LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH, AGEING, COMMUNITY AND SOCIAL SERVICES

(Reference: Annual and financial reports 2014-2015)

Members:

DR C BOURKE (Chair)
MR A WALL (Deputy Chair)
MS M FITZHARRIS
MS N LAWDER

TRANSCRIPT OF EVIDENCE

CANBERRA

MONDAY, 2 NOVEMBER 2015

Secretary to the committee:
Mrs N Kosseck (Ph: 620 50435)

By authority of the Legislative Assembly for the Australian Capital Territory

Submissions, answers to questions on notice and other documents, including requests for clarification of the transcript of evidence, relevant to this inquiry that have been authorised for publication by the committee may be obtained from the Legislative Assembly website.

APPEARANCES

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Amended 20 May 2013

The committee met at 2.33 pm.

Appearances:

Burch, Ms Joy, Minister for Education and Training, Minister for Police and Emergency Services, Minister for Disability, Minister for Racing and Gaming and Minister for the Arts

Community Services Directorate
Chapman, Ms Sue, Director-General
Whitten, Ms Meredith, Acting Deputy Director-General and Executive Director, Disability ACT
Hubbard, Mr Ian, Chief Financial Officer, Finance and Budget
Sheehan, Ms Maureen, Executive Director, Service Strategy and Community Building
Gehrig, Ms Therese, Director, NDIS Taskforce
Power, Ms Leanne, Director, Policy Planning and Business Support
Jordaan, Ms Elise, Senior Manager, Therapy ACT

THE CHAIR: Welcome to this public hearing of the Standing Committee on Health, Ageing and Community and Social Services inquiry into the annual and financial reports for 2014-15. Today the committee will be examining the following components of the Community Services Directorate annual report: disability and therapy services. Minister and officials, can I confirm that you have read the privilege card lying on the table before you?

Ms Burch: Yes.

THE CHAIR: Do you understand the privilege implications of the statement?

Ms Burch: Yes.

THE CHAIR: Before we proceed to questions, minister, would you like to make an opening statement?

Ms Burch: Yes, please. The landscape for people with a disability is continuing to undergo major changes through the national disability insurance scheme. The two-year trial of the NDIS in the ACT began on 1 July 2014. In its first year, 2,045 people in the ACT have been assessed as being suitable for the NDIS; 1,427 people have had approved plans, which is 93 per cent of our bilateral target; 667 providers have been registered with the NDIS in the ACT; and 33 people from 14 Disability ACT supported households have successfully made the transition to being supported by non-government organisations.

These are good stats, but the real story of the NDIS lies with the people whose lives it is changing. On 30 June this year, the *Canberra Times* featured the experience of Ronnie Lawrence from a group home in Holt who, through the NDIS, has an assistance dog called Sandy to help detect his potentially life-threatening epileptic seizures. His mother, who lives down in Eden, has said that the NDIS has given the family peace of mind.

Our work to support individuals to transition to the NDIS is being matched with significant support for service providers, including an NDIS workforce awareness program to assist services in supporting and developing their workforce. Within this, 20 providers have received a business investment package, with funding going towards redeveloping or purchasing information systems, purchasing new equipment, and developing policy and procedures to implement the NDIS; and 59 individuals and five organisations have received community participation grants and organisation sponsorship grants to support individual NDIS planning and to support the NDIS awareness-raising activities.

We also are well advanced in preparation to set up a new ACT child development service, to be operational from January of next year, which will provide assistance and referral for children aged zero to six and children up to eight with complex needs who have not had a previous diagnosis. It would also provide autism assessment for children aged up to 12 years and play an integral role in referring children to the NDIS.

I have had the delight this year of joining the Chief Minister and a range of other Canberrans to launch Involve, which is the Canberra disability commitment. This is our localised approach to progressing the six outcome areas of the national disability strategy. It is in its early days, but already we are getting significant support in working together to continue to create a community that genuinely supports people with a disability.

In closing, before we go to questions, I want to thank the officials here for the great support they provide to my office and, more importantly, the great support they provide to the directorate and our community—from front-line services and DSOs through to therapy assistants and therapy practitioners in Therapy ACT. Our community has been well served by them over the years, and they have been incredibly forward thinking as to how we transition to the NDIS. I also want to thank the families of the 1,400 individuals that have got an approved plan; this is a big, serious social and service change, and it has been done incredibly successfully to date. I want to thank the officials, and I wish the families that are yet to come through the NDIS well; I hope it is everything that I believe it can be for them.

THE CHAIR: Thank you, minister. I will ask a question on this particular topic, preparation for the commencement of the NDIS. I hear about the range of strategies that the directorate has employed to deal with issues, but have there been any other difficulties that you have encountered during the implementation?

Ms Burch: Through to the trial and the implementation?

THE CHAIR: Yes.

Ms Burch: I will go to acting DG, Sue Chapman, and Meredith Whitten, head of Disability ACT. We made a commitment and we took 12 months in preparing the launch of the trial. That 12 months served us incredibly well, not only to learn from looking over the horizon to the other trial sites but to work with our workforce and our service providers in town and set up the implementation and the phasing through it. That has stood us in good stead.

As we speak, and through this committee hearing it might come through, there are some challenges still ahead of us—the decisions and the determinations around the ILC, the information and linkages program. That is still undetermined at a commonwealth level, but I think, with the implementation, the fact that we have got 1,400-plus clients through, in the main incredibly happy with their program and its life-changing effect on them, is good. I will hand over to either Ms Whitten or Ms Chapman.

Ms Whitten: I was Executive Director of Disability during the reporting period. As Minister Burch has indicated, we were very fortunate to commence our trial in July 2014 and have that one year available not only to do some planning with families and clients, which we are continuing to do, but also to work with other service providers to understand what the new market arrangements would be like under the national disability insurance scheme. In relation to some of the specific aspects of the sector development, I might ask Ms Sheehan or Ms Gehrig to go through some of the detail and some of the grants that we have been able to offer to individual organisations, and also to individuals within our community, in terms of supporting the planning for the change that they need to do.

One of the issues that are really critical to the success of the NDIS, in this jurisdiction and across Australia, is making sure that there is a workforce available to meet the needs of the participants under the scheme. That is one of the reasons why the ACT government made its decision to move its government-provided services into the community sector to create a market. The need to build the workforce in the ACT is something that we are still working through; we have a project that will be building on that during this current financial year.

In terms of information linkages and capacity building, that is a national framework that is being developed across Australia. Of course, each jurisdiction has a different approach to that, depending on where their populations are based. It is something where we are working with our colleagues in the National Disability Insurance Agency about what that would look like in the ACT. Earlier this year, we undertook some consultation with our colleagues in the non-government sector around ILC. It is something that is going to continue to be defined in the next 12 months or so, so it is something that we really need to focus on. Ms Sheehan or Ms Gehrig, will you talk about sector development?

Ms Gehrig: The ACT has been given such an advantage in having 12 months to prepare when we compare to the rapid launch of the original four trial sites. Through the commonwealth sector development fund, we have had access to $12 million, and we had some additional funds to really get ready in the ACT. When we talk about the sector for the NDIS, when we talk about "sector" we are talking about people with a disability, their family, their carers and non-government organisations. The investment has covered all of those.

One of the things we did in 2013-14, through the enhanced service offer, was to allow individuals to have grants that were paid into their own bank account that they could use flexibly to prepare for what it would be like to receive funding under the NDIS. They could apply for up to $5,000 for a quality of life grant; $12,000 for flexible respite; or up to $10,000 for equipment, home mods and things that would make a difference in their life.

As the minister mentioned in her opening statement, in supporting organisations in the previous financial year we had business investment packages. Organisations could apply for up to $50,000 to help them to get ready. What we were hearing from the other trial sites was that the biggest transformation for non-government organisations was moving from being funded quarterly in advance to having to invoice in arrears to the NDIA. It was a totally different cash flow pattern and a different level of reporting. They needed to get up to speed their back of house, their office procedures and how they actually invoice in real time.

There was also the potential to use those business investment packages to work with their board of management. Organisations that were traditionally being block funded had certainty over the level of funding and the level of support they would deliver in a year, but now they actually have to be marketing themselves. How do they grow their business? How do they keep their clients? When clients have that individual funding underpinning it, the whole success of the NDIS is choice and control. We have seen participants move providers as they get their package. Many have stayed with their existing providers, but people have that flexibility. So organisations are now developing their websites and looking at marketing how they can say to families, “We are the provider of choice.” I am sure you have all seen that there are several providers who are quite proactively advertising, in the print media and, for some, on the radio.

