

MINISTER FOR AGEING, MINISTER FOR DISABILITY SERVICES

QUESTIONS ON NOTICE

The Hon. Robyn Parker MLC to ask:

As of 15 December 2009, two clients aged 75 – now presumably 76 years of age were placed on emergency interim funding and had been on that funding for 14 months.

1. What ADHC services were being provided to both 75 year olds on emergency interim prior to them becoming homeless?

a) Had these clients been listed on RoRSA prior to requiring emergency interim funding?

b) How old was the carer at the point that the clients became homeless?

Answer:

ADHC records in this period for Emergency Response funding do not identify anyone of the age of 75 who was in receipt of emergency funding, or residing in a respite facility or emergency accommodation due to homelessness.

2. Is ADHC aware of a Northern Beaches client who is over 60 years and the mother is over 90 and still caring for her daughter at home? Doesn't this set up these families with attachment issues and make transferring to care extremely difficult and distressing to all involved?

Answer:

Ageing, Disability and Home Care (ADHC) is aware of Northern Beaches clients over the age of 60 years who are living at home with their carers. However, additional details would be required to confirm whether it is aware of the specific client referred to in the question.

Generally, case managers and other support staff such as psychologists are available to support an individual when transitioning to a new living arrangement. This process, known as transition planning, could include support with issues related to attachment where such issues were identified.

3. How many carers of sons and daughters with disabilities has ADHC become aware of who are currently between the age of 70-75,75-80, 80-85, 85-90 and over 90 years of age and still primary carers for sons or daughters/siblings?

4. Could we have a print out of all carer ages, grouped together by age (as above) who are registered on CIS?

Answer:

In 2009/10 there were 9,240 persons who received an ADHC operated service who also had a primary carer recorded in ADHC's Client Information System (CIS). There were 319 (or 3%) primary carers recorded in CIS as being aged 70 and over as at 30 June 2010.

Primary Carer Age Group	Total
Under 25	73
25-44	3,747
45-64	2,590
65-69	197
70-74	144
75-79	78
80-84	67
85-89	27
90 and over	3
Not Stated	2,314
Grand Total	9,240

Primary Carer Age Group	Brother	Mother	Father	Other female relative	Other male relative	Sister	Grand Total
70-74		101	23	16	1	3	144
75-79	1	55	17	4	1		78
80-84		48	12	5	1	1	67
85-89		21	5	1			27
90 and over		3	2				3
Grand Total	1	228	59	26	3	4	319

Of the 319 primary carers aged 70 and over, 150 (or 47%) have an estimated date of birth recorded in CIS. The date of birth recorded in CIS for primary carers is not reliable and needs to be interpreted with care.

5. How many clients who are in need of permanent accommodation have had more than two different accommodation places over the past two years?

Answer:

This data is not available pre 2009/10.

In 2009/10, one client who was in need of permanent accommodation lived at more than two addresses during the period. This client has lived in three addresses and has not yet entered permanent accommodation.

6. What is the most separate address's that any one client has resided at until permanent placement has been found since Stronger Together 1 came online (with each separate stay in a single facility counted as a single address)?

Answer:

This data is not available pre 2009/10.

In 2009/10, three clients have lived at more than one address. In two of these cases, the number of separate addresses is two (i.e. one change of address for each client). Both clients now reside in a permanent accommodation placement. The remaining client resided in three separate addresses and has not yet entered permanent accommodation.

7. How many people have had multiple address's (more than five – with each separate stay in a single facility counted as a single address) in the past two years?

Answer:

See the answer to question 6.

8. What are the reasons for moving these clients?

Answer:

The reasons for moving these clients may be varied, due to clients' compatibility, safety, and appropriateness of facilities/services.

9. Does ADHC provide any training for staff for managing the personal care needs of the opposite sex?

Answer:

This is a very personal matter that is specific to each individual client. The management of personal care needs is an orientation activity.

Qualifications such as Certificate III and IV in Disability have a compulsory unit on providing support to meet personal care needs.

10. Is it true female clients with an intellectual disability living in a group home or receiving Centre based respite within ADHC regularly have many of their personal care needs including showering, dressing and menstrual cycle management attended to by male staff?

Answer:

Yes.

ADHC has developed *Guidelines for the Provision of Personal Care* to assist staff in managing the personal care needs of people accessing ADHC's respite and accommodation services.

These Guidelines are intended to assist staff in deciding on the appropriate level of supervision and assistance to provide, while balancing the individual's right for dignity and privacy with the need to provide safe care. Once finalised, the Guidelines will be implemented in ADHC's accommodation and respite services.

In addition, all staff are required to comply with ADHC's Code of Conduct and Ethics.

11. Are female clients with an intellectual disability and in the care of ADHC made vulnerable by such actions, as many of the male casual, agency and permanent respite care workers may not be personally known to the client?

Answer:

ADHC's policies, procedures and guidelines provide a framework for staff in safe practices and training initiatives to ensure they are competent in these areas. All relevant staff have access to critical client information as required.

All staff are required to comply with ADHC's Code of Conduct and Ethics, which acknowledges the duty of care staff have towards clients.

12. Minister Primrose, will you commit to providing families with some reassurances when accessing ADHC services and acknowledge the right for female clients to have their personal needs met by a female staff member.

Answer:

The individual planning process and the respite planning process make provision for identifying and documenting the personal care that is required by each individual, including if the person or the family prefer to have a female staff member attending personal care needs.

ADHC's *Individual Planning Policy and Procedures 2005* provides a framework for documenting individual personal care needs in ADHC supported accommodation.

Each person with a disability who accesses ADHC's centre-based respite services must have an up-to-date Respite Plan. When completing the Respite Plan, parents are asked to indicate if they have a strong requirement for a male or female staff member to provide assistance or supervision to their family member.

As far as possible, ADHC will endeavour to meet such preferences. However, the high demand for trained staff means it is sometimes not possible to recruit female workers where there are female clients with a preference for female staff members.

13. What guidance is currently given to frontline staff and Network Manager for managing the personal care of female clients? Can we please be provided with a copy of any documentation, policies, procedures etc... Relating to male staff providing personal care to female clients?

Answer:

See the answer to question 10.

Copies of the *Individual Planning Policy and Procedures 2005*, the *Abuse and Neglect Policy and Procedures 2007* and the Respite Care Plan are attached.

14. Doesn't this leave not only vulnerable females at risk, but potentially male staff members extremely vulnerable to accusations?

Answer:

See the answers to questions 10 and 13.

15. What are the safeguards ADHC undertakes in order to protect clients from restricted practices that are not authorised?

Answer:

The ADHC *Behaviour Support Policy and Practice Manual (2009)* outlines the requirements for the use of a Restricted Practice. This includes what needs to be in place prior to consideration of the use of a restricted practice, the consent, authorisation and monitoring process. The policy clearly articulates that without proper authorisation any implementation of a restricted practice is prohibited.

16. How does ADHC control the use of restrictive practices without consents?

Answer:

A distinct number of Restrictive Practices have significant additional safeguards placed upon their use by ADHC. These are: exclusionary time out, physical restraint, psychotropic medication on a PRN basis, response cost, restricted access, and seclusion. Any implementation of a restricted practice without proper consent and authorisation is strictly prohibited.

As stipulated by ADHC Behaviour Support Policy, every service provider, ADHC-direct and funded, is expected to have a Restricted Practice Authorisation mechanism to ensure compliance to ethical practices in the event that a restricted practice is recommended.

In crisis situations, where a person without a previously known risk behaviour attempts to injure themselves or others interim consent for the use of restricted practice can be obtained. It requires consent from an appropriate person or substitute decision maker. This consent is only for a time limited period and cannot be used on an ongoing basis in the absence of an appropriate support plan.

Any approved restricted practice must be reviewed at least annually by the Restricted Practice Authorisation Panel. There must also be a plan to fade or decrease the use of a restricted practice.

17. What is the penalty for organisations that abuse the system and administer unauthorised medication to clients?

Answer:

Any administration of a PRN psychotropic medication without consultation from a suitably qualified medical specialist and without proper consent and approval from a Restricted Practice Authorisation Panel is unlawful and unethical.

It is ADHC policy that only a medical specialist may assess a person's needs and that all medications must have proper consent, be pharmacy dispensed, and administered only as prescribed by the medical specialist.

If an unintentional medication error occurs it is recorded as an incident. An action plan to prevent any additional instances of the error is developed and monitored. In the event that deliberate administration of unauthorised medication is detected then this constitutes a serious misconduct matter and is dealt with under section 44 of the *Public Sector Employment and Management Act (2002)*. ADHC's Ethics and Professional Standards Unit (EPSU) is immediately notified if there is an allegation of staff misconduct and the Police may become involved.

Funded organisations are bound to comply with ADHC's policy in relation to restricted practices. In the event that an organisation does not comply with a relevant policy, ADHC would notify it of its non-compliance and ask that the organisation take steps to comply with policy. If the organisation is unable to comply over a period of time its funding could be terminated. In the event that deliberate administration of unauthorised medication is detected within a funded organisation the Police would be informed.

In addition, clients and their representatives can report system abuse and unauthorised administration of medication to ADHC via its complaint mechanism and can also discuss with external agencies such as the Ombudsman and the Official Community Visitors.

18. How does ADHC monitor itself and NGO's in regards to unauthorised restricted practices?

Answer:

The Integrated Monitoring Framework has been implemented and action plans arising from this review are monitored by ADHC.

In the event that a current practice is deemed to be a restricted practice and does not have the appropriate authorisation, a behaviour support practitioner will be engaged to assess the situation. If the practice is thought to be misconduct, the matter will be referred to the Ethics and Professional Standards Unit. If it is considered that the practice is a result of the staff involved not understanding the implications of their practice, further assessment will be undertaken to address these systemic issues. Further, the behaviour support practitioner will consider if the practice is required. In the event that it is they will need to seek appropriate authorisation.

