CORRECTED TRANSCRIPT

PUBLIC ACCOUNTS AND ESTIMATES COMMITTEE

Follow-up of Auditor-General's Reports Subcommittee

Auditor-General's report no. 53 — Services for people with an intellectual disability

Melbourne – 28 June 2004

Members

Mr W. R. Baxter	Mr B. Forwood
Ms C. M. Campbell	Mr J. Merlino
Mr R. W. Clark	Ms G. D. Romanes

Chair: Ms C. M. Campbell

Staff

Executive Officer: Ms M. Cornwell

Witnesses

Mr A. Rogers, executive director;

Ms B. Boland, director, community and individual support; and

Mr G. Roach, executive officer, disability services, Department of Human Services.

The CHAIR — I declare open the subcommittee hearing on the Auditor-General's report no. 53 — services for people with an intellectual disability. Welcome to Mr Arthur Rogers, executive director, disability services, Ms Brenda Boland, director of community and individual support, disability services, and Mr Garry Roach, executive officer, disability services, Department of Human Services, to the public hearing. All evidence taken by this subcommittee is taken under the provisions of the Parliamentary Committees Act and is protected from judicial review. However, any comments made outside the precincts of this hearing are not protected by parliamentary privilege. All evidence given today is being recorded and witnesses will be provided with proof versions of the transcript later this week. Over to Mr Rogers to make a brief presentation.

Overheads shown.

Mr ROGERS — Thank you, Chair. What I would like to do, firstly, is note the recommendations of the Auditor-General. There were about 18 recommendations, they were quite broad and they covered planning for individuals, protecting rights, provision of resources, and service quality monitoring and public accountability. There have been a number of implementations of the recommendations, but it has also been done in the context of a major rethink on the directions of policy and planning which was in the Victorian state disability plan 2002–12 released in September 2002. So a number of the areas talked about in respect of the previous service model have been somewhat replaced in terms of our own approach around individual planning and support, and I will talk about those briefly in a moment.

The first specific area I want to cover concerns eligibility. The Auditor-General referred to delays in undertaking assessments and recommended that the department measure its performance in relation to both the number of eligibility assessments undertaken and the ones that are taken within 30 days. That reporting is now part of the budget reporting process: in budget paper 3, as well as the department's annual report. I will just add that we provided additional investment in intake and response teams, which is the second slide you have there. There was some one-off funding in 2001–02 and some recurrent funding in 2003–03. The recurrent funding is $1.8 million.

The third slide shows the change in meeting eligibility assessments. The percentage of clients waiting less than 30 days for eligibility assessment has improved from 44 per cent in 2000–01 to around about 90 per cent last year, and we anticipate a similar number in 2003–04. We are still currently performing at around about 1200 eligibility assessments per annum, but as I have just mentioned we have reduced the waiting time.

In respect of the client service model, the recommendations of the Auditor-General were that we needed to revise our case management model to better match needs. In 2002 we issued quite a detailed revised practice instruction. That covered a range of things, but it certainly covered access to service planning and facilitation and a more individual approach, both generally and in terms of our new program, HomeFirst, and that was done in 2002. I might add that back when the Auditor-General did the report he noted that the average waiting time for case management was about two months, and last year that was 41 days. The average waiting time for case management is also reported in the budget papers and in the department's annual report, and we expect that we will have about the same figure of approximately 40 days again in 2003–04.

The first line of the next slide is about individual planning and support. I mentioned before that we have adopted a new approach to working with people with a disability, and individual planning and support is the major area where we have changed our approach. This is much more around individual planning, working with an individual around their particular support needs, a more comprehensive plan — the Auditor-General said that we needed to think more about their whole-of-life needs, and individual planning and support does that. We have introduced that this year, and about 900 people will be part of that approach. We want to strengthen that approach by embedding the principles in the work we do with all clients who have a disability. The overhead says that the IP and S guidelines were established in each region. That is true. What it really means to say is that we have established some statewide guidelines and they have been implemented in each region.

Mr FORWOOD — So they are the same for each.

Mr ROGERS — They are the same guidelines, it is just the wording of that one. We have already had some good indications from people with a disability about that approach and how it has improved the outcomes for them.

Mr FORWOOD — If you are doing 900 this year, will you do a different 900 next year, and did you do a different 900 last year?

Mr ROGERS — The 900 this year is basically around the new funding we had for support and choice so we will not do an additional 900 again next year but we will start implementing the principles in the other work we do as well.

Mr FORWOOD — Ultimately everybody will get — —

Mr ROGERS — Ultimately we want to develop a new client relationship model, management model, where the whole principles of support and choice will be part of our — it will not really be called case management any more, it is more about individual planning and support. We want to implement those principles. It is not a program, it is really just an approach around individual planning and support.

The next slide talks about the case management model and the client relationship information system. That is a new approach to working with people with a disability and it is about a whole new arrangement around individual planning. It will be embedded in the CRIS system which is a new information system, a practice guideline system we will be implementing this year.

Mr FORWOOD — If you are producing new practice guidelines, will they be different to the ones on the fourth slide?

Mr ROGERS — The ones we introduced in 2002 were, I suppose, a more immediate response to the Auditor-General's report. We wanted to develop a new approach to working with people with a disability, so that is the individual planning and support. Those principles of individual planning and support will be the ones we embed in the new client relationship system.

Mr FORWOOD — So it is the next generation.

Mr ROGERS — Yes it is, and it is a more systematic approach because it replaces our current case management system called DISCIS. It basically embeds in our business practice, work around individual approaches and the centrality of people with a disability and their families.

The next one talks about the case management model and a new induction program. We have developed a new program that we will be rolling out later this year. It is again embedding in training this approach to individual planning and support and a range of other things. That will be the client services induction program and that will reinforce, I suppose, the practice instructions and other things. It is about inducting people into that individual approach and the value of working with people with a disability and their families. CRIS was not on the radar when the Auditor-General made the report, so we have moved on in the last few years in terms of how we are approaching these things.

