AUDITOR-GENERAL'S REPORT
PERFORMANCE AUDIT

Access to Overnight Centre-Based Disability Respite

Department of Human Services
Ageing, Disability and Home Care

The Legislative Assembly
Parliament House
SYDNEY NSW 2000

The Legislative Council
Parliament House
SYDNEY NSW 2000

In accordance with section 38E of the *Public Finance and Audit Act 1983*, I present a report titled **Access to Overnight Centre-Based Disability Respite: Department of Human Services - Ageing, Disability and Home Care.**

Peter Achterstraat
Auditor-General

Sydney
May 2010

Contents

Foreword

The NSW Government provides and funds respite to help carers support people with disabilities at home. Respite gives carers a short time-limited break from caring, helping family and friends stay together and reducing the burden on the public purse.

Respite can take many forms including time with host families and vacation care. This audit looked at the most common form of respite, short-term accommodation in a respite centre. We examine what the Department of Human Services is trying to achieve with respite, whether respite is going to those most in need and whether resources are being used wisely.

While this audit looked at disability respite, many of its findings are relevant to other programs that seek to support people living in the community.

Peter Achterstraat
Auditor-General

May 2010

Audit conclusion and recommendations

The focus of our audit

Most of us know someone with a disability. The Australian Bureau of Statistics says over four per cent of the population aged five to 64 has a profound or severe disability requiring assistance. Families and carers help many people with a disability build a life in their local community.

The Department of Human Services – Ageing, Disability and Home Care (ADHC) helps families maintain their role as primary carers by providing a range of disability services. One of these is 'respite', a time-limited break from care-giving. Respite also provides people with disability an opportunity to do different things and meet different people.

ADHC operates centres that provide overnight respite to people who have intellectual disability and are aged from seven to 64[1]. ADHC also funds non-government organisations (NGOs) to provide respite to people with intellectual and physical disabilities. Some of this is overnight centre-based respite. The rest is mostly flexible respite which covers a range of services including host family; after school and vacation care; holiday camps; and paid carers looking after the person with a disability in the family home.

This audit focuses on overnight centre-based respite which supports 40 per cent of disability respite clients in New South Wales. It is relatively expensive and more clearly defined than other forms of respite. Centres are typically four to six bedroom houses in the community.

Our audit objective was to establish whether access to overnight centre-based respite is working well to support people with disabilities and their carers. To do this we asked three questions:

- what is ADHC trying to achieve with respite and is it successful?
- is access to respite based on need?
- is respite managed efficiently?

Audit conclusion

We found that ADHC is providing and funding more respite to help people with disabilities and their carers. The number of people using respite centres increased by 20 per cent between 2006-07 and 2008-09 from 2,769 to 3,326. Both NGOs and carer organisations told us that ADHC had improved the management of respite.

National data suggests that NSW has traditionally invested less in respite than other jurisdictions. NSW has started to catch up through *Stronger Together* investment.

Nevertheless there are significant performance gaps that need to be addressed. ADHC cannot demonstrate that the right people are getting the right amount of respite. According to ADHC policy it should have reassessed the need of 140 heavy users of respite in 2008-09, but this only occurred in 55 per cent of cases. The number of clients getting more than 61 nights of respite in ADHC centres increased from 201 to 329 (64 per cent) over the last two years.

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[1] People who received respite before age 65 are eligible for respite after they turn 65.

ADHC needs to expedite the work that it is already undertaking to match the allocation of respite with assessed need. And this needs to occur across both ADHC and NGO services.

ADHC needs to continue working with NGOs to promote the most cost effective services to support people with disabilities and their carers.

Key audit findings

What is ADHC trying to achieve and is it successful?

ADHC is providing respite to more people so carers can continue to care for them at home. But ADHC targets do not provide guidance as to how the respite resources are to be allocated. There is uncertainty over whether a little respite is to be provided to many or whether more respite is to be provided to carers under the most stress.

ADHC plans to provide and fund respite for 8,950 clients (including 3,400 who will get centre-based respite) in 2009-10. This represents 12 per cent of the potential population for respite services. This population of 74,498 consists of people under 65 years, with a serious or profound disability requiring assistance, who have a primary carer.

To make the best use of its available resources, ADHC needs to identify how it can best distribute respite and establish targets to focus its efforts.

Is access based on need?

There is no consistent needs-based approach for determining who gets respite and how much they get.

For historical reasons, respite centres are distributed unevenly across the state and the chances of getting centre-based respite depend, in part, on where you live. For example, only 2.3 per cent of the potential users in the southern part of the state get centre-based respite.

There are no consistent criteria for distributing respite and the amount provided is not necessarily based on need.

ADHC is developing a respite assessment and booking system (RABS) to prioritise access to respite based on need. ADHC plans to start implementing RABS in ADHC respite centres across the state during 2011. Once this is done, ADHC will make RABS available to interested NGOs.

At a local level, some ADHC regions are helping NGOs develop a common approach for allocating and coordinating the delivery of respite. Metro North and Northern regions provide systems for NGOs to share information about vacancies and coordinate respite for those in need.

Is respite managed efficiently?

We found mixed performance when we examined the efficiency of respite management.

ADHC has reduced the number of blocked beds[2] from 26 in September 2008 to nine in September 2009. This enables another 130 people to get respite.

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[2] A bed is blocked when a person is not picked up by their carer after the agreed period of respite.

Clients who use large amounts of respite also limit the respite available to others. While clients of ADHC centres get an average of 39.7 nights of respite a year, 19 per cent get more than 61 nights. Large amounts of respite may be necessary to help these families continue care, but ADHC should review whether they need other support as well as, or instead of, respite.

According to ADHC policy, it should have reassessed the needs of 140 clients in 2008-09 once they reached a threshold of heavy respite use (more than 63 days of respite in a 12 month period for adults and more than 21 days in a three month period for children). ADHC only reassessed the need of 77 of these 140 clients (55 per cent).

ADHC and NGO respite centres could be used more efficiently. Two ADHC regions use their beds less than 80 per cent of the time. A few ADHC centres had less than half of their beds occupied at any given time. ADHC does not maintain data on the occupancy rate of NGO beds.

