Outcomes for residents
Services for people in licensed boarding houses

The licensed boarding house sector in NSW continues to decrease in size with each passing year. There are currently 32 licensed boarding houses in the state, compared to 48 last year.

ADHC licenses boarding houses under the *Youth and Community Services Act 1973* (YACS Act) to provide accommodation for adults with disabilities. Licensed boarding houses operate as private-for-profit businesses. Residents are charged for meals, rent and other basic needs. Residents of licensed boarding houses are many and varied, but are mainly middle aged and older men. Residents may have an intellectual or psychiatric disability, physical disability, acquired brain injury or other medical and health problems that affect their capacity to live independently in the community.

The 32 licensed boarding houses accommodate up to 766 residents. In the past year Visitors made 116 visits to licensed boarding houses and raised 55 issues of concern about services provided to residents. Most issues concerned the quality of accommodation, provision of medication to residents and support from other agencies, such as ADHC, NSW Health and Housing NSW.

Visitors reported that licensed boarding houses resolved 19 (34.5%) of the issues they identified. The remaining issues are ongoing and continue to be monitored by the Visitor, or have been closed or are unable to be resolved. Issues in licensed boarding houses can often be difficult to resolve because of the limitations to the legal obligations of boarding house proprietors under the YACS Act and because proprietors are varied in the skills, capacity and will to address and resolve issues of concern.

The Government amended the regulations in the YACS Act in 2010 to more clearly specify the obligations of licensees and proprietors in relation to the quality of accommodation, provision of medication to residents and other areas of service provision. As a result, Visitors have reported some improvements in the lives of residents of licensed boarding houses, which are reflected, in part, in the fewer issues being raised compared to previous years.

Figure 3: Three year comparison of data for visitable services for residents of licensed boarding houses

	2008 – 2009	2009 – 2010	2010 – 2011
No. of boarding houses	49	48	32
No. of residents	810	803	766
No. of visits	312	274	116
No. of issues reported	281	197	55
Average no. of issues per service	5.7	4.1	2
No. of issues unable to be resolved (%)	30 (11%)	8 (4%)	9 (16.4%)
No. of issues ongoing (%)	107 (38%)	80 (40.6%)	27 (49.1%)
No. of issues closed (%)	2 (1%)	4 (2%)	nil
No. of issues resolved (%)	142 (51%)	105 (53.3%)	19 (34.5%)

Major issues for people in licensed boarding houses

by subject, number and percentage

The service issues of concern that Visitors most frequently identified and reported in 2010–2011 are similar to those raised about licensed boarding houses in the past:

Issue 1 Premises, fittings and facilities are clean, suitable and well maintained - 7 (13%).

Issue 2 Interaction with DoCS or other agencies (including DADHC, Ombudsman, Juvenile Justice or police) regarding placements, case management and reporting requirements - 5 (9%).

Issue 3 Medication storage and administration procedures - 4 (7%).

Issue 4 Residents are actively involved in a decision to relocate to alternative accommodation - 4 (7%).

Issue 5 Residents are free from abuse and neglect - 4 (7%).

Official Community Visitor message

By Carolyn Smith, Official Community Visitor

Licensed boarding houses continue to provide a home for some of the most marginalised and vulnerable people in our community. In my role as Visitor I am able to support residents of Licensed Boarding Houses to improve the quality of their care by identifying and raising issues of concern, and encouraging the timely resolution of those issues.

The past year saw some significant work done in the boarding house sector. Further clarification of the obligations of licensees of boarding houses came through the introduction of the *Youth and Community Services Regulation 2010*. The regulation addressed the long standing uncertainty among licensees regarding the enforceability of certain licence conditions. Pleasingly, the regulation imposed new obligations in respect of requirements for first aid qualifications and the administration of medication to residents.

Visitors believe that the regulation, supported by effective monitoring of the obligations therein, is leading to an improvement of the quality of care received by residents of Licensed Boarding Houses.

However, further legislative reform is needed. The YACS Act is increasingly out of step with advances in best practice, and is arguably failing the very people for whom it was meant to protect.

Last year the Interdepartmental Committee (IDC) on the 'Reform of the Shared Private Residential Services Sector' noted the need for a 'whole of government approach' to the boarding house sector, and considered reform or repeal of the YACS Act.

Visitors strongly support the repeal of the Act. In its stead, new legislation must be implemented that adequately addresses concerns over all shared accommodation arrangements for people with disabilities. Visitors are also concerned about what are termed 'unlicensed boarding houses'. Such 'boarding', or 'rooming', houses abound in metropolitan areas. Whilst some may be 'registered' by a local council, as they are not licensed by ADHC, they fall outside the

jurisdiction of Official Community Visitors. It is possible that many of the residents of these unlicensed boarding houses would satisfy the antiquated definition of a 'handicapped person' provided for at section 3 of the YACS Act.

For many living alone and isolated, in a house but not a home, people with disabilities in unlicensed boarding houses are among the most vulnerable members of our community. For too many years little has changed for them, not their circumstances, not their opportunities, and not the YACS Act.

Visitors consider that this important issue must be addressed in any future legislative change. Without significant legislative reform, many of these people will continue to live in accommodation that is unlicensed, unregulated and unacceptable.

Visitors therefore support a broader reform strategy with consideration of mechanisms for drawing those currently in unlicensed boarding houses into an appropriate regulatory environment.

Notwithstanding the problems in the sector, we acknowledge some very good care and accommodation is provided for people with disabilities in many licensed boarding houses across the state.

An example concerns Glenys, a 50-year-old woman who came to live at a licensed boarding house I visit. Glenys was quite traumatised after many problems she experienced in her previous care with family. From the time of her arrival, with very limited clothing and possessions, the licensed manager in a very caring and compassionate manner, ensured Glenys was provided with all the clothing and personal possessions she needed and had all her overdue medical checks completed. Glenys also had a medical procedure on her eyes and new spectacles prescribed. The licensed manager accompanied Glenys to all her medical appointments to ensure that she was happy and comfortable. Glenys was also recommended for guardianship. The licensed manager transported her to all Guardianship Tribunal hearings and supported her throughout the process. Glenys told me how happy and grateful she was for the support from the licensed manager and staff. She said that moving to the boarding house had made a positive difference in her life and she was much happier.

Another example was a visit to a licensed boarding house at the time of the evening meal. Residents were gathered in their large dining room and the atmosphere was energetic, happy and friendly. The licensed manager and staff were preparing a delicious meal in the kitchen. The residents told me that the food was always plentiful and tasty. On this occasion it was very special as the manager had made a birthday cake for one of the residents. The licensed manager did this whenever a resident had a birthday. This was a very positive experience for me.

These are two examples of licensed boarding houses that do provide very good care and accommodation and ensure the provision of meaningful activities for the residents. Whilst this may not be the case in all boarding houses, it is important to report that there are also positives.

Case Study: Boarding Houses

Asked to move

Guy, a young man residing in a licensed boarding house was facing some difficulties in his personal life. He has a mental illness, which occasionally means he can become aggressive towards other residents and staff. Following an incident the proprietor told Guy he should look for somewhere else to live. Guy told the

Visitor he did not know what to do or where to go.

With Guy's permission the Visitor spoke to the proprietor about his tenancy rights and reminded him that Guy had been a resident of the boarding house for over 10 years and considered it his home. The Visitor also asked whether the absence of overnight support in the house may have contributed to the escalation of Guy's behaviour at night, when the most recent incident occurred.

Although not unsympathetic to Guy's situation, the proprietor said that he was following the rules of the boarding house and that Guy had been informed of the rules and received a number of previous warnings but had continued to break them. The Visitor asked to see documentation about the incidents described and what the staff had done to support Guy to manage his behaviours. No documentation was available.

After further discussion with the Visitor the proprietor agreed to allow Guy to stay in the boarding house until the Visitor could refer Guy to ADHC's boarding house case workers. The Visitor also asked ADHC whether Guy would be eligible for behaviour intervention support. This support could assist boarding house staff to better manage Guy's behaviour. Unfortunately, Guy did not meet the criteria to receive behaviour intervention support. The boarding house case workers met with Guy and suggested to him some simple strategies to help him manage his emotions and behaviour. Guy remained in the boarding house for the next few months. However, after a few more incidents, the proprietor again asked him to move out.

Guy rang the Visitor to ask her to assist him. The Visitor agreed to speak to the boarding house case workers about his current situation. The case workers identified two possible placements for Guy to visit and decide whether they would be suitable. In one of the alternate placements, a licensed boarding house, there are night staff who could offer a greater degree of support and there were greater opportunities to participate in community activities.

Guy chose to move to one of the placements. When the Visitor met Guy at his new service, he was settled and had made friends with some other residents. Guy now has his own room and although he still does not have a behaviour support plan he attends regular sessions with his mental health worker to help him keep his emotions and behaviours in check.

Outcomes for Residents
Services for children and young people

The out-of-home care (OOHC) sector in NSW continues to grow. This year we are reporting on 215 residential services for children living in care, up from 138 in 2009–2010. These OOHC services include services providing care for children and young people with a disability.

There are almost 18,000 children and young people in NSW who are placed in OOHC. Many of these children and young people are placed in statutory OOHC pursuant to legal order by the NSW Children's Court because of serious family breakdown, abuse or neglect. For some, particularly children with disabilities, their families may no longer be able to meet their increasing care and health needs and the families may make care arrangements with relevant agencies for the children to be placed in voluntary OOHC. Most children and young people in OOHC are placed with, and cared for by, relatives or foster families.

The small number of children and young people in statutory OOHC are placed in residential services. These children and young people often require special supports and programs to meet their often high needs that exceed the capacity of a family placement. Community Services 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.

Other children living in care are placed under voluntary OOHC arrangements. These are generally short term placements, which are reviewed at regular intervals. OOHC agencies providing care for children in voluntary placements must report to the NSW Children's Guardian, who monitors the progress of the children.

In January 2010 the NSW Parliament proclaimed the voluntary OOHC provisions of section 135, 135C, 156, and 156A of the *Children and Young Persons (Care and Protection) Act 1998*. This legislation is designed to safeguard the interests of children and young people in voluntary OOHC; improve coordination, planning and delivery of voluntary OOHC services; ensure that children and young people in longer term voluntary OOHC benefit from appropriate supervision and case planning; and ensure that voluntary OOHC agencies are subject to independent oversight by the NSW Children's Guardian.

