Outcomes for residents
Services for people in licensed boarding houses

DADHC licenses boarding houses under the *Youth and Community Services Act 1973* (YACS Act) to provide accommodation for people with disabilities. Residents of licensed boarding houses have a variety of support needs that may arise from intellectual or psychiatric disabilities, physical disabilities, brain damage and medical and health problems.

Licensed boarding houses operate as private-for-profit businesses. Boarding house proprietors are not funded to provide services and residents are charged for rent, meals and other basic amenities. In addition to its licensing role for boarding houses, DADHC funds Home Care and other agencies to provide support services to residents, such as personal and health care, transport and community participation activities.

DADHC reports that there were 50 licensed boarding houses in NSW in 2006–2007, licensed to accommodate up to 792 residents. During 2006–2007, Visitors made 397 visits to licensed boarding houses and raised 146 issues of concern about services provided to residents.

Visitors reported that licensed boarding houses resolved 64 (43%) of the issues of concern they identified. The reduction in the resolution rate compared to 2005–06 is unclear but may be due to an increase in the number of issues identified and the capacity of proprietors to resolve them during this period.

As at 30 June 2007, there were 52 (36%) ongoing issues that had not been resolved.

Over the past three years there has been a steady decline in the number of licensed boarding houses. In the last year five licensed boarding houses closed and this trend is likely to continue.

The visit schedule was increased in the last year because of the continuing high-level of vulnerability of residents and because of an increase in visiting capacity. In 2005–2006, Visitors made 267 visits to boarding houses. In this year that increased to 397 (67% increase). We will continue to monitor the outcomes for residents in this group.

(See figure 1, right)

Major issues by subject, number and percentage

Issue 1 Nutrition, health and hygiene — 29 (20%)

People living in care depend on services to ensure that their health and medical needs are addressed promptly and meals are varied and nutritious. As with last year this was the main issue identified in this sector. Visitors identified 29 instances of inadequate meals,

Figure 1: Three-year comparison of data for visitable services for residents of licensed boarding houses

	2004-2005	2005-2006	2006-2007
Number of boarding houses	57	55	50
Number of residents	970	1041	792
Number of visits	288	267	397
Number of issues reported	127	120	146
Average number of issues per service	2.0	2.2	2.9
Number of issues unable to be resolved (%)	n/a	5 (4%)	27 (18%)
Number ongoing (%)	n/a	29 (24%)	52 (36%)
Number closed (%)	n/a	2 (2%)	3 (2%)
Number resolved (%)	45 (35%)	84 (70%)	64 (43%)

poor hygiene and poor health care in licensed boarding houses. Boarding houses resolved 17 (19%) of these issues, resulting in better health care and meals for the affected residents. Visitors continue to monitor boarding houses' responses to the remaining issues.

Issue 2 Safety — 23 (16%)

Licensed boarding houses should ensure the safety of residents. Visitors identified 23 initial instances of the failure of licensed boarding houses to protect residents from abuse and assault, usually by other residents. Visitors reported that services took appropriate action to resolve and address concerns about the safety of residents in 16 (70%) of these cases. The remaining concerns relate to boarding houses with inadequate safety and behaviour management systems and procedures, and poorly trained and supervised staff. Visitors continue to monitor these issues.

Issue 3 Environment and facilities — 16 (11%)

For people who live in licensed boarding houses, the environment should be as home-like as possible. The residences themselves should provide opportunities for residents to access services, offer activities and encourage contact with family or friends. Visitors identified 16 instances of the failure to provide an environment that met the residents' needs. Visitors report that services took appropriate action to resolve 5 (31%) of these issues. Visitors have indicated they will continue to highlight and monitor these issues with boarding houses.

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Outcomes for Residents
Services for children and young people

There are over 10,000 children and young people in NSW who are placed in Out of Home Care (OOHC), generally because of serious abuse or neglect. Most children and young people in OOHC are placed with and cared for by relatives or foster families.

A small number of children and young people are placed in residential services so they can access special supports and programs to meet their needs. DoCS has parental responsibility for the majority of these children and young people and arranges placements for most of them in funded and fee for service non-government agencies.

In 2006–2007, there was an increase in the number of services accredited to provide OOHC placements. However, there was a decrease of children and young people in these services from 246 to 213.

The Ombudsman allocates more visiting resources for children and young people in OOHC to provide a higher level of monitoring of the quality of their care because of their high level of vulnerability. During 2006–2007, Visitors made 370 visits to children and young people living in visitable OOHC services.

