



ANNUAL REPORT  
2007–2008

**OCV**  
Official Community Visitors

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# Letter to the Ministers



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December 2008

The Hon Linda Burney MP  
Minister for Community Services  
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1 Farrar Place  
Sydney NSW 2000

The Hon Paul Lynch MP  
Minister for Disability Services  
Minister for Ageing  
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1 Farrar Place  
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Dear Ministers

I am pleased to submit to you the thirteenth Annual Report for the Official Community Visitor scheme for the 12 months to 30 June 2008, as required under section 10 of the *Community Services (Complaints, Reviews and Monitoring) Act 1993*.

I draw your attention to the requirement in the legislation that you lay this report, or cause it to be laid, before both Houses of Parliament as soon as practicable after you receive it.

Yours sincerely

Bruce Barbour  
**Ombudsman**

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## Message from the Minister



I am pleased and honoured, as the NSW Minister for Community Services, to provide a message in support of the Official Community Visitor Scheme.

Official Community Visitors are uniquely placed to monitor and resolve issues impacting on vulnerable individuals in residential care. They operate independently of the Ombudsman and Government. Their selection and appointment is rigorous, and their work demanding. They are committed to tackling, and resolving, difficult and sensitive challenges — and they must be exceptional communicators dedicated to achieving a fair and equitable standard of care for their clients — individuals who, more often than not, don't have a voice.

Visitor Elizabeth Rhodes, in her parting message on page 4 of this Annual Report, writes of the values she expects will be granted to people in care: respect, dignity, safety, kindness and tolerance. It is, she says, about “making the individual count”.

In 2007–2008, NSW's 34 Official Community Visitors undertook almost 3,300 visits to 6,500 people in care. It is pleasing to note further recruitment is underway, ensuring all areas of the State are serviced effectively by the Scheme.

I am deeply concerned by the unacceptably high level of Aboriginal children in care, and I understand how critical it is they have the opportunity to access support from their own community. I strongly encourage the Ombudsman to ensure Aboriginal Visitors are actively recruited to become part of this special team.

I commend the Official Community Visitors Scheme for the important difference it makes to people's lives in care. I especially want to acknowledge our Visitors — they are exceptional people doing extraordinary work.

A handwritten signature in blue ink that reads "Linda Burney". The signature is fluid and cursive, with a long horizontal stroke at the end.

Linda Burney  
**Minister for Community Services**

# Message from Official Community Visitors

By Elizabeth Rhodes

## Exiting Visitor

In my final term as a Visitor, I have been asked to reflect on the role, personal commitment, and the changes that I have witnessed, or participated in, over the last five years.

Firstly being a Visitor is a privileged role and one that I take great pride in holding. It allows the Visitor to be an independent observer in the lives of people who don't always have a voice, and the processes that can have a deep impact on their day to day living. Visitors are there to ensure that the standard that our community expects of those services who support vulnerable clients is upheld. We apply the standards of our own community living when we visit, such as those of respect, dignity, safety, kindness and tolerance.

The role requires Visitors to visit people with disabilities and children and young people in Out-Of-Home-Care (OOHC) in their homes, residential care facilities provided by Government and non-Government service providers, to assess and monitor how services support these residents. This can be at any time of the day or night that is mutually suitable for the Visitor and the residents. Personally, as a Visitor, I have sat in lounge rooms, kitchens, courtyards, under trees in back yards, walked around Large Residential Centres with small groups of residents, on any given day or evening of the year. I have watched residents interacting with staff in many positive and at some times negative ways. It is a never ending moveable flow of human interaction.

I believe a Visitor needs to be flexible and adaptable in their approach. By this I mean, flexible in terms of when and how a visit is conducted. A lot of the visiting that a Visitor does takes place outside 'normal business hours', which is on weekends and in the evenings. A

Visitor needs to be flexible, in respect that a visit may take longer than first anticipated because of information obtained during the visit. A Visitor needs to be able to think on their feet, but also be considered enough to gather further information and do factual research when required. Visitors also need to be flexible and compassionate.

There are times when family members contact you as a last resort over an issue that impacts on their relative. It may also be a staff member who contacts you and this again requires the capacity to be flexible and if necessary, available at short notice to attend a meeting or plan an additional visit that you had not anticipated. Lastly, a Visitor needs to be fair to all parties concerned; the residents, their families as well as the service providers and service staff. This role can expose a Visitor to a number of emotional and upsetting situations and it is vital that fairness to all is applied.

As a Visitor, I am very positive about a number of initiatives that have been developed for residents over the last couple of years. In particular the Inclusive Communication And Behaviour Support (ICABS) program. ICABS encourages service providers and staff to focus on the resident as an individual and develop communication strategies that suit the individual.

Being a Visitor has allowed me first hand to see residents enjoy programs and resources developed specifically for them, the person, not just the resident who has 'x' behaviour and 'y' diagnosis. It is a fantastic experience to see joy on the face of a resident when using these individual sensory items. I commend the staff and services who have embraced this process with a view to making the individual count.

In the disability sector, I continue to witness the challenges services are having with an ageing population. In particular, the challenges of



meeting the needs of residents with a disability who are ageing. Observing the changing focus and impact ageing has, and what services will be needed in the future. The ageing disability population will require the sector to provide support that allows for health needs as the clients age. This does not always mean funding; at times it will need a shift in attitude and thinking.

I recognise and acknowledge that there are wonderful staff and a number of very innovative services in the disability sector. However in my experience this is not always the case. There have been times when I have observed some staff not interacting with residents in a meaningful way. For example explaining to a resident that they are about to be assisted in showering, or be taken outside. People living in care can at times not have a voice in decisions made in regards to their lives. I believe that it is important that normal courtesies we as a community expect extended to ourselves, be extended to people with disabilities. The role of a Visitor is unique in the field of government monitoring systems. Visitors are individual entities, reporting to, but not under the direct supervision of the Ombudsman. We report via the Ombudsman to the Minister, who can access our independent reporting as a guide to the realities of life in the disability and Out-of-Home-Care (OOHC) supported accommodation sector. Visitors usually work alone and communicate with other Visitors by email and telephone, rather than face to face.

To be a Visitor, I believe you need to have a genuine belief in yourself, a sense of fairness, a sense of balance, a strong commitment to making a difference, and a sense of humour and grace.

Again, it has been a privilege to be a Visitor and I will carry many positive memories with me as I go forward into other roles.

By Bruce Donaldson

#### New Visitor

As one of the newest Visitors, I am pleased to reflect on the role of becoming a Visitor and joining the Visitor scheme. Becoming a Visitor has provided me with a unique opportunity to use my prior experience in the area of special education, to support people with a disability and contribute towards their welfare and wellbeing. The selection process for the position was challenging but ensured that I was committed to meeting the needs of the people in focus. Initial training concentrated on learning and refining the skills required for the new role and providing direction and insight into the challenges ahead. This training was complemented by learning from the experiences of other Visitors and my mentor. This process provided effective insight into the events ahead. However, the quickest learning occurs when visiting begins. My mentor has been superb in guiding me through the processes involved in visits and I am most appreciative of the support provided.

As a new Visitor you can feel tentative about your first visits. As well as displaying a warm and friendly approach to the clients, it is important to explore detailed information concerning the needs of each individual. The Visitor must also clarify background information, make judgments about the standard of service and search for possibilities that may enhance group needs.

During early visits I began to really appreciate the importance of my role and the difference a Visitor can make. Talking with residents about their hobbies and interests becomes a way of making them feel heard and acknowledged. Providing feedback and acknowledging the work and commitment of staff, provides employees of services with constructive feedback and makes

them feel valued. Meeting parents or relatives of people in care provides reassurance that an effective monitoring process is in place. In the early days in this role, my background experience enabled me to ask different questions; some of which elicited surprising responses, such as 'We have not been asked that before.'

Initially a new Visitor must absorb a lot of information about individual residents and the service provider. This can be difficult for a new Visitor to the scheme, trying to strike a balance between competing needs and demands and developing rapport within a limited space of time. My first priority as a Visitor has been to get to know the people I am visiting, as individuals, as well as seeking knowledge about the level of service being provided to meet both the individual and group needs of the residents in a service.

The Visitor program has achieved great outcomes since its inception. One of the many merits of the program is that each new Visitor brings a different perspective and fresh eyes to the role. For example, communication between individual clients, staff, and groups within most settings might be placed higher on the agenda, in the disability sector. Many settings need to improve communication in the interests of all concerned by using communication tools that have been developed for use with people with a disability, such as Makaton.

Some issues may be difficult for the new Visitor to address. However, as the following anecdote shows, surprises can occur at any time. Recently, I was given the title of 'the new Visitor', at a service I visit. I was welcomed by the staff, and introduced to most of the residents of the house. One resident who I'll call Tom\* was initially reluctant to engage with me. Eventually, Tom went outside and I took the opportunity to introduce myself away from the others. Tom had

an interest in plants and grew vegetables in a small garden. He told me the name of the plants, how they were growing and what he had to do to make them grow healthily. Tom went inside while I made friends with the house pet. Inside Tom invited me to have a cup of tea which he had just made. I welcomed the opportunity to sit and talk some more.

The staff invited me to chat and expressed their surprise to me. They said Tom had not left the grounds of the home for many years, very rarely communicated with any person, and reluctantly interacted with others or contributed to activities in the home. Talking to 'the new Visitor' and making the cup of tea was exceptional. The carers believed that my visit had made a difference to Tom. I believe Tom made a difference to me, and I was proud to be contributing to the life of this young man, and to the welfare of others, as part of the Official Community Visitor scheme and a member of this essential program.

\* Name changed for privacy purposes.



## Message from the Ombudsman



With twelve new Visitors, this year has been one of growth for the Official Community Visitor scheme.

Visitors play a vitally important role in the community service sector, particularly for people with disabilities and children and young people in residential care. They are an independent voice for these groups and work creatively with residents and services to improve the standard of care provided.

It is encouraging for me to read the different messages prepared by Visitors for this year's report. A consistent theme is their absolute commitment to their role.

Together, Visitors have conducted 3,289 visits over the past year, visiting more than 6,500 people. I am confident that the continuing commitment which Visitors bring to their daily work promotes the rights of those they visit.

Finally, I would like to thank the Visitors for their ongoing hard work and dedication.

A handwritten signature in blue ink that reads "B. Barbour". The signature is written in a cursive, flowing style.

Bruce Barbour  
**Ombudsman**

# Our year in summary

## Visitable services

Visitors visit accommodation services for children and young people, and people with a disability that are operated, funded or licensed by the Department of Community Services (DoCS) or the Department of Ageing, Disability and Home Care (DADHC), where the residents are in full-time care. At 30 June 2008, there were 1,237 visitable services in NSW accommodating 6,578 children, young people and people with a disability.

## Visits conducted

During the year ending 30 June 2008, Visitors made 3,289 visits to these services.

### Services to children and young people

There are 106 out-of-home care services that are visitable, accommodating 204 children and young people. During the year, Visitors made 307 visits to these services.

### Services to children and young people with a disability

There are 39 services that are visitable, accommodating 120 children and young people with a disability. During the year, Visitors made 137 visits to these services.

### Services to adults with a disability

There are 1,074 visitable disability services, accommodating 6,191 adults with a disability. During the year, Visitors made 2,799 visits to these services.

### Services to residents in licensed boarding houses

DADHC reports that there were 51 licensed boarding houses operating during the year, accommodating 881 adults with a disability.

During the year, Visitors made 392 visits to these services.

## Key issues about service provision

Visitors identified 3,634 concerns about service provision to residents in visitable services during the year. Of these, Visitors reported that 1,835 (50.5%) were resolved by the services. The remaining 49.5% of concerns are either closed, ongoing, or unable to be resolved.

Visitors report to the Ombudsman about the issues they raise with services in a number of categories.

The main areas of concern raised about service provision in visitable services this year were:

- > meeting individual needs, development and implementation of individual plans
  - 656 issues (18%),
- > behaviour management
  - 354 issues (10%),
- > resident safety
  - 303 issues (8%),
- > nutrition, health and hygiene
  - 296 issues (8%),
- > entry into and exit from services
  - 261 issues (7%),
- > privacy, dignity and respect
  - 242 issues (6%).