As these children and young people are exceptionally vulnerable, the Ombudsman allocates more visiting resources to provide a higher level of monitoring of the quality of their care. During 2010–2011, Visitors made 539 visits to residential OOHC services.

Visitors identified 398 issues of concern. Of these, 169 (42.5%) were resolved by services. Another 193 (48.5%) issues remain ongoing, with Visitors monitoring the action being taken by services to address them.

Figure 4: Three year comparison of data for services for children and young people in OOHC

	2008–2009	2009–2010	2010–2011
No. of services	136	138	215
No. of residents	248	249	487
No. of visits	435	499	539
No. of issues reported	604	799	398
Ave no. of issues per service	4.4	5.8	2
No. of issues unable to be resolved (%)	27 (4%)	92 (12%)	36 (9%)
No. of issues ongoing (%)	256 (42%)	268 (33.5%)	193 (48.5%)
No. of issues closed (%)	52 (9%)	12 (2%)	Nil
No. of issues resolved (%)	269 (45%)	407 (50.9%)	169 (42.5%)

Major issues for children and young people

by subject, number and percentage

The service quality issues Visitors most frequently identified in 2010–2011 were:

Issue 1 Individual plans, health care plans, behaviour management plans and relevant strategies are in place, implemented, and reviewed - 55 (14%).

Issue 2 Premises, fittings and facilities are clean, suitable and well maintained - 36 (9%).

Issue 3 Residents have opportunities for recreation, occupation and education with dignity of risk - 31 (8%).

Official Community Visitor message

By Dianne Langan, Official Community Visitor

My work as a Visitor includes visiting young people and adults in care in metropolitan Sydney. I have been visiting young people in OOHC for almost three years. The majority of these young people live in group homes which are operated by non-government funded and accredited OOHC agencies.

Visiting young people in care is a challenging role. These young people have had a multitude of changes in their short lives, including numerous residential moves, schools and carers. The documentation that accompanies them through the care system is often limited. Records that are available detail lives that have been challenged by a range of circumstances and can include physical and sexual abuse, mental health and substance abuse problems. The young people themselves have a range of emotional, behavioural, mental health and intellectual challenges. Against this background they struggle to lead purposeful lives and build positive and trusting relationships.

With my background in education and therapy I have several areas of focus for these young people. Education is one. It is often a tortuous road to maintain any consistency in their schooling. For a young person who is already challenged in many ways, frequently changing schools and having the resilience to cope is sometimes too difficult. The circumstances of these young people's education are very different to their peers. For example they are not living in a home with a parent, they are being cared for by strangers and sometimes by transient staff. If they are fortunate, their service will have continuity of care in the long term.

Recruiting and retaining suitable staff is a huge challenge in the OOHC sector. Staff need to be resourceful and have the skills to live with and care for teenagers who exhibit a range of challenging behaviours. During my visits I have met a range of carers. Some have impressed me with their dedication and genuine concern for the young people in their care. This is very significant because the fractured and disturbed lives that these young people have experienced often means that they have had limited opportunities to develop positive and caring relationships. From a therapeutic perspective, the experience of a strong and caring relationship throughout a young person's development is essential if they are to learn the skills to cope and survive in their adult lives.

In order to engage with the young person and understand what may help to motivate them I look to their interests. Sometimes trying to find a positive interest or goal

that the young person will work towards or engage with is impossible. Often, the young people in care are susceptible to negative influences from their peers and can become involved in crime. They can become difficult to engage with and can lose the will and skills to relate in positive ways with their peers, staff and the community.

However there are some positive examples, like Rahan. Rahan showed a strong interest and talent in painting which provided a point of connection with him. The service supported him by providing materials, and opportunities to paint. It displayed one of his works in its head office. I was able to suggest lessons from a suitable culturally appropriate artist and the service established a link with the artist who mentored Rahan. Rahan thrived in this situation and as a result, other aspects of his life that had been problematic started to stabilize.

A lot of the young people I have met in OOHC have had involvement with the Juvenile Justice system. Several have been charged with crimes, had multiple court appearances and spent time in detention. Sometimes this involvement has a positive outcome and the orders and conditions placed on them by the courts can motivate them to work towards a change in their lives. One such young person, Joel, became interested in audio and music programs which he accessed through a TAFE course that he attended as part of a Juvenile Justice order. This course encouraged his passion in music and helped him to develop the goal of seeking employment in the field. In turn, this motivated him to co-operate with the boundaries and rules he was required to follow through his juvenile justice order. However, on a recent visit to Joel's house, I was informed that he had recently absconded to go and visit his family and had been absent for several weeks. I hope this will not be a setback in his goal of employment in a field that he has an interest in. At the same time it highlights some of the challenges that young people and services face within the OOHC sector and why services need to be creative in their approach to provide support and care.

I recently visited another OOHC service and found only a staff member at home. Normally there would be two young men living in the house. I was told that Nicholas had recently absconded and the other young man, Lachlan, was currently in juvenile detention. The staff member was particularly concerned as Lachlan had contacted him and was asking for someone to come and visit him as he needed to see someone familiar. The staff member was having difficulty understanding the process involved in organizing such a visit and time was passing for Lachlan in detention, who was feeling isolated and depressed. As the Visitor I was able to contact the service management to check the process and requirements for arranging a visit to Lachlan. After my contact with management, a visit was swiftly arranged for the service worker to visit Lachlan. This was beneficial as it showed Lachlan that there were people in the community who genuinely cared about him. After Lachlan was discharged from detention he transitioned back into the OOHC house and, at my last visit, I was pleased to see that he was progressing well.

When I visit an OOHC facility, I make sure I talk to the young people and staff caring for them. It is not always possible to successfully engage with a young person. At times, despite notice of a visit, young people are not at home and there is no opportunity to talk to them. In these situations I rely on information from staff and available files and documentation to obtain a picture of the young people, their lives and the quality

of service and care that they are receiving. I ask if they are attending education or training, and about the support the service is providing, including counselling, mentoring, incentive programs and other opportunities. I also take time to look at any contact the young person has had or is having with the Department of Health or Juvenile Justice. Family contact for young people is also incredibly important and on my visits I ask how the service is supporting this. Family contact, or lack of it, and family relationships are an important source of support and at the same time can be a cause of grief and loss for the young person. Another important area that has a significant impact on the wellbeing of children and young people in care is a home-like environment in the house in which they are living. House maintenance and appropriate funding to support the young people in their everyday care and their interests helps to provide a safe and supportive place in which to live in.

I contact the Official Community Visitor team at the Ombudsman's office when I am concerned about a situation at a service and ask for advice. On one recent occasion I contacted the team after I observed what I believed was inappropriate behaviour of a staff member in an OOHC service. The OCV team staff listened to my concerns, consulted with me about the best option to manage the situation and arranged that subsequent visits to the house be undertaken by a second Visitor and me. I also reported my concerns to the service in my visit report. The service investigated the incident and on my next visit to the house, I learned that the staff member was no longer working in the service.

Visiting OOHC services is challenging and requires all of my resources and experience as a therapist, educator and communicator. I often find it surprising that the young people I visit are still willing to engage with yet another adult who wants to work with them on their journey through adolescence. It is my hope that I am a part of bringing about some positive change to the life of the highly vulnerable young people I visit, such as ensuring the residential facility where the young person is living is as home-like as possible or that a mentor is available to a young person who can contribute to their positive development.

Though, it is sometimes difficult to gauge the impact of my visits, the reason that I return is to show these young people that the door is always open and that there are opportunities and positive choices available.

Case Study: OOHC

A significant impact

As a new visitor, my visits to services providing OOHC for children and young people have had an impact on me.

One service I visit provides an intensive therapeutic program for young people. I have visited three homes run by this service where young people are in individual placements. Each of the children I visited entered the service in crisis, coming from backgrounds of abuse and or neglect. The young people typically came from chaotic and dysfunctional family settings with little structure in their lives and had entered care displaying a range of challenging behaviours, poor health and hygiene, low self esteem, and inappropriate social behaviours.

The details of the young people's backgrounds were very disturbing. It was no surprise that they have difficulty trusting people and are unable to manage the many challenges and stresses in their lives. Nor was it surprising to realise that these young people are

extremely vulnerable and are at great risk of developing psychiatric problems such as disassociation and depression.

As I sat and played a game of cards with one of the children that I was visiting, I was able to gain some small insight into his life. I saw the energetic, vivacious, funny kid that he is. I felt relieved that he was now in an environment where he is being provided with stability, clear boundaries and routines that were previously absent from his life. As a Visitor I can monitor his progress and see that his best interests are being considered. I saw the service had very detailed Behaviour Support Plans in place and that they were reviewed, adapted and implemented to address his ever changing and very complex needs.

My role as a Visitor puts me in a unique position. I am able to observe the environment that these young people live in, and see how they achieve the goals set for them, some of which concern day-to-day related activities that you or I take for granted and that we were supported to do as children by our families, such as cleaning our teeth, looking after our bodies, and getting ready for school. Many of the young people I visit have never had the opportunities or support to develop these basic skills.

Some of the young people I visit have entered the service with very poor health. In these cases their time in care is crucial to their future health and wellbeing. The process of how health care plans are made, followed and reviewed is crucial for these children and something that I look into when I visit.

On my visits I am interested to hear from the young person their perspective about their life, and what they do and don't like about it. What are their goals and aspirations? Are they involved in making decisions about their own life?

I use the young people's advice along with my own observations and what I read in their client files, notes and reports to track how their lives have changed during their time in care. I understand that there will be many challenges along the way for these young people, and really look forward to working with the service to try to achieve better outcomes for them.

I feel relieved that these young people are safe and protected and have support to re-direct their future. I look forward to future visits to observe their challenges and their triumphs.

Planning for Harry

Siobhan, Ellen and Harry live together in an OOHC service. Siobhan and Ellen have comprehensive individual plans which support them to achieve meaningful goals. They attend school on a regular basis, their health care needs are being effectively managed and they have regular contact with their family members. From the Visitor's perspective, everything is working well for the girls.

