Performance Audit Report

Ageing and Disability Department

Group Homes for People with Disabilities in NSW

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Executive Summary

Executive Summary

Group homes

Group homes are residences located in the general community usually providing supported accommodation for between 2 to 6 people who have various levels of disability and support needs.

There are approximately 2,360 people with disabilities living in over 600 group homes in NSW. Over 83% of these residents have an intellectual disability.

Group homes funded by the NSW Government are operated by the Department of Community Services (DoCS) and non-government organisations (NGOs). DoCS operates approximately 259 group homes (43%) and supports around 1,116 residents; NGOs operate approximately 344 group homes (57%) and support 1,244 residents.

The Department of Ageing and Disability

The Ageing and Disability Department (ADD) was established in April 1995 to perform, on behalf of the Minister for Ageing and Disability, the roles of funder, purchaser and regulator of all disability services in NSW, including group homes, receiving funds from the State. It is the responsibility of ADD to ensure services accord with the NSW *Disability Services Act 1993* (*DSA*).

NSW Disability Services Act 1993

The Object of the *DSA* is to ensure that people with disability have access to services which:

- help them achieve their maximum potential
- promote integration of people with disability into the community
- promote positive outcomes and images
- are innovative and well managed.

The audit

The main objective of the audit was to examine the overall **performance management systems** for group homes that receive funding from the NSW Government. In particular, the audit was to assess the extent to which these systems:

- support the achievement of the objectives of the *DSA* in an efficient manner
- promote accountability for public expenditure on group homes.

In addition to extensive discussions with relevant agencies and examination of their systems, the Audit Office employed the services of consultants with experience in the area of disability and conducted a detailed examination of 17 group homes. The Audit Office spent a total of 12 person weeks in these group homes. More details of the audit methodology are provided at Appendix 3.

Because of the small size of the sample, it may not be appropriate to extrapolate the findings to all group homes in NSW. However, based on anecdotal evidence, the Audit Office has no reason to believe that these homes were atypical.

The audit opinion

The Audit Office acknowledges that this is an extremely complex and difficult area of Government activity and that putting in place effective systems is a significant challenge. Nevertheless, it is a critical task, given the vulnerability of clients and the scarcity of resources.

Whilst there has been progress in improving systems, and further enhancements are planned, nevertheless, five years after the creation of ADD as the industry regulator, there are a number of fundamental issues which remain to be resolved.

The Audit Office is of the opinion that significant further development of performance information systems is required before there can be an adequate level of assurance that Government funding is provided in conformity with the *DSA* and that services provided represent value for money.

ADD alone can not resolve a number of the issues. This will require the cooperation of a number of Government agencies and the non-government sector. A clear and shared vision for the provision of services needs to be developed, committed to by all parties and implemented without delay.

Audit findings

The audit opinion is based on the following findings.

No Clear Policy

ADD has not yet developed a sufficiently clear, comprehensive and coherent strategic framework for the provision of group home services. This is reflected in the:

- gaps in operational policy in key practice areas
- lack of systemic targets for the provision of disability accommodation services in general and group homes in particular

- limited focus on developing the sector
- limited effective systemic planning, particularly relating to unmet demand and management of vacancies
- limited exchange of better practice information across the sector.

Lack of Performance Monitoring

Performance monitoring systems are not sufficiently robust and reliable to offer assurance that services are provided in compliance with the *DSA*. This is reflected in the:

- paucity of performance information available to ADD on which it can base decisions

- limited system capacity to capture and exchange relevant information within and across agencies

- substantial reliance on unvalidated self-assessment reporting

- differing monitoring arrangements for DoCS and NGOs

- substantial delays in processing complaints information

- lack of monitoring of the transition of homes to conformity with the *DSA*.

Funding Not Related to Performance

Funding is not allocated in a manner consistent with the intent of the *DSA*, which focuses on the achievement of outcomes for the person with disability. Block funding, based on historical factors and unrelated to individual needs, predominates. In particular, funding:

- is not provided on an equitable basis

- is largely directed toward the provision of accommodation services with limited focus on the provision of adequate disability support services, day programs, independent advocacy and substitute decision making. Some residents unable to make an informed choice lacked an advocate or 'person responsible' to assist them in making choices and decisions and to provide consent

- does not relate directly to output targets, outcomes for individuals or conformity to the *DSA*.

Funding Cannot be Readily Tracked	**Funding and expenditure for group homes cannot be readily tracked and differentiated from other disability funding and expenditure to determine whether value for money was achieved.** In particular, ADD is not in a position to:

- determine accurately what proportion of the funds provided to DoCS is spent on group homes[1]

- track effectively the $48.3m provided for transition or to assess the impact that this funding has had on conformity status

- assess what individuals have received for the funding it provided

- report transparently and publicly on expenditure and outcomes.

Funder, Purchaser, Provider Model Not Clear	**There are unresolved difficulties with the implementation of a funder, purchaser, provider model in disability services.** In particular, ADD does not have:

- sufficient information on individual needs and service gaps to fund and purchase services effectively

- important information to compare the costs and benefits of group homes with alternative models of providing supported accommodation

- sufficient scope to impose sanctions for poor performance because of
  - its inability to clearly specify what is acceptable performance
  - the risk of sanctions impacting on the residents
  - the lack of system capacity and alternate service providers within the existing system
  - significant existing unmet demand
  - limited legislative powers.

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[1] DoCS and ADD advise that since December 1999, ADD is provided with information that accounts for the proportion of the block funding spent on DoCS group homes.

Recommendations

1. There is a need for enunciation of a clear, comprehensive and coherent strategic framework for the provision of group home services. In particular, there is a need to:

   - establish systemic targets
   - fill policy gaps
   - put in place a strategy for development of the sector.

2. There is an urgent need for ADD to undertake a review of group homes to establish:

   - their conformity with the *DSA*
   - the need for support to assist non-conforming services to move towards conformity
   - an effective planning and funding strategy to manage the transition process of non-conforming services to conformity.

3. There is a need for ADD to:

   - clarify the definition of conformity to the *DSA*
   - establish a process for regular review of conformity of group homes with the *DSA*
   - have the power to reverse the conformity status of group homes where they no longer conform to the *DSA*
   - have more effective mechanisms to sanction providers in breach of the *DSA*.

4. There is a need for ADD to put in place more comprehensive, reliable and robust systems of data collection to assist ADD in purchasing and funding group home services that conform to the *DSA* and represent value for money. In particular:

   - data needs to inform evaluation of performance and have its accuracy verified
   - data needs to be drawn from all relevant sources
   - data needs to cover existing clients, vacancies and unmet demand
   - systems need to be integrated, both within ADD and between ADD and other relevant agencies
   - similar data should be collected from DoCS and NGOs.

5. ADD needs to develop an enhanced capacity to analyse and use performance data to inform planning and decision making. In particular:

    - risk analysis should be used to prioritise more intensive monitoring and review of services
    - better practice benchmarks for group homes need to be established and promulgated
    - a system for managing vacancies and unmet demand needs to be established
    - comparisons of costs and benefits of various models of providing supported accommodation should be undertaken.

6. ADD needs to put in place funding systems that are more consistent with the individual client focus of the *DSA* and ensure greater equity and transparency. In particular funding decisions need to:

    - be supported by assessment of individual needs, determination of eligibility and priority of access and information on system capacity (eg vacancies)
    - be informed by breaches of Funding Agreements, unresolved consumer complaints, targeted reviews and regular monitoring activities
    - be output-based reflecting the needs of individual group home clients
    - be more flexible, to take account of changing client needs
    - take into account that group home residents do not only require accommodation, but require a range of specialist support services, programs and independent representation.

7. There is a need for ADD to establish similar funding, monitoring and review regimes for DoCS and NGOs.

8. There is a need for ADD to establish efficient mechanisms to handle complaints about funding arrangements.

9. There is a need to improve present arrangements for dealing with consumer complaints. In particular:

    • a review of the Community Service Commission's capacity to deal promptly with consumer complaints is required, given the recent increase in number and complexity of complaints

    • appropriate mechanisms are required to ensure that CSC recommendations are enforced and implemented

    • the onus needs to be placed on service providers to answer promptly CSC's requests for information about complaints, so that CSC is able to meet its statutory requirements to respond within 28 days

    • a review of the capacity of the Community Visitors Scheme to maintain adequate and effective contact with residents is required, given the increasing number of visitable services and clients

    • enhanced procedures are required for the Community Visitors to bring issues and complaints to the attention of service providers and for CSC to provide feedback to the Community Visitors on matters at hand.

10. There is a need for ADD to:

    • identify residents in need of a substitute decision maker and ensure they have a designated 'person responsible' or guardian to provide consent

    • clarify the substitute decision making process for matters that fall outside the responsibility of a guardian (stipulated in the guardianship order) or 'person responsible'.

Responses from the Agencies appear on page 82

1. Introduction

This audit of group homes for people with a disability builds upon a performance audit of large residential centres for people with disability, which the Audit Office undertook in 1997.

This audit examines the overall **performance management systems** for group homes operated by the Department of Community Services (DoCS) and non-government organisations (NGOs) which receive funding from the NSW Government.

Report outline

> This chapter outlines the audit objectives and provides an overview of group homes in NSW.
>
> Chapters two and three present the findings from the group home visits relating to the compliance with the Standards and the safety of residents.
>
> Chapters four and five review the effectiveness of the monitoring and complaints systems in place.
>
> Chapter six examines the regulatory and funding systems.
>
> Chapter seven discusses future challenges and issues facing ADD.
>
> **Assumed names have been used in all references made in this report to individuals encountered during the audit.**

1.1 The audit objectives, scope and methodology

Audit objectives

The audit assesses the extent to which the overall performance management systems for group homes:

- support the achievement of the objectives of the *Disability Services Act 1993 (DSA)* in an efficient manner
- promote transparent accountability for public expenditure on group homes.

Appendix 1 sets out the Principles and Application of Principles of the *DSA*. The Disability Service Standards are contained in Appendix 2.

Audit methodology

The Audit

- reviewed relevant documentation
- observed systems and procedures in practice at central, area and group home level
- conducted extensive consultation with key agencies, advocacy groups and peak bodies
- undertook a literature review focusing on the needs of people with disabilities living in a community setting and practices in other jurisdictions.

The Audit Office examined 17 group homes. The selection of these homes was informed by a detailed preliminary study and determined in consultation with Ageing and Disability Department (ADD), Community Services Commission (CSC) and DoCS.

The Audit Office visited:

- 2 DoCS and 2 NGO homes in March 1999 as pilots to develop the audit procedures
- 6 DoCS and 7 NGO homes between September and December 1999 as case studies. The Audit Office spent a total of 12 person weeks (exclusive of preparatory work and travelling time) in these group homes.

The selection of homes aimed to capture the experiences of residents:

- with widely varying levels and types of disabilities
- of different ages and gender
- living in different geographic locations
- living in a variety of DoCS and NGO group homes.

Appendix 3 outlines the audit approach and methodology and Appendix 4 summarises the profile of group homes visited by the Audit Office.

1.2   Background

Funding of group homes

ADD provides 70% of the State disability funding received by DoCS. ADD has a Relationship Agreement with DoCS for this funding. DoCS receives the remaining 30% of its disability funding directly from NSW Treasury.[2] DoCS has a Resource Allocation Agreement with Treasury for these funds.

All State disability funding provided to NGOs is channelled through ADD. ADD has a Funding Agreement with each non-government service provider receiving State funds. Some NGOs supplement Government funding from other sources such as their own charitable fund raising activities.

Appendix 5 provides a more comprehensive description of the various roles and responsibilities of agencies associated with the program.

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[2] DoCS advises that this amount includes accrual adjustments.

The Audit Office estimates that ADD provided $164m for all group homes in 1998-99.[3] This estimate excludes:

- ADD's expenditure on support services and day programs which residents access from other providers
- funds provided direct to DoCS by Treasury
- NGOs' other income sources.

ADD's monitoring

ADD has adopted a process for monitoring compliance with the *DSA* that comprises:

- the NSW Disability Services Standards (the Standards)
- policies that define what is an acceptable accommodation service
- 'Standards in Action' which sets out minimum and enhanced practice requirements across a number of policy areas.

Within this framework, ADD uses four key mechanisms to manage performance and ensure compliance with the *DSA* and funding requirements.

Self-assessment reporting - ADD requires all services funded under the *DSA* to undertake an annual self-assessment. This annual self-assessment is the linch-pin of the funding and accountability process for disability services in NSW.

Service user feedback questionnaire - Since 1998, both DoCS and NGOs have been required to distribute feedback questionnaires to service users (residents and their families). The completed questionnaires are returned directly to ADD regional offices for assessment.

Service Support and Development Officers (SSDOs) - The SSDOs are regional officers of ADD and are responsible for monitoring the quality of disability services and for providing face-to-face support and advice to providers and clients. There are 15 SSDOs responsible for disability services, including group homes. The SSDOs' monitoring applies only to NGOs and not DoCS.

Service Review - ADD conducts reviews of services where serious issues of accountability or quality of service provision arise. This review function applies only to NGOs and not DoCS.

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[3] ADD does not break its funding allocation to DoCS and NGOs in a manner that allows it to readily and accurately determine how much has been spent on group homes as opposed to other disability services.

Community Visitors Scheme	The role of the Community Visitors (CV) is to protect and advocate for the rights and interests of children and adults living in visitable services[4] (which include group homes). There are 33 CVs responsible for over 900 visitable services in NSW.
	The Minister for Ageing and Disability, under *the Community Services Complaints, Appeals and Monitoring Act 1993*, appoints the CVs for a period of 3 years. The CVs are independent of Government departments, the services they visit and the Community Services Commission (CSC) which administers the Scheme.
Community Services Commission	In addition to administering the Community Visitors Scheme, the Community Services Commission:

- handles individual complaints about service providers
- monitors the quality of services and inquires into major issues affecting consumers
- reviews the situation of people in care
- reviews disability death cases.

Other organisations	Other organisations such as the Office of the Public Guardian and the Office of the Protective Commissioner have a specific role in monitoring aspects of services. Peak and community organisations such as ACROD (the National Industry Association for Disability Service Providers), the Council for Intellectual Disability (CID), Intellectual Disability Rights Services (IDRS), People with Disability Inc (PWD), etc, also have specific interests in the quality of services provided to people in group homes.
	A more detailed background to the funding and monitoring arrangements relating to group homes is contained in Appendix 5.

1.3   Acknowledgements

The Audit Office gratefully acknowledges the cooperation and assistance provided by representatives of the Department of Ageing and Disability, the Department of Community Services, the Community Services Commission, the Office of the Public Guardian and the Office of the Protective Commissioner to the audit team: Michael Johnston, Henriette Zeitoun, Stephen Horne.

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[4] A visitable service is a service operated by a funded agency for the purpose of providing care.

The Audit Office also wishes to thank the residents of the group homes and their relatives, advocates and guardians, the staff of group homes, Community Visitors and peak community organisations for their time and insights.

The Audit Office valued the assistance of the Centre for Development Disability Studies in the conduct of the visits program and the expertise and support in ensuring a sensitive and ethical approach to the audit. In particular, we wish to note the contribution of Dr Roger Stancliffe, Ms Angela Dew, Dr Sue Ballandin and Ms Noel Atkinson.

1.4   Cost of the audit

The total cost of the audit to date of tabling was $443,367. The cost includes estimates of $6,000 for printing, $3,036 for travel, $16,352 for consultants and $25,653 for time spent by staff of the Audit Office for which no compensation was made.

2. Meeting the Standards

The Audit Office examined how policies and procedures work in practice in 13 group homes in NSW.

People with disabilities living in group homes require both appropriate accommodation and specialist support. The needs of some of these people are so complex and of such permanent nature that mainstream services cannot be adjusted to meet their needs effectively and therefore, require specialist disability services as well as accommodation services.

This chapter examines key practice areas that are of particular challenge to service providers in meeting the *DSA* and which offer significant scope for improvement.

In particular, this chapter examines:

- **advocacy and substitute decision making**
- **specialist support services**
- **integration and participation**
- **individual planning.**

2.1   Advocacy and substitute decision making

The *DSA* specifies that people with disability are entitled to have:

- advocacy services available to them
- decisions made on their behalf where they are unable to make decisions themselves
- such advocacy and substitute decision making provided to them independent of the service providers.

The existence of an independent advocate, relative or guardian for clients unable to make an informed choice without assistance is important to ensure that the legal and human rights of residents are upheld in relation to the prevention of abuse within the service.

Group Home Visits

Jim[5] is 24 years old and an ex-ward of the State. He is blind, an amputee and has epilepsy and cerebral palsy as well as an intellectual disability. He exhibits challenging behaviour and inflicts severe bites upon himself, staff and other residents.

At the time of the visit, the service had no Individual Plan, Behaviour Management Plan or Communication Plan for Jim. The service sought to manage his behaviour through the administration of psychoactive medication.

Jim has no family member, guardian or advocate to promote his quality of life or to consent to his behavioural and medical care.

2.1.1 Advocacy

Under the Commonwealth State Disability Agreement 1991, both the Commonwealth and the States share the responsibility for funding and planning advocacy services.

Families, friends and guardians may act as independent advocates for residents in supporting them or representing them in processes such as individual planning, complaints and disputes, communication and consultation, service user meetings and informed decision making.

Where a resident does not have an advocate from within an appropriate personal network, it is the responsibility of the service provider to identify the need for assistance and to actively seek the involvement of independent advocacy on behalf of the resident from advocacy groups.

The Audit Office observed several instances were residents did not have access to an independent advocate. The reasons for the limited access include:

- services do not always identify those residents needing independent representation and actively seek advocates

- the paucity of advocacy services and of available advocates, especially in rural areas and for non-verbal residents.

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[5] In this and all other case studies presented, assumed names have been used to protect the confidentiality of the individual

2.1.2   Substitute decision making

Medical and/or dental treatment

In relation to decisions about major or minor medical treatment, under the *Guardianship Act 1987*, either a guardian or a 'person responsible' may give consent on behalf of a resident who is unable to consent on his or her own behalf.

The Guardianship Tribunal appoints a guardian (public or private) for a specific period of time. A guardian's authority for consent is limited to the matters stipulated in the guardianship order.

The 'person responsible' is **not** appointed by the Guardianship Tribunal, but has under the *Guardianship Act 1987* the **legal** capacity to consent to major and minor treatment on behalf of a resident. A 'person responsible' can be a guardian, spouse, relative or friend who has a close and continuing relationship with the person.

A number of residents, especially ex-wards of the State, had no guardian and little ongoing contact with family or friends and therefore, no 'person responsible'.

