

# Office of the Public Advocate

Community Visitors Annual Report 2007

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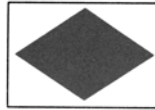
## **DISABILITY SERVICES**





Community Visitor Sophy Athan with Sarah Gordon





OFFICE OF THE  
PUBLIC ADVOCATE

3 September 2007

The Hon. Lisa Neville MP  
Minister for Community Services  
Level 22, 50 Lonsdale Street  
MELBOURNE VIC 3000

Dear Minister

**RE: COMMUNITY VISITORS (DISABILITY SERVICES) ANNUAL REPORT**

In accordance with the *Intellectually Disabled Persons' Services Act 1986*, please find enclosed the 2006-07 Annual Report of the Community Visitors Disability Services Board.

This year, Community Visitors celebrated 20 years of the program. We commend this report to you.

Yours sincerely

BARBARA CARTER  
Acting Public Advocate

KEITH NAM  
Board Member

ALISON GRIBBLE  
Board Member

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# 1 Executive Summary

The Community Visitors Disability Services Board submits this annual report containing the key findings from 3,090 visits to 1,088 residential facilities for Victorians with intellectual and other disabilities, as reported by 312 Community Visitors.

These residential facilities are mainly houses, usually accommodating five residents, located across the state.

Community Visitors are independent volunteers, appointed by the Governor in Council, under the *Intellectually Disabled Persons' Services Act 1986* and the *Disability Services Act 1991*. They make unannounced visits in a panel comprising a minimum of two Community Visitors.

These key findings are derived from a detailed analysis of issues identified in the reports of visits as written by Community Visitors following each visit.

This year, a total of 3,512 issues were recorded from visits in computer-generated summary reports prepared by the 31 volunteer Regional Convenors, each of whom is responsible for managing and supporting a team of volunteers at the local level.

Of these issues, only 35 per cent are noted as resolved by the end of the year. In addition, there were 2,500 unresolved issues carried over from previous years, of which 49 per cent are recorded as resolved at the end of this reporting year. Regional Convenors indicated, however, that when responses are inappropriate, inaccurate or absent, it is not possible to clarify resolution of the issue, which may in part explain this significant proportion of unresolved issues.

The findings of visits by the Disability Services Community Visitors are reported under the respective Department of Human Services (DHS) region. The key findings from across Victoria are summarised as follows.

- Much improvement is needed in the quality of individualised or person-centred plans to ensure that a resident's capacity for physical, social, emotional and intellectual development is assisted and enhanced.
- Emphasis is placed on the importance of well trained, capable staff in supporting residents to achieve their maximum potential and in providing quality care.
- It is frustrating that some entrenched institutionalised practices and attitudes are allowed to continue that affect the quality of care and support provided, and belittle the dignity and respect of people with a disability.
- There is concern that people are still living in undesirable and deteriorating institutionalised environments.
- Community Visitors observe many examples of well-planned leisure activities that residents enjoy and instances of residents being supported to move into independent living situations.
- There is inconsistency in the provision of accurate and readily available documentation to enable Community Visitors to effectively monitor the welfare and wellbeing of residents, especially their medical, dental, nutritional and behavioural needs.
- There is an urgent need to address the changing needs of residents who are ageing, with increased opportunities for flexible funding approaches and for modifications to enable ageing in place.
- There is a continuing crisis in unmet accommodation needs for people with a disability across Victoria.
- The large number of people occupying respite beds on an ongoing basis is having an impact on the availability of beds for families in desperate need of respite.
- There are unacceptable delays in rectifying building and maintenance concerns and achieving necessary repairs. This trend has created discrepancies in the quality of accommodation.
- More information is needed for the analysis of findings that review medical needs and shortfalls for people with a disability in the circumstances surrounding deaths of residents in order to bring about any systemic improvements identified.

## 2 Recommendations

- 1 That the Department of Human Services and all community service organisations that provide a residential service ensure that each resident has an individualised or person-centred plan which is 'about the person', reflecting that person's individual choices, and implemented, as a matter of priority.

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- 2 That the Department of Human Services and all community service organisations commit to enhancing the skills and abilities of all disability support staff in order that active support strategies are comprehensively used to improve the daily living skills and independence of all residents.

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- 3 That, by 30 June 2008, there are plans and proposals approved to redevelop outdated institutions and congregate care facilities to ensure improvement in quality of life for people still living in undesirable and deteriorating institutionalised environments.

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- 4 That the Victorian Government undertake a review of the profound effect experienced by people with a disability who have untreated medical and dental conditions due to long delays in gaining access to much needed public medical and dental services. Early intervention and prevention are essential.

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- 5 That all residential service providers accept greater responsibility for managing the diet and nutrition of residents, in accordance with policies about duty of care, and monitor practices accordingly.

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- 6 That government policies, protocols and practices are developed and put in place for the specialised care needs of people with an intellectual disability as they age.

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- 7 That the government urgently prepares a strategy to plan and build more disability specific accommodation of the community residential unit type, to avoid an escalation of the crisis in unmet accommodation needs and eliminate the use of respite beds for emergency accommodation.

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- 8 That all inequalities in housing be urgently rectified and that high priority is given to widespread and necessary repairs and maintenance for existing residential facilities.

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- 9 That the Department of Human Services Medical Committee on Client Mortality, or whatever mechanism is most appropriate, be asked to provide timely reports about the important systemic issues arising from reportable deaths.

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- 10 That, in the interests of resolving issues reported by Community Visitors from their visits that affect the quality of life of the residents, the Department of Human Services and all community service organisations commit to responding to Community Visitors' reports within one month of the visit.

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# 3 Message from the Public Advocate as Chairperson of the Community Visitors Disability Services Board

For 20 years, Community Visitors have been informing government of issues affecting the most vulnerable members of our community. The Community Visitors are the eyes, ears and voice of the community. The Community Visitors also provide a voice for people with a disability who may be unable to advocate for themselves.

This Annual Report is based on the dedicated work of the Community Visitors in the Disability Services stream of the program who conducted 3090 visits to registered accommodation services in 2006-07.

On behalf of the Community Visitors Disability Services Board, I thank all Community Visitors for their commitment, time and energy in promoting the rights of people residing in the facilities we visit. The Community Visitors perform a most valuable role and the production of this report is an important part of the advocacy effort of the program.

There are many examples of good practice outlined in this report. The Community Visitors Disability Services Board is resolved to recognise and promote practice which contributes to improved outcomes for people residing in the facilities.

Many findings are reported here that are examples of poor practice and where the service providers are struggling to introduce improvements. The variable quality of personal plans is a particular issue for the Board this year. In areas such as community inclusion, the findings range from facilities that leave residents bored a good deal of the time or offer outings that fall far short of meaningful attempts to foster community inclusion, through to facilities that are doing exemplary work and where they are supported by regional management who encourage innovation and have effective programs for the residents. The service providers have much to learn from each other in this area.

As the final stages of closure of the institution of Kew Residential Services (KRS) unfold, the Board applauds the Government for the redevelopment and urges the sustained effort to now redevelop the remaining institutions, Colanda in Colac and Sandhurst in Bendigo.

I acknowledge the support and cooperation provided by community service organisations and DHS staff at regional office and central program areas in the Community Visitors Program's efforts to help protect the rights of residents on a day-to-day basis. Many issues were resolved throughout the year by the good work and cooperation between the agencies.

The former Public Advocate, Julian Gardner, was a member of the Community Visitors Disability Services Board for all but two months of the year. The Board, Community Visitors and staff thank Julian for his vision, inspiration and support.

I also thank the Community Visitor members of the Community Visitors Disability Services Board for their many hours of work in producing this report and their many other valuable contributions this year towards improving the lives of people who live in the registered disability accommodation facilities.

## **Barbara Carter**

Acting Public Advocate/Chairperson,  
Community Visitors Disability Services Board

# 4 Introducing the Community Visitors Disability Services Board

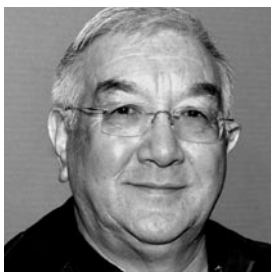


**Barbara Carter**

Acting Public Advocate/Chairperson of the Community Visitors Disability Services Board

Barbara Carter has been the Acting Public Advocate between the appointments of Julian Gardner and Colleen Pearce. She has been with the Office for 15 years and her substantive position is Manager of advocacy and guardianship (West). She first joined OPA as the co-ordinator of the Community Guardianship Program and she has substantial experience working in volunteer programs as well as being a volunteer in the community.

Barbara started her working life as a secondary teacher in the technical education system and after post-graduate study was a Lecturer in Political Science and Political Philosophy at Monash University.



**Keith Nam**

*"I am pleased to have the opportunity to serve as a member of the Community Visitors Disability Services Board. I believe the Community Visitors Program plays an important role in the life of an intellectually disabled person because of its independence in promoting and contributing to the quality of life and wellbeing of all people with a disability."*

Keith joined the Community Visitors program in 2001 after his long involvement with disability services both as a parent and as a member of a voluntary committee responsible for managing several community residential services.

He became a Regional Convenor of the program in the Eastern Metropolitan Region in 2002 and joined the Board in 2005.



**Alison Gribble**

*"The role that Community Visitors play in defending the rights of people with a disability is so important and very rewarding. I appreciate the opportunity to represent Community Visitors on the Board and to support the wonderful work that they fulfil."*

Alison has been a Community Visitor since 2000 and joined the Board in 2006. Prior to this, she was a Community Guardian for ten years for the Office of the Public Advocate.

Alison has served voluntarily on numerous advisory committees during her career including chairing the National Junior Wheelchair Sports Organising Committee and co-chairing the City of Port Phillip Older Persons' Reference Group.

# 5 Message from the Program Manager



This year the Community Visitors Program celebrated 20 years of service.

At our annual general meeting and conference in June, we focused on achievements and celebrated the fact that the service system for people with a disability in Victoria has undergone major reform in many areas. The government, DHS and community service organisations (CSOs) in Victoria have achieved remarkable changes by comparison with national and international developments over the past 20 years.

The closure of Kew Residential Services will be a landmark for the Community Visitors Program. When the program commenced in 1987, there were 3,000 people in large congregate care facilities and around 200 in community-based houses. Today, there are around 5,600 people in community-based housing and 200 in large congregate care facilities.

While there is much to celebrate, we are mindful that there is a continuing need for the inquiry, reporting and advocacy of the Community Visitors Program.

The findings reported by the Community Visitors Disability Services Board include many familiar themes and, while we recognise that change is often a long process, the frustrations of Community Visitors on many issues are a reminder that some people in facilities are being affected by poor building conditions (fabric), inadequate attention to health needs and a lack of programs on a daily basis.

The Community Visitors are one important voice for the residents. As at 30 June 2007, there were 1,217 issues reported as being resolved for the year. The total number of issues identified for action by the Community Visitors was 3,512. There were 2,295 unresolved issues or 65 per cent of all issues reported to service providers for the year. This is a most disappointing trend of the service providers.

I want to acknowledge and thank DHS regional staff for their inclusion of Community Visitors in information and training sessions around the implementation of the new *Disability Act 2006*. The Community Visitors share an anticipation and desire to ensure the new Act brings improvements for residents.

I acknowledge the work of the staff of the program, particularly Jo Hallenstein, the Coordinator responsible for supporting the Community Visitors Disability Services Board. Jo has primary responsibility for consulting with the senior policy and program people at DHS on disability matters and advising the Office of the Public Advocate in relation to policy and advocacy priorities in this area.

**Ron Tiffen**

Manager, Community Visitors Programs

## 6 Introducing the Staff

The recruitment, training and ongoing support of the Community Visitors is the responsibility of staff in the Community Based Programs Unit



Back row. Leonie Swift, Coordinator, Health Services; Ruth Moeller, Training and Development Coordinator; Ron Tiffen, Manager, Community-Based Programs; Jacqui Schultz, Coordinator, Mental Health Services; Nik Vracatos, IT support

Front Row. Jo Hallenstein, Coordinator Disability Services; Mary Macgregor, Recruitment Coordinator; Jennifer Watt, Coordinator Continuous Improvement; and our colleague Julianne Fogarty, Coordinator, Independent Third Persons Program.

The Community Visitors Program is also ably supported by administration officers Margaret Canzoneri and Liz Smith.



Coordinator Disability Services, Jo Hallenstein, with a Community Visitor at the 20th Anniversary Community Visitors Conference

# 7 Introducing Community Visitors

Community Visitors are independent volunteers who safeguard the interests of people with a disability. The Community Visitors Program is part of the Office of the Public Advocate. The Community Visitors Program is arranged in three streams to reflect the type of services visited:

- Disability Services – visits are conducted to institutions, congregate care and community-based residential facilities for people with a disability
- Health Services – visits are made to people who require assistance with daily living who reside in supported residential services (SRSs)
- Mental Health – visits are made to patients and residents in mental health facilities providing 24-hour nursing care.

The legislative framework is derived from the following Acts of Parliament:

- *Intellectually Disabled Persons Services Act 1986\**
- *Disability Services Act 1991\**
- *Health Services Act 1988*
- *Mental Health Act 1986*

\* Replaced from 1 July 2007 by the *Disability Act 2006*.

The legislation also establishes three Community Visitors Boards: Disability Services, Health Services and Mental Health. The Boards are responsible for reporting the activities, issues and findings of the Community Visitors to the Victorian Parliament each year, through the respective Minister.

The Community Visitors are appointed by the Governor in Council. They are empowered by legislation to visit specified facilities, to make enquiries of residents and staff and examine selected documentation in relation to the care of people residing at the facilities. Community Visitors usually make unannounced visits. They visit in teams of two or more. At the conclusion of each visit, the Community Visitors prepare a report summarising the findings and indicating items where action is required. A copy of the report is provided to the most senior staff member at the facility or the proprietor in the case of an SRS.

Where an issue cannot be resolved at facility level, it is usually taken to a more senior manager in the agency and/or the DHS regional office. Serious matters may be referred for action within the Office of the Public Advocate and dealt with as part of the Public Advocate's broader powers.

## 7.1 Visits by Community Visitors

Community Visitors made 5,620 visits this year, representing a decrease of 8 per cent from the previous year, due to budget constraints.

### Number of visits by streams

	04/05	05/06	06/07
Disability Services	3,008	3,210	3,090
Health Services	1,617	1,528	1,279
Mental Health Services	1,489	1,374	1,251
<b>TOTAL</b>	<b>6,105</b>	<b>6,112</b>	<b>5,620</b>

While the vast majority of visits are scheduled and unannounced, a significant number are in response to specific complaints. This includes 412 referrals to the program via the Office's Advice Service. On occasions, repeated visits are necessary to certain facilities over a short period, in response to serious issues identified.

## 7.2 Visits by Community Visitors in the Disability Services stream

In 2006-07, Community Visitors completed 3,090 visits to 1,088 facilities in the Disability Services stream. There is a legislative requirement for Community Visitors to visit the three gazetted residential institutions (Kew Residential Services, Colanda Residential Services and Sandhurst Centre) on a monthly basis. This was achieved with a total of 168 visits being recorded for the 19 units (each accommodating a large number of residents) at these institutions. There is no legislated minimum number of visits to the other 1,069 accommodation services, which generally accommodate up to five people. Most places were visited at least twice during the year.

From the visits, a total of 3,512 issues were recorded this year in computer-generated summary reports prepared by the 31 volunteer Regional Convenors, each of whom is responsible for managing and supporting a team of volunteers at the local level. Of these issues, only 35 per cent are noted as resolved by the end of the year. In addition, there were 2,500 unresolved issues carried over from previous years, of which 49 per cent are recorded as resolved at the end of this reporting year.

# 8 Goals, Objectives and Guidelines of The Board, 2006-07

## 8.1 Goals and Objectives

The Community Visitors Disability Services Board provides each Community Visitor with a set of operational goals and objectives for visiting. Under these goals, Community Visitors are asked to refer to the annual Community Visitors Disability Services Board guidelines for visits and to report against them.

Based on acceptable community standards, their reports raise any inadequacies identified. Community Visitors also use their reports for advocating with the nominated service managers for improvements in the lives of the residents.