I will move on to the slide headed 'Assessment and planning'. We have had some regional forums with staff around how we might improve our approach to planning. Originally it was around how we might improve general service plans. We still do general service plans, but we are now trying to move on to the new approach to planning which is about working with people rather than just doing a GSP as we might have done in the past. There were recommendations about the adequacy of general service plans and the one headed 'Assessment and planning GSPs completed' in terms of the numbers. We were criticised for not getting to GSPs quickly enough and not doing reviews. We have increased our resources and the number of GSPs: in 2001–02 we did 2000; in 2002–03 we did 3555; and we expect somewhere around that number in 2003–04, although we do not have those figures available yet. We tried to move to a new approach around individual planning and support while also making sure we meet our requirement to complete GSPs. The year prior to the 1999–2000 audit there were 1800 done; the Auditor-General referred to 1800 in the report. It moved on slightly, and we have increased it significantly since then.

Family member participation has slightly declined. Again there were recommendations that there was scope to improve the participation of clients and families in planning. Whilst we have built that into our existing guidelines, again I refer to the individual planning and support which really puts people with a disability and their families and carers central to the development of plans — they're critical resources — and identifying the needs and response that they would like. We have also had them involved in the training of staff — people with a disability and their families — to make sure that we understand that it is a new approach where the individual is the centre of the planning approach. We work from the individual out rather than trying to fit people into standardised services.

If I could perhaps move on to quality improvement strategies, there was a recommendation that we needed to support practice change to improve individual planning in the funded sector. Again we have done that mostly through our approach around individual planning and support. I will talk a little bit later about quality reviews, because we have done a number of those where we have worked with agencies around their approach to services and individuals, but overall it is around that sort of approach — around individual planning and support, reporting and monitoring of incidents.

Under the heading of safeguarding of individual rights, the Auditor-General recommended we strengthen our procedures for reporting and monitoring, so we did update department instructions around incident reporting, and we have a more detailed response now which identifies and categorises the nature of incidents. It has clarified the reporting requirements for both the government and non-government sectors, and we have developed an interim database which helps us categorise incidents and understand the trends better than we did at the time of the Auditor-General's review. We are looking at a broader use of that database. I might add that it is not in the overhead, and it is not a state issue, but there has been a national abuse and neglect hotline introduced by the commonwealth government, where people can ring and record any incidents of abuse and neglect and they are followed up by state and territory governments but from a commonwealth referral.

The next heading I will go to is providing resources There are two areas on that slide. The Auditor-General recommended that we allocate higher proportions of new funding for initiatives to regions whose budgets are or were at the time substantially below equity share. We have a formula for distributing new funds. A greater part of the new funds goes to those regions that historically are under their equity share based on the distribution of people with a disability. We were criticised for not having a quick enough process to even up the regions so we introduced an accelerated equity formula where regions that were more than 20 per cent above their equity share would get lesser amounts and those below their equity share would get greater amounts. That is still based on new dollars. It does not redistribute existing regional resources.

The Auditor-General also referred to the need for a more consistent and rigorous approach to assessing client needs. Again we think that individual planning and support is the way to do that, because it is based on individuals and totally around their support needs and their other needs. At the same time we have also had the service needs assessments tool validated independently by RMIT, and that is currently used in day programs but also now has applicability in accommodation services. We are currently trialling that approach in government accommodation services to see whether it will give us a clear understanding of different support needs and whether that could be possibly linked to resource allocations.

Just as an additional piece of work, under the heading 'Pricing principles review' we did agree also with the non-government sector that we would review our pricing principles. We have worked with the peak disability agencies on what that might be, and we have a process to have that completed by the end of 2004. That will guide us in terms of how we fund and price services into the future. There is a slide headed 'Minimum competency standards', and it talks about achieving that for the government and non-government sectors. We have worked with staff around competency based training. We have introduced minimum certificate 4 in government services, and I think about 90 per cent of staff will either have equivalent certificate 4 or be in training for it at the moment. We have moved a fair way in terms of that approach to employment competencies, particularly in the government sector.

Under 'Service quality' the Auditor-General referred to agency self-assessment of whether they met standards as being valuable, but it needed some independent verification. As a result, we introduced a program of quality monitoring and review. We engaged consultants or contractors independent of the department and the agency to conduct the reviews, and there are 47 completed and 8 under way. These are in addition to the normal monitoring that we undertake. It is a specific review of the agency and covers a range of areas — governance, quality of services, financial management and a range of other areas. That helps us, as well as I guess signalling to the non-government sector that there are independent reviews of what happens.

Under 'Service agreement compliance' there were recommendations about improved monitoring and a better regional focus. We have not done anything specific in disability, but there is a department-wide agency continuous improvement and monitoring project which covers disability and all the community services organisations where we are looking at working with the peak bodies to develop a better framework for monitoring them, one based on risk management where agencies that have risk indicators at a higher level will get a greater degree of attention.

Perhaps just lastly I will talk on the status of the legislative review. There was a recommendation that, as we review legislation, we improve or consider safeguarding individual rights. We released a discussion paper which has been out for consultation. We are in the process of looking at developing a report which we hope will be released later this year which will form the basis of new legislation.

One of the key areas in the Auditor-General's report was a reference about safeguarding the rights of people who have restraints and seclusion or who may receive involuntary treatment or compulsory treatment. Just on that part of it, there was a reference to the Victorian Law Reform Commission in December 2001 from the Attorney-General which asked the commission to look at that specifically. We received their report in November 2003. We got 141 recommendations, and we have been working through those. They will form part of the report that we release about our intents around legislation.

Just on the last slide, as I mentioned, we are hoping to finalise the report and have it out for people to look at, and that will form the basis of what legislation we go forward with.

The CHAIR — Thank you very much. Mr Rogers. Do Ms Boland or Mr Roach wish to make a comment or will we leave it at that?