Further, this year, through the commonwealth sector development fund, over 2014-15 and 2015-16 we have accessed $6.3 million of additional funding, again supporting the broader sector. There have been a number of supports there, working particularly with participants with a psychosocial disability, because they are perceived to be a group who may not readily identify as having a disability. That is because the whole treatment plan within psychosocial health is looking at a recovery plan and not giving yourself a label of having a lifelong disability. So there has been some outreach, some peer support work, working particularly with people with a psychosocial disability.

We have also placed an Aboriginal outreach worker at Gugan Gulwan. We started that a year ago with just one worker. That was showing great success, so we have increased the funding. There are now both a male worker and a female worker. That arose from feedback we got that to provide a culturally appropriate response, it was better to have a woman going to some of the yarning groups, the baby support groups and the knitting circles. So that is working specifically with that cohort, who traditionally always finds it more difficult to engage or is not aware of the supports still available.

Through the $6.3 million this year, we have also been able to conduct another two rounds of the business investment packages. We learned very strongly from the first round. The first round allowed organisations to choose from a panel of providers who would support them to review their business models, look at their board governance and look at how they needed to position themselves. Organisations said that what would be more useful for them was actually to employ somebody who would work internally within their organisation to rewrite their policies and procedures and to actually work with the finance team and the IT team to streamline their practices. So with this year's business investment packages, they could use a panel of consultants. Some chose to do that; many employed somebody part time. They could also apply for funds for IT enhancements, and that is what a lot of them are looking at—effective billing systems. Organisations could also apply for the business investment package if they had strategically made a decision to exit the market. To date, nobody has applied in that category, but it is something that we acknowledged.

We expect to see small organisations merge and some collaboration and sharing of back-of-house functions. We wanted to be able to support organisations if that was the case. So in the first round this year there were an additional 11 packages, to 431,000, and the most recent round, which was completed in July, was 575,000 to 18 organisations. Overall, 64 organisations have been supported through the business investment packages.

In the most recent rounds this year, there were also smaller amounts of funding. While our established organisations could apply for up to $50,000, we recognised that there are a number of new entrants, particularly therapists who are going into private practice or small and sole trader organisations who want to establish their business. They could apply for between $1,000 and $10,000. There is a lot of work in setting up your business—getting your ABN, getting your constitution, making sure you are financially viable, promoting yourself. So there was great deal of flexibility, and we had about eight of those small providers who were funded in the most recent round of the business investment package.

We have three major contracts that we have just signed in the past couple of weeks. One is being delivered through National Disability Services ACT. That is a consortium with ACTCOSS. They are looking to work with organisations to provide some of that IR content and work with them to deliver a collaboration module. It is really about looking at the opportunities of how organisations can work together.

The second one is to support the development of culturally sensitive services in the ACT. In the ACT we did not have a single specialist disabilities provider for the Aboriginal community. It was saying: how can we invest in ensuring that we have an Aboriginal workforce to support Aboriginal participants in the NDIS? How can we either attract an Aboriginal provider to the ACT or work with our existing providers, and there are a couple of those working in the human services area, to strengthen their business where they may wish to become an NDIS-registered provider?

The last one is with JFA Purple Orange. They will be working quite closely with participants and looking at their preparation and journey. They have delivered very strong modules here in the past, together with ADACAS. So there has been quite a comprehensive suite of investment in the sector, both last year and leading into this year.

THE CHAIR: Are there any supplementaries? Ms Fitzharris.

MS FITZHARRIS: How would you describe the sector now? Is it made up of lots of different organisations or more specialist organisations, a mix of large and small, or medium size? Is it possible to describe what the sector looks like now?

Ms Gehrig: Prior to the national disability insurance scheme, the ACT funded 64 non-government organisations. There was funding through Disability ACT, funding under the home and community care under 65 program, and through some of our community mental health programs. Some of those organisations received funding from one of those sources and others may have had funding from all three. They ranged from quite large organisations down to quite small organisations.

At the end of August we now have 172 registered service providers in the ACT. The biggest growth there is within the allied health cohort and in the early intervention space. We have 30 providers of early intervention, and we have a number of allied health professionals—physios, speech pathologists and OTs—who have been in private business and have been supporting Canberrans on a fee-for-service basis historically, but have now become registered service providers so that they can bill the NDIS under a participants plan. Alternatively, for a lot of families, where an early development package is involved, they are self-managing. So the money is going into the parents' bank accounts, and they are actually seeing those private providers.

The other real growth is in equipment, home modifications and vehicle modifications. A number of builders have registered—specialist car modification people from Melbourne and Sydney. With respect to a lot of complex modifications to vehicles, we do not have a supplier here in the ACT for some of those unique requirements and, where they can do so, they send the vehicle to either Sydney or Melbourne. With respect to equipment providers, if you think of the ones that advertise every Sunday in the age section, there is Mobility Matters; there are a number of organisations that provide personal aids assistance. The other growing area is in technology.

MR WALL: If I could follow up on that before asking my substantive question, you mentioned that previously there were 64 NGOs funded and now we have about 172 organisations registered to be service providers. Of the 64 that were previously receiving some form of grant or block funding, how many of them are actually in a position where they have a marketable product or service under the NDIS?

Ms Gehrig: I believe that they all have a marketable product under the NDIS. What is really interesting is that government had traditionally funded on service types. So an organisation may have been funded for 1,000 hours of respite or 500 hours of personal care, and what they delivered was what they were contracted to deliver. When organisations, and particularly the 64 organisations that we had historically funded, registered with the NDIS by 1 July last year, it meant they are now registered for anything up to 20 or 30 different service categories. So they have broadened their service offer to be able to provide a more flexible response.

MR WALL: The reason for the question is that, particularly as we are approaching the commencement of the trial, a number of organisations—and one that springs to mind was the Deafness Resource Centre—were extremely concerned that whilst the service that they provide made a very valuable contribution for people that have that need, they were worried that in the absence of block funding for that service there was the potential that people would be unwilling to actually pay out of their own personal package to access that advice, that guidance and that third-party role. Is there still some block funding or grant funding being given to those organisations, or how have they migrated across?

Ms Whitten: As part of the transition arrangements, in terms of the way we have funded organisations, we have stepped down contracts over time as people have become participants. If there have been any cash flow issues then we have dealt with that as it has arisen.

In relation to an organisation like the Deafness Resource Centre, that is what we would call a service that fits into our information linkages and capacity building program that will be developed within the ACT. We are currently working with the National Disability Insurance Agency to understand what ILC will look like in the ACT in the future. We had a quarterly forum in September where we advised the organisations who attended that forum that we anticipated we would be in a position to be able to let them know what the future would look like beyond 30 June 2016 by the end of this financial year.

Ms Gehrig: By the end of this calendar year.

Ms Whitten: By the end of this calendar year, sorry. So we are not in a position to be more definitive at this stage.

Ms Burch: That is one of the challenges, because whilst we may have had 12 months ahead of some of the other trial sites, we will be the first jurisdiction to fully go through to the NDIS. Come June-July next year, we will have NDIS as a reality for all of our clients and our service system. That includes the ILC. So you would appreciate that those services rightly were asking me, rightly asking the directorate and rightly asking their federal counterparts about when we will get clarity on this matter, because June 2016 is rapidly approaching.

MR WALL: I have a substantive question. Could I point everyone’s attention to volume 1 of the CSD report, page 168, which discusses managing the staff transition within Disability ACT and Therapy ACT, which is an area that we have spoken about before, either in this forum or in budget estimates. Could you start by giving a bit of an update. Could you broaden some of those figures that are available in the annual report, and I might then have a few follow-ups for you.

Ms Burch: In the main I think it has been a very successful transition. In the 12 months leading up to day one, we have worked very closely with the unions and with both services, Disability and Therapy ACT, about their being part of the preparation and part of whatever supports are needed in this transition. That is why you see people being supported in alternative training and people being supported to transition into non-government organisations. Ms Whitten can go to the great stories that are underneath those numbers.