As matters develop into unresolvable issues from visits, the Regional Convenors will refer them to the Community Visitors Disability Services Board for consideration as statewide systemic issues for the annual report

## 8.2 Guidelines for reporting issues related to resident wellbeing, human rights and quality of life

### 1 Individuality

- 1.1 Individual program plans/individualised or person-centred plans
  - Progress notes with plans, date currency and review date
- 1.2 Choice/decision making
  - Empowerment, participation in planning including household decisions eg. meals
- 1.3 Dignity/Rights
  - Privacy, respect, age appropriate treatment, access to information, relationships, etc

### 2 Capability and Capacity

- 2.1 Support/care/assistance from support staff
  - Are levels of support for each resident appropriate?
- 2.2 Facilitating/encouraging independence
  - Is there allowance for dignity of risk, engaging residents (as in 'active support')?
- 2.3 Resident complaint
  - Resident knows the process, enabled capacity, information on how to contact Community Visitors

### 3 Community Inclusion

- 3.1 Participation/engagement/inclusion in the community
  - Involved with general community groups, church of choice, shopping, hairdresser
- 3.2 Enabled access to the community
  - Transport availability, travel training on public transport, wheelchair maintained
- 3.3 Leisure activities and recreation
  - Holiday travel, relax at clubs, cultural and sporting activities, interest groups, crafts

### 4 Welfare and Wellbeing

- 4.1 Abuse/neglect
  - Long periods left with no engagement, physical/emotional harm, needs of residents unmet
- 4.2 Financial management
  - Transparent records, fair disbursement of funds responsive to the person's needs
- 4.3 Compatibility
  - Resolution process of incompatibility between residents, inappropriate placement
- 4.4 Health care needs
  - Timely attendance at local medical/dental services, dietary issues
- 4.5 Aids and equipment
  - Access to and support with ergonomically correct special aids and equipment
- 4.6 Restraint and seclusion
  - Documentation, consideration of less restrictive alternatives
- 4.7 Personal safety
  - Over-protection, lack of sufficient supervision, high risk issues
- 4.8 Incident reports
  - Clearly recorded, frequency of similar incidents, preventative actions noted

## 5 Statewide issues from the Community Visitors Disability Services Board

- 5.1 Institutions and congregate care settings
  - Progress with redevelopment plans and deinstitutionalisation
- 5.2 Ageing and planning
  - Preparatory strategies for ageing residents, gradual retirement, understanding dementia
- 5.3 Unmet need in accommodation
  - Known demand for supported accommodation, unsatisfactory residential arrangements
- 5.4 Respite issues
  - Unavailability, inappropriately used for long-term homeless
- 5.5 Restrictive practices such as use of locks
  - Blocking access within the home eg. cupboards
- 5.6 Preventative health care
  - Monitoring, regular screening (e.g. breast screen, skin checks) and keeping records

## 6 Residential Environmental

- 6.1 Ambience and comfort
  - Homely, tidy and clean (e.g. bathrooms free of mould), comfortable furnishings, modern fittings
- 6.2 Heating and cooling
  - Is it adequate? Comfortable temperature control as needed
- 6.3 Access
  - Ramps, sufficiently wide doorways, spacious rooms relevant to needs of residents
- 6.4 Security
  - Safe from intruders, secure withdrawal area at critical incident
- 6.5 Fire safety
  - Smoke alarms, kitchen fire blanket, fire extinguishers maintained, evacuation plan
- 6.6 External presentation/outdoor areas
  - Gardens, pathways, fences
- 6.7 Environmental safety
  - Secure storage of dangerous substances, disposal of waste and contaminated items

## 7 Fabric (building condition) and maintenance

- 7.1 Building structure and design
  - Appropriate size and layout, acceptable standard of community housing
- 7.2 Upkeep of building and fittings
  - Painting internal/external, gutters, appliances, repairs
- 7.3 Landlord issues
  - Problems in actioning maintenance (identify landlord, e.g. Office of Housing, Singleton Equity Housing, DHS, private)

## 8 Additional Findings and Issues

- 8.1 Reportable deaths
  - DHS/Coroner advised, Community Visitors informed
- 8.2 Staff awareness of Community Visitors protocol
  - Staff know the role of Community Visitors, staff cooperation, staff assist residents to communicate
- 8.3 Other
  - Describe any other issues not listed above

# 9 Findings - Statewide

## HOW TO READ THE FINDINGS

Please note that the Findings against the Goals of Community Visitors in the Disability Services stream are outlined in this Annual Report for each region of grouping of the Department of Human Services. Hence, a complete reading of this report will find a certain degree of repetition as sometimes the findings have been made in more than one region. The numerals against each finding in the regional reports relate to the guidelines.

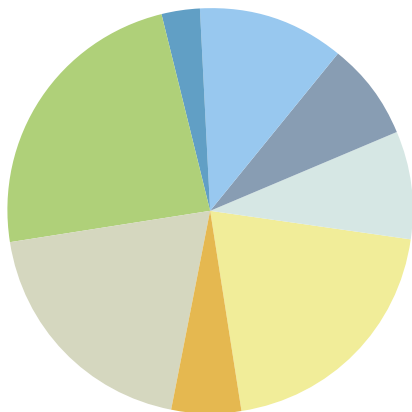
The statewide findings of this annual report are drawn from the collation and analysis of the 3,512 issues reported this year by Community Visitors from their 3,090 visits, against the *Community Visitors Disability Services Board Guidelines for Reporting Issues*.

Of these issues, volunteer Regional Convenors noted 35 per cent as 'resolved' by 30 June 2007. At the start of the year, another 2,500 unresolved issues were carried over

from previous years, of which 49 per cent were recorded as resolved by 30 June 2007. Regional Convenors indicated, however, that when responses are inappropriate, inaccurate or absent, it is not possible to clarify resolution of the issue, which may in part explain the significant proportion of unresolved issues for this reporting year. All unresolved issues will carry over automatically to the next reporting year as outstanding issues of concern.

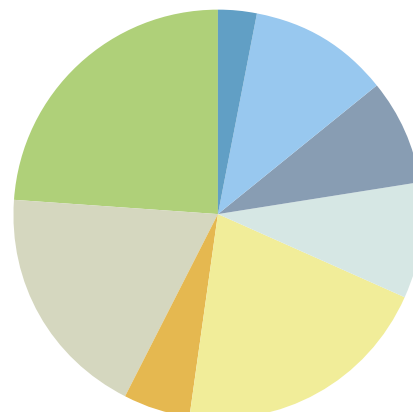
**Disability Services – Statewide Summary of Issues Reported Against the Guidelines, Number and Percentage**

July 2006 - June 2007



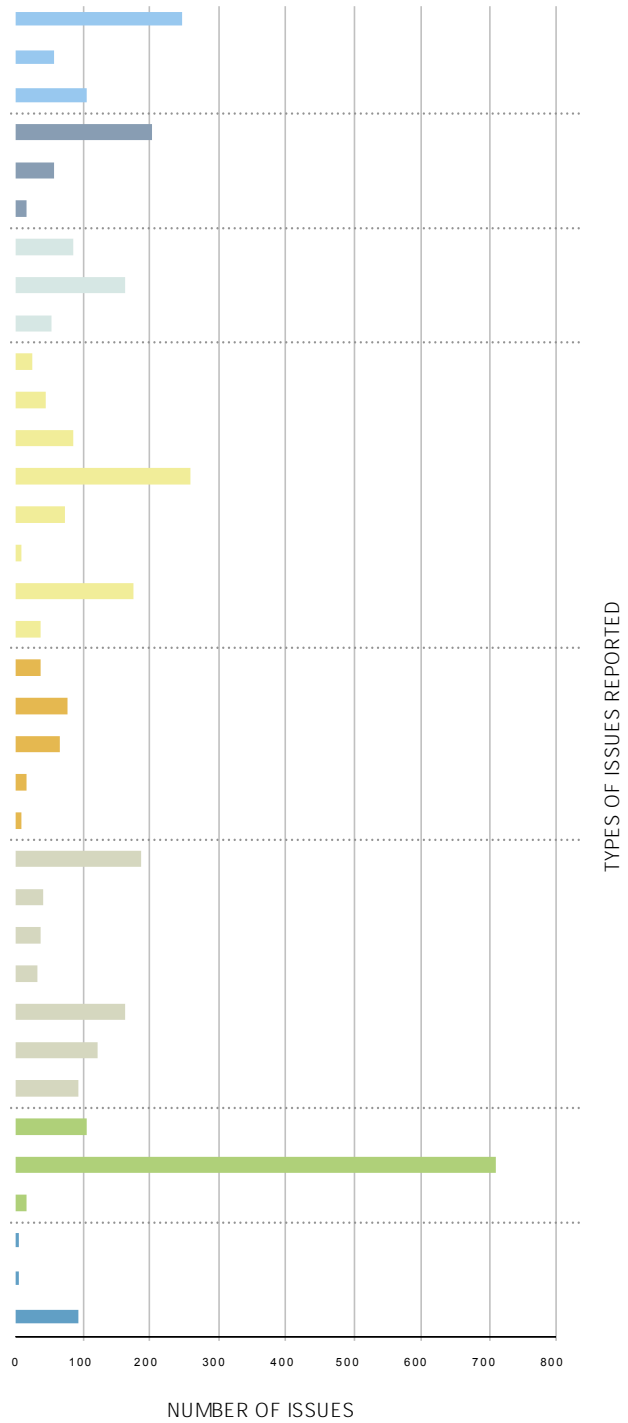
**Disability Services – Statewide Summary of Unresolved Issues Against the Guidelines, Number and Percentage**

July 2006 - June 2007



Disability Services – Statewide Summary  
of Issues Raised Under the Guidelines

July 2006 - June 2007



# 9 Findings - Statewide (cont)

## 9.1 Findings against the goal of individuality for residents

**(a) Personal plans need to improve in quality to ensure that an individual resident's capacity for physical, social, emotional and intellectual development is assisted and enhanced.**

Individualised or person-centred plans, are an important part of a service provider's responsibilities. Community Visitors find that there is a wide variation in the quality of these plans. The ability of residents living in a shared, supported residential environment to express themselves as freely and independently as possible, and to be treated with respect and dignity with regard to personal choice, is a fundamental principle underlying the provision of residential support services for any person with a disability. In anticipation of the implementation of the *Disability Act 2006* from 1 July 2007, it is stated under Section 5(2)(c) that "Persons with a disability have the same right as other members of the community to realise their individual capacity for physical, social, emotional and intellectual development". The manner in which such individuality is realised is of very particular interest to Community Visitors.

Under the new Disability Act, an individual resident should be assisted in developing their own support plan, to choose friends and family members with whom they wish to be involved in the planning process, in order to express their own wishes. It is usual practice for a house manager or supervisor to facilitate the planning process by arranging a meeting with the necessary invitees and to finalise the preparation of a documented personal plan. In recent years, the emphasis has changed from the plan 'being done for the person' to the plan being 'about the person', or being 'person-directed' or 'person-centred'.

The experiences of Community Visitors are extremely mixed when considering the development and application of personal plans and individuality. There is no doubt that some of the best visits occur when plans are up-to-date and have meaning for residents and staff members alike, with residents presenting themselves to the Community Visitors as bubbly and happy, and clearly indicating that they are leading fulfilling and exciting lives. However, this is not always reported to be the case with the plans variously described as inconsistent, inadequate, ignored, lacking balance, emphasising behaviour modification needs, being out of date, still waiting for review, or just not adequately reflecting that person's individual choice.

**(b) Many residential services do not have individualised or person-centred plans accessible for Community Visitors to review as is required under the legislation.**

A major frustration for Community Visitors on a visit is not to be able to access personal plans when they request to do so. During April and May 2007, Community Visitors were asked by their Board to complete a brief survey and indicate if they could view plans on request. Of 300 survey returns from visits across all regions, 37 (or 12 per cent) responded that they could not gain immediate access on the visit. The reasons stated included: 'in head office', 'locked in cabinet', 'not ready', 'on the computer', 'being converted to new person-centred approach', 'files not brought to this house during temporary relocation', 'staff are in process of receiving training' or 'staff unable to locate'. When asked to comment on the quality of the personal plans when accessed, some 24 responses indicated that plans were either not up to date, of poor or average quality, or in one case, were non-existent for three of the four residents.

## 9.2 Findings against the goal of service capability and capacity

**(a) Many residential services provide a reasonable to good standard of care and support for residents. Problems arise where staffing shortages and management practices lead to risks and poor culture.**

In most regions, Community Visitors and some residents continue to raise specific concerns about the quality, adequacy and ability of staff to implement active support strategies, which enable the involvement of residents in daily life skills, according to the individual needs of residents. Community Visitors also question the vulnerability of residents, who are often in the care of only one staff member, raising concerns about safety, possible neglect and abuse, and the lack of any real accountability through such systems as recording incidents and maintaining comprehensive personal plans.

The importance of well-trained and capable management and leadership in these settings is again highlighted as a major concern in the regional reports of Community Visitors.

Inadequate staff resources and poorly resourced staff rosters are seriously affecting the quality of life for many residents. Community Visitors are frustrated when they still see some entrenched institutionalised practices and attitudes in a number of facilities, across both department and community service organisation managed services.

The recent introduction of the active support strategies in the Loddon-Mallee and Hume regions is a positive initiative for both staff and residents to encourage increased engagement between staff and residents around the house in everyday lives. It is hoped that such improvements are sustained and become a part of normal daily life.

### 9.3 Findings against the goal of residents being included in the life of their communities

**(a) There are many examples of improved practices that lead to greater community inclusion and participation by residents. The lack of suitable transport in certain areas remains problematic.**

In the truest sense of the concept, 'community inclusion' has not yet achieved widespread practice for people with a disability across the state. There are, however, many instances of Community Visitors reporting positive practices of participation in the community, especially in country Victoria. This annual report gives many examples of residents enjoying disability and mainstream services provided by the local community including paid work, creative outings and holiday options. Some residents have also moved into the community to live independently. Staff members are to be congratulated for their efforts in making every attempt to engage residents in meaningful, well-planned and ongoing community-based leisure activities.

Unfortunately, transport is the main inhibitor of spontaneous community participation. While sharing of transport often enhances opportunities for some houses, in others it creates a logistical nightmare. This is because houses are either not in close proximity, or public transport is practically nonexistent or unsuitable, or taxis are unreliable.

Neighbourhood interaction can be positive with one example of a former resident of Kew Residential Services invited by a neighbour to join the local bowling club. Conversely, Community Visitors report derogatory comments made by neighbours about people with a disability. In another instance, neighbours wrote to the council complaining about the mini-bus parked in the street. Community education needs to break down such attitudes.

### 9.4 Findings against the goal of meeting residents' welfare and wellbeing needs

**(a) Well-coordinated preventative health and dental care is essential for people with a disability but is not always evident**

Community Visitors across the regions continue to raise concerns about the attention given to the medical needs of residents. Long delays, sometimes up to four years, can have a profound effect on how people with a disability cope with untreated medical conditions. One person was refused essential treatment at a rural public hospital until a large, upfront fee was paid. In some instances, residents need to travel long distances to attend medical appointments. This is a particular challenge in rural Victoria. Community Visitors also report on the additional impact distance has on the person with a disability, especially if there are added behavioural difficulties. Residential services and residents could be encouraged to investigate the benefit of obtaining private health insurance as a way of achieving greater independence and choice in medical services.

Similarly, Community Visitors are extremely concerned about the importance of preventative dental care. Long waiting periods to gain access to necessary dental treatment can result in deteriorating conditions. One matter raised by Community Visitors involved the admission to hospital of a resident, initially for two extractions. By the time the resident was admitted, however, drastic measures were taken, with all 12 remaining teeth removed. Other issues of concern have also emerged regarding dental care and follow-up after major dental procedures. Improved practices are needed in this important area of health and wellbeing for people with a disability.

Poor nutrition and diet are of major concern in this annual report. For instance, Community Visitors refer to residents' weight charts not being completed correctly, behavioural issues resulting from inappropriate diet and an inability to manage obesity when a resident 'chooses' to overeat junk food. Community Visitors consider that nutrition and diet management is a critical aspect of duty of care.

Allegations of sexual abuse surface from time to time and lead to anguish for those affected. The importance of prompt action and reporting is crucial in the gathering of forensic evidence in addition to ensuring the safety of a vulnerable person with a disability. When sexual behaviours affect the compatibility between residents, it is important for the service provider to review the needs of each individual thoroughly. All parties involved should be aware of the



recent publication by DHS entitled *Personal relationships, sexuality and sexual health policy and guidelines*.

Community Visitors also raise the inability to access necessary, and often costly, aids and equipment as a problem for some residents. Sometimes a resident is waiting for up to two years for essential items. Enduring pain and other health problems does reduce a person's quality of life. Community Visitors call on support staff to make every effort through the correct channels to resolve these ongoing concerns as quickly as possible.

Accurate documentation about individual residents' health and behaviour is a fundamental requirement and duty of care practice. Community Visitors have commented for some years about the importance of accessible and consistent systems of reporting and record keeping in each residential service. One important aspect of the work of Community Visitors is to look at the necessary documentation required to be kept about residents. These include (but are not limited to) personal files, health care records, incident reports and restraint and seclusion reports. Community Visitors observe a mixture of good and not so good practices, within houses managed by the same regional service provider as well as across different service providers. In one region, mention was made of plans to introduce the 'McDonald's office', that is the same filing and reporting systems across all houses in one regional service. However, this seems to be very difficult to achieve.

**(b) Several residential services fail to provide Community Visitors access to incident reports.**

In response to complaints from Community Visitors about the difficulties encountered in accessing incident reports, the Board asked Community Visitors to request incident reports on their visits in April and May 2007 and to respond in a survey as to whether or not access was achieved. Of 300 survey returns from visits across all regions, there were 26 (or 9 per cent) indicating that no access was possible. The most common explanations were that the reports were held at a central register and were, therefore, not on the person's file, or were 'on the computer' and could not be accessed by the staff member on duty. For Community Visitors to be effective in monitoring the welfare and wellbeing of the daily lives of residents, access to such information at the time of the visit is essential.

## 9.5 Findings against the goal of progress to redevelop institutions and congregate care services

**(a) There are still more than 220 people living in undesirable and deteriorating institutionalised environments that are in need of urgent decisions for redevelopment**

Community Visitors continue to comment on the remaining outdated institutions managed by DHS and the congregate care facilities in the community service organisations. Some progress has occurred during the year but urgent decisions are required for commencing redevelopment plans to ensure the improvement in quality of life for more than 220 people still living in undesirable and deteriorating institutionalised environments.

These facilities include:

- the Colanda Residential Services in the Barwon-South Western region for which a consultation process on the future needs of Colanda residents has commenced
- the Sandhurst Centre in the Loddon Mallee region
- the Oakleigh Centre in the Eastern Metropolitan region.

## 9.6 Findings against the goal of planning for residents who are ageing

**(a) Services are more responsive to the needs of older residents but there are still significant gaps in policy that need to address the specialised planning and care needs of people with an intellectual disability as they age.**

With the ageing of the resident population, there is a growing, if not urgent, need for organisations to develop policies and plan for the future needs of the elderly. Community Visitors have observed the introduction of a range of measures to accommodate the needs of older residents who no longer wish or are unable to attend day programs on a full-time basis. There is also evidence of commitment and awareness by residential support staff in addressing the changing needs of those in their care by providing choices to residents and enabling variety in their daily routine. Community Visitors applaud the adoption of flexible funding approaches. This allows for the employment of extra staff to work, one on one, with residents to cater for their personal interests as they age.

Long-range plans and strategies need to be developed for accommodation options, health needs and lifestyle choices. Major modifications in staffing are required to include the need in many houses for active night staff. Overall, policies must be debated and decided at a state level, to address the issues of 'ageing in place' before residents are moved to high care community aged care facilities. As the resident population ages, Community Visitors are observing an increasing number of those with an intellectual disability displaying the onset of dementia. Community Visitors want to see government policies, protocols and practices developed and put in place to provide for the specialised care needs of people with an intellectual disability as they age.