Under the terms and conditions of Funding Agreements between ADHC and service providers, there is a requirement for providers to ensure that services are provided in conformity with the objects of the *Disability Services Act 1993* (DSA) and the principles and application of principles (NSW Disability Services Standards) set out in the Act.

19. What is the consequence for staff who apply restricted practices to clients without proper authority?

Answer:

When an unauthorised practice is identified the client and/or their representatives are advised and assisted to take the measures they feel appropriate and are available to them. Such matters would also be referred to the ADHC's Ethics and Professional Standards Unit and appropriate investigations would be undertaken.

Action toward a staff member would be determined in the light of the investigation's finding. If it was found that unauthorised restrictive practices were applied action could range from training though to dismissal.

20. Do all staff undergo restricted practice training?

Answer:

The implementation of the *Behaviour Support Policy and Practice Manual* in February 2009 included briefings to all ADHC Accommodation and Respite staff as to the expectations in relation to behaviour support generally. This includes the definition of a restricted practice and what practices cannot be used without express authorisation. Funding was also provided to National Disability Services to provide similar training to NGO staff.

Behaviour support practitioners have specific training and supervision in relation to restricted practices. Where restricted practices form part of a person's behaviour support plan all support staff are required to be trained in the proper implementation of the authorised practices.

21. Is it true that some staff have not had additional police checks since these checks were first done - sometimes more than a decade ago?

Answer:

Yes, but all ADHC employees are required to immediately declare to the Ethics and Professional Standards Unit if they are charged with or convicted of a criminal offence.

22. Are people being police checked again with change of positions within this restructure?

Answer:

Generally no. The exception is where staff are moving from a non-frontline position into a frontline position where they would now work with a child or a person with a disability.

23. If not, why not when anything could have happened in the interim time that the service has not been made aware of?

Answer:

All ADHC employees are required to immediately declare to the Ethics and Professional Standards Unit if they are charged with or convicted of a criminal offence.

24. How many incidents of fraud of clients money was reported across the DADHC networks in the past year (all reported thefts not just those referred to EPSU)?

Answer:

ADHC requires that all incidents of this type be reported to EPSU. There were 18 allegations reported to EPSU.

25. What was the total dollar loss to clients from reported theft last year (all reported thefts not just those referred to EPSU)?

Answer:

ADHC requires that all incidents of this type be reported to EPSU.

See the answer to question 2.

In addition EPSU was advised of two instances of break and enter into group homes where \$900 and \$750 in client funds were reported stolen.

26. How many incidents of fraud or mismanagement and misappropriation of household funds or goods has come to the attention of management in the past year (all reported thefts not just those referred to EPSU)?

Answer:

ADHC requires that all incidents of this type be reported to EPSU.

Five allegations of the misuse of household funds or goods were reported to EPSU.

27. How many incidents of fraud or mismanagement, neglect or abuse was sent for investigation by EPSU in the past year for misappropriate of household funds or goods or clients money?

Answer:

Two incidents of theft of client funds reported in 2009-2010 were formally investigated by EPSU in that period. Two further instances are currently being investigated or assessed by EPSU

28. Could we have a printout of all referrals to EPSU for investigation with the outcomes – if any, of investigations?

Answer:

Yes.

Allegations subject to formal investigation	Outcome
Breach Code of Conduct - Bullying/Harrassment	sustained
Breach Code of Conduct - Unprofessional behaviour	sustained - dismissal
Client mistreatment - Physical	sustained - remedial action
Client theft - Financial	some allegations sustained - remedial
Fraud - credit/fuel card	allegations not sustained
Fraud - credit/fuel card	allegations not sustained
Fraud - credit/fuel card	allegations not sustained
Fraud - credit/fuel card	allegations not sustained
Fraud - credit/fuel card	allegations not sustained
Fraud - credit/fuel card	sustained - resigned prior to finalisation
Fraud - credit/fuel card	allegations not sustained
Fraud - credit/fuel card	allegations not sustained
Fraud - credit/fuel card	allegations not sustained
Fraud - credit/fuel card	allegations not sustained
Fraud - credit/fuel card	allegations not sustained
Fraud - credit/fuel card	allegations not sustained
Fraud - financial	allegations not sustained
Fraud - financial	insufficient evidence - resigned prior to finalisation
Reportable Allegation - Client	allegations not sustained
Reportable Allegation - Client	allegations were false
Reportable Allegation - Client	not reportable allegations
Reportable Allegation - Client	not sustained
Reportable Allegation - Not Client	not reportable allegations
Reportable Allegation - Not Client	allegations not sustained

Unsatisfactory Performance	sustained - resigned prior to finalisation
Breach Code of Conduct - Unprofessional behaviour	matter not completed during 2009/2010
Breach Code of Conduct - Unprofessional behaviour	matter not completed during 2009/2010
Breach Code of Conduct - Unprofessional behaviour	matter not completed during 2009/2010
Client mistreatment - Physical	matter not completed during 2009/2010
Client mistreatment - Physical	matter not completed during 2009/2010
Client mistreatment - Physical	matter not completed during 2009/2010
Client mistreatment - Sexual	matter not completed during 2009/2010
Client theft - Financial	matter not completed during 2009/2010
Client theft - Property	matter not completed during 2009/2010
Fraud - financial	matter not completed during 2009/2010
Inappropriate use of drugs/alcohol	matter not completed during 2009/2010
Reportable Allegation - Client	matter not completed during 2009/2010
Reportable Allegation - Client	matter not completed during 2009/2010
Reportable Allegation - Client	matter not completed during 2009/2010
Reportable Allegation - Client	matter not completed during 2009/2010
Reportable Allegation - Client	matter not completed during 2009/2010
Reportable Allegation - Not Client	matter not completed during 2009/2010
Serious Offence - Not Client	matter not completed during 2009/2010
Serious Offence - Physical	matter not completed during 2009/2010
Serious Offence - Physical	matter not completed during 2009/2010

29. How many Non Government Organisations is the department aware of that operate in deficit for accommodation services?

Answer:

ADHC's central office* is not aware of any NGOs operating in deficit for accommodation services. From time to time ADHC has discussion with NGOs who are having overall financial difficulties due to the costs of and/or funding for particular services, including accommodation services. These discussions will focus on the overall position of the organisation not the specific service.

Although NGOs may report that their operational costs are greater than the income provided by ADHC, funding this does not indicate a deficit situation, but reflects the other sources of income that contribute to the operation of the service.

* It may be possible that an issue has been raised at a local level and has not yet been escalated to central office

30. And how many Non Government Organisations is the department aware of that operate in overall deficit?

Answer:

ADHC's central office* is not aware of any NGOs currently operating with an overall deficit.

Although NGOs may report that their operational costs are greater than the income provided by ADHC funding this does not indicate a deficit situation, but reflects the other sources of income that contribute to the operation of the service.

* It may be possible that an issue has been raised at a local level and has not yet been escalated to central office

31. Is the Government aware of how much NGO fund raising dollars were committed to operating accommodation or day services 2008/09 and 2009/10?

Answer:

ADHC does not require Service Providers to report on fundraising expenditure as a contribution to operating these services. Service providers contribute to the delivery of accommodation and day program services through a range of revenue sources. The overall contribution that an NGO brings to a service in terms of financial and non-financial benefits through alternate revenue sources and social support networks is a core benefit in engaging NGOs. This is a financial benefit and assists in achieving ADHC's overall objective of having people with a disability involved in the community.

32. What was the cost of bailouts by the department of NGOs for 2008/09 and 2009/10 for accommodation services?

Answer:

ADHC does not consider any of its assistance to NGOs would constitute a bailout. It does provide funding which is labeled 'viability'. This funding is mainly applied to address issues of changing client need, and resulting changes to the service delivery model where additional costs could not be absorbed by the service provider. Viability funding provided for accommodation services is:

- 2008/09 was \$2.9 million
- 2009/10 was \$2.5 million.

33. How many Non-Government Organisations (NGOs) received viability funding for 2008/09 and 2009/10 for accommodation services?

Answer:

In 2008/09, 'viability' funding was provided to 13 NGOs for accommodation services.

In 2009/10, 'viability' funding provided to 18 NGOs for accommodation services.

34. How many organisations were/are operating at a deficit of more than \$500,000 for 2008/09 and 2009/10?

Answer:

See the answer to question 30.

35. How many organisations were/are operating at a deficit of \$250,000 or more for 2008/09 for day or accommodation services?

Answer:

See the answer to question 30.

36. What was the average recurrent cost to ADHC of a non government operated supported accommodation bed first funded pre 2000 in NSW?

Answer:

ADHC is not able to answer this question. Records are not available to determine which beds would fall in this category.

37. What was the average recurrent cost to ADHC of a government operated supported accommodation bed first funded pre 2000 in NSW?

Answer:

ADHC is not able to answer this question. It manages its accommodation beds as a consolidated portfolio.

38. What was the average recurrent cost to ADHC of a non government operated supported accommodation bed first funded under Stronger Together in NSW?

Answer:

Standard Community Living places funded under Stronger Together in NGOs are at an average unit cost of \$119,000 a year.

Due to variations in client need, care should be taken in comparing unit costs given in answers to questions 38 and 39.

39. What was the average recurrent cost to ADHC of a government operated supported accommodation bed first funded under Stronger Together in NSW?

Answer:

Standard Community Living places funded under Stronger Together in ADHC group homes are at an average unit cost of \$140,800 a year.

Due to variations in client need, care should be taken in comparing unit costs given in answers to questions 38 and 39.