Other frequently raised issues included access to community activities; service management; medication and consent (including documentation, record keeping and treatment consent); education and occupation; and incident management.

# Who are the Visitors?



- |  |  |  |  |
|--|--|--|--|
| Southern Region  | Northern Region  | Metropolitan Sydney — North  | Metropolitan Sydney — South  |
| <p>16 Helen Hewson<br/>                 18 Margaret Stevens<br/>                 20 Tosca Woodward<br/>                 26 Meg Coulson<br/>                 Denise Fraser<br/>                 Barbara Broad</p> | <p>1 Janet Birks<br/>                 8 Joan Andrews<br/>                 14 Bruce Donaldson<br/>                 15 Gowan Vyse<br/>                 19 Grant Nickel<br/>                 23 Roz Armstrong<br/>                 25 Bernadette Chance<br/>                 27 Wendie Bradley<br/>                 28 Sandy Muir</p> | <p>2 Rhonda Santi<br/>                 3 Judy Goodson<br/>                 4 Liz Rhodes<br/>                 6 Linda Skoroszewski<br/>                 9 Graham McCartney<br/>                 10 Melanie Oxenham<br/>                 13 Margaret Rice<br/>                 17 Tilly Elderfield<br/>                 21 Max Costello<br/>                 24 Gary Kiely<br/>                 Rhondda Shaw</p> | <p>7 Lynn Cobb<br/>                 11 Freda Hilson<br/>                 12 Ula Karas<br/>                 22 Maree Fenton-Smith<br/>                 29 Donald Sword<br/>                 Kate McKenzie</p> |
| Western Region   |  |  | NSW Ombudsman — Sydney   |
| <p>Linda Moffitt<br/>                 Tim Sullivan</p>   |  |  | <p>5 Justin Lee<br/>                 (OCV Team Leader)</p>   |



Visitors monitor the quality and conduct of services, and work with the Ombudsman to resolve problems on behalf of residents.

# Our role

## Objectives and legislative framework

The Official Community Visitor scheme was established in 1995 by the *Community Services (Complaints, Reviews and Monitoring) Act 1993* (CS-CRAMA) and Regulation. The Minister for Disability Services and the Minister for Community Services appoint Official Community Visitors on the recommendation of the Ombudsman for up to six years. The NSW Ombudsman administers and coordinates the scheme.

Visitors are independent of the Ombudsman, and must not be employees of the Department of Community Services or the Department of Ageing, Disability and Home Care. They are skilled communicators and problem solvers and have knowledge of, and experience in, the community services sector.

Visitors monitor the quality and conduct of services, and work with the Ombudsman to resolve problems on behalf of residents. One of their key functions is to promote the legal and human rights of people in care.

The Visitors functions are to:

- > inform the Minister/s and the Ombudsman about the quality of accommodation services,
- > promote the legal and human rights of residents,
- > act on issues raised by residents,
- > provide information to residents and services,
- > help resolve complaints,
- > report to the Minister.

The Ombudsman's functions in relation to the scheme are to:

- > recommend eligible people to the Minister for appointment as a Visitor,

- > determine priorities for the services provided by Visitors,
- > investigate matters arising from Visitors' reports.

## Visitable services

A *visitable service* is defined under CS-CRAMA as an accommodation service operated, funded, or licensed by either the Department of Community Services or the Department of Ageing, Disability and Home Care, where the residents are in full-time care.

## Powers and obligations of Official Community Visitors

Visitors have the authority to:

- > enter and inspect a service at any reasonable time,
- > talk in private with any resident or person employed at the service,
- > inspect any document that relates to the operation of the service, and
- > report on matters relating to the conduct of a service to the service and to the Ombudsman or the Minister for Community Services or the Minister for Disability Services.

Visitors respect residents' right to privacy when they are visiting. Where possible, Visitors seek residents' views before inspecting relevant documents and only disclose confidential information when there is a good reason to do so.

## The role of the NSW Ombudsman and the Official Community Visitor Team

The Ombudsman provides support to Visitors through an Official Community Visitor (OCV) Team within the Ombudsman's Community Services Division. The Team

has responsibilities for:

- > the day-to-day operation and administration of the scheme,
- > supporting Visitors to respond to concerns about people living in visitable services,
- > assisting Visitors in the local resolution of issues of concern identified in visitable services,
- > providing professional development and support for Visitors,
- > coordinating the responses of Visitors and the Ombudsman to individual and systemic concerns affecting residents of visitable services,
- > working with the Ombudsman complaints staff to identify and act on issues of concern requiring further action by the Ombudsman, and
- > working strategically with Visitors and other Ombudsman teams to promote the scheme as a mechanism for protecting the human rights of people in care.

Allocation and prioritisation of visits is coordinated to meet the needs of residents and reflect their circumstances, and to ensure that information and resources are used as effectively and efficiently as possible. The Ombudsman uses reports from Visitors to monitor visitable services and to address individual and systemic issues for people living in full-time care.

### Recruitment of new Visitors

The 2007–2008 year began with 33 Visitors. In the last twelve months one Visitor ended her appointment six months early. Two Visitors resigned prior to completion of their terms for personal reasons.

In March 2008, 12 new Visitors commenced in the scheme. These Visitors are based in regional and Sydney metropolitan areas. Recruitment for Visitors is always a competitive process. The new appointees bring a wealth of skill and experience that will provide for continued high quality visiting for people living in residential care in NSW.

In the past year, the Official Community Visitor Team also identified further gaps in Visitor coverage across the state and in specific sector service areas. We initiated a recruitment process prioritising Visitors in Out-of-Home-Care services; in the Southern and Western regions; and in localised area gaps, for example Sydney metro south area. Three Visitors will complete their six year appointments in early 2009 and anticipate that up to 13 new Visitors will be appointed in December 2008.

### Training and Development

Training and professional development are a very important part of the calendar for the year. Programmes to update visiting practices and skills enhancement were developed, which included training opportunities and briefings about sector issues and initiatives.

Key areas of training during the year included:

- > Inclusive Communication And Behaviour Support (ICABS), provided by a DADHC trainer,
- > Makaton Basic (Key Word Sign),
- > training and information on complaint processes and complaint education,
- > negotiation techniques and skills, and
- > briefings provided by DADHC, DoCS, the Office of the Children's Guardian (OCG) and the Council for Intellectual Disability (CID) at the OCV Annual Conference.

# Services for people in licensed boarding houses — outcomes for residents

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, acquired brain injury 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, including as personal and health care, transport and community participation activities.

DADHC reports that there were 51 licensed boarding houses in NSW in 2007–2008, licensed to accommodate up to 881 residents. During 2007–2008, Visitors made 392 visits to licensed boarding houses and raised 199 issues of concern about services provided to residents.

Visitors reported that licensed boarding houses resolved 99 (50%) of the issues of concern they identified. This highlights a greater number of issues resolved in 2007–2008 as compared to 2006–2007. There were increased resolutions from last reporting period, however the number of issues raised by Visitors is also up from the previous year.

As at 30 June 2008, there were 77 (39%) ongoing issues that Visitors were continuing to monitor.

Over the past three years there has been a steady decline in the number of licensed boarding houses. This may be in line with Government

policy to transfer high needs residents to funded disability accommodation services. Equally as likely is that a number of proprietors are deciding to close their premises for various reasons and we anticipate this trend to continue. In the past year however, going against the previous trend, we saw one new licensed boarding house open in Sydney's south-western suburbs.

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

Number of:	05/06	06/07	<b>07/08</b>
Boarding houses	55	50	<b>51</b>
Residents	1,041	792	<b>881</b>
Visits	267	397	<b>392</b>
Issues reported	120	146	<b>199</b>
Issues per service (average)	2.2	2.9	<b>3.9</b>
Issues unable to be resolved (%)	5 (4%)	27 (18%)	<b>16 (8%)</b>
Ongoing (%)	29 (24%)	52 (36%)	<b>77 (39%)</b>
Closed (%)	2 (2%)	3 (2%)	<b>7 (4%)</b>
Resolved (%)	84 (70%)	64 (43%)	<b>99 (50%)</b>



## Official Community Visitor message

By Donald Sword

Everyone needs a home, a place to feel safe and secure. With the housing market being problematic for people on low-incomes, in many ways licensed boarding houses have become a home for some of the most marginalised people in our community. Many boarding house residents have lived through years of vulnerability, moving in and out of various psychiatric hospitals, and some experiencing periods of homelessness where they may have been both witness and victim of major trauma.

Operating without government funding, boarding houses meet those basic needs for housing, food and safety. Boarding house staff also assist their residents in accessing health care and participating in community activities. However, given the congregate living model of boarding houses, challenges can be experienced in meeting other important needs, such as respect, privacy and dignity.

Accentuating this challenge can be the often times low expectations that residents hold for their own lives. In summarising life at a boarding house, a resident once said ‘You’ve got a bed. You’ve got a meal. Who could ask for anything more?’

This resident, professing contentment with his bed and his meal, had perhaps abandoned any once held prospect of something better. Indeed, years of having his life determined by others had seemingly taken away his capacity to determine his life for himself. Perhaps a ready definition of people who live in boarding houses is ‘people for whom decisions have been made’.

Encouraging residents’ own decision making in such basic matters such as what to wear, what to eat, where to go and who to visit can be a particular challenge for boarding house staff.

Making decisions for residents is of course appropriate where people lack the capacity to make informed decisions, but there is perhaps no greater tragedy than to decide for someone what they are capable of deciding for themselves.

An important aspect of the role of the Visitor is to assist residents to express concerns about decisions affecting their lives. Residents are sometimes not aware of a right to voice their concerns. After one discussion with a resident on the matter of rights, the resident noted that, for practical purposes, ‘the only rights you have are the rights you know of’. There is much value then in informing residents of their rights and opening discussion upon how these rights may be exercised. This is part of the role of the Visitor in the licensed boarding house sector.

It is immensely rewarding to see the exercise of resident rights and the associated improvements to their lives. Very often such improvements are minor, yet even small advances can be of great value to residents.

The Official Community Visitors scheme is rightly described as a voice for people in care. One of the most satisfying aspects of the role is to promote the voice of people in care.

When spoken, it is a voice that is a privilege to hear.

## Major issues by subject, number and percentage

Issue 1: Nutrition, health and hygiene  
— 34 (17%)

People living in care depend on services to ensure that their health and medical needs are addressed promptly and meals are varied and nutritious. Like last year, this was the main issue identified in this sector. Visitors identified 34 instances of inadequate meals, poor hygiene and poor health care in licensed boarding houses.

Issue 2: Entry and Exit  
— 26 (13%)

Licensed boarding houses provide care for people with a variety of diagnosis' and who are vulnerable in the common housing market. For this reason it is important for health authorities and government departments to ensure the adequate transition of residents into and from licensed boarding houses. Visitors identified 26 instances of the failure of health authorities, government departments and licensed boarding house proprietors to adequately and appropriately provide for a meaningful entry and exit to residents from a licensed boarding house.

Issue 3: Management of resident funds  
— 17 (8.5%)

For people who live in licensed boarding houses, the issue of money is often one of significant importance. Residents are required to pay for room and board. They generally have little money left for 'comforts' or other items they would like. While a number of boarding house residents have their finances managed by the Office of the Protective Commissioner (OPC), it is access to residents own accounts and individual spending money that has raised concern for Visitors. Visitors identified 17 instances of the failure to provide transparent accounting practices in regards to residents spending money.

## Case study

### A long wait

Following the closure of a Licensed Boarding House, a number of residents remained in temporary accommodation (a disused aged care facility) for a period of over four and a half years. During visits with the residents, the Visitor observed the challenges they faced living in a temporary setting. The Visitors main goal was to work to get permanent and appropriate accommodation for those residents.

This was achieved through negotiation and discussion between the DADHC, the Ombudsman's office, the Official Community Visitor Team and the Visitor. The majority of residents were re-housed in purpose built accommodation and happily shortly after the remaining residents also moved into purpose built accommodation, where they appear to be very happy.