## 9.7 Findings against the goal of unmet need of suitable accommodation for people with disabilities

**(a) Several people in need of supported accommodation are living in respite services for long periods, sometimes years, because there are no other suitable accommodation options available.**

The unmet need in accommodation is symptomatic of an insufficient number of disability specific, supported accommodation facilities available in the community. The introduction of alternative flexible funding packages, like that of 'support and choice', has provided much needed alternative accommodation opportunities for many people with a disability. However, there remain those people with a disability who of necessity require a greater level of support by trained and experienced staff in a shared supported accommodation setting, but for whom a vacancy does not exist. Currently, there are several people known to be living on a long-term or permanent basis in respite houses, because there is nowhere else. (In March 2006, DHS reported there were 40 people living in long-term respite in Victoria.) Furthermore, the practice of moving some of these homeless residents to a different respite house for a weekend or on alternate weeks, in order to resolve the demand for the respite beds, is totally unacceptable and an indictment on the disability service system.

In addition, there is the group of existing residents who are inappropriately accommodated, but when needs change and incompatibilities arise, are unable to move to more suitable situations, as there is nothing else available to them.

Unless the government adopts a strategy to plan and build more disability-specific accommodation, a continuing crisis will escalate for the population for whom there is an unmet accommodation need.

## 9.8 Findings against the goal of sufficient and appropriate respite services

**(a) The demand for residential disability respite services exceeds what is available.**

Community Visitors again raise their concerns about the lack of sufficient residential respite services in disability specific facilities, across most regions. The replacement of one or two older facilities with new purpose-built ones is a positive, but the continuation of shared bedrooms in many others remains unacceptable and inappropriate.

The demand for facility-based residential respite services, the preferred form of respite for families in regional Victoria who live on remote properties, continues to exceed the current services available. There are several factors reported that have a great impact on who can use these respite services and when. Of particular significance is the need to plan and allow for compatibility between respite users, further exacerbated when there are shared bedrooms; the application of waiting lists and who should have priority use; and the unresolved need to use respite beds for emergency and subsequent long-term accommodation.

The use of respite beds for emergency placements that become long-term placements is a direct result of the ongoing unmet need in permanent disability services accommodation. Most regional reports indicate that someone is or has been living inappropriately in a respite house, often for years. The consequences are varied – pressure on staff, pressure on the individual and pressure on those who cannot access respite. Community Visitors consider that this is a statewide matter. This unmet need in accommodation represents an area for urgent attention by government, to adopt a strategy to plan and build more disability-specific accommodation, as highlighted previously.

## 9.9 Findings against the goal of monitoring the use of restraint and seclusion

**(a) Within some houses, the locking of doors to form barriers within the place is too common and the services need to attend to this, particularly in the context of the new provisions of the Disability Act**

In previous years, the Community Visitors have recorded restraint and seclusion practices more broadly. This year, the focus has been on the use of barriers within houses, the locking of doors to bar people from moving freely through the place. The Community Visitors have found laundries and kitchens locked, even cupboards and recreational material locked from access. Service providers need to be more considered of the principles of 'least restrictive' practices. Under the new Act, Community Visitors will be more rigorously monitoring all aspects of restraint and seclusion.

## 9.10 Findings against the goal of a quality residential environment for residents

**(a) The quality of accommodation for people with a disability varies, from excellent to very bleak and unacceptable.**

Community Visitors are pleased to note the replacement of unsuitable houses in some regions. However, with the opening of several new purpose-built houses in recent years, especially those built as a result of the Kew Residential Services redevelopment, Community Visitors report on the accelerating inequity between these new houses and the remaining old and inappropriate houses.

It is extremely disappointing and frustrating to report, yet again, that across most regions there are many issues identified in a large number of unsuitable and often bleak and depressing facilities where many residents, sometimes with deteriorating health, are forced to reside. This is a widespread problem irrespective of who is the landlord – DHS, a community service organisation, Singleton Equity Housing, the Office of Housing or a private landlord.

## 9.11 Findings against the goal of residents living in well-maintained buildings in good condition (fabric)

**(a) Bureaucratic processes are contributing to delays in necessary maintenance and repairs. These delays in action seriously affect the quality of life and wellbeing for many residents.**

In response to last year's annual report the Community Visitors Board was advised that the "Disability Services Division was undertaking a number of inter-related initiatives to address the inequity in housing standards and improve maintenance responses".

Community Visitors acknowledge that extensive work was carried out as a result of the audit on DHS houses or houses for which the DHS Secretary is the statutory owner. However, Community Visitors are concerned that much of this work addressed supposed occupational health and safety issues, that is, concerns about the workplace, with less consideration given to improving the ambience and homeliness of many houses in the interests of the residents.

Significantly, nearly one quarter (24 per cent) of all issues raised by Community Visitors during the reporting year relate to fabric and maintenance concerns, with 712 (or 20 per cent) specifically referring to upkeep of building and fittings.

The Board was also advised that "the shared supported accommodation houses owned by the Director of Housing (of the Office of Housing) were in the process of being audited to identify the works required to bring them to a suitable standard of amenity". However, because of delays in commencing this audit, Community Visitors seriously question the commitment to address the inequalities in housing for people with a disability. Reports of the Director of Housing fabric audit have only come to Community Visitors' attention during the fourth quarter of this reporting year. As a result, the majority of fabric and maintenance issues that have not been addressed for years remain outstanding. All of the issues raised by Community Visitors seriously impact on the quality of life, wellbeing and dignity of residents and include issues related to heating/cooling, unsatisfactory conditions in kitchens, laundries and bathrooms, subsiding floors and the need for internal and external renovation, repairs and painting. In some cases, the issue raised is reported to be a serious health hazard.



## 9.12 Additional findings – reportable deaths

### (a) There is a need to improve the information provided and analysis of systemic issues arising from reportable deaths

Under legislation, when a person dies who was living in a residential facility immediately before death, and was under the care of DHS, the death is reportable to the Coroner. The Coroner may then hold an inquest into the circumstances of the death and report accordingly. Other reportable deaths include those that appear to be unexpected, unnatural or violent or to have resulted from accident or injury. Community Visitors have become increasingly aware of some sudden and unexpected resident deaths. For this reason, 'Reportable deaths' has been identified as an issue for consideration in the process of visits. As the resident population ages, an increasing incidence of death is anticipated. Further, it is understood that a person with a disability can also have complex medical needs, which together can have a profound effect on a person's health and wellbeing.

This year, Community Visitors have identified a number of reportable deaths, whereupon more information has been sought from the service provider and/or from attendance and observation at the Coroner's Court. In all cases, the cause of death was explained. However, Community Visitors consider that some circumstances leading up to the death of a resident can highlight practices or situations of systemic significance, which, if considered appropriately, may lead to future improvements for the residents and staff alike when someone becomes seriously unwell and dies.

For instance, the maintenance of physical care records, the impact of institutionalisation since infancy or childhood, the lack of family history, the timing and quality of medical intervention and follow up support, especially for someone without a caring advocate or close family, and the inability to express what is wrong, are all possible factors surrounding the circumstances of a resident death. In one matter, the Coroner recommended "that the Department of Human Services undertake a review of the documentation practices and procedures in all its residential care units" after finding the records of the circumstances leading up to the death of one resident were lacking. This was after an ambulance was requested but could not attend because the hospital was on 'bypass'. Instead, an unidentified locum doctor attended.

The Department of Human Services Medical Committee on Client Mortality reviews and analyses all the records of a deceased resident's life. Community Visitors consider that the functions of this committee are very important for people with a disability, and for reviewing their medical needs and any systemic shortfalls in mainstream health services. This information could also supplement the work of the Coroner in order to improve community health supports and practices. Community Visitors could also contribute to this important systemic work from time to time. The Committee commenced in 1990 and still meets regularly to review the records. However, the reports of its work have been very infrequent. The only known report, 'Disability Services – a Review of Client Mortality 1999-2001' was published in 2004. Community Visitors would value more regular reporting by this committee.

## 9.13 Additional findings – the Community Visitors Protocol

### (a) Prompt responses to issues raised by Community Visitors about resident needs provide all parties with the best and most efficient approach towards resolution of the issues.

On their visits, Community Visitors are required to make a written report about what they have observed during the visit, who they have spoken to and what facts they have gleaned from reviewing documentation. In addition, they are required to raise any issues of concern from their visit in a separate 'Issues Report' that is specifically written for the attention of the responsible manager of the residential service.

The timeliness and quality of the written responses to issues reported by Community Visitors is found to vary significantly across regions and different services. The Protocol between Disability Services Division and the Community Visitors Program of October 2001 states that "the nominated service manager will prepare a summary report, at least quarterly or as negotiated with the Community Visitors Program, listing the issues and status of each issue". Community Visitors appreciate when responses are open, direct and prompt. However, they find it extremely frustrating when this does not occur, despite repeated requests. Community Visitors are concerned their time is wasted but also that they are not taken seriously. The service providers which are the subject of most complaints are the metropolitan regions of DHS.

# 10 Findings - Eastern Metropolitan Region

## 10.1 Kew Residential Services (KRS)

Community Visitors look forward to the complete closure of KRS, despite the timelines extending from late 2007 to mid 2008. This will be a milestone achievement for all the residents who are still waiting to be able to live in their new homes.

Compared to the constant movement and changes for residents that have been reported in previous years, this year, residents and their support staff have remained the same. Regrettably, such stability has not produced evidence of improved work practices and quality of life for many of these remaining residents.

### 1 (a) Person-centred planning has not progressed despite management assurance.

It is very disappointing to report that individualised or person-centred plans have not been introduced, nor have many existing individual program plans been updated or improved to reflect what is actually occurring in people's lives. Community Visitors are advised by management that, instead, all residents' General Service Plans were updated during the year, through case managers, using an 'individualised' perspective and introducing new strategies to achieve an increase in activities for residents. This, however, is not evident from visits during the year. Community Visitors will look for evidence of improvements in people's lives in the coming year in the hope that significant and widespread changes do happen. In addition, a consultant was to be appointed in 2006 to train and support staff to implement active support work practices in the lead up to the opening of the new houses of KRS. This is now due to commence in November 2007. Community Visitors consider that the commencement of active support strategies in the remaining units is a very high priority in order to achieve the necessary cultural changes that will occur for both the residents and the support staff when they move from the institution to the community.

*Whether or not these are isolated examples, Community Visitors are nevertheless concerned when they hear or read about how some staff perceive residents, often without acknowledgment of the individual as a person. It seems inappropriate to refer to middle-aged men as 'the boys'; to reply when questioned about four men living in the flat "we just have behaviours in here now", or to read on a file "She is a PEG feed" without any reference to personal history, personality or interests.*

### 2 (a) Improvements have occurred with basic hygiene practices.

Management of KRS has closely monitored basic hygiene practices this year, after the range of serious concerns raised by Community Visitors in last year's annual report. Improvements are now being observed by Community Visitors and it is hoped that continuing evidence of better practices by support staff will be observed, without the ongoing necessity for close monitoring by management and Community Visitors.

### 3 (a) Insufficient or tokenistic attempts are made to promote community inclusion.

A constant agenda item at the quarterly liaison meetings between Community Visitors and KRS management is the need for planned and meaningful leisure activities, both in and out of the units. Some new activities are reported to be happening during the week. Yet a common response on a Saturday visit by Community Visitors is that some residents 'might go for a bus ride'. On further questioning, these rides were mostly long trips for most of the afternoon, allowing little time for any pleasurable activity at the destination. Alternatively, the outings are a ride to a local park for afternoon tea.

*On most visits the TV is on, but rarely are residents watching. It is not unusual, when Community Visitors arrive, that an activity immediately commences. This could be rolling a ball back and forth to a resident or bringing out a child's toy from a cupboard. If an interesting activity is occurring, like baking afternoon tea, the mostly non-ambulant residents are left at a distance from the kitchen while the staff involved are chatting to each other.*

### 4 (a) There are continuing concerns around nutrition and weight management.

Community Visitors reported last year on concerns raised about meeting the needs of residents after the closure of the Smorgon Health Centre. Appropriate community medical and dental services are now being used, and Community Visitors are not aware of any disadvantage for the residents as a result of the closure.

This year, Community Visitors have regularly and consistently raised concerns with management about people whose weight charts show that they are below their recommended minimum healthy weight range. This then leads to the question of nutrition. There have been several discussions about these concerns between Community Visitors and management. These include the quality and

suitability of the food, the quantity given to residents and general practices observed that affect nutrition. This concern arises from the knowledge and understanding that poor nutritional practices for some frail people with an intellectual disability represent a serious health risk. Management has agreed to introduce strategies to monitor this important area of resident health and wellbeing. Close and ongoing monitoring is essential.

Another concern of Community Visitors this year is the practice of people who use wheelchairs being put into their beds for extended periods of time during the day. Community Visitors question if alternative equipment could be considered in order to avoid the isolation and potential neglect, provide more opportunity for social engagement in the living areas and, hopefully, result in an improved quality of life. This issue is still to be further explored.

Incidents in residential services are categorised in order of severity from One to Three, the most serious being a Category One incident. A Category One incident was mentioned in last year's annual report. Community Visitors are able to report that, as a result of the staff acting quickly and appropriately reporting the matter to management, this matter was able to be properly addressed by all parties.

Community Visitors asked if any residents of KRS were administered the pneumonia vaccine as a preventive measure for those at risk of developing pneumonia and were advised, after three months, that the majority of residents, pleasingly, had been administered this vaccine since 2001.

#### **8 (a) Analysis of circumstances of death should be more transparent and can lead to review and improved practice.**

Community Visitors advised the Coroner's Office in 2006 of their interest in the unexpected death of a resident after dental procedures under general anaesthetic. Their intended representation at the inquest in July 2007 is in response to the number of issues raised for the Community Visitors Program including the need to be kept informed about the process of coronial inquiries for intellectually disabled people and ensuring that the circumstances of such deaths are fully understood and scrutinized. The Coroner is yet to report but one positive outcome already being introduced by the Royal Dental Hospital since this unexpected death is improved practices in post-operative care for patients with special needs.

## **10.2 Other disability accommodation services**

### **1 (a) The Oakleigh Centre hostels do not provide a standard of care expected at this time.**

The congregate care environment of the Oakleigh Centre hostel accommodation is not conducive to individual needs including emotional and personal relations. For instance, there is no provision for couples to have any private space, compared to small group housing with good design that is better able to enhance close friendships. Although personal plans are being developed that should acknowledge personal choices, there is no evidence of change for those living in the two hostels. Community Visitors urge a decision be made to expedite the redevelopment of this residential service. Otherwise, alternative opportunities for these residents need to be sought as a very high priority.

### **1 (b) There is strong policy support for individualised or person-centred plans but implementation is slow**

Community Visitors again acknowledge that there is a move towards a person-centred approach in personal plans across the region. When plans have commenced, there is generally evidence of a wide representation of involvement by significant others, but the plans are often in draft form, awaiting action. Wherever the former Individual Program Plans still exist, they are found to be either out of date or unused. Active support strategies have been introduced into 24 DHS houses and are often observed. In some cases, however, the original momentum seems lost. Community Visitors advise the urgent need for meaningful and achievable personal plans with progress being recorded and successful outcomes then built on.

### **1 (c) Support staff need a program of training in good communication with residents.**

It is appreciated that the individualised or person-centred plans will incorporate communication assessments. However, there is limited evidence of a thorough approach to direct care staff being trained to communicate more effectively with residents, to include speech pathologists and any other appropriate resources for assisting in communication. Where augmented communication resources are available, these seem under-utilised. Community Visitors consider that improved communication benefits resident quality of life, increases dignity and decision-making, and reduces incidents of challenging behaviour. Community Visitors would like to see staff facilitate residents in their communication and decision-making, providing residents with more choice in their lives and in how their care needs are met.



*On a visit to a DHS-managed house of residents with multiple communication and sensory disabilities, Community Visitors noticed that the 'sign of the week' was unchanged on the noticeboard for several months. Staff at this house are poorly prepared for communicating with this group of residents, especially when the one competently trained person was on extended leave. The response to poor communication in such situations is an escalation of challenging behaviours. In contrast, Community Visitors observe communication is improved when well-trained and highly committed staff effectively use communication aids such as Compic and Makaton, or apply other strategies like singing to an autistic resident.*

#### **1 (d) Infantilising residents does not promote their dignity.**

Community Visitors would like to see that respect for the dignity of residents is evident to a greater extent than observed. For instance, there is an infantilising culture permeating some DHS-managed houses. Reported examples include staff referring to adult male residents as 'the boys'; or the widespread practice of residents being in their pyjamas in the late afternoon.

*On one visit, Community Visitors were sitting at the dining room table talking with staff and a resident. One staff member was folding the washing at the table and piled it so high in front of the resident that the resident disappeared from sight.*

#### **1 (e) Separating residents from their friends is deleterious to the wellbeing of residents.**

Proposals for regrouping residents in DHS-managed houses have been the subject of several callouts for Community Visitors during the year as well as meetings with management about the consequences of these proposed changes on the residents, in particular their long-term friendships, sense of security and personal community connections. Community Visitors understand that those disruptive proposals have been reviewed.

#### **1 (f) Inadequate staffing restricts the fundamental rights of residents.**

Community Visitors observe that residents in the community service organisation houses are restricted in expressing their individuality when the level of staffing is inadequate. This is a recurrent and generalised problem for the industry at large, where recurrent funding for higher levels of staffing is not available. When this is combined with the difficulty in recruiting suitable applicants for staff vacancies, residents are disadvantaged in their opportunities for individual expression in their daily lives.

#### **2 (a) Some staff practices deny residents the opportunity to learn.**

Community Visitors look forward to observing staff including and assisting residents to undertake more daily household activities on more occasions, instead of residents living in hotel-style accommodation. Active support strategies aim to overcome this historic model of care, but Community Visitors feel there is still a long way to go. Community Visitors are aware of two situations of concern that they raised directly with DHS management and that were subsequently resolved by roster changes. However, it is a matter of great concern when these types of issues are not addressed unless Community Visitors raise them.

#### **2 (b) Contact with family assists residents.**

The importance of open and regular communication between staff and family members is an issue that has come to Community Visitors' attention during the year, especially for residents who cannot communicate independently by telephone for themselves. An example was in one DHS-managed house where staff undertook to telephone a resident's mother weekly, resulting in a happier situation for all involved.