Ms BOLAND — No, that is fine.

The CHAIR — Thank you. The first comment I would make is to congratulate you on the progress that has been made with bringing agencies along with you. You briefly mentioned that the Victorian state disability plan has been a significant factor in the department's work post the Auditor-General's report. Could you give me some examples of where, prior to the state plan, the department might have gone a particular path with the Auditor-General's reports, but given the state plan is very much focused on the person with the disability as opposed to the system or the agency and how that has changed the practice and the recommendations of the implementation of Auditor-General's recommendations?

Mr ROGERS — I guess I would probably refer to two areas. One I did touch on which was around case management. The Auditor-General referred to the fact that a case management approach does not focus on individual needs, and it does not lead to a review process. In other words, people tend to get caught in the one sort of support response, and whilst we did change the practice instructions around case management, our approach has been to develop the individual planning and support approach, which really is not case management. It is about helping a person plan for their support needs. That has led to a whole new approach where we work with the individual and involve the individual and their family in developing a range of options for them and then attaching the resources to those support needs. Then people have the plan implemented by the assistance of staff in the department or outside.

That means you may purchase a range of things that will help the person implement their individual plan. Previously what we would have done is have case management assist the person into a range of existing services. It may have been that we would have worked with the person, then tried to fit them into a day program or into an accommodation option — in other words, fitting the person into what the services are rather than trying to arrange the services and supports around the individual. That would have been one area where we have completely changed our approach to working with individuals. The other one would be around funding for services. We have not put huge emphasis on revising prices for existing services, such as day programs and accommodation. What we have done is try and work out how we might fund an individual support package. Rather than just concentrate and I suppose extend the previous approach — which was that we should fund a range of services that people fit into — we have actually concentrated our approach to developing a range of supports and working out how we can fund those supports. Again it is around the individual rather than trying to fit the individual into a particular range of services.

The CHAIR — So some of the Auditor-General's recommendations would be dated in the 21st century approach?

Mr ROGERS — They were really looking at the requirements of the legislation to begin with, and, of course, we still do that, because the legislation exists. We try to comply — we do comply with it; we try to comply with it. But the Auditor-General at that stage, whilst the principles in the IDPSA talk about individual planning, they are based on a practice framework that talks about eligibility assessment case management. We still do eligibility assessment and planning for a person. It is a different approach where you actually work with the person around an individual plan which talks about those broad whole-of-life support needs. It is just a different approach.

Mr FORWOOD — There are so many things we could talk about. The response that you have taken is particularly to the Auditor-General's report. A significant part of the report, however, was in terms of the management letter that he wrote, which you and I had a long conversation about at the time. Has the department responded to the issues raised in the management letter, which my memory tells me raised a significant amount of other issues that were not dealt with in detail in the report?

Mr ROGERS — You are correct. I think the management letter was a lot longer than the report. I have not specifically gone through it page by page, but there are two things. I think the management letter did have a lot of data which supported the recommendations of the report, so they were not inconsistent with what the Auditor-General in the end recommended. There were a number of items in the management letter that we responded to at the time, because there was more detail in terms of how we did things, so how we fashioned our response was based on the detail of the management letter as well as the recommendations, but from my memory there were not a lot of things in the management letter that were totally different areas than in the Auditor-General's report. There were certainly things that — —

Mr FORWOOD — Management of the waiting list? My memory — —

Mr ROGERS — I am sorry, I am struggling with my memory too.

Mr FORWOOD — I did not dig out my copy of the management letter either, which I remember you gave me a summary of.

Mr ROGERS — In the management letter — and it was touched on in the report too — the Auditor-General did talk around the difference in, I think, the regional numbers on waiting lists. In terms of the service needs register what we have done in the last couple of years is we have actually reviewed the people on the register, because there are some differences in approach between regions. The guidelines are consistent, but you can interpret them in different ways — not hugely different ways, but there are some differences.

We have also tried to identify that on the service needs register (SNR) there are people who are receiving services who want other services, so we try to identify these people waiting for a CRU. There are probably 100 of them on the SNR who are already in a CRU; they just want to move. So we try to understand that better than we did at the time of the Auditor-General's report.

In terms of the review of where we are going with the service needs register, the CRIS system, which I mentioned before, replaces DISCIS. The service needs register is really just a product of the DISCIS case management system, so we will actually have a much better data system around support needs of people through CRIS. That system is also available to the non-government sector, so we will have a much more consistent understanding of people's support needs.

Mr FORWOOD — Is it available?

Mr ROGERS — It is still being developed, but we have said to the non-government sector that it can use CRIS, which is a client support needs case management system. They can use that system if they wish. It is not compulsory. They can use it.

The CHAIR — Thank you.

Mr BAXTER — I share my colleagues' delight in that we are encouraged that there seems to be a good deal of action following the Auditor-General's recommendations. But can I just get a better handle on CRIS and what it means and how it gets into the system. I use this particular example: we seem to have in the community a group of intellectually disabled adults who are now living with very elderly parents, possibly because when they were younger it was more traditional that the parents were the carers long term. How do those people get into the system? Are they already on your database through some other means or do they only get into the system if they or the parents actually approach you? If they do, do they then get into the CRIS system?

Mr ROGERS — At the moment we have a case management system called DISCIS. I know someone wants to know what the acronym is, but I cannot think of it. That contains a service needs register — which is commonly called the waiting list — which categorises people, I think, by urgent, medium and low priority. That is done on a regional basis. People, or someone acting on their behalf, need to approach the department and make an application to be on the service needs register through that DISCIS system. That is the system where we derive the service needs register numbers. We are replacing that with CRIS, which is the client relationship information system. People will still need to make an application to that. Brenda has been working quite closely on that, so you might want to give a bit more detail — —

Mr BAXTER — So it might end up with a CRU, for example, or whatever else is deemed appropriate.