Group Home Visits

Availability of a 'person responsible'			
	DoCS	**NGOs**	**Total**
Total number of residents in homes visited	24	33	57
Residents with person responsible external to service provider			
• Resident responsible for self	4	5	9
• Family member responsible	13	15	28
• Guardian or other advocate responsible	5	3	8
Residents without an external person responsible			
• The provider acts as de facto person responsible	0	8	8
• No-one available as person responsible	2	2	4

Other decisions

The resident's well-being is also affected by decisions made about matters including:

- individual planning
- behaviour support planning
- supported accommodation arrangements
- financial management.[6]

It is not clear who makes decisions about such matters where

- there is no guardian or 'person responsible'
- there is a guardian, but the matter falls outside the scope of the guardianship order.

The Audit Office observed in the homes visited several examples of residents whom it considered required a guardian or 'person responsible' to make decisions for them, but who had no such substitute decision maker.

The Audit Office noted several instances where the non-government provider acted as the de facto 'person responsible' for residents or sought to provide a measure of representation, for example by appointing a single 'advocate' for all residents of a home.

The lack of an effective system to provide for an informed choice and substitute decision making heightens the vulnerability of residents and is not in accordance with the *DSA*. It also creates problems for the service, the staff, the Community Visitor and the Service Support and Development Officer. The Audit Office noted situations in which these parties took on advocacy and de facto 'person responsible' roles even when it was inappropriate to do so because of time constraints and conflicts of duty.

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[6] The Guardianship Tribunal may appoint a financial manager for residents unable to manage their own finances.

Action Required	There is a need for ADD to:

There is a need for ADD to:

- review the adequacy of advocacy services and to ensure equitable access to these services by residents requiring independent representation

- identify residents in need of a substitute decision maker and ensure they have a designated 'person responsible' or guardian to provide consent

- clarify the substitute decision making process for matters that fall outside the responsibility of a guardian (stipulated in the order) or 'person responsible'.

2.2   Specialist support services

Specialist services are essential to maintain the physical, mental and psychological integrity of many residents, but are often either unavailable, or available only for a fee paid by the resident.

Group Home Visits

Adam, a young man living in regional NSW, has uncontrolled epilepsy and a severe intellectual disability. He requires remedial massage to control immobilising cramping. He is only able to obtain one weekly ½ hour massage at a cost of $35 out of a disposable income of $47.

Group Home Visits

Sam, a literate middle aged man with cerebral palsy and a mild intellectual disability, uses a wheel chair. He has exhibited challenging behaviour, punching and ramming staff and residents with his wheelchair.

The service does not have a Behavioural Management Plan for Sam, largely because he refuses to pay the $80 an hour required for a private psychologist.

Historically DoCS has provided some specialist support services as a component to its operations. The challenge for ADD, in managing the disability service system as a whole, is to ensure that:

- the service system supports individuals in both DoCS and non-government homes
- support is sufficient and available throughout NSW
- support is available at minimal or no cost to residents.

Access to specialist support services was an issue in most of the group homes visited. Services not currently available to many homes include physiotherapy, speech and occupational therapy, behavioural support and programming and nursing.

Group Home Visits

The response of the services is summarised in the following table.

Unmet demand for support services			
By auspice			
	DoCS	**NGOs**	**Total**
Number of homes visited	6	7	13
Major types of unmet need			
Therapists	2	4	6
Programmers	3	5	8
Homes with no unmet demand for support services	2	0	2
By location			
	Major cities	**Other**	**Total**
Number of homes visited	9	4	13
Major types of unmet need			
Therapists	2	4	6
Programmers	4	4	8
Homes with no unmet demand for support services	2	0	2
Note: The Audit Office identified unmet demand through discussions with residents, staff, advocates, parents, guardians, and examination of group home records in conjunction with disability experts from the Centre for Developmental Disability Studies.			

The limited availability of specialist support services is a common problem especially for homes outside of Sydney, Wollongong and Newcastle and for homes operated by NGOs. This problem is most pronounced in settings where staff are inexperienced or lack training and information on available resources. In such settings, even when expertise has been provided to design policies and programs, little ongoing support was available to direct-care staff. As a result, implementation of programs often does not follow.

DoCS homes also have difficulty in accessing departmental programmers[7] and clinicians since these resources give priority to supporting the 16,000 individuals with disabilities who live with their families. However, DoCS accommodation services are more likely to have sufficient internal expertise to develop behaviour and communication programs.

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[7] Programmers are officers with relevant qualifications to design appropriate behavioural management programs and developmental functional skills programs for people with disabilities.

Audit Observations	In addition to the limited availability of **supply** of specialist services, the Audit Office observed key systemic issues that limited **access** to specialist support services in general and therapy services in particular:

- lack of recognition by staff and management of resident support needs
- small NGOs lack the influence and the critical mass to access information and resources to develop policies
- a lack of shared understanding and articulation of what specialist support services do or should comprise
- lack of definition of roles and responsibilities of agencies in terms of funding provision and coordination of these services (eg case management, support coordination, behaviour management, etc.)
- limited focus and information on the level of unmet need
- lack of effective systems to assess individual needs and determine eligibility, priority and level of access to services
- lack of staff knowledge about available therapy services and related equipment
- burn-out among some specialist service providers.

The Audit Office acknowledges that the problem of access to specialist support services by residents of group homes may be reflective of general problems of access by people with disability living in the community or even by members of the broader community. However, the management of clinical issues in group homes in the absence of appropriate expertise and support is of concern.

Action Required	There is a need for ADD to develop a strategic, coordinated and planned approach to the provision and funding of specialist services to meet the demand equitably.

Recent initiatives
The two homes visited by the Audit Office that did not identify unmet demand for specialist support services were relatively new outlets for ex-residents of institutions. Contemporary programs initiated by ADD such as the '300 places' program and the devolution of the Hall for Children, Watagan and Baringa, have made specific allocations to provide specialist support, particularly behaviour management support.[8] This is fundamentally different from most previous funding which was limited to accommodation support only.

ADD has advised that it:

- has completed a review of therapy services and is taking action to implement the recommendations to improve access

- intends to undertake a review of specialist support services to address issues around access to specialist support systems.

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[8] ADD advises that the current Expressions of Interest around the reform of boarding houses and DoCS group homes also recognise the need to assess and fund the need for specialist support.

2.3 Integration and participation

The *DSA* envisages that people with disabilities will have regular access to the community and that they will not remain under the sole control of the accommodation provider. This is generally interpreted to mean that group home residents should have the opportunity to engage in employment, skills development and recreational activities outside of the group home.

Under the Commonwealth-State Disability Agreement 1991, the Commonwealth takes responsibility for employment services and the States and Territories assume responsibility for accommodation and other support services, such as day activities and programs.

The fieldwork indicated that many residents have no, or very restricted, access to activity beyond that provided by group home staff. The following tables demonstrate that opportunities for integration are particularly limited for:

- residents of DoCS homes
- residents who are over 30 years of age.

Group Home Visits

Availability of opportunities for integration by auspice			
	DoCS	**NGOs**	**Total**
Number of residents in homes visited	24	33	57
Number of resident days per week (rdpw)[a]	120	165	285
Number of rdpw at school	15	5	20
Number of rdpw at Post School Options (PSO)	5	41	46
Number of rdpw in employment or day program	13	77[b]	90
Number of rdpw without activity	87	42	129
Number of residents with no external day activity	15[c]	8	23
Ratio of rdpw spent outside the GH	28%	75%	55%
Ratio of rdpw without external ctivity	72%	25%	45%
Ratio of residents without external activity	63%	24%	40%

Note:
[a] The number of resident days per week excludes weekends.
[b] Three of the NGO homes relied upon employment and day programs operated by sister organisations of the accommodation provider.
[c] One DoCS outlet provided services in the home using outside resources.

**Group
Home Visits**

Availability of opportunities for integration by resident age			
	< 30 years	**> 30 years**	**Total**
Number of residents in homes visited	32	25	57
Number of resident days per week (rdpw)	160	125	285
Number of rdpw at school	20	0	20
Number of rdpw at Post School Options (PSO)	46	0	46
Number of rdpw in employment or day program	69	21	90
Number of rdpw without activity	25	104	129
Number of residents with no external day activity	3	20	23
Ratio of rdpw spent outside the GH	84%	17%	55%
Ratio of rdpw without external activity	16%	83%	45%
Ratio of residents without external activity	9%	80%	40%
Note: the number of resident days per week excludes weekends.			

The limited activity outside the group home has significant and adverse consequences for the quality of life of residents, the working conditions of staff and the finances of the provider.

- Residents and staff spend most of their time together, usually within the home, engaged in congregate activities. This often results in boredom, exacerbates interpersonal conflict and contributes to challenging behaviour. A number of services commented that these factors create a vicious circle of assaults, OH&S claims, staff turnover and increased costs.

- The social isolation of residents is heightened as they are denied the opportunity to meet and make friends outside the group home.

- The presence of residents at home during the day requires additional staff and is a significant cost driver for DoCS homes.

- Although residents in NGO homes tend to have greater access to structured external programs their access to the community is constrained in other ways. Four of the seven homes visited did not have a vehicle. Residents unable to travel independently on public transport were reliant upon the use of day program buses and the private cars of staff members.

Audit Observations

The Audit Office noted a number of key systemic factors that affect group home residents' access to activities outside the group home.

- There is a severe shortage of activities available for older residents. Many of the State funded activities have age-based eligibility criteria. For example, Post School Option (PSO) funding is unavailable for adults who had left school before the PSO scheme began.

- The fees charged by PSO providers significantly exceed the PSO allowance funded by ADD, limiting the number of days consumers can attend or precluding them from attendance. The PSO guidelines state that there should be 20-35 hours per week provided, however, many residents are receiving fewer than 17 hours. ADD advises that the hours will vary according to individual need and that fewer than 10 hours per week may be available for consumers who requires 1:1 support.

- The rationalisation by the Federal Government of its employment programs has restricted integration opportunities for people with disabilities. A number of residents interviewed had lost employment places in recent years. The diagram below illustrates the shrinkage in Federally funded employment places. This trend is likely to be exacerbated as the Commonwealth implements a policy of requiring productivity gains from employment schemes for people with disabilities. These developments are placing increased pressure upon State funded services.

Proportion of estimated labour force of people with disabilities in NSW using Commonwealth-funded disability employment services
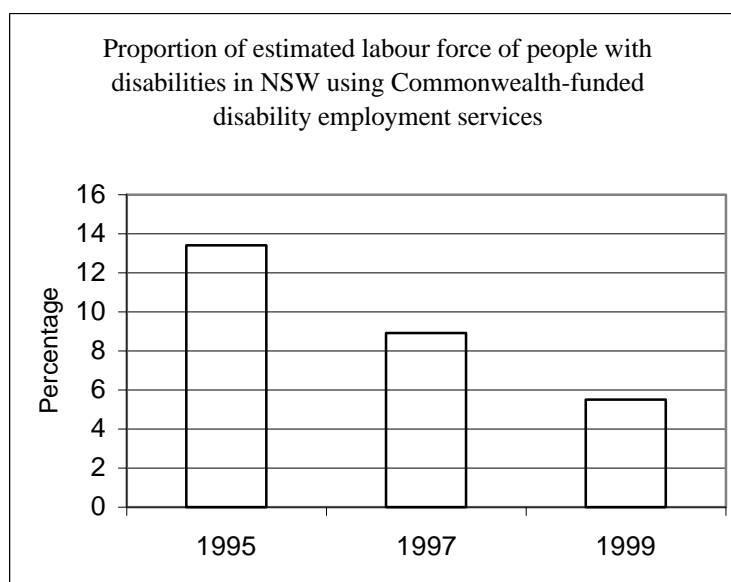
Steering Committee for the Review of Commonwealth/State Service Provision: *Report on Government Services 1999; Report on Government Services 2000.*

Group Home Visits

In 1997 the 5 residents of a home in a small country town attended a supported employment service.

In late 1999 no employment or day programs were available for three residents. Two residents spend 2 hours a week working in a motel and a recycling centre respectively.

The situation in NSW contrasts markedly with that of the USA where clients attend day programs for 30 hours per week as a condition of Federal Medicaid funding of State disability services. This target is not proposed as a benchmark for NSW, but rather used to highlight the absence of targets in NSW.

Action Required

The Audit Office considers that there is a need for ADD to establish service provision targets or benchmarks for access to day programs that are linked to assessment of client needs and resource requirements.

Recent initiatives

ADD advises that it is implementing reform under the ATLAS (Adult Training, Learning and Support) initiative. This initiative is designed to integrate education services, specialist services funded by the State (eg Day Programs and PSO), and to interface with Commonwealth-funded employment programs to ensure better services to individuals. A key principle is that ATLAS will provide and facilitate access to life long learning and skill development, recognising and responding to the transition points and changes in peoples' lives.

ATLAS is the subject of on-going negotiations with the Commonwealth.

2.4   Individual planning

The *DSA* requires service provision to address individual need. The individual plan (IP) is the principal mechanism for providers to identify, monitor and review delivery of services to meet set goals to enable residents to achieve desired outcomes. The plan is developed for the resident with input and assistance from group home staff, relatives, advocates, doctors, therapists, day placement staff, psychologists and other concerned individuals.

The Audit Office observed that services with effective IP mechanisms in place tended to provide a higher quality of care.

Group Home Visits

Good practice

Angus, is a young man who left his family to join a group home 2 years ago. He has an intellectual disability, autism and obsessive compulsive behaviour. When he joined the home he frequently exhibited highly challenging behaviour.

Although the service has been unable to access programmers, major behavioural improvements have been achieved through effective individual planning.

The IP meeting was attended by Angus, his parents, house manager, staff and the day program co-ordinator. The IP meeting also considered a lifestyle assessment and reports from his speech pathologist, psychiatrist and GP.

Angus's participation was assisted through the use of photos and alternative formats.

His current IP includes:

- regular mainstream social activities
- regular medical and psychiatric examinations
- behaviour management programs
- the development of road skills.

His family is involved in the planning and implementation of the IP, which is reviewed every 3 months and modified as appropriate.

Angus is now well settled into the group home with a reduced level of challenging behaviour.

The following table indicates that although most of the homes visited had IP mechanisms in place, the effectiveness of the implementation was variable.

Group Home Visits

Individual planning			
	DoCS	**NGOs**	**Total**
Number of homes visited	6	7	13
Existence of policies and procedures	6	5	11
Current IP's exist for all clients after 3 months of joining the group home	5	3	8
No IPs exist for any resident	1	2	3
IP's are effectively reviewed[a]	4	2	6
Input and participation in the IP process (for some residents) extends beyond the group home staff.	4	5	9

Note:

[a] The Audit Office concluded that plans were effectively reviewed where there was evidence of a process to establish individual goals and incorporate them into service delivery, and to review achievement of goals and the individual's needs.

The Audit Office identified a number of issues that affect the effectiveness of individual planning for residents of group homes.

- The non-existence of IPs appeared attributable to two factors:
  - two group homes did not have policies and procedures in place
  - two group homes lacked IPs for residents whose future with the respective service was unclear. This is of concern because the uncertainty over the residents' accommodation had continued for eighteen and six months respectively.

- A number of services and ADD staff observed that resource constraints (including staff hours, support services, vehicles and day programs) have required the 'rationalisation' of individual plans. As a result, the frequency of external activities and the extent of one-to-one interaction with staff available to residents had been reduced, as similar goals were adopted for a number of residents and residents participated in the same activities on a congregate basis.

Group Home Visits

> In one home, the IPs of two fellow residents share the same goal for year 2000, ie. to buy a new pair of glasses.
>
> In another home, although there is evidence of attempts at more personalised planning, the IP goals for 4 out of 5 residents are identical, ie. to buy take-away meals once a week and to send a card to their families.

- Standard 2.1 of ADD's *Standards in Action,* which requires services to have mechanisms to include residents and families in developing IPs, is not being met by all providers. The limited involvement of residents and families is partly attributable to:
  - the services' lack of communication programs and expertise
  - the families' inability or unwillingness to participate.

Audit Observation

> Almost half of the homes visited fail to effectively implement, review and modify the individual plans as required by *Standards in Action*. As a result, some individual plans are paper exercises that remain unchanged and unimplemented from year to year.

3. Meeting the Challenges

The Audit Office examined how policies and procedures work in 13 group homes to ensure the safety and welfare of residents focusing on:

- **incompatibility of residents**
- **challenging behaviour**
- **management of complaints about staff.**

3.1   Incompatibility

Initial placement of a person with a disability in a group home needs to take into account the compatibility of the individual with other residents of the group home. This is important to ensure the safety and welfare of residents and support staff. It is equally important for the service to monitor the on-going compatibility of residents as their needs and circumstances change.

The incompatibility of residents is an ongoing challenge for the providers of supported accommodation. In 1998-99, CSC reported that resident-to-resident assault was the most complained about issue in the disability sector.

Incompatibility among residents was a common problem for group homes visited with its most obvious manifestation being injury, aggression, hostility, threats, intimidation and fear. Incompatibility issues also take less overt forms when an individual's needs are not being addressed, living-skills are being lost and more demanding residents are monopolising the staff's time.

Group Home Visits

Incompatibility issues			
	DoCS	**NGOs**	**Total**
Number of homes visited	6	7	13
Compatibility issues identified[a]			
Assaultive behaviour[b]	5	3	8
Loss of skills and independence; lack of development	3	5	8
Note: [a] Group homes may have multiple compatibility issues. [b] Assaultive behaviour may arise from factors other than incompatibility.			

Group Home Visits

Georgia has a moderate disability, but requires constant supervision because of the need to protect her from an abusive family. The service provided her with emergency accommodation at a home in which her fellow residents have higher support needs and are all non-verbal. The service is aware that the house is not appropriate for Georgia and that she is increasingly losing living skills and the capacity for independence. Georgia has lived in this home for several years, and still wants to move out.

**Group
Home Visits**

> Thirty year-old Robyn lives with 4 younger, very active people. In the past Robyn shared their vitality, but her behaviour changed dramatically 5 years ago.
>
> She is now extremely slow, requires constant supervision, is left out of many house activities and appears to have different needs to the other consumers. The service does not appear to have addressed the cause of her behavioural change.

There is evidence of a systemic response by service management in some DoCS Areas to address these issues through compatibility reviews. Where such reviews had been implemented and followed through with appropriate action, the system appears to be addressing the most pressing issues.