Visitors identified 377 issues of concern about OOHC services. Of these, 133 (35%) were resolved with the service and staff. Another

150 (40%) issues remain ongoing, with Visitors monitoring the action being taken by services to address and resolve the concerns. Many of the concerns raised by Visitors relate to individual planning concerning entry to and exit from services, as well as meeting the individual needs of the child or young person.

Official Community Visitor message

By Rhondda Shaw, Official Community Visitor

Official Community Visitors visit and talk with children and young people who no longer live with their birth parents and who reside in residential OOHC services. The purpose of these visits is to ascertain their views or wishes regarding various aspects of their care; to assist to resolve any concerns with services; and generally to contribute to the improvement of services provided to them. Some of the children and young people that we visit have experienced a number of placements; abuse and/or neglect; lack of access to appropriate education programs to meet their often complex needs; exposure to drugs and alcohol; and negative experiences relating to either their own, or their carer's, poor mental health.

Figure 2: Three-year comparison of data for services for children and young people in OOHC

	2004–2005	2005–2006	2006–2007
Number of services	119	96	107
Number of residents	263	246	213
Number of visits	363	414	370
Number of issues reported	386	452	377
Average number of issues per service	3.2	4.7	3.5
Number of issues unable to be resolved (%)	n/a	41 (9%)	67 (18%)
Number ongoing (%)	n/a	218 (48%)	150 (40%)
Number closed (%)	n/a	41 (9%)	27 (7%)
Number resolved (%)	201 (52%)	152 (34%)	133 (35%)

Visitors themselves have a wide range of qualifications and experience which underpins their approach when they visit a service. One common goal that we share is to strive to ensure that the children and young people's needs are met, where they reside.

Currently there are a range of accommodation and care options for children and young people who cannot live with their birth parents, including foster or kinship (extended family) care, professional (paid rather than reimbursed for expenses) foster care and residential care. Visitors do not visit all children and young people living in OOHC. We only visit children living in residential care. There are many different models of residential care.

Residential care generally provides care for an individual or group of children or young people. Staff commonly work on a roster basis. Some residential care is provided by house parents, usually a married couple, who live in a house owned by an agency, but who are the primary care givers. Most residential care services accommodate between 1–5 residents. 2006–2007 has seen the implementation of a number of new services and the expansion of many existing services providing residential care.

Visitors are in the unique position of seeing up close just how these changes are affecting the quality of OOHC. Also, because Visitors are able to visit a range of services and see children and young people move between them we have the opportunity to assess different models of care, and provide feedback to services about what seems to be working and what isn't. This feedback is received with varying levels of enthusiasm, but on the whole is used productively by services to improve outcomes for children and young people.

One of the most challenging issues facing OOHC currently is the ability of agencies to attract and retain quality staff. Staff are required to be aware of legislation, to know the agency's policies and procedures, and to understand and be able to implement case plans and behaviour management plans. Some services are beginning to address this through providing better, more flexible working conditions and higher rates of pay. Services will need to continue to be proactive in the future in a competitive job market to secure and retain quality staff.

Major issues by subject, number and percentage

Issue 1 Meeting individual needs — 50 (13%)

Good needs assessment, planning, and the effective implementation of individual plans,

are critical to a person in care's development, care, safety and stability. In OOHC services, individual plans are known as 'care plans'. Services, in consultation with DoCS, are required to assess the needs of each child and young person in care and to develop care plans to meet their assessed needs. Care plans guide staff in their care and support of residents.

Visitors reported that in 50 cases, services had either not developed plans, plans were inadequate, or plans were not effectively implemented, potentially compromising the care and development of the affected children and young people. Services resolved 21 (42%) of the planning concerns raised by Visitors and Visitors continue to monitor development and/or implementation of care plans in 18 (36%) cases.

Issue 2 Entry and exit — 47 (12%)

Children and young people in care can experience multiple placements. DoCS' policy for high needs children and young people has resulted in many residents moving to new placements. Visitors identified 47 situations where they believed that the entry or exit arrangements for children and young people transferring from existing placements were not well managed, often because of planning problems.

Of those issues, 13 (28%) of these situations were resolved. Visitors continue to monitor 25 situations involving the transfer of children and young people between services. A potential issue of concern is that 9 of these situations were unable to be resolved – in some instances Visitors reported that poor planning of placement transfers resulted in placements not proceeding or breaking down, to the detriment of these children and young people.