Ms BOLAND — Yes. So what it will do is register people's support requirements through the individual planning and support framework — what they have identified as their support requirements. That could be a number of things. It may be shared supported accommodation — CRU — or it may be that they want more recreational, community integration-type activities, and that will all be recorded through that process. At the moment the SNR just queues people for services that we provide, rather than the broader systems. One of the things to emphasise with the individual planning and support approach is that it really pulls in the informal systems that people have as well, not just the disability funded support, and actually gets them more involved in the mainstream community.

Mr CLARK — The issue I would like to raise is that of the conduct of eligibility assessments. Forgive me if you covered it in your assessment; I must say I find the acoustics very poor this afternoon, and also the hearing started a little early, before I arrived. Can you clarify whether the 90 per cent of clients waiting less than 30 days for eligibility assessment relates to the completion of eligibility assessment or the commencement of eligibility assessment?

Mr ROGERS — I understand your question; I am just looking at my notes. The data on eligibility assessments completed is certainly on completed eligibility assessments. I am sorry, I do not know the answer to your question — whether it is actually in process or completed within that time. I would have to follow that up.

Mr CLARK — Perhaps you could come back to us, because while I appreciate that the department is giving us information on the number of eligibility assessments being completed each year, from the point of view of the individual client the key thing is when the assessment is completed rather than when it is commenced, and what the average waiting times are and lengths of time taken to actually complete, so perhaps you could come back to us on those issues.

Mr ROGERS — Okay.

Ms ROMANES — Mr Rogers, you mentioned the individual planning support system and this is obviously a good way to go in terms of person-centred planning which should result in positive outcomes for individuals, but there is obviously a tension there with limited resources and budgets. Can you tell the committee more about how you would reconcile that tension between being able to pursue the needs of the particular individuals with the resources and structures in place and whether the department's ability to meet demand has improved since it implemented the individual planning support strategy?

Mr ROGERS — Either approach, in terms of the historical approach or our new approach, does not deal with the issues of demand completely, because at the moment and in the past we have demand that is greater than our supply of resources. But within that we aim to apply the resources we have in a fair and equitable manner and get the best approach we can for individuals. In that respect from individual planning and support because we are not slotting people into a few services we find that the individual range of supports that they want, firstly, meet their need, but secondly, are most often not as costly as they might otherwise be. You find that with an individual package of support and combining both generic and formal and disability supports the result is that it is not on average a more expensive approach than fitting a person into a CRU, for instance. Evidence shows elsewhere that people generally will try and exercise care in the sorts of supports they want and will not expect huge amounts of support, and they understand that there are other people too. Whilst it is early days for us the evidence from elsewhere shows that this approach is both a better outcome and more efficient in terms of resource allocation to the support system and to individuals.

The CHAIR — I want to go to individualised plans and people identifying wherever possible their personal requirements. Where the intellectual disability is such that it is extremely difficult for an individual to communicate their particular needs and wishes and it relies on parents or carers, how do you do that? The second component goes back to the point that Mr Baxter mentioned: where you have parents who are aged or are ageing, and that could be age 30 through to 70, the comfort that can be obtained by having a sense of security when they are no longer able to care for their son or daughter or brother or sister is accelerated if they have some indication of when there might be some permanency of another option other than living in the family home. Could you give us some information on both of those?

Ms BOLAND — In relation to the first issue, for people who have a severe intellectual disability, the planning is usually done in conjunction with people who they know well — either an advocate, members of the family or staff who work with them — and if their support needs are such that they are still requiring quite intensive support that is usually quite obvious, and it is about working around what else they may be interested in and what is happening for them. A number of things have happened — for instance, for younger people who may have a profound disability but have a strong interest in particular things that are quite obvious to their family and to those around them, we have been able to pursue those on top of their mainstream support. Generally people who know the person well are able to communicate best with them and then communicate back to the planners or the facilitators, as we call them. It is about putting the time in to ensure that you are getting the best outcome possible and having review mechanisms to ensure it is going okay: is it too much, is it not okay, and that sort of thing.

In relation to the ageing carers, there are probably a couple of things like early and good planning. We are focusing on transition stages so when people are getting to that point where they are really wanting to plan for their child to have other options we can get in earlier and work out what they might be. Again it is about not just queuing them for what we have always had, that perhaps there is capacity for them to live somewhere in the extended family or to stay in the family home with supports, or that whole range of what may be provided.

The CHAIR — Can you concentrate on the people with a very severe intellectual disability? They are the ones I am particularly referring to.

Ms BOLAND — With ageing carers?

The CHAIR — Yes.

Ms BOLAND — In terms of what might be provided?

The CHAIR — Permanency outside of their current living environment.

Ms BOLAND — That can be provided through a range of ways. If they choose to go to shared supported accommodation that is still an option. If they want to move somewhere else with other parts of the family we can accommodate and work towards that, but early planning with them is what we are focusing on rather than waiting for the crisis.

The CHAIR — So how many people in the state have full-time carers currently who are 70 plus, 75 plus and 80 plus? You might need to take this on notice.

Mr ROGERS — Does that relate to the age of the person with the disability and needing help?

The CHAIR — No, the carer. You might need to get back to us on that.

Ms BOLAND — Sure.

Mr ROGERS — If I can just add on that one further point, one of the issues the Auditor-General raised was about the assistance for families in dealing with planning and other issues. He referred to advocacy. There has been a reasonably significant increase in advocacy funding in the last two years — I think around $1 million — so that has improved access to families and others to assist in working with us and non-government providers around support needs.

Mr FORWOOD — A follow-up on the first part of the Chair's question. My recollection of the act is that people in training centres are required to have a review of their plan annually.

Mr ROGERS — Of their general service plan?

Mr FORWOOD — Yes.

Mr ROGERS — That is correct, and others every five years unless they request not to have it reviewed.

Mr FORWOOD — Is that happening? Is every person in a training centre having their plan reviewed annually?