# Services for children and young people — outcomes for residents

There are over 12,700 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 2007–2008, as in 2006–2007, there was a continued increase in the number of services accredited to provide OOHC placements.

However, at 30 June 2008, there was a small decrease in the total number of children and young people in those services from 213 to 204.

The reduction in the number of children and young people residing in each service may be the result of service providers better targeting the often complex, multiple and high needs of children and young people requiring residential care. Placing fewer children and young people in each service is conducive to services better meeting such needs.

In 2007 DoCS commenced an Expression of Interest (EOI) process for service providers to tender for funding to provide new models of OOHC to children and young people in NSW. This process will result in a wider range of service types, better able to meet the needs of children and young people in care.

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 exceptionally high level of vulnerability. During 2007–2008, Visitors made 307 visits to children and young people living in visitable OOHC

services. Whilst this shows a decrease in the number of visits to children and young people in OOHC as compared to previous years, the number of issues reported has increased.

Visitors identified 427 issues of concern about OOHC services. Of these 105 (25%) were resolved with the service and staff. Another 151 (35%) issues remain ongoing, with Visitors monitoring the action being taken by services to address and resolve these 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.

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

Number of:	05/06	06/07	07/08
Services	96	107	<b>106</b>
Residents	246	213	<b>204</b>
Visits	414	370	<b>307</b>
Issues reported	452	377	<b>427</b>
Issues per service (average)	4.7	3.5	<b>4.0</b>
Issues unable to be resolved (%)	41 (9%)	67 (18%)	<b>17 (4%)</b>
Ongoing (%)	218 (48%)	150 (40%)	<b>151 (35%)</b>
Closed (%)	41 (9%)	27 (7%)	<b>154 (36%)</b>
Resolved (%)	152 (34%)	133 (35%)	<b>105 (25%)</b>

## Official Community Visitor message

By Wendie Bradley

I have been a Visitor for over five years, and during most of this time I have had the opportunity of working with children and young people who are living in OOHC.

Reaching the end of my term as a Visitor, I have found it important to reflect back on the role that I and other Visitors have in monitoring and raising issues around the care of children and young people in OOHC in NSW.

The Visitor's role is to engage with these children and young people and by doing so, assist them to raise any concerns and wishes about what they hope to achieve at this time in their lives. For example, having regular contact with their siblings and extended family. We encourage them to discuss any problems with the service that is providing care to them, and assist them to do so. We also talk with the service provider about how improvements can be made for the individual.

Many of the children and young people we visit have not had an easy or privileged life. Most have been abused or neglected and may have had a number of failed OOHC placements throughout their short years. A number may have fallen behind in their education and due to a lack of skills, in particular basic socialisation skills, often cannot deal with conflict and change.

Visitors encounter children and young people who have lost the ability to trust and confide in anyone, as their previous negative experiences have taken away any confidence they may have had.

Visitors need to have a wide range of skills to enable them to engage with children and young people and to assist them to recognise and work through any issues and concerns that may arise. Visitors need the ability to raise these concerns to the service provider caring for the young person and to try to negotiate resolution at the

local level. In some instances, the matter may need to be raised with the Ombudsman or the relevant Minister.

Accommodation for children and young people in care has recently been in the spotlight. The Department of Community Services and the Office of the Children's Guardian have accredited a number of service providers who have met the revised OOHC guidelines. The increase in focus, has in my opinion, generally been welcomed by the sector.

There are currently a number of accommodation options for children and young people that are considered prior to placement in OOHC for those unable to live with their birth parents. This includes foster or kinship (extended family) care, professional paid carers, and residential care.

Visitors do not visit all children and young people living in OOHC, we only visit those living in residential care and within this sector there are a number of models of residential care.

Residential care usually provides for one child or young person or a small number of children and young people in a home setting. Staff are usually recruited by service providers to work on a roster basis. Residential services care for one to five residents at any one time.

Visitors have the opportunity to see how different models of residential care affect the quality of OOHC. We often learn of innovative programs that have been introduced by services and can evaluate both the response from the young people and how services progress towards meeting the needs of residents. We can share information about innovations with other services and advocate for service improvement.

Services view Visitors input and visits in different ways. In the main they understand that we are trying to work together with services to improve the outcomes for children and young people. Our visits inform the Ombudsman



and Minister of issues of concern, with an aim to influence discussions and decisions about improvements and reform.

The maintaining of high quality staff employed by service providers remains a challenge in a very competitive employment market. There is a need to provide staff with all the relevant training that will assist them to do their job well, particularly to equip them well to work closely with children and young people in challenging situations. Staff need to understand and have a working knowledge of legislation, service policies and procedures and be able to work within the case and management plans. They also need to be able to communicate well with DOCS and DADHC case managers, to ensure that all parties are working towards a common goal the best interests of children in care. Staff need a good rapport with the child or young person. This involves being able to listen and communicate well on all levels.

An issue that I have noted in my time as a Visitor is meaningful and effective transition planning. It is extremely important to appropriately facilitate a child or young person to progress to either independent or supported living, to find employment or to continue on to further education.

Currently, there appears to be a gap between these processes. Visitors are concerned that all too often they note the delay in commencing transition planning. I do acknowledge however, that it is difficult to ensure that appropriate care continues with a 'seamless' transition from one service provider to another. However, this is something that can be developed and worked on in consultation with the child or young person.

As Visitors, we can often support children and young people by liaising with DoCS, DADHC or other non-government services. For example, a service report written by a Visitor raising

an issue on behalf of a child or young person who has not felt confident in raising the issue themselves, is an important part of the Visitor role. A Visitor can draw on the perspective gained by visiting a breadth of services in their report, adding weight to an issue already identified by the service provider.

I have learned much in my role as a Visitor. I am deeply appreciative of the opportunity afforded me, particularly as a Visitor who visits children and young people in care and I hope that I have, at the very least, been able to assist some of these children and young people.

#### Major issues by subject, number and percentage

Issue 1: Entry and exit  
— 70 (16%)

Children and young people in care can experience multiple placements and recent DoCS policy changes for high needs children and young people has resulted in many residents moving to new placements. Visitors identified 70 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.

A related issue of concern is that, in some instances, Visitors reported that poor planning of placement transfers resulted in placements not proceeding or breaking down, to the further detriment of these children and young people.

Issue 2: Behaviour management  
— 51 (12%)

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 challenges for services and staff 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 51 concerns, representing a large increase on 2006–2007 figures, where behaviour management plans, though required, either did not exist, were inadequate, or were not effectively implemented or reviewed.

Issue 3: Meeting individual needs  
— 41 (9.5%)

Good quality needs assessment, planning, and the effective implementation of individual case plans, are critical to a person in care's development, and their care, safety and stability. Services are required to assess the needs of each child and young person in care, in consultation with DoCS and develop case plans to meet their assessed needs. Case plans guide staff in their care and support of residents.

Visitors reported that in 41 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.

## Case studies — Out-of-Home Care

### Nathan

A Visitor who visited an adolescent boy named Nathan\* in an OOH service, was concerned about his continuing unsettled behaviour.

Nathan told the Visitor that he had a long standing Police matter that was worrying him.

The Visitor wrote to the Police officer who was dealing with the case and explained how it was affecting Nathan, explaining that he was depressed and troubled and was looking for resolution of the matter. The Police officer responded to the Visitor's letter and said that he would follow up on the matter and let Nathan know about what was happening.

Police reviewed the matter and closed the case. The Police officer contacted Nathan to inform him of this outcome.

When the Visitor next saw Nathan he told her what had happened and told the Visitor how relieved he was that the matter was finished and that he could move in with his life.

### Evelyn

A Visitor has been visiting Evelyn\*, a 17 year old with a mild intellectual disability, for three and a half years and had come to know her well in that time.

Evelyn had extreme mood swings that affected her behaviour and she fluctuated from a non communicative state to speaking through an imaginary friend.

Evelyn gave the impression of being extremely intelligent, but when the Visitor interacted with her seemed unable to sustain

a discussion or make decisions and she often become argumentative or withdrew completely from the discussion.

Evelyn was nearing her 18th birthday and the Visitor became concerned that the service provider had not begun considering a formal transition plan for her ongoing care. Once she turned 18, Evelyn would be moved out of the service and be likely placed with another disability accommodation service provider.

The Visitor wrote to the service that was caring for Evelyn and requested that it apply to the Guardianship Tribunal to have a suitable guardian appointed and that they consult with DoCS on a formal transition plan. The Visitor expressed her feeling that Evelyn would be very vulnerable and at risk if she was not adequately supported to transition to any new service.

The service acted on the Visitor's advice and the Guardianship Tribunal appointed a guardian. The service provider and the guardian began working with DoCS to ensure that Evelyn would be supported through the transition.

### **Cecily**

During a routine visit to a service, the Visitor found that one of the residents, Cecily\*, a young autistic woman, had begun to assault other residents in the house. She was living with children a few years younger than her and who had a higher degree of intellectual disability. The Visitor told the service that she was concerned that the placement was not appropriate for Cecily. She was also concerned about the levels of medication that Cecily had recently been prescribed.

In this particular house, the Visitor also found that the staff to resident ratio meant that the children could not attend activities matched to their individual needs and abilities.

This meant that Cecily was expected to participate in activities with the group that were well below her level of functioning and that were age inappropriate. This caused Cecily to become frustrated and to act out.

In addition, the Visitor found that the service, which had a long and respected history of caring for adults with a disability but limited experience with children, had not developed guidelines for staff about reporting incidents of abuse of residents. They did not have systems for making reports to DoCS or to the parents of the children.

The Visitor arranged a meeting with senior management of the service. At this meeting the Visitor outlined what was considered good practice in the sector and discussed how the service could better assess Cecily's needs. Possible strategies for providing Cecily with meaningful activity were also discussed. Following the meeting, the service drafted guidelines for staff about reporting incidents of abuse of residents and formalising the policy of consulting about assessing and planning for client need.

The service told the Visitor that, within days of implementing the new guidelines and policy, Cecily's medication was reviewed and her medication regime was altered.

On the next visit to the service, the Visitor was able to see evidence that the staff were aware of the new guidelines for reporting abuse and was also very pleased to see that additional staff had been put in place to provide one on one support for Cecily. This had been implemented following consultation with Cecily and staff of the house. The result was a positive change in her behaviour and more meaningful and age appropriate activities.

\* name changed for privacy.

# Services for children and young people with a disability — outcomes for residents

There are a number of children and young people with a disability whose significant and complex physical and medical needs, or difficult behaviour arising from their disabilities, mean they cannot be cared for in their family home. These children and young people are usually placed with 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 in the parental responsibility of the Minister following Children's Court action. DoCS and DADHC work together to coordinate accommodation and support services for this group of children and young people.

In recent 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. This trend continues as shown in the data collected by Visitors.

The Ombudsman allocates additional visiting resources to all services for children and young people, including those with a disability, because of their exceptionally high needs and vulnerability. During 2007–2008, Visitors made 183 visits to the 57 services for children and young people with a disability. Visitors identified 271 issues of concern about aspects of service

delivery. 94 (35%) issues were resolved, with another 101 (50%) issues subject to continued monitoring.

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

Number of:	05/06	06/07	07/08
Services	64	59	<b>57</b>
Residents	269	204	<b>183</b>
Visits	243 <sup>1</sup>	196	<b>183</b>
Issues reported	329	221	<b>271</b>
Issues per service (average)	5.1	3.7	<b>4.8</b>
Issues unable to be resolved (%)	25 (8%)	28 (13%)	<b>38 (14%)</b>
Ongoing (%)	114 (34%)	112 (50%)	<b>101 (37%)</b>
Closed (%)	58 (18%)	8 (4%)	<b>38 (14%)</b>
Resolved (%)	132 (40%)	73 (33%)	<b>94 (35%)</b>

## Official Community Visitor message

By Rhonda Santi

My impressions of services for children and young people with a disability in care, formed during my first six months as a Visitor, have largely been positive. This group of young people have varied and often complex medical needs that require particular recognition as they grow and develop into adults.