**Group
Home Visits**

> **Good practice**
>
> A home for 5 residents had a long history of serious incompatibility with very high levels of verbal and physical abuse and property damage.
>
> The Area reviewed compatibility in 1998 and appears to have addressed the major issues in a balanced and practical manner:
>
> - the most incompatible resident was moved out to other supported accommodation and provided with intensive program support
> - the compatibility of the remaining 4 residents has been actively managed by the service
> - the staff have been supported in developing and implementing individual and behavioural management plans and the management has provided prompt and effective feedback
> - the Area office responded quickly in 1999 when one resident made serious life-threatening assaults on a sleeping housemate. Management instituted weekly behavioural data reports to programmers, organised a psychiatric assessment and revised the Behaviour Management Plan. The service also installed an unobtrusive sensor on one of the bedroom doors to alert staff of likely attacks.
>
> Frequent incidents of challenging behaviour continue. During the three weeks prior to the Audit Office visit, 2 assaults and 20 self-injuries occurred. Notwithstanding this, the residents, a sister, a guardian and staff impressed upon the team that major improvements had been achieved. The residents were much happier and more active. The effective individual and behaviour plans gave them far greater choice and put in place boundaries that improved their quality of life without imposing upon others.

In other settings, both in DoCS and NGO group homes, no effective approaches to address incompatibility were evident.

Audit Observation	The Audit Office noted that the limited staff expertise and limited system capacity to move residents were the key systemic factors affecting the ability of services to deal with incompatibility issues.

3.2 Challenging behaviour

Challenging behaviour refers to behaviour that is of such intensity, frequency or duration that the physical safety of the person with a disability or those nearby is at risk. The behaviour may also limit the person's ability to participate in daily life and enjoy wider experiences.

Incompatibility between residents is not the only factor that can give rise to challenging behaviour. Other triggers identified by services were:

- inappropriate staff expertise and values
- lack of appropriate means of communication
- lack of attention and one-to-one interaction between residents
- boredom and frustration arising from a lack of access to activities, external contacts and support services.

Challenging behaviour was an issue for the majority of group homes in the case study sample as demonstrated in the following table.

Group Home Visits

Challenging behaviour			
	DoCS	**NGOs**	**Total**
Homes visited	6	7	13
Homes with ongoing challenging behaviour	6	4	10
Proportion of all residents with challenging behaviour	46%	30%	37%
Homes with effective review and management of behaviours	4	0	4
Homes with some review and management of behaviours	1	2	3
Homes with minimal review and management of behaviours	1	2	3

ADD's policy and guidelines, *The Positive Approach to Challenging Behaviour,* seeks to balance duty of care, dignity and respect for the individual and occupational health and safety issues. The policy requires providers to manage the challenging behaviour when it occurs and to prevent it where possible. Effective management requires assessment of the individual and his or her environment, and often requires the involvement of a behavioural practitioner, programmer or social educator to assist in the development of appropriate strategies.

The Audit Office acknowledges that:

- the Supported Accommodation Risk Assessment (SARA) initiative is improving the internal monitoring systems in most DoCS Areas and achieving positive outcomes for residents
- ADD is taking steps to assist the 2 NGO services, which have minimal internal review, to revise their procedures.

Group Home Visits

Poor practice

At a group home for three adults with disabilities, two residents exhibit challenging behaviour.

In the past the service has had access to programming resources, but this has diminished since the service adopted a long-term plan to relocate the residents. No Individual or Behaviour Management Plans have been developed for the residents since the relocation was first mooted over 18 months ago.

Staff expressed concern that:

- management's response to the assaults has been to transfer victims to other group homes, rather than dealing with the person with the challenging behaviour
- the staff have been instructed to shadow and observe, but not to intervene, even when one of the resident is engaged in major property damage to neighbouring houses.

Group Home Visits

Good practice

Two of the three young men who share a home have dual diagnosis and exhibit challenging behaviour.[9] Two years ago frequent and serious assaults by Peter were causing staff to lock themselves and the other residents in the office or bedrooms when Peter was at home.

These behaviours have been well managed by the service over the past 18 months. Programming resources within the service have worked with the individuals and their families to develop appropriate Individual and Behaviour Management Plans. All direct-care staff have had their knowledge of, and procedural reliability in, implementing these plans assessed by the service.

The level of violence and injury has been reduced markedly and parents and guardians report that the residents' quality of life and happiness have been much improved. When incidents do occur, the service management reviews the reports and gives feedback to staff on how the approach to care could be improved.

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[9] Dual diagnosis refers to people with a developmental or physical disability who also have a mental illness.

Audit Observations	Systemic issues affecting the ability of services to manage challenging behaviour include:
	• the lack of accessible information on the behaviour management resources available
	• a failure by service providers to develop and implement appropriate policies and procedures
	• the limited coverage of mechanisms to monitor and follow-up on challenging behaviour
	• a lack of training to equip staff in dealing with challenging behaviour
	• difficulties in accessing specialist support services including programmers, psychologists and communication specialists
	• difficulties faced by the sector in balancing the cost of care with the arrangements to be put in place to deal with challenging behaviour.

Challenging behaviour is a difficult, resource-intensive area of care that needs to be balanced with the needs of the wider community. The disability sector needs to recognise that in severe cases, it may be that the only reasonable solution may be for the individual concerned to live alone[10] and this, according to ADD, can cost up to $0.5m per annum per person.

Action Required	The Audit Office considers that there is a need for ADD to introduce a system to determine the extent of the problems associated with challenging behaviour and to facilitate sufficient and equitable access to appropriate resources and expertise to address the problems.

Recent initiatives
ADD advises that:
• it has published guidelines on the management of challenging behaviour to assist services to develop and implement appropriate policy and procedures that best fit their operational requirements
• the forthcoming review of specialist support services will have the management of challenging behaviour as a focus.

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[10] Whaite, E.A., Stancliffe, R.J. & Keane, S. (1999). *Compatibility: Living together is hard to do.* Interaction, 13(1), p24-29.

3.3   Consumer rights and staff rights - managing complaints about staff

Striking an appropriate balance between consumers' rights and staff rights is a particular challenge for a sector where staff frequently work alone and without direct supervision. Adequate guidance for staff, appropriate systems of supervision and effective complaints handling procedures are critical to protect residents' well being.

Existing policies across the sector require pre-employment screening for all direct care staff. DoCS undertakes its own pre-employment screening and NGOs rely on ADD to undertake the employment screening for a fee.

The examination of house files indicated at least one instance where an NGO had not fully implemented this screening policy.

DoCS and most NGOs have policies and procedures to manage inappropriate staff behaviour and to deal with allegations of misconduct. DoCS, for example, advises that it has made significant efforts over the last two years to develop and implement clear and consistent policies and procedures for the discipline process.

The Audit Office observed that the quality and coverage of the discipline process in place varied from home to home.

Interviews with staff, management and residents raised a number of concerns about individual staff members. These included infringement of clients' rights and institutional and disrespectful attitudes.

The group home visits indicated that complaints against staff may be dealt with inconsistently.   Service providers used strategies including dismissal, 'voluntary' resignation, temporary removal from direct-care responsibility, and counselling. While there is a need for flexibility to deal with the circumstances of each case, the key concerns are:

- lack of clear guidelines in some services on how to deal with allegations of misconduct or inappropriate behaviour
- very limited assurance that an inappropriate staff member removed from one home will not be re-employed elsewhere in the sector.

| **Action Required** | The Audit Office considers that there is a need for ADD to:

 • set policies for the sector to ensure that care is provided by appropriate, qualified and reputable staff

 • establish mechanisms to enable access to a wider range of information on staff from relevant sources. |

Recent initiatives

ADD is investing in a number of initiatives, including the Human Resources Kit, to assist service providers to better manage staff. ADD also provides significant investment in training for DoCS staff.

4. Keeping a Careful Watch

The case studies identified examples of unresolved non-compliance with the *DSA*. This might indicate that existing monitoring systems are not sufficiently robust and reliable.

This chapter examines the monitoring systems applicable across the group home sector and identifies specific shortcomings that need to be addressed in order to increase the level of assurance regarding compliance with the *DSA*. Monitoring of complaints, which is an intrinsic part of effective monitoring, is examined separately in the next chapter.

The Audit Office acknowledges that the departments have announced the intention to review these monitoring systems and the administrative arrangements in place to implement them. In particular, ADD is currently undertaking a review of its monitoring and contracts management functions.

Monitoring systems

The Audit Office examined the following monitoring mechanisms as they applied to DoCS and NGO homes.

Group Home Visits

External monitoring mechanisms of homes visited			
	DoCS	**NGOs**	**Total**
Group homes visited during the fieldwork	6	7	13
Sector-wide monitoring systems			
Home submitted a Self-Assessment Report to ADD	6	7	13
Community Visitor visited home in the 12 months preceding the fieldwork	6	7	13
Other ADD monitoring systems			
ADD's regional SSDO visited home to conduct contract monitoring	na	3	3
ADD Central Office undertook a Service Review of the home	na	1[a]	1

Note:

[a] A Service Review was also conducted into another NGO, although not in respect of the group home visited by the Audit Office. The Audit Office observed that SSDO monitoring did not occur in homes whose management was being reviewed by ADD's Central Office.

4.1 Sector-wide monitoring systems

4.1.1 ADD's Self Assessment Report (SAR) [11]

All homes visited by the Audit Office had completed a SAR. This annual self-assessment is the linch-pin of the funding and accountability process for disability services in NSW. It is the key control relied upon to satisfy the legislative requirement for the Minister to fund only homes which comply (or have an approved transition plan to move towards compliance) with the *DSA*. Since 1998 the SAR has incorporated user-feedback from residents and 'persons responsible'.

The advantages of the SAR are that it:
- provides statistical information on the profile of service outlets
- offers a simple tool for home staff to plan for improvements
- encourages a focus on process (the existence of policies and procedures) and plans for service improvement
- requires service providers to collate some performance information (which ADD expects Service Support and Development Officers (SSDOs) to examine as part of their monitoring process)
- provides some consumer feedback
- is relatively simple for ADD to administer.

Audit Observations	The Audit Office, however, found that the SAR's effectiveness as a performance-monitoring tool is limited due to deficiencies in its current design and implementation:
	
	• the SAR provides minimal performance information on outcomes (the successes and failures in implementing policies) and service quality
	
	• the SAR is not evidence based and ADD does not validate or systematically review it
	
	• the SAR is not integrated into other ADD systems to inform funding, planning or resource allocation decisions. The SAR is a stand-alone system that provides an isolated 'snap-shot' taken once a year. The regional SSDOs rarely use the SAR to inform their monitoring of homes.
	
	  SAR was useful in defining services initially, but is now largely redundant. (ADD regional staff)
	
	  SAR could be useful … if it was linked to funding and monitoring and provided feedback to the providers. (ADD regional staff)

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[11] Ageing and Disability Department, Self Assessment Package, User Guide, p.i,1998.

Audit Observations

> **(continued)**
>
> *SAR is useless to the SSDOs ... It is generalised and focused on policy not practice. It is unconnected to outcomes. (ADD regional staff)*
>
> - it is common for the senior service management to complete the SAR rather than group home staff
>
> - the SAR is repetitive and duplicates portions of other data collections including the Minimum Data Set collected nationally
>
> - services view the SAR as paper driven, time consuming and resource intensive
>
> - the SAR is generally not integrated into the homes' planning and does not recognise achievements
>
> - most services were sceptical of the quality of ADD's analysis of the information provided through the SAR process. ADD provides little or no useful feedback to the services.

The group home visits indicated that although the SAR has focused on the existence of policies and procedures during the last two years, some services still do not have them in place.

Group Home Visits

Policies and procedures in place			
	DoCS	**NGOs**	**Total**
Services visited	6	7	13
Homes with comprehensive policies and procedures that were reviewed during the fieldwork	5	3	8
Homes undertaking a major redraft of policies and procedures		2	2
Homes with major deficiencies in their policies and procedures		1[a]	1
Homes which did not make their policies and procedures available	1	1	2
Note: [a] ADD has since advised that it is assisting the service to develop appropriate policies and procedures			

The vulnerability of the residents, many of whom have neither the ability nor an independent advocate to raise concerns, limits the effectiveness of the user-feedback questionnaire in terms of coverage and the assurance that it provides.

ADD's 1998 summary of user-feedback identified 'nil' critical issues in the NGO sector. However, at the same time CSC and ADD were addressing a number of serious matters in NGO group homes.

Action Required >	The Audit Office considers that there is a need for ADD to accelerate and complete action concerning: • strategies to minimise duplication of the SAR with other data collection systems • establishing capacity to analyse, review and validate information • supplementary strategies to collect service user-feedback • strategies to enable more effective integration and utilisation of the data generated from the SAR and the service user-feedback with other monitoring systems • opportunities for the SAR process to add value to the service providers.

4.1.2 Community Visitors Scheme

Community Visitors (CVs) protect and advocate for the rights and interests of people living in visitable services including group homes.

Community Visitors had visited all thirteen homes reviewed by the Audit Office in the 12 months preceding the fieldwork. The Audit Office found, however, that the effectiveness of the Community Visitors Scheme is limited in its coverage and depth.

• The growth in the number of consumers and visitable services has not been matched by a commensurate increase in the resources of the Community Visitors program.

  Since 1997-98 the number of visitable services has increased from 853 to 902 and the number of consumers from 5,274 to 5,963.

• The rate of remuneration for Community Visitors has remained unchanged since 1995. In contrast the remuneration of Public Sector employees has risen by an average of 17.1%.[12]

• The figure following illustrates the relative decline of Community Visitor resources available using 1997-98 as the base of 1.0.

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[12] The Community Visitors are not public sector employees. They are employed under the category of 'Members of Boards' and are paid an hourly rate of $22.87, which has remained constant since 1995.

Declining Community Visitor resources available

	1997/98	1998/99	99/2000
—— $ per outlet	1.00	0.99	0.95
····· Hours per resident	1.00	0.91	0.88
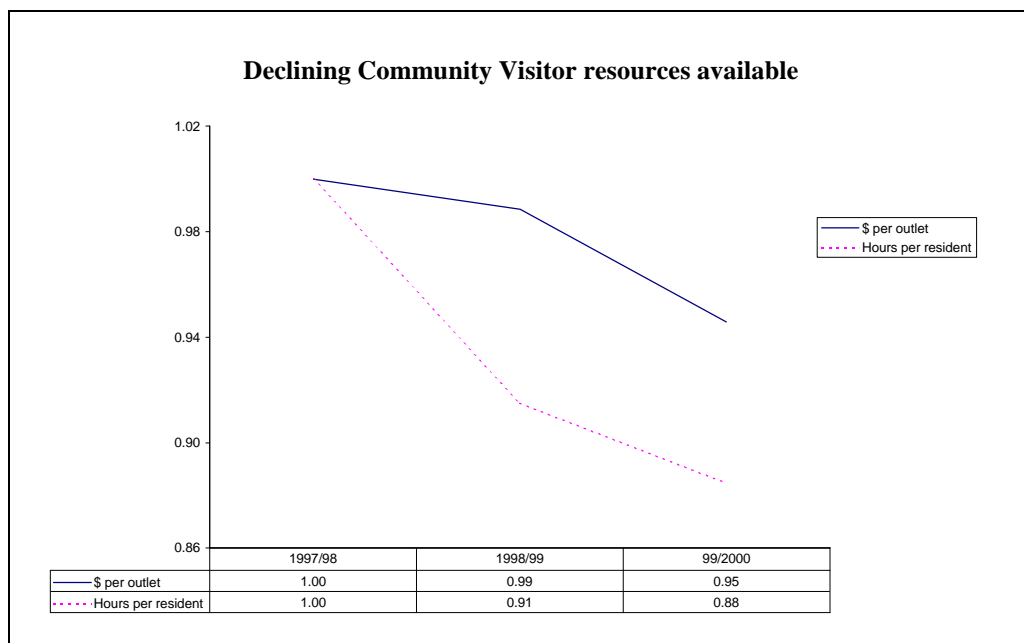
- In practice, the tension between resources and demand has required the CSC to reduce the average time CVs spend in each outlet from 4 to 3 hours a year. As the frequency and duration of visits is reduced, the ability of CVs to maintain effective contact with residents has been tested. The Audit Office recognises that some CVs contribute many hours of their own time to ensure a depth and coverage of service not supported by the Scheme. Many CVs undertake this work out of their sense of duty to maintain the Standards and the credibility of the Scheme.

  If the CV Scheme continues to spread the available resources more thinly as new services are added, the Scheme is at risk of becoming tokenistic. (CSC letter of 14 February 2000)

- Community Visitors commented that service providers, CSC and ADD were not always responsive in addressing identified issues. Community Visitors expressed concern that the credibility of the Community Visitors Scheme was likely to be undermined by a failure to resolve long-standing issues.

- The CVs and the SSDOs have no formal mechanism to exchange important information about service providers and users. Useful information that should be exchanged include:

  - whether the home conforms with the *DSA*
  - critical issues raised by service users, advocates, CVs and SSDOs
  - whether services are under review or investigation by ADD or CSC
  - the establishment of new homes and the movement of residents between homes.

The Audit Office observed that the CV wears several hats including those of monitor, advocate, mediator and lobbyist and that the range of functions is appropriate. In practice, the plurality of roles may create a problem of focus, particularly when the CV feels obliged to pick up the role of other agencies that are not fulfilling their roles.

During the fieldwork the Audit Office sought comment on the effectiveness of the Community Visitors Scheme.

- The staff, residents and families of six homes (5 of which were NGOs) were only vaguely aware, if at all, of the Community Visitors Scheme. Three of these homes believed wrongly that they had not been visited in the past year.

- The limited succession planning exacerbated this situation. At the time of the fieldwork, CSC was in the process of recruiting and re-appointing CVs and 25% of the services did not have a nominated CV.

- In contrast, five services (including 4 DoCS) considered the CVs to be visible and effective.

- Over half of the services commented adversely on the adequacy of feedback provided by the CV to group home staff and/or management.

Action Required	The Audit Office considers that there is a need for: • Government to review the capacity of the Community Visitors Scheme to maintain effective contact with residents in view of the increasing number of visitable services and clients • CSC to accelerate the introduction of a standardised written form of feedback to services and to improve its feedback to Community Visitors • CSC and ADD to implement the protocol being negotiated for the exchange of information.

4.2   Other ADD monitoring systems

4.2.1 ADD's Service Support and Development Officers (SSDOs)

The regionally based SSDOs monitor ADD-funded disability services using the Disability Services Program Checklist. This monitoring is intended to address service quality at the outlet level by providing an assurance mechanism and a means of supporting service improvements.

The Audit Office found that the effectiveness of the SSDO monitoring as a quality assurance mechanism is limited.

The SSDO monitoring program is achieving limited coverage across group homes

DoCS homes, which comprise 43% of the sector, are excluded from this quality assurance process. ADD advises that the Relationship agreement currently being renegotiated between DoCS and ADD will provide for the monitoring of DoCS services.

SSDOs are not achieving ADD's goal of monitoring all of the 344 NGO homes annually.

Each year ADD develops a schedule to visit all State-funded NGO disability services, including group homes. However, interviews with ADD staff suggest that only 50% to 80% of scheduled visits to group homes are occurring. Of the 7 NGO homes visited only 3 had been monitored by an SSDO.