Mr ROGERS — The information I have is that that is the case. I have not actually checked, but it is my understanding that it is now. In terms of the others, about 83 per cent of people have the review within the required time line. There are people who do not wish to have it in the required time or are unable to, but the figure we have is for about 83 per cent generally. I would need to check on the institutions. My understanding is that it does happen.

Mr FORWOOD — I guess one of the things that concerned me from the very first days when I got involved with this in 1994 were the statutory responsibilities set out in the act which the department had difficulty meeting. Recently in respect of the state plan there was meant to be a review every three years and there was not and had not been, and now we have a new 10-year state plan. Would it be true to say that one of the intentions of the legislation review is to get rid of the things that the department has had difficulty in meeting in a statutory sense and coming in with a new model of statutory control?

The CHAIR — As are outlined in the Auditor-General's report.

Mr FORWOOD — The Auditor-General specifically said that the department was not meeting its statutory requirements.

Mr ROGERS — It did in relation to eligibility assessments and general service plans and — —

Mr FORWOOD — And the state plan.

Mr ROGERS — I am not sure if it referred to the state plan, but that is fine. What we have intended to do is to meet those requirements, and I have outlined a couple of those today. The intent of the legislation is to try to see what legislation we need that is more consistent with the policy directions of the state disability plan. I guess I do not know until the end of the day in terms of what the legislation will say what that means. It has been indicated publicly that we do not want to see a reduction in the current safeguards that people have.

As to whether good outcomes are produced by someone having a GSP, that is reviewed every five years. I think you would have to look at the practice of where we are heading and where other jurisdictions are heading. The mere requirement to have a review does not actually produce a good outcome. So I think the approach where we have individual planning and support which actually has a yearly review in it has a much better potential for outcomes for individuals than we have had in the past. Having said that, if the legislation says we are required to do things we endeavour to do them.

Mr FORWOOD — Yes, of course. I think the original intention behind the idea of the previous act was to put some statutory controls in place and just because we have had difficulty with the meaning of them, I do not think that means we should chuck the baby out with the bathwater. If we decide that the ones that are there are inappropriate, then my view would be that we should be putting in ones that are appropriate.

Mr BAXTER — Can we be brought up to date with where legislative review might be at? I understand we are contemplating a rewrite. Where is that at?

Mr ROGERS — We issued a report on the options for new legislation — I think earlier this year — and we are in the process of developing either a report or a document that will indicate where we think we should go with the new legislation. That will both incorporate the views we have had from the responses to the report and also the recommendations of the Victorian Law Reform Commission. That document is not finalised, but it will be available for further input from people, and we intend to run some detailed focus groups with people with a disability to assist their input to the issues.

Mr CLARK — One of the Auditor-General's original recommendations was about independent verification of service qualities of self-assessments prepared by service providers, and you referred in your presentation to service quality reviews, and the 47 independent reviews completed and 8 reviews under way. You mentioned this in your presentation, but have those reviews been made public and are they available on the department's web site, for example?

Mr ROGERS — The individual reports have been made available to the specific agency. They are not on the department's web site.

Mr CLARK — So have you put in place any other mechanisms to make public what verifications have been made and what confidence people can have in the service quality of various service providers?

Mr ROGERS — There has been no published report on the 47 reviews. The public information would be the agencies' self-assessment of their ability to meet the standards, which is available publicly in a broad sense but not on an individual agency basis.

Mr CLARK — How is this made available in a broad sense?

Mr ROGERS — It is a report that outlines the statewide trends and indicators but it does not identify individual agencies.

Mr CLARK — So that is a report the department has compiled based on the individual agencies' own service quality self-assessments? Is that correct?

Mr ROGERS — Yes.

Mr CLARK — That document is on the web site?

Mr ROGERS — I could not tell you whether that is on the web site or not, I am sorry, but I can check on that.

Mr CLARK — If it is perhaps you could give us the URL and if not perhaps you could provide us with a printed copy of the document?

Mr ROGERS — Yes.

Ms ROMANES — Mr Rogers, I understand that the audit report suggested that the department introduce a risk-based approach to reviewing clients' general service plans, and that has proceeded. But can you tell the committee whether the adoption of a risk-based approach has been successful, and has it, for example, reduced the need for crisis intervention at later dates?

Mr ROGERS — The approach we have taken to the general service plans has been to revise the instructions around that. The biggest impact we have had in terms of avoiding or delaying crisis or assisting people is through the individual planning and support approach. Some of the principles for that are in the general service plans but it will be extended to our general case management approach. As Ms Boland mentioned before, basically what we are trying to do is aim to help people earlier, understand the issues they have and the risks that they face in terms of their support and build that into planning. That approach has assisted individuals. The actual GSP approach is in a sense being complemented by individual planning and support, so we would anticipate that the principles around individual planning support are being used in general service plans as we see them and in their reviews.

The CHAIR — I would like to go back to the aged carers, because it comes in in a number of places in the Auditor-General's report, from individual plans, providing resources, resource allocation for sheets, supported accommodation and so on; it is in a range of places. What I am struggling to identify, say within the northern region, is where you have aged carers who are in their 70s with a son or daughter with a severe intellectual disability and they are at the point where the collective wisdom is moving towards planning for a move out of the family home, how do you respond to the recommendations of the Auditor-General's report with the numbers of aged carers and the available out-of-home full-time care places available other than the families leaving their son or daughter, brother or sister in a respite home, which a number of them do not want to do but they do not know what else to do? That is probably the hardest question that a person with a disability has to face.

Mr ROGERS — I might answer it broadly.

The CHAIR — Is there any suggestion with these individualised plans that people who are currently residing and have for a number of years resided in supported accommodation in a community residential unit, with the department's view of thinking, perhaps moving out and leaving the more severely intellectually disabled person a place that is appropriate to meet their needs?