While ADHC fast-tracks urgent cases, most new entrants to respite take over six months to access ADHC respite. The process involves a number of assessments and plans to manage behaviour, epilepsy and other aspects of care. The absence of a coherent system across the sector and barriers to the exchange of information between and within disability providers can cause delay. It also results in carers making multiple applications with, and undergoing multiple assessments from, a range of providers.

ADHC does not know what it is paying for under some older NGO funding agreements. These allow NGOs to determine how they will provide respite and it may be in a range of forms including centre-based. For these agreements ADHC does not hold centralised data on the total number of funded beds or where they are located, but it advises that the regional officers will know how respite is being delivered.

Under the older funding agreements ADHC pays some NGOs less than $15 for an hour of respite care and others more than $35. ADHC cannot always explain the range in funding by differences in the cost of care or the contribution made by the NGO and volunteers. ADHC needs to work with NGOs to promote the most cost effective service.

Recommendations

1. To better plan for and manage respite services we recommend that ADHC establish, and monitor against, respite performance targets by December 2011. These targets should direct ADHC's attention to supporting families in maintaining their caring role and could include the proportion of:

    a. people with very complex medical needs receiving respite

    b. people with very challenging behaviour receiving respite.

2. To ensure people with the greatest need receive respite we recommend that ADHC should expedite its current efforts to:

    a. direct growth funding to the areas that need it most

    b. establish consistent criteria and implement a common approach for prioritising and allocating respite according to need

    c. work collaboratively with NGOs to coordinate ADHC and NGO services.

3. To improve access to respite we recommend that ADHC:

    a. strengthen its monitoring to ensure that the needs of high users of respite are being met

    b. expedite the work underway to streamline the assessment process and the sharing of information with NGOs

    c. set clear targets for occupancy rates of centre-based respite beds

    d. improve the design of facilities to assist the management of challenging behaviour.

4. To better understand what it is getting for its expenditure we recommend that by December 2011 ADHC:

    a. undertake a stock-take and maintain a database of all respite beds

    b. complete its review of centre-based respite outputs and funding including those provided under pre-2006 agreements.

Response from the Department of Human Services Ageing, Disability and Home Care

Ageing, Disability and Home Care (ADHC) is strongly committed to strengthening family relationships and directly provides or funds many services that support people with a disability, their families and carers, including the respite centres that are the subject of this performance audit.

ADHC welcomes the findings of the audit and the confirmation that the improvement projects ADHC has in train are appropriate responses to the challenges it faces in delivering and funding respite centres. It supports the findings that it should expedite and enhance these projects. Accordingly, it agrees to implement each of the report's four recommendations.
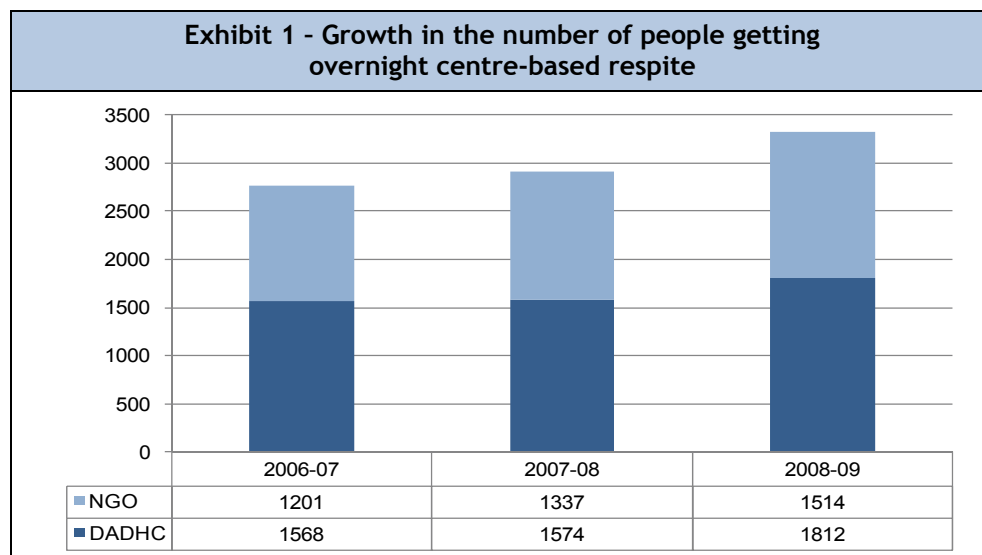
(signed)

Jim Moore
Chief Executive

Dated: 21 April 2010

Key findings

1. Introduction

We found that access to overnight centre-based respite has improved with 20 per cent more people using respite in the last three years.

Exhibit 1 – Growth in the number of people getting overnight centre-based respite		

	2006-07	2007-08	2008-09
■ NGO	1201	1337	1514
■ DADHC	1568	1574	1812

Source: ADHC 2009.

During the fieldwork, NGOs and carer organisations consistently told us that ADHC was managing respite much better.

Nevertheless there are problems, particularly around allocating respite to those in need. The process of getting respite is set out below.

Exhibit 2 - A typical entry into respite

A 60 year-old mother cares for her 40 year old son alone. He has a disability. He may have been born with it or acquired it later in life through accident or disease. She is getting frail and struggling to look after them both. She needs help (but she may not be willing to admit it).

A friend tells her Helpful Disability Services (HDS) can help. She contacts HDS, who ask her questions and for documentation about the son's disability.

- if HDS is ADHC, it only provides direct services if the son had an IQ of less than 70 before his eighteenth birthday
- if HDS is an NGO, it has its own criteria, guided by the Disability Services Act and based upon specialist services it provides, to determine whether the son is eligible.

HDS organises a case manager to meet and assess the needs of the mother and son. There are several services that might help meet those needs including the provision of equipment, day programs, case management and a range of therapies such as behavioural and speech. If it is agreed that a respite centre is an appropriate service, HDS begins an extended process that can take months to match them up (or 'orientate' them) to a centre. If HDS is ADHC, the process tends to be more risk adverse.