Regional staff advise that the monitoring schedule is not being achieved due to factors including:

- the need for SSDOs to attend to crises, often involving de facto case management and preparation of Ministerial correspondence and submissions for additional funds for NGOs with viability problems
- the logistical difficulty of the 15 SSDOs monitoring not only 344 NGO group homes, but also the other disability services, including respite, large residential and day programs
- disputes between ADD and NGO management that lead to monitoring being deferred.

As a result, the SSDO monitoring program tends to be reactive rather than a means of providing assurance.

In addition, the Audit Office also observed other limitations with the current SSDO monitoring:

- the monitoring program is not effectively integrated with other ADD systems such as the SAR, the Funding Agreement, program planning and resource allocation systems

Group Home Visits

> One service was visited by the SSDO only after advising ADD that it would have to close because of financial difficulties. The Audit Office considers that if integrated systems were in place, ADD would have been aware (from the Funding Agreement and SAR) that this service
> - was supporting 28 residents with average annual funding of less than $14,000 per resident
> - had reported losses of over $37,000 last year and had few reserves
> - faced serious viability issues that threatened the quality and level of service provided to residents.

- SSDOs are not sufficiently equipped to undertake their very broad range of responsibilities, in particular, the facilitation of the re-configuration and rationalisation of services to address viability issues

- SSDOs lack the authority or delegation to compel or promote compliance with the Standards

    If monitoring is to be effective there needs to be follow-up. If I go back to services that I monitored 12 months ago and find they've done nothing, I lose credibility because I don't have any authority to require them to address shortcomings. At the moment the SSDO is a paper tiger. (ADD Regional staff)

    Any ongoing monitoring of homes by the SSDO is very limited ... ADD is a toothless tiger ... The murky division of responsibilities between the SSDO, the SRS[13] and the CSC gives under-performing services room to bluff and procrastinate. (ADD Regional staff)

- SSDOs receive little feedback from ADD on decisions relating to:

    - submissions for viability finding
    - service delivery that does not conform to the *DSA*
    - service reviews in progress.

Given the long-standing nature of some of these issues, the lack of timely feedback undermines the credibility of the SSDO and the assurance that problems are being addressed.

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[13] The SRS is ADD's cental Service Review and Support Section that is currently being restructured.

ADD advised the Audit Office that it is reviewing processes to optimise information flow, decision-making and support arrangements.

The monitoring role provides a framework for the SSDO to assist services in improving quality. There is however, an inherent conflict in the dual roles of the SSDO, one as a service development/support and the other as monitoring. Some services report a reluctance to seek support from SSDOs because of fear that such a request may result in further conditions being attached to the NGO's Funding Agreement.

Service providers considered SSDOs' monitoring to be of greater value than the SAR

The services examined by the Audit Office that had been monitored by SSDOs, considered that the SSDOs provided greater value than the SAR regime because they:

- provided a review and an external perspective of the service
- involved a physical examination of the service
- provided advice on areas for improvement.

However these services also reported that the SSDOs' monitoring:

- over-emphasised written policy at the expense of effective implementation
- tended to result in additional demands being placed upon a service through Action Plans without any commensurate supplementation of funding.

Action Required	The Audit Office considers that there is a need for ADD to ensure that:

The Audit Office considers that there is a need for ADD to ensure that:

- a risk based approach to scheduling visits is adopted

- the role of the SSDOs is redefined and narrowed

- SSDOs have competencies consistent with the requirement of their positions

- similar arrangements to NGO monitoring are put in place for DoCS services, either by extending the coverage of SSDOs to DoCS or by utilising appropriate elements of DoCS monitoring systems such as the Senior Practitioner initiatives

- the Relationship Agreement with DoCS is supported by adequate system capacity to enable the exchange of information to occur on a regular and timely basis.

4.2.2 ADD's Service Review and Support (SRS)

The Service Review and Support function was developed to enhance the accountability of service providers and the quality of service delivery. The function aimed to investigate:

- breaches relating to legislation and Funding Agreements
- alleged corporate governance matters
- issues arising from or requiring investigation by external bodies
- serious complex or unresolved issues of concern.

The Audit Office visited two homes operated by services that had been the subject of SRS reviews. In both instances, ADD and the service have advised the Audit Office that strategies are now in place to address outstanding issues.

The Audit Office found that the coverage and effectiveness of the SRS review function is limited.

DoCS services are excluded from this process. Currently ADD has no mechanism to address breaches by DoCS of either the *DSA* or the Relationship Agreement between the departments.

Over the last 18 months the ADD reviews of NGOs whose services were 'of concern', have bogged down in a number of protracted disputes.

- To date, ADD has undertaken 33 reviews, 9 of which are the subject of ongoing negotiation and support.
- During the SRS review process, SSDO monitoring of individual homes is postponed.

Group Home Visits

Lack of review

At a home of 5 adults with disabilities, 3 residents exhibited very challenging behaviours. The limited evidence indicated that in the 60 days preceding the visit there were at least 6 assaults and 5 instances of self-injury in this home.

The problems in the home are long-standing. At least three clinical reviews of the residents' behaviour have been undertaken during the last seven years, but the recommendations made have not been adopted. In particular, the residents have no Individual, Behaviour Management or Communication Plans. Furthermore, there is no evidence to suggest that the service management had undertaken any systemic review of the incidents or the behaviours.

**Group Home
Visits**

> **Lack of review (continued)**
>
> At the time of the group home visit
>
> - the service was in dispute with ADD over issues arising from Service Review and Support actions taken in respect of a resident at another outlet. This action had commenced seventeen months earlier
> - the SSDO had not monitored the group home
> - the direct-care staff were unaware that the Community Visitor had visited 3 times in the preceding 12 months and raised issues relating to Individual Planning and Challenging Behaviours
> - the Office of the Public Guardian (OPG), as the 'person responsible' for three of the residents, has expressed concern to the service and ADD over the quality of care and is dissatisfied with the responsiveness of the agencies in addressing an unsatisfactory situation.
>
> Since the group home visit, ADD has advised the Audit Office that action is underway to address the situation.

The rare and limited use of sanctions[14] is a matter of concern if breaches of the *DSA* are compromising the safety of residents. In particular, the Audit Office noted that ADD's legislative powers to impose a wider range of sanctions is limited and that no effective mechanisms exist to ensure that:

- an emphasis on collaborative and partnership arrangements with service providers does not take precedence over protection of consumer rights
- ADD's ability to defund or impose a wider range of sanctions is not constrained by a lack of alternative auspice and limited service system capacity.

The SRS unit in ADD is undergoing a number of changes with a significant reduction of staff. Increasingly, consultants are conducting reviews, but it is unclear how this work is being monitored, or reported on, by ADD.

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[14] ADD has only defunded one (NGO) service over the past 4 years and rarely used sanctions, despite being aware of a number of long-standing concerns about homes across the sector. Clearly defunding is but one of a range of options available to manage performance, and the number of defunded organisations is not a measure of the effectiveness of monitoring.

> **Action Required**

The Audit Office considers that there is a need for ADD to:

- review its practices to determine the reasons and barriers to more effective sanctions and how such practices could be improved
- clarify the role and parameters of this function and extend it to DoCS
- improve the exchange of information between this review function, the CSC Review and Complaints Unit and the SSDOs and Community Visitors responsible for ongoing monitoring
- have enhanced powers to deal with breaches of the Standards.

Current initiatives

ADD acknowledges that its current performance management systems need to be reformed and is taking steps to improve the system of provider performance management.

Key initiatives include the establishment of a contracts management unit to service the disability services, HACC (Home and Community Care) and the Ageing programs. ADD advises that this unit will review all aspects of contract management, including the way in which services are purchased, particularly making the process more transparent, and the wider issues around provider performance.

ADD is also funding implementation of the Senior Practitioners project in DoCS for 2 years to June 2000. This initiative is achieving significant outcomes in improving DoCS monitoring of its disability services. DoCS advises that it will continue the project after June 2000, albeit with a 50% cut in Senior Practitioner numbers.

CSC has also recognised that the Community Visitor Scheme could be improved. CSC is currently trialing the use of a standardised, written form of feedback to the service after each visit, with a view to introducing this approach in 2000.

5.   Managing Complaints

The appropriate management of complaints is a crucial element of any effective monitoring system.

In relation to group homes, ADD advised the Audit Office that it is responsible for reviewing and acting upon breaches of Funding Agreements, whereas CSC and CVs are responsible for handling consumer issues and complaints.

The Audit Office found that there was limited understanding and real confusion in the sector about the distinction between:

- ADD's responsibilities regarding reported breaches of Funding Agreements, and
- CSC's responsibility regarding consumer complaints.

CSC and ADD are currently negotiating to clarify the jurisdiction and role of each agency in receiving and handling complaints. The Audit Office was advised that the delay in finalising the protocol has been caused by the need to clarify the legal basis of each organisation's operations and that this will be resolved in the near future. The two organisations are meeting on a monthly basis to resolve issues of mutual concern.

5.1   ADD complaints monitoring

The Audit Office found that:

- ADD had no effective central capacity or complaint management system to deal with complaints within its jurisdiction. Complaints handling is reactive and often a crisis management response to issues raised by local media and elected representatives
- there is no evidence that complaints influence ADD's funding of either NGOs or DoCS homes
- there is uncertainty within ADD and the sector as to whether a breach of the disability Standards and policies constitutes a breach of the Funding Agreement. Schedule 4 of the Funding Agreement with NGOs contains the policies and guidelines (including ADD's *Standards in Action*) under which funding will be provided. However, the Audit Office found no evidence that ADD considered complaints about breaches to the Standards when making funding decisions
- although ADD is the major funder of DoCS homes, it is unclear whether the current Relationship Agreement between ADD and DoCS is enforceable: that is, does it set out specific performance requirements upon DoCS and empower ADD to act in the event of breach

- the contract monitoring undertaken by ADD's regional SSDOs is not systematically informed by complaints (received by either CSC or ADD) or issues raised by the Community Visitors.

5.2   Community Services Commission

The jurisdiction and role of the Community Services Commission extend to:

- individual enquiries and complaints in relation to service providers
- complaints about ADD
- issues identified and complaints referred by the Community Visitors.

Complaint profile

The profile of issues received by CSC relating to group homes is summarised in the following table

Profile of issues relating to group homes raised in CSC complaints and reviews in 1998-99	
Abuse in care[a]	16%
Access to service	13%
Complaints and disputes[b]	13%
Safety, security and physical environment	13%
Individual needs	11%
Service management[b]	11%
Decision making and choice	8%
Behaviour intervention plans	6%
Protection of human rights	6%
Other	3%
Notes:	
[a] CSC advises that 95% of abuse in care involve resident-to-resident abuse. Almost all complaints of abuse have been substantiated.	
[b] CSC advises that these issues reflect problems faced by consumers in dealing with provider's internal complaints processes.	

The Audit Office found that CSC's effectiveness in handling complaints is limited by:

An increased workload which seems to be exacerbated by a lack of increase in resources

CSC advises that:

- between 1994-95 and 1998-99, complaint contacts to the CSC increased by 93%, while the number of CSC staff handling complaints increased from 14 to 15 (7%). The increase in staff was funded from existing resources
- the number of complaints referred to service providers for local resolution declined from 41% in 1996-97 to 27% in 1998-99. CSC attributes this trend to:
  - an increase in the complexity and seriousness of complaints
  - consumers already having tried, and been dissatisfied with, the providers' complaints systems.

As a result:

- CSC is having to deal with more complaints
- more resource intensive intervention is being required of CSC
- CSC is falling behind, with few resources available to deal with new complaints.

The lack of effective mechanisms to promote the flow of information between the agencies.

CSC and ADD

At present there are no formal mechanisms between CSC and ADD to share information.

CSC and DoCS

The *Community Services Complaints, Appeals and Monitoring Act* requires CSC to assess a complaint within 28 days. Prior to mid 1999, CSC and DoCS liaised at the local and central levels to facilitate assessment of complaints made to CSC about DoCS.

Since mid 1999, DoCS has required its staff to conduct all communication with CSC regarding complaints through the newly established centralised Client Feedback and Assistance Unit (CFAU). DoCS considers that the Unit offers a better way for it to handle complaints.

CSC advises that since the establishment of the CFAU, CSC has experienced lengthy delays in receiving information from DoCS necessary to allow it to assess complaints about DoCS homes within the 28-day period. CSC provided the Audit Office with evidence of 37 complaint and review matters where DoCS has not responded within 28 days. [15]

CSC advises that it expects the delays in response time to lead to an increase in the number of formal complaints.

The Audit Office is of the opinion that there is a risk that DoCS approach to dealing with issues may impede the assessment of complaints within the statutory 28-day frame.

CSC Powers

CSC makes recommendations for service improvements, but has no legislative powers to enforce its recommendations.

CSC advises that service providers have not implemented a significant number of CSC recommendations and the issues that were the subject of the complaints remain unresolved. CSC reports that many of the recommendations not implemented involve the placement of people in care, and these are often resource intensive.

Service providers advise that CSC recommendations to place people in supported accommodation would be more appropriately directed to ADD as the funder.

Complainants have a right to apply to the Administrative Decisions Tribunal (ADT) to have a CSC recommendation enforced. CSC advises that such action has rarely been undertaken, possibly because it presents a severe challenge to people with a disability, or it is viewed as an unreasonable burden.

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[15] Not all of these matters related to group homes.

5.3   Community Visitor

Community Visitors (CV) are required to inform CSC and the service provider of all issues, identified during their visit, which require resolution.

Furthermore, the CV is to advise CSC if the issue requires urgent complaint or review action, and CSC is to provide feedback to the CV on how the matter is to be managed. CVs are then expected to follow-up the matter with the service provider.

Several issues were identified with the current arrangement, including that:

- Some CVs expressed concern that they perceived a low proportion of issues reported to the CSC had been acted upon and that many issues were long standing.[16]
- CVs advised that they desired greater feedback from CSC's Complaints, Review and Investigation Unit on how problems were being addressed.
- Currently there is no mechanism to assist CVs to report issues to service providers for action.

CSC acknowledges that there is scope to improve the process for the referral of issues, complaints and matters for review.

Recent initiatives
- CSC advised that it is currently trialing a new feedback form for the Community Visitors.
- CSC is seeking to enhance the ability of CVs to better identify issues warranting direct CSC complaint or review action.

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[16] CSC advises that nearly two thirds of the issues reported by CVs do not meet the CSC's priority for further specific complaint or review action, but that these issues inform CSC's activities including specific projects on systemic issues in the sector and monitoring particular services.

Action Required	The Audit Office considers that there is a need to:
	• improve procedures to exchange information in order to recognise the importance of expeditious local resolution in protecting the interest of the consumer and the inter-dependence of service provision, complaint handling, monitoring and funding
	• institute appropriate mechanisms to ensure that CSC recommendations are enforced and implemented
	• establish a statutory requirement for service providers to respond to CSC requests for information necessary to allow it to assess complaints within specified time frame of less than 28 days
	• review CSC's capacity to meet the increasing demand on its complaint function.

6. Getting Accountability from the Regulatory and Funding Framework

The regulatory framework

The NSW Government adopted the 'funder-purchaser-provider' model for group homes as means of effecting a separation of the policy and regulatory functions from the service provision function.

Under this framework ADD is the funder, purchaser and regulator of disability services in NSW. The actual provision of services for people with disabilities is undertaken by DoCS and non-government organisations. Other jurisdictions (in Australia and overseas) have adopted similar models.

The funder-purchaser-provider model has yet to be fully implemented. According to the Relationship Agreement developed between ADD and DoCS in 1998 and renewed in 1999:

> *Each party acknowledges that neither party has the necessary clarity of data or sophistication of monitoring to enable the full articulation of the funder/provider relationship at this time.*

This chapter examines the implementation of the regulatory framework to ensure accountability for public expenditure. Specifically, the chapter reviews:

- **roles and responsibilities of ADD**
- **the nexus between funding and performance**
- **equity and transparency of funding arrangements.**

6.1   Roles and responsibilities

The Audit Office found that ADD is yet to fully develop aspects of its role under a funder-purchaser-provider arrangement, such as:
- strategic policy development
- planning for and funding of services
- determination of eligibility for funding
- provision of community education
- identification and prioritisation of service needs
- assurance of service quality and outcomes.

Key factors that limit ADD's capacity to fully develop its roles include:

ADD is not the sole funder for the majority of State-funded providers

DoCS receives 30% of its disability program funding directly from Treasury.[17]

The non-government sector raises significant amounts of funding independent of Government. According to the NSW Council of Social Services (NCOSS), the reliance of NGOs upon the public finances is generally related to their size:

- large NGOs rely on Government on average for 50% of their funding
- medium to small NGOs rely on Government on average for about 80% of their funding
- very small NGOs are usually 100% reliant on Government funding.

ADD has no means of monitoring the use and impact of the funding provided by external sources.

The limited extent to which DoCS is accountable to ADD

DoCS is by far the largest single provider in the sector operating 43% of group homes.

DoCS accounts to ADD for the expenditure of its disability funding to only a limited extent.

- In return for 70% of its disability budget DoCS provides ADD with self-assessment reports (SAR) for individual group homes. Unlike most NGOs, DoCS homes do not append Funding Agreements and financial details to their SAR.
- The Relationship Agreement between DoCS and ADD requires each DoCS Area to report to ADD on the budget, expenditure and level of service activities for their group homes. DoCS does not yet have the information systems to report on service capacity and usage, but has provided a consolidated departmental report to ADD of the expenditure against budget against service type by Area for the six months ending December 1999.

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[17]   ADD advises that Government is considering the potential for all DoCS disability funding to be provided through ADD.

The Audit Office acknowledges that DoCS financial performance is also regulated by the reporting requirements of the Government and subjected to scrutiny through direct accountability to the Minister, Parliament and the public.

At present ADD does not monitor the quality of DoCS services. ADD advises that:

- the monitoring of DoCS services has been a matter of evolution since the establishment of ADD

- the revised ADD/DoCS Relationship Agreement is expected to make specific provision regarding monitoring of DoCS services by ADD.

The limited progress achieved by ADD in developing policy for the sector

ADD has established a number of guidelines to assist providers in developing policies and procedures that conform to the *DSA* and are appropriate to their service. These include *Standards in Action* and the guidelines on the management of challenging behaviour.

The Audit Office found, however, that ADD has yet to develop policies, standards and procedures to guide practice in key areas, in particular:

- The management of client funds, including:

  - operational charges to apply to residents
  - development of residency agreements
  - management of residents' personal finance
  - mechanism to recoup funds spent on modifying rented premises (to render them suitable) when leases expire.

- The case management of clients, including:

  - definition of case management and what it involves (eg allocation of residential placements, assessment of needs, facilitation of other resources)
  - clarification of who has primary responsibility for case management.