40. What is the average capital cost to ADHC of a government operated supported accommodation bed first funded under Stronger Together in NSW?

Answer:

The average capital cost per bed under Stronger Together is approximately \$330,000.

41. What actions do ADHC take to ensure that NGO's are not having to come cap in hand to the department because CPI increases have not kept up with actual costs?

Answer:

ADHC provides indexation to NGOs to cover price increases. Indexation is based on a combination of CPI and wage movements. ADHC is not aware of circumstances where the indexation has been less than actual costs. It is aware of and has advised its NGOs that indexation for 2010/11 is substantially higher than expected price/wage increases. ADHC has asked NGOs to retain these funds to assist with meeting the costs of future wage increases.

42. Why aren't day programs funding attached to CPI?

Answer:

All day program providers receive the same indexation as other providers, which is a combination of the Consumer Price Index and general wage movements.

43. Minister, what is the department doing to ensure that increases in staffing costs after the wage parity case in October does not make Non Government Organisations financially unviable – are you building these increases in wages into the funding streams?

Answer:

ADHC has commenced discussions with key sector representatives and groups, and organisations on how the outcome of the case will be implemented, seeking agreement to develop workforce reform and productivity strategies to assist the sector in being well positioned to implement the Equal Remuneration Order when known. ADHC is also actively reducing red tape in its funding arrangements to further reduce costs for NGOs.

44. How many non-government organisations operate in deficit because of the differentials in the two streams of day program funding Post school Options versus Community Participation?

Answer:

See the answer to question 30.

45. Are the deficits returned by government?

Answer:

See the answer to question 30.

46. What safeguards are in place to ensure that block-funded NGO's deliver adequate care to their clients?

Answer:

NGO's are responsible for ensuring that safeguards are in place to ensure adequate care is delivered to clients.

Under the terms and conditions of the Funding Agreement, there are reporting requirements for service providers including block funded NGOs to demonstrate compliance with the *Disability Services Act 1993* (DSA) and other relevant legislation, policies and standards. The application of the NSW Disability Services Standards applies to all services funded under the DSA.

One Standard relates to the individual needs of clients to ensure that there is an agreed approach for meeting each client's current needs as well as any changes, and a process for review. NGOs are responsible to ensure that processes and systems are in place to ensure each client receives adequate care.

The performance of service providers during the term of the Funding Agreement is monitored. Failure to comply with the Funding Agreement can lead to cessation of funding. ADHC's regional staff monitor all services to ensure the above compliance.

ADHC regional staff also follow up with NGOs on the outcome of any independent investigation relating to service delivery to clients, to ensure that any areas that require improvement to client care are addressed and implemented by the NGO. In addition, information received from a Community Visitor to an NGO respite or accommodation service is responded to by ADHC to protect the rights, safety and care of clients in care.

47. How can NGOs ascertain what level of care is appropriate and necessary if their clients have not had their needs formally assessed?

Answer:

The needs of clients are formally assessed. A Service Need Assessment Profile (SNAP) is completed for all clients who require interim or permanent accommodation support and/or day program services. The SNAP is not relevant for children and is not required for clients who require case management, respite, counseling and therapy services.

The SNAP establishes the level of support need of people with disabilities who require on-going services to support them and provides a rating system that is linked to both the day and night support needs of the individual.

SNAP does not focus on diagnostic, medical or therapeutic needs, as these areas are more fully covered in other specialised assessment instruments. However, the service support requirements for health and physical supports are built into the SNAP assessment, identifying the specific care needs that influence the level of support required by the individual.

For people going into planned permanent accommodation, a range of other assessments may also be required such as medical, and/or specialist therapy (eg occupational therapy, physiotherapy, psychology).

48. What is the agency's response to families who are concerned that their family members, who have a cognitive capacity of a six or seven year old, are being left with one hour or even less of drop-in support each day?

Answer:

ADHC encourages families to discuss any issues of concern with their service provider or regional office, who can support the family to review the individual's service requirements.

In general, the Drop-in support model has led to higher levels of independence, better outcomes for clients and a wider range of accommodation choices for people with a disability, their family and carers.

49. What measures are in place to ensure that people with a disability who are being transferred from large residential centres will receive the same quality and quantity of care - namely, twenty-four a day support and vehicles on hand to provide transport?

Answer:

The detailed planning for the closure of Large Residential Centres ensures that all future services developed meet each person's individual needs, including the level of staff support and the provision of vehicles.

The range of models being planned and developed reflect the diverse support needs of the resident population.

Prior to any transfer of clients to alternative accommodation a comprehensive assessment of individual client needs is undertaken and documented. These assessments, together with the client's wishes and those of his or her family, are used to determine an appropriate placement for an individual client. Extensive consultation is undertaken before any decision for a client to move to a new accommodation facility is made. As a part of this process, the level of support required by an individual client, his or her access to day programs or other day time activities as well as the maintenance of friendships and other personal relationships are all considered. The type of accommodation to meet the person's need and the provision of vehicles for transport are fundamental to this process.

50. What safeguards are in place to ensure that support staff working alone and unsupervised in group homes run by NGO's actually do the work they are employed to do?

Answer:

NGO's are responsible for ensuring that support staff perform the work they are employed to do.

Under the terms and conditions of the Funding Agreement between ADHC and service providers, there is a requirement for providers to ensure that services are provided in conformity with the objects of the *Disability Services Act 1993* (DSA) and the principles and application of principles (NSW Disability Services Standards) set out in the Act. NGOs report to ADHC on their compliance with the DSA through the Annual Compliance Return.

One standard relates to service management and includes staff recruitment, staff management and professional development. ADHC has provided a *Standards in Action* manual that outlines practice requirements and guidelines to assist service providers in applying the standards.

ADHC also provided a capacity building resource *It's Your Business* to all funded service providers in 2009. It details funded service providers' commitments in relation to corporate governance, legal issues, strategic business planning, financial management, strategic human resources, and risk management. A minimum requirement for every staff member is to have a known supervisor who is responsible for ensuring the staff member fulfills the requirements of their position description, code of conduct, agency objectives and strategies.

51. What checks and balances are in place to ascertain that NGO's are using their funding to deliver the services on the ground that the agency intends them to deliver?

Answer:

It is the responsibility of the NGO Board of Management to ensure that the checks and balances are in place within the NGO to ensure compliance with their obligations under the Funding Agreement.

Reporting requirements under the Funding Agreement include demonstrated compliance with relevant legislation, policies and standards; accounting for the expenditure of the funding received from ADHC; quarterly Minimum Data Set (MDS) Returns showing service levels; and an Annual Compliance Return (ACR) validating overall compliance with contractual obligations and service delivery standards. The Board must develop an action plan in each area where issues are identified on the ACR. Progress against the action plan is reviewed and monitored by ADHC staff based on an assessment of the risk associated with the issue.

As part of a locally based contract management function regional staff regularly and actively engage with funded service providers through a range of other assurance practices which enables the agency to manage quickly any issues of non-compliance or concern.

52. What is the percentage of IP's that are out of date?

Answer:

For the period between April to June 2010, nine per cent of client individual plans were not completed in the required timeframe in ADHC Group Homes. Action to correct this is being undertaken by regional management.

53. What is the percentage of BIS plans that are out of date?

Answer:

The Quality and Safety Framework (QSF) reports on provision of services for ADHC operated services. In the QSF Scorecard for April–June 2010, 13% of clients with BIS plans had a plan which had not been reviewed within the appropriate timeframe. Action to correct this is being undertaken by regional management.

54. How many RPA's are currently out of date? (Restrictive Practice Authorisation)

Answer:

The QSF Scorecard for April–June 2010 indicated that 3% of Restricted Practice Plans are out of date in ADHC direct services. Action to correct this is being undertaken by regional management.

55. How many Client Risk Profiles are currently out of date?

Answer:

For the period between April to June 2010, four per cent of client risk profiles were not completed in the required timeframe in ADHC Group Homes. Action to correct this is being undertaken by regional management.

56. How many clients with swallowing and nutrition difficulties have eating and drinking plans out of date?

Answer:

For the period between April to June 2010, eight per cent of nutrition plans for people with swallowing and nutrition difficulties were not completed within the required timeframe in ADHC Group Homes. Action to correct this is being undertaken by regional management.

57. How do you physically monitor network managers to ensure they don't give themselves high marks in their QSF electronic scorecards? And does such monitoring occur every quarter for every manager?

Answer:

Regional processes are in place to randomly select service units and audit QSF results.

In addition to regional processes, between October 2008 and June 2010, 80 units were reviewed by an external assessor which included validation of the QSF results.

58. Can the accuracy of Key performance Indicators on the electronic score card be relied on if network managers score their own units?

Answer:

See the answer to question 57.

59. In relation to the QSF electronic scorecard and identified KPI's for client plans etc... Why is ADHC only interested in the date of plans and not the quality of the plan?

Answer:

Key Performance Indicators currently measure compliance with key policy requirements. The revised Individual Planning Policy, to be known as the Lifestyle Planning Policy will be implemented in 2011 and will include quality indicators.

60. How can your government say that you cannot quantify unmet need when the extrapolated to national figures, PriceWaterhouseCooper report that is marked Cabinet in Confidence is the basis of the report given to the Disability Investment Group and is currently available online for anyone to see if they happen to know how to find it?

<http://www.fahcsia.gov.au/sa/disability/pubs/policy/>

[National_Disability_Insurance_Scheme/Pages/default.aspx](http://www.fahcsia.gov.au/sa/disability/pubs/policy/National_Disability_Insurance_Scheme/Pages/default.aspx)

Answer:

The report referred to above is the PricewaterhouseCoopers: National Disability Insurance Scheme - Final Report (October 2009) produced for the Disability Investment Group which investigated the feasibility and possible cost of a National Disability Insurance Scheme.

