON MOYES: That is right, you are beginning to talk.

Mr O'REILLY: There is not a policy on this, I am only assuming now—once I have the detail I will follow it up certainly—a person is moved out of the home and they have applied the 75 per cent of the pension for, sort of, the border lodging at a respite centre for 24-7. That is the only thing I can assume has happened but I will certainly follow it up.

Reverend the Hon. Dr GORDON MOYES: That is the nature of respite care that they move out of where they are registered now into a place for respite care. But the deputy director told me unequivocally that you do not charge a fee: it is free. I think there is a problem there.

Ms McALPINE: I would like to clarify if that is a blocked respite situation you are citing?

The Hon. MELINDA PAVEY: No.

Reverend the Hon. Dr GORDON MOYES: We can arrange for you to get receipts.

Mr O'REILLY: Once we have the information we will certainly follow this up, sir.

Reverend the Hon. Dr GORDON MOYES: Do you understand my main concern is that one part of the department does not seem to know what the other part of the department is doing?

Mr O'REILLY: Once I get the information I will be able to clarify that.

Mr IAN COHEN: When, and if, will the Government introduce a waiting list for home care services? Is that the situation currently?

Ms McALPINE: Do you specifically mean the Home Care Service of New South Wales?

Mr IAN COHEN: Yes.

Ms McALPINE: We have a system calling back for people that were not successful, and checking if they require home care.

Mr IAN COHEN: I understand there is no waiting list and that if a person calls Home Care one day and is told that no-one is available they are not followed up once a service becomes available. Do you disagree with that? A different person should be able to call the next day and receive that service as it becomes available.

Ms McALPINE: All 42 branches are open. Where someone is eligible and there might not be a capacity—that is the 1,800 I spoke of—they get called back periodically. We did a survey of those people who did not receive the service. Do we follow up every single person every week? No.

Mr IAN COHEN: Is there a certain time frame for that call back period?

Ms McALPINE: I would have to check that. It is periodically though, not every week.

CHAIR: That concludes questions to the Minister in relation to Ageing and Disability Services. There are a number of documents that have been tabled and questions taken on notice. There is a 21-days standard return of those questions. Further questions on notice will possibly be tabled within the next two days.

(The witnesses withdrew)

The Committee proceeded to deliberate.

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