However, Harry is not having such a great time in care and is not responding in the same way as the two young women he lives with. On viewing Harry's individual plan the Visitor noticed that the same level of planning was not in place. He had no clear goals listed, did not seem to have been consulted in the development of his individual plan and the plan on his client file was over 18 months old.

The Visitor raised this issue of concern with the house manager and reported it to the service's senior managers.

The service management acknowledged that the plan for Harry warranted immediate review and reported that this would occur within a month. They explained that they had been having a difficult time with Harry and their strategies to support him had not been working well.

The service reviewed Harry's individual plan with input from him and his key workers. A detailed plan was developed, which included meaningful goals and a timeframe for Harry's return to school.

When the Visitor followed up, Harry's new plan was being implemented and had begun to make a significant different to his life in care. His attendance at school had significantly improved and he was taking a more active decision making role about his life. Harry's overall well being had improved. He was enjoying a healthier life style, was involved in some sporting activities, had given up smoking and made a conscious decision to spend more time with friends who had a positive impact on his life. Now that Harry has more control over his life he is taking a more positive role in the house and getting along with his housemates.

On a recent visit, six months down the track, the Visitor provided positive feedback in their visit report to the service, commenting on the improvement in Harry's outlook, his wellbeing and overall demeanour. The atmosphere in the house was very positive and all three residents were doing well.

A positive outcome

It is a reasonable expectation that a home rented by an OOHC service to accommodate three young people with intellectual disabilities would be acceptably maintained. When the Visitor recently made a first visit to the service this was not the case.

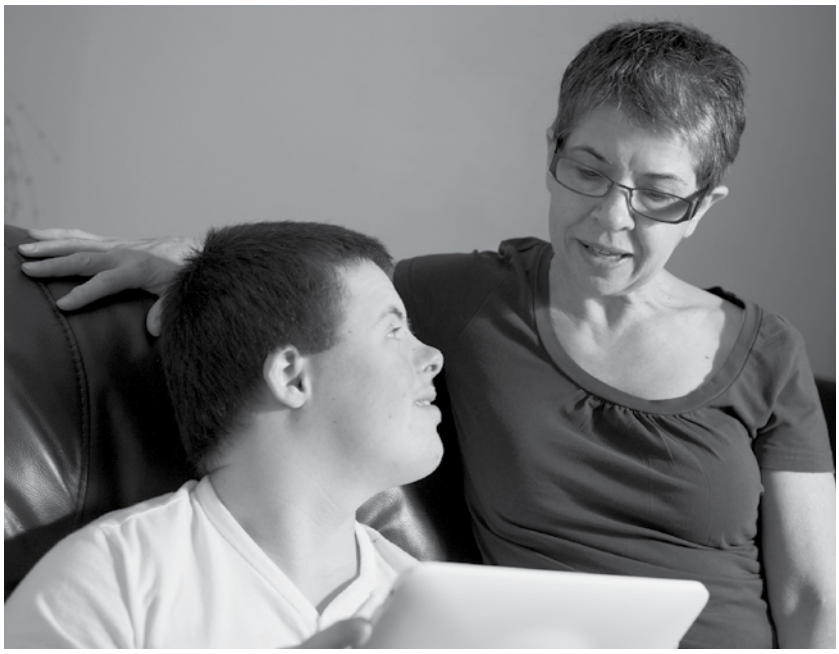
When the Visitor arrived she was greeted by residents, the house staff and a senior manager. All were apologetic about the condition of their home. The Visitor saw sewage seeping in the backyard due to pipe blockages, a large hole in a bedroom ceiling where a roofing worker had fallen through months ago, broken tiles in two bathrooms, taps not working, broken and decayed floor boards, a broken banister surrounding the deck, dirty walls in need of painting, worn out carpets, a kitchen that had not been updated since the seventies with very limited bench space, an oven needing replacement, televisions not connected as wiring had been cut by the roof contractor and a collapsed perimeter fence.

The Visitor chatted with staff and residents over afternoon tea and listened as they detailed the history of their requests to Housing NSW (HNSW) for urgent repairs. They said that these requests and negotiations had been ongoing for over twelve months. The service manager said she had written numerous letters about the situation. She said HNSW told her contractors and adequate funding to repair the house were not available.

The service used the Visitor's report, which detailed the multiple concerns about the repair of the house, in another letter to HNSW requesting urgent action.

Within six weeks of the Visitor's report and the service's letter, HNSW allocated $60,000 to renovate the property. The service manager was involved in the planning and prioritising of renovations and work commenced within a month. While the work was being completed, the service found alternate accommodation for the residents.

On a follow up visit some months later the Visitor found the majority of the suggested renovations completed and a plan in place to complete the rest of the required work. It was almost like visiting a different house. The residents, house staff, service manager and other involved parties had been able to put some personal touches on the work and made their house more home-like. The residents are now safer and more settled and staff are able to provide care in an environment that is more suitable, a positive outcome for all.



During 2010–2011, there were 1,200 services for adults with a disability (not including licensed boarding houses) accommodating 6,241 residents. There were 147 (14%) more services than in 2009–2010 and 246 (14%) more residents. The increase in the number of services is largely due to the continuing gradual devolution of large congregate care institutional services and placement of residents of these services into small, 4–6 bed community group homes.

Visitors made 1,535 visits to disability services and identified 1,454 issues of concern. Of these concerns, 652 (45%) were resolved. Importantly, Visitors report that they are continuing to monitor the action taken by services to resolve 761 (52%) of issues of concern.

Most visitable services in NSW are supported accommodation services for adults with a disability. Many residents have an intellectual disability, some have physical disabilities and some have multiple disabilities. All residents need varying levels of staff support throughout their lives. Services are provided by ADHC or non-government services funded by ADHC. There are different types of disability services:

- 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 six residents. Most adults with a disability are placed in group homes; and
- individual support – supporting adults with a disability who are housed in single accommodation options.

With the growth in the disability supported accommodation sector Visitors continue to be challenged by more complex issues that are difficult to resolve and often involve systemic problems. These include the implementation and review of individual plans, the availability of meaningful activities such as day programs and work opportunities, the creation of a home-like environment, and the recruitment and training of experienced, qualified staff.

There will be ongoing change in the use of the congregate care model of accommodation for people with disability as the large residential centres are closed one by one over the next three to five years. Over the past year we have seen the closure of the Peat Island facility with residents moving to purpose built homes in the community, in a cluster model. Ageing residents from Peat Island and other homes and sites across the state were also given the opportunity to move into a purpose built aged care facility for people with disability.

While, on the whole, services provide reasonable care 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.

Figure 5: Three year comparison of data for visitable services for adults with a disability[5]

	2008–2009	2009–2010	2010–2011
No. of services	1,053	1,005	1,200
No. of residents	5,359	5,192	6,241
No. of visits	2,301	2,329	1,535
No. of issues reported	3,362	3,848	1,454
Average no. of issues per service	3.2	3.8	1
No. of issues unable to be resolved (%)	50 (1%)	238 (6.1%)	41 (3%)
No. of issues ongoing (%)	1,333 (40%)	1,050 (27.3%)	761 (52%)
No. of issues closed (%)	118 (4%)	127 (3.3%)	nil
No. of issues resolved (%)	1,861 (55%)	2,433 (63.3%)	652 (45%)

5 This data does not include licensed boarding houses. Please refer to the section Outcomes for Residents – Services for people in licensed boarding houses.

Major issues for adults with a disability

by subject, number and percentage

The service issues of concern that Visitors most frequently identified in 2010–2011 were:

Issue 1 Individual plans, Health care plans, Behaviour management plans and strategies are in place, implemented, and reviewed - 220 (15%).

Issue 2 Access to health assessments, screening, specialists and reviews - 188 (13%).

Issue 3 Premises, fittings and facilities are clean, suitable and well maintained - 173 (12%).

Official Community Visitor message

By Roz Armstrong, Official Community Visitor

Since the advent of the Commonwealth and State Disability Services Acts and their principles and standards, disability services policies have espoused the view that services should meet the needs of individuals. During my employment as a service manager, substitute decision maker, policy officer and funding manager I would have said, with all sincerity, that all of my decisions regarding services for people with a disability have been made with that tenet uppermost in my mind. My work as a Visitor, however, has helped me realise that, with perhaps the exception of the period when I was an officer of the NSW Public Guardian, my decisions were always tempered by consideration of the needs of the organisation, the funding body and the staff. To say this, is not to say that my decisions did not consider the identified needs of individuals. In retrospect I believe my decisions were often strongly influenced by the service's views about how individual's needs could or should be met rather than giving paramount consideration to the individual's views and wishes. As an independent Visitor, distinct from most of my previous roles, I can truly maintain a focus on the individual.

I work in the very diverse northern region of NSW visiting people living in group homes, people living semi independently and receiving support from a funded agency, people living in large residential centres and people living in Licensed Boarding Houses. I meet, talk and get to know the residents and, in conjunction with service management, act on their requests to improve or change their service to meet their expressed needs.

Getting to know the people is not always easy. Visits can be limited by residents' ability to engage in a conversation or even their interest in speaking with me. Overcoming communication barriers is one of the most significant challenges for a Visitor. There are numerous ways to communicate, sign language, facial expressions and keen observation of body language all help. Visitors' skills in record and document analysis, engaging with families, friends and guardians and developing good relationships with service staff also assist us to get to know residents and to identify service delivery issues that may be affecting them.

Another challenge of the role is education. Residents and staff sometimes have difficulty understanding who Visitors are and what our role is. Staff not only need to be given written information about the Visitors' role but may also need assurance that Visitors are not the 'performance police' but people who are able to work alongside them to improve services for residents. It is not always easy to discuss problematic service delivery practices face to face with staff. An ability

to understand the difficulties in service provision that staff can face and diplomacy often assist in resolving an issue on the spot. This is a big part of the Visitor's role.