Issue 3 Behaviour management — 31 (8%)

Children and young people are generally in care as a result of serious abuse and/or neglect. They have also often experienced multiple placements and placement breakdowns. These experiences can cause children and young people to express their feelings and frustrations through their behaviour, presenting services and staff with challenges in how they respond to ensure the safety and care of the person, other residents and staff. To effectively address residents' challenging behaviours, services need good policies, procedures and practices concerning individual planning. This includes behaviour management, staff training and support, and incident response and management systems.

Visitors identified 31 concerns where behaviour management plans, though required, either did not exist, were inadequate, or were not effectively implemented or reviewed. Of these, 7 (23%) were resolved. Visitors will continue to monitor service actions in about 20 (65%) ongoing issues.

Issue 4 Environment and facilities — 31 (8%)

For children and young people who live in OOHC, the environment should be as home-like as possible. This is critical to support children and young people in residential care. The residences themselves should provide opportunities for children and young people to access education, offer activities and encourage contact with family or friends. Visitors identified 31 instances where the environment was not home-like or did not meet the residents' needs. Visitors reported that services took appropriate action to resolve 10 (32%) of these issues. Visitors will continue to monitor the situation in 13 (42%) cases.

Issue 4 Safety — 31 (8%)

Services are required to ensure the safety of children and young people in care. Visitors identified 31 instances where they believed that the safety of children and young people was compromised, either because of abuse and assault (usually by other residents) or because their own behaviour placed them in danger. Visitors reported that services took appropriate and relevant action to address safety issues in 16 (52%) cases, and that they are continuing to monitor 6 (19%) concerns.

Outcomes for Residents
Services for children and young people with a disability

There are a number of children and young people with a disability whose significant and complex physical and medical needs, or difficult behaviour resulting from their disabilities, mean they cannot be cared for in their family home. These children and young people are usually placed in, and cared for by, an accommodation service funded by DADHC or DoCS.

Most of these children and young people are in voluntary out-of-home placements, as the family and DADHC, DoCS or a funded service, arranges their alternate care situations cooperatively. Some children and young people with a disability are in statutory OOHC because they have suffered abuse or neglect. These children and young people are generally placed under the parental responsibility of the Minister following Children's Court action. DoCS and DADHC work together to coordinate accommodation and support services for them.

Over the last four years there has been a significant decrease in the number of the children and young people with a disability requiring placements in care, and an associated decrease in the number of services providing accommodation and care for them. This is consistent with government policy that children and young people with a disability

should, wherever possible, be supported to stay with their own family. When this is not possible, they should be placed in family-based accommodation, such as a host or foster family, rather than in residential care.

The Ombudsman allocates additional visiting resources to all services for children and young people, including those with a disability, because of their high needs and vulnerability. During 2006–2007, Visitors made 196 visits to the 59 services for children and young people with a disability. Visitors identified 221 issues of concern about aspects of service delivery. This was a significant decrease from the previous year. Only 73 (33%) were resolved, with 112 (50%) subject to continued monitoring by Visitors.

Figure 3: Three-year comparison of data for visitable services for children and young people with a disability

	2004–2005	2005–2006	2006–2007
Number of services	73	64	59
Number of residents	395	269	204
Number of visits	238	243	196
Number of issues reported	328	329	221
Average number of issues per service	4.5	5.1	3.7
Number of issues unable to be resolved (%)	n/a	25 (8%)	28 (13%)
Number ongoing (%)	n/a	114 (34%)	112 (50%)
Number closed (%)	n/a	58 (18%)	8 (4%)
Number resolved (%)	153 (47%)	132 (40%)	73 (33%)

Official Community Visitor message

By Denise Fraser, Official Community Visitor

During the five years I have visited children and young people with a disability in care, I have seen an increasing recognition by services, both government and non-government, of the special needs of this group of young residents.

Services are increasingly linking children with local community groups and activities, such as church groups, neighbourhood social groups, Scouts and Guides, Duke of Edinburgh Awards, Air League, dancing and performing arts, SES, Land Care, and cultural groups (particularly contact with indigenous elders and communities). They are also increasingly supporting children to be involved in school life through performances, excursions, camps and holiday programs.

However, there are many challenges for services supporting children and young people with a disability in order to meet their changing needs. A particular challenge is the need to balance a service's duty of care to its clients with children and young peoples' right to make decisions and take reasonable risks

as they grow and develop. This balance can often be managed by services establishing clear rules, boundaries and consequences with young people, involving them in decision-making, and sharing responsibility for the operation of the house through involvement in domestic tasks and house meetings. Services also need to support residents' growing independence and the tensions that can sometimes arise between children and their parents as a result.