After orientation HDS will offer respite. Under newer programs NGOs will plan with the carer to provide respite over the next 12 months, whereas ADHC currently only books respite three months ahead which offers less predictability.
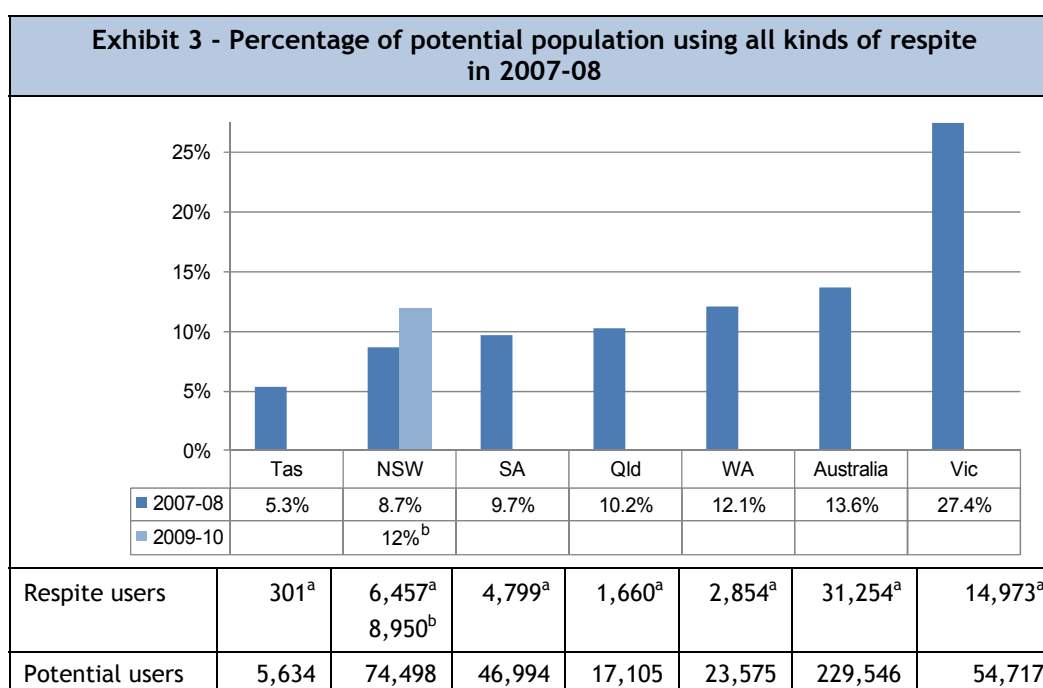
Source: Audit Office 2009.

2. What is ADHC trying to achieve with respite and is it successful?

Conclusion   **ADHC is increasing the number of people using respite so as to help carers support them living at home. But ADHC targets do not provide guidance as to how the respite resources are to be allocated. There is uncertainty over whether a little respite is to be provided for many or whether respite is to be mainly directed at carers under the most stress.**

Respite provides a planned break for the carer and a positive experience for the person with a disability. It needs to be regular and predictable so carers can rely on it to better manage their lives. Respite is not meant to provide emergency accommodation, a bed for the homeless or baby-sitting.

ADHC plans to provide and fund respite for 8,950 clients in 2009-10. This represents 12 per cent of the potential population of 74,498, which is the number of people with a severe or profound disability and a primary carer who may benefit from respite. Exhibit 3 shows how ADHC has expanded services since 2006-07, when it provided respite to a smaller proportion of potential users than other States apart from Tasmania.

Exhibit 3 - Percentage of potential population using all kinds of respite in 2007-08

	Tas	NSW	SA	Qld	WA	Australia	Vic
2007-08	5.3%	8.7%	9.7%	10.2%	12.1%	13.6%	27.4%
2009-10		12%[b]					
Respite users	301[a]	6,457[a] 8,950[b]	4,799[a]	1,660[a]	2,854[a]	31,254[a]	14,973[a]
Potential users	5,634	74,498	46,994	17,105	23,575	229,546	54,717

Source: [a] AIHW - *Disability support services 2007-08* (published Dec 2009)

[b] NSW planned services for 2009-10 - ADHC Results and Services Plan.

Notes: The potential population is an ABS estimate. Not all people in it will need or seek access to respite.

Only 90 per cent of NSW disability service providers report on their activities, compared to 95 per cent nationally. So Exhibit 3 may understate respite in New South Wales.

The NSW figures for respite users do not include psychiatric disability clients, but Victoria, Queensland and Western Australia figures do.

ADHC and Treasury have agreed to spend more to help carers support people with disabilities to live at home. By supporting carers, the Government can help more people with a disability enjoy a better quality of life than it could otherwise afford. If a carer is unable to cope, ADHC will have to spend over $130,000 a year on full-time supported accommodation for a person with a disability.

Around 40 per cent (3,400) of the people using respite in New South Wales use overnight centre-based respite. On average this costs between $8,800 and $22,000 a year per client. Other forms of respite (which are not the focus of this audit) tend to be less expensive.

To ensure that the best use is made of available resources, ADHC needs to identify how to distribute respite to carers with the greatest need and to establish targets to focus its efforts.

Ageing carers present a growing challenge for government as their capacity to provide care diminishes over time. At least 13 per cent of carers in NSW, and more than 20 per cent in the Hunter and Southern regions, are over 65 years old. ADHC's ability to plan for ageing is reduced because it doesn't know how old 25 per cent of carers are.

ADHC funds 19 Support Coordination Services across NSW to help older carers plan for the future. Respite can be an important part of such planning as it gives frail carers a break, introduces clients to life outside the family home, and gives ADHC and NGOs a further opportunity to get to know the clients and their needs.

Recommendation

ADHC should establish, and monitor against, respite performance targets. These targets should direct ADHC's attention to supporting families in maintaining their caring role and could include the proportion of:
- people with very complex medical needs receiving respite
- people with very challenging behaviour receiving respite.

3. Is respite allocated in a timely and consistent manner according to need?

Conclusion

There is no consistent needs-based approach for determining who gets respite and how much they get. For historical reasons, respite centres are distributed unevenly across the State and the chances of getting centre-based respite depend, in part, on where you live.

