



NSW Ombudsman

SERVICES FOR CHILDREN
WITH A DISABILITY AND
THEIR FAMILIES

Department of Ageing, Disability
and Home Care (DADHC):
Progress and Future Challenges

A special report to Parliament under s 31
of the *Ombudsman Act 1974*

May 2006



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The Hon Meredith Burgmann MLC
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The Hon John Acquilina MP
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Dear Madam President and Mr Speaker

I submit a report pursuant to s 31 of the *Ombudsman Act 1974*. In accordance with the Act, I have provided the Minister for Disability Services with a copy of this report.

I draw your attention to the provisions of s 31AA of the *Ombudsman Act 1974* in relation to the tabling of this report and request that you make it public forthwith.

Yours faithfully

Bruce Barbour
Ombudsman

Foreword

In April 2004 I reported to Parliament on my office's investigation into the way the Department of Ageing, Disability and Home Care implemented its policy for children and young people with a disability. Our particular focus was on how the department was supporting families at risk of giving up the care of their child. We also considered the department's arrangements to support children and young people who were voluntarily placed in care.

Our investigation found that there were significant deficiencies in the implementation of the policy leading to inadequate service provision to many families.

The department made a commitment to address the problems identified by the investigation. Over the past two years my office has closely monitored the department's implementation of its plan for improving services for children and their families.

The department has now implemented its plan and commissioned an independent review about its impact.

The purpose of this report is threefold.

First, it is to acknowledge the progress made by the department to address the issues raised by my office in 2004. The department's recognition of the problems and commitment to address them is to be commended.

Second, it is to report on what the department has done, or is doing, to improve service provision to children with disabilities and their families.

Third, it is to foreshadow the need for future assessment of the longer-term results of the department's changes on those dependent on disability services and support.

In my previous report to Parliament, I observed that many families who care for children and young people with disabilities may face significant stress, and that this stress can be unduly aggravated by ineffective implementation of key policies and difficulties accessing essential services. This observation remains relevant today.

While DADHC has made progress to improve its service delivery to children with disabilities and their families, it is critical that this continues as many of the initiatives are still in their infancy. However, systems to support quality service provision are now in place and DADHC has made a commitment to continuous improvement. Whether these developments result in families receiving the support they need, is yet to be fully evaluated.



Bruce Barbour
Ombudsman

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1. Supporting children and young people with disabilities

The Department of Ageing, Disability and Home Care (DADHC) has responsibility for providing or funding support and services to children and young people with a disability.

In July 2002 the department released its children's policy *Living in the Community — Putting Children First*.

This policy states that children and young people with disabilities will have the best possible outcomes if they are brought up in the community — not institutions — and in a family environment. To achieve this outcome the policy states that the focus of services should be on support and early intervention. Access to mainstream services should be the same as for other families in the community. Specialist disability services should be accessed only where support needs cannot be met through mainstream services.

2. Ombudsman investigation

In 2004 we reported on the findings of our investigation into DADHC's administration of its children's policy, with particular attention to:

- arrangements to support families at risk of giving up care of a child or young person with a disability
- arrangements to support children and young people with disabilities placed in voluntary care
- arrangements to monitor the quality of accommodation services provided on a fee-for-service basis.

In relation to these key areas, we found that the department's implementation of its children's policy had been characterised by:

- a poor implementation strategy
- lack of clarity about the department's role in supporting families in crisis
- uncertainty about which sections of the department had responsibility for providing such support
- inadequate guidance to staff about how to implement the policy
- an inadequate operational framework to underpin the policy
- lack of clarity about the respective responsibilities of DADHC and DoCS
- conflict between policy requirements
- subsequent inconsistent service delivery.

We also found that, for families seeking support to care for children and young people with disabilities, there was:

- lack of clarity about how to obtain access to services
- no clearly defined or consistent decision making processes about access to services
- a fragmented service system for those able to access it
- poor coordination of services
- no clearly defined avenue for review or appeal where services were denied or considered inadequate by the family.

3. DADHC's action plan

In response to our investigation, DADHC developed an 'Action Plan for Improving Services for Children, Young People and Families'. This plan outlined key strategies to address the problems identified by the investigation. The plan included a commitment to review and report on the impact of departmental initiatives to address the findings of the investigation.

4. Independent review

In December 2005, DADHC provided us with a copy of the final report by independent consultants on the review of the impact of the action plan. My office had been consulted in relation to the review approach and advised on the progress of the review.

