OCV

Official Community Visitors

Annual Report 2018–19

Contact us

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

www.ageingdisabilitycommission.nsw.gov.au

ISBN: 978-1-925885-18-7

ISSN: 1832-1666

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Official Community Visitors

Annual Report 2018–19

Highlights of 2018–19

spent over
8,400
hours
visiting residents and raising and monitoring issues affecting residents

visited over
6,000
residents

conducted
3,256
visits

brought
32
matters
to the attention of the Ombudsman's Complaints Team

visited
1,419
services

brought
9 matters
to the attention of the NDIS Quality and Safeguards Commission

Comparison 2018–19

reported over
1,225 **more new issues**
than last year

Raised and monitored

6,125 issues

(continuing and new), including:

1,338 issues for children and young people in residential OOHC services

66 issues for residents of assisted boarding houses

4,721 issues for residents of disability supported accommodation services

Worked over **400 more hours** on resident issues

Conducted **238 more visits** than last year

Contents

* All names used in the report have been changed to protect the identity of residents and staff, unless otherwise stated.
* All sections entitled 'A voice of a resident in care' have been published with permission from the resident and their guardians, where applicable.

Letter to the Minister

The Hon Gareth Ward MP

Minister for Families, Communities
and Disability Services

Dear Minister

I am pleased to submit to you the 24th Annual Report for the Official Community Visitor scheme for the 12 months to 30 June 2019, as required under section 10 of the *Community Services (Complaints, Reviews and Monitoring) Act 1993*.

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

Yours sincerely,

Michael Barnes
NSW Ombudsman

Message from the Minister

This year has been an historic one for disability services in New South Wales. As the first Minister for Disability Services to have a disability, I am honoured and privileged to have served in this role each and every day.

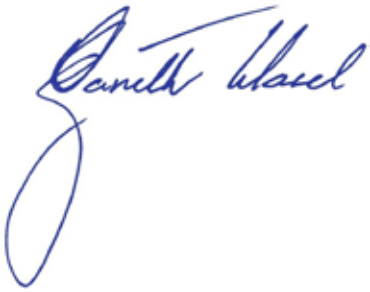
In July the NSW Government established the state's first Ageing and Disability Commissioner, a body flourishing under the leadership of Robert Fitzgerald AM. The Official Community Visitors Scheme (OCVs) has contributed to its early success and continues to play an invaluable role safeguarding the lives of some our state's most vulnerable citizens.

More broadly, the OCVs made 3,018 visits, raising 4,926 issues about service provision for residents.

It is heartening to read stories like Joshua's in this report, about how with the help and assistance of his Official Community Visitor, Rhonda, he feels safe, assisted and supported to achieve his life goals. My best wishes go to Joshua on his big move to Orange.

Official Community Visitors like Melanie do fantastic work with people like Frank, providing support and advice to ensure he feels safe in his assisted boarding house.

Thank you for all the work OCVs do. I look forward to hearing more about your stories and the lives that you're making better every day.



Gareth Ward MP
Minister for Families, Communities and Disability Services

Message from the Ombudsman

The Official Community Visitor (OCV) scheme is a critical safeguard for people living in supported accommodation across the state. OCVs focus on ensuring that some of the most vulnerable members in our community receive necessary care and support. They visit children and young people in residential out-of-home care and adults living in disability supported accommodation services and assisted boarding houses. For these individuals, OCVs are an independent voice raising issues on their behalf to improve the standard of care they receive, to support them to achieve their goals, and to lead meaningful lives.

There are over 2,000 visitable locations in NSW. I'm heartened by the messages from residents, providing valuable feedback on their interaction with OCVs, including examples of where Visitors have been a positive practical force for change in their lives. The direct accounts of the OCVs speak to their passion and commitment to the role and, most importantly, their focus on the residents and on working collaboratively with service providers to achieve swift and local resolution of the identified issues.