> **An example of the lack of consensus surrounding casework**
>
> DoCS advises that at least 37 NGO accommodation placements had broken down from 1997 to November 1999. DoCS has provided the affected individuals with case management and supported accommodation.
>
> ADD advises that since 1997 only 3 NGO group home placement breakdowns have required DoCS intervention. ADD contends that under the Funding Agreements, the NGOs are responsible for, and funded to, case manage.[18]

- The role of disability services, particularly supported accommodation and behaviour intervention, in the criminal justice system. Recent evidence suggests a trend towards:

  - the imprisonment of people with intellectual disability. Evidence to the Parliamentary Committee on prison population indicates that 20% of NSW prisoners have an intellectual disability
  - the use of accommodation services by sentencing magistrates as a place of civil confinement. Two DoCS group homes currently provide such accommodation.

- The management of sexuality in group homes and how providers are to balance their duty of care with the rights of the resident and the welfare of other residents.

- The provision of 'crisis accommodation':

  - as the 'provider of last resort', DoCS supports people with intellectual disability in crisis without the prior approval of funding from ADD[19]
  - the mechanisms for supporting people in crisis, with disabilities other than intellectual, are unclear.

- Funding responses to changing client needs arising from:

  - issues related to challenging behaviour
  - health and ageing issues such as dementia
  - the interface between disability services funding and aged care services funding, including (but not confined to) admission of people with intellectual disabilities to nursing homes.

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[18] The Audit Office is unable to verify the advice of either ADD or DoCS.
[19] ADD advises that it is currently negotiating with DoCS to develop a Service Access System that will provide both a new approach to service access for those who are most in need and a better use of available resources within DoCS and the non-government sector.

6.2   The nexus between funding and performance

Legislative requirements

According to Section 12 of the *DSA*, the terms and conditions on which funding is provided must deal with each of the following matters:

- the extent to which the organisation must conform to the Objects and Principles and the Application of the Principles of the *DSA*
- the purpose of the financial assistance
- the amount to be applied to those purposes
- the outcomes to be achieved for residents and the rights of residents
- the performance indicators to measure the outcomes achieved for residents.

However, the State inherited a block-funding regime when the Commonwealth Government transferred responsibility for funded accommodation support under the 1991 Commonwealth-State Disability Services Agreement. In NSW the majority of group homes continue to receive historically based funding.

This funding regime does not meet the requirements of the *DSA*, because the current block funding is not related to:

- the achievement of specified outcomes or outputs. The Funding Agreements do not specify unit costs and output targets to achieve accountable outcomes for block funding. Although NGOs are required to include an Action Plan as part of their self-assessment, this is not normally taken into account in determining the level of funding

    There is no follow-up of the Action Plan. No one asks whether it has been implemented. ADD has no procedure or form letter for non-compliance. (ADD regional staff)

- the number of residents in a group home, their level of support needs or the existence of vacancies within the group home

    One service supports 18 residents for $300,000. It is going broke, but the SAR won't pick it up. The pragmatic solution is to reduce the number of residents and maintain the level of block funding. (ADD regional staff)

Group Home Visits

Two homes visited reported that the existence of unfilled vacancies had no impact upon their funding levels.

**Group Home
Visits**

> Three homes visited complained that funding was not sufficiently flexible to meet the changing levels of support required as residents age, are immobilised (a broken hip) or exhibit challenging behaviour.

- the classification of homes as conforming or non-conforming to the *DSA*
- any breach of, or non-conformity to, the *DSA*.

Recent initiatives
ADD has sought to strengthen the relationship between funding and performance in respect of recent growth funding initiatives. ADD has administered these through Expressions of Interest (EoI), which have involved an assessment of the individual's need for support. However, in practice the relationship between funding and outcomes and/or outputs has been obscured by a number of factors: • Providers resist ADD's requirement to segregate EoI and block funding. Where a new resident, accommodated in an existing group home through an EoI, is funded at a level 2-3 times higher than his or her housemates, services find it inequitable and unsustainable to account for the funds separately. Outlets contend that cross-subsidisation is necessary and sometimes inevitable to promote the well being of the residents and the viability of the home as a whole. • The current EoI process and Funding Agreement do not require the service to demonstrate the compatibility of residents and the capacity to maintain and to modify ongoing support as required by changes in the residents needs.

**Action
Required**

> The Audit Office considers that there is a need for:
>
> - funding to be directly linked to performance to ensure that the requirements of the *DSA* are met and that the Government is getting value for money
> - ADD to review the current block funding arrangements to ensure a greater alignment between funding and individual outcomes and output targets.
>
> These changes are significant and will take time and resources to implement. There is an immediate need for a commitment to move to output-based funding and to plan for transition to these new arrangements.

6.3 Equity and transparency

The Audit Office found that current funding mechanisms provide only limited equity and transparency.

There are marked discrepancies in the funding provided to group homes and the Audit Office observed a lack of mechanisms to ensure equity. The rationale for the level of funding is historical rather than needs based.

Supplementary funding

ADD's process for handling submissions for supplementary or enhancement funding is cumbersome and little understood by the SSDOs who have the responsibility for supporting the NGOs.

> *Submissions are difficult. There are no written procedure or basic guidelines. (ADD regional staff)*

> *There is a lack of guidelines and criteria for funding submissions and inconsistencies in the process. (ADD Regional staff)*

The shortcomings of the current submission process present the risk of limited transparency, inequity and the perception of bias in decision making. Two services advised the Audit Office that it was more effective to by-pass ADD's lengthy and frustrating process and make direct representations to the Minister.

ADD advises that its current reviews of Disability Services and HACC program units will address opportunities for process improvement in such areas.

ADD has little contingency funding apart from the allocation of 'slippage', that is unspent growth (EoI) funding. NGOs and more commonly DoCS support people in crisis outside of any funding arrangement with ADD. Such 'unfunded initiatives' are difficult to manage in the absence of a system with a single point of entry, rational assessment processes of needs, prioritisation of needs and a vacancy management system across the sector.

ADD advises that work is underway to design and implement systems with a single point of entry/registration of need, better assessment processes and prioritisation. This will be integrated with a vacancy management system and a funding system to match funds with services.

Viability reviews conducted by ADD central office tend to be reactive and are often triggered by an NGO's impending liquidation. The Audit Office found no effective system for the early identification of services at financial risk.

The Audit Office also found that supplementary funding tends to be one-off and does not necessarily address the underlying financial problems of the service. ADD advises that where viability funding has been provided, it has been continued from year to year subject to review.

Ownership of assets

The Minister, on behalf of the Crown, owns 30 group homes that were purchased under the "300 places" initiative and leased back to the NGOs. The situation regarding ownership of other NGO homes is less clear. Properties pre-dating ADD were subject to a formal agreement with the Commonwealth in 1993-94, but records relating to the ownership of these properties are poor and it is unclear what equity the Crown holds. Over time the NGOs have come to be considered the 'owners' of most of the homes established before 1994. ADD has been trying to establish a property brief, but the status of this project is not clear.

Ownership of the home is an important factor in situations where:

- consideration needs to be given to stop funding a service
- a service ceases operating
- the funder seeks to relocate or reconfigure a service
- major maintenance is required.

While resident and carer preferences need to be considered, there may be occasions where disposal of a property can provide funding to establish other accommodation to benefit more people with disabilities. ADD requires better information to enable it to assess options given the extremely tight budgetary climate and the estimated level of unmet demand.

Action Required

The Audit Office considers that there is a need for ADD to develop a systematic approach to funding that enables greater equity and transparency through the development of a unit-costing model for agreed outputs. Such a model should:

- be transferable across the disability sector
- assist sharing of information on actual cost
- provide a basis for comparison between Government and non-government services.

Such a unit costing mechanism will need to take into account factors such as:

- fixed costs associated with the house's infrastructure
- variable costs largely associated with individual residents.

Such a model needs to be applied both to:

- new services established through future EoI process
- existing services currently receiving block funding.

7. Managing the Future - Issues and Challenges

This chapter examines how well ADD is placed to plan and make decisions based on performance information currently available. Earlier chapters highlighted the systemic challenges that face ADD in capturing, using and exchanging relevant, reliable and valid performance data.

Specifically, this chapter examines the extent to which ADD's planning and decision making are:

- **guided by a clear strategic framework**
- **related to needs and informed by demand and vacancy information**
- **supported by a capacity to evaluate performance effectively**
- **managing the transition process**
- **focused on building service system and industry capacity**.

The Audit Office found ADD's capacity to prioritise resources, plan for service development and innovation and to make decisions is severely constrained by factors such as:

- an absence of systemic targets for service provision of supported accommodation
- shortcomings in policy, systems and information on vacancies and unmet demand
- a limited capacity to evaluate program performance and promote better practice and industry development.

7.1 Strategic policy framework

> The NSW Government's key policy objectives, which set the framework for the provision of disability services in NSW, are:
>
> - the achievement of a planned, coordinated and flexible approach to policy and service provision in NSW for and with people with disabilities and their carers
>
> - the creation and promotion of opportunities, services and facilities which enable people with disabilities and their carers to participate in the wider community and to attain a better quality of life
>
> - provision of ways for the State Government service providers to measure and report on their progress in increasing access for people with disabilities.[20]

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[20] NSW Government Disability Polity Framework, p.5, 1998.

In practice, there is still some way to go before ADD translates these policy objectives into a clear strategic framework for the provision of disability services.

This can be illustrated by the lack of:

- strategies to identify or address unmet demand for disability supported accommodation and manage vacancies in the service system
- benchmarks for the provision of disability services in NSW. ADD neither determines nor publishes outcome targets for the provision of disability services. This can be contrasted to other sectors and jurisdictions:

  - NSW has a per capita target for the volume of services to be provided for senior citizens
  - UK provides 122 residential places for people with intellectual disability per 100,000 of the adult population (over 16 years of age), and has a target of achieving 155 places per 100,000 of adult population.

Action Required

> The Audit Office found that there is a need for ADD to:
>
> - develop and publish targets for the level of residential services for people with disability
> - benchmark these targets against appropriate jurisdictions
> - monitor progress in achieving these targets.

7.2   Management of demand for and access to services

The ability to assess the service needs of individuals is critical for individual funding and planning and for quantifying the aggregate level of unmet need across the sector.

The Audit Office considers that ADD's ability to effectively plan, prioritise services and allocate funds is likely to be significantly constrained by ADD's limited implementation of:

- a system for the registration of both service demand and availability
- a uniform tool for the assessment of individual needs
- criteria to determine eligibility and priority of access to services.

Action Required	ADD needs to develop systems to: • assess the level, type and distribution of unmet demand for disability services in NSW • determine eligibility and priority of access.

7.3   Management of vacancies

The effective management of vacancies requires coordination and clear policies across the sector to determine eligibility and priority of access.

The Audit Office found that ADD's systems to manage group home vacancies have yet to be fully developed:

• the occurrence of a vacancy in a group home does not result in a change to the level of funding provided by ADD
• ADD lacks systems to keep it informed of vacancies within the sector. ADD's knowledge of under-utilised capacity is limited to the 'snapshot' provided once a year through the SAR process
• vacancies are filled at the discretion of the provider from its own 'waiting list', with little external scrutiny.[21]   The principal exception to this is where ADD makes 'growth funding' available and administers a placement through the EoI process.

Recent initiatives
The *New England Accommodation Placements Committee* appears to be a promising joint DoCS/NGO/ADD initiative that should be evaluated. The initiative provides for the: • assessment of client needs with a common tool • maintenance of a register of people with disabilities in the area who need accommodation support • maintenance of a register of supported accommodation vacancies so that vacancies in all participating services (both DoCS and NGOs) are assigned to clients on the basis of need and appropriateness.

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[21] Most DoCS Areas operate Area Placement Committees that are convened to determine an individual's need for accommodation and to make recommendations regarding the filling of vacancies. These relate only to vacancies in DoCS services and are usually reserved for individuals with an intellectual disability, who are the primary target group of DoCS.

| **Action Required** | The Audit Office considers that there is an urgent need for ADD to develop a system to manage vacancies across group homes, both DoCS and NGOs. |

ADD advises that the Service Access System currently being developed will include a vacancy management system across both DoCS and the non-government sector.

7.4 Evaluation of systemic and operational performance

The effective evaluation of systemic and operational performance is fundamental to ensure accountability. It requires robust systems and relevant and valid data to enable the aggregation of performance information and the assessment of performance.

The Audit Office found that ADD has a limited capacity to evaluate both the performance of service providers and the effectiveness of the overall disability program. ADD's current internal systems do not draw information from all relevant sources to inform decision making and planning. For example:

- funding decisions do not use the information provided by the SAR process

- monitoring is not normally informed by the SAR, the work of the Community Visitor or complaints to either ADD or CSC

- ADD's access to DoCS financial and operational information is very limited

- the quality, reliability and timeliness of much of the existing performance data are deficient

- there are limited systems to analyse performance information and to inform planning and decision making processes and future service delivery arrangements on a regular and timely basis

- there are no mechanisms in place to promote effective transfer of information between ADD and other agencies such as CSC, Office of the Public Guardian (OPG), Office of the Protective Commissioner (OPC) and service providers.

7.5   Transition funding for compliance with the *DSA* [22]

Under the *DSA* the Minister may only fund services which comply with the Act (or have a transition plan to move to compliance). After the introduction of the *DSA*, all services self-assessed and were reviewed independently by Coopers and Lybrand in 1994-95 to determine their status as regards conformity with the *DSA*. Of the 1100 disability services that self-assessed (including group homes), less than 26% were conforming and the remaining 74% were required to have transition plans (to achieve conformity with the *DSA*) approved by the Minister.   The *DSA* requires that non-conforming services conform within 3 years of the initial transition plans.

ADD has provided $48.3m since 1995-96 to non-conforming government and non-government services (including group homes) to assist them in implementing their transition plans. ADD advised that full or partial funding for transition has been provided to approximately 80% of outlets that should have received funds.

Audit Observations	The Audit Office observed a number of factors that limit ADD's effective management of the transition process.
	• There is no agreed or common understanding in the sector of the meaning of conformity. During the group home visits, the Audit Office did not find clear and consistent differences between conforming and non-conforming homes.
	• Adequate systems do not currently exist to provide assurance that funding, made available to service providers to effect transition plans, has been used effectively for its intended purpose. For example, two services visited were unclear as to what aspects of their activities were being funded by ADD. The providers' uncertainty must create difficulties for ADD in monitoring expenditure, particularly when ADD is reliant upon self-assessment reporting for much of its information.
	ADD advises that the review of monitoring processes will address the need for greater clarity.
	• There is no clear plan or funds allocated specifically to effect the transition of the remaining 20% of services that still await the funding they requested.

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[22] ADD reports that the review of monitoring will examine better ways of ensuring compliance and transition.

Audit Observations

(continued)

- No review of service conformity has occurred since 1994-95 to assess whether previously conforming services remain compliant and non-conforming services moved to compliance with the *DSA*. Three of the homes visited expressed their readiness to have their compliance status reviewed, but there is no mechanism to do this. DoCS advises that 156 of its group homes are ready to have their conformity status reviewed. This suggests that:

- some services are funded without clear knowledge of their current conformity status

- funding to non-conforming services continues when these services have not achieved conformity within the three years timeframe specified in the *DSA*

- the requirement under Section 15 of the *DSA* for the Minister to undertake a review of services every three years to check compliance with the *DSA* has not been fulfilled.

  > *Transition plans have been archived. I never use them in monitoring visits. (ADD regional staff)*

- ADD has no mechanism to change the status of a 'conforming' service where there has been a deterioration of service quality.

- The dates included in transition plans do not appear to constitute a deadline for the achievement of the plan. This may constitute a breach of Section 7(4b) of the *DSA* which requires transition plans to indicate the date by which the service will be provided in full conformity.

Action Required

The Audit Office found that there is a need for ADD to consider:

- defining conformity
- instituting an effective system to monitor transition expenditure and outcomes
- undertaking an independent review of services to establish conformity, and establishing a 'rolling program' to maintain currency of conformity status
- ensuring all transition plans have an effective completion date
- whether there is a need for legislative change to allow reclassification of conforming services to non-conforming services where there has been a diminution of service standards
- establish a system of transition planning and funding which is realistic.

7.6   Industry development strategy and promotion of better practice

The Audit Office found that ADD has no comprehensive strategic planning processes to assist industry development and promote better practices.

7.6.1   Progress in addressing the needs of small NGOs

Compared to other States, a higher proportion of NSW group homes are operated by smaller NGOs. These services are more reliant upon Government funding and lack access to other disability resources including clinical support and training.

The Audit Office found that there were no effective systems to support these small providers in achieving the increasingly high standards of professional practice, accountability and agency governance required by ADD. In particular, there is a need to address the difficulties that some smaller NGOs have in

- conforming to the *DSA*
- attracting and retaining a sufficient 'critical mass' of experienced, trained staff to ensure an appropriate range of expertise
- accessing adequate staff training and specialist support services
- providing a range of living arrangements to meet the needs of different individuals
- negotiating ADD procedures to obtain additional funding to meet changing clients' needs
- attracting suitably qualified people to their boards of management.

ADD advises that it is developing an industry development strategy that will address a number of these issues.

7.6.2   Provision of information about disability resources

In contrast to some other jurisdictions, there is limited disability information readily available to services, staff, residents, families and the public in NSW. Staff in a number of homes were unaware of available resources that could provide access to services, training and equipment.[23]

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[23] ADD advises that the provision of disability information will be addressed in the industry development strategy.

Group Home Visits

Geoff has an Acquired Brain Injury and is totally dependent upon staff for mobility. However, Geoff does have control of his head and face.

Staff were unaware of organisations that could modify his wheel chair to give Geoff the ability to move around independently. Such information has the potential to greatly enhance Geoff's quality of life.

7.6.3 Systems to promote better practice and service innovation

ADD has introduced and funded a number of initiatives that have promoted better practice and innovation within the sector. These include:

- the Senior Practitioner initiative within DoCS has had a significant impact on improving DoCS homes through its monitoring of key risk factors. DoCS has advised that it intends to maintain the position of Senior Practitioner after the (extended) ADD funding ends in June 2000, but at a substantially reduced level
- the mentoring program for NGOs through the auspices of ACROD
- a small research committee that funds a number of disability projects.

Important constraints upon further industry development include:

- a wariness amongst NGOs to seek assistance because of concern that ADD may impose additional conditions on the funding provided through the Action Planning process
- ADD's lack of progress in developing mechanisms to improve the access of NGOs to training and specialist expertise (including therapists, psychologists and behaviour management specialists)
- ADD's lack of flexibility in accommodating innovation by providers.