The approach to the review focussed on assessing the extent to which the Action Plan:

- had reduced the problems identified by our investigation to an acceptable level in terms of reduced likelihood of inadequate service provision for children, young people and their families.
- made systemic changes in DADHC's implementation of its children's policy, which would sustain the ongoing management of emerging problems and challenges.

Following on from their review the consultants made a number of recommendations about measures that now need to be implemented by the department to support quality service provision to children and their families into the future. DADHC has advised us that the department has accepted these recommendations.

The findings of the independent review, and challenges for ongoing progress and improvement, are set out below.

5. Review findings

5.1 Families at risk of giving up the care of their children

In 2004 we reported that DADHC's support to some families at risk of surrendering or giving up the care of their disabled child was inadequate. We found that staff were uncertain about how they should support families in crisis, and were even unsure of their department's policy requirements. We found that support services were either non-existent or difficult to access, and were not well coordinated. We found that there was little collaboration between DoCS and DADHC concerning children with a disability at risk of being placed in care. Moreover, we identified that families found it difficult to get information about how to access services. At times, support services were being withdrawn, changed, or not provided, without reasons, and without assessment of the needs of children or their families.

The independent review found that DADHC has made progress in relation to these issues. It also identified areas where significant work is yet to be completed. These issues are discussed in more detail below.

5.1.1 Arrangements for delivering support

Our 2004 investigation found that DADHC's arrangements for providing support to families were at times fragmented and poorly coordinated. This was because some staff were unclear about

how to implement the children's policy, did not know how to support families in crisis, were poorly inducted when they joined the department, and sometimes withdrew services without assessing the impact of this on families.

DADHC has implemented a range of strategies to address these problems.

Improving staff skills, knowledge and support

Following our investigation DADHC undertook an audit of the skills and knowledge of its staff involved with children and young people. This included caseworkers, Home Care staff, and staff working in the department's accommodation and respite services. The audit confirmed our investigation findings. In summary, the department's audit found that many staff:

- lacked an understanding of approaches to working with children and young people and their families
- lacked a recognition of DADHC's role in service coordination
- had poor knowledge in relation to identifying and responding to risk of harm.

The department's audit also identified that staff had a low level of knowledge about services and strategies for Aboriginal and culturally diverse communities.

To address the findings of the audit, DADHC developed and has implemented a range of training packages and programs. Guidelines have also been developed for Home Care and community staff working with children and young people and their families. The focus of these programs is how families can be supported to care for their children. The department has also developed policy guidance and provided training to its staff about when concerns about child safety and wellbeing should be reported to DoCS.

The independent review has identified that the department now needs to ensure that all staff working with children, including clinical staff, complete relevant training and that the impact of this training should be evaluated in 2006–07.

The independent review has also highlighted that training and support strategies need to provide for a comprehensive approach to improving the responsiveness of children's services to the needs of families from Aboriginal and culturally diverse backgrounds. Although the independent review made no specific recommendation about this matter, our work has identified that Aboriginal families and those from culturally diverse backgrounds face particular difficulties accessing appropriate services. We would therefore recommend that DADHC address this issue through its training strategies.

Collaboration between DADHC and other agencies

Our 2004 report highlighted problems with the way DoCS and DADHC worked together to respond to children and young people with a disability who may be at risk of harm, or whose families required support to help them maintain the care of their child at home.

Some months after we commenced our investigation, DADHC and DoCS signed a Memorandum of Understanding (MoU) on how the two departments would work together when delivering services to children and young people with a disability. DADHC has since undertaken an audit comparing regional protocols with the MoU. In some regions there has also been joint training with DoCS.

The independent review identified that more needs to be done in the area of collaboration between DoCS and DADHC, noting that procedural guidelines need to be developed for DADHC and DoCS staff to ensure that appropriate individual planning occurs for children and young people where the MoU is invoked. We agree that it is important to establish whether the MoU is working as it was intended, as we continue to hear reports of the MoU being used for the purpose of excluding children and their families from services, rather than as a framework for ensuring collaborative work.

We believe that given the MoU has been in place for two years, now would be an appropriate time for DoCS and DADHC to evaluate its impact on outcomes for children with a disability and their families.

While the independent review reported positively on the proposed development of an MoU between DADHC and the Department of Education and Training regarding therapy services, and local area partnerships between DADHC and other human service agencies, it also said that more needs to be done to build on existing initiatives to improve coordination between DADHC and the Department of Health, local area health services and the Department of Education and Training. We note that collaborative relationships between DADHC and these departments are particularly critical not only for children and young people with complex medical needs but also those who require support to manage their behaviour.