Ms BOLAND — With the rollout of the 900 packages that Arthur mentioned before, a number of those were targeted at moving people out of shared supported accommodation who wanted to move, and that was targeted at 50. I think about 20 of those have already moved and the rest are in train.

The CHAIR — Is this in the state or the northern region?

Ms BOLAND — In the state, and there was also a number that I cannot remember off the top of my head, targeted at people with ageing carers, for early support packages, so it did target a number of those sorts of areas. I think the target for the north, for people moving out, was around 11, for supported accommodation.

The CHAIR — That would be extremely useful, because as you talk about an individualised plan it is quite general, but when you talk about specifics — —

Ms BOLAND — Yes, that is the sort of thing we have looked at.

The CHAIR — That might be useful. You might like to provide that to the committee and that will give us some indication of what places might become available that better meet those with more severe intellectual disabilities in the future.

Mr ROACH — The other thing that has occurred through support is that as well as assisting people who wanted to move out of CRU-type accommodation and shared support accommodation, it is providing more options for people so that the people who do not need that level of support have other places to go or other opportunities, so they are not going in and filling up those places that could be provided to people with more severe disabilities.

Mr ROGERS — Can I just add, on the target, that, as Brenda mentioned, we think there will be 100 over two years. We actually have not said that there has to be the first 50 by 1 June, because it is a voluntary process for people and we are not actually requiring people to leave unless they want to go. The second point I will just make around demand and accommodation is that a lot of people want both support and accommodation, and what we have offered them in the past is a CRU or they stay at home. In the general area of this committee we have talked about the housing trust, and over the next couple of years that is going to develop a range of other accommodation options for people so they have a support package as well as an accommodation option which does not necessarily have to be a CRU.

Mr FORWOOD — Part 4 of the audit report dealt with safeguarding individuals and their rights, from memory. It recommended that some work be done on the reporting and monitoring of incidents which was the slide which you gave us some information on. Are you confident that the individual rights of people in the system are now adequately protected?

Mr ROGERS — I am confident that we have a process that monitors what is happening in a variety of ways. Incident reporting is one of those issues, and we have a comprehensive incident reporting system in the department which rates incidents from high level to lower level. They are reported, and we have a better understanding of those incidents than we had in the past. I think it is complemented by the community visitors visiting as well. I do not think there is just one sort of thing you do. We have community visitors, we have incident reporting and we have had some independent reviews, which I have mentioned before. There is the national abuse hotline, as well as other complaint mechanisms such as the Ombudsman and other areas. I think there is a substantial range of processes in place. Occasionally there are incidents or instances of the abuse of people with a disability. We see those — —

Mr FORWOOD — Often by the same people, or something like that.

Mr ROGERS — It can be. Occasionally it is by staff members who do not do the right thing. I think that will always happen. The best you can have is a suite of things that will actually help you monitor that system and put in some safeguards.

Mr FORWOOD — The finding of the audit office states on page 46:

> More than half the providers we visited consistently underclassified the seriousness of incidents from category 2 to category 3 and so did not report these to the department.

What has the department done to ensure that that does not happen?

Mr ROGERS — The review of the guidelines made the categories of incidents quite clear. Some of the reviews we have done have had a look at the processes about incident reporting, but we do not routinely check every agency around the category of reports.

Mr ROACH — As part of that review, once the new guidelines were formulated all the agencies were invited to regional forums to go over the requirements and clarify for them what was required under their funding and service agreements.

Mr FORWOOD — Is there a difference between the ones that are funded and the ones the department is operating itself?

Mr ROACH — No, the incident reporting guidelines are the same for both.

Mr CLARK — As you know, some of the Auditor-General's reports relate to information published for public accountability purposes, and I touched on that in my previous question. I have been having a look at the disability services section of the departmental web site to see what range of additional information is now being provided there. I have not been very successful so far. My question is in two parts. Firstly, are you able to outline in general terms what improvements in published information have been made since the Auditor-General's report, particularly on the web site? Secondly, until 2001 there was a document, which is on the web site, called *Victorian Services for People with Disabilities — Disability Support Services Provided under the Commonwealth-State Disability Agreement*. There do not seem to be any further editions of that beyond 2001. Can you tell the committee whether that or a successor document is still being published? If so, where can it be found?

Mr ROGERS — I am unable to comment in detail about the web site, but generally in terms of reporting material we report quite detailed material in the department's annual report. That includes some of the items we report to Treasury on in terms of budget papers. There is an overview of the disabilities progress in the annual report. The document you referred to — the Victorian services report — is derived from the annual snapshot minimum dataset collection. My recollection is that there has been a further report from 2001, but I would need to check that. The annual data collection has since been replaced by quarterly data collections, which give us a much better understanding of services and supports throughout the year. For 2003–04 we have actually had a quarterly data collection system and not the annual, so the report will change. I need to check on the 2001–02 report.

Mr CLARK — If you could get back to me with the latest available report in that series — annual and/or quarterly — that would be most useful.

Mr ROGERS — Yes.

Ms ROMANES — Have any concerns about the independence of the intellectual disability review panel been raised during the review of the legislation? Are there any changes being considered in relation to the panel's functions and powers? What does the department do to raise awareness of the existence of the intellectual disability review panel?

Mr ROGERS — To my knowledge there have not been any concerns raised about the independence of the panel. There have been some issues raised about the coverage of the panel. There are a couple of issues on that, because it only covers people with an intellectual disability. There are people who have other disabilities — cognitive disabilities — which do not come under the meaning of that act, including people with acquired brain injury and so on. There is that issue. The other issues raised were around the nature of the powers of the panel. It has recommendatory powers, and it covers a specific range of areas. There were some issues raised around what would be a more comprehensive approach to monitoring what goes on. In terms of the department promoting the existence of the panel, we advise people through our service system of the panel's existence. The minister and the secretary have both referred matters to the panel in the past two to three years in relation to institutional closure. Under the act you can make references to the panel, and there have been references for a review around the closure of Redlands and Kew Residential Services.