It is a great privilege to have the opportunity to visit children and young people in their homes

<sup>1</sup> We have identified a counting error in the 2006–2006 OCV Annual Report. There were 243 visits to services accommodating children and young people with a disability, not 237 as reported in that report.

and to meet with so many of them. Visiting those who so often are welcoming and pleased to see you again and again. I have observed a wonderful level of care shown by staff and a genuine enjoyment of the time spent together from both staff and residents.

As a Visitor, what struck me are some of the tensions and challenges of every day life, faced by both staff and residents. These include significant matters such as decision making and choice, right down to everyday matters such as homework, bedtimes and helping out around the house. These challenges are played out in households across the country every day and it is no different for this group of children and young people in residential care. The only difference is that I, as a Visitor, get the chance to sit around a table with a group of young people whilst they chat, tease, do their homework, share stories, and make their school lunch whilst dinner is prepared. I revel in this familiar domesticity, which provides me with genuine insight into how services care for such vulnerable people.

I believe that, whilst a 'system' or service may be facing challenges or restricted by other forces, each individual staff member has the power to contribute to making the service a quality one. I have seen evidence of this in action. Any organisation is a sum of its parts and in this way, the circumstances of people living in residential care varies according to the values, commitment and skills of services and their staff. Staffing issues surrounding recruitment, training, support and management of staff are always important. They have the power to make a resident's experience a positive one, or to create difficulties. After all, this is their home.

Children and young people with a disability in care can become vulnerable due to inconsistency and imbalances of power within an organisation. Residents can often be entirely dependent on

staff for all aspects of their daily care. If staff are not committed to providing the best possible care then that resident is put at risk. It is imperative that this care extends beyond the provision of basic human requirements, to include an enhanced experience and opportunity; one that not only protects the rights of individuals but one that also creates an environment and experience that nurtures the individual and assists them to reach their potential.

Providing a service to this group of people presents a number of challenges for service providers including maintaining family relationships, meeting complex medical needs, and recognising and adapting to the developing needs of the child or young person as they grow into adulthood. Adequate and appropriate planning for the transition of services for children and young people into adult services is imperative. Consideration should be given to all areas of the person's life, including their future medical needs.

I have been very excited to see the use of adaptive communication systems such as ICABS and Makaton and to a greater extent sensory activity. I have seen staff motivated to employ their creativity with the use of everyday items to provide children and young people with sensory deficits the meaningful activities and sensory stimulation which is so valuable. It goes a long way to improving their quality of life and meaningful interaction with others.

Service issues identified by Visitors in this sector include concerns about gaining appropriate consents, meeting individual and changing needs and establishing and supporting links with the community. This can be as easy as knowing the proprietor of the local shop, participating as members of a local community group or just knowing the neighbours. Particular tensions can occur when a group of residents attend school

together, live together and spend the majority of their leisure time together. The service provider needs to ensure that the resident has the opportunity to socialise with their peers from other situations and engage in individual pursuits in a meaningful way.

Being a Visitor puts you in the unique position of being able to visit residential services and talk to residents about their views and wishes regarding the service they receive. Visitors work to develop a rapport with service providers and assist to resolve concerns. It is important to the work of a Visitor that we establish and maintain good relationships with direct care staff and the management of services. It is through the relationships with residents, services and families that important gains can be made as we all strive to achieve best practice in the care of children and young people with a disability in our community.

### Major issues by subject, number and percentage

Issue 1: Meeting individual needs  
— 56 (17%)

The Disability Service and OOH 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 56 cases where individual plans were either not in place, not based on assessment of resident needs, did not adequately address residents' assessed needs, or were not effectively implemented.

As in the previous two years, from 2005–2007 Visitors are concerned that this critical area of service delivery continues to be the most frequently identified issue of concern. 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: Safety  
— 36 (11%)

Services are required to ensure the safety of children and young people with disabilities in care. Visitors identified 36 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.

Issue 3: Behaviour management  
— 33 (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, this includes behaviour management, staff training and support, and incident response and management systems. Visitors identified 33 concerns in services where behaviour management plans, though required, either did not exist, were inadequate, or were not effectively implemented or reviewed.





## Case studies

### Time for a break

A Visitor visited a group home where five very active and energetic young men, all of a similar age, reside. Several years ago, this group of young men went on a holiday to the South Coast of NSW. They had a great time and enjoyed showing the Visitor the photos of their holiday and talking about their holiday experiences.

Holidays for clients can often prove to be difficult for services to organise. They require many contingencies to be considered and obtaining the extra funding required to meet the needs for extra staff, travel, and specialised accommodation.

The Visitor encouraged the service to establish a leisure plan that incorporated group holidays, highlighting the value of such activities and involvement in the community beyond their home environment. The service provider took on this suggestion. They have now implemented a plan that ensures that budget provisions are made to allow an annual holiday for this group of residents.

### Blake

Blake\* lives in a residential group home with four other residents. During a visit, Blake informed the Visitor that he wished to have some individual community access with the support of one staff member, instead of having to access the community as a member of a larger group. The Visitor asked whether Blake had raised this issue at his last Individual Planning (IP) meeting. He said that his service did not have an IP for him. Blake said that he felt disadvantaged by this and he wanted to have the opportunity to have a say in issues that affected his life.

The Visitor reported the issue to the service management. The service advised that they did not see formal individual planning as an important aspect of service delivery. They stated that residents of their service were able to set their goals informally without the implementation of formal planning. They were also concerned that a meeting to develop an IP would involve residents with their families or persons responsible.

The Visitor discussed with the service her concern that without formal IP discussions and documents, resident issues and goals were unlikely to be addressed. Blake currently had no way of setting goals and a means by which the service could monitor and implement them. The Visitor advised that the Disability Service Standards make individual planning an important part of providing support to residents.

After several meetings and negotiation, the service provider agreed to implement IP discussions and documentation for each resident of the group home. However, the deadline that was agreed upon passed, with limited progress by the service provider. The Visitor contacted the Ombudsman's Official Community Visitor Team and asked for a representative to support her in a meeting with the service. At the meeting the Visitor and the Ombudsman's representative discussed the requirements under the Disability Services Act 1993, for services to enter into IP discussions with each resident.

Although the service was making plans toward implementation of individual plans, the Visitor was concerned that progress was unreasonably slow. The Visitor felt that the issue was

### **Blake cont'd**

continuing to significantly impact on the resident's decision making capacity and that without a planning process in place, the residents had no voice or choice in the service delivery being provided to them.

The Visitor made a complaint to the Ombudsman, hoping that this would resolve the issue in a timely way. It did, and the service developed and implemented its new IP system. The residents now have individual plans with meaningful goals. On a subsequent visit, the Visitor was pleased to note that Blake had put individual community access as his first goal.

### **Sara**

Sara\* is a young person who has multiple disabilities and challenging behaviour who lives in a group home. Until recently, Sara had been successfully supported by a community access service to have monthly, hour-long visits at her mother's and grandmother's home. Unfortunately things didn't go too well on her last two visits, as a result the community access with the existing support arrangements and would no longer provide one on one carer support for the visits. Instead the service offered a two on one support arrangement that would substantially increase the financial cost, beyond Sara's financial means.

The Visitor was informed of this situation and raised the issue with Sara's key worker. Sara's disability includes over consumption of food, without the capacity to know when to stop. The Visitor was told that the recent visits to Sara's mother's house were terminated by the carers because Sara had attempted to get food from the fridge as soon as she arrived.

The key worker had concerns about the actual need for two on one support and the additional costs related with doing so. The key worker said that Sara's mother had not witnessed Sara do this for many years and that she only ever reacted this way when she felt overwhelmed, usually when in the company of people she was unfamiliar with or did not like. Sara's mother thought that the increased staffing was unnecessary. However, she decided to keep quiet about it, in order to ensure her contact with Sara was maintained.

Following the visit, the Visitor contacted senior management of Sara's accommodation service and discussed what the service planned to do to advocate for Sara. The accommodation service said they were unsure how to proceed. The Visitor suggested that they meet with Sara's mother and grandmother to get a clearer picture of Sara's behaviour and how it had been managed previously. With this information, the Visitor suggested that a meeting with the community access service be arranged to discuss alternatives to the two on one support arrangements.

Within a week both services met with Sara's mother and grandmother and a plan was made to ensure that Sara was able to access affordable and appropriate support. One particular community access worker, who had previously successfully supported Sara, was permanently allocated to work with her. The Visitor returned two months later to gauge progress and was pleased to find that Sara's visits home had successfully resumed with one to one support.

\* name changed for privacy.

# Services for adults with a disability — outcomes for residents

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, and
- > individual support — approximately 120 adults with a disability are housed in single accommodation options.

Disability services accommodate a total of 5,310 adults with a disability in NSW. Over 1,500 people are living in large government and funded non-government institutional facilities. During 2007–2008, there were 1,023 services for adults with a disability (not including licensed boarding houses).

Visitors made 2,407 visits to disability services in 2007–2008, compared with 1,704 visits in 2005–2006. The recruitment of Visitors in 2007 and 2008 has increased the capacity of the scheme, enabling an increase in the number of visits. Visitors identified 2,737 issues of concern, up from 1,630 concerns in 2005–2006. Of these concerns, 1,537 (56%) were resolved. Importantly, Visitors report that they are also continuing to monitor the action taken by services to resolve 1,030 (38%) 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 updating and utilisation of individual plans, the availability of meaningful activities such

as day programs and work opportunities, the availability of affordable and achievable holiday programs, and the recruitment and training of experienced, qualified staff. While on the whole services provide appropriate care for people with disabilities and do their best to meet the needs of their residents, service users, together with family members and Visitors seek continued improvement in the quality of care rather than accepting the status quo. This is of particular concern in the large institutional facilities.

Figure 4: Three-year comparison of data for visitable services for adults with a disability

Number of:	05/06	06/07	07/08
Services	1,156	1,014*	<b>1,023*</b>
Residents	5,076	5,373	<b>5,310</b>
Visits	1,704	2,201	<b>2,407</b>
Issues reported	1,630	2,154	<b>2,737</b>
Issues per service (average)	1.4	2.1	<b>2.7</b>
Issues unable to be resolved (%)	79 (5%)	103 (5%)	<b>34 (1%)</b>
Ongoing (%)	654 (40%)	941 (43%)	<b>1,030 (38%)</b>
Closed (%)	133 (8%)	158 (7%)	<b>136 (5%)</b>
Resolved (%)	764 (47%)	952 (44%)	<b>1,537 (56%)</b>

\* This number does not include licensed boarding houses. Please refer to the section *Outcomes for Residents — services for people in licensed boarding houses*.

## Official Community Visitor message

By Janet Birks

Visitors visit and talk with people with disabilities who live in supported accommodation. Our role is to look out for the resident's welfare and to advocate for quality support. The resident's views,



needs and interests, as well as the Disability Services Act (1993), guide us in our responses.

The age, support needs, ethnicity and interests of the person with a disability varies across each service and across each house and large residential centre. These factors affect the level of the support provided by the service provider. Most residents we visit need support for many or all aspects of their lives.

Currently, there are three types of accommodation that residents may live in. Large institutional facilities, community based group homes and rented or owned properties where a service provides drop in support. My role is to visit people living within each of these models in the Newcastle and Lake Macquarie area.

Each area within the state has its own idiosyncrasies. For instance, Newcastle has a high population of people in supported accommodation because historically people were relocated from across the state to live in institutions, now called large residential centres. Today there are people who still live in the largest institution in the state, DADHC's Stockton Centre, and others have moved into community based group homes or access drop in support.

I came into the role six months ago, with experience as an advocate for people with disabilities and in delivering services to people with an intellectual disability. I was interested in becoming a Visitor because I recognised the importance of having a voice independent of the service and the funding body regularly checking on the care being provided.

So many people with a disability, particularly people with an intellectual disability, don't have connections to people beyond those who are paid to care and support them. Visitors are in the unique position of having access to these isolated people and the responsibility of monitoring their welfare. I have really enjoyed meeting the residents and

their families, and the work I have done with the services. I often come away thinking what a privilege it is to be able to enter people's homes and look into their lives. Since visiting I question what makes 'a premises a home.' It seems to me that a home is a place where you have some control over the environment and the people who live in it, a place where you can have some privacy, a space in which you can put your own personal stamp and an environment that is free from abuse and neglect. Feeling at home is the result of these and other factors coming together.