Exhibit 4 - Proportion of potential population using centre-based respite 2008-09

	Metro North	Metro South	Hunter	Northern	Southern	Western
■ Proportion in overnight respite	5.2%	4.8%	3.1%	3.6%	2.3%	6.9%

Region	Local Planning Areas
Metro North	Northern Sydney, Cumberland Prospect, Nepean
Metro South	South East Sydney, South West Sydney, Inner West
Hunter	Hunter, Central Coast
Northern	Far North Coast, Mid North Coast, New England
Southern	Illawarra, Southern Highlands
Western	Riverina/Murray, Orana/Far West, Central West
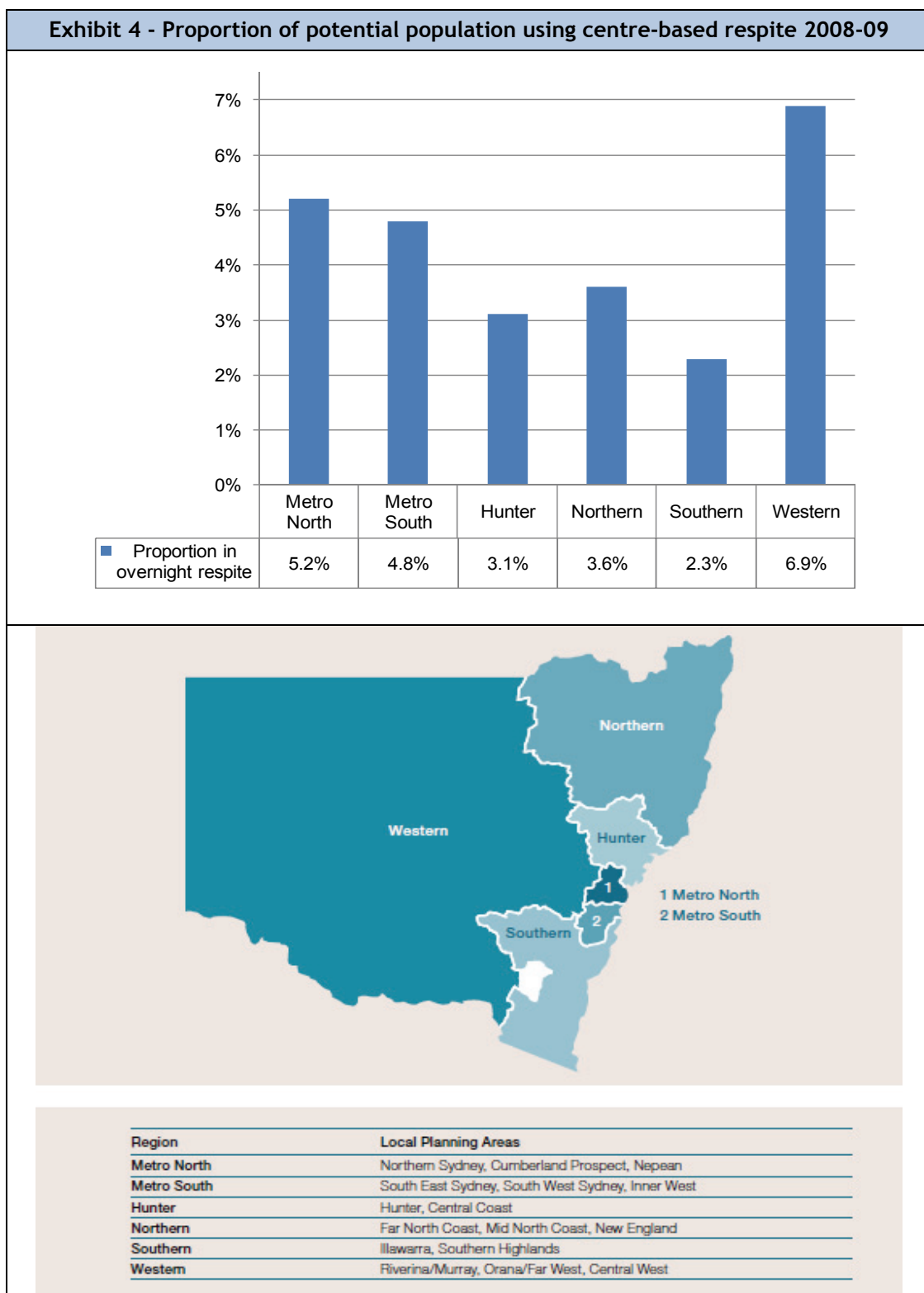
Source: Audit Office estimate using ABS and ADHC data published in 2009.

Note: Exhibit 4 shows the penetration of centre-based respite, whereas exhibit 3 looked at all forms of respite.

Between 2006-07 and 2008-09 ADHC spent an additional $22 million on respite through the *Stronger Together* initiative. Almost half of this funding has been directed to centre-based respite services with the remainder invested in flexible respite.

ADHC advises that funding has been directed to areas of high demand and relatively low supply. It takes some time for this investment to be reflected in increased client numbers particularly when appropriate facilities need to be acquired or built.

Carers indicated that distance was a major factor limiting their ability to use respite. Even where a centre is close by, some carers are not able to use it. For example an 82 year old carer may not have a licence or the car needed to get his daughter to and from a respite centre.

Recommendation   ADHC should direct its growth funding to areas that need it most.

Apart from availability, getting respite can be a complex process.

Access to respite is not necessarily based on need

Firstly, while NGOs and ADHC base their eligibility criteria for respite upon disability as defined in the Disability Services Act 1993 (DSA), they have different rules for determining who they give priority of access to. These rules reflect the separate segments of the population that ADHC and NGOs help.

- NGOs can refuse to accept particular clients such as those with complex needs
- many NGOs specialise in helping people with a particular disability such as multiple sclerosis, acquired brain injury or quadriplegia
- ADHC only provides in-house services to people who exhibit an IQ of less than 70 before their eighteenth birthday. This excludes people with high needs who acquire an intellectual disability later in life through accident or disease and people who have a physical disability but no intellectual disability.

The amount of respite is not based on need

Secondly, the amount of respite provided to individuals is not based consistently on need.