Mr ROACH — An example of that is that every time there is an eligibility assessment and a person is given the outcome of that assessment, they are always advised of their capacity to have that reviewed, including a review to the panel.

The CHAIR — I want to go to the Department of Human Services being culturally responsive. My recollection is that there was a reference to it in this but that it was not a strong section in the Auditor-General's report on the cultural relevance of the Department of Human Services and agencies. Since this report has been handed down has much work been done to ensure, firstly, that people from a range of culturally and linguistically diverse backgrounds know what is available for people with an intellectual disability, and secondly, that within the staffing profile of DHS and the non-government agencies there is a recognition that communication and bilingual workers are really important?

Ms BOLAND — Yes, there are a couple of things on that. We have undertaken an extensive training exercise around culturally and linguistically diverse communities with our staff and with the NGOs. We have done about 54 training sessions, because that is what was identified through some work we did as a critical area. They have all been oversubscribed, because the need has been out there, obviously. In terms of the staffing profile, I think a lot of our developmental disability service officers (DDSOs) are from a range of different cultural backgrounds, but I could not comment on our case management staff. However, it is an area we have been focusing on in terms of training, because we have found that although it was in the mainstream training there was a need to go out and give it a higher profile. People were asking how to communicate with people from a range of backgrounds.

The CHAIR — You mentioned in your presentation that a number of people who were previously classified as untrained workers now have certificate 4. You might like to take this on notice, but could you provide the committee with any information in relation to those officers from culturally and linguistically diverse communities, and bilingual workers.

Mr FORWOOD — Just in relation to that issue, I think you said that the 1467 were only in government services. Is it not a requirement of the not-for-profit sector that they only employ people who have certificate 4?

Mr ROGERS — It is not a requirement, no.

Mr FORWOOD — Are we encouraging them?

Mr ROGERS — We encourage them, but we do not mandate it.

Mr FORWOOD — I want to go back to the issue I was talking about before, and that is individual rights. My recollection is that the act requires that a statement of rights be developed — I think I am right in saying that. I wonder how it is disseminated, how the department ensures that the rights in it are administered, and whether we could have a copy of it.

The CHAIR — In the Auditor-General's report I think paragraph 1.31 has a comment on that.

Mr ROGERS — I understand the point you are referring to, which is at paragraph 63. There is information given to each resident. I do not have a copy of it here, but I am happy to provide that to you.

Mr FORWOOD — I am interested to know how it works in practice. I guess if I were being to the point I would ask: is this likely to survive the legislative change regime?

Mr ROGERS — Again I cannot answer as to what will actually come out of it, but it is not our intention to move away from some of the rights that are enshrined in the current legislation. Whether the wording would be the same or not, I do not know.

Mr CLARK — Just following on from Mr Forwood's question, and I am under a disadvantage in that I do not know exactly what section you and he have been referring to in the act — —

Mr ROGERS — Section 63.

Mr CLARK — Section 63 of the Disability Services Act 1991?

Mr ROGERS — Of the IDPSA 1986, not the DSA.

Mr CLARK — Section 5 talks about agreements entered into between the minister and the provider of a service when the minister decides to approve funding, and subsection (3) states that — —

The CHAIR — Which act?

Mr CLARK — I am on the Disability Services Act 1991.

Mr ROGERS — Okay. There are two pieces of legislation — the IDPSA and the DSA.

Mr CLARK — The act I am quoting is on this point. I was about to say that section 5(3) says that the terms and conditions of the agreement may include the outcomes to be achieved by a person with a disability and the rights of persons being provided with services by that provider, or persons who are the subject of research programs of that researcher. In relation to service providers I assume that this provision is being given effect to. How are the rights of persons being specified? I suppose I should ask, given that it is 'may include' rather than 'must include', whether such rights are being included in service provider agreements; and if so, how is that being done?

Mr ROGERS — The department, as you would know, has service agreements with each of the funded agencies or community service organisations. That specifies that they need to adhere to certain departmental policies and to Victorian disability standards, as well as a range of other things. I am sorry that I do not have a copy here, but it actually specifies the requirements for each service provider. It is a standard departmental thing, but we add specific things around disabilities when we have specific requirements, and they are certainly standards and policies that we will send to agencies.

Mr CLARK — You will send us over a set of the standards?

Mr ROGERS — Yes, certainly.

Ms ROMANES — Going to the issue of resources and the payment of staff, which is a complex matter, because it involves both government and non-government organisations, how is the department addressing the issue of pay parity for staff and organisations, and what alternative solutions were explored by the department in response to the Auditor-General's recommendations from the 2000 audit report? One of the department's responses was to seek efficiencies in the rostering practices of non-government providers. Could you tell the committee more about how those changes have benefited NGOs in terms of an improvement in their business practices and whether they have been effective mechanisms?

Mr ROGERS — In general terms you referred to the issue of parity. I think it was last year that there was a non-government wage decision which was generally called the parity decision. It did not actually make the rates of pay between the government and non-government sectors the same, but it did provide an increase in wages for staff in the non-government sector. So there is still a difference between the wages and conditions for government and community services organisations.

In relation to the second issue you raised, which was around assisting agencies with efficiencies in other areas, we made a roster tool available to agencies. I do not have the information about the specific impact of that, but it was around assisting in more efficient rostering. More broadly, the minister has established the Community Sector Investment Fund, which has an amount of money available to assist the non-government sector in terms of business efficiencies. A group has been established by the minister to look at the areas in which that investment may be made, and that is currently in progress.

Ms ROMANES — Can I ask about the new departmental funding model and what the changes will be under that new model?

Mr ROGERS — The funding in terms of the non-government sector will be to provide a standard indexation rate.

Ms ROMANES — Has that been well received by the non-government sector?