61. How many years has the government had these actuarial studies from PriceWaterhouseCooper that not only quantifies unmet need by breaking down every age group into disability type and severity of disability, but shows in real terms of percentage of people in the broader population that will either be born with particular disability types or who will acquire disability through accident or illness within average age parameters?

Answer:

ADHC engaged PwC in 2004 to assist in actuarial modelling of demand and supply for disability services in NSW. ADHC re-engaged PwC to assist in further actuarial modeling for NSW in 2007.

62. Wouldn't the department be able to with reasonable accuracy, estimate – using this data, how many children being born each year will need early intervention services as it comes down to disability types known to have intense intervention and/or therapy needs?

Answer:

The Survey of Disability Ageing and Carers (SDAC) is the primary source of data used by ADHC and in the PwC modelling to identify demand. This gives an estimate of the number of children with a severe and profound disability who potentially need assistance.

The most recent survey which is available for use is the 2003 SDAC. Data from the 2009 SDAC will become available in 2011. However based on the 2003 SDAC, it is estimated that there are 50,000 children between 0-14 who have a severe or profound disability in NSW. However, not all of these children will require or seek formal assistance from ADHC.

63. Wouldn't the department be able to with reasonable accuracy, - using this data, estimate how many adults will likely need accommodation supports or supported accommodation at the age of say 25 with the only differential being whether the family were ready for their sons or daughters to leave the family home?

Answer:

The type of supported accommodation that a person may require may change at different points in time and the timing of when this accommodation may be needed will vary dependent on their circumstances, their level of independence and the level of formal and informal supports that they currently receive from their carers, the community and the formal service system. All these factors make it difficult to estimate the number of people who need supported accommodation in NSW.

ADHC's Report to the Upper House Enquiry for example highlighted the discrepancy between the Australian Institute of Health and Welfare (AIHW) estimate and the ADHC register of requests for support. The AIHW estimate was 10,000 people, while the ADHC register identified that 723 people would take up a 24 hour supported accommodation place immediately if it were offered, whilst just over another 1000 people have anticipated a future need for supported accommodation.

64. Using the PriceWaterhouseCoopers report in the custody of Premiers or the data on the link above that we have given you from the Productivity Commission, how many children under 5 years of age are currently likely to need early intervention services?

Answer:

See the answer to question 62.

65. Using the PriceWaterhouseCoopers report in the custody of Premiers or the data we have given you, how many people in NSW who are over 25 years of age are likely targets for accommodation supports in NSW?

Answer:

See the answer to question 63.

66. Are you using this data for a case to fund Stronger Together 2?

Answer:

The modelling work from PwC together with extensive research and evaluation forms part of a large evidence base to support the agency's strategic planning for disability services through *Stronger Together: a new direction for disability services in NSW 2006-2016*.

67. How much did this study that is so sensitive your government has refused to release it, cost the taxpayers of NSW?

Answer:

The initial report cost approximately \$250,000. The subsequent work to update the original work and to independently demonstrate the benefits achieved in the first five years of *Stronger Together* cost \$350,000.

68. Which department paid for the report?

Answer:

The report was commissioned and paid for by Ageing Disability and Home Care, which is part of the Department of Human Services.

69. Why was it buried in Premiers and marked 'cabinet in confidence'?

Answer:

The premise of this question is rejected.

The report was supporting material for submissions to the Cabinet and as such was a "cabinet in confidence" document.

70. Why has the government, and your department in particular, continued over the years since to say it has no idea of unmet need in NSW when these studies are so detailed and available to government?

Answer:

One of the main challenges facing NSW and all other jurisdictions has been the quality of available data. Over the last few years ADHC has invested in improving data quality and has also taken the initiative in developing a sound methodological approach to estimate the overall levels of need, demand and supply in NSW. This has been recognised by the endorsement of State and Australian Government Disability Ministers of a similar methodology for the development of a National Need and Supply model.

However, this methodology as it is based on modelling approaches has limitations in relation to quantifying precise levels of unmet need and under-met need when looking at specific services.

71. Has this data even been made available to treasury?

Answer:

Yes.

72. Could we please have a copy of all of the correspondence between treasury, the department and the Minister at the time as well as the responses from ADHC to treasury in regard to the report and in response to the report prior to the announcement of Stronger Together 1?

Answer:

All documents referred to are cabinet-in-confidence.

73. Why, when ADHC uses CIS to provide a single database that records client information including serious incidents such as medication errors, do you not monitor and record staff involved in a staff data base with the functionality to record and track staff who persistently make these errors and continually put lives of people with disabilities at serious risk of injury or death?

Answer:

The Client Information System (CIS) is used to manage a variety of activities for the highest priority of ADHC's service provision – the well being and welfare of the clients themselves. The entry of instances of medication error and other incidents are recorded on CIS, and are lodged against the applicable client in order to best provide for a complete picture against each client.

Issues relating to staff performance including managing medication errors are best undertaken at the local level in order to respond immediately to issues as they arise.

74. What is the system ADHC uses to monitor staff who are repeat offenders in making potential catastrophic errors with medication?

Answer:

Instances of medication error and other serious incidents are managed locally as they arise. As stipulated in the agency's *Medication Policy and Procedures*, all incidents relating to medication must be reported to the appropriate line manager in addition to them being recorded on CIS. Medication errors are then managed at the local level with training and advice provided to staff as each instance occurs. Where repeat instances occur and a performance management issue is identified this is managed at a local level by the Regional Manager and referred to EPSU where alleged misconduct has occurred.

75. Is ADHC aware of how many medication errors each staff member has made in a given year?

Answer:

See answer to question 74.

76, 77 & 78. There has been much discussion about individual funding for disability services at a national and state level. Can the Minister please inform the government that the cited:

'officials reported that well-developed systems are required to underpin the individual funding approach, including data systems that have the capacity to capture the complexity of supports purchased and the outcomes attained (Fahcsia: Effectiveness of individual funding approaches for disability support 2010).

How much work has been undertaken or is currently planned to develop these requirements by ADHC?

Answer:

The Department of Families, Housing, Community Services and Indigenous Affairs' report on *Effectiveness of individual funding approaches for disability Support* highlights the difficulty of capturing meaningful statistical data through data systems such as the Disability Services National Minimum Data Set.

ADHC and other Australian jurisdictions have already recognised the limitations of the current Minimum Data Set to report on individual funding. Planning is underway at a national level, to redevelop the existing data collection process, to ensure a more flexible approach. This planning will occur over the next five years.

At the same time, ADHC is revisiting its current processes for the collection of the National Minimum Data Set. The current approach makes changes to reporting requirements difficult and costly to implement. ADHC is investigating a system which would provide greater flexibility of reporting and at the same time meet the NSW government's commitment to red-tape reduction.

Service Providers also face the challenge of establishing back office functions such as human resources, finance and information systems that would best support individualised funding.

The *Direction for Industry Development* report by National Disability Services (NDS) recognises that there is a need to 'support service providers to reconfigure service models and practices so as to provide more responsive, flexible and individualised services'. ADHC has already been able to address these issues with a number of Service Providers through the considered implementation of programs such as the Community Participation Self Managed program. ADHC will continue to address these operational issues, in cooperation with Service Providers, through ADHC's current programs and the NDS Industry Development Fund.

79 & 80. Accepting that some clients are listed on a Client Request Information System for more than one of these services.

How many clients accessed physiotherapy in 2009/10?

Answer:

In 2009/10, 2405 clients accessed physiotherapy services through ADHC Community Support Teams. Data is not available for the number of clients that received physiotherapy services through ADHC funded non-government organisations.

81. How many clients accessed occupational therapy in 2009/10?

Answer:

In 2009/10, 3148 clients accessed occupational therapy services through ADHC Community Support Teams. Data is not available for the number of clients that received occupational therapy services through ADHC funded non-government organisations.

82. How many clients accessed behavioural support in 2009/10?

Answer:

In 2009/10, 1854 clients (includes psychology and behaviour support) accessed behavioural support services through ADHC Community Support Teams. Data is not available for the number of clients that received psychology and behaviour support services through ADHC funded non-government organisations.

83. How many clients accessed a case manager in 2009/10?

Answer:

In 2009/10, 5058 clients accessed a case manager through ADHC Community Support Teams. Data is not available for the number of clients that received case manager services through ADHC funded non-government organisations.

84 & 85. Last year we were given the table for the current number of people on the service request registers for both active and the register of service requests to address register for every specialist support team in NSW. This list was broken down into regions.

May we please have the updated table on these requests?

Answer:

The table below is an updated version of the information requested by discipline and region.

Unique count of clients with a raised request (note the clients have no active request within the same discipline and they may simultaneously be receiving services from another discipline)

Region	Physiotherapy	Occupational Therapy	Speech Pathology	Case Management	Psychology	Behaviour Support
Hunter	110	149	224	113	72	20
Metro North	280	566	630	120	231	209
Metro South	198	817	892	266	418	2
Northern	146	367	352	62	34	163
Southern	43	205	304	42	92	22
Western	163	341	488	85	78	59
NSW	939	2441	2887	686	925	475

86. Could we also have these tables further broken down, such as the table we gave you last year that shows the service request held within not only each region but within the individual area offices of the Community Support Teams eg. Parramatta, Penrith, Hornsby, Chatswood etc.

Answer:

As advised in response to question 11 of the 2009 Budget Estimates Questions on Notice, ADHC is not able to provide the information broken down by individual area offices.

87. Why are therapists numbers the poor cousins to case management when a case manager is only as good as the services they can resource?

Answer:

The premise of this question is rejected.

88. Minister, have you read the submissions from the Social Issues Inquiry into ADHC? Have you read Submission 14?

Answer:

I have been briefed on the matters covered by Submission 14.