Ms Chapman: I might start, if that is okay, minister. As we have talked about before, we have provided a lot of support to our staff. With those numbers, as you can see until June 2015, we are continuing on that trajectory. We have a map or a forward plan regarding when our group homes are stepping down; therefore our staff are stepping down. So we know when they are due to make decisions, and we can prepare them for that. So there is a whole process that flows and we are on target for that.

In terms of what people have been doing, we have a lot of people in training, and we have also offered training places to the non-government sector staff to get their skills up. One of the challenges is making sure that we have adequate staff in the sector when Disability ACT moves out of providing specialist disability services. Most of the people are training in disability certificates III and IV, but we do have people who are doing diplomas, and a couple of people who are doing degrees in this area. Some staff who already had disability training have broadened it out as well, and they are getting training in things like mental health because they think they will be more marketable when the time comes. So a lot of our staff have taken those offers up.

All of the staff have been given the opportunity to have career advice, and a good proportion of our staff—probably 70-odd or 80 per cent of our staff—have taken that up as well. That helps them to formulate their plans for the future. Our focus has been on encouraging them to stay in the sector. If staff take a VR, we are hoping that they will move into the sector. With respect to the majority of our group homes that have transitioned already, for the vast majority of them at least some of the staff from those houses who are disability staff have actually moved with the clients to the non-government sector, which is a really terrific thing.

From our point of view, we have certainly supported them. Ms Gehrig mentioned the growth of the sector. Quite a number particularly of our therapy staff have looked to set up their own businesses, which has been great. So they stay in the sector but they become self-employed or run their own little businesses, which is great. We have also had a number of disability support officers form a company and then they can offer their services back to people with a disability when they get their packages. So from our point of view, a lot of really good work has been done, and staff are continuing to come forward with ideas that we can support them on.

THE CHAIR: Just to clarify, you have 523 affected staff in these two areas of Disability ACT and Therapy ACT. Eighty-one have accepted a voluntary redundancy and seven have been redeployed elsewhere in the ACT public service. That leaves, by my calculation, about 77 per cent of your staff that have not taken a step beyond that, and you only have two years to go. Are you confident that you will get to the end of this process within the two years?

Ms Whitten: We have taken a case management approach in terms of how we work with staff. Our team has talked with all of the staff in both Disability ACT and Therapy ACT in terms of starting those conversations on what they are thinking about in terms of their future.

With Therapy ACT, we are establishing a child development service. We have recently completed the recruitment for that. It is a mainstream service, so about 30 of Therapy ACT's staff have been recruited to that child development service, which will be an assessment and referral service, as the minister mentioned in her opening remarks. Therefore most of the Therapy ACT staff have indicated where they are going to go. We are finishing providing services for Therapy ACT at the end of

2016. We are still offering a service from Therapy ACT for all of next year, so we still need to keep a proportion of our staff as part of that, to provide that service for 2016. So in terms of Therapy ACT, I think we are fairly clear.

In terms of Disability ACT, in relation to our disability support officers, we still have most of our houses for which we are still providing a service. So we do need to continue to retain those experienced staff to work with those clients until such time as the clients and their families make a decision about where the clients wish their new provider to be. So we feel confident that we have a plan at an organisational level and in talking with individuals, and that we will be able to continue to provide a service in Disability ACT until June 2017.

If some of our staff choose to leave ahead of the time that their house moves to the non-government sector, we have arrangements in place with a number of agencies to source casual staff either from our casual list or from our agency providers. We feel confident that we will have a sufficient workforce to maintain the service until June 2017.

THE CHAIR: Is there any concern within houses by people who have obviously been working together as a team for some time that they are not going to be working together in the future, or indeed with their clients?

Ms Burch: As Ms Chapman said, a number of those houses have transitioned into the NDIS as a new provider, and the teams have stayed—not every house, but that is what a lot of the families are seeking.

Ms Whitten: There is a choice that the clients need to make about who their new service provider will be. There is also a choice for our staff to determine where their future career will be. It is something they are very conscious of. Of course, any new worker who comes and works within a household is required to undertake significant training, six weeks training, before they take a place on shift in a house. Getting familiarity with clients is something that is built into that training process as well.

MR WALL: Of the 523 staff involved between Disability ACT and Therapy ACT, what is the breakdown in each of those areas between, I guess, frontline service provision and back of house administration, management and executive roles?

Ms Whitten: In our staffing profile I do not know that we go to that level of detail in the annual report, so we might need to take that on notice.

Ms Burch: What we may do is get a point in time. You are asking how many, say, physios, OTs or DSOs?

MR WALL: You have obviously managed to identify 391 staff in Disability ACT. Of those that have been identified, or were, what positions were they in? What is the breakdown as to whether they were frontline services, administration—

Ms Burch: We will pick a point in time. Have you got it?

Ms Whitten: No, it is not enough detail. We will come back.

MR WALL: Okay. I guess part of the question remains: you touched very briefly on supported accommodation; as the houses transition, some of the staff are choosing to jump across into the private sector and remain with the clients in those homes. What happens to that individual, say, not willing to go out in the private sector but who wants to stay in the employ of the ACT government? What options are available to that person when that home transitions?

Ms Chapman: The first thing, Mr Wall, is, if they are not ready to leave Disability ACT—some people still have to work that through; some of them have been with us for a long time—we have positions as DSOs in other houses, so we could move them to another house, where they could continue to work for Disability ACT, and that means that we do not need a casual for that house. For some of them we are providing an opportunity to try other jobs. For example, we might give them the opportunity to work in a policy area or some other area to see if that is of interest to them going into the future. As I said, some of them are training in other types of work and, when the opportunity comes, presumably some of them will take up that opportunity, with those qualifications.

Wherever possible, we try to utilise their skills elsewhere in the group homes, if they are a DSO, or within maybe the scheduling office, or somewhere where their knowledge will be of use in Disability ACT. But sometimes we give them the opportunity to try other things, so they might go somewhere for a few months to see if that kind of work would suit them.

MR WALL: What is the end plan? I guess it is a bit of a funnel, insofar as you have got two huge service areas full of staff, and gradually over time the need for that workforce is diminishing, given the NDIS coming in. Eventually there is going to come a point where staff have to make a decision. What are those decisions going to be if they are unwilling to make any themselves? How are you planning to manage that? I note that a substantial number of people enquired about voluntary redundancy. A few have taken them, and very few have been transitioned or redeployed into other sectors of the public service. When the crunch time comes, what are you going to do?

Ms Chapman: I will start by saying that a lot of our staff have asked for some information. They have asked: “What does a VR look like? What would it mean for me?” We have done calculations for them. It does not mean that they want or need to take it up straightaway. So we do have staff who have sought that advice, talked it through with their families and whoever and said, “I will be ready to take that VR in 12 months time.” So they are not going anywhere yet, but they know in their heads what the decisions are that they are planning to make. So, even though they have not all gone out the door—and we do not want them to; we want them to stay so we can provide a service as we step down—a number of them, though I am not sure of the exact number, have got that information and in their own planning know when the time is going to be right for them.

Some staff have indicated to us that they want to stay until the end and, as somebody said to me, turn off the lights; have a good end and then they will be ready to go. They want to see it through, as it were, because they have worked with us for so long. Over the next 12 to 18 months there will be opportunities for people to be redeployed if jobs come up. I am working with my colleagues across all of the directorates, for them to take some ownership of this as well, because these are public servants and we are all public servants. So we are trying to do that. But at the end of the day, when all of those options have been exhausted, we have agreement, and the enterprise agreement is clear, that, if there is no work—there is no business; that does not exist—they will be given redundancies. We are aiming to have none of those people needing to go that far, but the enterprise agreement and the MOU with the unions allow us, if we get to that point, to do that.

MR WALL: Okay. Has the ACT government received any funding from the commonwealth to manage this transition internally?

Ms Chapman: No.

MR WALL: So the cost has been met internally?

Ms Chapman: Yes.

Ms Burch: Feel free to go tap on their door and see if you can get any.

Ms Chapman: I am sure the Treasurer would really like that.

MR WALL: I would say there are better ways to spend taxpayers' money than dollar shuffling from one public service to another. I might leave it there, Madam Chair.

MS FITZHARRIS: I want to ask, minister, about the new child development service that you mentioned earlier. Who will that be for and will it continue to be located at Holder? Will it be available in the child and family centres and who might you expect will be accessing this service?