Community Visitors acknowledge the recent endeavours of the Department to recruit more support staff, but reiterate the critical importance of the training and support of new staff, especially to address deficiencies in communication with families. As reported by Community Visitors in this region last year, there is a need to achieve a homely environment through the generation of a positive culture and attitudes by innovative and dynamic mentoring and coaching. Although some good practices are reported, there remains a sense of frustration with entrenched institutionalised practices and attitudes. Community Visitors hope to see real improvements on a widespread basis in the near future.

### 3 (a) Efforts towards community inclusion are often tokenistic.

This year, most of the residents of Blyth Lodge in Brunswick have moved to their alternative accommodation. One group has successfully settled at Victoria House in East Burwood, supported by a household bus, which resolved the concerns expressed prior to the move about community access. However, the remaining few residents at Blyth Lodge remain concerned about where they are to move and whether or not they can continue to enjoy their community contacts that have been well-developed in Brunswick. This is of critical concern to them, having been moved out of one community previously.

*A local initiative by the Lions Club is greatly appreciated by the residents of an Able Australia house. The local volunteers funded and then built a raised sensory garden. Community Visitors were impressed to find the residents, all who have significant sensory impairments and other disabilities, thoroughly enjoying the opportunity to touch and smell these plants.*

*Similarly, the involvement of students from the nearby secondary school with the Scope children's respite house has brought in the local community every week. Currently, the students are planting a vegetable garden with the children at the house.*

The challenge for staff to ensure that residents are involved in a meaningful way in their community is ongoing. Community Visitors continue to report about residents from department houses accessing their local and wider community, but often in a token manner. For example, visiting many local parks or driving on a long trip, do not represent involvement in the community. Participation is the essence. Shopping and choosing their own food and clothes, getting out and buying their own snacks or coffee, or routinely visiting the hairdresser or doctor, are regular community living activities that can provide such meaning.

*Community Visitors commend the thoughtfulness used by a staff member when introducing a former KRS resident to a large shopping centre. On the first occasion the resident started screaming when confronted by the unexpected environment in the mall. Subsequently, the staff member parked some distance from the shopping centre and gradually introduced the experience to the resident in small incremental steps through a series of short visits.*

Residents also require their fair share of one-to-one individual recreational and leisure activities. For this to occur, there needs to be a strong level of commitment and interest by the support staff so residents can have optimum life experiences.

### 3 (b) The lack of transport continues to be problematic.

As in previous years, the lack of an adequate and equitable transport service for residents of DHS-managed houses remains unresolved. Residents are often involved in unnecessary extended journeys due to the process of picking up or dropping off shared vehicles. The provision of appropriate transport for everyone is critical for people to live fulfilling lives. It is pleasing, however, to report that access to transport for residents in the community service organisations is adequate.

### 4 (a) Residents are not being provided with adequate support

Community Visitors are disappointed when they visit a house and witness residents experiencing long periods with no support in accessing any activity or occupation. They consider this represents neglect of residents' needs. For improved self esteem as well as psychological and emotional wellbeing, like everyone in the community at large, having some daily fun and interest, with something to look forward to, is critical.

Of particular concern is the situation, as found in a community-service managed house, when one resident's behaviour seriously affects the safety and wellbeing of the other residents. In this case, the young man in question is no longer able to attend his day programs full-time due to family intervention. From boredom and frustration, he intrudes into another resident's room and destroys his personal property. This house has requested behaviour management planning support and assistance from the Adult Behavioural Consultancy Service (formerly known as BIST), only to be advised there is a three-month wait. Community Visitors find this unacceptable and a three-month wait is far too long for the resolution of a situation that is potentially dangerous to all residents and staff.

**4 (b) There are more health care plans but improvements are still necessary.**

Community Visitors who visit DHS-managed houses report that there are more health care plans in existence. Sometimes, they are thorough and appear to be truly reflective of the person's particular needs and are being well utilised. In other cases, known medical conditions have not been included. However, it is worrying for all Community Visitors that people who have a disability, often with complex care needs, are dependent on the public health system when they have additional health issues, such as ageing, dementia or mental health problems. The importance of a coordinated approach by all parties, that is the health providers and the disability support agency management, is essential. On one occasion, when this occurred with a local hospital, special training of the hospital staff occurred to assist with patient care.

*In a DHS house, one frail elderly resident with Down syndrome developed cataracts and was placed on the public hospital waiting list for treatment. After several months of no response from the hospital, staff advised Community Visitors that the only option was to take her to casualty at the hospital for urgent consideration of her deteriorating vision.*

*Another non-verbal resident waited for nine months for a hernia operation. It became very hard for staff to manage the obvious discomfort and as a result, they changed the resident's GP in the hope of speeding things up. The resident has now had the necessary operation.*

*One woman has been waiting for several months for a procedure to remove impacted ear wax. Community Visitors have been informed that she has been classed as a 'Category Three' patient by the specialist and could wait up to 12 months as is the norm for the wider community for such ailments. She is, however, having an MRI in July to follow up on other health issues and is also due to see an eye specialist because of cataracts.*

Community Visitors report that there is confusion when seeking access to incident reports on visits to some community service organisation houses. Different practices and places of filing are used both across services and within the one organisation. It is not uncommon for staff to have no knowledge about where to look. Community Visitors would appreciate a systematic approach in this important element of their work.

**5.(a) More services are responding to the needs of older residents.**

A few unsuitable DHS-managed houses need major modifications to meet the needs of the ageing residents.

*Alkira has introduced a flexible arrangement for its older residents, by providing a choice of activities at different times of the day and different locations to suit individual resident needs. This allows for personal choice and variety in daily routines. Community Visitors commend this creative approach to an ever-increasing need.*

*Melba Support Services has taken a different approach by employing a special worker to engage on a one-to-one basis with older residents who no longer attend day placements, to pursue activities either in the house or out in the community, which reflect the personal interests of the resident.*

**5 (b) The way demand for accommodation is managed can have detrimental impact on a resident's health and wellbeing.**

Proposals for a reconfiguration of residents across some DHS-managed houses have not progressed to a great extent during the year, due to the pressure on DHS to respect individual needs. Community Visitors acknowledge that there is a need to find more suitable accommodation for people who are hard to place or still dependant on ageing parents. However, moving people around houses does not properly address the demand for more accommodation, and the negative impact of such moves can be damaging on some residents' health and wellbeing. Community Visitors believe that there remains a need in this region for some increase in the number of shared, supported accommodation facilities in order to find the balance between individual needs and the unmet need in accommodation.

**5 (c) There is an inappropriate long-term use of respite beds.**

The two unsatisfactory children's respite houses that were reported in previous years are now both replaced with new purpose-built facilities. Community Visitors report on noticeable improvements. However, there are still five, long-term homeless people living in DHS respite houses, with another ten homeless people in the community service organisation respite houses. Community Visitors are aware of plans to relocate some of these people next year into suitable permanent accommodation.



#### **5 (d) Improvements are needed in the management of preventative health care.**

A comprehensive approach to preventative health care strategies is needed in order to gradually introduce residents to tests or to find alternative ways to carry out these tests. It is sometimes not until there are critical indications that medical and dental practitioners will conduct invasive procedures that may have been avoided with better preventative strategies. A planned and coordinated approach is essential when invasive medical and dental procedures are required for a person with an intellectual disability.

Nutrition is another vital area of concern to Community Visitors as it affects resident health and wellbeing. Sufficient good quality and palatable food, via a balanced diet, contributes to long-term good health. Work on improving menu planning is occurring.

#### **6 (a) The Oakleigh Centre hostels urgently need redevelopment and replacement plans.**

The Oakleigh Centre hostels provide a most unsuitable congregate care setting for 42 residents with an intellectual disability, with an additional six respite places also available. As raised in 2005-06, it is critical that new facilities be funded as a very high priority.

Community Visitors understand that an initial funding proposal towards the total redevelopment costs of the Oakleigh Centre, mainly for the new on-site community centre, was active. Perhaps one or two blocks of land might be purchased, but a further budget submission for the residential redevelopment is still required for more than \$10 million. Great concern, therefore, remains about the impact of institutionalised practices in such an environment, both for residents and staff. Meanwhile, under the expectation that the redevelopment is to occur, maintenance of the buildings and their condition is already well below an acceptable standard, and the fabric continues to deteriorate.

#### **6 (b) The Oakleigh Centre residents in private rental houses are vulnerable to frequent and disruptive moves that are not conducive to good care and support**

While the congregate care setting is of great concern, Community Visitors are also aware of the disadvantages that rented properties pose for some of the 27 residents within the Oakleigh Centre community-housing program. Four of the seven houses are rental stock, with short-term leases. Issues about lack of maintenance and general unsuitability of structure feature in the Community Visitor reports of visits. One of the houses with the same three residents has had four moves in three years because of lease arrangements. Community Visitors understand that the original redevelopment proposal to DHS by the Oakleigh Centre also addressed the needs of this community-housed group but has since not been prioritised.

#### **6 (c) There is an accelerating inequity between new and old housing stock.**

Over the last two years, several new DHS houses have opened in this region as a result of the KRS redevelopment, and a number of the most unsatisfactory houses have been replaced by new purpose-built houses. Although the benefits of these new houses are immense, Community Visitors can't help but notice that there is an accelerating inequity between these new houses and the remaining older, often non-purpose built houses that continue to deteriorate. Often maintenance is approached in a band-aid manner for outdated interiors, decaying woodwork, rotting bathrooms and worn out exteriors. Design is also frequently inappropriate for the needs of the residents such as an outside laundry, small living areas and bedrooms, or narrow hallways for older residents whose mobility and support needs are deteriorating.

*Community Visitors reported on one visit to a DHS-managed house that "the house is unfit for ageing residents. The ramp leading down to the carport is not installed, the back step from the lounge room into the main part of the back yard is unstable, exterior woodwork around the laundry appears completely rotted, interior walls and woodwork are shabby, the heating system remains inadequate, and four residents of different genders are sharing a small combined bathroom and toilet. The toilet next to the laundry is not suitable for these ageing residents."*

### **7 (a) Bureaucratic divisional 'silos' of organisation create inequality in addressing fabric issues.**

A fabric audit is underway for the Office of Housing properties. This means that many fabric and maintenance issues remain outstanding. For instance, heating for residents' bedrooms is not possible at a Nadrasca house as this is not the Office of Housing policy. Specific refurbishment requirements for bathrooms and kitchens have remained unresolved for at least a year, but the actual fabric audit was not conducted until March this year. Necessary bathroom wall panelling, laundry shelving and repair to a subsiding kitchen floor are examples of issues still to be addressed.

*There is one property owned by the Oakleigh Centre, within its community housing program, that accommodates five adult residents with physical and intellectual disabilities, about which Community Visitors have reported on issues of concern since 2001.*

*Some monies were provided by DHS for painting, some maintenance and an upgrade to the kitchen, but the fact remains that the building design is quite unsuitable for the needs of these residents. Bathroom and toilet facilities, in particular, are well below the standard required. The outside fabric of the house is also in need of attention. A new Community Visitor, who had visited a new purpose-built house elsewhere in the region during their training, was taken aback by the difference in amenity for the residents.*

### **8 (a) Reviews of death highlight poor administrative practices in health records.**

Community Visitors attended the coronial inquests for two middle-aged men who died within months of each other at the same DHS residence.

One of the men had recently had a chest infection and became very unwell with a high temperature. An ambulance was requested but because the hospital was on 'bypass', he was assessed by a triage nurse on advice given by staff over the phone. Several hours later, an unidentified locum doctor was sent to examine him at the house and prescribed antibiotics. There was some initial improvement but on the fourth day of his illness he was found dead by staff during a routine check. The cause of death was later established as pneumonia.

The Coroner noted that there was no documentation provided by the regional DHS Disability Services in support of sworn evidence that the man's symptoms were being recorded by staff up until his death. The locum was not

available to give a statement as staff had not recorded his details. In the 'Record of Investigation into Death', the Coroner recommended "that the Department of Human Services undertake a review of the documentation practices and procedures in all its residential care units."

The second man had recently had a PEG feeding tube surgically inserted when he was returned to hospital to have a large amount of crushed medication flushed from it. He reportedly appeared 'quite unwell' but was returned to the house by non-emergency ambulance from the hospital after the attending doctor indicated it was not necessary to keep him in hospital. Staff gave a statement that despite frequent monitoring he was found dead in his bed nearly three hours after returning from hospital. The Coroner found the cause of death to be cardiac arrest.

After enquiries from Community Visitors, DHS regional management has advised that it is working with DHS head office towards improvement of expectations and protocol relating to emergency services and hospitals. Community Visitors will monitor the outcome of this process.

### **8 (b) Open, direct and prompt responses to issues are more effective**

The timeliness and quality of written responses to issues raised by Community Visitors from DHS was varied. It was agreed with DHS that responses be provided within a month of the report. It is appreciated when responses are open, direct and prompt. When this does not occur, Community Visitors find that the effort to raise the issue, and chase up the response before another visit is made or a liaison meeting held, is wasted, not to mention the concern when the issue requires prompt action but it is not known what has happened to address it. Some of the community service organisations are also slow to respond to issues and, in these cases, the Regional Convenors find it necessary to follow them up. Since reporting difficulties with AGAPI last year, an administrator was appointed and some improvements have been made.

# 11 Findings - Southern Metropolitan Region

## 1 (a) Considerable progress in implementing personal plans has occurred.

Community Visitors are finding some very positive developments in many houses, both DHS and community service organisations, of person-centred approaches to individual plans. There is often a lot of enthusiasm and, when active support strategies are being used, more creative ideas are being tried. The range of plans is broad – from basic to very helpful and ‘living’ documents. Evidence of implementation is varied from very good (such as at the Focus houses) to elementary. Community Visitors understand that this is very much a work in progress.

## 1 (b) Resident participation in staff selection is a positive initiative.

Some community service organisations are now involving residents in staff selection processes. For instance, Wesley Disability Services has, this year, introduced resident involvement in hiring new staff at all levels, including managers, coordinators, team leaders and direct support workers. Other areas of decision-making by residents include the choice of a new pet. Community Visitors also consider that it would be of greater benefit if improved opportunities for residents with the capacity to have a say about the choice of a new housemate were also introduced earlier in the vacancy matching process.

*The awarding of a Support and Choice package can bring positive changes into the lives of those people able to move into more independent living situations. One young woman in her early twenties, who has a dual disability, has now moved from a Marillac house into her own unit and has happily settled into the community. Community Visitors observed how quickly she grew in confidence and maturity during the transition process.*

*Another example is a number of Yooralla residents who moved to independent living situations in the community, again with Support and Choice packages. This was achieved as a result of some creative and independence enhancing work by staff to prepare the residents prior to the move.*

## 2 (a) There are still certain areas needing improvement in individualised care despite overall high standards of care and support

Community Visitors observe a generally high standard of care and support for residents. However, as reported last year, there are many ongoing concerns across a number of the services visited about the quality, adequacy and ability of staff to support residents according to their individual

needs. The importance of trained and capable leadership in these settings is also highlighted. Significant factors of influence in this region include the remaining inflexible staff roster systems, such as the ‘cottage parent’ model and the ‘24 hour’ model; the high and continuing use of casual staff; inadequate support resources for residents with challenging behaviours and complex needs; and insufficient opportunities for advanced training in specialist areas. The consequences can be very detrimental to the interests of the residents, with staff being stretched in demands on their time and unable to assist with one-to-one stimulating activities at weekends and evenings.

*Community Visitors reported that it was exciting to visit and learn about an innovative and thoughtful approach for a resident whose parent had died. The house supervisor felt that suitable books about grieving were needed for the resident. Unable to source anything in the local library, two books were found through a specialist book shop. These were purchased for the resident affected who was also provided with independent grief counselling and supported through this period by house staff.*

## 2 (b) New procedure was introduced for complaints management

Community Visitors are pleased to report that a new system of managing resident complaints, starting at the most local level and including resident meetings, has been introduced by the community service organisation reported last year as giving insufficient attention to this matter. The new procedure now allows residents to express their version of incidents with greater autonomy and respect

*Young adult residents of a community service organisation house, all using wheelchairs, were accustomed to spending most evenings in front of TV. On one visit, they told Community Visitors they would like to go to the local disco for people with disabilities. At the next visit, as nothing had happened, Community Visitors reported this request as an issue. It was not until a new house coordinator started six months later that this request was discussed with Community Visitors. The rest, as they say, is history. Now residents from other houses also attend the disco regularly and Community Visitors are pleased to learn of new friendships and improvements in household relationships.*

### 3 (a) Transport problems hinder community inclusion.

Clearly, there is still a way to go in the community to achieve inclusion in the truest sense of the word. For residents in one DHS house, it took a fire in the neighbour's front garden at 3am to get all the street's residents together. This was the beginning of improved neighbourhood interactions. On the other hand, it is hard to improve on community relationships when the neighbours, as a group, objected to the disability bus being parked in the street, by making derogatory remarks and protesting to the local council.

*A new house with former Kew Residential Services residents held a Christmas-in-July dinner to which they invited the neighbours. An unintended consequence was that one of the residents now belongs to the local bowling club, attending each weekend.*

Access to transport remains a problem for many residents in the region. There are still examples of taxis not turning up when needed, as well as the logistical challenges of vehicle-sharing between two or three houses. As previously reported, difficulties occur in arranging medical appointments, shopping and spontaneous recreational activities, particularly in the more remote outer areas of Southern region where public transport is limited. DHS has indicated that a trial project with a taxi company in the Bayside area has commenced, to establish a pool of drivers trained to work with people with a disability.

*Community Visitors are still frustrated with the lack of footpaths to enable access to the community by residents using wheelchairs. SCOPE and Community Visitors have approached Kingston Council for four years with no result. Serious safety concerns remain as carers push residents along the road.*

### 3 (b) Extra measures taken by staff enhance residents' holiday options.

Community Visitors are able to report that participation in exciting and enjoyable holidays has increased significantly and the choices are varied. On occasions, extra funding has been sourced by staff to enable these holidays to be experienced. This is commendable and Community Visitors look forward to a time when holiday options are available for everyone.