The OCV scheme is an asset to the Minister, oversight and regulatory bodies, and the broader community. OCVs are a unique and independent source of information and key intelligence about issues affecting individual residents; provide invaluable feedback on the impact and effectiveness of programs and reforms at the direct service level; and deliver a responsive and resource effective service across the state. Since December 2002, my office has had the privilege of coordinating the OCV scheme, including training, supporting and learning from Visitors, and helping to escalate significant matters when required to achieve positive change for highly vulnerable individuals.

This year marks the end of the OCV scheme being administered by my office. In July 2019, the *Ageing and Disability Commissioner Act 2019* came into effect, which transferred responsibility for the adult part of the OCV scheme to the Ageing and Disability Commission (ADC). While the scheme now comes under the responsibility of both of our agencies, the Ageing and Disability Commissioner and I have agreed that the ADC will assume the responsibility for administering the full OCV scheme in order to minimise disruption and maintain a coordinated approach to the operation of the scheme.

I would like to thank the OCVs for their hard work and dedication. They can be proud of the positive changes they help to bring about for many vulnerable people living in the care of service providers. I would also like to thank the OCV team and other members of staff in the Ombudsman's office who have provided consistent and constructive support to the OCVs to enable them to carry out their work. Together, their combined efforts have helped to ensure that the rights of those living in supported accommodation are recognised and better upheld.

Michael Barnes
Ombudsman

The role of Official Community Visitors

Official Community Visitors (OCVs) are independent statutory appointees of the Minister for Families, Communities and Disability Services. They carry out their role under the *Community Services (Complaints, Reviews and Monitoring) Act 1993* (CS CRAMA).[1]

OCVs visit government and non-government residential services in NSW providing full-time care to:

- children and young people in residential out-of-home care (OOHC)
- people with disability living in supported accommodation operated by the Department of Communities and Justice (DCJ)[2] or by providers funded under the National Disability Insurance Scheme (NDIS)
- people living in assisted boarding houses.

The functions of OCVs include:

- helping to resolve complaints or matters of concern affecting residents as early and as quickly as possible by referring those matters to the service providers or other appropriate bodies
- informing the Minister and the NSW Ombudsman about matters affecting residents[3]
- promoting the rights of residents
- considering matters raised by residents, staff, and other people who have a genuine concern for the residents
- providing information and support to residents to access advocacy services.

OCVs have the authority to:

- enter and inspect a visitable service at any reasonable time without providing notice of their visits
- talk in private with any resident or person employed at the service
- inspect any document held by the service that relates to the operation of the service
- provide the Minister, the NSW Ombudsman, and the Office of the Children's Guardian with advice and reports on matters relating to the conduct of the service.[4]

When visiting services, OCVs:

- listen to what residents have to say about their accommodation and support, and any issues affecting them
- give information and support to residents wanting to raise matters with their service provider about the support they are receiving
- support services to improve the quality of residents' care and resolve matters of concern by identifying issues and bringing them to the attention of staff and management.

1. On 1 July 2019, the OCV scheme in relation to adults (disability supported accommodation and assisted boarding houses) was incorporated in the *Ageing and Disability Commissioner Act 2019*.
2. Previously the Department of Family and Community Services (FACS).
3. Since 1 July 2019, also the NSW Ageing and Disability Commission.
4. Since 1 July 2019, also the NSW Ageing and Disability Commission.

Voice of residents living in visitable services

My name is Joshua, I am 17 years old and live in an OOHC service in south western Sydney.

When the OCV came to speak with me about writing this story, it was a big week for me because I was moving to a different placement in Orange in a few days' time. Until a week ago I lived with one other young person who has moved to a different placement. As much as I used to complain about him, it has been quiet without him. This is a big change and I feel stressed, but it is also something that I have wanted for a long time.

Originally I was from Orange, where my family still live. I moved to this service at the end of 2017, after the previous service I lived in was closed. That move happened quickly and we had to move to a house which was an old Department of Housing property, which was a bit run down and small. The OCV raised concerns with the service about the quality of the house and over time things improved.

At first I was nervous and felt shy, I didn't know the staff or the neighbourhood. This might have been the reason that I wanted to fight with everyone, including my housemate, the staff and my neighbours. I didn't want to go to school and I got into trouble with the police.