Other key challenges for these services include the need to manage and support children and young peoples' behaviours as they mature, to help residents maintain regular contact with their families and friends, to locate or provide suitable social, recreational and skill-building activities where there may be limited options, and to create opportunity for young people to gain living and work skills to increase their independence. Service staff can be important positive role models for residents in their manners and grooming, courtesy and respect for others, and approaches to solving problems.

Many of these challenges are reflected in the concerns that families of young residents sometimes express to Visitors and what Visitors identify as issues.

Major issues by subject, number and percentage

Issue 1 Meeting individual needs — 43 (19%)

The Disability Service and OOHC Standards generally apply to service delivery for children and young people with a disability who are in care. These standards require services to assess the needs of children and young people with a disability and develop and implement individual plans, including behaviour plans where necessary, to meet their many needs. Services should inform, train and support staff about the plans so they can be effectively implemented.

Visitors identified 43 cases where individual plans were either not in place, not based on an assessment of resident needs, did not adequately address residents' assessed needs, or were not effectively implemented. Services resolved 16 (37%) of the individual planning issues identified by Visitors. Visitors continue to monitor services' action about 22 (51%) issues of concern.

As with 2005–2006, Visitors are concerned that this critical area of service delivery continues to be the most frequently identified issue of concern and that the resolution rate is so low. Visitors acknowledge that the delivery of services to these children and young people can be complicated by their high needs and complex care situations. Visitors will continue to closely monitor the systems and practices of planning for these highly vulnerable residents.

Issue 2 Environment and facilities — 23 (10%)

The physical environment, facilities and equipment to support residents in services are key factors affecting their quality of life. Visitors identified 23 cases where buildings and facilities were inadequate to meet the needs of residents or where the environment did not have home-like qualities. There was a very low resolution rate concerning these issues with only one matter resolved during

the year. Visitors closed seven issues and continue to monitor services' action about 15 (65%) issues.

Issue 3 Behaviour management — 23 (10%)

Children and young people with disabilities are generally in care because of their high support needs. These children and young people can have quite challenging behaviour, presenting services and staff with challenges in how they respond to ensure the safety and care of the person, other residents and staff. To effectively address residents' challenging behaviours, services need good policies, procedures and practices concerning individual planning. These policy and practice requirements should include behaviour management, staff training and support, and incident response and management systems.

Visitors identified 23 concerns in services where behaviour management plans, though required, either did not exist, were inadequate, or were not effectively implemented or reviewed. Of these, only eight (35%) were resolved. Visitors continue to monitor service actions in relation to 14 (60%) issues of concern.

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Outcomes for Residents
Services for adults with a disability

The majority of visitable services in NSW are for adults with a disability. Many residents have an intellectual disability and need varying levels of staff support throughout their lives. Services are provided by DADHC or are non-government services funded by DADHC. Different types of disability services include:

• large institutional facilities — usually comprising several units on one site; units can accommodate up to 25 people

• community based group homes — usually ordinary houses in local communities, accommodating up to 6 residents. Most adults with a disability are placed in group homes

• individual support — approximately 120 adults with a disability are housed in single accommodation options.

Disability services accommodate a total of 5,373 adults with a disability. Over 1,500 people are living in large government and funded non-government institutional facilities. During 2006–07, there were 1,014 services for adults with a disability (not including licensed boarding houses). While there has been a steady increase in resident numbers, there has been a reduction in service providers.

Visitors made 2,201 visits to disability services in 2006–2007, compared with 1,704 visits in 2005–06. Visitors identified 2,154 issues of concern, up from 1,630 concerns in 2005–06. Of these concerns, 952 (44%) were resolved. Importantly, Visitors report that they are continuing to monitor the action taken by services to resolve 941 (44%) issues of concern.

Visitors continue to be challenged by more complex issues that are difficult to resolve and often involve systemic problems such as the availability of assessment, therapeutic and other support services and the recruitment and training of experienced, qualified staff. While on the whole services provide appropriate care for people with disabilities and the needs of their residents, service users, family members and Visitors seek continued improvement in the quality of care rather than accepting the status quo.

In 2006, the state Government increased funding for disability services under the Stronger Together program. The increase in funding over five years has commenced. The challenge for the scheme will be to keep pace with the expansion in accommodation services, and to provide resources to Visitors to ensure that all residents in accommodation services receive appropriate visiting.