A wide range of leisure options are being offered to residents in the region, including some exciting gardening projects. Yooralla residents are to be supported by the appointment of a recreational worker, whose role is to assist staff and residents in accessing a wider range of leisure and cultural pursuits.

*Support staff at a DHS house in Narre Warren are to be congratulated on supporting the residents in this house to participate in pamphlet deliveries in their local area. The benefits of this include exercise, community access and the purchase of a BBQ for their enjoyment with some of the proceeds of their earnings.*

### 4 (a) Lack of harmony in resident mix can severely affect individual resident welfare.

Compatibility issues are critical to resident welfare and wellbeing. Whatever the reason for residents not being able to live together in harmony, finding a satisfactory resolution can take a long time, which often escalates the problem. It is not unusual for a resident to retreat to his or her room because of anxiety.

One situation of resident conflict in a department house, with a history of more than six years, has been partly addressed this year. When the bathroom needed urgent renovation, other changes were made to the house to provide a separate area for the resident who had been creating the difficulties for everyone else. The victim of emotional and threatening abuse has moved out to another house and is reported to be much happier. A third resident is now showing signs of assertiveness towards the aggressive resident.

Community Visitors reported on the use of mediation to settle a dispute between two residents and their families when the aggressive behaviours of one resident affected the wellbeing of another resident. On one visit, the victim had told Community Visitors that she felt anxious living in the house in the circumstances. As a result of the mediation process, agreed strategies were reached. Six months later these are still working well.

### 4 (b) There are undue delays in the provision of aids and equipment

Provision of necessary and affordable aids and equipment is overdue for several residents. For instance, customised beds and wheelchairs are essential for many people who otherwise endure pain and a reduced quality of life. Community Visitors can provide a number of examples where residents have been waiting for two years for such items. Sometimes, they can't afford the funding gap required, which can be a few thousand dollars.

When a person has a chronic medical condition requiring higher levels of staff support, it is extremely difficult to provide ongoing extra funding in order to allow the person to stay in their home at the community residential unit. Also Community Visitors have found that staff and managers are not aware of the allied health initiative under Medicare through which some chronic health support needs can be addressed, such as podiatry or physiotherapy.

*Community Visitors have noted that staff at Helen Schutt House are recording television programs from the 'Health Channel' on pay television. They are using these programs to explain preventative health procedures to residents, such as breast examinations, as a way of alleviating some of the stress experienced when visiting the doctor for preventative health checks.*

Community Visitors report the absence of an established practice regarding the location of incident reports. There is an increased reliance on hard copies of incident reports to allow evaluation of issues, yet often these are unavailable.

There have been concerns with some houses (both DHS and CSO houses) over the large proportion of casual staff being used to fill vacant shifts. As well as disruption to residents who need continuity of staff, there are often special needs, such as PEG feeding (a method of feeding using a tube inserted directly into the stomach), that require experienced and confident staff.

#### **5 (a) Plans have progressed to redevelop Wallara congregate care service.**

Plans for the redevelopment of Wallara, a large congregate care service in the region, have progressed. Already some of the residents have moved into alternative community accommodation settings. A joint venture for the redevelopment of the site is proposed with Wintringham, a reputable aged care provider, subject to funding arrangements. Community Visitors await with anticipation a positive outcome for the remaining 13 residents who are looking forward to a new lifestyle, but due to the lack of certainty, express some frustration and anxiety. Residents and their families have been kept well informed of these developments during the year.

#### **5 (b) Improvements in resident support strategies are occurring at Focus.**

The Focus setting is a cluster of five houses, three with attached flats for individual residents, on the one very large rural site, accommodating 36 residents. The houses were built in the 1970s and are being refurbished, but each could benefit from another living area, as there is only one communal room available for up to eight residents. Although Community Visitors have expressed many concerns about institutional-like practices at this setting over the years, it is pleasing to report that the introduction of many strategies (person-centred and active support) to improve the residents' quality of life are having a very desirable impact.

#### **5 (c) The development of policies for ageing and planning is slow in this region.**

Although alert to the need, none of the service providers in this region has yet developed clear policies or guidelines when a decision is required about the accommodation needs of a resident who is ageing and/or whose health is deteriorating. Practices across the region differ. For instance, Wesley Disability Services, after consultation with the family, allowed one resident to remain at home until the carers were eventually unable to provide the level of medical and nursing care required. However, at a different Wesley Disability Services house, another person who was deteriorating in health but lived with more active and younger residents moved to a house where the level of care was greater and catered for people with even greater support needs than hers. The resident herself agreed to the move but a three month 'cooling off' period was allowed.

Another situation involved a person who Community Visitors regarded as well suited to their household group yet, after an aged care assessment, moved to a local nursing home. Community Visitors were advised that this move had occurred after a telephone consultation with someone at the Office of the Public Advocate, who presumably based their advice on the recommendation of the aged care assessment service. Community Visitors are concerned that the aged care assessment is based on activities of daily living, for which cognitive and behavioural assessments may not be the appropriate tool for a person with a long-term disability already supported by trained and caring full-time staff. Such an assessment process also specifies that consent from the person, next of kin or guardian is required prior to the assessment. However, when a seemingly active resident has no close family or friend, Community Visitors believe that an informed independent person should be involved in any decision to change accommodation.

**5 (d) Residents are unable to access federal funds to age in place in line with the rest of the community.**

Community Visitors are still awaiting a response from DHS regarding the availability of federal funds to supplement support for people who are ageing, to continue to reside in their own home. In one residential unit, two older women, now unable to attend their day placement, require extra staff support during the day to maintain quality of life. Their extra needs impact on other residents in the house and their opportunity for community inclusion.

**5 (e) There is not enough affordable public housing for people with a disability.**

The lack of vacancies in existing accommodation leads to residents waiting for many years for a move to another more suitable house. Residents sometimes need to move due to incompatibility or personal safety concerns.

With the progress of the redevelopment of the congregate care Wallara facility, four residents have moved into alternative private rental accommodation with Support and Choice packages. This arrangement is more costly than public housing, and Wallara presently needs to subsidise the higher cost of the private rental. It is understood that this is because of the known shortage of public housing and a long waiting list for people with a disability.

**5 (f) Innovative respite services are starting.**

A new, facility-based specialist respite service for people with complex medical support needs has opened this year, after a pilot project by Wesley Disability Services. It provides nursing care support for those whose needs cannot be met by personal care or disability support workers, with services such as suctioning, oxygen therapy or naso-gastric feeding available. This respite service will continue offering three night stays at monthly intervals in the coming year and fills a gap in respite support.

FOCUS Individualised Support Services is also offering alternative forms of respite such as a holiday house facility for use by families, with on-call carer services available when needed, or respite camps every three months.

Anecdotally, Community Visitors are told that many families prefer a facility where respite can be accessed at all times to fit in with their family activities.

**6 (a) Funding delays mean residents live in unsuitable accommodation.**

The replacement of worn carpets, furnishings and guttering, along with the need for painting, all remain a low priority, with cyclical budget allocations resulting in lengthy delays with funding.

*Disability residents are treated as ordinary tenants in Office of Housing properties, leading to lengthy delays when essential works are necessary. In one house, Community Visitors first reported a leaking shower in 2005. Now, the shower base has sunk and the shower is in such an unhygienic and unsafe condition that the residents can only use the bath. It has taken more than two years for an allocation for the repairs.*

Community Visitors indicate that weekly fire safety checks remain a low priority with some house supervisors, with little evidence of external checks to maintain compliance. An Able Australia residence with two bedrooms upstairs poses both fire safety and personal safety issues. There are safety concerns regarding one ageing resident, in particular, who takes seventeen steps to negotiate the exit.

There are some excellent examples of staff working with residents and creating drought proof gardens.

**7 (a) Essential utilities such as washing machines are not replaced quickly.**

A complaint was received via the Office of the Public Advocate Advice Service regarding a DHS-managed house without a working washing machine for nearly three weeks. The residents living at this house are aged and some have continence problems. Staff had to drive to another house laundry or the local laundromat to maintain a supply of clean clothing for residents. The machine was unable to be repaired as a suitable part was not available. Following calls to management, a temporary washing machine was finally installed. Community Visitors stress that such action should have been arranged within 2-3 days of an essential utility being unworkable.

**8 (a) The response system to issues raised is not always satisfactory.**

When Community Visitors raise issues on their visits, the reporting systems with all service providers, both DHS and community service organisations, are generally timely and positive. However, there are exceptions which are time-consuming and unreliable. Although a three-monthly, written response system is in place for DHS issues, Community Visitors find that those issues that necessitate timely and prompt responses require several phone calls to determine what is happening in response to the issues raised. There are a few smaller community service organisations where it is necessary to chase up responses, even after three months. This makes the work of Community Visitors extremely difficult, especially when residents are awaiting an outcome to their concerns.

# 12 Findings - North and West Metropolitan Region

## 12.1 The Northern Subregion disability accommodation services

### 1. (a) Personal plans are extremely variable in quality to the extent that residents cannot always benefit from the implementation of good plans.

Community Visitors report that there is a greater awareness of the individualised or person-centred planning process by staff but the plans themselves can be extremely variable, from extensive and appropriate, to out of date, inaccessible or under review. On visits, Community Visitors consistently ask to look at plans and for information about their implementation, in order to ascertain if the plans are working documents reflecting the needs of the individual, or just a piece of necessary paperwork. It is hard to find evidence of implementation. DHS advised Community Visitors to look for key worker monthly reports. However, these are hard to locate at the time of the visit, and, if found, are often not up to date. It is hoped that real improvements in people's lives across the different services will be increasingly observed as person-centred plans are developed and implemented across the different services.

### 2 (a) The funding formula does not always match the changing capacity of some residents and their needs.

Historically, funding is provided by DHS to community service organisations for an agreed amount of staff support. Some organisations are advising Community Visitors that, as residents' individual needs change, there is insufficient funding to provide extra support for those residents who are unable to attend their daily programs. The residents most affected are either those with unpredictable behaviours, who can be excluded from day programs, or those who are ageing and want to remain at home some days. Some organisations are being financially tested in their capacity to provide a good service for all residents because of the need to find extra funds from within their own organisational resources. It is critical that all parties identify changing individual needs and set about ensuring that sufficient funding adjustments are negotiated and sought.

*St John of God's North West Accommodation Service, in response to a range of concerns raised by Community Visitors about the support needs of a group of residents, stated that "resources are limited and it is a struggle to meet all demands". There are seven residents out of 51 not attending a day service. DHS advises that, as an interim measure, some additional funding was provided for these residents pending further planning and identification of other options.*

*At Fraser House, managed by the Araluen Centre, there are nine residents. Some of these people are ageing and another person has severe dementia, resulting in a substantial increase in their staff support needs overnight. One resident who requires assistance to toilet at night now has to use continence pads due to the lack of sufficient staff support for her needs.*

*Community Visitors maintain that there is a definite need for an active night staff worker, but are advised that funding only permits one sleepover person. At the end of the reporting year, DHS has provided funding to install a system of bed alarms and buzzers in an attempt to compensate for the inadequate level of staffing. Once in use, this is to be monitored closely to determine if it is sufficient to meet residents' night-time support needs.*

### 2 (b) There are advantages to having house supervisors and stable staff teams in each facility.

Quite often, Community Visitors who visit DHS-managed houses find new and different staff in place. Although change in staffing arrangements is inevitable, there is a need for stability to achieve the best ongoing support for the residents. This starts with the crucial leadership of the house supervisor to the regular teams including the casual staff, and the capacity of the house supervisor to exercise leadership and team building in order to improve practice and service quality. Community Visitors are interested in the different staffing arrangements for the Plenty houses, where there is no house supervisor. Perhaps the placing of these houses into the new structure of the outer northern area will see some changes in approach in the future and these residents will benefit from direct leadership in their home.

Community Visitors have raised several serious issues concerning staff support in certain DHS houses and concerns of resident neglect. Advocacy and intervention by the Community Visitors Program Unit, in consultation with the Community Visitors involved, led to more formal investigation with recommendations and changes planned. The introduction of independent service audits and reviews to monitor the service quality and proactively address poor and unacceptable practices within the houses is intended to improve the system of alerting DHS management to such areas of concern.

Staff at all houses at Plenty Residential Services undertook training in active support strategies during the year and Community Visitors will look for evidence of greater social engagement and activities for the residents as an outcome of this training.



*Community Visitors visited a house at Plenty Residential Services one Friday evening and were alarmed by the attitude of the staff member on duty at the time. This person was observed to be "completely disrespectful of the residents, yelling and screaming at them". One resident was undressing themselves when the staff member screamed at them to get dressed again, while the other residents were ordered: "Sit down. Watch TV". Increased resident distress and agitation were observed by the Community Visitors, who immediately left the house and reported their observations and concerns to the unit manager. Uncertain of any immediate response to their concerns, Community Visitors followed up with after-hours telephone calls until they knew that the staff person was replaced and further investigations would occur.*

### **3 (a) Good practice is when staff can support residents to go out**

Generally, Community Visitors are reporting on positive practices in the community service organisation houses with residents often going out. The same can also be said for many of the DHS-managed houses visited. However, there are still residents in several houses who are unable to go out enough. This is because of a lack of sufficient support staff and an inability to meet the special needs of the resident group.

*Community Visitors were pleased to see some of the Plenty Residential Services residents walking to the new University Hill shops, with staff support. This is an opportunity for more residents to get involved in local shopping.*

### **4 (a) Health care plans and other documentation vary greatly in quality and accessibility.**

The quality, accessibility and accuracy of written records about residents in DHS houses are extremely variable. Some are found to be excellent and represent best practice. Others are highly questionable. For instance, Community Visitors asked if the weight record of one resident was accurate, showing an increase from 34 to 108 kilograms over a period of months. Advice was that the extreme weight gain was an error in recording. Incident reports are regularly unavailable. The lack of a consistent record-keeping system across houses means that Community Visitors are unable to find things, especially when casual staff are present, adding to the time it takes to complete a visit (Visits would not usually extend beyond two hours.)

One woman is inappropriately living in a DHS-managed house with a group of residents who are all very dependent on staff support. The woman in question is more capable and skilled, but due to the demands of the other residents, she is denied the opportunity to improve her own lifestyle. Community Visitors consider that this is the wrong place for her to live.

One DHS house in an inner-city suburb is still waiting for a closure date and the opportunity for the existing incompatible residents to relocate and improve their quality of life. Community Visitors are concerned that there are still numerous incidents of aggression, violence and victimisation between these residents and the situation remains unresolved and serious.

Community Visitors are concerned about the future of one resident who lives in a St John of God house that is specialising in training residents for independent living. This is an excellent initiative but when one participant is unsuitable, the question arises as to where that person should go next. A comprehensive plan is to be implemented for this person and Community Visitors will be monitoring progress and the future outcome.

### **5 (a) The future direction of the Statewide Forensic Services is the subject of a service review**

Community Visitors have maintained a positive working relationship with the Statewide Forensic Services and have advocated for residents who have very sensitive and complex needs. Community Visitors were also involved in the consultation for the service review of the Statewide Forensic Services that commenced in early 2007. Community Visitors await the recommendations of the final report when it is completed. These are likely to address the future direction of this service and the delivery of a quality service to people with a disability.

### **5 (b) Proactive health reviews for some ageing residents lead to better outcomes.**

Community Visitors are impressed with the monitoring systems in place for the residents of Araluen and Ivanhoe Diamond Valley houses. Many of their residents are ageing. Community Visitors have found evidence of extensive health reviews and a commitment and awareness by the staff to addressing the changing needs of residents.

The challenge for many community service organisations is to be able to offer greater flexibility in choice of activities for older residents who may prefer to sleep in or not attend a day program five days a week. The frustration in achieving this outcome is due to the nature of the funding arrangements.

*One Araluen resident with dementia is extremely resistant to having to leave by 9am every day. This needs to occur due to a combination of staff and transport restrictions. It is pleasing that at the end of the reporting year, extra funding has been approved by DHS to provide the extra morning support for this person in the mornings in order to stay at home beyond 9am.*

At the end of the reporting year, management of the Araluen Centre has informed Community Visitors that the Board of Management has proactively commenced a 12-month project to consider future directions for their generally ageing population. This includes obtaining advice from a gerontologist, links with local councils, parents, and staff. The aim is to determine 'best practice' and to provide recommendations to the Board. In the interim, the Board of Management is providing funding for additional staff support to better meet the needs of their residents living at Fraser House and has changed practice in the Seniors Day Service to allow a 10am starting time for those people from Fraser House for whom this will be more suitable.

#### **5 (c) Inappropriate placement and use of respite for long stays are consequences of the under supply of accommodation.**

One man living in a Plenty Valley Health house requires alternative accommodation as he is mismatched with the current group of residents. An application for his relocation was made in 2005 but there is no progress to date. Community Visitors have raised this issue again in 2007 but no alternative is yet identified.

Regarding the DHS houses, a teenager is living with older male residents at Plenty Residential Services as an emergency arrangement. No other alternative is available after six months. Two young people have been living for nearly two years in a children's respite house. There is another person living in a respite house who was assessed as needing 'a structured quiet environment'. This is not achievable in a respite house. At another respite house, two young men have been sharing a bedroom for some time, again noted as inappropriate for their needs, but no long-term accommodation is available.

A St John of God facility has a complex history of funding. For the past two years at least it has functioned on a crisis basis for people who are technically 'homeless'. DHS has provided 'special needs funding' to provide staff to support those people in the house and semi-attached flat while permanent accommodation is being sought for them. Regular staff members continue to be employed on a casual basis, which Community Visitors consider is unsuitable and unfair. There is sufficient evidence from the

ongoing usage and need that this is a valid service option that should be funded on a basis that would at least allow people to be employed on short-term contracts, say three-monthly. One person has now lived here for almost two years.

#### **5 (d) Improved planning for respite usage is welcomed.**

Towards the end of this reporting year, a new centralised booking system was introduced for the region that allows specific needs of individuals including specific health requirements to be matched for compatibility. Community Visitors will monitor the choice of respite users, for personal compatibility and responsiveness to individual needs, next year.

A 'planned' respite house is managed by St John of God. It provides regular stays at the house for up to eleven 'groups' of people who are considered compatible. There are also organised structured day outings on weekends and holidays for both the people staying at the facility and other people from their family homes. Community Visitors consider that the organisation of this respite service is exemplary.