The OCV visited me from the time that I first moved in. She saw when things were not as good as they are now, and kept coming to see how things were going for us. Looking to see if the service was doing everything that they should and that things were improving.

My care team were experienced and always gave me the same messages and followed the set program and routine all the time. They taught me things and helped me get to back to school, to counselling and a psychiatrist. At first, I didn't like some of the routines, but the people around me kept helping me to stay on track. Once I went back to school, I got into less trouble and eventually things kept getting better.

I started to feel safe at home and decided that I didn't want to be 'that' person anymore and saw a different way of doing things. I made peace with the people in my neighbourhood and have slowly renewed my relationships with my family. I have been able to spend more time with my family which has made me happy.

I have done a lot of really good things this year. The biggest thing was that I wrote a book! It started as a program at school and grew from there. The more people that saw the book, the more people liked it and the word kept spreading. The book is called "Oliver from Orange" and it's about bullying. The book is now being used as an anti-bullying resource by the Department of Education and even better than that, I went with my family and teachers as a special guest author at an event at the State Library of NSW.

Through school, I have done work experience at Coles and did a TAFE 'taster course' in hospitality. My care team have been helping me become more independent. I have opened a bank account and have been learning about budgeting. I am healthier now and have even lost weight. I still get angry, upset, nervous and stressed, but now I know a better way to deal with those feelings.

I feel proud of myself. I used to say that I couldn't see anything for myself in the future, after I turned 18. Now I have been talking about different things I could do, maybe even writing another book.

Even though I feel nervous and stressed about moving again, I have learnt everything that I need to be the person I want to be. Plans are in place for me to continue with counselling in Orange and I will be able to have regular phone contact with my friend from where I live now in Sydney. I can use these things to help me if I need them. I will even have an OCV come to visit me in Orange!

- Written by Joshua with the help of OCV Rhonda Santi

Year in summary

Visitable services

OCVs visit:

a) accommodation services where residents are in the full time care of the service provider, including

(i) children and young people in OOHC

(ii) people with disability in accommodation operated by the Department of Communities and Justice (DCJ) or by providers funded under the National Disability Insurance Scheme (NDIS)

b) assisted boarding houses.