Resolution of service issues of concern is, however, often fraught because of the tension between legislation, policy, funding and industrial relations. This can limit the opportunity for significant change for residents. Because of these dynamics and despite my confidence about the ability of Visitors to bring about change there remain many significant policy, lifestyle and environmental challenges across the disability services sector that have been on the agenda for some time and are yet to be resolved. To exemplify this I have reviewed OCV Annual Reports since 2006–2007 and identified a number of recurring themes concerning disability services that, in my view, still require action.

In the 2006–2007 OCV annual report, Visitor, Joan Andrews[6] wrote about the need to ensure equitable access to services for people with disabilities living in rural areas. In 2010 this remained an issue not only for Visitors but also for the broader community who bought it to the attention of the NSW Legislative Council's Standing Committee on Social Issues 'Inquiry into Services provided or funded by ADHC'. This inquiry recommended[7] that the relevant Minister investigate the cost of providing ageing and disability services in rural areas with a view to, where necessary, increasing the funding allocation to ensure equity of service. With the roll out of ADHC's Stronger Together 2 initiative and the state government's commitment of substantial funds to create 1,750 additional supported accommodation places, including 300 supported living places, and funds for capital expenditure, there is hope that some of these new accommodation placements and support services will be targeted to meeting the needs of residents in rural and regional areas across the state.

Visitor Janet Birks[8], in the 2007–2008 report, expressed concern about levels of staffing in disability accommodation services and in the 2008–2009 report, Visitor, Melanie Oxenham wrote, 'my experience is that the majority of people working in the sector are genuinely committed to contributing to the quality of life of people living in the sector however this commitment is hampered by problems that seem to plague the sector (including) lack of staff training and supervision.'[9]

In 2011 the availability of sufficient suitably qualified staff at the coal face of services as well as in frontline supervisory roles remains an issue. I believe a contributing factor to the majority of issues of concern I report about visitable services is the quality and lack of staff supervision. On many visits I read service documentation that indicates that rosters are filled with often untrained casual staff, agency staff who have little experience working with people with disabilities, and staff working double shifts to ensure residents are properly supported. I have also read entries in communication books where staff state that they hope they have done their role correctly as they have not been shown how to complete the task before actually doing it. I rarely see documentation indicating that handover shifts have occurred to help new staff get to know residents and their routines before working a full shift with them. Staff training opportunities are often compromised by the lack of staff to back fill shifts. Recruitments do not always result in appointments because of the lack of potential applicants with skills and experience relevant to the

6 OCV Annual Report 2006-2007 page 23.

7 Recommendation 55.

8 OCV Annual Report 2007-2008 pages 24-27.

9 OCV Annual Report 2008–2009 page 28.

disability sector. Once again the Legislative Council Committee identified and made recommendations[10] about staffing in the disability sector. Visitors look forward to the NSW Government's response to the 'Inquiry into Services provided or funded by ADHC'.

Ms Oxenham also expressed a positive view of the future citing the'growing movement towards 'personalisation' which allows individuals to have accommodation and support packages built around their needs rather than having to fit into existing group homes or residential facilities'.[11] The future of this personalisation is currently under discussion as the NSW Government engages in extensive consultation about creating a person centred service system and the Commonwealth Government considers action on the Productivity Commission's report concerning the implementation of a National Disability Insurance Scheme. These proposed changes will ensure services are targeted to the specific needs of individuals and have potentially significant benefits for people with disabilities. The extent to which these policy changes will translate into improved services on the ground is something that current and future Visitors will be monitoring.

In the 2009–2010 OCV annual report Visitor Grant Nickel reported that a key part of a Visitor's role was to seek an organisation's commitment to allow'people in their care to have their own space, their own interests and to support them in achieving their own goals."[12] Like many Visitors I visit services where people are still sharing bedrooms with two or more residents. I visit a resident who moved to a new service so he could be closer to his brother. The beneficial impact of the move was compromised because the resident was required to share a room with two others in the new service.

10 Recommendations 51–54.

11 ibid.

12 OCV Annual Report 2009–2010 page 28.

Room sharing is common for residents living in Large Residential Centres (LRC). The closure of these outdated facilities has been the subject of numerous reports and policy announcements by successive governments for over 10 years. 2010 saw the completion of the redevelopment of the Lachlan Centre and the closure of Peat Island, both large residential centres. With these closures came the development of new models of accommodation that seek to provide a wider range of options to meet the diverse needs of the former residents of the centres.

In August 2010 the NSW Ombudsman's report to the NSW Parliament about the closure of Large Residential Centres summarised the constraints in services inherent in this model of care and made recommendations to ADHC about its plans for the devolution of the remaining LRCs.

The NSW Legislative Council Inquiry made recommendations about the devolution of LRCS. One of the recommendations suggested that all accommodation options offered to service users transitioning out of LRC's comply with the UN Convention on the Rights of Persons with Disabilities and the *NSW Disability Services Act 1993* and its standards.[13] The NSW government has since made a commitment in Stronger Together 2 to close all remaining large institutions by June 2018 with funding to allow that to happen.

While the planning for and implementation of the devolution of the remaining LRCs continues and ADHC and the disability sector develop initiatives relevant to the other sector-wide concerns about access to rural services, staffing and personalised planning, Visitors continue to work to improve services to people with a disability at the coal face. How do we do this when such significant systemic policy and funding issues continue?

13 Ibid recommendation 42.

Quietly, persistently and in consultation with residents, their families and services. By using our knowledge of the disability sector and local services we engage in conflict resolution and negotiation. We maintain a passionate commitment to the rights of people with a disability living in accommodation services to receive a quality of care that is least restrictive, inclusive and meets the individual lifestyle desires of the person.

Case Study: Adults with a disability

Improving living conditions

A Visitor visits a group home in which four men with mental health issues live. One of the residents attends a supported work placement three days a week; another has reached retirement age; the other two have family and community contact and some day centre links.

On an initial visit to the service the Visitor noted that the residents' access to food was restricted. There were no relevant restrictive practice authorisation documents. The Visitor reported this concern to the service and received a response that the service was quickly taking action to address the matter.

Throughout the process the Visitor maintained a supportive and friendly relationship with the service and its staff, so the service took the Visitor's comments as constructive feedback and acted to improve its practice. As a result staff welcome the Visitor and freely offer information and discuss the residents' care and concerns during each visit.

On a recent visit the Visitor observed many changes to the quality of the service premises. New white goods, a heater and some outdoor furniture had been purchased. New gardens had been planted and the office had a new desk chair and a new computer. Windows had been professionally cleaned and an unpleasant odour noted on previous visits was no longer present. Staff were quick to inform the Visitor that his regular visits and visit reports had contributed to these positive changes.

It is a very positive and affirming experience for all when a service accepts a Visitor's reports as constructive feedback and as a means of making improvements rather than perceiving them as criticism which needs vigorous defending. Small achievements such as these add up to larger positive changes for people living in care.

Medication

When visiting a group home where three residents with challenging behaviours live, a Visitor read in recent incident reports about resident medication being found in the group homes' petty cash box. Staff on duty told the Visitor that not all staff knew about or complied with current procedures concerning resident medications.

In her visit report, the Visitor asked what training could be provided to staff and what other strategies could be implemented to ensure the safe and correct storage of medication in the home. The Visitor phoned the service management to follow up the issue and was told that all staff would be provided with a three hour training session on safe dispensing and storage of medications and the correct reporting procedure for medication errors. When the Visitor next visited the house, the staff told her how pleased they were to have received the training, which had been provided to all permanent and casual staff. Staff said that it had given them peace of mind when it came to providing the best care to residents.

Another positive outcome the Visitor noted, was a change of procedure for dispensing medication. Instead of using a locked medication trolley that staff had previously wheeled around the house, medications were now dispensed from a locked cupboard in the office.

These changes have streamlined the service's management of resident medication. The Visitor has not identified any further errors regarding medication in the 12 months since she identified the problem.

Confidentiality

A Visitor spent some time in the lounge room of a group home talking with residents. The lounge room also included the staff office space. The Visitor noticed that there was a considerable amount of confidential resident information openly displayed on a wall, which included information about 'pro re nata' (PRN – as required) medication and protocols for any challenging behaviours. The information was readily available to anyone visiting the group home.

The Visitor raised the matter with the staff on duty. A staff member took the documents off the wall and filed them in the relevant resident's folder. When the Visitor asked staff why the documents were so openly displayed, they reported that management wanted all staff and casual staff particularly, to read this important paperwork and this was the best way to make it available.

The Visitor reported the issue to the service. The service advised the Visitor its plan for additional induction and training for casual staff and that it had reminded all staff about the need to provide adequate handover information when shifts changed.

The Visitor followed up the matter and met with the group home manager who explained that the service had sent a memo to staff in all its services about the need to maintain resident confidentiality and to ensure that information about each resident was easily accessible in client files.

In this case the Visitor, as an independent observer, identified and reported on issues that not only resulted in a beneficial change for the residents of the group home she visited, but also had a systemic impact for that whole service and all its residents.

A comfortable seat

Margaret, Ruby and Elizabeth are elderly women with intellectual and physical disabilities living in a 23 bed unit in a large residential centre. They are aged from 63 to 85 and have been institutionalized for many decades. The Visitor who visits this unit several times a year knows it is generally very supportive of and dedicated to residents care.

The three women are in wheelchairs throughout the day to allow them to be moved safely. Following an assessment by an occupational therapist the service purchased costly pressure relieving cushions for their wheelchairs to prevent pressure sores.

During a visit the Visitor noticed that the women had thick incontinence pads placed on top of the specialized cushions that they were sitting on, even though the pressure cushions had special incontinence covers over them. The Visitor asked the unit manager whether placing the pads on top of the pressure cushions might negate the effectiveness of the cushions.

Management agreed this was a problem and directed staff to cease the practice. Management also arranged for the Clinical Support Team and Learning and Development Unit to provide training about pressure sores and the appropriate use of the pressure cushions to all staff, not just in Margaret, Ruby and Elizabeth's unit, but throughout the centre.

Relevant to their needs

When a Visitor arrived at the front door of a group home one evening to do an initial visit there was no door knocker or door bell to let those inside know that someone had arrived. The home is on a large property with a high fence surrounding it. After knocking for several minutes and loudly calling out, the Visitor was admitted by a young woman who introduced herself as Tracie and ushered the Visitor into the house. Tracie led the Visitor into the kitchen and introduced her to the Team Leader of the group home. It was only at this point that the Visitor realised that Tracie was a resident of the group home, not a staff member.