ADHC policy sets out a number of criteria that its own centres must consider when allocating respite. This policy gives precedence to people whose caring relationship is at greatest risk, such as sole carers, ageing carers and people caring for more than one person.

ADHC does not have a coherent way to prioritise clients

But ADHC does not have a consistent way to determine who gets respite and how much they get. There is no agreed or coherent way to rank an individual's need for respite.

The amount of respite that an individual can get is affected by the number of other people who use the service. For example, several centres in Sydney have fewer than 30 clients each, while over 90 clients share the use of a centre on the North coast.

Metro North Region has a tool, which measures the level of client need and carer stress, to ensure that respite is provided across the Region to those who need it most.

ADHC has recognised that it is very important to base access to centre-based respite on need. In September 2008 it commenced work on a major reform strategy to develop a standardised Respite Assessment and Booking System (RABS). The RABS aims to promote equity of access based on prioritised need to ADHC-operated respite centres.

ADHC plans to start implementing RABS in ADHC centres across the state in 2011. ADHC advises that when RABS is fully implemented it will provide:

- standardised tools for assessing the needs of the client and the carer
- standardised tools for prioritising access to respite based on carer need
- benchmarks to support decision making in determining the amount of respite to be allocated to each client based on prioritised need
- an online booking system that will consider client mix and staffing requirements to maximise occupancy and ensure quality of care.
- greater efficiency, improved service occupancy and better client outcomes.

ADHC doesn't have an overall picture of how NGOs allocate respite

AHDC does not maintain information on how NGOs prioritise clients and allocate respite. Under the funding agreements established before 2006, NGO's determined who they give respite to and how much they give.

ADHC is collaborating with NGOs at the local level to direct new respite funding to help carers most in need.

Metro North and Northern regions have established mechanisms to get NGOs to work together, share information, coordinate respite with other disability services and use a common approach to prioritise who gets respite and how much they get. The regions have not used these mechanisms to coordinate their own respite centres with NGOs.

ADHC advises that once it has fully implemented RABS in its own centres, it will make the system available to interested NGOs.

Recommendation

To ensure people with the greatest need get respite, ADHC should expedite its current efforts to:

- establish consistent criteria and implement a common approach for prioritising and allocate respite
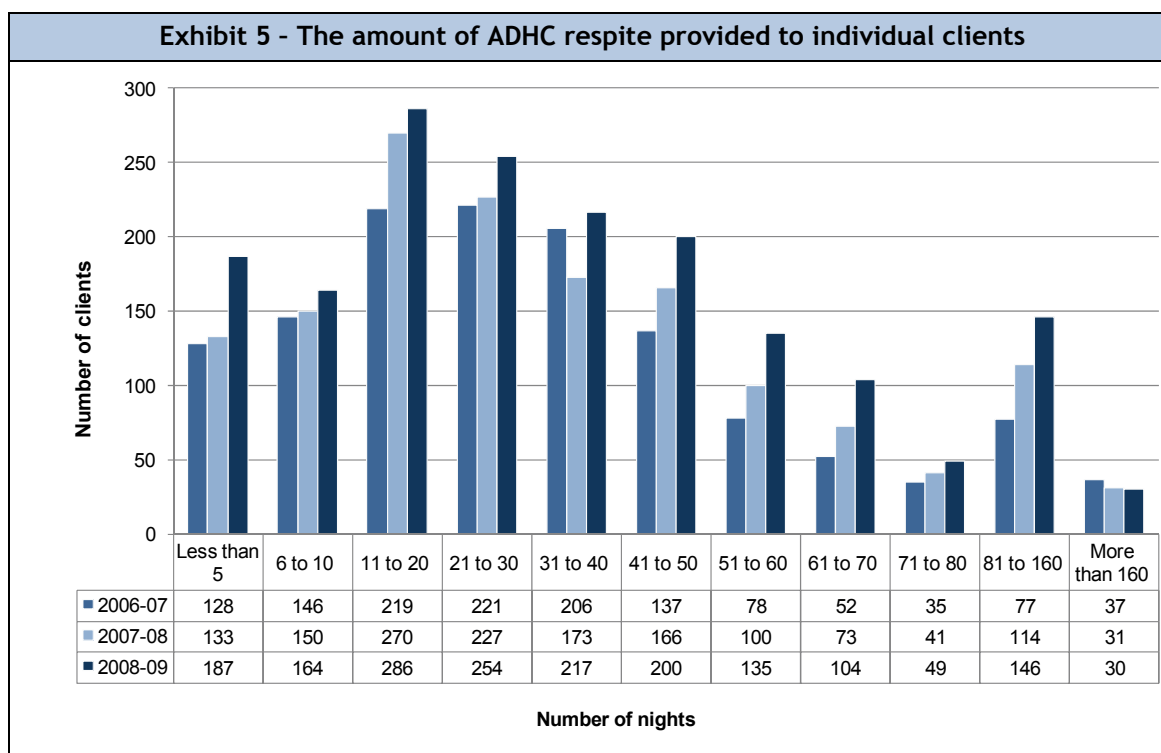- work collaboratively with NGOs to coordinate respite services.

4. Is respite managed efficiently?

Conclusion

We found mixed performance when assessing whether respite resources were efficiently managed.

ADHC has reduced bed block

Firstly, ADHC has increased the amount of available overnight respite by reducing the number of blocked ADHC beds from 26 (and four at NGO centres) in September 2008 to nine in September 2009 (and three at NGOs). A bed is blocked when a person with a disability is not picked up by their carer after the agreed period of respite.

We estimate that the reduction in bed block over the last 12 months means over 130 more people get respite.

Respite for more carers can also be limited when some clients use large amounts. The median amount of respite for carers using ADHC services was 39.7 nights of respite in 2008-09 (up from 37.8 nights in 2006-07). But the amount of respite varies greatly. Twenty per cent of carers used less than 10 nights of respite last year, while 19 per cent used more than 60 nights. The number of clients using more than 60 nights of respite increased from 201 in 2006-07 to 329 in 2008-09 (64 per cent).