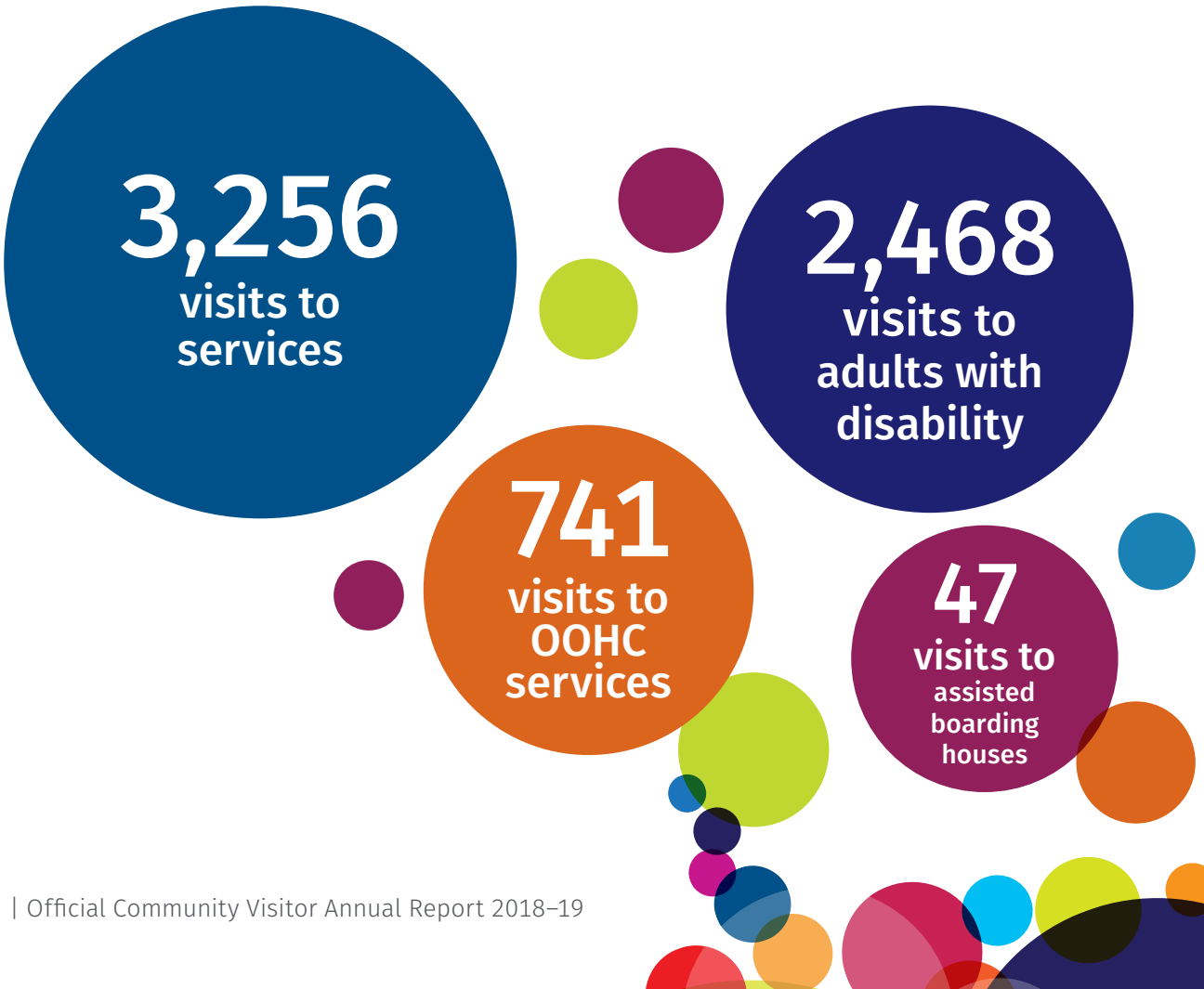
At 30 June 2019, there were **2,051 visitable services** in NSW, accommodating approximately **8,734 residents**.

Visits conducted

This year, OCVs made **3,256 visits** to services.

Residential OOHC services

There were **270 visitable OOHC services**, accommodating 703 children and young people in statutory and voluntary OOHC. This year, OCVs made **741 visits** to these services.



Disability accommodation services

There were **1,764 visitable disability services**, accommodating **7,771** adults with disability. During the year, OCVs made **2,468 visits** to these services.

Assisted boarding houses

There were **17 assisted boarding houses**, accommodating **260** people with additional needs. This year, OCVs made **47 visits** to these services.

Services allocated

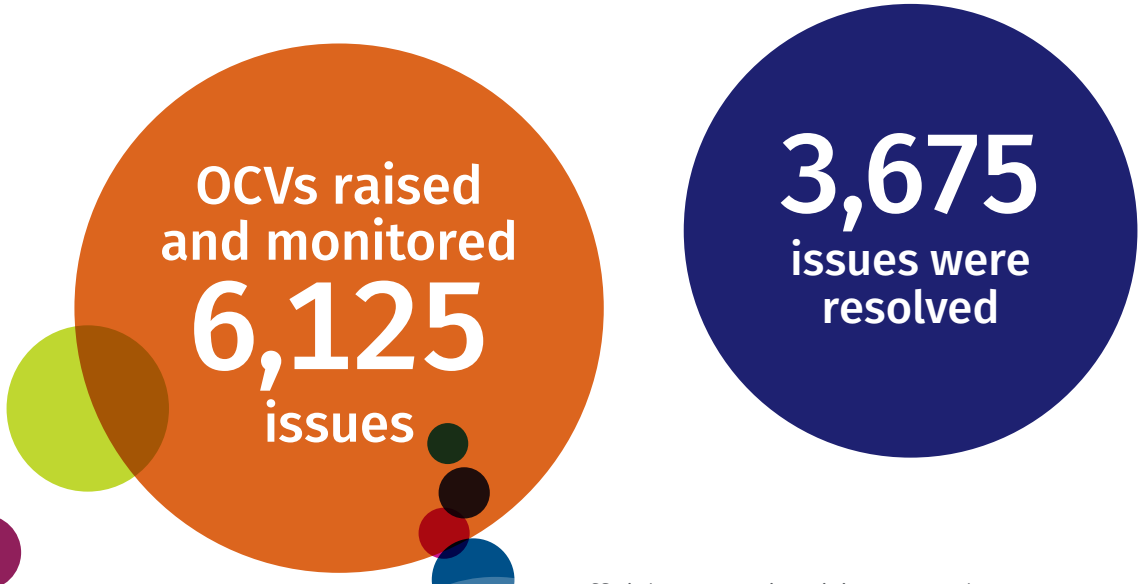
In 2018–19, 69% of all visitable services were allocated for visiting on a regular basis. This included **1,193 disability supported accommodation services** (68%), **210 residential OOHC services** (77%), and **16 assisted boarding houses** (99%).