Ms Burch: Initially it is for younger ones who are yet to have a diagnosis or for up to 12, I think it is, for children with autism, but Sue Chapman can talk. This has been put in place quite deliberately to maintain access to services for those with developmental delay or challenges that may feed into the NDIS or indeed those who need additional support but may not necessarily have that through the NDIS. But Ms Chapman can talk to it.

Ms Chapman: As Ms Whitten said, this will be a mainstream service, so it will remain something that the ACT government provides. It commences in January 2016. We have done a lot of work on the CDS over the last 12 months. We had kind of stage one, which was when the community paediatricians relocated to Holder, so we could start providing a joined-up service. The child development service will provide assessment and referral for children nought to six, or for up to eight if they have got complex needs but they have not yet got a diagnosis, with the aim of finding a way to get them a NDIS package.

Autism assessment will be provided for children up to 12 years and basically it will operate on an intake service and a drop-in clinic. The drop-in clinics will be available at the three CFCs and at the Holder site for the foreseeable future. Because the government owns the Holder site and it is purpose built for therapeutic kind of work, that is where the CDS will be based. But through the intake line people will be able to walk into a CFC and say, “I have got a concern about developmental delay of my three year old,” and they will be put through to the child development service and get an assessment done.

The things that will be there will be speech pathology, occupational therapy, physio, psychology, the child health medical officers and the community paediatricians. The referral lines in can come from a variety of sources, and the referrals out can go through a variety of services. So even though there is a physical location at Holder that is not the only place you can go to get assistance.

MS FITZHARRIS: Do all children with autism necessarily become eligible for the NDIS?

Ms Sheehan: Thank you for that question. The eligibility for the national disability insurance scheme, as set out in the legislation, is that you need to have a lifelong disability that impacts on your ability to undertake the day-to-day activities that other people would expect to be able to undertake. With respect to children, and this is the really important one, there is a capacity for early intervention assistance that would reduce the lifelong impact of the disability. So it would be very likely that all children with autism would receive that early intervention service and be considered eligible. Of course, it depends on a case by case basis. But, with the emphasis of the national disability insurance scheme being to meet the needs and plans for life that families and people with a disability and children with their families would identify, getting those services early on in the life of a child means that it is much more likely that you can reduce that lifelong impact, so a better life for the child, a better life for the child in the family and reduced costs for the scheme.

MS FITZHARRIS: So if, for example, someone approached any of us as an MLA and said, “I’ve got a three-year-old. I think they are having difficulties learning. I think there is some delay,” is this the sort of service that you could suggest to them?

Ms Sheehan: The child development service, yes, absolutely. It is a good example of where, because we had the extra year that other jurisdictions did not have, we were able to look at what is a mainstream service that governments will need to continue to fund which is separate from the NDIS. The work that we were able to do established that that it is an ongoing responsibility that the ACT government will have, and that is why it has been scoped as a new service and, of course, with the space that was already available, wonderful that the paediatricians were able to relocate and the services from education as well. So it is exactly as we had anticipated that we would need to service those children who are eligible for the NDIS but also, as the minister, Sue Chapman and Meredith Whitten were saying, children who will not be eligible for the NDIS but will still receive a service.

Ms Burch: That is one of the benefits of having it embedded within the processes of the child and family services, because that is often the first door, the entry point, and that is where you get your referrals, but also those non-specialty driven support services, because, regardless of NDIS packages, mainstream services still need to continue to respond to these families and other support structures, whether it is play groups or others, which are often anchored with the family support service as well.

MS FITZHARRIS: Thank you.

MS LAWDER: I refer to page 41, the section called "sector support". I want to follow up on something that we talked about in estimates: the fact that if service providers had a cash flow risk during the transition period when their block funding ceased and their clients transitioned, there would be an opportunity for reimbursement. Can you provide an update? How many organisations have applied, if any, and what sort of amount are we talking about?

Ms Sheehan: In the annual report we reported that at the end of June we had disbursed an additional $240,000. There are two mechanisms that will be in play. One is a reimbursement from the ACT government where there was a slower than anticipated transition of clients from non-government organisations across into the scheme, which means that there have been extra costs for the organisations. The ACT government will meet that cost.

The other side of it, which will be met by the National Disability Insurance Agency, is when someone has been assessed as being inside the scheme and they have a plan, but their plan has not been activated under that scheme. With respect to what the National Disability Insurance Agency will allow, where that person has already been receiving supports from a non-government organisation, or indeed a government organisation, from the time that their plan is approved, the NDIA will meet the cost of services that have gone to that person. So organisations have two opportunities for top-up for extra costs—one through the ACT government and the other through the National Disability Insurance Agency.

MS LAWDER: The nine referred to on page 41 are all through the ACT government?

Ms Sheehan: That was all through the ACT government, and on the other side the NDIA will be reimbursing organisations as well.

MS LAWDER: I guess it would be the NDIA that would have those discussions?

Ms Sheehan: Yes, that is right.

MS LAWDER: What consultation have you had with service providers on establishing this scheme, and what has the feedback been like?

Ms Whitten: Back in November about a year ago, a colleague in the Health Directorate and I wrote to organisations after consultation with the National Disability Services about the arrangements that we would put in place in relation to any financial issues that might have arisen with the delays in phasing of people into the scheme. In this calendar year, 2015, a couple of organisations have come back and said that there have been some issues in terms of the financial impact on them.

We established a working group which comprised NDS and a couple of the key leaders in the sector as well as government representation. We worked through those issues as they arrived in a process sense, so that if there have been any financial concerns, an individual organisation can document that and give us the necessary evidence; we can consider whether their request is reasonable and will be able to reimburse that funding request, where it has been demonstrated that there has been a gap. In saying that, it is fair to say that we have been working with the sector to make sure that organisations are not unreasonably disadvantaged during this process.

Ms Sheehan: I think it was another example of the benefit of having the extra year, because what we saw in the other jurisdictions was that organisations were under extreme pressure where the phasing had gone a bit more slowly than anticipated and they were having to provide extra services that were not budgeted for. As Ms Whitten was saying, we were on the front foot with the sector, saying, "Okay, we've seen this happen elsewhere. Let's say that it happens here. How would we design a system so that we could assist you?" Again there were benefits in having that extra year.

MS LAWDER: When was the first of those nine payments, to the nine organisations?

Ms Whitten: We put out our request in November last year, in about mid to late November. I think the first of those requests came in early in 2015. In this financial year we have had one more request come through since 1 July 2015, to the value of about $5,000.

Ms Burch: It goes back to the unique situation in the ACT. Not only will we be going through the NDIS in two years but this is our entire service system. So whilst we have referenced the benefits of having the extra time over other trial sites, they are very limited. They have an enormous buffer zone around some elements such as block funding and the ILC capture of their organisations. We do not have that buffer. That is why I congratulate the team on getting the planning so right that we have reached the point where we have nine organisations and such a small amount of money. When you consider the $100 million that was in the disability sector, I think it is pretty good.

MR WALL: I have a supplementary. It is nine service providers that have received a reimbursement?

Ms Burch: In this calendar year; and one more since July.

MR WALL: Obviously this reporting period was the first opportunity for this, given the transition commencement date?

Ms Burch: Yes.

MR WALL: What has been the total value of reimbursements to date?

Ms Burch: $240,000, plus the $5,000—which is, as I said, pretty remarkably spot-on, given that our budget was $100 million.

THE CHAIR: I have a fresh question, minister. Turning to page 47, I want to ask some questions about Project Independence. Could you elaborate on why the pilot sites for Project Independence were chosen in Harrison and Latham?

Ms Burch: I am very proud of this project. To me, it is a very good project, and it shows some good, smart thinking and it is an opportunity for people to have home ownership which is the first of its kind; that is my understanding. The first was at Harrison. I think it is available land, in a good position. The community was consulted about the process—those in the neighbourhood. Ms Whitten might want to add something.

Ms Whitten: I might start, and if we want to go into a bit more detail, I will ask Ms Power to give you that. We worked with our colleagues in Housing ACT to identify the relevant sites, and the Harrison site was the first site that was identified. We then identified the second site at Latham, and there is possibly a third site that we will be building on.