In this regard we support the independent review finding that DADHC needs to ensure that it has a policy and implementation strategy for individual planning for children living at home and supported by services. This is important for identifying what supports a child and their family need and for making it clear who is responsible for providing that support.

Monitoring funded services

DADHC has now developed and is rolling out a framework for monitoring the services it funds. This has the potential to allow the department to determine how well these services are performing against their funding requirements.

The independent review identified that currently the *Children's Standards in Action* is not incorporated into the department's new monitoring framework. Even though the department has completed a quality improvement plan as part of the process of becoming an accredited out-of-home care provider through the Office of the Children's Guardian, this has little bearing on all the other services DADHC funds or provides children and their families. It is therefore critical that these services are monitored using relevant standards for service delivery to children. DADHC has undertaken to address this issue by integrating the *Children's Standards in Action* into the monitoring framework.

We also make the observation that services provided by the department should receive the same level of monitoring as that required of services funded by the department. While this is planned for the future, currently there are no such monitoring arrangements.

5.1.2 Information about available support options

In 2004 we reported on our finding that families might not be aware of how to access available support options as a result of a lack of clear information and communication by DADHC.

The department has now established an information and referral service in each region to improve customer service for people seeking information and/or assistance from DADHC. This service provides:

- information about services that exist within local communities, including those funded and provided by DADHC
- information about referral options to other service providers
- assistance in making referrals where members of the community are unable to make the referral themselves
- a pathway to accessing services provided by DADHC

DADHC has also expanded its website with a section on supporting children and young people with a disability. This section of the website includes DADHC's key children's policies and links to advice on eligibility for respite, requests for assistance, and advocacy and information services.

These are significant developments. However, the independent review has identified that further work is required to improve upon these developments. In addition, we note that more needs to be done to make sure that families are not only aware of how they can access available support options, but also that they are encouraged to do so.

The independent review recommended that DADHC review the clarity and comprehensiveness of information on the department's website as it relates to children and young people. It also recommended that the department look at ways to improve the responsiveness of the information and referral service to the needs of children and young people. DADHC has undertaken to implement these recommendations. We would also encourage the department to improve the way it informs Aboriginal families and those from culturally diverse backgrounds about what services are available, and to better support them in accessing these.

5.1.3 Support options

In 2004 we reported that one of the main reasons why families often gave up the care of their children, or found themselves under great stress, was because support options were 'either non-existent, still at the research stage or not effectively implemented'. At the time of our investigation DADHC caseworkers told us that the services necessary to support families in crisis were not available in their area. They reported that the service system was disjointed and characterised by a lack of service coordination and integration. In short, we found that the service system required to implement the department's children policy for families in crisis did not exist.

At the time we made this finding, DADHC estimated that 32,000 children and young people required support from the disability service sector.

Following the release of our report, and as part of the 2004/05 state budget announcement, DADHC was allocated \$30.6 million over four years to expand a number of services it provides or funds that support families at risk of giving up the care of their child. Services that have received extra funding include intensive family support services (\$5 million), the family support program (\$10.2 million), and caseworkers specialising in child and family services (\$5.9 million). The Early Intervention and Family Disability Support program has also been allocated enhanced funding (\$4.2 million). Additional funding was also allocated for group homes and new alternative family placements (see section 5.2.1 of this report).

In addition to these developments, in January 2004 the department was allocated \$11.2m over a four-year period to fund flexible respite packages.

These initiatives, and some of the ongoing challenges DADHC faces in effectively implementing its children's policy, are discussed below.

Intensive family support

Research shows that intensive family support services can be effective in supporting families through stressful periods and preventing family breakdown. In 2004 we noted that DADHC funded only two intensive family support programs — one with the Spastic Centre in Sydney and another, an Aboriginal service, in Western Sydney.

As a result of funding enhancements, DADHC estimates that at least 300 families across NSW will receive an intensive family support service each year, through the allocation of funding over four years. While this enhanced capacity is welcome, the impact on families is unknown as the new services are not yet up and running. It would be helpful if the department clarified for the community how and when these services will be available.

We note the department has committed to evaluating the effectiveness of the intensive family support program. In this regard the independent review has recommended that the evaluation should focus on outcomes for families, service gaps, and identifying and addressing remaining unmet need for such services. It is pleasing to see the department's commitment to ongoing evaluation.