89. What action has the Department taken to sanction the service provider?

Answer:

Consistent with ADHC's Complaints management policy, the original complaint was investigated by the NSW Ombudsman. In light of the outcome of that investigation, ADHC did not consider it appropriate to place any sanctions on the service provider.

ADHC is now aware of the subsequent concerns that have been raised (including those covered by Submission 14) and will be conducting a further review of the incident and the appropriateness of its response to the original complaint.

90. What action has ADHC taken with regard to the ADHC management involved in this case?

Answer:

As indicated in the answer to question 89, this matter was investigated by the NSW Ombudsman and the outcome did not give ADHC reason to take any action regarding its management. However, as also indicated in that answer, ADHC is to undertake a further review.

91. What actions has ADHC taken to ensure that families are not placed in such positions in the future?

Answer:

The interim accommodation model in question has closed. All residents have relocated to permanent accommodation models. ADHC is supporting the provider in question to improve service delivery structures. This includes the review and development of policy and procedure, communication and reporting systems, and staff recruitment and training.

The review referred to in the answer to question 89 will also be used to determine if any further actions are appropriate.

92. What action was taken by the Department regarding the documented sexual abuse of another client residing in the above mentioned service?

Answer:

ADHC, in consultation with the NSW Ombudsman, requested that the service provider's senior management investigate and provide a report addressing the specific sexual assault allegations. In addition, ADHC conducted a two day on-site monitoring review of the service to review systems, policies and procedures. Both the report and the review identified a number of service improvement recommendations which are being implemented by the provider. In 2010 ADHC senior management has met with the provider on a regular basis to discuss service improvement and resident concerns.

93. Did ADHC ask the police to investigate this assault? If not, why not?

Answer:

ADHC directed the service provider to make a report about the alleged assault to the NSW Police on 8 February 2010. A NSW Police event number verifying the report was given to ADHC by the provider on 11 February 2010.

94. Is it true that the manager concerned is still working in the sector as an agency worker?

Answer:

ADHC is unaware of the current employment status of any staff previously employed by the provider.

95. Has there been an increase in funding to this service provider for this financial year?

Answer:

Yes.

96. With the NSW Ombudsman's report citing failure to adhere to the *Disability Services Act 1993* what comment would the Minister like to make about how he will ensure full compliance, as is the State of NSW's obligation, with this Act?

Answer:

ADHC will continue to support service providers to comply with the *Disability Services Act 1993* and Disability Service Standards. This will primarily be through the monitoring and review processes available to regional officers but will also be supported through the time framed investigation and response procedures outlined in the ADHC complaints policy.

97. How many families in 2009/10 did ADHC make applications against or undertake to represent the departments interest, regarding Guardianship?

Answer:

356 applications for Guardianship were lodged by ADHC in 2009/10

98. Minister how can you be sure that some of these applications are not based on the kind of unsubstantiated evidence as with the Mason case?

Answer:

Applications to the Guardianship Tribunal can arise in relation to a number of different situations, including:

- Making decisions about services and interventions (such as psychological assessments, positive behaviour support plans, referrals for therapy services and general programs and routines).
- Financial management.
- Medical and dental treatment.

ADHC has policies in place advising staff on circumstances where referral to the Guardianship Tribunal is appropriate. These vary depending on the reason for which the referral is sought.

In circumstances where a client is unable to make critical decisions about services, and there is no legally appointed guardian, staff are advised to encourage family or other support person to make a decision that is in the best interests of the client. Where a dispute arises as to what is in the best interests of the client, staff are advised to contact the Guardianship Tribunal for advice.

Staff are also advised as to the circumstances when it is appropriate to contact the Guardianship Tribunal in relation to financial management orders and when the Tribunal is required to consent to proposed medical and dental treatment.

The premise behind each approach to the Guardianship Tribunal is based on the principle of acting in the best interests of the client.

The Tribunal is the legal forum with the requisite expertise to determine whether making a guardianship order or financial management order is appropriate in the circumstances after a thorough consideration of the material before it and after being satisfied of the necessary criteria pursuant to the principles set out in the *Guardianship Act 1987*.

99. As Minister having responsibility for the Guardianship Tribunal is it a concern to you that this tribunal can accept evidence such that the same evidence would not hold up in a legal forum?

Answer:

Section 55 of the *Guardianship Act 1987* provides:

Proceedings generally

- (1) The Tribunal is not bound by the rules of evidence but may inform itself on any matter in such manner as it thinks fit.
- (2) Proceedings before the Tribunal shall be conducted with as little formality and legal technicality and form as the circumstances of the case permit.

The Tribunal is a legal forum which has intentionally been set up to be less legalistic and less formal than a court. Most tribunals operate differently to courts and it is usual for tribunals to conduct their business without the restrictions of the rules of evidence. Most tribunals in NSW are constituted with a statutory provision equivalent to section 55.

Not being bound by the rules of evidence does not mean that the Guardianship Tribunal makes decisions based on speculation or whim. The Tribunal's decisions must still be based on evidence. The difference is that people with disabilities, their families and carers who come to the Tribunal do not have to be concerned with the legal technicalities associated with the rules of evidence and can tell their story in any way they see fit.

The Tribunal produces written Reasons for Decision for all its substantive decisions in which it explains the basis for its decision and the evidence used in reaching that decision. Guardianship Tribunal decisions can be appealed to the Administrative Decisions Tribunal and the Supreme Court. If the Tribunal has not dealt appropriately with evidence its decision can be overturned on appeal. This happens extremely rarely, but there are legal safeguards in place.

100. Under Stronger Together 1, were all forecast goals for service numbers met, and if not, will the reasons be adequately analysed to better support Stronger Together 2.

Answer:

The over all *Stronger Together* commitment has been exceeded in the first four years. Ageing, Disability and Home Care (ADHC) is on track to meet or exceed all forecast goals for service numbers by 2010/11. Performance under *Stronger Together One* is being analysed as an input to *Stronger Together Two*.

101. Could you please tell us the numbers of people – based on the core activities limitation definition of level of disability – of people living in ADHC funded group homes. How many clients are considered to fall into each of the following categories;

- a) Profound**
- b) Severe**
- c) Moderate**
- d) Mild**

Answer:

For funded services, clients' core activity limitations are not recorded, but their support needs are assessed to determine the services they require. NGO service providers use the Service Need Assessment Profile to assist to determine the level and type of support services required. Individual client data is kept by the NGO providing the services. ADHC does not have ready access to this data.

102. Will the Minister please provide details of how many new tenders, as a percentage of total tenders issued and in dollar value of budget in the 2009/2010 period, were created for the provision of services to people with intellectual disabilities?

Answer:

ADHC services typically do not specify a particular disability type.

103. Will the Minister also provide details on the total amount of new tenders, as both a percentage of total tenders issued and in dollar-value, that were created to provide services to people with physical disabilities in the 2009/2010 period.

Answer:

See the answer to question 102.

104. How many people are on the register of request for supported accommodation (RoRSa) in each of the ADHC regions?

Answer:

As at 30 July 2010, the Register of Requests for Supported Accommodation records over 1,729 people who have indicated the need for 24 hour supported accommodation now or in the future.

Of these, 723 are identified as needing a 24 hour supported accommodation place and are willing to take up a place immediately on offer. The remaining 1,006 have indicated an anticipated future need for supported accommodation

Need	Hunter	Metro North	Metro South	Northern	Southern	Western	Total
Anticipated	179	435	70	10	58	254	1,006
Immediate	198	153	146	111	69	46	723
Total	377	588	216	121	127	300	1,729

105. How many people on RoRSa are high priority in each area?

Answer:

Of the 723 people willing to take up a place immediately on offer, 609 are deemed as a high priority. The regional distribution of these clients is shown in the table below.

Priority	Hunter	Metro North	Metro South	Northern	Southern	Western	Total
High	167	118	140	76	62	46	609
Low	14	18	1	13	1	0	47
Medium	17	17	5	22	6	0	67
Total	198	153	146	111	69	46	723

106. How old is the oldest person on RoRSa in each region?

Answer:

The current age of the oldest person on RoRSa in each region is shown in the table below:

Region	Age
Hunter	64
Metro North	70
Metro South	63
Northern	64
Southern	61
Western	63

107. What is the longest time that someone has been waiting on RoRSa (and pre RoRSa on whatever the register was called at the time) in each region?

Answer:

The longest date of registration for each person on the RoRSA in each region is shown in the table below:

Region	Date of Registration
Hunter	13/10/2000
Metro North	29/09/2004
Metro South	1/03/2004
Northern	8/06/1994
Southern	1/03/2005
Western	1/10/2005

Note: the client in Northern Region made an application for accommodation in 1994, but did not provide the additional information requested to allow assessment of support needs until 2008. The client has recently been short-listed for a vacancy.

108. Are you notifying all of the families who were removed from RoRSA and onto the future needs list prior to the clients name being removed?

Answer:

Policy states that ADHC does not remove people from the RoRSA unless requested to do so or it becomes aware that circumstances have changed and this action is warranted. No-one is removed from the RoRSA without consultation with their families.

109. How many clients have been removed from RoRSA without being provided with accommodation in the last two years?

Answer:

Data prior to August 2009 is not available.

From August 2009, 89 RoRSA service requests who indicated their willingness to take up a place immediately upon offer have been marked as 'Complete' without the client moving into an ADHC operated or funded group home.

110. In order to reassure the community that ADHC can say that vacancy management selection from RoRSA is independent, shouldn't the scoping be independent as well as the short listing to alleviate ER funded clients being prioritised to the detriment of people currently residing with their families?

Answer:

ER clients who require permanent accommodation are, by definition, high priority for placement.