#### **5 (e) Respite accommodation is designed for short stays and is not suitable for long stays.**

One person has lived for two years in a SCOPE respite house. Community Visitors feel that she is unable to reach full potential in the respite house, sharing a bedroom. She is now asking for a room of her own. Community Visitors ask when she can be placed in a permanent house with her own bedroom. SCOPE supports Community Visitors' comments regarding residents residing permanently in respite. This is having a major effect on the amount of respite able to be offered to families on a regular basis and is an issue raised numerous times with DHS.

There are still a number of shared bedrooms in the respite houses, where there are no plans to resolve this unacceptable practice.

#### **5 (f) Reductions of restrictive interventions are needed.**

DHS is piloting a project 'Positive Behaviour Support' in two houses that provides intensive training and coaching of staff in reducing the use of restrictive interventions and enhancing opportunities for community participation.

#### **6 (a) Several residents continue to live in very unacceptable conditions.**

As reported last year, shared bedrooms are diminishing through the work of the Strategic Refurbishment and Replacement Program.

It is extremely disappointing to report yet again on the bleak and depressing house, owned by Supported Housing Limited, but managed by St John of God, where no improvements are yet in place. Nothing has been done to improve the appalling quality of life for the three male residents. A very experienced Community Visitor who has been visiting this house this year says: "This is the worst and most disgusting facility I have seen in my life, over twenty years of visiting." A feasibility study was completed in March but plans for extensive renovations to the house are still waiting to be put out for tender by DHS. Meanwhile, the three men remain living in a situation of extreme deprivation. Community Visitors are advised by DHS that 'a substantial redevelopment' is due to begin soon.

Certain community service organisation houses are on very steep blocks with structural and design flaws in meeting the needs of their ageing residents. Fire evacuation issues, personal and environmental safety are of major concern. Community Visitors are not aware of identified action, which would replace these properties and address the potential danger to the residents.

#### **7 (a) The refurbishment process is too slow**

There are still a lot of old houses in the northern subregion (especially the central area), mainly DHS-managed houses. A few have been improved and renovated. Others remain a disappointment from lack of refurbishment. Community Visitors are not aware of plans for these houses to improve their presentation.

*A house owned by Singleton Equity Housing has two women residents sharing the front bedroom. The lack of space means that the wardrobe doors could not be opened – instead they have been removed and replaced with curtains.*

#### **8 (a) A significant number of issues reports were in need of a response by the department at the end of the year.**

The difficulties in receiving timely and comprehensive written responses to issues raised on visits, both from DHS and from the 19 different community service organisations, have continued to be addressed this year, with considerable improvements now occurring. A negotiated timeline of 14 days for a written response assists the process of resolving issues promptly and effectively. It also avoids the previous frustration reported by Community Visitors of repeatedly reporting the same issues with no action being taken. However, despite these efforts, at the end of the reporting year, there were a significant number of issues reports from visits to department houses still in need of a response. DHS management has agreed to review and further improve the process.

## **12.2 The Western Subregion disability accommodation services**

### **1 (a) Individual plans vary in quality.**

Individual plans vary in their quality of content and evidence of continuity of implementation. It is anticipated that more improvements will be evident with the gradual implementation of person-centred plans.

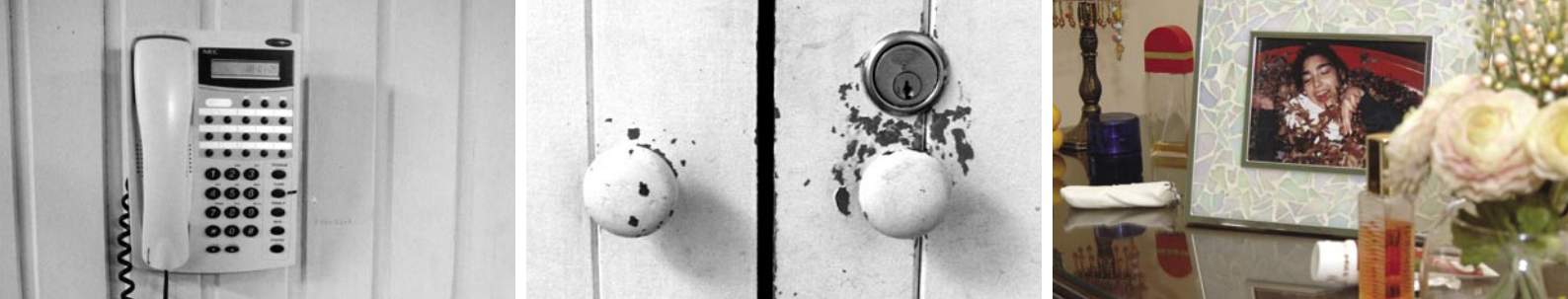
*Residents at a Melbourne City Mission house always convey excitement and enthusiasm to Community Visitors. Every month, there is at least one party or social event involving residents and their friends. They plan for this, preparing their outfits and looking forward to what lies ahead. Sometimes there's a disco light. Any excuse for a party – birthdays, anniversaries, special celebrations – there will be something.*

### **2 (a) Community Visitors are not confident about the quality and capacity of some staff.**

There is a range of quality in the level of staff support provided for residents. Some staff present themselves as very efficient, others not so. The quality of leadership is mixed, which is possibly a reflection of inadequate training and information.

### **3 (a) Insufficient effort is made to assist residents to participate in the community. The lack of transport and vulnerability to unscrupulous taxi drivers are problematic.**

It is fantastic to visit a house and find the residents are out in the community, either shopping, at the footy, at 'shows' or visiting community exhibitions. This is not, however, widespread practice. Sometimes, getting out in the community means a weekly trip to a well known 'Scottish' restaurant, which is hardly community inclusion. Those houses without readily available transport that suits the needs of the individuals are greatly disadvantaged in choosing activities in the community. It is not uncommon for Community Visitors to walk into a house where the residents' main activity is to sit and watch television. This lack of community participation is often attributed to a lack of suitable transport. Unscrupulous taxi drivers can also play on the vulnerability of residents. Community Visitors have seen taxi vouchers where an extra figure is deliberately added to increase the fee.



**4 (a) Staff interpretation of 'normalisation' can be severe.**

Community Visitors became aware of a young resident who broke into the staff office at the house where she lives, 'stole' her own bank access card and then took money out of the bank. Staff called police to report the break-in and theft, 'in the interests of normalisation'. Community Visitors questioned whether police involvement was an overreaction and if other means were available to control and change resident behaviour without putting her at risk of having a conviction recorded. Community Visitors also asked why a financial plan was not in place for this resident, to enable some 'normal' control of money and spending. Community Visitors have since been informed that such an initiative will be implemented.

Compatibility remains an issue of concern to Community Visitors in this part of the region. It is essential that initial decisions to place a person into an existing house are based on carefully considered and precise needs. An example is the placing of a capable and communicative person into a house with no other residents who can interact and communicate. This is unfair for all the people involved but especially lonely for the person. Unfortunately, Community Visitors are aware of a few examples where, in their opinion, the planning was inadequate and hope that in future this does not reoccur.

*Community Visitors became aware of the decision to move a resident with a history of destructive and aggressive behaviour, from a community service organisation house into a DHS-managed house. This has not resolved the problem of the violence and its impact on other residents – it has merely "shifted the problem from one table to another". The visiting panel made several visits to the house. Lack of resolution of incompatible situations seriously affects the quality of life for all concerned. Community Visitors are still waiting for the results of a full assessment of her needs and consideration of what strategies are needed.*

**5 (a) Living in a respite house for a long time is lonely and inappropriate.**

One young woman has been living in a community service organisation respite house for nearly two years waiting for permanent accommodation. She tells Community Visitors that she is lonely, because the respite users and the staff come and go, while she remains at this house with limited opportunities to develop friendships. On a visit to a different respite service, Community Visitors were surprised to find this young woman in residence for the weekend – on respite from another respite house.

**6 (a) House remains totally unsuitable for residents with wheelchairs.**

The future of the SCOPE owned and managed house that was described in last year's annual report as totally unsuited for the needs of the residents who use a wheelchair remains unresolved. Community Visitors await advice as to any plan to rebuild or replace this house.

**7 (a) Poor efficiency in repairs is detrimental for residents.**

Community Visitors consider that the system of ensuring prompt repairs and maintenance to houses requires great improvement. It is understood that budget and unreliable contractors are limitations on efficiency. However, sometimes resident needs are such that special attention is required, such as when the air conditioning took six weeks to repair in the heat of summer. Community Visitors ask if DHS can introduce a system of streamlining and priority setting for its houses. A notable exception in the community service organisations is with Gellibrand, where maintenance and fabric issues are addressed immediately. These houses are always homely and welcoming houses to visit as the needs of the residents in their accommodation are very well met.

**8 (a) A lack of response to issues reported by Community Visitors means that resolution on behalf of residents cannot be achieved.**

Community Visitors are greatly concerned when service providers fail to respond, in a timely and responsible manner, to issues raised from visits. It is extremely frustrating for Community Visitors that a lack of response and resolution of these issues, often repeatedly raised on behalf of residents, cannot progress because they appear not to be taken seriously. This applies to DHS and a majority of community service organisations.

Community Visitors have also encountered situations on their visits when the staff on duty have not known about or understood the role of Community Visitors. On one occasion, the house supervisor told the staff, in front of the Community Visitors, not to answer any questions until "the head office was contacted". Such an attitude is not conducive to trust or to working together in order to improve the quality of life for the residents.

# 13 Findings - Barwon - South Western Region

## 13.1 Colanda Residential Services

### (a) Improving the worst of the residential environments is better for the residents.

Community Visitors were pleased with the announcement in May 2007 of the Colanda Future Needs Consultation Project. It is hoped that plans for the redevelopment of Colanda will now progress, as expeditiously as possible, in a manner that focuses on the individual needs and potential of each resident so that the institution no longer exists by the year 2012, as in the Disability Services ten-year plan.

Building works have continued this year to improve the worst of the fabric of the residential units. For instance, a second living area has been created at Finch unit, in response to the persistent suggestion of Community Visitors that this large group of residents needs a second living area. This year, the residents of the Hostel unit moved into two on-site houses on a rotational basis during the renovation process. Community Visitors indicated that the changed environment for these residents, with a smaller number per house, was very positive.

Since the closure of the Colanda Centre pool and the completion of the feasibility study for building a new local hydrotherapy pool, as reported last year, Colanda residents continue to rely on accessing the only two available hydrotherapy pools in the community: one in Geelong, and a local and new, privately owned pool. They also use the local swimming pool, which is not a hydrotherapy pool. These pools are limited, however, in what they can provide because of distance, access times available, staff support required and funding. If a new pool is to be built, it will rely on significant community fundraising. This has not progressed and stands as a barrier to people with a disability being able to access this important need for their health and wellbeing.

## 13.2 Other disability accommodation services

### 1 (a) Implementation of individualised or person-centred plans is slowly progressing.

The adoption of individualised or person-centred plans is very slowly being introduced in this region. Community Visitors reiterate their desire to see more evidence of more meaningful and personalised activities being reflected in plans and acted on with fewer 'time-fillers'. Community Visitors do observe respect for some individual residents' choices in some houses. However, the gap between

what happens during the day when a resident attends day programs and what happens in the person's home represents a challenge for residential staff. When both parties are involved in the planning process, this is a positive process.

*A resident in a STAY house in Hamilton is a highly regarded, self-taught artist, who specialises in detailed cityscapes. Recently, one of his paintings on exhibition in the Hamilton North Rotary Art Show won an award for best painting by a local artist, was purchased by a well-known philanthropist in memory of the late Bruce Chamberlain's long parliamentary career and now hangs in the Hamilton Art Gallery.*

### 2 (a) Inadequate staff support can lead to residents being vulnerable, even neglected.

There have been positive outcomes in the daily lives of residents with the introduction of the active support program in some DHS-managed houses in the region. Active support will be implemented in all DHS houses across the region as training is completed. It is intended that information on this program's requirements becomes a component of induction for all new staff, including casuals. Community Visitors hope to see active support strategies incorporated as normal routines and approaches across all houses.

Community Visitors hold grave concerns for the safety of the residents in the Family Plus house in Geelong. The level of support provided to these residents, some of whom are non-verbal and require full assistance with hygiene, appears to be less than satisfactory. Community Visitors arrived on one visit to find two residents at home alone and unsupervised. Community Visitors were admitted to the house although these residents did not know them. When trying to ascertain the whereabouts of the manager, the residents, who were both non-verbal, became extremely distressed. They appeared not to be able to use the telephone. Other concerns include the lack of any incident reports for five years, personal plans were stored on the computer and were neither informative nor up to standard, there were no fire safety plans, and no emergency evacuation packs. Community Visitors have raised these serious concerns with DHS.

Community Visitors are also concerned about the practice of only rostering one staff person in a house responsible for a group of residents. Community Visitors question the vulnerability of residents, in this case with an intellectual disability, who may be left in the care of only one staff member. Community Visitors raise concerns about safety, possible neglect and abuse, and the lack of any real accountability through such systems as recording incidents and maintaining comprehensive personal plans.

*The management of residents who become angry and frustrated when they do not fully understand their rights and responsibilities can be very challenging.*

*Community Visitors who visit a DHS-managed house in Portland were very impressed by the expertise of a young female staff member when confronted by an angry and aggressive male resident. The man was angry because he wanted an immediate response to a request. The staff member faced the resident and, in firm, clear language, explained the reasons for the delay and pointed out that certain standards of behaviour were required in the house. The man argued his case but the staff member stood firm. Eventually the man calmed down and showed some remorse.*

The reconfiguration of a former outreach house owned by Singleton Equity Housing in Colac has allowed two of the more independent residents to move into a new unit built at the rear of the existing house, while the other three residents are living in the existing house with staff support. The two at the rear are aware that, if they need any assistance, they can walk under a covered walkway to the house at the front of the block. This has proved to be an ideal arrangement for each person.

### **3 (a) Lack of access to transport creates a barrier to community inclusion.**

Sharing of transport in many Geelong houses continues to be a problem, with between two and four houses having to share one vehicle. Gateways, for instance, has 2.5 buses and a very small car to share between 5 houses each weekend. These houses are not in close proximity to each other. Roster arrangements for DHS-managed houses over weekends mean that no spontaneous plans can be made for weekend activity and community access.

*One resident in Warrnambool is a keen gardener and, working with support staff, he has developed a small but productive vegetable and herb garden. The produce is shared around several houses. The house manager encouraged him to enter the garden in the Statewide Edible Gardens Award and, to everyone's delight, the garden was a joint category winner. This resident proudly received the award from Minister Gavin Jennings in Melbourne.*

### **4 (a) Inflexible funding for day programs can disadvantage individuals with particular needs.**

The young Portland resident who uses a wheelchair and needs to access the local swimming pool on a regular basis for her health and fitness, as reported last year, is still unable to go swimming regularly. This is because of the way in which funds for day activities are allocated to the day program. Funds are provided on a block system, for a group of people, with less consideration as to an individual person's needs. It is expected that this will be rectified under the new legislation. The resident regularly expresses her frustration about the situation to Community Visitors and resents being continually ignored.

### **5 (b) A planned and coordinated approach to preventative health care is important**

Across the region, the majority of residents appear to rely on the public health system for annual or regular reviews. Some residents have private arrangements. Medical care plans have been developed and implemented for each Colanda resident by the doctor who attends Colanda each fortnight from the Centre for Developmental Disability Health Victoria. Community Visitors are aware that residents are having annual medical and dental check-ups, although decisions for regular cancer screening tests and other preventative medical tests are left to the treating doctor. Community Visitors believe that proactive policies should be introduced so that residential services ensure that such tests are necessarily undertaken.



Community Visitors are very concerned for the woman from a DHS-managed house who was admitted to hospital for a pre-determined dental procedure, described as "two extractions, two fillings and any other dental treatment required following examination". The legislative requirements under Section 42K of the Guardianship and Administration Act 1986 were accordingly met prior to the procedure.

Once under anaesthetic, the treating dental surgeon decided to remove all her teeth. The support staff member responsible, from the house where she lived, was outside the theatre at the time but was not consulted or advised about the sudden change in the procedure. Community Visitors understand that, although the legal obligations to register the proposed procedure under the Guardianship and Administration Act were met, the consequences of removing all her teeth have not been in the best interests of the woman involved. Community Visitors argue that it was insufficient to register the procedure without any consultation with the staff responsible for her every day care.

Further information will be sought from the parties involved in order to seek improvements in decision-making about dental procedures like this. This includes consideration as to overall access to dental health services for people with a disability for preventative care, before reaching an operating theatre.

Access to incident reports is crucial to Community Visitors. Although recent reports are generally available on a visit, it is useful to be able to read any earlier reports from the previous year for trend and historical purposes.

The Comprehensive Health Assessment Program (CHAP) is being piloted in this region and is designed to minimise the barriers to healthcare for residents with an intellectual disability. It comprises a two-part questionnaire that requires collaboration between the person, their supporter and their GP, and is a comprehensive health assessment tool. It aims to assist the GP in making better diagnoses and provide appropriate treatment and is to be conducted in line with an annual physical examination. It is anticipated that, following this trial, CHAP will rollout across the state.

### **5 (b) Respite services are inappropriately used because of the undersupply of long-term accommodation.**

The seven-bed CODA respite house in Colac has two shared bedrooms but the increasing demand for facility-based respite is such in this area that it would be impossible to reduce the number of beds. There are three people who regularly use the respite service for certain nights each week while they wait for suitable long-term accommodation, which is lacking in the community. One of these people has a dual disability and needs specialised support which is not available in the local community.

### **6 (a) Advocacy by Community Visitors has assisted young people needing better accommodation.**

Community Visitors have been reporting on a Gateways house for a number of years as being inappropriate to the needs of its juvenile residents. Community Visitors joined with Gateways in opposing a proposal by DHS for a move to an equally inappropriate, but better-maintained facility. Gateways was recently notified that they were first priority in the region for a purpose-built facility, which will commence in the next few months. They formally expressed their gratitude to Community Visitors for their input and assistance.