Ms Power: As Ms Whitten outlined, the government provided $3 million in the budget to help construct the first two sites, and land was identified through Housing ACT. It was available land that enabled the model to be developed in different ways on each site, but it is land that is close to access points, close to shops and other community facilities, close to transport hubs, and embedded within the community as well, which is really important around the Project Independence model.

THE CHAIR: What sort of community consultation was undertaken prior to the site selection?

Ms Burch: Certainly, a lot of it was based on the size of the parcel of land that we needed—one that had a good, ready build profile on it. It was also about access to services, transport and the like. Once the sites were selected and went through the normal DA process, there was very strong involvement and engagement with the local community from that point.

Ms Power: That is right. Through the development application process, Project Independence itself has gone out and done a lot of presentations. Particularly at the Harrison site, there were a lot of presentations with the neighbouring school, the Mother Teresa school. That has been well attended by lots of people in the community.

MS FITZHARRIS: I can vouch for that, as a parent with children in that school. Both Project Independence and ACT government officials have visited a number of times, and we have had a lot of information. I think the school community feels very engaged in it and has welcomed it wholeheartedly. It is cracking ahead. I suspect it is going to be finished by the end of the year.

Ms Power: Indeed, at the Latham site, the consultation seemed to be popular there as well. Project Independence has had a particular gentleman who has offered to go there when the residences are ready and people are ready to move in, in order to provide welcoming activities and help the residents settle in when the project is ready.

Ms Burch: They have put out expressions of interest. They could build another few of these developments to cover the expressions of interest that are coming in.

THE CHAIR: That was going to be my next question, minister. Given that you already have 20 places in these two facilities and you are talking about another one, how many more do you think will be needed to satisfy that demand?

Ms Burch: The original thinking with Project Independence was to support them with two, and then with land for a third, but that they would start with the business model, because it is about being ongoing and self-sustaining, beyond the original two blocks; for them to be able to self-fund the third, and then, with success, they can go on with sites 4 and 5. Certainly, this has attracted interest from other jurisdictions, and I know New South Wales in particular is very keen to see the first 12 months of this project.

It took a lot of good thinking around the governance model, because it is not a group home; it is unique. It is a one-off, so to speak, and a new product in our city. The governance arrangements needed to be right so that people could move in. As we often do, when we move into our first flat, shared home or whatever we choose to call it, the arrangements needed to be there for the "sell and move on"; that needed to be assured for these tenants as well.

Ms Power: Project Independence has a board of directors. It is a registered community housing provider. It has been developing its governance arrangements. As the minister said an EOI process has elicited 33 expressions of interest from people in the community to fill the first 20 places. The Project Independence board is getting support from lots of different places. At a recent dinner that the board held, it announced a $600,000 grant or donation from Social Ventures Australia to put towards the third site. The board is doing a lot of work around that, as the minister said, and doing a lot of work around getting its structures and governance arrangements in place. It is receiving lots of support from places like Ernst & Young around the financial model. Meyer Vandenberg is helping with the legal arrangements. So it is quite detailed.

THE CHAIR: Given that the purpose of the NDIS is to create a revolution in disability and have people leading productive lives in which they interact with the community on a daily basis, this is going to be something that will be in even greater demand in the future.

Ms Burch: Yes, I think so. As we look through housing and accommodation options, which is a priority under our Involve strategy in the first 12 months, social housing should not be the only option for people with a disability. Home ownership should be a real, tangible aim for people with a disability. This is a product that is now in the market that allows for that home ownership.

People want home ownership but they may not have the wherewithal to move straight into a three-bedroom stand-alone cottage. We often start small and our housing asset grows with us over time. This is a product that is unique. As people become more independent, and we do see that societal shift towards inclusion, acceptance, regard and value for people with a disability, this will definitely have a place.

THE CHAIR: So this is more of a transitional arrangement for people than a final destination?

Ms Burch: It can be the end, but if you listen to Glenn Keys, he often reflects on his own family, and says that this is the first step, and, again, reflecting on the fact that for many people moving into their first home it is more modest. So this is that first step to independence, and they can build up a capital gain, as with any other property that has the potential for a capital gain. They can then take that gain and move on to alternative arrangements.

THE CHAIR: Could you explain the capital gain a little bit more for us?

Ms Power: It is a little bit complex. As is the case when any of us go looking for our first home, the residents of Project Independence will be asked to provide an up-front deposit. They will have the first 12 months of their arrangement as a probationary period, to see how things work out. Within that time they will pay a percentage of rent. That rent, if they continue after the first 12 months, goes into the pool of money that they put into their house. Over the time that they have their living arrangement in the property—and they can determine what that is, whether it is five years, 10 years, 20 years or whatever it is—a percentage of payment that they make to the model becomes the money that they would put into their capital or their asset, just as anybody else would, if you are borrowing money from a bank or putting your savings into something. That is, simply, how it works.

Ms Burch: So you can stay there for a year or five years; you can stay there for 25 years.

Ms Power: That is right. Over time, the individual builds up equity in the property. Project Independence has an arrangement whereby that equity is recognised when the person chooses to leave the property. So they would sell back, or realise that equity when they leave the model.

MR WALL: I want to just jump back to the reimbursements discussion we were having a moment ago. I asked a similar question during budget estimates. Ms Whitten, you said that at the time there were four service providers that received a reimbursement and about another six or so that applied for reimbursement. At that point in time, $157,000 in payments had been made, with another $176,000 in reimbursements that were being sought. There is nearly a $100,000 difference from where we were in June of this year to what is actually being paid. How much is still pending to be paid?

Ms Whitten: Some organisations have been submitting their expenditure, and when we go through the process of clarifying whether that expenditure is something that we would reimburse, it has been resolved with our organisation that it is not that much amount. That is why there is that difference between what we have paid, about 240, and what has been requested. What has been requested and what has been paid is less, and that is due to negotiations that we have with the organisation so that we can be absolutely clear that we can actually fund what is being requested and it meets the criteria for that reimbursement.

MR WALL: Going back to the original question, how much is still outstanding to be reimbursed?

Ms Power: I think we will take that on notice. I do not know that—

Ms Burch: There is a difference, I think, if you follow Ms Whitten's stats. There is an amount of money requested, and then there is an amount of money agreed that will be reimbursed. They are clearly different.

MR WALL: They may not be the same figure.

Ms Burch: Your question is about what is confirmed to be reimbursed at this point in time?

MR WALL: How about we break it down into two bits, for clarity's sake. How much is being negotiated and agreed that is still outstanding to be paid?

Ms Whitten: That has all been paid.

MR WALL: So there is currently nothing that is—

Ms Whitten: There is nothing to pay, yes.

MR WALL: The other part of the question would be: how much has been requested that is either still being negotiated or—

Ms Whitten: At the moment, there is nothing from 2014-15, but we just need to clarify on the $5,000.

Ms Power: That is right. The $5,000 is a new request since 1 July from one organisation. We go through a process of checking with the organisation when the participant, if you like, was due to have their plan signed, when they did have it signed, and what the daily expense or cost incurred by the organisation was. Then we reach an agreement with that organisation on what the reimbursement amount is.

Ms Burch: So there is nothing outstanding from 2014-15?

Ms Power: No.

MR WALL: I guess the question that that raises is: does this go to an underlying problem with these organisations in how they have structured their pricing going forward under the NDIS? There is about $100,000 in services that they thought they delivered but in essence are not being reimbursed for. Is there an issue around that? How has that arisen?

Ms Whitten: I think it is reasonable to say that we are going through a trial and, going through a trial, we are all working through what that means in terms of the financial costing of particular services. At this point in time, we are in our second financial year of the trial. We have just been doing some trialling of what those kinds of requests are. I do not know if Ms Power has any more detail.

Ms Power: Because we are talking about disability today, we are focusing on disability services, but the NDIS encompasses quite a range of other services, particularly the home and community care program. The home and community care program is much more of a throughput model: clients come in for a time; clients go out. Sometimes we just need to have a discussion with the organisation to make sure that it is an NDIS-eligible client rather than not. Then there is the description I was giving earlier: sometimes the reimbursement would actually come from the National Disability Insurance Agency rather than us. So we have to talk through where the client is at to make sure that the reimbursement is going in the right place.

MR WALL: With the payment of the reimbursement amount when these service providers request it from you, is it the amount that they were being block funded for prior to the anticipated transition date or is it under the new fee structure under the NDIS?