When a vacancy arises, a shortlist is established based on the following four criteria and in order:

- a) Location
- b) Program Type
- c) Matching support needs
- d) Priority and in order:

High:

- person homeless or effectively homeless, or
- at imminent risk of homelessness – the person's support system has broken down or
- the person's own support needs have increased and the family is unable to continue to provide support in the family home, or
- the person's primary carer is older than 65, or who has ageing related support needs, or
- the person is in receipt of emergency funded support and has applied for supported accommodation, or
- the person or placement is at risk, or
- a person requesting to move from one supported accommodation place funded by ADHC to another supported accommodation place funded by ADHC where the current place does not adequately support a person's living arrangements or social connections, or
- a person exiting from the Integrated Services Program (ISP).

Moderate:

- A person whose current living arrangements are not likely to be sustainable or whose current placement is showing early signs of breaking down.

Low:

- For any other reason not mentioned above.

ER funded clients who require permanent accommodation will typically match the highest priority criteria.

111. How many places for supported accommodation are funded for ADHC and how many for the NGO's?

Answer:

In 2009/10, there were 1,611 funded places in ADHC operated supported accommodation. Non-government organisations provided support for 6,269 clients in supported accommodation.

112. What are the trends of people on the accommodation register (age, level of disability)?

Answer:

The RoRSA has only been in use for a short time and trends are not yet able to be established. As trend data becomes available it will be able to be provided.

113. How many people are on the future needs request for supported accommodation in each of the ADHC regions?

Answer:

See the answer to question 104.

114. In what regions does this include people under 18?

Answer:

In all regions except ADHC's Northern Region, the anticipated needs register includes persons between the ages of 16 and 18.

115. What is the purpose of the future needs register?

Answer:

The RoRSA enables people to notify ADHC of their anticipated future need for accommodation to assist with their own future planning. It provides a means of people starting a service 'conversation' with ADHC, and in some cases leads to their use of alternative supports such as prevention/early intervention services and community supports. It also assists ADHC to identify current and future service demand trends.

116. Will the Minister please provide details of how many new tenders, as a percentage of total tenders issued and in dollar value of budget in the 2009/2010 period, were created for the provision of services to people with intellectual disabilities?

Answer:

See Answer to question 102.

117. Will the Minister also provide details on the total amount of new tenders, as both a percentage of total tenders issued and in dollar-value, that were created to provide services to people with physical disabilities in the 2009/2010 period.

Answer:

See Answer to question 102.

118. How many home modification applications are currently on file waiting to be signed off in each Ageing, Disability and Home Care region?

Answer:

The number of pending applications across all home modification levels is held only at service provider level, not by ADHC.

119. How can Ageing, Disability and Home Care forward plan without waiting lists for home modifications?

Answer:

In order to plan for service provision under the Home and Community Care Program, Ageing, Disability and Home Care compiles and analyses data from an extensive range of sources including the Australian Bureau of Statistics (ABS) and other government agencies including the Department of Health and Ageing (DoHA).

The agency also undertakes a range of consultation activities with its funded service providers to ascertain the demand for services, including discussion on current waiting lists they hold.

120. How is the data on applications captured?

Answer:

Ageing, Disability and Home Care does not capture data on applications. However, it regularly consults with its funded service providers to understand demand for services.

121. Home modification funding for 2009/10 ran out in December 2009, can the Minister please explain if this was across all regions and how this occurred?

Answer:

See the answer to question 18 from the Transcript.

122. During 2007/08, ADHC Regions reported that 51 people moved directly from the family home into permanent supported accommodation models. How many people moved directly from the family home into permanent supported accommodation models in 2008/09 and 2009/10?

Answer:

In 2008/09, 67 people moved from private residences into permanent supported accommodation models.

In 2009/10, 52 people moved from private residences into permanent supported accommodation models.

123. Of the clients funded for supported accommodation pre-Stronger Together, how many have moved to independent drop in support models since Stronger Together came online?

Answer:

Under the Transition to Semi-independent Living program, as at the end of July 2010, 66 out of 95 places have been filled, freeing 10 group home places and diverting 56 lower needs people from entering group homes.

An additional 28 group home clients and 33 community clients have been identified for possible placement and appropriate consultation with clients and families is undertaken to obtain consent and make transition plans.

124. How many people have been removed from RoRSa without accommodation services in the past 2 years?

Answer:

See the answer to question 109.

125. Is ADHC notifying all of the families who were removed from RoRSA of ADHC's intention to remove their name, instead placing them onto the Future Needs Register prior to the clients name being removed?

Answer:

See the answer to question 108.

126. How many people currently have their name on the Future Needs Register in each ADHC area?

Answer:

See the answer to question 104.

127. How many ADHC clients have Emergency Response (ER) funding?

Answer:

As at 30 June 2010, ADHC had 124 clients accessing ER supports.

128. What is its purpose?

Answer:

The Emergency Response (ER) program provides supports for people who have a need for unplanned, short-term support as well as people whose informal accommodation supports have broken down and require ongoing support until suitable permanent accommodation supports can be identified.

Under the ER program, accommodation support includes a range of service options such as in-home support, alternative family placements and accommodation.

129. How much does it cost annually?

Answer:

In 2008/09, ADHC allocated \$33.3 million to the ER program.

In 2009/10, ADHC allocated \$31.7 million to the ER program.

130. What is the average cost per client annually for ER funding?

Answer:

The average cost in 2009/10 was \$66,255.

131. What is the longest time a client has been accommodated with ER funding?

Answer:

The longest period a client has been in a supported accommodation place using ER program funding is 3,104 days (8 years, 6 months) since 2002.

The client has been prioritised for a 08/09 Stronger Together place in Aboriginal specific group home in Kempsey, the funds for which have been directly allocated to ADHC Accommodation and Respite services. This service is reliant upon a capital solution for long term accommodation. It has been indicated that the project will be completed in March 2011.

The interim arrangement for this client is stable and suitable and it is preferable to retain it pending the completion of the long term accommodation.

132. As the NSW Ombudsman has recently released a report titled: 'People with disabilities and the closure of large residential centres', would the Minister say that he or his department had done all that it could to fulfill the promise of devolution of large scale residential care facilities in NSW?

Answer:

Under *Stronger Together*, the NSW Government's ten year plan for disability services, the Government reinforced its commitment to the closure or redevelopment of large residences and provided funding to close the Grosvenor, Peat Island and Lachlan Centres:

- Grosvenor closed in January 2009.
- Both Peat Island and Lachlan are scheduled to close in October 2010.
- Funding was confirmed in the NSW State Budget in June 2010 for the redevelopment of the Riverside Centre in Orange. A combination of onsite and offsite accommodation in the form of small domestic-style homes will replace the current service. At this stage, it is anticipated the redevelopment process will take up to three years to complete and the Riverside Centre will continue to operate during this time.

As a result of these closures, all residents will be provided with places in contemporary, purpose-built accommodation which is designed to meet their individual needs.

Ageing, Disability and Home Care (ADHC) is developing plans for the closure / redevelopment of the five remaining ADHC-operated large residences and 14 small and large residences operated by the non-government sector. The timeframe for these closures will be developed commensurate with Cabinet decisions and collaboration with clients and their families.

133. Given that the NSW Ombudsman reported in the 'Review of Individual Planning in DADHC Large Residential Centres' June 2009 that people living in supported accommodation were not getting the community access that they needed and this was mirrored in the report 'People with disabilities and the closure of residential centres' August 2010. Can the Minister please inform the committee of what work, if any, has been undertaken so that in a further 12 months we are not reading the same statements?

Answer:

ADHC-operated Large Residential Centres are implementing ongoing reforms commensurate with the report from the NSW Ombudsman regarding the *Review of Individual Planning in DADHC Large Residential Centres* June 2009.

Part of the ongoing reform to increase community access in ADHC-operated Large Residential Centres includes the development of proactive strategies such as:

- promoting and supporting the participation and integration of residents in their local communities, including increasing the amount of meaningful involvement of residents in community-based activities and programs;
- supporting residents to develop social networks;
- providing additional staffing resources for community access purposes;
- an emphasis on holiday planning that connects and/or reconnects residents with their families; and
- staff education on person centered approaches that focus on the service meeting the aspirations of each resident resulting in more individualised services.

The provision of vehicles is an essential component for community access and all ADHC-operated Large Residential Centres are provided with an adequate fleet of vehicles, to support the needs of the ADHC-operated Large Residential Centre population.

134. No question

135. What was the average number of hours that residents of Rydalmere were offsite for activities (not including medical or dental) per month in 2009/10?

Answer:

In 2009/10, the overall average for each resident accessing the community was 21.4 hours per month. However, two residents currently do not participate in off-site community access due to their frailty and ill health.

As 14% of the residents of Rydalmere have complex high medical support needs, the number of hours per resident depends on the level of their support needs, for example, in some instances all community access requires a one-to-one staff to resident ratio.

136. What was the average number of hours that residents of Stockton were offsite for activities (not including medical or dental) per month in 2009/10?

Answer:

Stockton Large Residential Centre does not maintain community access records in terms of hours per resident per month.

In 2009/10, the average number of community access events was 314.25 per month. Each community access event had a variable number of people participating (on average one to five people).

137. What was the average number of hours that residents of the Lachlan Centre were offsite for activities (not including medical or dental) per month in 2009/10?

Answer:

In 2009/10, the overall average hours for each resident accessing the community was 41.29 hours per month.

The resident's average monthly hours for off site activities does not include activities facilitated by external service providers in the form of day program services.

138 & 139. Four Corners investigated the ageing parent carers accommodation funding and found discrepancies in what the government put forward as being older parent carers accommodation funded from the Federal money as it appeared to be rebadged.

Can the Minister confirm that this money actually funded purpose built and funded accommodation places to place clients directly from their family homes into accommodation services?