### **7 (a) Residents have waited for years for necessary improvements to their house.**

The CODA-managed, Office of Housing owned house in Colac remains unchanged in its fundamental design flaws. This is the fourth year Community Visitors raise this unsuitable residential environment for the group of five residents, all with high physical support needs and all getting older. Community Visitors implore DHS to address these concerns in the interests of the residents' quality of life.

### **8 (a) Prompt written responses to issues reported by Community Visitors are helpful.**

Responses to Issues Reports are generally prompt and helpful, although not always in a written format. In the Geelong area, written responses have been sought within 14 days on a pro-forma document, and this has been found to work very well. Regular meetings with all the organisations have led to implementation of this improved system of responses. Community Visitors also appreciate prompt notification of death or serious changes affecting a resident. This has been the regular practice for Colanda and Colac houses, but it is not widespread throughout the region. It would be very helpful if it were.

# 14 Findings - Gippsland Region

## 1. (a) Quality of personal plans varies.

Individual personal plans vary across the region. Some plans are excellent, with involvement of family and residents. Others lack balance and relevant information that addresses personal development and leisure options.

Community Visitors in the region were given the DVD 'My Plan My Way', a local initiative that highlights the importance to individuals of being involved in their own plans.

## 2 (a) Improvements achieved from staff roster review and extra staff support

DHS has reviewed the staff roster for the house in Drouin for residents with high-care needs, and more staff support is now provided in the mornings. DHS has also undertaken to review the special needs of these residents before considering a new resident for this house.

*After constructing raised garden beds in one DHS-managed house, the residents have taken up gardening. Two residents recently visited an edible garden project to expand their ideas on planting and suitable plants. Some Orbost residents also travelled to Melbourne to accept 'Go for your life, Edible Garden Awards' at the Royal Botanic Gardens, for their novel gardens and home-grown recipes.*

## 3 (a) Good practice assists community inclusion.

*The local day program provided the residents who had relocated to the Gippsland region from Kew Residential Services with in-house services for the first months, until each person was ready to attend programs.*

## 4 (a) Improvements needed in health service coordination for some residents.

Improvements are needed in service coordination between DHS disability accommodation services and available medical assessment services in the region. For instance, it took an inordinate amount of time to link a resident with a dual disability with a mental health assessment service.

## 5 (a) Alternative accommodation options are limited.

Two residents with complex needs are currently each living on their own, with necessary supports, in a two-bedroom unit because there are no other suitable places. DHS is considering alternative accommodation options in order to free up the two unused bedrooms and negotiations have commenced with Community Housing to turn one of these units into two single units.

Alternative accommodation options are very limited in Gippsland, especially for residents with complex needs. One adolescent came to a respite house in crisis, and then lived there for a year. Long-term placements in respite services place pressure on both the support staff and those who actually need to use respite.

## 6 (a) Resolution in process for improvement of two houses.

Community Visitors are very happy that the inappropriate house with unsatisfactory, child-sized bathrooms, as mentioned in previous annual reports, has finally been demolished and a replacement house is under construction.

*A purpose-built home has replaced an unsuitable house in Sale. The new house is accessible, has spacious living areas, well-equipped bathrooms and attractive exterior, and blends with the local streetscape.*

## 7 (a) Maintenance not addressed for three years.

A house in East Gippsland with major structural problems has been recommended for replacement but this is not yet funded. There are, however, maintenance issues that need prompt attention. For three years, Community Visitors have reported on these maintenance issues, which represent a health hazard. These include the breakdown of chipboard shelves in the kitchen, with residue falling onto food preparation areas, and the bathroom and adjoining bedroom affected by mould. While DHS continually advises that quotes for repairs have been obtained, the matters have not been rectified. Such delays are unacceptable.

## 8 (a) Care and support provided appropriately in the context of the death of a resident

Community Visitors became aware of the death, in hospital, of a resident from a DHS-managed house after a letter of complaint was sent to the Office of the Public Advocate. Regional DHS management responded in writing to the concerns raised in the letter, advising that there appeared to be no substance to the allegations. The underlying issues raised were about the lead-up to the person's death and whether sufficient and appropriate care was provided for someone with a disability. Community Visitors were satisfied at a subsequent visit to the house that, in their opinion, every effort had been taken to act appropriately by calling the ambulance and seeking medical assistance through a difficult period. The staff and other residents were all offered grief counselling services after the death. The matter is still subject to a report by the Coroner.

# 15 Findings - Grampians Region

## 1 (a) Strong leadership leads to improved practices and outcomes for residents.

Community Visitors are very impressed with the initiative shown by many DHS-managed house supervisors and some from the community service organisations, in setting up active support strategies and new person-centred plans, which include consulting specialists in fields such as communications, behaviour management and nutrition.

*After their visit to a DHS-managed house in the far western part of the region, Community Visitors reported on the initiatives of the house supervisor to introduce active support models and care plans for all residents in line with the new Disability Act. A speech therapist to improve residents' communication skills was engaged and PINARC approached for extra funding for active support aids. There is a house action plan that aims at best practice and includes three-monthly reviews of progress. In less than two years, this house is now vibrant and exciting. Given the isolation of this house, it is particularly pleasing to hear of residents having new and creative activities, such as one resident having the chance to stay overnight at a Ballarat residence to meet other people.*

Up to date and workable personal plans are crucial for individuals to lead fulfilling and exciting lives. When such plans work, the results are evident. However, if they are ignored or inappropriate, Community Visitors find that individuals express their personal frustrations. This is the experience with residents from some of the EW Tipping houses in the region, where Community Visitors do not always see personal plans representing individual interests or leading to changes in their lives.

## 2 (a) Particular and ongoing concerns for the residents at an EW Tipping house.

In the western part of the region, there is an EW Tipping house where four of the five residents have regularly complained to Community Visitors about aspects of their lives. These complaints cover inappropriate style, volume and variety of the food, the amount spent each week on provisions, changes to the rules for community and leisure access with reduction for some, plus general concerns about the level of support provided. Community Visitors have raised these concerns with the organisation in terms of the need for some specialised training for staff, for greater encouragement of residents to become actively involved in learning daily life skills, and for improvements to occur with personal plans so that actions reflect and respect the individual choices and aspirations of the residents.

One person did not attend day placement for some months and expressed to Community Visitors that he was depressed and unhappy. After Community Visitors advocated for changes, a planning meeting was held under the 'Future for Young Adults' program. He invited Community Visitors to attend the meeting with the transition planner. Changes are now happening in his life. He is paid to work at the local training centre, he is involved as a volunteer with a local football club and is waiting for his new customised wheelchair.

Community Visitors will be closely monitoring other areas of improvements in his and the other residents' lives over the next year on the understanding that every endeavour is being made by the service provider to bring about positive outcomes for this group of residents.

*Community Visitors enjoy learning of improvements in the lives of those living at the new house for former Kew Residential Services residents in Ballarat. One resident's family is amazed that now she makes them a cup of tea when they visit, when previously she used to lash out at them.*

## 3 (a) Exemplary practices of community inclusion are occurring.

Many positive community participation activities occur in this region. Exemplary practices occur for the residents of Woodbine houses in Warracknabeal. For instance, when the residents are going out to a disco, Woodbine adopts a whole-of-town approach so that residents living at other services can also participate. There is heavy involvement in both disability and general community services and clubs.

Other examples of community inclusion noted this year are the local council-run summer-holiday programs being successfully accessed by people with a disability living in Bacchus Marsh, and the planned increase in attendance at the local primary school by a young teenage resident

*Two men living in different DHS-managed houses in Ballarat have a love of cars. Staff have gone out of their way to arrange for real vehicles (without engines) to be installed in their back yards. Each man spends leisure time 'driving' to the places of their dreams.*

#### **4 (a) Some conflicts need dispute resolution systems.**

Community Visitors have received complaints regarding increases to fees for 2007-08 at EW Tipping houses which will result in a residential fee increase of approximately 16.25 per cent per month plus a new motor vehicle levy of \$36.15 a month. Community Visitors are questioning both the high percentage increase on the residential fee and the precedent of a motor vehicle levy, and have been advised that this is the organisation's response to the increasing challenges of higher costs when trying to replace worn out vehicles and to meet upkeep and maintenance costs of the houses.

There have been two situations of concern to Community Visitors this year where there was tension between family members and staff supporting a resident with a disability, over differences in opinion around healthcare and duty of care.

One resident affected by these tensions has displayed a significant increase in reported incidents in recent months, placing himself and others at risk. As a result, restraint is now used when he displays these behaviours. Community Visitors consider that if this person could live his life in accordance with his own wishes, with careful and respectful behaviour management plans adopted by all those involved in his life, restraint strategies may not be needed.

Staff at one DHS-managed house instigated a requirement that residents have private health insurance. Community Visitors commend this approach, especially given that many residents must wait for years for medical and dental procedures, and consider that this practice could well be adopted on a more widespread basis.

*One man needed an ear operation for hematoma auris (cauliflower ear). Community Visitors ascertained that he had been on the waiting list for eight years with no follow up. It was then discovered that he had in fact 'slipped off the list'. Once reinstated, it took another nine months before the operation was successfully performed.*

#### **5 (a) Regional initiative to improve service response for needs of older residents.**

A special project has been examining the process for determining when it might be appropriate, or not, for an older resident to move into aged nursing care. A number of indicators are identified for ageing in place as against criteria for moving into a nursing home. A protocol is also being developed with regional aged care services around

what needs to happen when a person with an intellectual disability requires aged nursing care. Community Visitors view this as a very positive regional initiative.

#### **5 (b) There is insufficient facility-based respite for the region.**

As reported in previous years, the demand for facility-based respite continues to exceed the current services available. Respite services are very important for families on remote properties in this region. Two old DHS respite houses in Ballarat are being replaced with purpose-built facilities. There is one person who has been living in the Warracknabeal Hostel respite unit for two and a half years. Whenever his bed is needed for an emergency, he has to move either to another respite unit in Horsham or to a sofa bed at a local residential service. Due to the high levels of demand, community service organisations have adopted screening strategies so that the regular known respite users have priority use. Community Visitors are concerned about what this means for new people or people requiring respite in an emergency. A common problem in this region is the lack of any facility-based respite services for emergency or crisis use. There are still two shared bedrooms at a Horsham respite house, which require careful management of the bookings so that people who are compatible use the respite at the same time.

On the positive side, Community Visitors are aware that planning is underway for a new EW Tipping respite house in Bacchus Marsh that will assist families from the surrounding area when it is available.

#### **6 (a) Very inappropriate house in urgent need of upgrade.**

Community Visitors have raised their concerns about a poorly designed DHS-managed house in Ballarat. Six people live on the one site: one person in a granny flat at the very back, two women sharing a bedroom in a small unit next to the original house and another three people living in cramped and substandard conditions. There is a filing cabinet in the hallway for staff records; one bedroom is tiny; access to and from the back units is via a very small and narrow laundry; and the whole house is dark and draughty. As there is no pathway or shelter between the house and the granny flat, at meal times the resident needs to run up to the house when it rains. The regional DHS office agrees that this property is a high priority for replacement, but the fabric audit did not address these ongoing inadequacies. Community Visitors believe an upgrade of this inappropriate setting is urgently needed.

# 16 Findings - Hume Region

## 1 (a) Funding formula lacks flexibility.

Community Visitors continue to raise the issue of the two residents in a community service organisation house in Cobram who are unable to stay at home by choice due to inflexible funding.

## 2 (a) Improved staff support strategies result in better outcomes for the residents.

The implementation of active support strategies in seven DHS-managed houses is having visible positive outcomes for the residents. Community Visitors report changes for those residents who had previously been less involved in household activities and will look for enhancements in residents' daily lives.

## 3 (a) The lack of suitable transport hinders community inclusion.

The continuing lack of suitable transport in the Hume region significantly restricts the lives of many residents. When a house does have dedicated access to a suitable vehicle, Community Visitors observe the difference this makes for the residents in terms of getting out into the community and for their general wellbeing. Very few houses, however, have a dedicated vehicle and public transport is virtually non-existent

*Community Visitors report a great variety of creative holidays as well as outings by many of the residents. Examples include an overnight trip to Melbourne and the theatre, a luxury farm holiday in Stawell and a visit to parents overseas. Evidence of such trips via photos is always a pleasure to see during a visit.*

## 4 (a) Management of resident health and welfare needs is not always in the person's best interest

An important element of a visit by Community Visitors is the ability to access relevant documentation, such as incident reports, but these are not always accessible.

One unresolved issue, raised for two years by Community Visitors, concerns the lack of management of a resident who presents as morbidly obese, and whose behaviours potentially compromise personal health and wellbeing. There is no evidence that any strategies for managing weight and diet have been implemented, with some confusion expressed to Community Visitors about the resident choosing to over-eat, rather than the service provider ensuring a duty of care. The same organisation decided not to advise another resident about the death of a very close family member. Community Visitors became involved after being questioned by the resident, on a visit three months after the death, as to the relative's

whereabouts. Six months later and with assistance from an advocate, the resident was told the sad news.

## 5 (a) There is unmet need in accommodation for children with autism.

MACCRO provides an accommodation service for children with autism who attend the nearby specialist school. The service is provided on a four-month rotation basis. However, the waiting list is now up to 195 families wanting to access the accommodation and the school, indicating that there is a high level of demand for these services.

## 5 (b) Positive steps reported to better meet the needs of ageing residents.

With an increasing number of residents who are displaying the onset of dementia, DHS is initiating plans for reviewing individual needs. The requirement for some residents to attend day placements, when they want to remain at home or to access more age appropriate activities, remains unacceptable. The new eight-bed facility that will provide more specialised support for people with early dementia and other ageing related needs is due to open by the end of 2007. Some of the residents are on the working committee and helping to choose furnishings.

## 5 (c) Living in respite for six years, highlights the need for more long-term accommodation.

It is now six years that one resident has been living in the Central Access respite house, as raised in successive annual reports. Community Visitors find it difficult to understand why this resident cannot be placed in available local permanent accommodation offering an improved, homelike lifestyle. It is of further concern when Community Visitors find themselves asking about the resident's need for a new wheelchair because this had not been addressed by anyone else.

## 6 (a) Systems have failed to address and resolve the unsuitable Kirinari house that demonstrates some of the worst aspects of inappropriate placement of residents.

The unsuitable Kirinari house in Albury on the steep slope remains a matter of serious and unresolved concern to Community Visitors. The detail, as reported in last year's annual report, is the same: a house that cannot be sold because it is located on Crown land. Community Visitors ask if some effort can be made to address the bureaucratic and legal technicalities that appear to impede any resolution to this unique set of circumstances. Two of the residents use wheelchairs, making it impossible for them to go outside independently due to the steepness of the slope. The inside of the house is also unsuitable. For instance, these two residents are unable to go to the office as there are stairs, and the fire exit door opens inwards, which hinders evacuation.

# 17 Findings - Loddon Mallee Region

## 17.1 The Sandhurst Centre

**(a) The Sandhurst Centre should not be the answer to problems that require better staffing models.**

This year, the Sandhurst Centre has reached its maximum occupancy of 48 people. Residents' ages vary from 19 to 79 years. All residents continue to be well-supported in accessing a wide range and choice of activities, including getting away on an annual holiday, irrespective of how difficult it may be to plan and arrange a holiday for any one person.

Five new residents have arrived at Sandhurst this year, primarily as a result of a breakdown in previous accommodation, both supported and private. One new resident is at Sandhurst for a short-term vacancy only, and another is subject to a split care respite arrangement with family. In observing progress after their move to Sandhurst, Community Visitors have asked: what makes the lives of these residents better at Sandhurst? At the same time Community Visitors question what didn't work before the move. Management suggests that the concentration of staff support on the one site is the advantage of Sandhurst

Community Visitors concur with this view, but only on the basis that the difficulty in having a concentration of sufficient, appropriate and well-trained staff available on call in smaller community settings may be problematic. However, Community Visitors consider that a majority of these Sandhurst residents, given sufficient and appropriate support and a compatible resident mix, should also be able to live comfortably in a non-institutional environment

Management advises that a few of the younger Sandhurst residents are on the register for community accommodation if and when a suitable vacancy becomes available. Community Visitors are aware, however, that there are insufficient vacancies in the community houses to meet this need. Community Visitors suggest that, in preparation for the eventual redevelopment of Sandhurst, thorough plans could commence which assess the individual needs of those younger residents who it is felt should move out of Sandhurst sooner rather than later. Such early planning might assist in determining what is the actual, current, unmet need for this group of younger people.

## 17.2 Other disability accommodation services

**1 (a) There are very good practices evident in promoting individuality.**

Most of the time, individual wishes and needs are respected and personal choices evident. On one occasion, Community Visitors were asked to intervene in a dispute involving the best place for a pet to live. A satisfactory resolution was mediated. Menu choices and meals are planned ahead with most residents each week. In one house, Community Visitors questioned the individuality of personal bathroom toiletries, having observed bulk purchases of the same item in the bathroom cupboards and everyone's personal items being in the one place without names or personal identification. Community Visitors were pleased to visit a few months later and find that each resident had new bathroom bags and containers, each personally chosen, with their own selected items, all being used and on display.

The EW Tipping house in the region has commenced work on new personal plans which focus on a wide range of community activities of choice by each of the residents. The evidence that the residents were all getting out and about to lots of different and enjoyable activities was obvious when each person produced their own set of photos taken with the household digital camera from different holidays and local events.

**2 (a) Improved practices and staffing models are facilitating better outcomes for residents.**

The recent introduction of the active support program for 12 houses managed by DHS (six in Mildura and six in Bendigo) is a positive initiative for both staff and residents to encourage increased engagement between staff and residents around the house in everyday needs. Community Visitors will be looking for more indications of residents having greater activity in their everyday lives as a result of this program.

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*Community Visitors have noticed a change in one house when they visit. The laughter and the rapport between residents and staff was exciting to witness. Previously, some of these residents did not respond to Community Visitors but on this visit, they were laughing, smiling and showing Community Visitors pictures and chatting about their day. It is a credit to management and staff that the introduction of active support has worked so well in this house.*

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There is one resident living in a community service organisation facility who expresses unhappiness regarding his relationships, unmet social needs and current accommodation. Community Visitors were told by support staff that "this resident would be unhappy wherever he may be". Community Visitors do not accept this as an answer but also acknowledge that such an approach is not an isolated example of staff attitudes towards many residents across different residential services. Regarding this one resident, Community Visitors have met with the responsible residential service manager on a number of occasions to discuss individualised needs for this person and the challenges faced, over some years, to resolve his concerns. A case manager is now involved and other strategies are under consideration, subject to sufficient funding. It is also reassuring to Community Visitors that this service provider has undertaken to address underlying staff attitudes such as those expressed towards this resident, through further staff training.