Family Assistance Fund

The department advises that the Family Assistance Fund (previously known as the Family Support Program) will provide one-off funding packages, of on average \$2,000, to assist about 1,500 families in 2006–2007. Departmental caseworkers can apply for the funds on behalf of the families they are supporting.

This money can be used by families to purchase resources or supports that are not available through other programs, e.g. to pay fees to assist a child with a disability to participate in leisure activities.

The independent review has recommended that it is important for the department to have protocols in place to ensure that support packages are appropriately targeted to those families with the greatest need for support. DADHC has undertaken to address this recommendation.

Specialist caseworkers

The department has recruited to employ 20 caseworker consultants to work with children and young people, and to ensure that services provided by these staff are consistent with the department's policies and standards for working with children.

It would be helpful if the department clarified for the community where these staff are based and whether they will be accessible to non-government services and the families they support.

Respite care

The department has advised that additional funding will enable DADHC to provide assistance in the form of flexible respite packages to 400 families. This funding is being used in local planning areas that have less than the state average for respite funding per head of population. Sixteen local planning areas received funding of \$75,000 each with a priority on services for children and young people and their families. Eight local planning areas received \$325,000 each for additional respite services for children, young people and people with a disability living with aging carers. The department advises that the additional funding will provide for an additional 85,000 hours of respite services across the state.

Expansion of local area support coordinators

Local support coordinators work in rural and regional areas of NSW. Their job is to link people with a disability and their carers with mainstream support services. DADHC has recruited 20 new local support coordinators.

5.1.4 Accessing support

In 2004 we reported on problems with DADHC's Service Access System (SAS). The system was intended to help families at risk of giving up the care of their child, or who faced significant stress as a result of caring for their child with a disability, and who were not able to obtain supports through existing resources. Our investigation found that SAS was not transparent, clearly defined, or consistently applied.

The SAS is now referred to as the 'Emergency Response' program. This program is available to respond to people with a disability who need immediate assistance. In 2004–05 funding for this program was increased by \$10.3 million, bringing the Emergency Response program budget to \$61.8 million. The guidelines for accessing support through this program have been clarified, and training in their use has been provided to departmental staff.

The independent review reports that the changed arrangements for Emergency Response funding have been accompanied by a significant cultural shift in DADHC's approach to working with children and young people. Staff report that there is 'now a clear focus on building family resilience and providing the necessary support to maintain children and young people in their families'.

The independent review also reports that Emergency Response funding is now seen within the department as a 'last resort', and that services to children with a disability and their families are available, or should be available, through a range of programs and services including respite, behaviour intervention, some Home Care services, the early childhood coordination program, early intervention and family disability support services, and family support and intensive family support services.

These reported changes to the way the department is responding to families in need of services are welcome. However, some of these services and support staff are very new or yet to come on line. The independent review also highlighted that there are some concerns about the consistency and effectiveness of the department's information and referral services across regions. While the department's long awaited Client Information System — which is currently being implemented — should improve the department's capacity to monitor service access, it

is vitally important that early intervention is the focus of the whole department. To this end the independent review recommended, and DADHC has agreed, to undertake periodic client surveys about the experiences of children, young people and their families accessing DADHC services. The independent review has recommended that the department should use these surveys to drive ongoing service improvements.

5.2 Arrangements to support children and young people with disabilities placed in voluntary care

In 2004 we reported on our findings in relation to what was happening to children where a family could not manage the day-to-day care of their child and therefore voluntarily gave up the care of that child.

We also found that children entering care in this way were not going into family type placements as required by the department's children's policy. Although relatively few children are placed in care voluntarily, little account appeared to be taken of children's needs for nurturing and stability. Few had individual support plans. Moreover, once placed, these children were not being adequately monitored by DADHC. We also found that staff were uncertain about how to support families to resume the care of children who entered voluntary care.

We found that DADHC did not know how many children with disabilities were in the full time care of its own services or the services that the department funds. We identified that the department funded only one service to provide family type placements and that DADHC had not developed family based models of out-of-home care, as referred to in the department's children's policy.

In our view children who are in voluntary care for a significant period of time should be afforded the same legislative safeguards and monitoring as children in other types of out-of-home care arrangements. However, the provisions of the state's care and protection legislation relating to voluntary care arrangements remain unproclaimed. In the meantime DADHC has implemented a number of administrative arrangements to address the problems identified by the investigation. These are discussed below.