Exhibit 5 – The amount of ADHC respite provided to individual clients

	Less than 5	6 to 10	11 to 20	21 to 30	31 to 40	41 to 50	51 to 60	61 to 70	71 to 80	81 to 160	More than 160
2006-07	128	146	219	221	206	137	78	52	35	77	37
2007-08	133	150	270	227	173	166	100	73	41	114	31
2008-09	187	164	286	254	217	200	135	104	49	146	30

Source: ADHC 2009.
Notes: This table is for ADHC clients only.
          ADHC does not capture detailed information on how much respite NGOs provide per client.

Heavy users of respite may need other forms of support

The use of large amounts of respite may be necessary to help families continue care. But it should be monitored to ensure that it is appropriate, as high levels of respite use may indicate that the family needs other forms of support and intervention to continue care.

ADHC policy requires a case manager to reassess the needs of an adult who uses more than 63 days of respite in a year, and the needs of a child who is in respite for more than 21 days in a three month period. ADHC advised that this policy should have prompted 140 reviews in 2008-09. Seventy-seven occurred, a compliance rate of 55 per cent.

The high proportion of heavy respite users in some regions indicates a need to review how carers are supported.

| Exhibit 6 - Proportion of ADHC respite clients using more than 60 nights a year 2008-09 by region	
Metro North	11%
Northern	12%
Hunter	13%
All regions	19%
Western	23%
Metro South	27%
Southern	38%

Source ADHC 2009.

Recommendation ADHC should strengthen its monitoring to ensure that the needs of high users of respite are being met.

Occupancy rates could be improved Secondly, we found that the occupancy rate of respite beds could be improved. Exhibit 7 shows that two ADHC regions use their beds less than 80 per cent of the time. Some centres within those regions have occupancy rates of less than 50 per cent. This means that on any given day half of the beds may be empty.

Occupancy rates can be affected by a number of factors:
- bed-block increases occupancy rates because the bed is fully occupied
- late cancellations that are not then filled reduce occupancy levels
- under-booking
- the presence of clients who require closer staff supervision to prevent harm to themselves or others. Such clients, who can be in high need of respite, reduce the number of other clients that a centre can take at the same time.

Exhibit 7 – ADHC bed occupancy rates by region in 2008-09
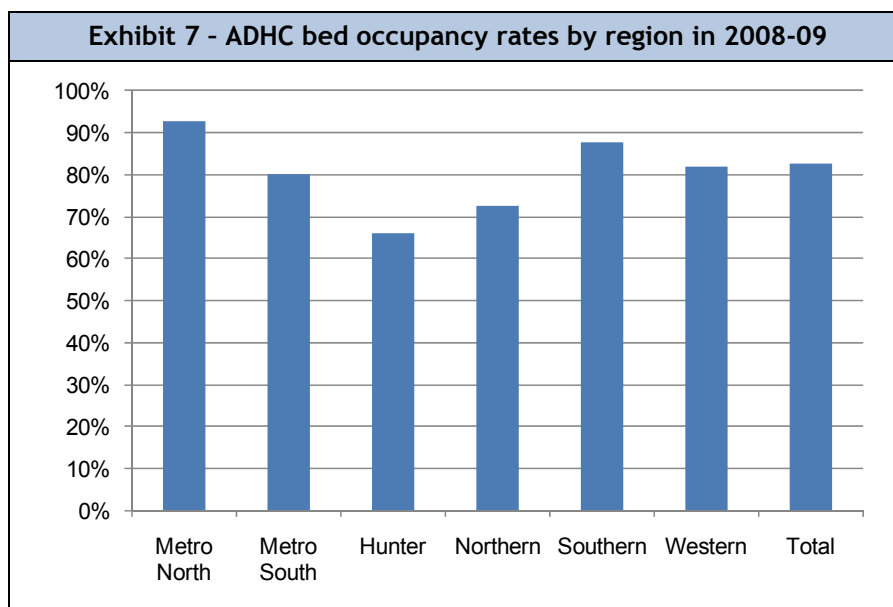
Source: ADHC 2009.

Note: ADHC does not maintain data on the occupancy rates of NGO beds.

One incident shows how factors can combine unhappily to reduce the respite available to families.

Exhibit 8 – Case Study

When an NGO couldn't manage the escalating aggression of a young adult in full-time care, she was placed into an ADHC respite centre.

Because of the risk she presented to other clients and the staff attention she required, ADHC had to reduce the number of other clients using the centre. Each bed that she occupied or was left empty meant that other clients missed out on respite.

Such circumstances have been better managed in purpose-built respite centres, where it is possible to separate clients when they present a risk to others. This reduces, but does not necessarily eliminate the impact upon other carers. Clients with complex needs may require such additional support, that the centre's staff are unable to care for a full complement of clients.

Recommendation   To improve access to respite, ADHC should:

- set clear targets for the occupancy rates of centre-based respite beds
- improve the design of facilities to assist the management of challenging behaviour.

Thirdly, the process can be untimely.

The lack of a coherent system across the sector can delay new entrants to respite   While ADHC fast-tracks urgent cases, many new entrants to respite take over six months to access an ADHC centre. This is because ADHC requires a staged approach to ready the carer and the person with a disability for respite. This orientation process includes the development of a range of plans (including behaviour intervention and medication management), several visits to the respite unit and an overnight stay. Barriers to the exchange of information between and within disability providers can cause delay. And the absence of a coherent system across the sector can result in carers making applications with, and being assessed by, multiple service providers.

Carer groups complained of the frustration and fatigue of being reassessed at each stage of the process and every time they sought support. Staff across the sector considered NGO procedures to be timelier than those of ADHC.

We saw local initiatives that were addressing these issues. For example, Northern Region has established a secure computer service that NGOs use to share information about vacancies and client and carer need. This system is not being used to share information between NGO and ADHC respite services.

ADHC advised that one of RABS' objectives is to standardise the assessment process for clients entering ADHC-operated respite.

Recommendation   ADHC should expedite the work underway to streamline the assessment process and the sharing of information with NGOs.

Finally, we found that ADHC wasn't always getting value for money from its respite expenditure. Exhibit 9 shows the variation in the cost of respite across the state.