Group Home Visits

Two services related the difficulties experienced when group home clients are assisted to move to semi-independent accommodation with drop-in support. In such situations the provider becomes responsible for maintaining drop-in support as well as the group home which is now less viable because of the resultant vacancy.

Providers commented that they have no clear understanding of ADD's attitude towards such initiatives and have had little success in negotiating the department's procedures for supplementary funding.

7.6.4   Progress in addressing staff issues

The majority of staff encountered during the audit were very committed and motivated despite the extremely challenging environment in which they work.   Human resource issues present a serious challenge across the sector, which is subject to high levels of turnover and casualisation.   During the group home visits the Audit Office noted that:

- NGO staff lack support, use their own vehicles to transport residents and spoke of a number of pay issues (related to level of remuneration, overtime pay, etc)
- DoCS staff, while better paid, work with a more challenging clientele and are one of the most assaulted work forces in NSW
- ADD's Disability staff carry heavy workloads with little effective departmental support.

Occupational Health and Safety Issues (OH&S)

Group Home Visits

The Audit Office found that OH&S issues (of varying severity and type) were present in the majority of homes visited.

Incidence of OH&S claims			
	DoCS	**NGOs**	**Total**
Number of homes visited	6	7	13
Homes with recent incidents resulting in OH&S claims	5	3[a]	8
Note: [a] The incidence of injury was understated in at least one NGO. Although no OH&S claim existed, the house files documented a number of assaults upon staff.			

The Audit Office acknowledges that some services were taking steps to address these issues.

- Some homes had installed hoists and lifts to minimise injuries incurred in assisting non-ambulatory residents.
- The Supported Accommodation Risk Assessment (SARA) introduced by the DoCS Senior Practitioners was addressing potential risk areas.   The Audit Office observed that effective management in some DoCS Areas had:
  - reduced the number of hours worked by casuals from 50% to 20% in the last year
  - ensured the existence of effective Individual Plans for all residents and Behaviour Management Plans for all residents with challenging behaviour
  - ensured that regular OH&S inspections were carried out.

Management review and feedback

Staff across the sector commented adversely upon the lack of feedback and support received from management. For example, although most staff document incidents of assault and injury, in accordance with procedures, some service managements undertake little monitoring or review (See Section 3.2 Challenging Behaviour).

Staff training

The level of staff expertise and training varies greatly and is adversely affected by the high turnover of staff and the absence of sector-wide minimum competencies or qualifications.

Group Home Visits

Identified training shortages			
	DoCS	NGOs	Total
Number of homes visited	6	7	13
Homes identifying a training shortage	5	7	12
Key shortages			
Minimal training available	0	3	3
No current First Aid qualifications	1	1	2
Implementing Behaviour Management plans	3	3	6
Specialist courses	1	2	3
Implementing positive programs	3	5	8
Augmented communication skills	1	2	3

The only home that identified no unmet training needs is a DoCS home for people with challenging behaviour. Staff have been able to access relevant training and have had their expertise and procedural reliability in implementing the Behaviour Management plans tested.

All other homes visited by the Audit Office identified current gaps in the training available for staff.

• Three NGOs commented that their available training budget was derisory. One service with 28 residents and 19 staff was subsisting on an annual training budget of $2,000. The current Funding Agreements between ADD and NGOs make no reference to the competency or training of direct-care staff.

• Two homes including one for elderly residents with an average age of 72 years had some direct-care staff with no first aid certificates.

Homes also identified a critical need for:

- practical skills in the implementation of behavioural programs
- practical communication skills for working with non-verbal residents
- recognition of client's needs for specialised care and equipment for bathing, toileting, postural support etc. and/or knowledge of how to go about meeting these needs
- information technology skills to enable a dispersed workforce to better use the electronic channels to their service managements.

There is limited provision of relevant training in the tertiary education sector and problems of portability of qualifications and credit for previous training.

Action Required

> The Audit Office found that there is a need for a sector wide system for training and accreditation of staff working in group homes to provide better career structures and enable transportability of qualifications. This could assist in building skills, expertise and capacity within the system to operate in a complex environment where clients have varying specialist needs.

Current and proposed initiatives

ADD has taken a number of steps to enhance its ability to plan, make decisions and support the industry. Examples of where ADD has placed emphasis include:

- development and trialing of individual assessment tools (called the SNAP and Vermont tools). These tools offer a basic assessment of service needs of individuals (but do not address issues of compatibility of residents)
- development of a new planning framework (Population Group Planning PGP) and introduction of regional planning processes are expected to greatly enhance ADD's abilities in this area
- consideration being given to formulating an industry development strategy to better support service providers.

Responses from Agencies

Responses from Agencies

Response from the Ageing and Disability Department

Thank you for the opportunity to make a formal response to your final report of the Performance Audit *"Group Homes for People with a Disability – Keeping a Careful Watch"*, in accordance with section 38C(2) of the Public Finance and Audit Act, 1983. I understand that this response will be incorporated into the report for tabling in Parliament.

I am pleased that many of my previous comments on the earlier drafts of the report have been taken up for inclusion in the report, particularly in relation to the initiatives now being undertaken by the Ageing and Disability Department consistent with Cabinet endorsed strategic directions for the reform of the disability services system.

These new initiatives are aimed at ensuring that service outcomes for people with disabilities are being better managed in line with the recommendations of your report. I would like to restate that the government is committed to making major improvements to accommodation support and community living arrangements for people with disabilities, and this commitment is reflected in the recent increased State budget investment in this area.

It is noted that the Performance Audit Report on Group Homes for People with a Disability presents the broader context in which group homes need to be considered. The report acknowledges that::

- the delivery of services to people with disabilities is an extremely complex area of government activity.

- the Ageing and Disability Department alone cannot resolve a number of the major issues confronting the service system.

- there needs to be cooperation and commitment by a range of government and non-government agencies if services are to be improved.

The strategic direction for the disability services system over the next five years, and the related investment through the 2000/2001 State Budget, reflect the State Government's agenda for reform, under the theme "Living in the Community". It is important to point out that the Audit Office would not have been aware of the details of this reform agenda at the time of writing of their report.

In relation to the group home model itself, particular emphasis is now being placed on developing accommodation and community living services which meet the needs of individuals in a flexible way. It is agreed that there has been a lack of clear policy in this area and group homes have tended to provide a 'one-size-fits-all' response which has not been conducive to consumer choice, innovation or cost-effectiveness. Opening up opportunities for people to consider other community living options - and making these options possible - is the key focus of the broader reform agenda. As this is made possible for people currently living in group homes, support from people with disabilities and their families is evident.

In line with this, the government now recognises that there is no value in having a 'group homes only' agenda. Effective management of access and entry to the system through the proposed new Service Access System will ensure that potential service users and their carers are aware of, and making informed choices about the suitability of services and organisations able to cater to their particular needs. As a result, service providers are now looking at community living alternatives to ensure that people with a disability have a continuum of accommodation options like anyone else in the community.

Consequently, for the future, the issue will no longer be a single-minded focus on group homes. In this regard, ADD will continue working on a range of projects (particularly those resulting from the continued devolution of the large residential centres) which will be informing ongoing policy development and community based strategies. In a few years, group homes should no longer present as the main type of supported accommodation available in the community.

As part of this new direction, the current process where people with disabilities in certain group homes currently operated by DOCS are being given the opportunity to move to community living options in the non-government sector, is providing a template for the development of a more inclusive, person-centred approach to decision-making on flexible living arrangements. Through this process, the government also hopes to encourage a stronger partnership approach to the provision of disability services across the government and non-government sectors, thus increasing our capacity to meet the needs of people with a disability in more flexible ways.

The reform agenda mentioned earlier encompasses a range of broad initiatives. Some of these have been reinforced by being raised and discussed in the Report. These include:

- A review of monitoring procedures and practices in ADD to make them more effective. The recent State Budget also provided funding support for ADD to commence direct monitoring of DOCS services. The Terms of Reference for a major review of ADD's monitoring systems has been signed off by the Minister and will be completed by the end of 2000.

- The establishment of a Service Access System (SAS) to both better manage vacancies and to better manage access and entry to disability services overall.

- A review of the Specialist Services System, including assessment, behaviour support and case management/coordination services.

- The remaining Disability Services Program dollars currently going direct from Treasury to DOCS will, from 2000/2001, be allocated through ADD. The application of these funds will be monitored to assess the service outcomes for people with disabilities and their carers (NB. DOCS, though, continues to receive funds for disability services administration and employee entitlements direct from Treasury).

ADD is also reviewing the way in which services are funded and contracted in order to make better use of the resources currently available, as well as to ensure that our expectations about service performance are clear to all providers. The review will cover new funding benchmarks on quality, outputs and costs and detailed performance indicators being written into the Funding Agreement for each funded service (which they will be subsequently monitored against).

While it is agreed that the report's highlighting of the improvements which could be made to monitoring is timely, it should not go unstated that resource availability and allocation is also an issue. Having large numbers of people involved in monitoring services is not the answer. Yet there is an implication to this effect in the report.

The monitoring system needs to have key features that empower individuals who are receiving services to make complaints when issues arise; to have them resolved through service complaint resolution processes for all services that are underwritten by improved protocols with the Community Services Commission and ADD; and by having service contracts which allow for faster terminations and reauspicing of poorly performing services. This of course needs to be underpinned by a sector commitment to service delivery that meets the principles of the Disability Services Act (DSA).

ADD acknowledges that whilst it is correct to say there have been flaws in identifying how funds have been allocated to individual DOCS group homes, more data is already available that enables ADD to identify what each group home is being allocated. The Department is also in the process of refining its funds tracking system. It should be noted that the number of group homes stated in the appendices of the report needs some qualification in that they are correct only at the time the data collection was carried out in early 1999. Since that time, the number has grown with the establishment of new NGO auspiced group home housing under the Boarding Houses Reform Program. In addition, a significant number of non-government providers have a range of accommodation units that are not "group homes", but should be regarded as part of the stock of supported accommodation.

In conclusion, the report details a number of areas where improvement in the delivery of services to people with disabilities is required. The government acknowledges the challenges involved in improving service delivery. The report serves to highlight these in relation to one service model, that being group homes. However, the strategies identified or already underway, particularly those related to the increased State Budget investment announced in May, 2000, will achieve improvements in outcomes for people with disabilities much more broadly.

(signed)
Marianne Hammerton
Director-General

13 June 2000

Response from the Community Services Commission

Thank you for the opportunity to comment about the above report.

Firstly, we congratulate the Audit Office of NSW on its report which draws attention to critically important issues affecting the care of, and service provision to, people with disabilities.

The findings and recommendations of the report generally reflect the Commission's own findings and observations from our complaints, reviews, monitoring and policy work in the community services sector. They also reflect the issues brought to the Commission's attention through our role as co-ordinator of the Community Visitors program.

As you will be aware, the Ageing and Disability Department (ADD), has recently made a significant announcement about its plans for the future direction of disability services in NSW. The Commission welcomes and supports the general direction of ADD's plans, particularly those relating to the transfer of 400 residents from large congregate care residential facilities to more appropriate community based accommodation services over the next four years, and its review of its current service monitoring and review systems.

These plans, and other initiatives already underway, such as the new arrangements being made for up to 200 residents of group homes operated by the Department of Community Services (DoCS), will result in an increase in the numbers and proportion of people with disabilities residing in disability group homes. The findings and recommendations of the report, therefore, take on an even greater importance.

We now wish to make more detailed comment about recommendation 9, and other issues specifically relevant to the Commission, in the report.

Review of the Community Services Commission's capacity to deal promptly with consumer complaints (recommendation 9, dot point 1, page 8 of the report).

It is the case, as noted in the report, that the increase in complaint contacts[24] to the Commission has not been accompanied by a concomitant increase in the Commission's resources to deal with complaints[25].

The combined effect of these two factors, and other factors[26], has had an impact on the Commission's ability to deal as expeditiously with all complaints as desired.

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[24] As noted in the AO report, complaint contacts to the Commission increased by 93% between 1994-95 and 1998-99. Complaint contacts have increased a further 16.5% in 1999-2000 (to 31 May 2000) compared with 1998/99.

[25] The Commission has received increased funding for specific operational areas, but not for our complaints handling function. The most recent State budget increased funding to the Commission for the Disability Deaths Review Team, a new jurisdiction and program area, and for the Community Visitor program, to enable the program to better cover the expansion in the numbers of visitable services in NSW.

[26] Other factors influencing the number of complaint contacts to the Commission are:

- An increase in the complexity and seriousness of the issues confronting community service consumers.
- Increasing workload and resourcing issues across the community services sector, resulting in complaints about the lack of, withdrawal or inadequacy of a service.
- The inability, at times, of service providers to resolve consumer complaints at the local level (in 1998/99 the fourth most complained about issue to the Commission was the failure of services to adequately or appropriately deal with complaints at the local level).

The Commission plans a detailed analysis of the reasons for the increase in the numbers of complaint contacts, and other issues, including the reported decline in the number of complaints able to be resolved locally and the maintenance, over time, of strategies to improve service provision following a complaint. The Commission's analysis will include a survey of consumers and their satisfaction with and comments about Commission complaints procedures and practices.

The Commission endeavours to deal promptly with all complaint contacts. In this regard, we have continually improved our complaints handling by reviewing and amending relevant policies, procedures and priorities to ensure that we provide a high quality complaints service. For example, in response to the increase in complaint contacts and the developing concerns expressed by my own staff and some external agencies and individuals about our ability to respond promptly to all complaints, we conducted a peer review of complaints procedures and fine tuned our complaints procedures in 1999, resulting in more expeditious assessment of complaints, an increase in the number of complaints referred for investigation, improved investigation procedures, and the development of strategies to increase the use of various forms of alternative dispute resolution (facilitated discussions, conciliation, mediation, etc) to resolve complaints.

While the review and the procedural amendments have already improved the Commission's response to complaints, the ultimate ability of enhanced procedures to impact on very significant increases in workload is limited in the absence of increased resources. While dealing with all complaints, the Commission has, therefore, needed to impose priorities for handling serious complaints[27] about the most vulnerable people with a disability and children and young people. The Commission is very concerned about the need to impose priorities in this manner as this action potentially restricts the ability of some vulnerable service receivers to access external review and accountability mechanisms.

Appropriate mechanisms to ensure that Community Service Commission recommendations are enforced and implemented (recommendation 9, dot point 2, page 8 of the report).

In 1999 the Law Reform Commission (LRC) completed a review of the *Community Services (Complaints, Reviews and Monitoring) Act 1993* (CRAMA). The LRC's recommendations about amendments to CRAMA included amendments to clarify and increase the Commission's powers to access information from service providers necessary to undertake its various functions, and to clarify and increase the obligations on service providers to provide information to the Commission.

The Commission supports the LRC recommendations and is finalising a submission to the Minister for Community Services recommending that the enactment of the LRC amendments to CRAMA be expedited, in the interests of better services for community service consumers.

Onus on service providers to answer promptly requests by the Community Services Commission about complaints (recommendation 9, dot point 3, page 8 of the report).

The Commission is both aware of, and concerned about, the limits of CRAMA, and the powers it gives to the Commission, to require service providers to provide information and advice to the Commission in relation to complaints and our other functions, including reviews of children and people with disabilities in care, reviews of the deaths of people with a disability who are in care, inquiries, monitoring and policy review and development.

The LRC recommendations following its review of CRAMA, if enacted, will go some way to resolving this dilemma and their acceptance by Government is critical to the improved functioning of the Commission.

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[27] The Commission gives priority to investigating complaints relating to the people who are the most vulnerable and the least able to protect their own interests such as people with disabilities and children and young people when there is a serious question about the current care, treatment and safety of a vulnerable consumer.

The issue of the communication between the Commission and DoCS (page 54 of the report) exemplifies the potential impact on community service consumers of constraints on the open, prompt and transparent exchange of information between agencies and of constraints on the ability to deal with front line workers and managers directly.

In 1999/2000 there has been an increase in both the number of complaint contacts[28] to the Commission and an increase in the number of complaints handled formally by the Commission.[29] Over 80% of all complaint contacts are about the Department of Community Services (DoCS).

The Commission believes the increase in the numbers of formal complaints is influenced, at least in part[30], by the decision by DoCS' to centralise, at the Client Feedback and Assistance Unit, all information and communication with the Commission about complaints, reviews, policies and procedures, and other issues. The Commission's preliminary analysis of the impact of this decision is that it has mitigated against the local resolution of complaints, and led, in some complaint matters, to an increase in the processing and transfer of information and consequent delays in complaints handling.

The Commission acknowledges DoCS' right and responsibility, in accordance with relevant legislation[31] to determine the most appropriate means to manage its resources and the flow of information with external agencies. However, the Commission is strongly of the view that DoCS' management decisions should consider the objects and principles of CRAMA which enable vulnerable consumers to have their complaints about service provision dealt with and resolved in the most expeditious manner, at the local level wherever possible.

Review of the capacity of the Community Visitor (CV) Scheme to maintain adequate and effective contact with residents, given the increasing number of visitable services and clients (recommendation 9, dot point 4, page 8 of the report).

In the recent Budget the NSW Government has significantly increased the funding of the CV Scheme for 2000/2001. The additional resources for the CV Scheme will enable increased levels of visiting to all visitable services, with a particular focus on the residents who are most vulnerable. Whilst the funding increase is not at the level requested by the Commission in its submissions to the Minister for Community Services and falls under the funding that the Commission had asked for, the Commission welcomes the decision and the significant improvement it enables to the scope of the CV Scheme. A significant increase in visiting frequency will be achieved.

In relation to other issues raised about the funding and administration of the CV Scheme in your report, we wish to make the following comments:

- *Remuneration for Community Visitors* (page 41 of the report). The rate of remuneration for Community Visitors is determined by the Government through the Premiers' Department. The Commission has recently been advised that Community Visitor remuneration is included in the NSW Government's pending review of the relevant Category under which Visitors are paid.

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[28] There has been a 16.5% increase in complaint contacts to the Commission in 1999/2000 (to 31/5/00) compared to 1998/99. Over the same periods, the number of formal complaints to the Commission has increased by 27% and the total complaints (formal and informal[28]) has increased by 24%.

[29] A formal complaint is one where the Commission directly involves in the complaint resolution. An informal complaint is one in which the Commission does not directly involve in the complaint resolution. Rather, the Commission provides information, advice and/or referral to assist the complainant to seek to resolve the complaint with the service at the local level.

[30] Refer footnote 3.

[31] For example, the *Children (Care and Protection) Act 1987* imposes some restrictions of the provision of information about child protection clients and notifications.

- ***Community Visitors contributing unpaid time to the CV Scheme***
(page 42 of the report). The Commission does not promote this practice,
and encourages Visitors to claim for all work done. Nevertheless, the
Commission and Visitors recognise that, to date, the resources for the
scheme have been insufficient to ensure a 'responsible minimum' level of
visiting. Some Visitors, therefore, in their commitment to residents of
disability and children's services, do contribute their own time. We
anticipate that the increase in funding in the forthcoming financial year will
reduce the amount of unpaid time some Visitors work.