Ms Power: No, Mr Wall; it is the amounts that are paid under the ACT government contract. They provide the service. As the participant or client was receiving services under the ACT government contracts, we pay at the amount that we would have paid the organisation.

Ms Sheehan: It is not really a question of those organisations not having done the right business model; it is just that again, with us having the extra year and because of the really successful modelling we have been able to do about the impact for each funding agreement for an organisation on clients that were due to phase each quarter, the contracts were stepped down according to the number of clients who would phase in the quarter. It is no reflection on the organisation at all; it is just that if the clients phase a bit more slowly than had been anticipated, they incur a cost. We need to talk to them about where the cost sits. Does some of it sit with us? Does some of it sit with the National Disability Insurance Agency? Once we have got that sorted, we reimburse for our side of it and the National Disability Insurance Agency will reimburse for their side of it.

Ms Power: The other thing is that sometimes there is a difference between when the organisation asks for an amount and the amount that we pay. In the step down of the contracts, we have also provided the service provider with a three-month buffer, if you like. So for each client who was scheduled to phase within a quarter, we have given them the whole three months of that quarter payment. If the participant phases early—

MR WALL: That was going to be my next question. If they are due to phase in a quarter, if they phase on the first day is there any difference from if they phase on the last day, and how is that cost reconciled?

Ms Power: Yes, there is. The organisation is provided with the full three months of the quarter, but they sometimes might not realise that. Say they have asked in the reimbursement for two months if the person phased in the first month; we will come back and say, “We have actually funded you for the three months.” So they will revise their request, if you like, for reimbursement. That happens as we talk one on one with each of the providers and work through that.

MR WALL: As far as your budgeting goes, have you got a contingency for what you are anticipating to potentially pay out over the balance of the transition?

Ms Burch: Within the transition and step down? That would be understood within the contracts. There are contracts.

Ms Power: There are contracts, and we pay all of the money to the commonwealth.

Ms Sheehan: We have not held back an amount of money as a contingency, because, as you understand, Mr Wall, we have a quarterly requirement to make a contribution to the National Disability Insurance Agency. In a sense, it becomes a cash flow issue. We are managing it within existing resources.

MR WALL: Who is responsible for the reimbursement when that issue arises? Is it the commonwealth or—

Ms Sheehan: The commonwealth pays once the plan is approved. Then, if an organisation that we have funded has incurred an additional cost because the phasing has been running a little late, we meet that.

MS FITZHARRIS: I meant to ask something further about housing. In the annual report there is discussion about the housing expo and also the housing options facilitator housing symposia. Project Independence, you mentioned, was one innovation. What are some other ones that you are exploring or that have emerged from this process?

Ms Burch: There was an interesting roundtable—which was actually a square table, as it turned out, by the positioning of the tables—with the community housing sector just two weeks ago here in the Assembly. That is recognising that social housing cannot be the answer, so how can we be a bit more innovative in this space, recognising that housing cooperatives and community housing have a place to this. Ms Whitten or Ms Power?

Ms Whitten: We have been given our priorities under Involve, and housing is one of our priorities and is our commitment for people with disability. We have been exploring a range of different options. This year we also had a forum with the Real Estate Institute of the ACT; about 70 real estate agents attended that session. That was really about seeing whether the private sector, and the rental market and the private sector, would influence owners to think a bit differently about making sure that they considered people with disability, who are usually really good tenants. That is just one example. In terms of the roundtable, Ms Power might be able to talk a bit more about what we are doing.

Ms Power: As the minister said, on 21 October we had a roundtable with quite a number of different stakeholders in the community sector. It was hosted by Bank Australia and the Business Council of Co-operatives and Mutuals. It was really fantastic that those organisations were able to come to the ACT and host that. There were a number of presentations on the day from some folks who were running family governance models. Project Independence came along and gave a presentation. There were also presentations from Sunnyfield and a number of others who talked through their thinking and experience in developing and working with cooperative models.

The general conversation was about how we look at facilitating some of that in the ACT. It is really early days, but we have talked about working with our colleagues in Treasury about how we can look at relevant legislation and see what might be needed in that space. BCCM and Bank Australia have undertaken to further those conversations. We have been using the Involve platform, as the minister said, in order to promote that.

It is early after that forum, but the feedback was generally that it was pretty successful. People went away with some really good ideas, and now we will be following up to see how we progress that.

MS FITZHARRIS: With the NDIS participants so far who are not children or adults, what percentage would live currently in a group home and in public housing?

Ms Burch: With the group home figures, out of 1,400-plus, I think it is about 150 who would live in group homes, across community and government group homes. Sorry, that is government.

Ms Power: They are our group homes, yes.

MS FITZHARRIS: And in public housing?

Ms Chapman: We looked at some stats the other day that said that they believe there are about 40 per cent of people currently living in public housing who identify as having a disability of some kind. I do not know the spectrum rates, but certainly our data is showing that.

MS FITZHARRIS: With the NDIS package, is any proportion of that for housing costs?

Ms Chapman: We all know about that, yes.

Ms Burch: This is all linked, and there is lack of clarity around it. You may recall that 12 months or so ago there was a figure that $700 million was available through the NDIS for accommodation. That appears to be no longer the case. Perhaps the $700 million is now called “user cost of capital” within some people’s package. It remains a moveable feast. The disability ministers are not speaking with one voice about various understandings of this; no doubt it will be discussed at length again at the next Disability Reform Council meeting.

MS FITZHARRIS: It is still a work in progress?

Ms Burch: It is. Rightly, the commonwealth and all states will speak about various jurisdictional social housing and say that we should not just put more social housing in and say that covers accommodation for people with a disability. But I think there is an appetite across states and the commonwealth to look at some innovation. It could be that a jurisdiction will say, “I will contribute land if there is some seed funding for a cooperative arrangement,” or some such thing. It also goes to universal design and to linkages and partnerships with real estate. The parent governance family that was here from Queensland is in a rental home. These three young fellows were at the same school together, were the best of mates and even backed the same footy team apparently, but they are in a rental home, long-term rental accommodation. That cooperative model is that they have established a cooperative, and the cooperative pays the rent and employs the staff. They built in family time; they built in all the social activity. That is because there is a good relationship with the landlord and, equally, the property owner. If there are some modifications, they know that this is a long-term stable rental, and those negotiations are sensibly held.

MS FITZHARRIS: There is that sort of goodwill enabling that, as opposed to—

Ms Burch: I think it is because we have to step up. Here in ACT, we would say that we know that there is X number—I do not know what the number is off the top of my head—who would be interested in long-term stable rental. Perhaps the discussions we have had also will start to be of interest to property investors. Where is their role in all of this, given that these are long-term stable, secure rental propositions?

MS FITZHARRIS: What sort of discussions do you find that parents are having if they have children with a disability? Normally between the end of school and the early 20s when you leave home, what sort of things are they thinking through?

Ms Burch: The thing that drives them is security for their children, like us all, and accommodation is a key component of that. Depending on the child, the circumstances and the friendship groups that they would have developed through their school or other community activities, that is where you get some strong partnerships in group homes. Mates will not be separated, and they will share a home together. That could be social housing. I have had parents come to us saying, “We might have some capital, but we do not have the land.” That, I think, is another new, very early frontier about having those conversations with families.

MS LAWDER: I have a couple of questions relating to the table on page 106 of volume 2. I will start at the top line. The explanation of the variance reads:

> The result is above target due to de-recognition of motor vehicles under a Finance Lease.

How many vehicles are we talking about here?

Mr Hubbard: I think it is a bit over 200 vehicles across CSD. It might be 240. I am not sure how many in Therapy. It might be six, 10 or 14. We can check that.

Ms Burch: I thought you had come with information, not more questions!

Mr Hubbard: I do not know how many vehicles Therapy has, but I can get it. Are you asking about the accounting treatment, or are you asking how many vehicles?

MS LAWDER: My first question was how many vehicles are we talking about?

Mr Hubbard: It is in the order of about 10, I think, but I can take that on notice and get back to you.

MS LAWDER: That would be good, because I think we are talking about a difference of about $600,000 from the government payment to the total cost. Is that all related? Is that what the difference is?