Exhibit 9 – The variation in the cost of respite			
	Cost per client hour	**Annual cost per client**	**Average nights per client (estimate)**
Typical post-2006 NGO agreement	$22.00	$8,800	25
ADHC Metro North average	$22.75	$14,441	40
ADHC Western average	$23.84	$13,061	34
ADHC Southern average	$24.49	$22,049	56
ADHC State-wide average	$25.04	$15,733	39
ADHC Metro South average	$26.74	$19,562	46
ADHC Northern average	$26.74	$11,160	26
ADHC Hunter average	$28.04	$12,500	28

Source: ADHC 2009.
Notes: The average number of nights per client is based on the assumption that one night equates to 16 hours of respite. Metro South centres include two units for people with high medical needs which are relatively expensive.

There are many reasons why costs vary including:
▪   intensity of staffing needed to care for clients
▪   occupancy rates
▪   location
▪   different industrial Awards provide ADHC staff with higher pay rates than NGO staff
▪   management and overhead structures.

ADHC advises that on average it spends $130,000 a year per respite bed which provides 7.7 clients with 39 nights of respite a year. In contrast, under the new *Stronger Together* funding, ADHC typically pays an NGO $123,200 per bed to provide 14 clients with 25 nights of respite.

Pre-2006 funding agreements are not always clear about what the NGOs have to do

It is not always clear what ADHC pays for under the pre-2006 funding arrangements for NGO respite centres. Some arrangements allow the NGOs to determine how they provide respite and it may be provided in people's homes and in community settings rather than in respite centre beds. In these cases ADHC cannot ascertain the total number of funded beds, where they are or what their occupancy rate is. ADHC advises that generally local officers know how NGOs are delivering respite.

Under the older funding agreements ADHC pays some NGOs less than $15 for an hour of respite care and others more than $35. ADHC cannot always explain the range in funding by differences in the cost of care or the level of contribution made by the NGO and volunteers. ADHC needs to work with NGOs to promote the most cost effective service.

Recommendation

To get better value for money, ADHC should :

- undertake a stock-take and maintain a database of all respite beds
- complete its review of centre-based respite outputs and funding including those provided under pre-2006 agreements.

Appendix

About the audit

Audit Objective This audit examined whether access to overnight centre-based respite is working well to support people with disabilities and their carers.

Lines of Inquiry In reaching our opinion against the audit objective, we sought to answer the following questions:
- what is ADHC trying to achieve with respite and is it successful?
- is access to respite based on need?
- is respite managed efficiently?

Audit Criteria In answering the lines of inquiry, we used the following audit criteria (the 'what should be') to judge performance. We based these standards on our research of current thinking and guidance on better practice. They have been discussed, and wherever possible, agreed with those we are auditing.

For line of inquiry 1, we assessed:
- what outcomes is ADHC trying to achieve with respite care?
- is ADHC meeting its objectives for respite?
- how does ADHC compare to other jurisdictions?

For line of inquiry 2, we assessed:
- is eligibility for disability services determined in a consistent and timely way?
- is the need for respite assessed in a timely and consistent manner?
- are respite services provided in a timely and consistent manner according to need?

For line of inquiry 3, we assessed whether respite resources were managed appropriately. We were unable to assess ADHC's operation and funding of respite against the performance of other states and territories because of the lack of comparable information.

Audit focus The audit focused on the allocation of overnight centre-based respite for people with disabilities.

This audit did not examine:
- aged respite
- flexible (non-centre-based) respite
- the quality of respite care provided
- compliance with the disability standards.

Audit approach We acquired subject matter expertise by:
- interviewing the Chief Executive Officer and other senior ADHC managers
- interviewing stakeholders including People With Disabilities, National Disability Services and the NSW Council for Intellectual Disability
- interviewing officers from the NSW Ombudsman's Office and NSW Treasury
- interviewing disability agencies in other jurisdictions

- reviewing national disability reports published by the Australian Institute of Health and Welfare and the Productivity Commission
- visiting three ADHC regional offices and four NGO respite providers
- reviewing ADHC's Annual Reports and Results and Services Plans
- reviewing ADHC's disability reports, policies and procedures
- reviewing ADHC's operational data on respite delivery.

Audit selection
We use a strategic approach to selecting performance audits which balances our performance audit program to reflect issues of interest to Parliament and the community. Details of our approach to selecting topics and our forward program are available on our website.

Audit methodology
Our performance audit methodology is designed to satisfy Australian Audit Standards on Assurance Engagements ASAE 3500 *Performance Engagements*, and to reflect current thinking on performance auditing practices.

We produce our audits under a quality management system certified to International Standard ISO 9001. Our processes have also been designed to comply with the auditing requirements specified in the *Public Finance and Audit Act 1983*.

Acknowledgement
We gratefully acknowledge the co-operation and assistance provided by ADHC. In particular we wish to thank our liaison officer Mary-Jane Clark.

Audit team
Our team leader for the performance audit was Michael Johnston, who was assisted by Neil Avery. Sean Crumlin provided direction and quality control.

Audit cost
Including staff costs, printing costs and overheads, the estimated cost of the audit is $154,000.

Performance Audits by the Audit Office of New South Wales

Performance Auditing

What are performance audits?

Performance audits determine whether an agency is carrying out its activities effectively, and doing so economically and efficiently and in compliance with all relevant laws.

Performance audits may review a government program, all or part of a government agency or consider particular issues which affect the whole public sector.

Where appropriate, performance audits make recommendations for improvements.

If you wish to find out what performance audits are currently in progress, visit our website at www.audit.nsw.gov.au.

Why do we conduct performance audits?

Performance audits provide independent assurance to Parliament and the public that government funds are being spent efficiently and effectively, and in accordance with the law.

Performance audits seek to improve the efficiency and effectiveness of government agencies so that the community receives value for money from government services.

Performance audits also assist the accountability process by holding managers to account for agency performance.

What are the phases in performance auditing?

Performance audits have three key phases: planning, fieldwork and report writing.

During the planning phase, the audit team will develop audit criteria and define the audit field work.

At the completion of field work we will meet with agency management to discuss all significant matters arising out of the audit. Following this, we will prepare a draft performance audit report.

