

## Rehabilitation centres

The mission of rehabilitation centres for physical and intellectual disabilities is to offer adjustment, rehabilitation and social integration services to people with specific needs. People may require these services because of a physical or intellectual disability or behavioural, psychosocial or family problems. These centres also provide services to alcoholics and drug addicts and offer support and guidance to those around them. Working with other players, rehabilitation centres must provide high-quality, ongoing, accessible health and social services in a manner that respects the rights of people with disabilities.

### COMPLAINTS TO THE OMBUDSMAN

In 2006-2007, the Ombudsman reviewed 24 complaints. Of these, 14 related to intellectual disabilities, 7 to physical disabilities, 2 to hearing loss and one to a visual disability. 24 complaints involved 30 grounds.

The following table shows the breakdown of grounds for complaint and the number of corrective measures developed for each.

#### Results of the Review of Grounds for Complaint

Complaint Grounds	Number of Grounds*	Unsubstantiated Grounds	Substantiated Grounds	Number of Corrective Measures
Access to treatment and services	12	6	6	8
Clinical and professional aspects of treatment and services	8	3	5	6
Individual rights	4	2	2	3
Financial aspects	3	2	1	1
Interpersonal relations	2	1	1	1
Physical environment and resources	1	–	1	7
<b>Total</b>	<b>30</b>	<b>14</b>	<b>16</b>	<b>26</b>

\* Excluding complaints whose processing was interrupted

The majority of users complained about access to treatment. Many problems exist for children with pervasive developmental disorders and their parents. Some criticize the fact that services stop once the child is six years old, and others point to the total lack of services once a person reaches adulthood.

The second largest source of complaints is clinical and professional aspects of service. User dissatisfaction centres mainly on the professional judgment of those who provide services and the fact that the individualized intervention plan has not been executed.

To address these problems and prevent them from recurring, the Ombudsman has recommended the adoption of policies, better information for parents and increased dialogue among different bodies.

### **CORRECTIVE MEASURES AND COMMITMENTS FROM INSTITUTIONS**

Around half of the corrective measures in response to complaints addressed an individual user's situation. This was the case, for example, for transfers to another institution, access to required services, the development of a service plan or the confirmation of the patient navigator. Other corrective measures were more systemic in scope. They mainly addressed dialogue between the rehabilitation centre and the CLSC, the improvement of information to users and parents as well as staff training.

#### **Woman loses trust in a rehabilitation centre**

The daughter of a complainant was staying at a resource under the responsibility of a rehabilitation centre two weekends per month to give her mother a break. Twice when the daughter returned from these weekends, the mother suspected that she had been sexually abused. Both cases were reported.

For the first report, the Ombudsman established that the director of the residence had not been clearly informed of the suspicions of sexual abuse, either by the parent or the CLSC social worker. However, notes in the file indicate that the parent had shared her suspicions with the social worker. The rehabilitation centre investigated, but there was no evidence of sexual abuse. The mother, however, was not reassured. Since then, she has lost trust in the centre and wants to transfer her daughter to another institution.

The Ombudsman maintains that the social worker had the duty to inform the director of the residence, to advise his immediate supervisor and to ensure that specific action was planned. Additionally, because the alleged victim was a minor, he was obliged to report the situation immediately to the Director of Youth Protection, in spite of the lack of evidence or any sexual abuse. The Ombudsman recommended that the CLSC remind all staff involved in care of their obligations when there is an allegation of physical or sexual abuse. Its review of the file also revealed a lack of communication between the girl's school, the CLSC representative and the rehabilitation centre. As a result, the Ombudsman also recommended that an individualized service plan be developed, that a case manager be assigned and that a method be adopted for the three bodies to work together.

A few months later, for the second report, the parent contacted the director of the residence to complain. She also advised the CLSC social worker of the situation. The local service quality and complaints commissioner met the mother one month after her complaint and advised her take her daughter to a doctor immediately. The Ombudsman believes that this intervention should have occurred sooner. The nature of the complaint called for priority handling.

While the local commissioner examined the complaint in good faith, the Ombudsman has noted problems with the investigation and in applying its recommendations. It therefore asked the institution to develop a procedure to manage situations in which there has been an allegation of physical or sexual abuse and to send it a copy of the procedure. The management committee agreed to review regulations about this type of situation so that they reflect the Ombudsman's recommendations.

Given the circumstances, the Ombudsman understands why the mother has lost trust in this institution and believes that the request for a transfer is justified. It therefore recommended that the rehabilitation centre and the health and social service centre (CSSS) facilitate the transfer of the girl to another centre as soon as possible. The institution contacted another rehabilitation centre in the region and made an official request for a transfer.

Given the urgency of intervening in situations of abuse and the need to provide users with continuity and coordination of services, the Ombudsman believes that the chairs of the boards of directors of institutions should remind local and regional service quality and complaints commissioners of the priority of handling complaints in which there is a presumption of abuse of a person or group.

The Ombudsman reminds directors of rehabilitation centres that when several institutions, organizations or resources are involved in a single person's case, in accordance with article 103 of *An Act respecting health services and social services*, an individualized service plan should be developed.

### **Lifelong services**

A parent complained that his adult son, who has a pervasive developmental disorder with no intellectual disability, was not receiving any services from a rehabilitation centre.

The review of the complaint revealed that users over five years old with pervasive developmental disorders do not receive direct services from the institution due to the lack of budget. And yet, this is contrary to the orientations of the Ministère de la Santé et des Services sociaux, which maintains that rehabilitation centres have the responsibility of offering a number of services, in particular adjustment, rehabilitation and social and professional integration services, as well as support for valued activities. Rehabilitation centres must also offer support to families.

The Ombudsman recommended that this client group's needs and the support needs of family members and close relatives be assessed. It asked the Agence régionale de la santé et des services sociaux to work with the centre to ensure that the services required are provided to users with pervasive developmental disorders, regardless of their age. The rehabilitation centre agreed to thoroughly review the services offered to this client group.

## AN OMBUDSMAN INITIATIVE

To contribute to a comprehensive solution to problems of access to services, the Ombudsman is paying special attention to the situation of children with pervasive developmental disorders, with or without intellectual disabilities, including the impact on those close to them. It is currently conducting a study based on complaints from parents whose child has had difficulty obtaining services from the health and social services network, the care services network or the education network, after a pervasive developmental disorder has been diagnosed. This study is aimed at a rigorous and exhaustive gathering of documents pertaining to the problems and their causes, in an effort to propose concrete solutions for all people affected.

In the respect, the Ombudsman's approach is unique because it is based on a study of actual experiences and addresses every dimension of the issue. These situations serve both as a starting point and the thread to illustrate problems and to direct the search for realistic, adequate solutions.