Many of the community group homes that I visit are 'home like' and services are supporting people well. This is evidenced by the way some of the residents communicate about their 'home'. I am impressed by the many staff who have worked with the residents for years and have a really good understanding of the residents' needs, interests and histories.

In visiting in my regional area, I have seen the strong Novocastrian spirit shine through; for example by getting people out and involved in community events. Newcastle really has a vast array of activities and local community groups for people with a disability to get involved with.

However I have also reported on a number of issues of concern. Some of these issues are more challenging than others to try to resolve. Overall, I have noticed that the staff to resident ratio is often not high enough to allow residents to fully participate and develop particular areas of their lives. I would like to see more of a focus on skills development, support to develop and strengthen external social networks, and support to explore people's hobbies and passions. A good individual planning process can bring all the people and services together to map out how this can be done. I have found that sometimes this very important process is undervalued and under-utilised.

I also believe that more needs to be done to

ensure that people with disabilities who are also ageing, are supported to do so within their current home. More planning needs to be done within services and in Government for an 'ageing in place' framework for people with a disability.

Resident funds are also under enormous pressure. Residents are now being asked to pay for capital expenses, such as lounge room furniture and white goods. Holidays are outsourced to 'for profit' organisations which generally costs thousands of dollars and are beyond the means of many residents. While these organisations provide wonderful experiences, I wouldn't want residents not to have opportunities for holidays because of the high costs.

I've spent much of the last six months getting to know the residents, staff and the services and their systems. I recognise that my focus must remain on the possibilities and not be conditioned by differing expectations within the models and within services. I am keen to share ideas and keep myself open to innovation.

In the Official Community Visitor scheme there are some terrific Visitors to discuss different ideas with. There is nothing more pleasing than to see a person shine and grow. By working collaboratively and constructively with services, solutions to issues and opportunities for improvement can be found. My hope is that during my term I will be able to make a difference to the lives of the residents I visit. This is a role that I feel privileged to have and I will work hard to ensure I meet the responsibilities that go with it.

### Major issues by subject, number and percentage

Issue 1: Meeting individual needs — 554 (20%)

Visitors identified 554 cases where services had not developed any plans to guide staff in supporting residents or where plans existed but were inadequately implemented or reviewed.

Individual planning for residents with a disability is a critical aspect of service delivery. It is through such planning that services are able to provide quality care to residents by meeting their needs and providing them with opportunities to develop. Individual planning continues to be the issue of concern most often identified by Visitors. Visitors encounter many instances of effective individual planning by services for many residents with a disability.

Issue 2: Behaviour management — 263 (10%)

The behaviour of some people with a disability can present significant challenges to services and staff and be a safety risk for the resident, other residents and staff. People with a disability often display 'challenging behaviours' because they are unable to communicate their wishes and feelings in other ways, or as a result of mental health or other medical conditions.

Residents whose behaviours are difficult or challenging are dependent on services and service staff assisting them to manage their behaviours. Services should have good systems and practices in place for individual and behavioural planning, and related systems for staff training and support, and incident response and management. This year Visitors identified 263 issues of concern about services either not developing or not implementing relevant behavioural plans, or not adequately assessing resident needs or behaviours to inform their planning.

Issue 3: Safety — 236 (9%)

Services are required to ensure the safety of people with disabilities in care. Visitors identified 236 instances where they believed that the safety of residents was compromised, either because of abuse and assault, usually by another resident, or because their own behaviour placed them in danger.

## Case studies

### Transition planning

During a regular bi-monthly visit to a Large Residential Centre, the Visitor was approached by a resident who informed her of his concern about the withdrawal of promised support to assist him to transition to a new home in the community. The retirement aged resident, who had been in care since childhood, anxiously told the Visitor that the support that had been promised was his last chance to live in the community. With the resident's consent the Visitor contacted his guardian to ascertain the current situation and was informed that though the resident had previously been found eligible for support some years before, it appeared that this support was no longer on offer.

With the resident's permission, the Visitor accessed his current and archived files to review the situation. The files confirmed both the offer and the fact that it had some time later been rescinded and that the resources initially allocated to the resident had, by necessity, been used to support another individual.

The Visitor submitted a written complaint to the Ombudsman, who informed the service of the concerns being raised. A meeting between the resident, the service's senior regional management, the Visitor and an Ombudsman representative, was arranged. The service provided information that the resident was not entitled to the original offer made and that the support could therefore no longer be offered. In addition the service said that there were few alternate options for accommodation. The meeting ended with a commitment from the service to put a plan of action into place to support the resident to meet his goal of moving into the community.

Over the following months the Visitor was able to monitor the service's progress and was encouraged to see that the service and the resident were working closely together in an effort to increase his living and social skills. At this point in time the resident has mastered his medication regime, has improved his hygiene and social skills, has a specific case worker to assist with his transition, and is viewing some alternative accommodation options.

### Meaningful activities

During a regular visit to a locked unit the Visitor was informed by senior staff of their concerns about one of the residents who was displaying some extremely challenging and dangerous behaviours. Staff said that a recent restructure of the resident's activity program and the resulting decrease in staff numbers, seemed to be a factor in an increase in behaviours by this person that staff had not seen for some time.

While reviewing the resident's file the Visitor noted strong links between the sudden and unanticipated increase in violence towards himself, staff and colleagues, and the winding back of his access to supported activities. As the Visitor explored the issue further, it became apparent that restrictive practices, including the administration of 'pro re nata' (PRN) medication, which had been ceased 2 years prior, were now being re-implemented as a way to manage the resident's current behaviours.

The Visitor informed senior management of these concerns in writing. They immediately responded by withdrawing the restrictive practices identified. While a day program restructure that was planned could not be



hastened, alternate support activities for this person were arranged. During follow up visits the Visitor observed the residents renewed participation in meaningful activities and a cessation of the challenging behaviours.

### **Lynda**

During a routine visit to a group home, the Visitor was introduced to the boyfriend of Lynda\*, a resident. The boyfriend, was a regular guest in the house. The couple had been close for a few years and they had developed a caring and supportive relationship. Towards the end of her visit the Visitor observed the couple participating in increasingly intimate behaviour in the lounge room in front of two other residents. These two residents soon retreated to other areas of the house, so as not to be present with the couple.

The Visitor brought the issue to the attention of staff on duty, and raised a number of concerns. Discussions soon revealed that the couple had been in a relationship for 5 years and that their guardians were supportive of the relationship. Clearly the couple were very close and their relationship was positive for both of them. However, their intimacy in the communal area of the group home, which was also a focal point for all other resident's recreational activities, was inappropriate. The staff member agreed that it was not reasonable or fair that the remaining residents should have to leave the communal lounge room because of their housemate's behaviour. Staff also said they were unsure how to handle the situation.

Upon further investigation the Visitor noted that this particular issue had been raised repeatedly by a number of different staff at team meetings. While the meeting minutes had indicated a plan to develop guidelines for

managing the couple's behaviour, nothing concrete had been done. The Visitor reported the issue to the service management and asked how the service planned to support their staff to manage this issue. Within a week the service had ensured that a senior clinician had reviewed the situation and arranged a meeting for staff to have input into the proposed guidelines for managing the residents relationship and behaviour. The guidelines have now been implemented and staff have also received disability and sexuality training.

### **Pascal**

During a visit to a group home, a Visitor noticed that one resident, Pascal\*, a young man with autism, was at home for the day but was not engaged in any meaningful activity. It became clear that he did not have access to a day program. When the Visitor asked the staff member on duty what was planned for Pascal in the afternoon, she stated that he was relaxing and watching television. However, the Visitor observed that Pascal was spending most of his time pacing the house and seemed to have little interest in the television. His individual profile also made it clear that he did not even like watching television.

The Visitor raised this issue with the house manager and a review of Pascal's weekly routine was reviewed. The issue of providing Pascal with meaningful activity during the day was placed as an ongoing item on the agenda of the staff meeting, so that staff could discuss Pascal's likes and dislikes and share ideas about activities he may enjoy participating in. As a result of the Visitor's involvement, staff became more focused on providing Pascal with a range of activities, such as swimming and playing computer games.

## **Sandra**

Sandra\* lives in a small group home with three other young women. Sandra is the only non-verbal person in the house, resulting in limited two-way communication between her and her house-mates. A Visitor noted that a communication assessment had recently been completed for Sandra and a very comprehensive pictorial communications program had been developed. All staff at the house had also completed training in the program.

Sandra's parents visit her often and are very supportive. They also take a broader interest in the house and other residents. The parents met the Visitor when having morning tea with Sandra. They told the Visitor they were looking forward to seeing the program in use, and that it had yet to be introduced to Sandra. Upon hearing this, the Visitor asked the service when the program would be implemented. The service reported that they were not sure whether they would proceed with the program because it required extra resources, such as the installation of a specific computer program and a printer. The service said it did not have the budget for such resources.

With the Visitors encouragement and support, the service applied for supplementary funding to implement the program. During the next visit, the Visitor was told that funding had been received and as a result Sandra's communication program would soon commence.

### **Privacy and security**

A Visitor raised concerns with a service about issues of privacy and safety in a group home in which four women resided. The house was situated in an isolated area, far from local amenities. Two women amicably shared a large

bedroom that was at the front of the home. The windows to this bedroom only had sheer curtains. The Visitor discussed the issue with staff and management and asked them to look at options to resolve the privacy issue.

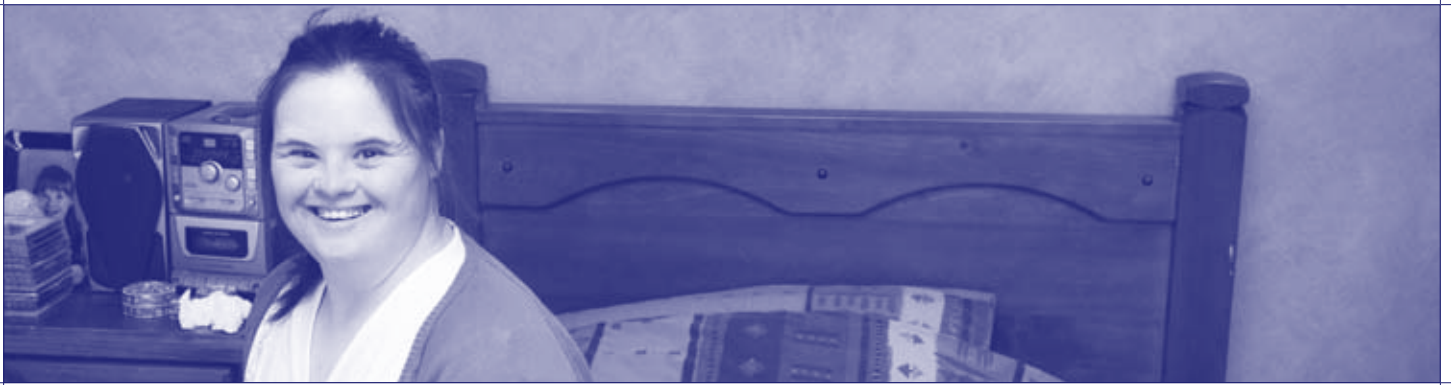
The service agreed with the Visitor's suggestions that blinds be fitted to the bedroom windows and that security fly screens be fixed externally as an additional safety measure. During a subsequent visit, the residents took pride in showing the Visitor their new blinds and how they were able to work them. The staff in the house told the Visitor that they believed that the security flyscreens not only enabled them to better ventilate the room, but also reduced the need to use the air conditioner. These changes also provided staff and residents with an increased confidence in the security of the home.

### **Helping out**

A Visitor visited a group home of five residents; all of whom have an intellectual disability. Each of the residents has strong verbal communication skills and they all actively attend either supported employment or day programs. The Visitor noted that at Sunday lunchtimes, all the residents would sit at the dining table waiting for staff to make their lunch. The Visitor suggested that staff encourage residents to prepare their own lunches, with supervision. The service manager raised the idea at the next staff meeting. Staff agreed that it was a good idea and talked to the residents about how they could help them to do this.