The Visitor spent some time with Tracie who chatted about her work and daily routines as she showed the Visitor around the house and introduced her to the other residents. She invited the Visitor to see her room which was comfortable and well presented and filled with personal items, including a number of collector dolls. Tracie told the Visitor she had made several of the dolls herself. When the Visitor said she would like to be able to do such wonderful work Tracie simply told her, 'Why don't you just give it a go?'

When the Visitor sat in the office in the house later on during the visit she paused to think about Tracie. The Visitor reviewed the resident files and read several incident reports concerning a number of physical assaults on Tracie by a male resident in the house. The incident reports described the male resident hitting, kicking and throwing items at Tracie. The Visitor noted that the house had several periods during the day where there was no staff support and some of the incidents happened during these times. The incident reports revealed that there were several assaults on other residents in the house and that Tracie had intervened on a number of occasions to protect the other residents. Whilst the incident reports were on file there was no clear evidence of any follow up that had been undertaken by staff.

The Visitor found Tracie and asked her if it would be ok to speak about these incidents. Tracie told the Visitor it was the only thing she didn't like about living in the house. The Visitor spoke with the staff and they generally reported that Tracie was assertive and may have brought the assaults'on to herself'. Staff said that the male resident has significant challenges which frustrate him and they had told Tracie many times it would be preferable if she stayed away from him.

The Visitor reported these concerns to the service management and asked what mechanisms were in place to review incident reports and how follow up action was undertaken and documented. The Visitor also asked about residents' Behavioural Support plans and whether the service had reviewed the staff to resident support ratio. The Visitor suggested the service look into facilitating more community access activities so that the residents who had the capacity could access the community more independently and be less confined to the house. She

suggested that a door bell be installed to ensure visitors to the house could make themselves easily known. The service responded quickly to the visit report with advice about the steps it planned to take to address all issues of concern.

On a follow up visit, the Visitor noted that residents' behaviour management plans had been reviewed and updated, and more consistent support was being offered to the male resident. The service was also providing weekend support to all residents to ensure that they had access to the community in a meaningful way and were developing skills to assist them in their future independent access to the community. A door bell had also been installed.

Incident responses

On arrival at a group home a resident greeted the Visitor and asked who he was. After the Visitor showed his identification badge the resident introduced herself as Lynne and showed the Visitor into the house and gave him an impromptu tour of all the rooms. Lynne was keen to chat, and she sat with the Visitor in the lounge room talking about the house, her friends, her work and that she did not 'get on' with another female resident as they were always 'riding' each other. Lynne wanted to know what the Visitor could do about this. She said she had been living in the house 'for ages' and the other resident was new. Shortly after, the other resident arrived home from her music lesson and was introduced to the Visitor. Marie, was also an assertive young woman, just like Lynne, and told the Visitor she was only interested in talking to him if he wasn't a new staff member as she had had enough of new staff members. The Visitor assured her that he was not a new staff member and Marie asked him if he would like to see her room. Whilst in her room she apologised to the Visitor about the comment she had made. She said she had been assaulted by a man in the community recently and was not happy with the reaction of one of the casual staff to the incident.

When the Visitor reviewed the resident files they were incomplete. Even with the help of staff the Visitor was not able to obtain a clear picture of the incident that Marie described and he was reliant on the verbal advice of staff about the alleged assault.

The Visitor raised these matters in his visit report to the service and asked what action was being taken about the assault on Marie in the community and the service's action about the conflict between Marie and Lynne. The Visitor also commented about the gaps in the service's record keeping and asked if these might have contributed to the inconsistency of response of the casual staff to resident needs.

The service followed up on the matters by organising appropriate support for Marie to counsel her about the assault and by contacting the Police about the progress of the investigation. The service arranged an Individual Plan meeting for Lynne and is working towards transitioning her into a more independent residence in the same area, which she would share with another person with whom she would be more compatible. The service also revised its Key Worker policy and put in place clearer procedures for updating resident files and regularly reviewing individual plans, incident reports and community participation activities.

Coordinating residents' plans

Bruce is 48 and has lived in a Large Residential Centre for most of his life. He has a moderate intellectual disability and at times some quite challenging behaviours. Bruce is obese and has regular assessments by the centre's resident dietician, who has prescribed a very specific meal management plan; this details what Bruce can eat and the serving sizes. Bruce really enjoys his food and many of his challenging behaviours concern his wish for more food.

When reviewing Bruce's file the Visitor identified that Bruce's dietary and behaviour support plans were contradictory. The dietary plan guided staff to limit his food to prevent his weight gain. The behaviour intervention plan guided staff to give Bruce larger servings of food as a strategy to manage his behaviours.

The Visitor suggested to centre management that a collaborative approach to managing Bruce's care was needed. In response, management arranged for the psychologist to review the behaviour plan with the Residential Nursing Unit Manager and dietician, resulting in the removal of the direction in the behaviour plan to give Bruce larger food portions and the addition of different strategies to assist Bruce when he demanded more food.

In addition, the centre management asked the Clinical Support Team to develop and implement a system for monitoring residents' plans to ensure collaboration and consistency. This approach by the Visitor and the centre's management has resulted in a systemic improvement for all residents, including Bruce.

Broken tiles

Five young men live together in a group home where they participate in an active and healthy life. Three take part in a community participation program during the week and two attend school. All of the residents communicate in different ways. Four of them are non-verbal and one has limited verbal communication. Though the residents have high support needs, the Visitor has observed that they are generally well supported and have opportunity to participate in activities.

On a recent visit the Visitor noticed that the tiled floor in the living area and hallways connecting the bedrooms with the bathroom and toilet area was in poor condition. Some of the floor tiles were broken and there were exposed sharp edges which created a hazard. Many tiles were loose making the floor even more unsafe.

The Visitor raised this issue in his report to the service and followed up with a phone call a week later. The service informed him that immediate action had been taken to make the floor safe until all the tiles could be removed and an alternative flooring solution found.

The Visitor will continue to monitor this situation to make sure that it is properly remedied but through his visit report immediate action had been taken to help maintain the residents' safety.

Achieving goals

Five adults with disabilities, complex health issues and high support needs live together in a group home. All of the residents are nonverbal although it is clear they have different and effective ways of communicating with their families, other residents and those supporting them.

Over a number of years visiting the service the Visitor has observed that it has ensured that the health care needs of the residents are well met. Health care plans are carefully developed and well implemented by staff who are well trained in the area of health care, and the plans are carefully monitored.

Though residents' health care needs are very well supported the Visitor has some concerns about the way staff support the residents to achieve other life goals. Following discussions with staff and family members, and examination of the residents' files, it was clear to the Visitor that the individual plans required further attention.

After raising this in his visit report, the service contacted the Visitor to discuss its plans to resolve the issue. In particular the service arranged for staff training on developing more effective individual plans for residents.

On a follow up visit it was clear to the Visitor that the training had been effective and staff were now better able to identify activities that are of interest to residents. The service is now addressing and reviewing individual plans including current and meaningful goals for each resident.

Appropriate medical support

During a group home visit a Visitor met a new resident, Bethany. Bethany's transition plan referenced the use of a colostomy bag and regular stoma care (Stoma is a surgical bypass of a person's digestive or urinary tract). Bethany's stoma required cleaning daily. The Visitor asked staff on duty who were responsible for Bethany's stoma care. They said there were no staff in the group home who had the relevant skills or experience to provide this care. This was concerning as the group home is located in a rural area and has only irregular visits from a registered nurse who could assist staff with Bethany's health care.

Though Bethany had been in the group home for a number of weeks the Visitor was told that only one day shift and one night shift staff member had been given any information about stoma care and there had been no training or support from health professionals. The day shift member was very anxious about having to clean Bethany's stoma and was very

concerned that if she or the night shift worker who had been provided stoma information, were not at work there was no one else with any information or experience who could attend to Bethany's needs.

This was not a good start to Bethany's care in her new home and the Visitor was concerned about the staff's lack of confidence in this essential component of Bethany's care and the serious risks it posed.

The Visitor contacted the group home manager and discussed the issue. She asked what plans the service had to thoroughly train staff about stoma care and how they could be supported and supervised to provide Bethany with quality care. In response the manager organised for stoma care training by a registered nurse for all permanent and casual staff within the fortnight.

When the Visitor next visited the home, Bethany was more settled. Staff said the training they received had been of great benefit and there were now a large number of staff trained in the house able to provide Bethany's stoma care. One casual staff member on duty during the visit said that'she now had no problems in changing Bethany's colostomy'. The Visitor was satisfied that this issue was resolved and Bethany's care needs were now ably supported.

At last, a visit to see Mum

A group home in a rural area accommodates five residents with differing complex needs. The Visitor has been assisting the group home manager for some time to obtain additional funding for more staff to enhance the quality of care provided to residents. One young resident is Carrie, who has discussed her wish to visit her mother in a nearby town on many occasions. Staff told the Visitor that Carrie's father does not want Carrie to visit her mum because of previous incidents in the family. The staff member also says staff have no time to drive Carrie to visit her mum.

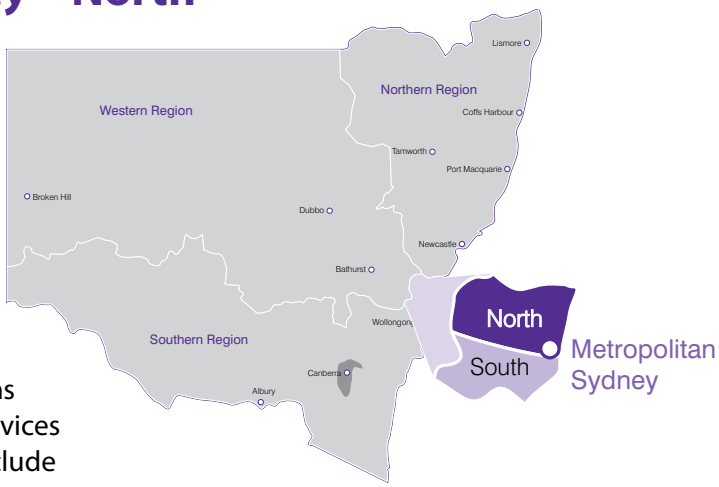
The Visitor discussed Carrie's situation with the house manager who told her Carrie's mum is in a nursing home and has dementia and may not recognise Carrie if she was to visit. Understanding the family's concerns the Visitor worked with the house manager on other ways to meet Carrie's request, rather than refusing it. Specifically, they agreed the house manager would investigate the appropriateness for Carrie to have a few sessions with a counsellor who may prepare her for any issues of grief and loss following a visit to her mum. The house manager also agreed to discuss this with Carrie's father.