Answer:

The funding from the Federal Government has been used to create new capacity for 102 beds within ADHC's accommodation portfolio. The commitment to the Commonwealth was to create at least 100 beds.

Placement of clients with ageing carers was not restricted to the specific beds built with Commonwealth funds as this would be impractical. Client compatibility, changing client needs and changes in other occupants in homes can lead to the need to place clients initially or subsequently in alternative beds. Restricting client placement because of who funded a particular bed can lead to poor outcomes for this client.

140. Could we please have the dates the building work started for each group home and the dates that these clients moved into each of the houses?

Answer:

The list of building work commencement dates, completion dates and occupation dates of the properties are in the table below. Please note the qualification about the separation of beds built using Commonwealth funds and beds occupied by clients of ageing parent carers explained in the answer to questions 138 and 139:

DAP Status Summary as of 23 September 2010				
Number of DAP eligible clients by model	Capital Project			
	Suburb	Construction Commencement Date	Actual / Forecast completion dates	Client Occupation Date
5	Berry Park	Feb-08	Jan-09	Jan-08
3	Albury	Mar-08	Aug-08	Sep-08
3	Catherine Fields	Apr-08	Jul-08	Sep-08
3	Dubbo	Mar-08	Aug-08	Oct-08
2	Catherine Fields	Oct-08	Feb-09	Nov-08
2	Condell park	Feb-08	Sep-08	Nov-08
2	Mudgee	Mar-08	Oct-08	Dec-08
4	Bowral	Jul-08	Dec-08	Jan-09
1	Albury	Feb-10	Dec-09	Mar-09
4	Grafton	Dec-09	May-09	Jul-09
3	Abbotsford	Jun-09	Jan-10	Jan-10
2	Green Point	Feb-09	Nov-09	Jan-10
3	Tatton	Jan-09	Dec-09	Feb-10
1	Argenton	Mar-09	Dec-09	Feb-10
2	Blacktown	Sep-09	May-10	Jun-10
1	Port Macquarie	Nov-09	May-10	Jul-10
2	Sutherland	Sep-09	Jul-10	Aug-10
1	Ballina	Oct-09	Jun-10	Aug-10
2	Smithfield	Jun-09	Feb-10	Sep-10
3	Cowra	Dec-09	Jul-10	Sep-10
4	Potts Hill	Jan-11	Jun-11	TBA
7	Belmont	Nov-10	Jun-11	TBA
6	Caringbah	Jan-11	Jun-11	TBA
6	Caringbah	Jan-11	Jun-11	TBA
4	Port Macquarie	Apr-10	Nov-10	TBA
1	Fairfield	Mar-10	Nov-10	TBA
5	Minto	Feb-10	Oct-10	TBA
4	Coffs Harbour	Dec-09	Sep-10	TBA
1	Argenton	Feb-10	Sep-10	TBA
2	Naraweena	Jan-11	Jun-11	TBA
6	Tweed Heads	Jan-11	Jun-11	TBA
1	Tweed Heads	Jan-11	Jun-11	TBA
4	Mid North Coast	Jan-11	Jun-11	TBA
2	Bega	Jan-11	Jun-11	TBA
102	Total			

141. Were all of these clients' sons or daughters of parents over 65 years of age?

Answer:

All of the clients in the Ageing Carers program have parents or carers over the age of 65. Please note the qualification explained in the answer to questions 138 and 139.

142. Could we have a list of the ages of each client's parent/carers and the age of the clients at the time these accommodation places were offered?

Answer:

Please see the qualification explained in the answer to questions 138 and 139.

143. What inroads has ADHC made in increasing the participation of the Aboriginal people and improving the cultural appropriateness of services?

Answer:

Ageing, Disability and Home Care (ADHC) is continually working towards innovative and responsive models of service delivery that respect cultural values, meet community expectations and build the confidence of Aboriginal families to access services.

The Aboriginal Service Model is a flexible targeted model of service to support the assessed needs of an Aboriginal person with a disability and his or her family, ensuring that the informal supports are enhanced and sustained into the future.

This model of service delivery is underpinned by Person Centred Packaged Supports and does not attempt to replace the current disability or home and community care service system, but rather incorporates all of these through an integrated approach.

Through an early intervention and flexible approach the model also aims to build the capacity and resilience of Aboriginal families and their communities. The development of the model recognises what Aboriginal communities have told ADHC through a range of consultations and reports provided by individual communities, the Aboriginal Disability Network and the NSW Ombudsman's Office.

Currently Ageing, Disability and Home Care administers, operates and funds a range of services and initiatives for Aboriginal clients, and Aboriginal Home Care is the flagship program. Aboriginal Home Care provides flexible and culturally responsive Home and Community Care services to eligible Aboriginal people. Aboriginal Home Care is the largest provider of community care services to Aboriginal people, operating out of eight Aboriginal branches and 23 service outlets throughout NSW and it is the safety-net of community care services to Aboriginal people throughout the State.

In 2007, the Aboriginal Access and Assessment Team was established to improve on the quality, consistency and accessibility of the intake and assessment process for Aboriginal people. In 2007, there were approximately 2000 Aboriginal people receiving services from Aboriginal Home Care. By June 2010, the number of clients had increased to over 3000.

ADHC clients of Aboriginal status as a proportion of overall ADHC clients has on average increased steadily between 2007/08 and 2009/10:

- from 5.3% to 6.8% for ADHC operated Disability Services,
- from 4.2% to 5.0% for ADHC funded Disability Services, and
- from 3.3% to 3.6% for HACC services.

144. How many Aboriginal Carers accessed respite care in 2009/10?

Answer:

Indigenous Status for carers is not required to be reported in the Minimum Data Set (MDS). However the number of Indigenous clients, as reported in MDS, who had carers and also accessed respite services in 2009/10, is 484. This represents approximately 6% of total clients in respite in 2009/10.

145. How many Aboriginal people receive accommodation services in NSW?

Answer:

The number of Indigenous clients, as reported in MDS, who received accommodation services 2009/10, is 279. This represents approximately 3% of total clients in accommodation in 2009/10.

146. How many Indigenous support workers has ADHC trained and how many are now working with the care sector?

Answer:

The NSW Government is committed to providing Aboriginal employment opportunities. In 2008, ADHC developed the Aboriginal Employment and Capabilities Framework *'Building Pride Through Opportunities'* 2008-2010.

The framework includes the Aboriginal Residential Support Worker (RSW) Program, the Trainee Assistant in Nursing Program and the Home Care Aboriginal Traineeships Pilot Program.

Over the past three years, ADHC has recruited and trained a total of 111 Aboriginal support workers through targeted recruitment programs. Of these participants, 79 are currently employed by ADHC and three are working in the community care and disability sector.

147 & 148. Among OECD countries Australia is ranked 13th out of 19 in employment rates for all people with a disability. Only half of working age Australians with a disability has a job – compared with 80 per cent without a disability. The role of community transport in supporting people living with a disability to enter the workforce and indeed partake in vocationally focused events cannot be understated.

Can the Minister provide details of what strategies his department have put in place to ensure that those wishing to undertake vocationally focused events, with an aim of making them more able to take up mainstream employment, are being supported by his department.

Answer:

People with disabilities can access the Australian Government funded mobility allowance. This allowance assists people with disabilities who cannot use public transport for activities such as looking for work, or any combination of paid employment, voluntary work, vocational training and independent living or life skills training. Mobility Allowance is not income or assets tested and is a non-taxable payment.

Transport NSW also offers the Taxi Transport Subsidy Scheme (TTSS) to assist residents of NSW who are unable to use public transport because of a qualifying severe and permanent disability. The scheme subsidises the travel cost of TTSS participants, allowing them to travel by taxi at half fare. Participation in the scheme is not means tested, however, applicants must meet strict eligibility criteria.

149. Given that ADHC's, Accommodation and Respite operates with a 3% vacancy rate in Accommodation & Respite, how many places does this 3% equate to in supported accommodation and respite?

Answer:

Based on ADHC's Budget 2010/11, the 3% vacancy rate in ADHC operated group home accommodation support, excluding In Home Support vacancies, equates to 45 places. The vacancy rate does not apply to respite units as vacancies arising from cancellation of planned respite are allocated on a daily basis.

150&151. Is there a penalty if staff rostered on duty when a vacancy arises do not attempt to fill respite vacancies as they arise? What checks does ADHC undertake to ensure that vacancies are filled whenever possible?

Answer:

ADHC's Allocation of Planned Respite Services Policy requires that each respite unit keeps a register of allocated respite and a prioritised list of clients in case of cancellations. Where a respite vacancy occurs, families are contacted and offered respite based on their prioritisation and compatibility with other clients. Depending on when the vacancy arises this may be done by unit staff or relevant regional office staff.

For ADHC centre-based respite services, respite units report on respite usage through the Client Information System (CIS). Regional Managers, Accommodation and Respite, regularly monitor and review usage levels to ensure utilisation is being effectively managed for each unit. Were staff to fail to follow the required procedures, then, depending on the particular circumstances, this would be addressed through supervision, performance management or misconduct processes.

152. Will the Minister comment on how many respite beds, as a percentage of the total, are currently being used by people waiting for access to supported accommodation on average in 2009/10.

Answer:

In 2009/2010, on average approximately 3% of available respite beds were temporarily occupied by clients waiting for access to supported accommodation.

153, 154 & 155. Are parents informed prior to access if a client who has challenging / violent/ sexualised behavioural issues will be sharing the service with their child/adult?

Answer:

ADHC's Client Risk Policy requires a risk assessment of all clients accessing respite. When allocating respite, consideration is given to compatibility and risk management issues (including challenging, violent or sexualised behaviour) and any risk of harm this might present.