During a later visit, the Visitor saw two residents, Paul\* and Sam\*, helping prepare and chop salad for lunch. Another resident Storm\* said she liked cooking and had been helping





in the kitchen during the week, which she very much enjoyed. This simple outcome was positive for everyone.

### **Jeremy**

During a visit to a group home accommodating people with challenging behaviours, a Visitor noted an increase in documented aggressive outbursts by one resident, Jeremy\*. The Visitor mentioned Jeremy's behaviour to a senior staff member, who said he had not seen Jeremy display these particular behaviours for some years. Upon further investigation, the Visitor noted an entry in the staff communication book informing of a significant reduction in supported community access for Jeremy. This reduction in community access resulted from ongoing clashes between Jeremy and a fellow resident, Emmanuel\*.

The Visitor's concerns for Jeremy were further heightened after reading his medical records and noting that PRN medication had recently been prescribed as a result of his behaviours. Jeremy's medical history also revealed that he had not had the PRN medication administered for over four years. In cross referencing the documentation available, the Visitor quickly deduced that the decision to resume PRN had coincided with the withdrawal of Jeremy's access to his community access program. It seemed there was a link between the decrease in Jeremy's structured activities, his changed behaviour and the introduction of PRN medication to manage his behaviour.

The Visitor reported her concerns to senior management the following day. Within two days Jeremy's community access, in a separate program from Emmanuel, had resumed. Not surprisingly Jeremy's challenging behaviours subsided within a week and the decision to

administer ongoing PRN medication was withdrawn.

### **The new house**

A Visitor visited a newly renovated group home where five adults with intellectual and physical disabilities live. The Visitor had been visiting these residents for two years and had a good understanding of the supports and equipment required to maintain the residents' safety and care. When the Visitor first visited the newly renovated house, one of the residents, Anastasia\*, proudly showed off her 'new house'. A trip through the bedrooms, bathrooms, living areas and backyard immediately followed. The Visitor noticed that a number of standard physical supports specific for people with disabilities, such as grab and hand rails, had not been completed and on the outside of the building, a makeshift support railing was secured with duct tape. That was all that Anastasia and her fellow residents had to support themselves with, when they walked to and from the house vehicle.

As the visit progressed, the Visitor found a taped up broken shower head suspended over the shower area by a piece of string. The Visitor noticed another resident Ruth\*, who walked with the aid of a frame, attempting to put a load of clothing in the washing machine, the laundry was so tightly packed with new floor to ceiling cupboards that Ruth couldn't safely turn around using her frame.

A number of aspects of the renovation were not compliant with the Disability Service Standards. The Visitor contacted senior management of the service the following day. Within two days the builders had returned to the house to complete the work. The Visitor followed up with an unannounced visit a week later to find the renovations completed.

### **Change for the better**

A Visitor had been visiting a particular house for some time and had made a number of reports that certain aspects of care being provided to residents did not comply with the Disability Service Standards. The concerns included adequate staffing levels, concerns about meals and a lack of meaningful activities for residents including access to the community.

After making the reports, the Visitor saw no reasonable action taken to address the concerns. Where suggestions had been made to improve practices, it was not clear that action had been taken. The Visitor became concerned that the service provider may not have been aware of their responsibilities under the Disability Service Standards and that the house manager may not have passed on the visit reports to senior management.

After a follow up visit, the Visitor decided to send her report directly to senior management and included information in the report about responsibilities under the Disability Services Act (1993) and the Disability Service Standards. The organisation had been in existence for many years and managed only one house. Following further discussions with senior management it became clearer that they were unaware of their legal responsibilities. The Visitor said that her main concern was for the residents' quality of care and that addressing these fundamental matters was a step forward in resolving the situation.

In the intervening weeks and months, the service provider withdrew service and a more established disability accommodation service provider took over the management of the house. The Visitor assisted the new service provider to understand the needs of the individual residents during this transition process. She also provided the service with copies of all the issues she had raised previously that still required resolution. After many months of communicating with the new service provider, DADHC, family members are visiting more regularly. The Visitor began to observe changes of staff, implemented action of new systems, improved health assessments, improved nutrition, improved activities and social outings for each resident.

On the Visitors most recent visit she found a very different atmosphere in the house. New staff were engaged with residents in meaningful activities. There was evidence all around the house of improvements that made the house more like a 'home'. A number of the residents told the Visitor of outings that were planned for them and told her of the good food that they eat and how they joke and laugh with the staff, that they get along with. One resident, who on previous visits had hardly spoken with the Visitor, now had a lot more to talk about. The Visitor asked why this was so and he said 'This is a happy house now, so I'm happy.'

\*name changed for privacy

# Summary of activities and outcomes

## Visiting services

During 2007–2008, there were 1,237 visitable services, a small increase on the number of services from 2006–2007. The overall number of residents living in visitable services across NSW remained stable.

Visitors undertook an increased level of visiting and activity hours in comparison to last year's levels. This reflects an increased workload undertaken by newer Visitors. With the continuing expansion of the OOHC and disability sectors, through the funding enhancements for DoCS and DADHC, the Official Community Visitor scheme will continue to recruit for new Visitors in the coming year.

This year, the recurrent budget for the visiting scheme was \$756,087.

The Ombudsman allocates most services two visits per annum. The allocation of visits is higher to services for children and young people, and to services with many residents, such as large, congregate care institutions and boarding houses.

Visitors have adequate time to monitor and resolve issues effectively in the services that we visit. However, the residents of 294 services had no access to a Visitor during 2007–2008, as there were insufficient Visitors to visit all services. Recruitment in 2007–2008 and 2008–2009 will help to reduce the number of services without a Visitor.

Figure 5: Number of visits made by Visitors

Target group	Number of services			Number of residents			Number of activity hours			Number of visits		
	05/06	06/07	07/08	05/06	06/07	07/08	05/06	06/07	07/08	05/06	06/07	07/08
Children and young people	96	107	106	246	213	204	921	1,040	877	414	370	307
Children and young people with disability	42	41	39	144	133	120	422	481	344	134	142	137
Children, young people and adults with a disability	22	18	18	125	71	63	316	180	123	109	54	46
Adults with disability (including boarding houses)	1,211	1,064	1,074	6,117	6,165	6,191	5,580	7,806	7,849	1,971 <sup>2</sup>	2,598	2,799
<b>Total</b>	<b>1,371</b>	<b>1,230</b>	<b>1,237</b>	<b>6,632</b>	<b>6,582</b>	<b>6,578</b>	<b>7,171</b>	<b>9,507</b>	<b>9,193</b>	<b>2,569</b>	<b>3,164</b>	<b>3,289</b>

<sup>2</sup> We have identified a counting error in the 2006–2007 OCV Annual Report. There were 1,971 visits to services accommodating adults with a disability, not 1,912 as reported in that report.

# Identifying and resolving issues

## How Visitors facilitate the resolution of service issues

After every visit, Visitors provide a brief written report to service staff or management identifying issues and concerns affecting residents in that service. When Visitors identify significant concerns about the safety, care or welfare of residents, they generally discuss these matters directly with service management at the end of a visit.

Visitors encourage services to resolve concerns quickly, at the local level, and facilitate action to address simple issues of concern. More complex problems can take longer to resolve. Visitors cannot compel services to act on their concerns. However, services have obligations under CS-CRAMA to address complaints and concerns about services quickly at the local level. Visitors monitor the response by services to identified concerns by seeking feedback from residents, service staff, families, advocates and other relevant stakeholders.

Parents, advocates or staff may also contact Visitors or the Ombudsman's office to discuss their concerns about a visitable service. Such contacts are acted on by Visitors, and in some cases the concerns are handled through the Ombudsman's complaints and other functions.

Visitor reports are recorded in the Ombudsman's Visitable Services database. During 2007–2008, Visitors reported 3,634 new concerns about the conduct of 1,237 visitable services in NSW. This is an average of 2.9 concerns per service, up from 2.4 concerns per service in 2006–2007.

During 2007–2008, services resolved 1,835 (51%) concerns of all identified concerns. Visitors were continuing to monitor the action being taken by services on about 1,359 (37%) concerns at the end of the year. During 2007–2008, there were 105 concerns (3%) where services made genuine attempts but were unable to resolve matters.

Visitors closed 335 (9%) concerns during the year, usually because the circumstances of residents or services had changed, resulting in the identified concern no longer being relevant.

Visitors will sometimes refer concerns to other relevant agencies. This may include referring residents and their families for legal advice or to advocacy services and referring child protection matters to the DoCS Helpline.

## Coordinated action by Visitors and the NSW Ombudsman to address service issues

In addition to facilitating and monitoring the resolution of issues by services at the local level, Visitors may refer serious, urgent or systemic issues of concern to the NSW Ombudsman for complaint or other action.

The Ombudsman has functions to address such matters. For example, the Ombudsman may take up individual and systemic concerns reported by Visitors and conduct further inquiries about the impact of these problems on residents. During 2007–2008, in response to concerns identified and reported by Visitors, the Ombudsman:

- > handled 37 complaints,
- > provided detailed phone advice and information to Visitors regarding over 74 complex service issues,
- > Ombudsman staff worked with Visitors to present education and training on the role of the Ombudsman and Visitors for residents, staff and management in supported accommodation services, licensed boarding houses and to non-government OOHC service providers,
- > allocated more than 400 targeted visiting hours, in addition to the normal visiting allocations, so that Visitors could follow up specific issues concerning residents,
- > accompanied Visitors to more than 35 meetings with senior managers of services to assist in negotiating resolution of issues.

Figure 6: Issues reported by Visitors 2007–2008

Target group of services	Total no. of visitable services	issues identified	Average issues reported per service	ongoing issues (%)	issues unresolved (%)	issues closed (%)	issues resolved (%)
Children and young people	106	427	4.0	151 (35%)	17 (4%)	154 (36%)	105 (25%)
Children and young people with a disability	39	204	5.2	78 (38%)	38 (19%)	26 (13%)	62 (30%)
Children, young people and adults with a disability	18	67	3.7	23 (34%)	0 (0%)	12 (18%)	32 (48%)
Adults with a disability	1,074	2,936	2.7	1,107 (38%)	50 (2%)	143 (5%)	1,636 (56%)
<b>Total</b>	<b>1,237</b>	<b>3,634</b>	<b>2.9</b>	<b>1,359 (37%)</b>	<b>105 (3%)</b>	<b>335 (9%)</b>	<b>1,835 (51%)</b>

### Additional support to Visitors

During 2007–2008, the Ombudsman also provided additional support to Visitors, involving:

- > Organising a Visitor conference in May 2008 for training and development, briefings from DoCS and DADHC on new initiatives and current trends and patterns.
- > Conducting training for Visitors about issues and initiatives affecting visitable services; including briefings from DoCS about initiatives within OOHC; DADHC's ICABS and Makaton initiative; complaints handling; and negotiation techniques.
- > Over 1,000 hours were allocated to Visitors to attend the Conference and training sessions.
- > Conducting sector specific meetings to provide forums for discussions of sector issues, to assist Visitors and the Ombudsman's office to identify trends and patterns of systemic and individual service issues.
- > Consulting regularly with Visitors through the five regional groups and the Official Community Visitor/NSW Ombudsman Consultation Group.
- > Attending over 60 regional and consultation meetings, service visits, service related matters, training and development with Visitors.
- > Providing over 1,500 phone contacts with Visitors. Over 300 of these contacts were related to matters concerning service provision for residents.
- > Regular information bulletins for Visitors on developments in the visitable services sector, good practice ideas and initiatives, and referral services and other relevant, available resources.

### Promoting the scheme

- > Ombudsman staff presented information sessions to community service agencies, peak bodies and other community, public and private sector agencies.
- > Ombudsman staff took calls from service staff and families who had queries about the scheme or wanted to contact a Visitor.

### Improving the effectiveness of the scheme

Continuous improvement activities aimed at enhancing the effectiveness of the scheme are

based on consulting with Visitors and reviewing performance. Improvement activities included:

- > Providing induction, training and mentoring for 12 new Visitors in January 2008.
- > Focussing training and development on identified practice issues for Visitors.
- > Finalising best practice guidelines for Visitors by Visitors.
- > Developing, testing and continuing to progress new reporting and classification system for Visitor reporting.