**3 (a) There are many examples of good practice to encourage community inclusion.**

Residents are active participants in their local community. A wide range of activities are reported by Community Visitors, to include dinner dances, picnics, going out for lunch and going to the movies, as well as some exciting holidays.

**4 (a) Potential double disadvantage when treatment for broken leg required an upfront \$800 fee.**

Community Visitors were informed about the resident in an Echuca community service organisation house who broke his leg as a result of a fall from his wheelchair when in the street. The local public hospital refused treatment (a special leg brace was needed) unless an \$800 fee was paid in advance. The person could not afford the fee. The community service organisation paid it for him on the basis that he would gradually repay them "if possible". A complaint has been sent to DHS asking why this person was treated as a private patient when he had attended accident and emergency as a public patient.

**4 (b) Incident reports are not always accessible to Community Visitors.**

Community Visitors are not always able to examine incident reports in houses. The weekend respite house in Swan Hill keeps its incident reports in the off-site office due to the need for security of confidential information during the week when the respite house is unoccupied. Other reasons for incident reports being inaccessible include staff not having the key to locked filing cabinets and reports being held at head office.

*Community Visitors could not believe how the atmosphere of a house and the sense of resident wellbeing and security could change so quickly. The house, managed by a community service organisation, had tables and chairs bolted to the floor, kitchen and bedroom doors locked, and barren walls. The changes were noticeable after a move of one resident whose aggressive behaviour affected everyone else in the house. Now the house has the kitchen open, cooking lessons, pictures on the walls, more furniture, no locks or bolts and Community Visitors can enjoy visiting again. The residents, who all have an intellectual disability, are now engaging in fun and chat rather than just sitting in a chair trying to protect themselves. One person has started to go out with family now, when before they would feel too timid to leave the house.*

**5 (a) Improvements in presentation of houses help residents.**

The EW Tipping house is about to have new curtains installed and the kitchen and lounge rooms are to be painted and freshened. This will improve the presentation of this house, although Community Visitors have been concerned for a long time about the cleanliness of the bathrooms and the need for basic repair to the bathroom door that sticks. It would be helpful if the bathrooms at this house were completely refurbished and refreshed.

There are inconsistencies across some community service organisation houses with the contents of evacuation packs that should ideally include details of residents, a photo of each resident, name tags and mobile phone numbers of staff. If an evacuation occurs, Community Visitors are worried that some non-verbal, mobile residents may inadvertently become separated from those in charge and be placed at risk.

**6 (a) Reported delays in maintenance are unacceptable.**

Community Visitors are advised that responsive and timely maintenance is not always occurring especially for Office of Housing properties. For example, at a Scope-managed house, an in-wall air conditioning unit has been out of order for four years. The issue for Community Visitors is when unsatisfactory environments remain unresolved and negatively affect the residents' quality of life.

# Appendix 1 - Disability Accommodation Services Visited

Able Australia	Focus Individualised Support Services	Murdoch House
AGAPI Care	Gateways Support Services	Murray Human Services
Alkira Residential Services	Gellibrand Residential Services	Nadrasca
annecto - the people network	Golden City Support Services	Nepean Centre for Physically Handicapped
Araluen	Goulburn Valley Centre Disability Services	Northern Disability Services
Ashcare Incorporated	Harrison Community Services Genesis Program	Northern Support Services
Australian Community Support Organisation (ACSO)	Health Scope Community Program	Noweyung Centre
Australian Home Care Services	Helen Schutt House Association	Oakleigh Centre for the Intellectually Disabled
Bayley House	Ivanhoe Diamond Valley Community Centre	ParaQuad
Brighton and District Helping Hand	Jesuit Social Services	Plenty Valley Community Health Centre
CAASS/Merriwa Industries	Jewish Care (Victoria)	Plenty Valley Disability Services
Carinya Society	Karingal	Richmond Fellowship of Victoria (Macpherson Community)
Central Access Limited	Kirinari Community Services	Salvation Army - Anchorage Hostel
CODA	Knoxbrooke	SCOPE (Vic Ltd)
Community Connections Warmambool	Loddon Mallee Housing Services	Southern Way (Direct Care)
Community Living Respite Services	MACCRO, Mansfield Adult Autistic Services	St John of God Services
Cooinda Residential Services	MacKillop Family Services	Statewide Autistic Services
Deaf Children Australia	Mallee Family Care	STAY (Support to Accommodate You) Residential Services Association
Department of Human Services, Disability Accommodation Services (all regions)	Mansfield Autistic Centre	Sunraysia Residential Services
Department of Human Services, Colanda Residential Services	Marillac House	Vic Deaf Association
Department of Human Services, Kew Residential Services	McCallum Services	Villa Maria Society
Department of Human Services, Sandhurst Residential Services	Melba Support Services	Wallara Australia Ltd.
Department of Human Services, Statewide Forensic Services	Melbacc Respite Service	Wesley Disability Services
E W Tipping Foundation	Melbourne City Mission	Wesley Mission Melbourne
Epworth Hospital Shared Supported Rehabilitation Accommodation	Merriwa Industries	Wongabeena Association
Family Plus	Mirridong	Woodbine
	MOIRA Child & Family Services	WRESACARE
	Monkami	Yooralla Society of Victoria
	Multiple Sclerosis Society	

# Appendix 2 - Disability Services Community Visitors at 30 June 2007

ADAIR, Ian	CHESTERMAN, John	FITZPATRICK, Frank	HAMMER, Garry
ADES, Deanne	CHEW, Siok	FLANAGAN, Michael	HAROLD, Diane
ALEXANDER, Ian	CHIANG, Peter	FLETCHER, Barbara	HARRAWAY, Susan
ALLAN, Julie	CHILTON, Sophie	FONTANA, Maureen	HARRISON, Lee
ALLISON, Susie	CHUNG, Anne	FOSTER, Peter	HART, Cameron
AMOS, Joan	CLARKE, Warren	FRANZI-FORD, Anne	HARTSHORNE, Faye
ARGENT, Janet	CONNOR, Danny	Maree	HARWOOD, Russell
ARMITAGE, Shirley	COOLEY, Peter	FRASER, Robert	HAWKINS, Clif
ATHAN, Sophy	COOPER, Sandra	FRESCO, Leah	HAWKINS, Gary
BARBER, Alan	CORNELL, Bruce	FRICSONS, Robyn	HEIGHT, Barry
BARKER, Helen	COSTA, Cathy	FULLER, Bronwyn	HENNESSEY, John
BARLEE, Judith	COWTON, Karen	FUNG, Joseph	HINDS, Glenda
BARRACLOUGH, Georgina	COX, Douglas	FUNKE, Emily	HOFFMAN, Ruth
BATES, Ron	COX, Suzanne	GALE, Ken	HOGARTH, Kath
BELL, Neil	COYNE, James	GALGUT, Des	HUGHES, Miriam
BELLESINI, Margaret	CRACKNALL, Sharon	GANESHAN, Shobha	HUMPHRIES, Sue
BELT, Beth	CRAIGE, Geoff	GILBERT, Liz	HUNT, Mary
BENJAMIN, Rodney	CRUDEN, Steven	GILBERTSON, Edward	HUTCHENS, Carolyn
BINK, Judith	CULL, Robert	GILPIN, John	HYNES, Jean
BIRKETT, Ann	CUNNINGHAM, Cheryl	GLEESON, John	IBBETSON, Stella
BLACKBURN, Judy	DAVISON, Pat	GLEESON, Kathleen	INGRAM, Chris
BLYTHMAN, Marion	DE PETRO, Lucy	GLENN, James	IRVINE, Terry
BOWEN, John	DIMOTAKIS, Helen	GLOVER, Jill	ISAACS, Dallas
BOWMAN, Lisa	DOBSON, Noel	GOEMAN, Dianne	JACKA, Dianne
BRADBURY, Ellen	DODD, David	GORDON, Scott	JACKSON, Brenda
BRAGGE, Kathleen	DRAYTON, Robert	GRAHAM, Bernie	JACKSON, Terri
BROWN, Anita	DUELL, Liz	GRAHAM, Eddie	JAMESON, Rick
BROWNE, Ian	DUIN, Andrew	GRANT, Beth	JEANS, Bruce
BRYANT, Ian	DUNN, Ian	GRAY, Deborah	JENKINS, Sandra
BUCKLES, Ian	DUNN, Rita	GREEN, Avril	JOHNSON, Alison
BURBIDGE, Andrew	DUNSTONE, Carmel	GREENFIELD, Martin	JOHNSON, Harry
BURNHAM, Karen	DWYER, Robert	GRIBBLE, Alison	JOHNSON, Lyn
BUTTERFIELD, Beverley	EDE, Margaret	GRIFFITH, Yvonne	JONES, Catherine
CAHILL, Pamela	EDGE, Rosalie	GRIFFITHS, Anne	JONES, Mary
CAPLAN, Eve	FAULKNER, Pamela	GRIFFITHS, Geraldine	JUDKINS, Lynda
CARMAN, Rodney	FERGUSON, David	GRIGSON, Alan	KEARINS, Terry
CASBOLT, Robert	FERGUSON, Peta	GUGLIELMINO, Trish	KELLY, Glenyce
CASTANELLI, Ken	FILO, Isi	HALL, Dianne	KENT, Samantha
CHEARY, Patricia	FISHER, Richard	HALLY, John	KILEY, Brian
CHESHIRE, Ric	FISHER, William	HAMILTON, Debi	

**The Office of the Public Advocate acknowledges and thanks the other Community Visitors who participated in the Community Visitors Program during 2006-07.**

KINCADE-SHARKEY, Katrina	NAM, Keith	ROSE, Janet	THORNTON, Barry
KING, Chris	NANKERVIS, Wal	ROURKE, Robyn	THURROWGOOD, Rosslyn
KITZ, Wolfgang	NELTHORPE, Michael	ROWLEY, Beryl	TIMMERMAN, Chris
KNOX, Lucy	NICHOL, Philippa	RUBINSTEIN, Linda	TITMAN, Cherie
KOTUR, Umesh	NICHOLSON, Chris	SANKEY, Rosemary	TOLHURST, Jennifer
LAWRENCE, David	NUSS, Bert	SANTOWIAK, Jeanette	TOMPKINS, John
LEGGE, Kerry	NYIKOS, Paul	SCARFE, Janet	TONZING, Dorothy
LESLIE, Jim	O'BRIEN, Belinda	SCOTT, Bill	TROMPF, Julie
LIBBIS, Beverley	O'CONNOR, Ann	SEDGEWICK, Amanda	TUNE, Marion
LIPSHUT, Robyn	OLIVER, Richard	SHAW, Rosemary	TUNSTALL, Merrill
MACKENZIE, Keith	O'LOUGHLIN-SCHULTZ, Lesley	SHEPHERD OAM, Merrilyn	TURLAN, Sally
MALLIA, Penny	O'NEILL, Anne	SHOEBRIDGE, Colin	TURNER, Gary
MANN, Victoria	O'NEILL, Carol	SHOEBRIDGE, Margaret	UNDY, Leeanne
MANNING, Colin	O'SULLIVAN, Paul	SHOLL, Eileen	VAGO, Veronica
MANNING, Lynda	PAGE, Doris	SIMPSON, Margaret	VAN HEMERT, Ian
MARCH, Arnold	PAIN, John	SIVAKUMAR, Puvana	VINCENT, Gloria
MARRIOTT, Neville	PAWSEY, Peter	SKIPSEY, Graeme	WALLIS, Gary
MARSTON, Linda	PERRI, Nance	SLATTERY, Mike	WATERS, Betty
MARTINI, Isabel	PFEIFER, Wendy	STAFFORD, Meredith	WATSON, Pamela
MATTHEWS, Joy	PINDARD, Charles	STEART, Jill	WEBSTER, Joy
MCARTHUR, Doug	PITRE, Aldo	STEART, Alan	WEIR, Barbara
McBEATH, Ian	PORTER, Gordon	STEVENS, Esther	WELLINGTON, Mark
McCANN, Debra	PRICE, Nancy	STRANEY, Suzanne	WHELAN, Noel
McCREDDEN, Stan	PUMP, Stan	STRINGER, Karen	WHITE, Carolyn
MCGRATH, Maggie	QUINN, Gwen	STUBBS, Frank	WIJEKOON, Lalantha
MCKENZIE, Rachel	REA, June	SULLIVAN, Bernadette	WINTER, Rosscoe
McLEISH, Heather	REYMENT, Joy	SWAN, Peter	WINTER, Sheila
MCLOUGHLAN, Tracy	RICHARDS, Fay	SWEETLAND, Sue	WOODROW, Rhonda
MCMINN, Brenda	RICHARDSON, Dawn	TALBOT, Patsy	WOODS, Helen
McPHEE, Louise	RIDGE, Venita	TAYLOR, Will	WOOLHOUSE, Julie
MIDDLEDITCH, Jan	RILEY, Jo	TEMELKOVSKI, Diana	WRIGHT, Julie
MILGATE, Shirley	RING, Valerie	TESIMALE, Louisa	WYARTT, Barry
MILLER, John	ROBERTS, Arthur	THATCHER, Aynne	WYSE, Trudy
MOONEY, Vicki	ROBERTSON, Jennifer	THIELKING, Kristina	ZENULI, Nancy
MORGAN, Irene	ROBERTSON, Patricia	THIMM, Margot	ZYLAN, Richard
MORRIS, David	ROBINSON, Ernest	THOMAS, Margaret	
MURPHY, Diane	ROBINSON, Kathy	THOMPSON, Anne	
MURRAY, Bruce	ROBINSON, Margaret	THOMPSON, Griselda	
MYRONIUK, Myro	ROCHE, David	THOMPSON, Mark	
		THORNLEY, Jim	

# The Story of my Life

by Troy Young

Born 28/12/78 to Kris and Greg Young.

I was born at Footscray hospital at 9.30 pm on the 28 December, 1978. I was full-term but only weighing 2lb 2. They discovered I had a PD which is a condition some small babies have. This is where a third valve in my heart which usually closes off when babies are born doesn't happen, so they gave me an injection to block the third valve.

It was a new drug and the wrong dose was given. As a result, I suffered a massive brain hemorrhage and was in the Children's Hospital and after a few days it became an emergency situation and surgery was the only answer. This started a very long roller coaster. I had 40 plus operations in the next 6 years (now this has nearly doubled) and as a result of continually having surgery and complications, lifelong disabilities mounted. I suffered - and still do - eye damage, more hemorrhages, life long epilepsy, heart problems, removal of a large part of my bowel, quadriplegia and the list goes on and on.

During this time, it was tough on my mum, dad was in the air force and there wasn't a lot. He was based in Darwin when I was born and transferred to Sale after a year then to Laverton, Pointcook and Tullamarine.

My sister, Peta, basically grew up in hospital because mum couldn't leave her alone and we had little family. This was a very hard time for Peta. I lived in the hospital for most of eight years with only short stints at home. Even when I was at home, I needed a machine to survive, daily therapy and two-hourly tube feeds.

My first Christmas day at home was when I was six I had a thing about holidays and would be let out and always end up back. Some times we didn't even last more than a few hours. The family has some very funny stories about rushing to the Hospital and visitors.

My mother was told that I wouldn't live because of all the problems I had. I was also diagnosed with juvenile arthritis. I still have it and lots of other things. I have to take lots of different medications and, if I don't take these tablets, my body suffers a lot more pain. I also have to take a number of other drugs to keep me alive. The doctor also discovered that I had rubber allergy. I'm one of two people in the whole world that has this type: there's myself and a lady in England. If I come in contact with rubber I blow up like a balloon or develop ulcers that would eat my skin, have trouble breathing and risk my airways cutting off and having a cardiac arrest

My mother was told not to expect too much from me but she pushed and pushed, (some times being a pain) so I would be able to do as much as possible and what I was called to do. Oh well: that's what Mums are for - and, by the way, she's still pushing me now. Mainly my buttons!

Our main aim was that I wouldn't be able to move out of home on my own and get the most out of my life.

I was 13. Mum and Dad lived in different places which was really hard for me because I didn't know who to live with, so I spent some time in both my parents' places trying to deal with it along the way. Eventually I lived with my mother which, as you can see, was the best thing I could have done.

Dad moved overseas and Mum took me to visit

Not long after we got back, Mum was diagnosed with MS and, on Dad's way home from overseas for Peta's 21st he had a heart attack at the airport and suffered massive brain damage.

Now its 'who's wheelchair is that?!!!!!!!'

As I said before, I was told I wouldn't be able to move out of home and do much for myself. This year is the 5th year I have lived in my own unit.

Today, I help out as a leader in the Extreme Kid's program most weeks. I also encourage and help with coaching the children at Pimpinio's Football club, and I reach my fifty games this year, 2007. As an AFL fanatic, I have had the opportunity of meeting some famous footballers. As a Doggies fan, I have met Chris Grant, Tony Liberatore, Gary Ablett, Teddy Whitten Senior and Teddy Whitten Junior. I've won gold medals representing my state and my country and been all around Australia.

Life's been - yes! It's been up and down, down, down. How low can you go? But all in all it's been good. I have two beautiful nieces in my life, Georgia and Molly, and all the children here, the footy and my mentor, mate, the man I look up to and fellow doggy Dan! What more could a man need? I'm living proof that a person can rise above their adversities and turn their challenges into life's opportunities.

As I always say you are here for a good time not necessarily a long time.

Troy gave his story to the Community Visitors who visit his home and agreed to its publication in this report



Troy Young with his niece, Georgia

**OFFICE OF THE PUBLIC ADVOCATE**  
AN INDEPENDENT STATUTORY OFFICE ACCOUNTABLE TO THE VICTORIAN PARLIAMENT



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This annual report is printed on Revive Laser, which is manufactured from 100% recycled fibre and is Australian made.