Actions taken to minimise risk include reducing the capacity of the unit, rostering extra staff and behaviour management strategies.

In line with privacy requirements, ADHC does not routinely provide information to carers about other clients that may be accessing a respite service. Where families have requested that a client is not to be placed with a known client with behavioural issues ADHC will not place the clients together without consultation with the relevant carers and families.

In circumstances where a risk has been identified but placement of a client may be considered suitable, Unit Managers inform the family and provide a choice of accepting the respite allocation or being offered an allocation at an alternative time.

156&157. If a client with these types of behaviours is placed in an emergency situation in a house already occupied with vulnerable people, is the house manager able to refuse admittance because of the vulnerabilities of clients already there?

Answer:

Placement of clients into respite, including in emergency situations, is subject to a risk assessment that considers all clients accessing respite during a stay. Where it is determined that a client presents a risk of harm that cannot be managed or sufficiently minimised alternative options will be offered, if possible, such as through Commonwealth Carer Respite Centres or Emergency Response Funding.

158. Has every single staff member in the employ of Home Care undergone a police check?

Answer:

Police checks commenced for all Home Care staff employed from February 2004 onwards.

Currently, all new staff undergo a police check as part of a working with children check. These checks are conducted by the Commission for Children and Young People.

A check is also done on existing staff when transferred or recruited to a different position.

Existing staff must disclose to ADHC management if they are charged with or convicted of a criminal offence, as required under the Code of Conduct and the Commission for Children and Young People Act.

159. Are staff who have not undergone a police check allowed to work with minors and non-verbal clients and those who have intellectual disabilities?

Answer:

See the answer to question 158.

160. Do you inform the client and their family that they are to have a staff member working with them that is not police checked?

Answer:

In the absence of a legal obligation to do so, ADHC does not inform clients and families of employees' police screening histories.

161. Are the future accommodation request registers held by the local offices e.g. for Metro North – Parramatta, Penrith, Hornsby etc and if so could we please have a copy of the individual area offices register for future accommodation requests for each region across the entire state?

Answer:

No individual register is maintained since the introduction of *Allocation of Places in Supported Accommodation Policy and Procedures*.

The future accommodation register for each local office and region is stored in ADHC's Client Information System as part of RoRSA.

Providing specific details of individual clients would breach ADHC's duty of care to protect the privacy of clients.

162. How many claims of abuse against clients were referred to Police?

Answer:

Eleven claims of client abuse were reported to the Police.

163. How many allegations of client abuse were made to the department in 2009-2010?

Answer

30 reports of physical mistreatment were made to the EPSU.

164. How many of these were formally investigated?

Answer:

Thorough enquiries were made into all reports. Of the 30 allegations, eight matters have progressed to formal investigation. Four of these investigations have been completed and four investigations remain open.

165. How many were substantiated?

Answer:

Of the completed investigations all four were substantiated.

166. How many staff were disciplined?

Answer:

The four employees received remedial action.

167. How many staff were required to undertake further duties away from clients?

Answer:

18 employees were placed on alternative or modified duty. Not all of these staff were removed from client-related duty based on a risk assessment of the circumstances.

168. At what cost?

Answer:

ADHC does not have this information.

169. How many consultants were engaged by the department? Who were they and at what cost?

Answer:

Ageing, Disability and Home Care consultancy expenditure in 2009/10 was approximately \$534,000.

Thirteen consultants whose total fees were less than \$50,000 each were engaged for a total of \$193,549. They were:

- ARTD Pty Ltd;
- Asymmetrics Pty Ltd;
- The Australian Bureau of Statistics;
- Deakin University;
- Essence Consulting;
- Gail Le Bransky;
- Hunter Valley Research;
- KPMG;
- Nucleus Consulting Group;
- Sydney South West Area Health;
- Tamara Stojanovic;
- Taylor Nelsom Sofres; and
- Urbis Pty Ltd.

Three consultants were engaged for projects costing over \$50,000. Details of these are in the table below. They were:

- Phoenix Legal Consulting
- University of NSW
- KPMG

170. Why isn't ADHC collecting information on the number of people that are applying for Home and Community Care services or programs, who are yet to receive a service or program, and the length of time the person is on the waiting list?

Answer:

In order to plan for service provision under the Home and Community Care Program, Ageing, Disability and Home Care compiles and analyses data from an extensive range of sources including the Australian Bureau of Statistics and other government agencies including the Department of Health and Ageing.

The agency also undertakes a range of consultation activities with its funded service providers to ascertain the demand for services, including discussion on current waiting lists they hold.

171. How is the NSW Government going to get an understanding of the demand and unmet need for these very important HACC services and programs if it does not request HACC funded services providers to provide such important information.

Answer:

See the answer to question 170.

The Hon. Trevor Khan MLC to ask:

1. Of the promised \$18 million Healthy at Home program what funds were expended in the Port Macquarie electorate in each year since 2007? What funds are planned to be expended on this program in the Port Macquarie electorate in each of the next three years?

Answer:

The Healthy at Home Program is administered by NSW Health and this question should be directed to the Minister for Health.

2. How many daily calls were made in the Port Macquarie electorate to frail, older public housing residents living alone through the Care Call program in each year since 2007? How many individual residents benefited from these calls in each of these years? Does the Government have any KPIs which would demonstrate the success or otherwise of the program in the Port Macquarie electorate?

Answer

Ageing, Disability and Home Care is not aware of the number of calls made; it does not fund or provide the Care Call program. Care Call is a personal monitoring service provided by Baptist Community Services.

3. In relation to the Government's Stronger Together – A New Direction for Disability Services 2006-2016 policy document, please outline the outcomes for the Port Macquarie electorate in each year since 2007. What outcomes are planned for the Port Macquarie electorate in each of the next three years?

Answer:

The geographical boundaries for disability service planning do not fit with electorate boundaries. The outcomes for themed North Coast Local Planning Area (LPA) are listed in the table below.

Please note that outcomes for the Leaving Care program and Young People in Residential Aged Care program are recorded at a regional level. Community Justice program outcomes are recorded as total places over the first four years of *Stronger Together*.

<i>Stronger Together - Service Types</i>	Mid North Coast LPA			
	2007/08	2008/09	2009/10	Total
Day Programs	25	53	3	81
Post school programs	97	53	58	208
Respite	124	80	0	204
Older Parent Carers Respite	59	0	0	59
Attendant Care	5	9	1	15
Children and Families	0	85	12	97
Family Assistant Fund	167	54	54	275
Therapy	62	71	45	178
Behaviour Support	11	0	0	11
Case Management	102	0	0	102
General supported accommodation	23	25	12	60
Innovative Targeted Support	10	0	0	10
Community Justice program				10
DHASI	5	0	0	5

**Number of services reported in 2007/08 includes service from 2006/07*

Planned outcomes in 2010/11 are only available by service type on a state-wide basis at this stage. Planned outcomes for new services for the following two years are subject to the provision of additional growth funding.

Since the commencement of *Stronger Together*, over 1,300 new services have been rolled out for the Mid North Coast Local Planning Area.

4. Of the promised \$8.4 million program to encourage Year 9 and 10 students to volunteer a minimum of 20 hours as a community service while they are at school, what funds were expended in the Port Macquarie electorate in each year since 2007? How many students were involved? How many students went on to volunteer? What funds are planned to be expended on this program in the Port Macquarie electorate in each of the next three years?

Answer:

This question should be directed to the Minister for Education.

5. Of the promised \$18 million Healthy at Home program what funds were expended in the Monaro electorate in each year since 2007? What funds are planned to be expended on this program in the Monaro electorate in each of the next three years?

Answer:

See the answer to question 1.

6. How many daily calls were made in the Monaro electorate to frail, older public housing residents living alone through the Care Call program in each year since 2007? How many individual residents benefited from these calls in each of these years? Does the Government have any KPIs which would demonstrate the success or otherwise of the program in the Port Macquarie electorate?

Answer:

See the answer to question 2.

7. In relation to the Government's Stronger Together – A New Direction for Disability Services 2006-2016 policy document, please outline the outcomes for the Monaro electorate in each year since 2007. What outcomes are planned for the Monaro electorate in each of the next three years?

Answer:

The geographical boundaries for disability service planning do not fit with electorate boundaries. The outcomes for the Southern Highlands Local Planning Area (LPA) are listed in the table below.

Please note that outcomes for the Leaving Care program and Young People in Residential Aged Care program are recorded at a regional level. Community Justice program outcomes are recorded as total places over the first four years of *Stronger Together*.

<i>Stronger Together - Service Types</i>	Southern Highlands LPA			
	2007/08	2008/09	2009/10	Total
Day Programs	6	22	1	29
Post school programs	73	24	39	136
Respite	63	87	0	150
Older Parent Carers Respite	39	0	0	39
Attendant Care	2	3	1	6
Children and Families	0	131	17	148
Family Assistant Fund	159	48	48	255
Therapy	95	53	35	183
Behaviour Support	16	0	0	16
Case Management	154	0	0	154
General supported accommodation	6	2	5	13
Community Justice program				5

**Number of services reported in 2007/08 includes service from 2006/07*

Planned outcomes in 2010/11 are only available by service type on a state-wide basis at this stage. Planned outcomes for new services for the following two years are subject to the provision of additional growth funding.

Since the commencement of *Stronger Together*, over 1,100 new services have been rolled out for the Southern Highlands LPA.

8. Of the promised \$8.4 million program to encourage Year 9 and 10 students to volunteer a minimum of 20 hours as a community service while they are at school, what funds were expended in the Monaro electorate in each year since 2007? How many students were involved? How many students went on to volunteer? What funds are planned to be expended on this program in the Monaro electorate in each of the next three years?

Answer:

This question should be directed to the Minister for Education.