We visit accommodation services for children and young people; and people with a disability that are operated, funded or licensed by DoCS or DADHC though out NSW.

# Regional focus Metropolitan Sydney — North



## Official Community Visitor message

By Rhondda Shaw

Metro North has 422 visitable services. This is the largest number of services in any of the regions in NSW and the region is continuing to grow as agencies purchase large affordable homes in residential areas in the north west of Sydney. These services care for a range of people, including children and young people with a disability, adults with a disability and children and young people in OOHC. Within the group of adults with a disability are many who are also elderly. Services range from small group homes, to boarding houses and large residential establishments.

Visitors in Metro North region raised 1152 issues of concern with agencies in the last twelve months.

While there are a broad range of issues, the most common issues concerning people with a disability were:

- > limited access to allied health and preventative therapies. (Visitors have found that dental care has been excellent for many people),
- > lack of self determination due to inadequate funding and/or planning,
- > poor planning, specifically Individual Plans that are often not complete or not adhered to,
- > issues of safety, such as the prevention of abuse and assaults on residents,
- > inconsistency in the quality of the residential environment, and
- > Visitors have found improved outcomes for residents due to staff training, specifically ICABS.

Target group of services	Total no. of visitable services	Number of issues identified	Key issues
Children and young people	41	237	Entry and exit Behaviour management Meeting individual needs
Children and young people with a disability	20	64	Community activities Environment and facilities Management responsibility
Adults with a disability	361	851	Meeting individual needs Behaviour management Nutrition, health and hygiene
<b>Total</b>	<b>422</b>	<b>1152</b>	

Common issues concerning children and young people in Out of Home Care are:

- > lack of adequate services for children and young people with a mental health diagnosis,
- > inconsistent commitment to the educational needs of children and young people in care,
- > safety, specifically related to resident to resident abuse, and
- > inconsistent commitment to staff training.

## Regional focus Metropolitan Sydney — North

### Visitor profiles

Liz Rhodes

- > Visits children and young people, people with a disability, and boarding houses in Sydney.
- > Experience in criminal justice, mental health, negotiation and child protection.
- > Training in organisational Planning and Alternative Dispute Resolution.

Rhondda Shaw

- > Visits children and young people, and children with a disability across Sydney.
- > Experience in child protection, adoption and accommodation services.
- > Degrees and Training in Social Work, Social Science and Conflict Resolution.

Gary Kiely

- > Visits adults with a disability in western and northern Sydney.
- > Experience in disability.
- > Degree in Accounting.

Tilly Elderfield

- > Visits adults with a disability and people in boarding houses in western Sydney and the Blue Mountains.
- > Experience in disability, mental health, and drug and alcohol services.
- > Degrees in Social Work and Nursing.

Graham McCartney

- > Visits adults with a disability in western Sydney.
- > Extensive experience in case management, negotiations, rehabilitation and detention settings.
- > Previous experience working for DADHC and Department of Corrective Services.

Siobhan Butler

- > Visits children and adults with a disability in northern Sydney.
- > Experience in service management for people with a disability, mental health and drug and alcohol issues.
- > Degrees and Training in Social Science, Management and Counselling.

Michelle Hayter

- > Visits adults with a disability in western Sydney.
- > Holds a Bachelor Of Education (Habilitation).
- > Works as a Regional Disability Liaison Officer with University Of Western Sydney.

Linda Skoroszewski

- > Visits adults with a disability in western Sydney, the Blue Mountains and Western NSW.
- > Experience in the welfare and health care sectors, in particular community health, mental health, aged care, carer support, and nursing.
- > Holds a Bachelor of Arts (Welfare) and Diplomas in Midwifery and Community Health Nursing.

Rhonda Santi

- > Visits boarding houses, adults with a disability and children and young people with a disability in western Sydney, and the Blue Mountains.
- > Experience in group home management, working with people with disabilities as an advocate and as a service provider.
- > Holds a Diploma of Community Services (Welfare).



Margaret Rice

- > Visits adults with a disability in the northern suburbs and northern beaches of Sydney.
- > Extensive experience in the field of administration and interviewing.
- > Holds a Bachelor of Science (Hons) (Psychology).

Melanie Oxenham

- > Visits adults with a disability in western Sydney.
- > Experience in the areas of disability and aged care and extensive experience as a guardian working with people with disabilities.
- > Holds a Bachelor of Social Work.

Judy Goodson

- > Visits children and young people in OOHC and adults with a disability in western Sydney and the Blue Mountains.
- > Experience as a social educator for people with a disability, is a registered nurse and has worked in an institution for young people with developmental disabilities.
- > Holds a Diploma of Community Welfare and currently studying for a Bachelor of Social Work.

Max Costello

- > Visits children and young people in OOHC in the western and northern suburbs of Sydney.
- > Extensive experience in working with children and young people in OOHC, in child protection, and with people with a disability living in care.
- > Holds a Bachelor of Arts (Sociology), a Bachelor of Social Work, and a Bachelor of Law.

## Case study – Children and young people with a disability

### Liam

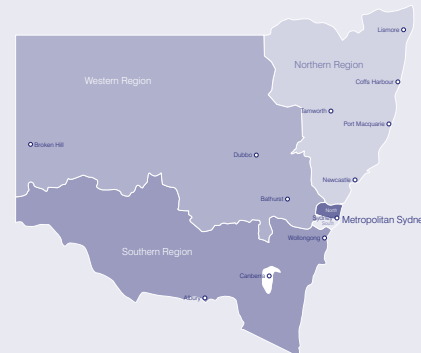
Liam\* is a 13 year old boy with a disability who uses a wheel chair. He is in respite care, as he is unable to live with his mother Annette\*. The Visitor read in Liam's file that DoCS requested that visits with Annette be supervised. The service had previously provided staff support and transport to and from Annette's home to facilitate Liam's weekly visit with his mother. This support was withdrawn when Annette reportedly became abusive to staff during visits.

DoCS then arranged for an external agency to provide supervision, but Annette refused this option. As a result four weeks went by without Liam seeing his mother. The service provider contacted the Visitor directly expressing its concerns about the current situation. They advised that in the time that he had not had contact with his mother, Liam's health and wellbeing had started to deteriorate. The Visitor contacted Liam's case manager at DoCS and organised for a meeting to take place between all the parties. At the meeting the Visitor highlighted that the primary concern should be what was in Liam's best interest.

An interim solution was reached after further negotiation and DoCS recommenced Liam's weekly supervised visits with his mother. One of the staff from the respite service, in which Liam resides and with whom he is very familiar with would supervise the contact visits. The Visitor spoke with Liam on his next visit to the house and he said how happy he was to be regularly seeing his mother again.

\*names changed for privacy.

# Regional focus Metropolitan Sydney — South



## Official Community Visitor message

By Ula-Jane Karas

The Metropolitan South Sydney group consists of six Visitors; Freda Hilson, Maree Fenton Smith, Donald Sword, Kate McKenzie, Ula Karas and we welcome our newest member, Lyn Cobb. We visit accommodation services within a broad geographical area from Sydney's eastern suburbs, south-west to Liverpool and south covering the Sutherland Shire. The members of the group have a diverse range of qualifications including Social Work, Teaching and Arts, combined with many years experience working with people with disabilities and young people in care.

Visitors noted concerns throughout the region about the appropriateness and availability of accommodation to meet the needs of residents in care. Meeting individual needs and environment and facilities were both issues that were raised frequently by Visitors.

The transition of boarding house closures in the inner west has been a smooth process on the whole and Visitors were happy to note that most residents were able to move to facilities of their choosing. However, we continue to raise concerns about the quality, quantity and variety of meals offered to clients across all types of accommodation services.

We have seen a significant reduction in the opportunities available for people who are living in group homes to go on holidays. Changes in organisational policies can often mean that staff may not be able to assist clients in going away to their destination of choice. In response to this change in the sector, a number of private companies have come into the market to meet the demand. These holiday options offered by private providers can often be quite costly. We

believe all people should be able to access leisure and recreational opportunities at a reasonable cost regardless of where they live.

For OOHHC, transition issues remain a concern. Young people are being moved to new service providers with little preparation, consultation and often at short notice, making it an unnecessarily more stressful and difficult time. Improvements are needed in providing additional semi-independent living to assist young people to better transition into independent living when they are ready.

We look forward to new Visitors being appointed to the OCV scheme to meet the increasing demand of visiting services in the Metro South region.

Target group of services	Total no. of visitable services	Number of issues identified	Key issues
Children and young people	12	55	Education and occupation Entry and exit Meeting individual needs
Children and young people with a disability	14	89	Meeting individual needs Education and occupation Behaviour management
Adults with a disability	233	447	Meeting individual needs Environment and facilities Behaviour management
<b>Total</b>	<b>259</b>	<b>591</b>	

## Visitor profiles

Maree Fenton-Smith

- > Visits children and young people, and people with a disability in western and south eastern Sydney.
- > Experience in working with people with a disability in accommodation and support services and adult guardianship.
- > Degree in Social Work.

Freda Hilson

- > Visits adults with a disability and people in boarding houses in west and south-west Sydney.
- > Extensive experience in disability services.
- > Degree in Social Work.

Ula Karas

- > Visits adults with a disability in west and south-west Sydney.
- > Experience in services for people with a disability, including housing, employment, case management, mental health, advocacy, social planning and community development.
- > Degree in Social Science with majors in counselling, mediation and community services management.

Kate McKenzie

- > Visits children and young people in OOHC in Sydney.
- > Experience with children and young people and in education.
- > Extensive experience in child welfare, administration, negotiation and conflict resolution, and management of change.

Donald Sword

- > Visits adults with a disability and people in boarding houses in inner-western Sydney.
- > Experience in disability and mental health. Previously an Official Visitor to mental health services.
- > Degrees in Arts and Science.

Lyn Cobb

- > Visits adults with a disability, and children and young people in OOHC in southern and inner-western Sydney.
- > Experience in working with children and young people in OOHC, working in Family Support services and in a support role with people living in Licensed Residential Centres.
- > Holds a Bachelor of Arts (Psychology), and a Post Graduate Diploma in Child Development.

# Regional focus Northern region



## Official Community Visitor message

By Sandy Muir

Without a doubt, the most significant change for Northern region Visitors this year has been the much anticipated increase in Visitor numbers. As a group, almost overnight we grew from five to nine, an expansion which in real terms has meant a substantial boost in our capacity to support people in care. An additional benefit of our recent growth has been a related expansion in our collective knowledge and skills.

As individuals, and as a region, we bring a breadth of experiences encompassing Wendie Bradley's ongoing commitment to children and young people in OOHC; Joan Andrew's community services senior management experience; Grant Nickel's expertise in access and the built environment; Bernadette Chance's years working with indigenous and culturally and linguistically diverse communities; Sandy Muir's experience providing front-line community services; Roz Armstrong's fluency in delivering services to people who are ageing and those with disabilities; Bruce Donaldson's comprehensive work in special education; Janet Birks' proficiency in individual and systemic advocacy; and Gowan Vyse's skills in and knowledge of guardianship and forensic issues.

In my experience a broad base of skills and expertise has always proven to be an essential component to successfully pursuing and protecting the rights of our community's most vulnerable people. And in order for our region to do so I am pleased to report that we have coupled our increased capacity with an ongoing commitment to team support and, where appropriate, information sharing.

One of our achievements this year is Northern region's input into our recent Visitors' meeting with the Minister for Disability Services. After initial consultation and briefing, four Visitors represented Visitor concerns to the Minister. Consequently discussion with the Minister centred on improved protection of the rights of licensed Boarding House residents, and increased access to quality supported short breaks for people with high level challenging behaviours residing in Large Residential Centres.

We welcomed the Minister's interest in our recommendations and we look forward to increased protections and opportunities for residents in the future. Our meeting concluded with the Visitors' acknowledgement of DADHC's ICABS strategy. Visitors have observed the significant increases in residents' capacities for improved self expression and communication, along with a decrease in related challenging behaviours. Northern region Visitors look forward to further opportunities to offer our Ministers truly independent insight into the lives and care of our community's most vulnerable people.