- ***Limited awareness of the CV Scheme of some disability group home
staff, residents and families*** (page 43 of the report). It is the case that
some staff, residents and families will have limited knowledge about the
CV Scheme and/or a particular Visitor, even though a Visitor may be
regularly visiting the service. The Commission and Visitors have
endeavoured to provide information about the Scheme both regularly and
comprehensively. However, issues such as low visiting levels for many
services, high turnover of staff in some visitable services, and the
dependence of the Scheme on service providers providing information
directly to families, impact on the level of knowledge of and understanding
about the Scheme. In contrast to this very real issue, some Visitors have
known residents for up to 5 years and, at times can become the most
consistent worker for a person with a disability because of the turnover in
service provider staff.

- ***Limited succession planning and lack of nominated Visitors for
some services*** (page 43 of the report). CRAMA limits the tenure of
Visitors to three years, with an option for re-appointment for a further three
years. The Commission is aware of the importance, for residents of
disability services, of continuity in the workers and others in their lives.
Therefore, we seek to ensure that there is an overlap in the length of
terms for Visitors and that expertise is not lost to the scheme when
Visitors leave. Despite these efforts, there have, at times, been delays in
the recruitment and appointment of Visitors. The process of recruiting and
appointing new Visitors is itself lengthy, as it requires several levels of
approval, including a selection panel, probity checking, Commissioner
recommendation, and, finally, approval by the Minister, the Community
Services Review Council and Cabinet.

**Enhanced procedures for Community Visitors to bring issues and
complaints to the attention of service providers** (recommendation 9, dot
point 5, page 8 of the report).

The Commission is aware of, and acknowledges, that, at times, there has
been inadequate feedback provided to the management and staff of some
visitable services about issues and complaints raised by Visitors. In 1999,
following advice from Visitors and some service providers about this issue,
the Commission developed a new feedback form in an effort to improve
communication with service providers. The form is presently being trialed with
a view to its introduction across the Scheme after the trial is evaluated.

The "recent initiative" you refer to on page 56 of the report is, in fact, the
feedback form for service providers, noted above, rather then a form for
communication between the Commission and Visitors about issues.

**Enhanced procedures for the Community Services Commission to
provide feedback to the Visitors on matters at hand** (recommendation 9,
dot point 4, page 8 of the report).

The Commission agrees that we can improve the ways that we handle issues
identified by Visitors. Further, the Commission agrees that our feedback to
Visitors about complaints (and other Commission functions such as reviews,
inquiries, monitoring, etc) could be improved.

The current mechanisms for handling issues and complaints reported to the Commission by Visitors are:

- ***Complaint to the Commission***: Visitors are asked to determine what issues require referral to the Commission as a complaint, for example, because they raise serious issues about a resident, or because they cannot be resolved at the local level. The process for making a complaint are detailed in the Community Visitors procedures manual. The Commission deals with a complaint from a Visitor, including providing feedback to the Visitor, in accordance with our established complaints procedures.

- ***Non-complaint issues notified to the Commission***: After every visit, Visitors report all issues of concern they identify, whether resolved or not, to the Commission. The Commission uses this information to assist in identifying systemic issues for service providers, for particular target groups in the sector, or for the sector as a whole. Our identification and analysis of systemic issues leads to our action about major sector issues via our specific inquiry, monitoring or policy work. Visitors continue to monitor the response of service providers to the individual issues they identify and report and advise the Commission when an issue is resolved (or unresolved).

In acknowledging the findings and the recommendation of the report about the current procedures for the Commission's action and feedback about Visitor issues, the Commission plans to initiate, in consultation with Visitors, a review of the current procedures.

Other issues

The Community Services Commission and ADD to implement the protocol being negotiated for exchange of information (page 43 of the report).

The finalisation of the protocol for exchange of information between the Commission, and Community Visitors, and ADD is a key priority of the Commission The protocol is a critical component of the ability of the Commission and ADD to inform our respective complaints, monitoring and review processes both for individual consumers and service providers, and for the disability sector as a whole.

The Commission will propose to ADD that the draft protocol be ratified, as a priority, as an interim protocol pending ADD's completion of its review of its current structure and systems for review and monitoring.

The functions of the Commission

The report focuses on two of the functions of the Commission - complaints handling and the Community Visitor Scheme. Other functions of the Commission are:

- Reviews of children and people with a disability who are in care. These reviews undertake a comprehensive assessment of the current situation of a person and make recommendations to the Minister and the relevant service provider where issues and concerns that may be identified.

- Disability Death review Team. This recent (1999) initiative enables the Commission to review the circumstances of the death of a person with a disability in care and report to the Minister and to the relevant service provider about issues and concerns that may be identified.

- Monitoring of services, recommendations and issues. The Commission monitors recommendations from complaints, reviews and inquiries, and individual service providers and/or service issues where there are ongoing concerns raised by complaints, reviews, etc.

- Inquiries into major individual and/or systemic issues of service provision. The Commission uses information from complaints, reviews, monitoring, Community Visitors, etc to inform major inquiries about individual or systemic issues.

- Public information and education, and policy commentary, about significant community services issues.

The Commission uses all of our functions, as appropriate, to respond to issues affecting the residents of disability group homes, and for other community service consumers.

Thank you for the opportunity to respond to your report.

(signed)

Robert Fitzgerald AM
Commissioner

June 2000

Response from the Department of Community Services

Thank you for this final copy of the Performance Audit report. My Department has found this a useful initiative. I believe that it both recognises significant improvements made by DoCS in improving accountability in our group homes while at the same time highlighting where future effort should be focussed.

The transformation process that is currently underway in DoCS will provide a discrete and strengthened local structure for disability services. This will allow DoCS to focus on the continuous quality improvement and accountability of our group home service. This will be of direct benefit to our clients.

(signed)
Carmel Niland
Director-General

13 June 2000

Appendices

APPENDIX 1 **Disability Services Act 1993 Schedule 1**
        Principles and Applications of Principles

Principles

1. Persons with disabilities have the same basic human rights as other members of Australian society. They also have the rights needed to ensure that their specific needs are met. Their rights, which apply irrespective of the nature, origin, type or degree of disability, include the following:

 a) persons with disabilities are individuals who have the inherent right to respect for their human worth and dignity

 b) persons with disabilities have the right to live in and be part of the community

 c) persons with disabilities have the right to realise their individual capacities for physical, social, emotional and intellectual development

 d) persons with disabilities have the same rights as other members of Australian society to services which will support their attaining a reasonable quality of life

 e) persons with disabilities have the right to choose their own lifestyle and to have access to information, provided in a manner appropriate to their disability and cultural background, necessary to allow informed choice

 f) persons with disabilities have the same right as other members of Australian society to participate in the decisions which affect their lives

 g) persons with disabilities receiving services have the same right as other members of Australian society to receive those services in a manner which results in the least restriction of their rights and opportunities

 h) person with disabilities have the right to pursue any grievance in relation to services without fear of the services being discontinued or recrimination from service providers

 i) persons with disabilities have the right to protection from neglect, abuse and exploitation.

Applications of Principles

2. Services and programs of services must apply the principles set out in clause 1. In particular, they must be designed and administered so as to achieve the following:

 a) to have as their focus the achievement of positive outcomes for persons with disabilities, such as increased independence, employment opportunities and integration into the community

 b) to contribute to ensuring that the conditions of the everyday life of persons with disabilities are the same as, or as close as possible to, norms and patterns which are valued in the general community

 c) to form part of local co-ordinated service systems and other services generally available to members of the community, wherever possible

 d) to meet the individual needs and goals of the persons with disabilities receiving services

e) to meet the needs of persons with disabilities who experience an additional disadvantage as a result of their gender, ethnic origin or Aboriginality

f) to promote recognition of the competence of, and enhance the image of, persons with disabilities

g) to promote the participation of persons with disabilities in the life of the local community through maximum physical and social integration in that community

h) to ensure that no single organisation providing services exercises control over all or most aspects of the life of a person with disabilities

i) to ensure that organisations providing services (whether specifically to persons with disabilities or generally to members of the community) are accountable to persons with disabilities who use them, the advocates of those persons, the State and the community generally for the provision of information from which the quality of those services can be judged

j) to provide opportunities for persons with disabilities to reach goals and enjoy lifestyles which are valued by the community generally and are appropriate to their chronological age

k) to ensure that persons with disabilities participate in the decisions that affect their lives

l) to ensure that persons with disabilities have access to advocacy support where necessary to ensure adequate participation in decision-making about the services they receive

m) to recognise the importance of preserving the family relationships and the cultural and linguistic environments of persons with disabilities

n) to ensure that appropriate avenues exist for persons with disabilities to raise and have resolved any grievances about services, and to ensure that a person raising any such grievance does not suffer any reprisal

o) to provide persons with disabilities with, and encourage them to make use of, avenues for participating in the planning and operation of services and programs which they receive and to provide opportunities for consultation in relation to the development of major policy and program changes

p) to respect the rights of persons with disabilities to privacy and confidentiality.

APPENDIX 2   **Disability Service Standards**

Standard One - Service Access

Each consumer seeking a service has access to a service on the basis of relative need and available resources.

Standard Two - Individual Needs

Each person with a disability receives a service which is designed to meet, in the least restrictive way, his or her individual needs and personal goals.

Standard Three - Decision Making and Choice

Each person with a disability has the opportunity to participate as fully as possible in making decisions about the events and activities of his or her daily life in relation to the services he or she receives.

Standard Four - Privacy, Dignity and Confidentiality

Each consumer's right to privacy, dignity and confidentiality in all aspects of his or her life is recognised and respected.

Standard Five - Participation and Integration

Each person with a disability is supported and encouraged to participate and be involved in the life of the community.

Standard Six - Valued Status

Each person with a disability has the opportunity to develop and maintain skills and to participate in activities that enable him or her to achieve valued roles in the community.

Standard Seven - Complaints and Disputes

Each consumer is free to raise and have resolved, any complaints or disputes he or she may have regarding the agency or the service.

Standard Eight - Service Management

Each agency adopts sound management practices which maximise outcomes for consumers.

Standard Nine - Family Relationships

Each person with a disability receives a service which recognises the importance of preserving family relationships, informal social networks and is sensitive to their cultural and linguistic environments.

Standard Ten - Protection Of Human Rights And Freedom From Abuse

The agency ensures that the legal and human rights of people with a disability are upheld in relation to the prevention of sexual, physical and emotional abuse within the service.

APPENDIX 3   **Audit objectives and methodology**

Background   This audit of group homes for people with a disability builds upon a performance audit of large residential centres for people with disability, which the Audit Office undertook in 1997.

This audit examines the overall **performance management systems** for group homes operated by the Department of Community Services (DoCS) and non-government organisations (NGOs) which receive funding from the NSW Government.

Audit objectives   The audit assesses the extent to which the overall performance management systems for group homes:

- support the achievement of the objectives of the Disability Services Act 1993 (DSA) in an efficient manner
- promote accountability for public expenditure on group homes.

Audit scope   The audit focused on the following key areas:

- systems for collecting, reporting, monitoring, quality assuring, validating, reviewing and evaluating performance information
- systems for the management and coordination of performance information within and across key relevant organisations
- use of performance information in management, planning, resource allocation and service development decisions
- collaborative arrangements between key agencies for the exchange of performance information
- key accountability tools, including Funding Agreements and performance contracts
- management of conformity of services with the *DSA* and the transition process towards conformity.

The audit criteria and procedures were developed in consultation with the Department of Ageing and Disability (ADD), the Community Services Commission (CSC) and DoCS.

The audit did not:

- consider the relative merits of different models of supported accommodation (eg, respite care, large residential care, family care, semi-independent living and boarding houses)
- examine the Government decision to apply service competition policy to DoCS low support need homes that may be affected by that decision
- evaluate outcomes achieved for and by the residents.

Audit methodology

The Audit

- reviewed relevant documentation
- observed systems and procedures in practice at central, area and group home level
- conducted extensive consultation with key agencies, advocacy groups and peak bodies
- undertook a literature review focusing on the needs of people with disabilities living in a community setting and practices in other jurisdictions.

The audit was based on the premise that residents should be receiving quality services irrespective of their level of disability, needs or geographic location.

The gathering of valid and reliable data in a heterogenous sector in which many clients have communication difficulties presented challenges to the audit. A survey approach was considered impractical and unlikely to provide useful information. Therefore, no attempt was made to survey the population of over 600 group homes or the needs and views of people waiting for access to a group home placement.

The case study approach adopted enabled the Audit Office to:

- explore issues in much greater depth than other approaches to obtaining quality information from residents
- examine closely how well systems worked 'on-the-ground'.

The Audit Office commissioned four disability experts from the Centre for Developmental Disability Studies to assist in the conduct of the case studies. The consultants' role was to:

- facilitate communication with residents of the group homes visited during the audit
- assist the Audit Office in interpreting observations and information
- advise on sensitive and ethical issues.

The Audit Office examined 17 group homes. The selection of these homes was informed by a detailed preliminary study and determined in consultation with ADD, CSC and DoCS.

The Audit Office visited:

- 2 DoCS and 2 NGO homes in March 1999 as pilots to develop the audit procedures
- 6 DoCS and 7 NGO homes between September and December 1999 as case studies. The Audit Office spent a total of 12 person weeks (exclusive of preparatory work and travelling time) in these group homes.

The selection of homes aimed to capture the experiences of residents:

- with widely varying levels and types of disabilities
- of different ages and gender
- living in different geographic locations
- living in a variety of DoCS and NGO group homes.

Appendix 4 summarises the characteristics of the group homes studied.

During the group home visits, the Audit Office:

- sought the opinion of residents and those involved in their lives
- collected data on group home performance
- examined policies, procedures and practices
- observed and validated findings and opinions
- provided an opportunity for residents, relatives, advocates, Community Visitors, guardians, management and direct care staff to express their views about the performance of the service and the measurement and monitoring systems.

The performance audit report presents the findings in relation to the systems examined and group homes visited. Care should be taken not to extrapolate the case study evidence in this report to all group homes in NSW. However, anecdotal evidence suggests these homes were not atypical.

All efforts were made to ensure the privacy and confidentiality of residents were maintained. As a result, this report focuses on common issues identified across multiple locations and does not present evidence that could be used to identify single service providers or individuals.

The following table summarises the work undertaken before and during the group home visits.

Summary of the work undertaken during the visits to group homes[a]

	Number of homes		
	DoCS	NGOs	Total
Number of homes approached by the Audit Office	8	8	16
Number of homes visited by the Audit Office [b]	6	7	13
Document Review undertaken			
House policies and procedures	5	6	11
House files	6	7	13
Monitoring report completed by ADD's Service Support and Development Office (SSDO)	na	3	3
Self Assessment Report (SAR) completed by the provider	6	7	13
Funding Agreement	na	5	7
The Community Services Commission register of outstanding issues raised by the Community Visitor	6	7	13
Interviews conducted			
Group home staff	6	7	13
Group home residents (by Centre for Developmental Disability Studies)[c]	5	6	11
Management of auspice operating group home	6	7	13
Group home Community Visitor	5	4	9
ADD Regional staff	na	7	7
Family, Advocates & guardians	4	5	9
Consultant expert observations	**6**	**7**	**13**

Notes:

[a]   This table excludes the preliminary visits to 2 DoCS and 2 NGO homes undertaken to develop the audit procedures.

[b]   The 'persons responsible' for residents in 2 homes refused to consent to the Audit Office visit. A visit to one other home was abandoned due to the disruption to the audit timetable caused by industrial bans.

[c]   Resident interviews were not conducted in two of the homes visited. At one home the 'persons responsible' refused to provide consent for interviews. At the other home it was not possible to conduct interviews because of the residents' communication limitations.

APPENDIX 4   Profile of group homes visited

Location of homes visited	DoCS	NGO	Total
Small rural & regional town	1	1	2
Regional centre	1	1	2
Newcastle and Wollongong	1	1	2
Sydney	3	4	7
Total	6	7	13

Status under the DSA	DoCS	NGO	Total
Homes independently assessed to be conforming	2	3	5
Homes independently assessed to be non-conforming	4	4	8
Total	6	7	13
Homes funded under newer initiatives	2	0	2

Size of auspices visited	DoCS	NGO	Total
1 home	**0**	**1**	**1**
6-10 homes	**0**	**5**	**5**
>10 homes	**6**	**1**	**7**
Total ADD funding of auspice			
<$500k	**0**	**3**	**3**
<$2m	**0**	**2**	**2**
<$6m	**0**	**2**	**2**
$250m	**6**	**0**	**6**

Size of home	DoCS	NGO	Total
3 residents	1	1	2
4 residents	2	1	3
5 residents	3	4	7
6 residents	0	1	1
Total	6	7	13

Note that these profiles exclude the preliminary visits undertaken to 2 DoCS and 2 NGO homes to develop the audit procedures.

Support needs[a]	DoCS	NGO	Total
Low support need homes	0[b]	1	1
Moderate support need homes	1	2	3
Moderate to high support need homes	0	2	2
High support need homes	5	2	7
Total	6	7	13

Notes:

[a] Support needs of homes as advised by ADD and DoCS

[b] DoCS low support homes were excluded from the audit following the Government decision to apply competition policy to such services.

98/99 Govt accommodation funding per resident	DoCS	NGO	Total
$7k - $20k	0	4	4
$57k - $80k	3	2	5
$80k - $100k	1	0	1
$100k - $120k	1	0	1
$120k - $140k	1	1	2
Total	6	7	13

Home demographics	DoCS	NGO	Total
Age profile of residents			
17 – 25	1	3	4
26- 35	1	2	3
36-55	2	1	3
55+	1	1	2
mixed ages	1	0	1
Gender profile			
Homes with male residents only	2	1	3
Homes with female residents only		1	1
Homes with males and females	4	5	9
Homes with residents from minority groups	0	1	1

Indicative features of the group homes visited

DoCS	NGO
Client base	
Predominantly people with intellectual disabilities	People with a greater variety of disabilities
Generally higher support needs and a greater proportion of residents with challenging behaviour	Generally support needs are not as high and there are fewer residents with challenging behaviour
Funding	
DoCS disability program has little or no recourse to non-government revenue	A majority of the NGOs had access to some non-government sources of revenue
Government funding covers direct and indirect costs	The NGOs received little or no ADD funding for: - full rental and other fixed costs - insurance - workers compensation - full salary costs - staff training - programming and other support resources (except as a result of an ADD Service Review)
Environment and staffing issues	
Reduced access to day and employment programs requires DoCS homes to employ extra shifts during the day	Less access to expert disability support limits ability to manage challenging behaviours
Direct carers had higher award levels	Carers had lower award levels
All homes had a dedicated house manager and awake night shifts	Most homes had neither a dedicated house manager nor awake night shifts

APPENDIX 5   **Funding and monitoring arrangements**

A5.1   Group Homes

Group homes are residences in the community usually providing supported accommodation for between 2 to 6 people who have various levels of disability and support needs.