On following up the matter a few weeks later, the Visitor learned that Carrie's father agreed to a visit when these support arrangements were in place. A staff member who knew Carrie well accompanied her to the nursing home to visit her mother. The visit was very successful because of the preparation by staff and the work with the counsellor.

When the Visitor next visited the house, Carrie told her about the visit to her mum and proudly showed her some photos of the event.

Whilst the Visitor achieved a successful outcome for Carrie, it did not happen overnight. Carrie's request could have easily been overlooked with other more pressing issues in the house taking priority. By providing a voice for Carrie the Visitor was able to support Carrie to achieve her long awaited wish to see her mum.

Regional Focus
Metropolitan Sydney – North



Official Community Visitor message

By Rhonda Santi, Official Community Visitor

Metropolitan north region contains the largest number of visitable services of any region in the state. They include hundreds of community group homes for adults and children with disabilities, large residential centres and congregate care arrangements as well as residential services for children and young people in OOHC. There is only one remaining licensed boarding house in the region.

The diversity of services and people that we visit is matched by the diversity of professional and life experiences of the region's Visitors. In the past year we farewelled three Visitors who finished their appointments and welcomed four new Visitors in 2011. There are now seven Visitors in our regional group.

I see the role of Visitor as a privileged one. It is a privilege to visit people in their homes and share some of their journey with them. Visitors value the opportunity to promote the best interests of the people we visit. A visit is a window in time. By making observations, talking to residents and staff and reading information Visitors are able to build a picture of the life of the resident and the service they receive. Issues are raised and resolutions are sought. We celebrate positive outcomes for residents and delight in examples of good service provision.

There are a number of recurring service provision themes raised by Visitors that are not exclusive to metropolitan north region. These include opportunities for residents to access and engage in community activities so that they are truly integrated in their community; inconsistent access to holidays; the quality of the residential environments; and the recognition of individual needs.

As I reflect on my own visiting, one particular aspect stands out as an emerging challenge. In this densely populated region many people with disabilities are facing a change in the model of service that they receive or that will be available to them in the near future. Government policy is currently changing the landscape for people in supported accommodation and services are looking at providing care in a way that puts the person at the centre of the planning process, making their needs paramount.

Another significant change occurred at the Lachlan Centre which provided accommodation for residents with disabilities for decades. In 2011 it was redeveloped and the residents moved into newly built houses on the Lachlan site in a'cluster' arrangement. Government policy has also committed to the closure of the two remaining large residential centres in the region, the Rydalmere and Westmead centres.

A continuing challenge for the services in the region is the provision of permanent homes for residents who are in temporary or transitional placements. Visitors have identified that the lack of'bricks and mortar', a relevant service model or a provider able to meet the person's sometimes complex needs, all present obstacles to the goal of a permanent placement.

In the coming 12 months, my colleagues and I will continue to knock on doors of residential services and share in the lives of the residents we find there. We will speak to residents, staff and service management, ask questions, recognise and commend good practice and seek improvements where necessary. We will continue to share our knowledge and experiences as we work together to enhance the lives of the people we visit.

Figure 6. OCV identified issues – Metropolitan Sydney – North

Target group of services	Total no. of visitable services	Number of issues identified	Key issues
Boarding Houses	1	4	• Premises, fittings and facilities are clean, suitable and well maintained. • Suitable and adequate numbers of staff. • Residents are free from abuse and neglect.
Children and young people in OOHC	65	184	• Individual plans, Health care plans, Behaviour management plans and strategies are in place, implemented, and reviewed. • Incidents are recorded and appropriately managed. • Residents are free from abuse and neglect.
Adults with disability	419	432	• Individual plans, Health care plans, Behaviour management plans and strategies are in place, implemented, and reviewed. • ISPs are in place with proof of implementation and review in consultation with the resident and people important to him or her. • Access to health assessments, screening, specialists and reviews.
Total	**485**	**620**	

Visitor profiles

Gary Kiely

- Visits adults with a disability in western and northern Sydney.
- Experience in disability.
- Degree in Accounting.
- Gary finished his term as a Visitor in June 2011.

Graham McCartney

- Visits adults with a disability in western Sydney.
- Experience in case management, dispute resolution, and rehabilitation and detention settings.
- Previous experience working for ADHC and Corrective Services.

Susan Alexander

- Visits children and young people in OOHC and people with disability in the Sydney metropolitan area.
- Has held a number of senior positions in the community services sector, in child protection with Community Services and the Children's Guardian, in disability as CEO of large residential centres in western Sydney and as a direct service provider.
- Has extensive experience in working with people with disability and children and young people living in residential care
- Holds a Master of Arts (Psychology).

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.
- Siobhan finished her second term of appointment as a Visitor in August 2010.

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.
- Melanie finished her term as a Visitor in June 2011.

Alana Klingenberg

- Visits people with disability living in care in the Northern Beaches and metropolitan north region of Sydney.
- Experience as a residential accommodation manager in disability services, a trainer in the community services sector and working with children and young people in a community respite setting.
- Holds a Diploma of Community Services Management and Certificate IV in Training and Assessment.

Lyn Porter

- Visits children and young people in OOHC and adults and children with disability in care in the metropolitan northern and Blue Mountains areas.
- Lyn previously held the position of Official Community Visitor for six years, finishing her appointment in 2007.
- Has extensive experience working with people with disability, including residents of large residential centres and young people with disability living in care, and handling complaints about the community services sector.
- Holds a Graduate Diploma in Social Sciences (Community Services).

Rhonda Santi

- Visits 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.
- Experience in the fields of administration and interviewing.
- Holds a Bachelor of Science (Hons) (Psychology).
- Margaret finished her term as a Visitor in February 2011.

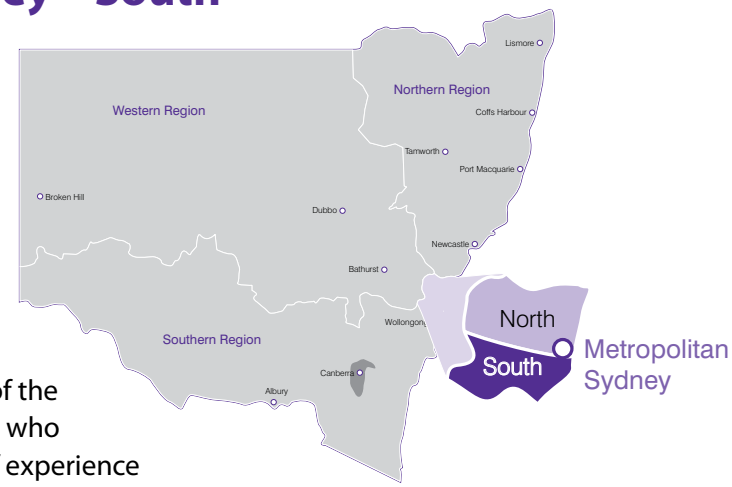
Steve Jones

- Visits children and young people in OOHC and children and young people with a disability in the Sydney metropolitan and Central Coast areas.
- Experience as a special education teacher and in various roles for NGOs working with young people who are homeless or at risk of homelessness.
- Bachelor of Education and a Certificate IV in Assessment and Workplace Learning.

Elizabeth Rhodes

- Visits licensed boarding houses in metropolitan Sydney, people with disability and children and young people living in out-of-home care throughout metropolitan north and west.
- Elizabeth has previously held the position of Official Community Visitor for six years, finishing her appointment in 2009.
- Experience in conflict resolution and is a skilled negotiator and has worked with people with disability living in large residential centres, disability supported accommodation and licensed boarding houses.
- Worked as a complaints officer handling complaints about ADHC and Community Services.

Regional Focus
Metropolitan Sydney – South



Official Community Visitor message

By Lyn Cobb, Official Community Visitor

The Metropolitan South region of the OCV scheme has eight members who bring to the work a vast range of experience from a variety of backgrounds. Due to this diversity, we can provide an excellent resource to residents in the region. Some of our members in are now completing their second term and others are in their first term or early into their second term. During the year we farewelled two Visitors who finished their terms of appointment and welcomed one new Visitor to our region.

We visit services in the Nepean area, the South Coast, Western, Southern and South Western Sydney and the Eastern Suburbs. Some members also visit services in country areas. As a group we travel a vast number of kilometres to complete our work.

Metropolitan South region Visitors meet four times a year as a regional group. This is an excellent opportunity to raise issues pertinent to our work, to share stories and seek peer support.

Most Metropolitan South Visitors visit within each of the service sectors – OOHC, disability supported accommodation and licensed boarding houses, engaging with residents and staff at each service. Some members primarily visit more services in one service sector due to their background, expertise and preference.

During visits we identify any issues of concern and negotiate outcomes with the services directly, assisting them to deliver higher quality service to each resident. Residents often have no other people in their lives who can speak on their behalf to ensure that they are receiving the best possible care. Visitors' efforts can be particularly beneficial to such people in care.

In addition to identifying, reporting and facilitating the resolution of service issues affecting individual care, Visitors regularly meet with ADHC regional staff and the senior management of funded services about systemic issues affecting many residents. Some of the systemic issues we reported on in 2010–2011 were:

In the Disability sector:

- The maintenance of ageing facilities in large residential centres, and the centres' plans to ensure that facilities are habitable as they progress to closure or redevelopment;
- residents who have not have had the opportunity to go on holidays for many years;
- lack of trained staff and the ready availability of relevant documentation for staff in services; and
- incompatibility of residents in community group homes.