Mr ROGERS — The concept of an indexation rate has been reasonably well received. I think it is true to say that the sector would like the index to be at a higher rate than that at which it has been set. There are conditions where, if there are special circumstances, an additional payment can be made. That has occurred, or will occur, in 2003–04, where the impact of the national wage case, the $19 minimum wage case, has been greater than the index in a few areas. We have an applied an amendment to the base price to reflect that amount. They are generally happy with that for 2003–04.

The CHAIR — You have talked about developing support and choices for people with an intellectual disability. For the benefit of the committee could you run through how the current process operates, particularly in relation to how efficient, or otherwise, it is?

Ms BOLAND — In terms of funding or in terms of a process?

The CHAIR — In terms of being efficient in meeting the needs of a person with an intellectual disability.

Ms BOLAND — The process is that we allocate a facilitator for the person and their network. They meet with them and go through what it is that they think their support needs require. For people with high support needs or with a complex situation, that can take a few weeks. For other people it is very quick: they have a strong network, they know what they want and they can manage it themselves, so it is a straightforward process. The plan is then developed, and it incorporates not only what would be a disability-support-funded component but also other parts of their lives. They may be receiving HACC services, and they may have informal supports — extended family respite and that sort of thing. The plan then goes to a panel, which usually has government and non-government people on it, in regions. It is then reviewed and an allocation is made in relation to the support requirements around that. It is sort of ratified through that process, and then the plan is implemented. Is that what you meant?

The CHAIR — Yes.

Mr FORWOOD — I guess when I think about disability services I start with the fact that we have a policy reflected in legislation and we then need to ensure that the legislation is put into practice, monitored and reported on in an accountable manner. I think that over the years we have been struggling with each of those bits — getting the policy right, getting the legislation right, getting the implementation right, getting the reporting right and getting the funding right. So I guess in a policy sense does someone who has an intellectual disability have a legislated right to services?

Mr ROGERS — Under the act they have a right to an eligibility assessment, and it does talk about an eligibility, I think, for services or support. In practice, what that has meant since the act came in is that they have an eligibility assessment. They will have a general service plan and they will be either receiving support or they will be on a waiting list for that support. Not everybody with an intellectual disability will get a service that they require, and they never have. It has never been the case.

Mr FORWOOD — Even though the act says that once they have been assessed as eligible they are entitled?

Mr ROGERS — They are entitled to a service. It does not specify what that service should be, and the service in the past or for the last 20 years has been assistance with case management, and there have been other services as well, with a general service plan, and then some get services and some wait for those services. Some after the planning process do not need services straight away. It is an issue with waiting lists or the service needs register. People put their name on it for a future time and they do not require a service other than they want to be registered and they want to have a plan; they do not actually require a service right now. That is not everybody, but people do that. You referred before to people who were worried about five years time, so they may come now thinking they will get on the list of people who are registered with an intellectual disability, but do not need it straight away.

Mr CLARK — You referred in your presentation to the accelerated equity formula being introduced for new funding, and that, of course, was in line with one of the Auditor-General's recommendations. You may have also given some information on this in your presentation, but can you perhaps expand or tell the committee what impact the new model has had on the service delivery — for example, are waiting times for assessment or support improving in the regions that are receiving additional funding, and what is happening in regions that are receiving relatively less funding? What are the dollar amounts of the shift as compared with a straight continuation of current shares pro rata, and overall, what is the department's assessment of the consequences and benefits of the new funding model — that is, of the accelerated equity formula?

Mr ROGERS — I do not have those figures, but we can provide the change in the funding rate. Overall, I would say generally it has not had a huge impact in terms of a shift in overall resources because, as you mentioned and as I did, we have not redistributed existing resources and we do not do that because mostly they are tied to people in very long-term support services. So it has had, I suppose, a marginal impact. We can provide the figures.

In terms of eligibility assessments and those others things, we have required each region to meet the standard we set, which was the time within 30 days, so they have all achieved those figures generally. I do not have the figures in terms of the resource shifts that have occurred in the last few years, but it is not significant in terms of the overall funding because most money already exists in regions.

Mr CLARK — Thank you for your reference to meeting the assessment target. Perhaps in terms of the effect on waiting lists for accommodation support in different regions, you could come back to us with a bit more data.

Ms ROMANES — In regard to resource allocation for day programs, how often is the funding methodology reviewed and what major developments or changes have an impact on funding decisions? Also could you tell the committee what progress has been made with regard to the review of pricing principles that was agreed to after consultation with peak agencies?

Mr ROGERS — In one sense the prices are reviewed each year because they are adjusted for indexation and other things, but the basic methodology of the pricing for day programs has not been changed in the last any number of years, 5 to 10 years. It has not been changed for quite some time. I cannot tell you the exact amount. However, the approach that both Brenda and I have outlined around individual planning and support has meant that what we are doing is as new people require day activity support they get it through individual planning and support rather than just a day program place. The pricing review is due to be completed by December 2004, and it is about the principles of pricing. It is not about how much money we pay for a day program. It is about how we might approach pricing in the future, and it needs to take into account both existing service types as well as a more individual approach for the future. We have agreed on the broad outline of that with the peak agencies in the disability sector and, as I said, we want to have finished that work by the end of this calendar year.

The CHAIR — I am particularly interested in whether you could provide the committee with copies of guidelines and your guidance on restraint and seclusion. Also you may like to comment on this now or take it on notice: how do you ensure your guidelines are followed, not just in the government sector but the non-government as well?

Mr ROGERS — I would need to take that on notice. I do not know the detail of the follow-up that we do around restraint and seclusion. As you know, generally it is reported to the Intellectual Disability Review Panel, which collates that information, but I do not have the information with me around what we specifically do.

The CHAIR — Thank you to our three witnesses. We appreciate the preparation that you and others who are not here this afternoon have invested in the committee's work and following up on the Auditor-General's report on intellectual disabilities. We will be providing you with transcripts in the next couple of days. Thank you very much.

Committee adjourned.