There are approximately 2,360 people with disabilities living in over 600 group homes in NSW. Over 83% of these residents have an intellectual disability.

Group homes receiving funding from the NSW Government are operated by:

- the Department of Community Services (DoCS), a NSW Government agency
- not-for-profit, non-government organisations (NGOs).

Distribution of residents and group homes between Government and non-government providers				
	Number of residents	**Proportion of total residents**	**Number of homes**	**Proportion of total homes**
NGOs	1,244	52.7	344	57.0
DoCS	1,116	47.3	259	43.0
Total	**2,360**	**100%**	**603**	**100%**
Note: These estimates were provided by ADD and sourced from the 1999 Commonwealth/ State Disability Agreement Minimum Data Set.				

The following table presents an outline of the purpose of the involvement of key agencies in the provision, funding and monitoring of services to people with disability living in group homes.

Agency	Key Purpose of Agency Involvement
The Treasury	❑ Allocate resources to agencies to achieve Government broad outcomes
Department of Ageing and Disability	❑ Develop strategic policy and plans for disability across the whole of Government ❑ Fund the Disability Services Program (DSP) ❑ Ensure and monitor the quality of the services of funded providers (both Government and non-government)[32]
Community Services Commission	❑ Assess, analyse and monitor the delivery of services to individual group home residents through its complaint, review and inquiry functions ❑ Make observations, suggestions and recommendations about systemic service delivery issues identified through the various functions ❑ Provide community information and advocacy support ❑ Coordinate the Community Visitors Scheme
Community Visitors	❑ Protect and advocate for the rights and interests of children and adults living in visitable services (which includes group homes)
Department of Community Services	❑ Deliver quality services to achieve the outcomes agreed for residents in compliance with the DSA
Non-government organisations	❑ Deliver quality services to achieve the outcomes agreed for residents in compliance with the DSA.
Office of the Public Guardian	❑ Provide legally appointed guardians to act as substitute decision makers and advocate for services and support for residents incapable of making their own decisions
Office of the Protective Commissioner	❑ Provide legally appointed financial managers to make substitute financial decisions for residents who cannot manage their own affairs

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[32] NSW Government Disability Policy Framework, Background Papers, p27, 1998.

A5.2 NSW Disability Services Act 1993

The NSW *Disability Services Act (DSA)* seeks to ensure that people with disability have access to services which:

- help them achieve their maximum potential
- promote integration of people with disability into the community
- promote positive outcomes and images
- are innovative and well managed.

The *DSA* covers disability services funded and provided by the Minister for Ageing and Disability.

The *DSA* contains 'Principles' which enunciate the rights of people with disabilities. The *DSA* also incorporates 'Applications of Principles' which indicate how services must be designed and administered in order to apply the Principles.

The *DSA* requires services funded under Section 6 to be provided in conformity with the Objects, Principles, and Applications of Principles (OPAP) set out in Schedule 1 of the *DSA*.

The Disability Services Standards (Standards) are used to assess whether services are provided in conformity with the Objects, Principles and Applications of the Principles of the *Disability Services Act*. (Refer to Appendix 1 and 2). These Standards are consistent with the national Standards provided in the Commonwealth Disability Services Act 1986.

The *DSA* recognised, however, that upon its commencement not all services would be able to conform to the OPAP. A non-conforming service is funded under Section 7 of the *DSA*. It is required to have an approved transition plan outlining how the service will conform as closely as possible to the OPAP and when it will be able to fully conform.

A5.3 Role of ADD

The Department of Ageing and Disability (ADD) was established in April 1995. ADD performs, on behalf of the Minister for Ageing and Disability, the roles of the funder, purchaser and regulator of disability services, including group homes.

The concept behind the establishment of ADD was to separate policy, regulation and funding (core Government activities) from service delivery, which is undertaken by both Government and non-government service providers.

ADD's role is to:

- establish the needs of residents, develop strategic policies and set service standards required
- purchase services which meet the needs of residents and satisfy Standards economically
- ensure services meet resident needs and achieve required service standards.

A5.4   Funding for group homes

ADD has responsibility for ensuring compliance with the provisions of the DSA related to funding. ADD applies different conditions to the funding of DoCS and NGOs.

NGO funding

The Government funding provided to NGOs for disability accommodation support services is provided through ADD. ADD has a Funding Agreement with each non-government service provider receiving State funds. ADD requires that the Funding Agreement for:

- a conforming service include a performance agreement (12-month plan) setting out the way in which service quality will be improved and the OPAP met
- a non-conforming service include a transition plan setting out the way in which the service will reach conformity to the OPAP.

These plans are developed as part of a self-assessment reporting process.

Where a contract monitoring visit or service review by ADD identifies practice or procedural issues within an NGO, ADD requires an Action Plan to be developed. This plan becomes a condition of any supplementary funding provided to the service to resolve such issues.

Some NGOs supplement Government funding from other sources such as their own charitable fund raising activities.

DoCS funding

ADD provides 70% of the State disability funding received by DoCS. ADD has a Relationship Agreement with DoCS for this funding. The agreement was signed in March 1999, extended in August 1999 to October 1999 and then extended again pending finalisation of negotiations.[33]

DoCS receives the remaining 30% of its disability funding directly from NSW Treasury.[34] DoCS has a Resource Allocation Agreement with Treasury for these funds.

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[33] ADD advises that a revised agreement is near finalisation.
[34] DoCS advises that this funding includes accrual adjustments.

The following table summarises the applicability of ADD funding conditions to NGOs and DoCS.

Applicability of ADD funding conditions				
	NGOs		DoCS	
	Conforming services	Non-conforming services	Conforming services	Non-conforming services
Performance agreement				
Transition plan				
Action plan				
Key:	applicable		not applicable	

The Audit Office was not able to obtain accurate figures from ADD and DoCS on the level of Government expenditure on group homes. The following table gives the Audit Office estimate of the Government funds provided to DoCS and NGOs for the operation of group homes. The estimates are based on various data provided by ADD and DoCS.

Estimates of Government expenditure on accommodation support in group homes 1998-99		
	$M	**%**
DoCS	97.4	59.5
NGOs	66.3	40.5
TOTAL	**163.7**	**100.0**

Notes:
- Estimates for the NGOs represent the cost to Government not the full cost of the services provided in group homes.
- Estimated total Government expenditure excludes expenditure on specialist support services, day programs etc. Apportioning total expenditure on these services to the residents of group homes is not possible under current arrangements.

The estimated net cost to Government of the total disability services programs in 1999-2000 is $597.3m, which funds in-home support, respite services, therapy services, day programs, early intervention, other community support and supported accommodation, including group homes.

The following table gives a breakdown of sources and estimates of disability funds.

Sources and estimates of disability services funds – 1999-2000						
Source of Funds	**DoCS**			**NGOs**		
	$M	**%**	**Accountability tool**	**$M**	**%**	**Accountability tool**
The Treasury	105.5	30	Resource Allocation Agreement	0.0	0	N/A
ADD	250.6	70	Relationship Agreement	241.2	100	Funding Agreement
TOTAL	**356.1**	**100**		**241.1**	**100**	
Notes:						

Notes:
- These estimates do not include the administrative costs of ADD and CSC, as these agencies are not involved in service provision.
- Estimates for the NGOs represent the cost to Government not the full cost of the disability services provided.
- DoCS advises that its funding from Treasury includes accrual adjustments

A5.5   Monitoring framework

The Department of Ageing and Disability, the Community Services Commission and the Community Visitors have distinct monitoring roles in relation to group homes.

The following table summarises the applicability of monitoring processes to the NGOs and DoCS.

Coverage of monitoring processes			
Agency	**Monitoring**	**NGOs**	**DoCS**
ADD	Self-assessment		
ADD	Contract monitoring by SSDO		
ADD	Service Review & viability audits		
Community Visitor Scheme	Visit		
CSC	Complaints, reviews and inquiry		
Key: applicable	not applicable		

ADD's monitoring   The *DSA* does not prescribe a particular quality assurance process for checking services. ADD has adopted a process for monitoring compliance with the *DSA* that comprises:

- the NSW Disability Services Standards
- policies that define what is an acceptable accommodation service
- ADD's *Standards in Action* that sets out minimum and enhanced practice requirements across a number of policy.[35]

Within this framework, ADD uses four key mechanisms to manage performance and ensure compliance with the DSA and funding requirements.

A5.5.1   Self-assessment reporting

ADD requires all services funded under the *DSA* to undertake an annual self-assessment. This process is intended to operate as an internal quality assurance mechanism to enable services to:

- give information to ADD on their performance in relation to the requirements of the Funding Agreement and the *DSA*
- develop plans for service improvement.

A5.5.2   Service user feedback questionnaire

Since 1998, both Government and non-government providers have been required to distribute feedback questionnaires to service users (residents and their families). The completed questionnaires are returned directly to ADD regional offices for assessment.

A5.5.3   Service Support and Development Officers (SSDOs)

The SSDOs are regional officers of ADD responsible for providing face-to-face support and advice to NGOs and service-users. There are 15 SSDOs responsible for ADD-funded disability services in NSW, including group homes.

A5.5.4   Service Review

ADD conducts reviews of NGOs where serious issues arise in relation to the quality of service provision. This function is currently under review.[36]

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[35] *Standards in Action*, Foreword from the Minister, p. V, 1998.

[36] ADD advises that the criteria for formal service reviews are being reviewed with CSC and ACROD. The focus has been on identifying the appropriate jurisdiction to undertake investigations. ADD is continuing to respond to requests for service reviews.

A5.6   Community Visitors Scheme

The Minister for Ageing and Disability, under *the Community Services (Complaints, Appeals and Monitoring) Act 1993,* appoints the Community Visitors (CVs) for a period of 3 years. The CVs are independent of Government departments, the services they visit and the Community Services Commission (CSC) which administers the Scheme.

The mandate of the CVs extends to all visitable services in NSW, including group homes. A visitable service is a service operated by a funded agency for the purpose of providing care. The primary responsibility of CVs is to:

- report to the Minister on the welfare and interests of people in care
- promote the rights of people who live in care
- consider concerns or complaints raised by residents, staff and others about the quality of the services
- provide information about advocacy services that may assist people in addressing their concerns
- facilitate local resolution of concerns by referring those matters to the service or other relevant agencies.

There are 33 CVs in NSW responsible for over 900 visitable services, including group homes.

A5.7   Community Services Commission (CSC)

In addition to administering the Community Visitors Scheme, the CSC has other functions relevant to group homes:

- handling consumer complaints about service providers
- monitoring the quality of services and inquiring into major issues affecting consumers
- reviewing the situation of people in care
- reviewing disability deaths cases.

CSC can handle complaints about services provided to residents, but not complaints about ADD's funding and licensing decisions (eg, breaches of the Funding Agreement).

The CSC differentiates between informal and formal complaints.

Informal complaints

The CSC provides complainants with information, advice and referral to assist them to resolve their complaint directly with a service. Complainants can lodge a formal complaint if the service does not resolve the complaint.

If it is inappropriate to refer a complaint for local resolution, the CSC assesses whether investigation, alternative dispute resolution or other action is warranted.

Formal complaints

CSC assesses all formal consumer complaints to decide whether to:

- refer the complaint to a service for local resolution
- investigate the complaint
- refer the complaint to another body to investigate
- decline further action.

CSC makes direct contact with the service to assist the resolution of the complaint and follows up the outcome of the resolution.

A5.8   Other stakeholders in group homes

Peak and community organisations such as ACROD (The National Industry Association for Disability Service Providers), the Council for Intellectual Disability (CID), Intellectual Disability Rights Services (IDRS), People with Disability Inc (PWD), etc, also have specific interests in the quality of services provided to people in group homes.

Performance Audits by
the Audit Office of New South Wales

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Performance Auditing

Performance audits seek to serve the interests of the Parliament, the people of New South Wales and public sector managers.

The legislative basis for performance audits is contained within the *Public Finance and Audit Act 1983*, *Division 2A*, which differentiates such work from the Office's financial statements audit function. Performance audits examine whether an authority is carrying out its activities effectively and doing so economically and efficiently and in compliance with all relevant laws. These audits also evaluate whether members of Parliament and the public are provided with appropriate accountability information in respect of those activities.

Performance audits are not entitled to question the merits of policy objectives of the Government.

When undertaking performance audits, auditors can look either at results, to determine whether value for money is actually achieved, or at management processes, to determine whether those processes should ensure that value is received and that required standards of probity and accountability have been met. A mixture of such approaches is common.

Where appropriate, performance audits provide recommendations for improvements in public administration.

Performance audits are conducted by specialist performance auditors who are drawn from a wide range of professional disciplines.

The procedures followed in the conduct of performance audits comply with the Audit Office's Performance Audit Manual which incorporates the requirements of Australian Audit Standards *AUS 806 and 808.*

Our performance audit services are certified under international quality standard *ISO 9001,* and accordingly our quality management system is subject to regular independent verification. The Audit Office of NSW was the first public audit office in the world to achieve formal certification to this standard.

Performance Audit Reports

No.	Agency or Issue Examined	Title of Performance Audit Report or Publication	Date Tabled in Parliament or Published
1	Department of Housing	*Public Housing Construction: Selected Management Matters*	5 December 1991
2	Police Service, Department of Corrective Services, Ambulance Service, Fire Brigades and Others	*Training and Development for the State's Disciplined Services:* *Stream 1 - Training Facilities*	24 September 1992
3	Public Servant Housing	*Rental and Management Aspects of Public Servant Housing*	28 September 1992
4	Police Service	*Air Travel Arrangements*	8 December 1992
5	Fraud Control	*Fraud Control Strategies*	15 June 1993
6	HomeFund Program	*The Special Audit of the HomeFund Program*	17 September 1993
7	State Rail Authority	*Countrylink: A Review of Costs, Fare Levels, Concession Fares and CSO Arrangements*	10 December 1993
8	Ambulance Service, Fire Brigades	*Training and Development for the State's Disciplined Services:* *Stream 2 - Skills Maintenance Training*	13 December 1993
9	Fraud Control	*Fraud Control: Developing an Effective Strategy* *(Better Practice Guide jointly published with the Office of Public Management, Premier's Department)*	30 March 1994
10	Aboriginal Land Council	*Statutory Investments and Business Enterprises*	31 August 1994
11	Aboriginal Land Claims	*Aboriginal Land Claims*	31 August 1994
12	Children's Services	*Preschool and Long Day Care*	10 October 1994
13	Roads and Traffic Authority	*Private Participation in the Provision of Public Infrastructure* *(Accounting Treatments; Sydney Harbour Tunnel; M4 Tollway; M5 Tollway)*	17 October 1994
14	Sydney Olympics 2000	*Review of Estimates*	18 November 1994
15	State Bank	*Special Audit Report: Proposed Sale of the State Bank of New South Wales*	13 January 1995
16	Roads and Traffic Authority	*The M2 Motorway*	31 January 1995
17	Department of Courts Administration	*Management of the Courts:* *A Preliminary Report*	5 April 1995
18	Joint Operations in the Education Sector	*A Review of Establishment, Management and Effectiveness Issues* *(including a Guide to Better Practice)*	13 September 1995
19	Department of School Education	*Effective Utilisation of School Facilities*	29 September 1995

No.	Agency or Issue Examined	Title of Performance Audit Report or Publication	Date Tabled in Parliament or Published
20	Luna Park	*Luna Park*	12 October 1995
21	Government Advertising	*Government Advertising*	23 November 1995
22	Performance Auditing In NSW	*Implementation of Recommendations; and Improving Follow-Up Mechanisms*	6 December 1995
23	Ethnic Affairs Commission	*Administration of Grants* *(including a Guide To Better Practice)*	7 December 1995
24	Department of Health	*Same Day Admissions*	12 December 1995
25	Environment Protection Authority	*Management and Regulation of Contaminated Sites:* *A Preliminary Report*	18 December 1995
26	State Rail Authority of NSW	*Internal Control*	14 May 1996
27	Building Services Corporation	*Inquiry into Outstanding Grievances*	9 August 1996
28	Newcastle Port Corporation	*Protected Disclosure*	19 September 1996
29	Ambulance Service of New South Wales	*Charging and Revenue Collection (including a Guide to Better Practice in Debtors Administration)*	26 September 1996
30	Department of Public Works and Services	*Sale of the State Office Block*	17 October 1996
31	State Rail Authority	*Tangara Contract Finalisation*	19 November 1996
32	NSW Fire Brigades	*Fire Prevention*	5 December 1996
33	State Rail	*Accountability and Internal Review Arrangements at State Rail*	19 December 1996
34	Corporate Credit Cards	*The Corporate Credit Card (including Guidelines for the Internal Control of the Corporate Credit Card)*	23 January 1997
35	NSW Health Department	*Medical Specialists: Rights of Private Practice Arrangements*	12 March 1997
36	NSW Agriculture	*Review of NSW Agriculture*	27 March 1997
37	Redundancy Arrangements	*Redundancy Arrangements*	17 April 1997
38	NSW Health Department	*Immunisation in New South Wales*	12 June 1997
39	Corporate Governance	*Corporate Governance Volume 1 : In Principle Volume 2 : In Practice*	17 June 1997
40	Department of Community Services and Ageing and Disability Department	*Large Residential Centres for People with a Disability in New South Wales*	26 June 1997
41	The Law Society Council of NSW, the Bar Council, the Legal Services Commissioner	*A Review of Activities Funded by the Statutory Interest Account*	30 June 1997
42	Roads and Traffic Authority	*Review of Eastern Distributor*	31 July 1997

No.	Agency or Issue Examined	Title of Performance Audit Report or Publication	Date Tabled in Parliament or Published
43	Department of Public Works and Services	*1999-2000 Millennium Date Rollover: Preparedness of the NSW Public Sector*	8 December 1997
44	Sydney Showground, Moore Park Trust	*Lease to Fox Studios Australia*	8 December 1997
45	Department of Public Works and Services	*Government Office Accommodation*	11 December 1997
46	Department of Housing	*Redevelopment Proposal for East Fairfield (Villawood) Estate*	29 January 1998
47	NSW Police Service	*Police Response to Calls for Assistance*	10 March 1998
48	Fraud Control	*Status Report on the Implementation of Fraud Control Strategies*	25 March 1998
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64	Key Performance Indicators	• *Government-wide Framework* • *Defining and Measuring Performance (Better practice Principles)* • *Legal Aid Commission Case Study*	31 August 1999
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