In the OOHC sector:

- lack of suitably trained staff, leading to the frequent use of agency staff who may not be fully aware of a young person's circumstances and needs;

- lack of Behaviour Intervention Strategy Plans for residents and inconsistent implementation of these plans if they are in place;
- frequent movement of young people between placements with limited planning, transition and support; and
- transfer of case management of young people from CS to the non government sector.

In the Boarding House sector:

- in September 2010, the *Youth and Community Services Act Regulation 2010* commenced. The regulation brought clarity to the obligations of licensees in areas such as the administration of medication and the management of residents' finances. The regulations have aided Visitors to identify, report and resolve service issues.

Figure 7. OCV identified issues – Metropolitan Sydney – South

Target group of services	Total number of visitable services	Number of issues identified	Key issues
Boarding Houses	8	8	• Consultation and collaboration with ADHC and other relevant agencies concerning placements, case management and reporting requirements.
Children and young people in OOHC	81	53	• Individual plans, Health care plans, Behaviour management plans and strategies are in place, implemented, and reviewed. • Incidents are recorded and appropriately managed. • Encouraging family contact and participation.
Adults with disability	248	284	• Premises, fittings and facilities are clean, suitable and well maintained. • Individual plans, Health care plans, Behaviour management plans and strategies are in place, implemented, and reviewed. • Access to health assessments, screening, specialists and reviews.
Total	**337**	**345**	

Visitor profiles

Maree Fenton-Smith

- Visits children and young people, and people with a disability in western and south eastern Sydney.
- Experience working with people with a disability in accommodation and support services and adult guardianship.
- Bachelor of Social Work.
- Maree completed her second term of appointment as a Visitor in April 2011.

Kate McKenzie

- Visits children and young people in OOHC in metropolitan Sydney.
- Experience with children and young people in the Education field.
- Experience in child welfare, administration, negotiation, conflict resolution, and management of change.
- Kate completed her term of appointment as a Visitor in February 2011.

Freda Hilson

- Visits adults with a disability and people in boarding houses in western region and southern Sydney.
- Experience working with people with disability living in group homes and as a public guardian.
- Bachelor of Social Work.

Donald Sword

- Visits adults with a disability and people in boarding houses in inner-western Sydney and western region.
- 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 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.
- Bachelor of Arts (Psychology), and Post Graduate Diploma in Child Development.

Carolyn Smith

- Visits services for children and young people with a disability, adults with a disability and boarding houses in metropolitan Sydney and regional NSW.
- Experience in criminal justice, mental health, child protection, alternate dispute resolution and negotiation.
- Training and experience in management and organisational planning.
- Volunteer with frail aged care and children with disabilities.

Dianne Langan

- Visits children and adults with a disability and children and young people with a disability in OOHC throughout metropolitan Sydney.
- Experience in education, music therapy, research and community services.
- Masters degree in Education, Bachelor of Education and Music, and Graduate Diploma in Music Therapy.

Neale Waddy

- Visits children and young people in OOHC and children, young people and adults with a disability throughout the Sydney metropolitan area.
- Experience in working with children and young people with a disability and children and young people in OOHC including practical skills in negotiation and advocacy.
- Bachelor of Arts, Diploma of Education, Graduate Diploma in Special Education.

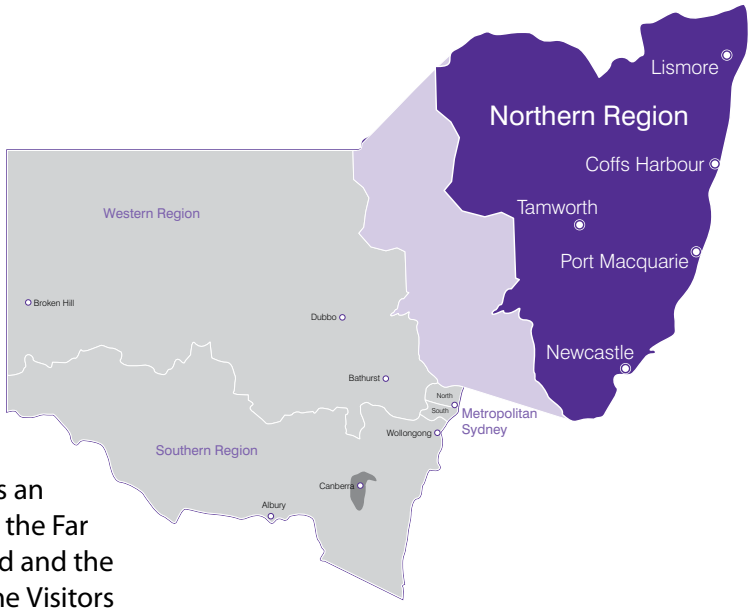
Jo Pogorelsky

- Visits children and young people in OOHC and children, young people and adults with a disability in western Sydney.
- Experience working with vulnerable people, in particular children, young people and adults with a disability. Skills in advocacy and alternate communication techniques.
- Bachelor of Social Work and Certificate in Special Education.

Gary Sandri

- Visits adults with disability and children and young people in OOHC in south eastern and south western Sydney.
- Experience in criminal justice and dispute resolution.
- Experience working with adults with a disability and children and young people, skills in negotiation and dispute resolution.

Regional Focus
Northern region



Official Community Visitor message

By Bruce Donaldson, Official Community Visitor

The Northern Region encompasses an area from the Hawkesbury River to the Far North Coast as well as New England and the North West. There are currently nine Visitors in this region who provide ongoing services to a range of visitable services supporting people with a disability, children and young people in OOHC and residents in boarding houses. Several large residential centres are located within the region and form a significant part of the work undertaken by Visitors. The Northern region recently welcomed the appointment of five new Visitors and we all embrace the prospects of utilising their skills and experience. We also farewelled two Visitors who completed their terms of appointment in 2011.

One of the challenges in the Visitor role in any region is keeping track of residents from visitable services when they move location or change service provider. This is a particular challenge for children with disabilities and children in OOHC. The challenge in providing services to them is made more complex by the fact that they have lived in a variety of locations and moved frequently between services. To avoid contributing to the difficult environment the young person experiences Visitors quickly familiarise themselves with the young person, their background and their environment so that a positive relationship develops. For these young people social isolation, engaging in education and appropriate and meaningful recreational activities are issues Visitors regularly deal with. We resolve issues by negotiating with service staff, to achieve the best possible outcome.

We regularly visit the large residential centres in our region. A particular challenge in these facilities is the ageing of residents and associated increasing health and medical needs; together with their disabilities, this makes the provision of quality services more complex. Issues relating to skin care, fall prevention, dementia and dietary requirements become more crucial as a resident becomes older.

As a result of the closure of the large residential centre, Peat Island, ADHC purpose built a facility called Casuarina Grove. This facility has been designed specifically to provide care to people with disabilities who are aged and ageing. So far, this new facility has proved to be a successful model of care that is meeting the needs of the ageing residents. It provides a much needed state-wide resource.

Some of the most common issues Visitors report in the region include the quality of accommodation and appropriate health care for residents in boarding houses, medication and appropriate medical care, and the authorised consent for restrictive practices applied to people living in care.

An ongoing issue of concern for Visitors is services' increasing use of electronic records. Having records available electronically can be very useful to staff. However problems arise when there may be technical issues limiting staff access to IT systems, in turn

limiting the ability of staff to obtain, record or report important resident information. Visitors can be denied access to electronic records because of IT problems or service privacy and security arrangements.

Participation on working groups by regional members has been a rewarding experience over the past year. Visitors have worked with the Ombudsman's OCV Team to develop new policies and procedures across many aspects of the OCV scheme. The work of the OCV Ministerial Working Group continues to raise issues directly with the Ministers and seek solutions on matters which have a statewide impact on people living in care.

The development of OCV Online has provided time savings for Visitors and has enhanced our reporting processes. A benefit of the OCV Online system has been the additional time available for Visitors to work with services and residents.

Northern region Visitors look forward to continuing a high level of support to and monitoring of the residents of visitable services who are some of the most vulnerable people in our society.

Figure 8. OCV identified issues – Northern region

Target group of services	Total number of visitable services	Number of issues identified	Key issues
Boarding Houses	7	29	• Adequate resident documentation including birth certificate, medical, legal and placement records. • Residents are actively involved in a decision to relocate to alternative accommodation. • Medication storage and administration procedures.
Children and young people in OOHC	81	131	• Individual plans, Health care plans, Behaviour management plans and strategies are in place, implemented, and reviewed. • Access to health assessments, screening, specialists and reviews. • Residents have opportunities for recreation, occupation and education with dignity of risk.
Adults with disability	294	443	• Access to health assessments, screening, specialists and reviews. • Individual plans, Health care plans, Behaviour management plans and strategies are in place, implemented, and reviewed. • Premises, fittings and facilities are clean, suitable and well maintained.
Total	**382**	**603**	

Visitor profiles

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.
- Grant completed his second term of appointment as a Visitor in April 2011.

Bruce Donaldson

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

Roz Armstrong

- Visits children and young people, and people with a disability in the Hunter and Central Coast areas.
- 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.

Maryanne Ireland

- Visits adults with a disability in group homes and large residential services in the Hunter.
- Experience providing support services, advocacy and administration in an NGO providing service for adults with a disability, including the identification and assessment of unmet needs for this group.
- Bachelor of Arts (Hons) (Psychology) and a Masters of Visual Arts.

Bernadette Chance

- Visits children and young people, and people with a disability in the Mid North Coast and New England areas.
- 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.
- Bernadette completed her second term of appointment as a Visitor in August 2010.

Bernadette Mears

- Visits children and young people in OOHC and children and young people with a disability in the Hunter.
- Experience working with children and young people and families in crisis, including mental health, disability, child protection and drug and alcohol problems.
- Bachelor of Social Science.

Ricki Moore

- Visits children and young people in OOHC, and people with disability in supported accommodation in the Mid North Coast area.
- Experience working with people with disability in direct service provision, as a social educator and living skills trainer.
- Certificate IV in Disability Studies.

Roslyn Baker

- Visits people with a disability living in care and children and young people in OOHC in the Far North Coast.
- Has a background in Psychology working with veterans and in adult and adolescent mental health. Experience working with children with developmental and learning difficulties.
- Bachelor of Arts (Psychology and Linguistics) and a Graduate Diploma of Applied Psychology.