Mr Hubbard: You are looking at the explanation for the variance. That is part of the reason for the variance. That is the difference between, say, the government payment for outputs and then the total cost. The additional difference between those two is really the de-recognition of motor vehicles. What we have done with motor vehicles is change them from being finance leases. On the balance sheet we have changed them over to operating leases as part of transferrable ACT government vehicles onto SG Fleet's commonwealth vehicle arrangement, which was about saving money, essentially. That is the difference between the change in the GPO and the total cost. When you look at the total cost shifts for Therapy specifically, that is about the payments due to voluntary redundancies and also training costs and financial advice. That is really the majority of the $2 million difference, which I presume is the basis of your question, Ms Lawder.

THE CHAIR: A supplementary from Mr Wall.

MR WALL: I just want to clarify, and this is also, Mr Hubbard, referring to page 8 of volume 2—the comparison to the revised budget where it talks about the $2.8 million on the leasing of vehicles.

Mr Hubbard: Yes, that is the number.

MR WALL: Can you just explain to me and those of us in the room who are not accountants what this difference means? We still have a vehicle, correct?

Mr Hubbard: Correct.

MR WALL: Can you just explain a bit of the background of the accountancy of how we still have the same car that we had previously, but it has now cost us 2.8 more?

Mr Hubbard: There are two entries. If you look at page 19 in volume 2, I can guide you through that part of the accounting. It is very exciting that part of the accounting, of course. We are removing the finance costs out of the PNL and putting them on the balance sheet. You will see two transactions, in fact, related to that de-recognition of finance costs. It is as if you were leasing a vehicle and paying the finance costs of your lease, which is basically an operating cost. You are paying a yearly fee. You will see that amount if you look at gains under 9.

Part of that $10 million increase is $2.8 million related to the de-recognition of finance leases across the whole of CSD. That relates to the whole fleet, Ms Lawder, not just the Therapy fleet. Then if you look down further, you have got other expenses. That is the gain on the de-recognition. Then you have the loss on the de-recognition and that is under other expenses. So really what we are doing there is clearing that amount out—it is two transactions of equal amount—to remove it off the PNL.

As to your question about what difference the negotiation of that contract with SG Fleet actually makes, we used to have SG Fleet running the fleet for the ACT. We have now joined up with the commonwealth, which is a much bigger fleet. Therefore, there are much lower costs across the entire fleet. The benefit of that is the savings to do that. To get it onto the commonwealth fleet we had to convert it from finance leases to operating leases. I am sorry for so much accounting there.

MS LAWDER: To go back to the table I was looking at on page 106, accountability indicator b—“average cost per hour of therapy services”—does not appear particularly useful because it is simply a division of one number by another. It does not appear to actually reflect the delivery cost of that therapy. For example, adding on employee transitions and changes to finance leases appears to have affected the average cost per hour of therapy services. Even though you have delivered 20 per cent fewer therapy hours, the cost has gone up 45 per cent. Is there a possibility for a more useful indicator than a simple mathematical one?

Mr Hubbard: I take your point there. We are actually going through a unique transition with Therapy ACT, considering that we are moving out of that service, when it was business as usual. To get an appreciation of your average hourly cost, as anyone in business would tell you, and you would know yourself, is a very useful measure. If there were a 45 per cent difference in that cost you would be concerned and alarmed. Unfortunately, they are the performance measures we have had going forward. I am not sure when that output is going to close out. It would be pretty soon.

Ms Burch: There will be some change.

Ms Chapman: We recognise that too and, as Mr Hubbard says, this is a transition period. It is not business as usual. We are looking to change some of the indicators in the next 12 months to be more relevant. Really, it revolves around: have we moved into the NDIS in the way that we said we would? That is the key indicator. That is what we will be looking at going forward. So we quite agree with you.

MS LAWDER: Yes.

Mr Hubbard: We have got 15 vehicles in Therapy ACT currently.

MS LAWDER: Thanks.

THE CHAIR: Minister, I might turn to the programs and support the directorate offers to Aboriginal and Torres Strait Islanders with disabilities, and in particular the services that you provide through Therapy ACT to Koori preschools. With the transfer into the NDIS, what are the implications for the services you provide for Koori preschools?

Ms Burch: Services will continue to be supported. Koori preschools, as I understand it, will continue because the attributes and difference they make to the start of a little one’s life is something that we need to be mindful of and keep an eye on. Ms Whitten might be able to talk to that.

Ms Whitten: We will still be providing those services during 2016 and also working with our colleagues in the Education and Training Directorate about what that might look like in the future.

THE CHAIR: Because after 2017 you will not have any speech pathologists or occupational therapists.

Ms Whitten: At the beginning of 2017 we will have ceased Therapy ACT services, so we are working with the Education and Training Directorate in terms of what services would be available for Koori schools.

Ms Burch: Similar to the child development service, we recognise that there will always be services that sit outside the NDIS. So we are working through those.

THE CHAIR: By transferring those services to Education, Education is going to be—

Ms Whitten: Just to clarify: as Minister Burch was saying, with the establishment of the child development service, the services that we currently offer to Koori schools will continue as part of the child development service into the future.

THE CHAIR: So how is Education going to be able to deliver speech pathology and occupational therapy to those kids?

Ms Whitten: Just to clarify: in terms of the child development service, which is going to be established by the beginning of next year, January 2016, one of the functions that will be part of the child development service will be the provision of services to the Koori preschools. As part of the development of child development services we have been working with the Education and Training Directorate as well as the Health Directorate to make sure we are providing the right kinds of services for all of our client group. So it will continue on.

THE CHAIR: On the same theme, if we turn back to our earlier discussion around project independence, what is the anticipated uptake by Aboriginal and Torres Strait Islander people with disabilities into those project independence places, given the much lower level of wealth and resources within the Aboriginal and Torres Strait Islander community?

Ms Burch: I do not know if we have the demographic or the data on who the expressions of interest are from in project independence because it is managed by them as a separate entity. I do not know if Ms Power gets a sense of who is coming in through the EOI?

Ms Power: We do in terms of the age groups of people who have expressed an interest, but I do not have more detailed information than that.

THE CHAIR: That could be useful information to collect in the future. Whilst we are on that point, how much do people have to put in up-front to join project independence?

Ms Power: Project independence is informing people of a deposit of about $25,000 up-front, so that would be the deposit component for each person.

THE CHAIR: What would be the ongoing costs that they would be paying? Obviously they need to plan for the future; is that right?

Ms Power: The model is based on a contribution to operating costs. Each resident will have access to a meal provided each day, should they choose to access it that way. Each model has a resident coordinator living within the property. That coordinator is there to help people with their everyday living activities. Indeed, part of the rationale for the model of project independence is to help people learn life skills, doing the shopping, doing budgeting and being able to contribute to household chores—those sorts of things—so it is a part of the model of project independence.

As the minister said, project independence sees their model as that stepping stone into more independent living for people in the community. Each person contributes a percentage to the general operating costs, which will include things like maintenance, a contribution to support the resident coordinator's salary, if you like, a contribution to food and normal living, utilities—electricity—and those sorts of things. They also contribute, as I mentioned before, a percentage to the development of equity within the property. That is basically how—

Ms Burch: As to what that value is, I do not think we have got that information.

THE CHAIR: Mr Wall.

MR WALL: There is a note on page 56 of volume 1 about the assistance provided to the Jervis Bay school. I was wondering what the basis of that is, how it has come about and what the ongoing connection there is.

Ms Burch: To Jervis Bay?

MR WALL: Yes.

Ms Burch: Jervis Bay is part of the ACT, so it is—

MR WALL: I know that we provide some things there but not all things.

Ms Whitten: Yes. Therapists from Therapy ACT go to Jervis Bay on a regular basis, it might be two or three times a year, and provide therapy services for the children at the school there. That is part of a relationship that has been in place for some time. That can range from speech therapy, supporting children with their speech therapy or their occupational therapy, how to write. That has been an ongoing relationship with the Jervis Bay school for some time. It is about, I think, from memory, two or three times a year.

MR WALL: What other assistance are you providing there?

Ms Whitten: At Jervis Bay?

MR WALL: While we have got CSD here, in terms of disability specifically, or the directorate broadly?

Ms Whitten: In terms of Jervis Bay? Disability ACT does not provide any services to Jervis Bay. It is an historical arrangement that this arrangement has been—

MR WALL: I know they follow our laws and regulation but most services are provided by New South Wales.