5.2.1 Out-of-home support options

In the 2004 state budget DADHC was allocated additional funding for group homes (\$5.6 million) and new alternative family placements (\$5.9 million) over four years. With this funding DADHC estimates that it will be able to purchase 20 to 30 family based placements for children and ensure that non-family based placements, for example group homes, occur in settings that 'are as homelike as possible'. These new placements are in addition to 10 family based placements already funded by the department and provided by Centacare.

According to the independent review, as at November 2005 these new funded placements would provide for about half the children and young people currently in voluntary care, including those children and young people currently in respite services awaiting permanent placements.

While these developments are welcome, many of the new family based placements are not yet available. We are aware that blocked respite is a significant frustration for families trying to access respite places, especially in regional and rural areas where there are very few service options. Moreover, according to the independent review, there are no arrangements in place, which will ensure that the majority of children in out-of-home care are in family based placements.

To address these issues the review has recommended that the department should finalise a family based care strategy with ‘specific scenarios and timeframes for ensuring the majority of children and young people in out-of-home care — and all children under 12 years of age — are in family based placements’.

DADHC has also met with the Association of Children’s Welfare Agencies to explore options for increasing the capacity of mainstream agencies to provide family based placements for children and young people with a disability. It is not clear at this point what has come from these consultations. The independent review also identified that it is not clear how DoCS and DADHC are collaborating to use existing mainstream foster care services.

5.2.2 Supporting children and young people in voluntary out-of-home care

DADHC reports that the department now has procedures in place that, if effectively implemented, should ensure that case planning occurs for children entering voluntary out-of-home care. An individual plan must be developed for every such child, and where possible, prior to placement. These plans have to be endorsed by a senior manager. Each plan has to be reviewed every three months, and a new individual plan has to be developed every year. Training in individual planning has been developed but is yet to be provided to all relevant staff.

These improvements to DADHC’s policy framework for children in voluntary care are significant. However, there remain problems with compliance. DADHC’s own records indicate that some children with disabilities in voluntary care still do not have individual plans and concerns have been brought to our attention as to whether individual plans exist for all children in respite care awaiting permanent placement, or a return to their family.

DADHC now has an internal steering committee to guide the department’s strategy for children and young people. This committee meets monthly, has senior representation from all the department’s business streams, and reports to the department’s Board of Management. The independent review has recommended that the steering committee receive periodic reports on the number and proportion of out-of-home care placements that have current individual plans.

We note that that the steering committee may also have an important role in monitoring the adequacy of training to support the department’s policies and procedures for planning for these children.

5.2.3 Supporting children to return to their family or to move to an appropriate long-term placement

As noted earlier, DADHC is working with the Office of the Children’s Guardian (OCG) with the objective of becoming accredited to provide out-of-home care services to children and young people.

DADHC reports that the department is also working with the University of Sydney to develop effective strategies to help families who care for a child with a disability to balance work, family and carer demands. The purpose of this work is to develop better ways of helping families care for their child.

The independent review questioned whether current guidelines give sufficient direction to staff as to how families are to be assisted to resume the care of their child, or if this does not happen, to move to a stable long-term placement. Possibly because of the current lack of appropriate long-

term placement options, it has been reported to us that some families do not feel that they are being assisted by the department when they decide that they can no longer care for their child at home.

To address this issue the review recommends that the department either review or supplement the existing out-of-home care individual planning guidelines to provide 'practice-based examples for caseworkers on permanency planning, family restoration, coordination with other human service agencies, involvement of families in planning, and provision of a family friendly care environment.' The department has accepted this recommendation.

5.2.4 Arrangements for monitoring out-of-home care support

The independent review found that DADHC now has systems in place to monitor the number of children and young people in longer-term care. Information on the characteristics and circumstances of these children is collected manually. There is a requirement that these children have individual plans, and that senior management reviews these plans.

Under the department's new monitoring framework, funded services providing services to children and families will be monitored against the disability service standards and their funding agreements. Currently, DADHC's service monitoring staff annually visit each organisation providing out-of-home care placements. The purpose of these visits is to ensure that each child or young person has a caseworker, a current individual plan, and that DADHC was advised at the time the child was placed.

The independent review found that while progress had been made towards improved monitoring of out-of-home care support, a number of challenges remain. Most significantly, while there is now a requirement for regional managers to endorse individual plans for those children and young people in out-of-home care placements, there are apparently no guidelines for ensuring that the quality of placements conform to the principles of the department's children's policy. This is a significant issue given that the department's new monitoring framework will monitor the adequacy of systems for individual and group home planning, but will not monitor the quality of out-of-home care support for individual children.