Ariane Dixon

- Visits children and young people in OOHC, people with disability and licensed boarding houses in the Central Coast area.
- Experience providing services to children and young people in a special education setting and in the child care sector. Skills in negotiation and issues resolution with a strong client focus.
- Bachelor of Education (Early Childhood).

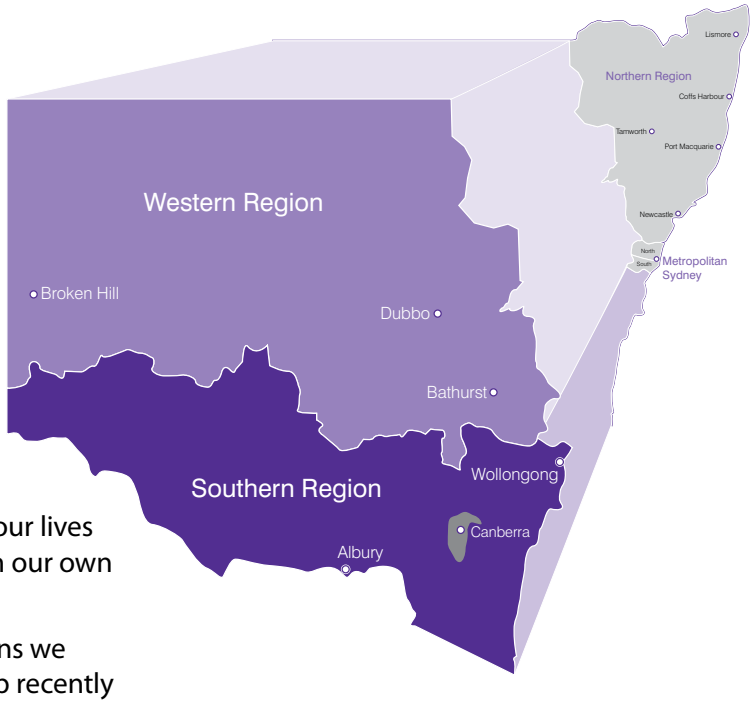
Gwen Teasdale

- Visits adults and children with a disability living in care and children and young people in OOHC in the Hunter and Newcastle areas.
- Experience as a social educator and day program worker in the disability sector, with skills in assisting people with a disability develop living and pre-vocational skills.
- Bachelor of Social Science and Diploma of Health Counselling.

Paul Moulton

- Visits children and young people in OOHC and people with disability living in supported accommodation in the New England and Upper Hunter areas.
- Experience working in the disability sector in rural and remote settings, providing direct care and employment support.
- Bachelor of Arts (Community Organisations Management) and Advanced Certificate in Community Welfare.

Regional Focus Southern and Western region



Official Community Visitor message

By Barbara Broad & Jennifer Leslie, Official Community Visitors

Change is the constant force in all our lives – in both the people we visit and in our own work as Visitors.

In the Western and Southern regions we now have six Visitors and our group recently welcomed three new Visitors. During the year we farewelled one Visitor who finished her appointment.

Our visiting takes us across a large area of the state, to the Far South Coast, the Illawarra and Shoalhaven, the Central West north to Dubbo, the Riverina/Murray west to Griffith, the Southern Highlands and Monaro, and South Western Sydney. As we travel long distances and observe the changes in our diverse countryside, we think about the constant change for the people and the services we visit. Our extensive travelling gives us time to reflect on the lives of those we visit, who include young people in care, people with disabilities and people living in boarding houses, and our continuing efforts to improve the circumstances of these residents.

We are observant, diligent and active in bringing about positive change for the residents we visit. Some of the changes we have achieved in the past year could be seen as minor by some but every positive step to improve the lives of the many vulnerable people we visit is important to us, and more important for the individuals they affect. Cumulatively, the work of Visitors can contribute to major changes in the lives of residents and visitable services. We do this by identifying issues and negotiating with services to resolve the majority of our concerns in a constructive way.

The case studies in this report exemplify our approach. In some cases this work has taken years and has often built on the work of other Visitors, previous and current.

The terms of appointment of Visitors means we are a changing workforce. This has advantages and disadvantages. There is great diversity in our work experience and educational backgrounds. This allows us to build effective networks with the services we visit, providing a firm foundation from which to foster improvement and change.

Some of the Visitors in our region have been lucky to be part of a team that has assisted some people to move to more independent living in this last year. In these situations our Visitor role is more of a supportive one ensuring that the individual needs are continuing to be identified, reviewed and met by the relevant workers and service providers.

As a region, we celebrate the many positive changes we have made for residents in 2010–2011.

Barbara Broad

As a new Visitor who joined Southern/Western regional group in February 2011, my first regional meeting, included discussions about towns in the region that I knew and had a previous connection with. Having been raised in Dubbo, studied in Bathurst and lived in Orange and Wagga Wagga, I was struck

by my familiarity with some of the issues affecting residents, as the other Visitors talked about their visits to services in these towns. I remembered my own feelings of isolation when I lived in Dubbo as a child and just how far away everything seemed and how my identity was so attached to the town and the regional area I grew up in. My colleagues discussed many similar experiences for those living in care in regional areas. It is easy as time has moved on for me to forget the tyranny of distance in these days of the internet and instant communication. But for people living in care in rural communities this isolation can still have a significant impact.

As a new Visitor I have been struck by the diversity and breadth of issues affecting residents and services. However, there is always reference to 'distance' and the scarcity of resources in regional areas by the people I meet on my visits.

It is a privilege to be able to support residents living in services in these regional areas. Being a Visitor provides a unique opportunity to focus on individuals and to provide support and feedback to services which are sometimes overwhelmed by the day to day challenges they face. In my first few months of visiting I have been able to prompt some small gains for residents, and have started an ongoing dialogue with services and residents to enhance the support necessary to meet their needs. A small drop in the ocean I might say - but for those who have benefited from my input and action, perhaps not so small.

I look forward to the rest of my time as a Visitor and thank all of those who have supported and mentored me on this journey so far.

Jennifer Leslie

Figure 9. OCV identified issues – Southern and Western region

Target group of services	Total number of visitable services	Number of issues identified	Key issues
Boarding Houses	16	14	• Premises, fittings and facilities are clean, suitable and well maintained. • Residents are free from abuse and neglect. • Residents are treated with respect and dignity by staff and service.
Children and young people in OOHC	38	30	• Premises, fittings and facilities are clean, suitable and well maintained. • Residents have stability in their accommodation and are not subject to frequent moves. • Residents are free from abuse and neglect.
Adults with disability	239	295	• Premises, fittings and facilities are clean, suitable and well maintained. • Individual plans, Health care plans, Behaviour management plans and strategies are in place, implemented, and reviewed. • Access to health assessments, screening, specialists and reviews.
Total	**293**	**339**	

Visitor profiles

Cathryn Bryant

- Visits children and young people in OOHC and children, young people and adults with a disability in the southern region of NSW.
- Experience in the disability sector and as a provider of direct care to residents in large residential centres and in group home settings.
- Associate Diploma in Social Sciences (Developmental Disabilities).

Jennifer Leslie

- Visits children and young people in OOHC and people with a disability in supported accommodation in the western region.
- Experience working with people with a disability in direct care and as a community development worker Skilled trainer in the community services sector.
- Diploma of Education and Certificate IV in Disability Work.

Mahalia Willcocks

- Visits people with a disability in the Illawarra region and children and young people in OOHC in the Southern Highlands.
- Experience working with children with a disability in an educational setting and adults with a disability in an employment setting.
- Certificate IV in Workplace Training and Assessment.

Rebecca Prince

- Visits children and young people in OOHC and people with disability in the Shoalhaven and Illawarra areas.
- Experience working with adult carers of children with a disability and provided direct care to people with a disability as a community support worker and in day programs. Experience in foster care.
- Bachelor of Education (Habilitation).

Barbara Broad

- Visits people with a disability in the Goulburn/ Queanbeyan and South Coast areas.
- 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.

Marcia Fisher

- Visits children and young people in OOHC and children, young people and adults with a disability in the southern region of NSW.
- Experience in direct care services to people with disabilities and the implementation and development of programs for people with disabilities .
- Bachelor of Applied Science (Intellectual Disability), Bachelor of Primary Education Studies and Certificate in Integration Aide Training.

Terri Mayfield

- Visits children and young people in OOHC and children, young people and adults with a disability in the western region of NSW.
- Experience in OOHC, working with people with disabilities and in the field of mental health; negotiation and assessment skills.
- Bachelor of Social Sciences and a Diploma of Professional Counselling.
- Terri finished her term as a Visitor in December 2010.

The Official Community Visitor scheme forms part of the Ombudsman's financial statements (or 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 below).

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 2010–2011. 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.

Figure 10. Visitor related expenses 2010–2011

	2010-11	2009-10
Payroll expenses		
Salaries and wages	474,435	428,320
Superannuation	41,124	40,043
Payroll tax	25,058	25,175
Payroll tax liability	2,246	2,269
Subtotal	**542,863**	**495,807**
Other operating expenses		
Advertising - recruitment	18,227	0
Advertising - other	0	0
Fees - staff development	8,766	299
Fees - conferences and meetings	11,619	8,996
Fees - contractors	5,648	4,500
Fees - other	677	0
Printing	8,766	6,949
Publications and subscriptions	4,998	0
Stores	1,676	45
Travel - petrol allowance	112,816	125,195
Travel - subsistence[1]	49,464	32,843
Travel - other[2]	38,071	31,983
Subtotal	**257,267**	**210,810**
Total	**800,130**	**706,617**

[1] Meal allowances are included in 'Travel – subsistence'.

[2] 'Travel – other' includes Visitors' costs, such as air, bus, train and taxi fares, postage, stationery and telephone bills.

Contact us

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OCV Team Leader

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Telephone Interpreter Service (TIS): 131 450
We can arrange an interpreter through TIS or you can contact TIS yourself before speaking to us.

Special needs
Audio loop and wheelchair access on the premises.

www.ombo.nsw.gov.au