We meet with agency management to check that facts presented in the report are accurate and that recommendations are practical and appropriate. Following this, a formal draft report is provided to the CEO for comment. The relevant Minister is also provided with a copy of the final report. The final report, which is tabled in Parliament, includes any comment made by the CEO on the conclusion and the recommendations of the audit.

Depending on the scope, performance audits can take several months to complete.

Copies of our performance audit reports can be obtained from our website or by contacting our Office.

How do we measure an agency's performance?

During the planning phase, the team develops the audit criteria. These are standards of performance against which the agency or program is assessed. Criteria may be based on best practice, government targets, benchmarks, or published guidelines.

Do we check to see if recommendations have been implemented?

Agencies are requested to report actions taken against each recommendation in their annual report so that we can monitor progress.

The Public Accounts Committee (PAC) may conduct reviews or hold inquiries into matters raised in performance audit reports. These inquiries are usually held 12 months after the report is tabled.

Who audits the auditors?

Our performance audits are subject to internal and external quality reviews against relevant Australian and international standards. This includes ongoing independent certification of our ISO 9001 quality management system.

The PAC is also responsible for overseeing the activities of the Audit Office and conducts a review of our operations every three years.

Who pays for performance audits?

No fee is charged for performance audits. Our performance audit services are funded by the NSW Parliament and from internal sources.

Further information

Further information can be obtained from our website www.audit.nsw.gov.au or by contacting us on 9275 7277.

Performance Audit Reports

No	Agency or Issues Examined	Title of Performance Audit Report or Publication	Date Tabled in Parliament or Published
200	Department of Human Services - Ageing, Disability and Home Care	*Access to Overnight Centre-Based Disability Respite*	May 2010
199	Department of Premier and Cabinet NSW Treasury WorkCover NSW	*Injury Management in the NSW Public Sector*	31 March 2010
198	NSW Transport and Infrastructure	*Improving the Performance of Metropolitan Bus Services*	10 March 2010
197	Roads and Traffic Authority of NSW	*Improving Road Safety: School Zones*	25 February 2010
196	NSW Commission for Children and Young People	*Working with Children Check*	24 February 2010
195	NSW Police Force NSW Department of Health	*Managing Forensic Analysis - Fingerprints and DNA*	10 February 2010
194	Department of Premier and Cabinet Department of Services, Technology and Administration NSW Treasury	*Government Advertising*	10 December 2009
193	Roads and Traffic Authority of NSW	*Handback of the M4 Tollway*	27 October 2009
192	Department of Services, Technology and Administration	*Government Licensing Project*	7 October 2009
191	Land and Property Management Authority Maritime Authority of NSW	*Administering Domestic Waterfront Tenancies*	23 September 2009
190	Department of Environment, Climate Change and Water NSW Environmental Trust	*Environmental Grants Administration*	26 August 2009
189	NSW Attorney General's Department NSW Department of Health NSW Police Force	*Helping Aboriginal Defendants through MERIT*	5 August 2009
188	NSW Department of Health	*Tackling Cancer with Radiotherapy*	23 June 2009
187	Roads and Traffic Authority of NSW	*Improving Road Safety - Heavy Vehicles*	13 May 2009
186	Grants	*Grants Administration*	6 May 2009
185	Forests NSW	*Sustaining Native Forest Operations*	29 April 2009
184	NSW Police Force	*Managing Injured Police*	10 December 2008
183	Department of Education and Training	*Improving Literacy and Numeracy in NSW Public Schools*	22 October 2008
182	Department of Health	*Delivering Health Care out of Hospitals*	24 September 2008
181	Department of Environment and Climate Change	*Recycling and Reuse of Waste in the NSW Public Sector*	11 June 2008
180	Follow-up of 2003 Performance Audit	*Protecting Our Rivers*	21 May 2008
179	NSW Office of Liquor, Gaming and Racing; NSW Police Force	*Working with Hotels and Clubs to reduce alcohol-related crime*	23 April 2008

No	Agency or Issues Examined	Title of Performance Audit Report or Publication	Date Tabled in Parliament or Published
178	Greyhound and Harness Racing Regulatory Authority	*Managing the Amalgamation of the Greyhound and Harness Racing Regulatory Authority*	3 April 2008
177	Office of the Director of Public Prosecutions	*Efficiency of the Office of the Director of Public Prosecutions*	26 March 2008
176*	Better Practice Guide	*Implementing Successful Amalgamations*	5 March 2008
175	Department of Commerce Department of Primary Industries	*Managing Departmental Amalgamations*	5 March 2008
174	Department of Education and Training	*Ageing workforce – Teachers*	13 February 2008
173	NSW Police Force	*Police Rostering*	5 December 2007
172	Department of Primary Industries	*Improving Efficiency of Irrigation Water Use on Farms*	21 November 2007
171	Department of Premier and Cabinet Department of Commerce	*Government Advertising*	29 August 2007
170	RailCorp	*Signal Failures on the Metropolitan Rail Network*	15 August 2007
169	NSW Police Force	*Dealing with Household Burglaries*	27 June 2007
168	Ministry of Transport	*Connecting with Public Transport*	6 June 2007
167	Follow-up of 2001 Performance Audit: Ambulance Service of New South Wales	*Readiness to Respond*	6 June 2007
166	Follow-up of Performance Audit Department of Education and Training	*Using Computers in Schools for Teaching and Learning*	9 May 2007
165	Homelessness	*Responding to Homelessness*	2 May 2007
164	Department of Juvenile Justice NSW Police Force	*Addressing the Needs of Young Offenders*	28 March 2007
163	Legal Aid Commission of NSW	*Distributing Legal Aid in New South Wales*	13 December 2006
162	NSW Health	*Attracting, Retaining and Managing Nurses in Hospitals*	12 December 2006
161	Follow-up of 2003 Performance Audit	*The Police Assistance Line*	6 December 2006

* Better Practice Guides

Performance audits on our website

A list of performance audits tabled or published since March 1997, as well as those currently in progress, can be found on our website www.audit.nsw.gov.au.

If you have any problems accessing these reports, or are seeking older reports, please contact our Office Services Manager on (02) 9275 7116.