It is hoped that the inherent problems with a manual system for collecting data will be overcome with the introduction of the department's electronic Client Information System.

5.3 Fee-for-service accommodation providers

In 2004 we reported that DADHC's monitoring of fee-for-service accommodation providers was inadequate, and that the department did not have good systems in place for selecting these services. These are services that do not receive 'block' funding from DADHC, but are used when there are no appropriate non-government providers available or when the model of care is not provided by DADHC. At the time of our investigation only one of the fee-for-service agencies used by DADHC provided family based care.

DADHC reports that it now has a list of 'preferred providers'. According to the department these providers must demonstrate that they can meet the Disability Service Standards, and in the future will be required to sign a funding agreement. These funding agreements will have an attached 'service description schedule' which will describe the services to be delivered, the target group to receive the service, advice on how many people receive the service, and what has been the outcome.

The new funding agreements and service descriptions schedules are still being developed. However, we are satisfied that there are now better systems in place for ensuring that out-of-home care services purchased on a fee-for-service basis will have to meet the disability service standards. The independent review has recommended that the steering committee should ensure that 'service description schedules' adequately address the requirements and standards applicable to providing services to children and young people.

5.4 Organisational capacity and systems

Our 2004 report raised concerns that DADHC's governance and monitoring structures for implementing the department's children's policy were not clearly defined, and that service systems were not in place to support the implementation of the policy.

To address these issues DADHC has over the past two years implemented a range of measures. Many of these have already been referred to in this report, including the development of policies, procedures and guidelines to inform service development and delivery; improved systems for providing information and making referrals; new systems for monitoring service providers; and extra funding to enable services to be developed and expanded.

We have also referred to the department's creation of a steering committee, consisting of senior DADHC representatives, to manage its strategy for children and young people. This steering committee, which originally met in early 2005, is now responsible for identifying, monitoring, managing and responding to issues or 'risks' that may result in inadequate service provision for children, young people and their families. We support this initiative.

DADHC is also in the process of establishing an Expert Advisory Group (Children and Young People). This will be made up of representatives from the children's services sector, the disability sector, the Aboriginal community, culturally diverse communities, and academics.

This group will provide advice on how the department is implementing its children's policy; provide feedback about the development of strategy, policy and programs for children, young people and their families; and identify issues and provide advice on the department's strategy for children and their families.

We would encourage the inclusion of representatives from the advocacy sector on the Expert Advisory Group given this sector's critical role in linking families to services.

6. Concluding observations

The department has advised that it is committed to improving its delivery of services to children and young people with a disability and their families. Based on the information provided to my office by DADHC over the past two years, it is apparent that the department has taken some positive steps to begin to address the issues identified by our investigation nearly two years ago.

However, it is important to note that the independent review did not evaluate the longer-term impacts of the action plan on families requiring disability services. There is a clear need in the near future for the department to evaluate the impact of its programs in terms of outcomes for families. Effective evaluation must include capturing the extent of the need in critical areas and then determining the degree to which implementation of the new measures has made a difference.

While systems for accessing services have been more clearly defined, some of these services, for example intensive family support services and family based out-of-home care, are still in their infancy and little detail is available about where they will be located or when they will be fully operational.

We know through our ongoing work that considerable work still needs to be done. Children and young people continue to be left in respite beds for extended periods because they cannot go home and there is no alternative care for them. The development of suitable arrangements for children with very complex medical issues remains a priority. For very young children and adolescents with complex behavioural problems — for example with autism — the adequacy of current supports remains a concern.

While planning is underway to address some of these issues, it remains unclear whether families are currently getting the level of support they need.

Similarly, it is also uncertain how well government departments and funded agencies are working together to fully support families caring for a child or young person with a disability.

Caring for a child or young person with a disability can frequently place enormous pressure on families. Because of this, families may not have the time, resources or strength to complain about a system that does not support them well. It is therefore critical that DADHC builds on its own systems for receiving feedback from families, and regularly evaluates whether services provided are supportive, and if not, how they can be improved.

It is also important that the department keeps the community fully informed of its ongoing progress in relation to service improvements. To this end we recommend that DADHC provide clear and accessible information to the community on the ongoing development of its child and family programs and on the results achieved as established through its evaluation process.

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