Ms Whitten: That is right. It has been an historical arrangement that we have continued for Therapy ACT.

THE CHAIR: And that is controlled by the MOU, is it not?

Ms Whitten: The arrangement was put in place some time ago. I do not know if there is a specific MOU for Therapy ACT. It is an historical arrangement between the ACT government and the New South Wales services. Sorry, I just do not have the details of it with me.

Ms Burch: And of course, it is all part of the ongoing discussion about the administration and operation of different services within Jervis Bay.

THE CHAIR: A question, Ms Fitzharris.

MS FITZHARRIS: In the output class for therapy services, there is the I can do it skills for independence program. Could you give us some background on how that came about, and do you anticipate it continuing?

Ms Whitten: Yes, we anticipate the initiative would continue. It actually follows on from another initiative around the hands-on workshop. The hands-on workshop and the I can do it skills development initiative have always been very important for those children who need that kind of assistance, and I think this is just leveraging off that work. I have asked Ms Jordaan from Therapy ACT to talk in a little more detail about the workshop.

Ms Jordaan: The I can do it workshop is based on self-help skills. It is developed by occupational therapists, the purpose of which is to help families develop those general life skills that children would need in terms of their self-help skills. It is a parent information session followed by some brief therapy groups that provide families with that information. It was developed, as Ms Whitten said, based on happy hands, which was running for several years in Therapy ACT, and has been very well received by the community. It is also a health promotion.

In terms of the child development service in 2016, it is certainly an initiative that we will continue with, in that it meets the criteria around providing families with information and short bursts of therapy in terms of initial therapy so that they know how to continue to implement those strategies into a child’s daily life skills. So it will certainly continue.

MS FITZHARRIS: Are there other programs for parents, particularly of young children or as they learn that their child has a disability or a developmental delay? How do parents themselves learn how to get the skills necessary to deal with that? Is that part of it? And for those children who may have an NDIS package, is that support for parents part of the package or is it just assumed that parents will be able to learn that in their own time?

Ms Jordaan: In terms of the NDIS, there is a package called family group program, which is a post-diagnostic program which we run for parents who have children who have recently been diagnosed with autism. That is a package that we run over six weeks, which is unique in the ACT. That is a six-week program of two hours every Tuesday morning.

In terms of other programs, there are a whole range of programs that we run. For example, is your toddler talking is another program that we run for families, and that will continue in the child development service, which is also providing families with information about communication and development for their children so that they are able to implement that at home as well. There are a range of programs that we run.

Ms Burch: And through the child and family centres there are a lot. A lot of little ones just need a little support to get them up to par.

Ms Jordaan: In terms of the child development service—sorry, minister—there are programs for example around sensory processing, which has a huge impact on children’s behaviour. So we are working with the child and family centres on those. That is information unique to occupational therapists that they provide. It has a huge impact on children’s capacity to develop, for example, life skills like dressing. It could be sensitivities around different textures. It could be around meal times, which has a huge impact on children who are fussy eaters. There are a whole range of strategies that we provide information to families on. And that will continue in the child development service, yes.

THE CHAIR: Following on from that, I have a supplementary, Ms Jordaan. Perhaps you could give us a broad brushstroke about the changes in management of children with autism over recent years and how that has been implemented within Therapy ACT.

Ms Jordaan: I guess the way that Therapy ACT provide services for autism is based on best practice. One of the things that we do is provide evidence-based practice around autism assessments, which are the gold standard assessments. That includes a multi-disciplinary assessment for children which uses the skills of a psychologist, occupational therapist and a speech pathologist working in conjunction with paediatricians. That is one aspect in terms of the diagnostic program.

The other one is the family support. The evidence tells us that we need to provide the family with support and knowledge about how to manage a child with autism. That family group program is something that we have implemented over the last close on 10 years now with huge success and evidence, and we have presented at international conferences about the outcomes of that program.

We continue to provide a multi-disciplinary approach to therapy services, which is based on the Pryor report of 2011 which indicates that there is not one fit for all children, that every child with autism is unique and that the importance of working with families and working with parents of children with autism is really important. Therapy ACT has always used that approach, which incorporates some of the principles of ABA, and we support families in terms of their choice of the different interventions that are available for autism, of which there are very many.

The approach that Therapy ACT primarily uses is a multi-disciplinary approach working with psychologists, occupational therapists, social workers to support families as well, and speech pathologists in terms of incorporating those multi-disciplinary strategies and working with families and with the child or the individual across all natural settings. That includes home and school. We support students or children in the school setting and at home in terms of their individual needs and therapy needs. Does that answer your question?

THE CHAIR: Yes.

MS LAWDER: In volume 1 on page 190, it talks about client satisfaction surveys, both for Disability ACT clients and for Therapy ACT clients. You have got 80 per cent positive overall satisfaction amongst disability clients, which is good; 87 per cent amongst Therapy ACT client satisfaction, which is even better. It is always good to think about what people were not as happy with and what learnings you have taken and what actions you are going to take as a result. Were there any themes or areas where people were not as happy; and what steps might you be taking?

Ms Whitten: In relation to therapy or both?

MS LAWDER: Both. You can take them one at a time if you like.

Ms Whitten: We have been conducting satisfaction surveys in both Therapy ACT and Disability ACT for a number of years, and as part of that survey we get the data in terms of levels of satisfaction. Those people who respond will also tell us in a free text form what are some of the issues that have arisen in terms of their areas of concern.

In relation to the national disability insurance scheme, and probably for both sets of clients, learning about the national disability insurance scheme and understanding what that means for an individual client or their family member is one of the issues that we have received some feedback on. As you said, Ms Lawder, we are very proud of those results, given the amount of change that we are going through at the moment.

I am not sure about Therapy ACT, whether there was anything specifically that you can recall, Ms Jordaan.

Ms Jordaan: I guess in terms of Therapy ACT it is always about the frequency of service, and when clients request that it is about having more. And we know from evidence-based practice, it is not always that more is better. Sometimes families, in terms of what we have learnt, probably want more services. How our service has looked at that is to provide the service more broadly—for example, the family programs I have just mentioned—to be able to get that information out to families and into the home and across sectors. We have worked with education. We provide a huge amount of service to the education department as well in terms of professional development for teachers and then for parents.

I think it is about making that information more freely available to the public and to the service users as well. Generally that is the sort of thing that we find families may have wanted a bit more of in terms of our service. But, overall, they are highly satisfied with the quality that they get.

MS LAWDER: And on the Therapy ACT side, overall 87 per cent are satisfied. A lot of people are very satisfied with staff communication, how well staff listen and take client views into account, which are all above the 87. Of course that implies that there are other areas that must be quite a bit lower to end up with the average of 87 per cent. What were some of those areas? You have talked overall about that frequency of service. Is that the only area? Was that the only other question that might have—

Ms Jordaan: I guess, yes, in terms of a referral, sometimes families may have requests for service that we are not able to provide at that immediate point and they may have to be put on a waiting list. Our information sessions provide them with that information in the interim but the timeliness of that may sometimes be something that they may have wanted a bit sooner than we could give it to them. There may be a short waiting period before they can actually get the service for that—

MS LAWDER: How many questions are on the questionnaire that you get your overall rating from?

Ms Jordaan: Our records and data actually go through this with us. I think it is a number of questions. I cannot—

MS LAWDER: Take it on notice.

Ms Jordaan: I will take it on notice. There are probably about six or seven questions, yes, that are qualitative, on the Likert scale of five, so a family is able to respond.

THE CHAIR: Are we all done now, members? I think we will wind it up there, minister. Before I adjourn, I remind the committee that supplementary questions are to be lodged with the committee secretary within four business days of receipt of the proof transcript of this hearing. The committee asks that the minister respond within 10 working days of the receipt of those supplementary questions. Answers to questions taken on notice today are to be provided five business days after this hearing, with day one being the first business day after the question was taken.

The committee's next public hearing on annual reports is at 9.30 am on Monday, 9 November 2015, with the Minister for Community Services, Minister for Women, Minister for Multicultural Affairs, Minister for Housing and Minister for Aboriginal and Torres Strait Islander Affairs.

Ms Burch: Thank you.

The committee adjourned at 4.21 pm.