Target group of services	Total no. of visitable services	Number of issues identified	Key issues
Children and young people	39	77	Medication and consents Environment and facilities Liaison with other agencies
Children and young people with a disability	16	94	Meeting individual needs Behaviour management Safety
Adults with a disability	266	916	Meeting individual needs Environment and facilities Behaviour management
<b>Total</b>	<b>321</b>	<b>1,087</b>	

## Visitor profiles

### Joan Andrews

- > Degrees in social work, community and business management, workplace training and assessment.
- > Visits people with a disability in the New England area.
- > Extensive experience in disability, health and ageing services.
- > Awarded a Medal of the Order of Australia (OAM).

### Wendie Bradley

- > Visits children and young people, people with a disability, and people in boarding houses, in the Hunter and Central Coast regions.
- > Experience in senior roles with Home Care.
- > Trained in Human Resource Management, Mediation, Public Relations and Conflict Resolution.

### Bernadette Chance

- > Visits children and young people, and people with a disability in the Mid North Coast and New England regions.
- > Experience with CALD and ATSI communities, working with people with disabilities, mental health, research and university tutoring.
- > Degrees and Training in Communication, English Literature and Visual Arts.

### Sandy Muir

- > Visits children and adults with a disability in the Hunter and Central Coast regions.
- > Experience working with homeless people, in disability services, and community development.
- > Degrees in Fine Arts and Social Science.

### Grant Nickel

- > Visits children and young people, and people with a disability in the Hunter and Central Coast regions.
- > Experience in university lecturing on disability, nutrition, and student advocacy.
- > Degree in Health Sciences.

## Regional focus Northern region

Bruce Donaldson

- > Visits children and young people with a disability throughout the Central Coast region.
- > Experience in the areas of management, training and development and disability services.
- > Former special educator and School Principal.

Janet Birks

- > Visits adults with a disability in the Hunter and Central Coast regions.
- > Experience in working with people with a disability, as both an advocate and service provider, has worked with people living in the boarding house community.
- > Degree in Welfare Studies.

Roz Armstrong

- > Visits children and young people, and people with a disability in the Hunter and Central Coast regions.
- > Experience working with and providing service to people with disabilities, including residents of boarding houses, and as a senior public guardian.
- > Degree in Arts, Majoring in Sociology.

Gowan Vyse

- > Visits children and young people, and people with a disability on the Far North Coast of NSW.
- > Experience in the non-government community sector, as a public guardian, a member of the NSW Parole Authority, and as a forensic casework specialist for people with disabilities.
- > Degree in Arts, majoring in Welfare.

### Case study — Children and young people with a disability

#### Gretel

Gretel\* is a young woman who at times faces great mobility challenges owing to her physical disability. She is also non-verbal. Nevertheless, Gretel takes great pride in her ability to look after herself and has always worked hard to maintain her independence. Gretel had recently moved from her family home to a group home. When a Visitor visited Gretel she pointed towards her portable bath spa unit which was sitting in a box on top of her wardrobe. Gretel vocally and physically indicated to the Visitor that she wanted to use her spa bath. The Visitor found that the bathroom had no grab rails or a power point, making it almost impossible for Gretel to use the bathroom without support.

The bathroom's limitations severely limited Gretel's independence. She was now unable to independently and privately undress, enter the bath, bathe, exit the bath and dry off and could not use her spa. Gretel was now reliant on staff to help her to bathe, unnecessarily compromising her right to privacy and dignity. The Visitor reported her concerns to the house manager who made it a priority to install a number of grab rails and a power point in Gretel's bathroom.

\*names changed for privacy.

# Regional focus Southern region



## Official Community Visitor message

By Margaret Stevens

The Southern region of the Official Community Visitor scheme covers a wide area which includes the Riverina, Goulburn, Southern Highlands, Illawarra, South Coast and South Western Sydney. The Visitors in this region visit all service types; children and young people in out of home care, people with a disability in group homes and licensed boarding houses.

The Visitors have a wide range of backgrounds. We bring to our work many and varied skills and we have in common a deep belief in the value of the scheme; that is, to promote the best interests of the service receiver. Most of the Visitors in Southern region travel long distances to do their visiting work. It can often take many hours driving to reach a service located in a rural area. Southern region also has the rare occurrence of two of its current Visitors not living in NSW, with one in the ACT and one in Victoria, on the border.

The regional group plays an important part in sharing knowledge, identifying systemic issues and support for Visitors, as it is an isolated role but balanced with many rewards. Visitors come together for training, conferences and regional group meetings. These are valuable opportunities for Visitors who are long distances from each other, to get together and share information and skills.

Issues arising in the Southern region are varied. The group visits 106 services and have identified concerns about the areas of safety, behaviour management, meeting individual needs, entry and exit, environment and residential facilities, to name but a few. One of the issues that we are increasingly becoming aware of is the change

in the region of services no longer keeping hard copy records of all relevant documents. Records are now becoming electronically stored and being kept at a central office location, thus making access for us as Visitors, and at times service staff, more difficult. This is an issue that we as a group will continue to watch closely. The Southern regional group will continue to move forward in the coming year with some changes. Denise Fraser who brought a wealth of experience in health, disability services and the criminal justice system has left us after five years. A new Visitor, Tosca Woodward, with a wide variety of experience in the sector along with her role as Official Visitor in the area of Mental Health, will make a valuable addition to the scheme.

Target group of services	Total no. of visitable services	Number of issues identified	Key issues
Children and young people	11	58	Entry and exit Education and occupation Environment and facilities
Children and young people with a disability	2	1	Behaviour management
Adults with a disability	93	286	Meeting individual needs Safety Environment and facilities
<b>Total</b>	<b>106</b>	<b>345</b>	

## Regional focus Southern region

### Visitor profiles

#### Meg Coulson

- > Visits children and young people, and people with a disability in the Illawarra and the South Coast regions.
- > Experience in women's probation services, research and lecturing in sociology, promoting equal opportunities for people from CALD communities, community development, domestic violence, and indigenous issues.

#### Denise Fraser

- > Visited children and young people, people with a disability and people in boarding houses in the Southern Highlands and South West Sydney.
- > Experience in health and disability services, criminal justice, and psychiatric services.
- > Degrees and training in Teaching, Social Work, Management and Criminology.
- > Denise resigned as a Visitor in June 2008.

#### Margaret Stevens

- > Visits people with a disability in the Riverina/Murray region.
- > Experience in management of children's services and skills training, tutoring at TAFE on disability, and community development training in welfare.

#### Helen Hewson

- > Visits adults with a disability in south-west Sydney and the southern highlands.
- > Experience in OOHC and in disability as a support worker, manager and rehabilitation consultant.
- > Bachelor of Social Science, CSU, (Sociology, psychology and criminal justice).

#### Barbara Broad

- > Visits people with a disability in the Goulburn/Queanbeyan and South Coast regions.
- > Experience working for ACT Health, the Department of Veterans' Affairs, and the Commonwealth Department of Health and Ageing.
- > Qualifications and experience in Nursing, degrees in Applied Science, a Master of Education, a Graduate Certificate in Health Economics, and Graduate Certificate in Management.

#### Tosca Woodward

- > Visits adults with a disability in the Illawarra regions.
- > Experience in the area of Alternative Dispute Resolution and working with conflict in a resolution framework.
- > Experience working with children and young people, and in the area of Mental Health as an Official Visitor.
- > Holds a Certificate in Mediation.



# Regional focus

## Western region



### Official Community Visitor message

Western region is a geographically large region, where distances between visitable services are great. Services in Western region in 2007–2008 continued to be visited by two Visitors; Lina Moffitt and Tim Sullivan. However, as of June 2008, Tim Sullivan resigned from the Official Community Visitor scheme for personal reasons. To cover any gaps in visiting services in this region a number of Visitors from other regions across NSW have made themselves available to visit within the Western region.

Recent recruitment will see a number of new Visitors be appointed for the region by the end of 2008. We hope that with the new Visitors we will be able to provide coverage for all people in care in the Western region.

Target group of services	Total visitable services	Number of issues identified	Key issues
Children and young people	4	0	N/a
Children and young people with a disability	6	23	Meeting individual needs Environment and facilities Safety
Adults with a disability	122	436	Meeting individual needs Nutrition, health and hygiene Safety
<b>Total</b>	<b>132</b>	<b>459</b>	

### Visitor profiles

Lina Moffitt

- > Visits adults with a disability in the Central West area.
- > Experience in disability sector.
- > Certificate in Disability Studies.

Tim Sullivan

- > Visited adults with a disability and people in boarding houses in the Blue Mountains and Central West area.
- > Experience in disability, health and mental health services.
- > Training in Psychiatric Nursing.
- > Awarded a Medal of the Order of Australia (OAM).
- > Tim resigned as a Visitor in June 2008.

# Financial

The Official Community Visitor scheme forms part of the Ombudsman's financial statements and budget allocation from the NSW Government. Visitors are paid on a fee-for-service basis and are not employed under the *Public Sector Employment and Management Act 2002*. However, for budgeting purposes these costs are included in Employee Related Expenses (see Visitor related expenses).

Costs that are not included here are items incurred by the Ombudsman in coordinating the scheme, including Ombudsman staff salaries, and administration costs such as payroll processing, employee assistance program fees, and workers' compensation insurance fees. Full financial details are included in the audited financial statements in the Ombudsman Annual Report 2006–2007. Copies of this report are available from the Ombudsman on (02) 9286 1000, toll free on 1800 451 524 or on the website at [www.ombo.nsw.gov.au](http://www.ombo.nsw.gov.au)

Figure 12. Visitor related expenses 2007–2008

	06/07	07/08
<b>Payroll expenses</b>		
Visitor's remuneration	419,413	<b>411,067</b>
Superannuation	38,889	<b>36,622</b>
Payroll tax	24,979	<b>24,485</b>
Payroll tax liability	2,311	<b>2,197</b>
<b>Subtotal</b>	<b>485,592</b>	<b>474,371</b>
<b>Other operating expenses</b>		
Advertising — recruitment	16,660	<b>32,479</b>
Advertising — other	6,948	<b>0</b>
Fees — staff development	946	<b>825</b>
Fees — conferences and meetings	15,336	<b>18,556</b>
Fees — contractors	30,049	<b>23,637</b>
Printing	14,283	<b>15,671</b>
Stores	0	<b>343</b>
Travel — petrol allowance	139,101	<b>111,085</b>
Travel — subsistence <sup>3</sup>	51,313	<b>49,274</b>
Travel — other <sup>4</sup>	30,686	<b>29,846</b>
<b>Subtotal</b>	<b>305,323</b>	<b>281,716</b>
<b>Total</b>	<b>790,915</b>	<b>756,087</b>

<sup>3</sup> Meal allowances are included in 'Travel — subsistence'.

<sup>4</sup> 'Travel — other' includes Visitors' costs, such as air, bus, train and taxi fares, postage, stationery and telephone bills.

# Glossary

<b>CS-CRAMA</b>	<i>Community Services (Complaints, Reviews and Monitoring) Act 1993</i>
<b>CID</b>	NSW Council for Intellectual Disability
<b>DADHC</b>	Department of Ageing, Disability and Home Care
<b>DoCS</b>	Department of Community Services
<b>DSA</b>	<i>Disability Services Act 1993</i>
<b>ICABS</b>	Inclusive Communication and Behaviour Support
<b>LRC</b>	Licensed Residential Centre (pertaining to Boarding Houses)
<b>Makaton</b>	Key Word Sign language
<b>OCG</b>	Office of the Children's Guardian
<b>OCV</b>	Official Community Visitor
<b>OOHC</b>	Out-of-Home Care
<b>OPG</b>	Office of the Public Guardian
<b>OPC</b>	Office of the Protective Commissioner
<b>PRN</b>	'pro re nata', as required

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We are planning for the future, and have printed this Annual Report on Look!, an environmentally responsible paper manufactured using Elemental Chlorine Free (ECF) pulp sourced from sustainable, well managed forests.



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We can arrange an interpreter through TIS or you can contact TIS yourself before speaking to us.

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### Special needs

Audio loop and wheelchair access on the premises.

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