Key issues about service provision

During the year, OCVs raised and monitored **6,125 issues** about service provision to residents. OCVs reported that **3,675 (60%) of the new and carried over issues were resolved**. At the end of the financial year, OCVs identified that **344 issues (6%)** were ongoing and needed to be carried over into the new financial year for continued monitoring by the OCV and further work by the service to resolve.

This year, the main issues raised by Visitors across all visitable services related to:

1. Plans were not developed, documented, implemented or reviewed according to relevant legislation, policy, consents, approvals and assessments - **406 (7%)**
2. Appropriate furniture, fittings, amenities, heating and cooling were not provided and/or maintained in a reasonable state of repair and safe working order - **377 (6%)**
3. The use of restricted and restrictive practices did not comply with requirements (including appropriate consent, authorisation, and review) - **328 (5%)**
4. Residents were not actively encouraged and supported to participate in their community in ways that are meaningful and important to them – **325 (5%)**
5. Identified health, medical, dental, optical, auditory, nutritional, psychological and developmental needs were not addressed - **311 (5%)**



Identifying and resolving issues

How OCVs help to resolve service issues

During 2018-2019, OCVs raised, monitored and worked on 6,125 concerns about the conduct of visitable services in NSW. This is a 24% increase on the previous year (4,926). In the same period, service providers resolved 60% of all identified concerns to the satisfaction of the OCV or the resident (3,675 issues). Services were unable to resolve 9% (537 issues) of the concerns reported by OCVs.

The powers and functions of OCVs enable them to identify and report on issues of concern, and to facilitate (where possible and appropriate) the resolution of issues with a service, by informing the service of matters that have been raised through their visits.

The Visitor's role is generally one of local resolution in the first instance, by bringing issues of concern to the attention of the service provider. OCVs document issues in a visit report, which they must complete after each visit. Through these reports, OCVs inform the service provider about particular issues they have identified during their visit, and seek information and advice from the service provider about the issues, and the actions that are being taken to resolve them.

OCVs will refer concerns to other agencies if they are not able to facilitate resolution at the local level. This may include referring residents to advocacy services; making complaints to the Ombudsman about supports for vulnerable children and young people; and bringing matters of concern involving NDIS providers and participants to the attention of the NDIS Quality and Safeguards Commission.

Figure 1: Issues reported by OCVs by service type, 2018–19

Service type	Total no. of visitable services	No. of issues identified
Disability supported accommodation	1,764	4,721
Residential OOHC	270	1,338
Assisted boarding houses	17	66
Total	**2,051**	**6,125***

* NOTE: This figure includes new issues and issues carried over from 2017–18.

Figure 2: Outcome of issues reported by OCVs, 2018–19

Service type	No. of issues resolved	No. of issues outcome unknown	No. of ongoing issues (closed)[5]	No. of ongoing issues (open)[6]	No. issues unresolved	Total issues (%)
Disability supported accommodation	2,886	66	1,088	252	429	4,721 (77%)
Residential OOHC	774	9	386	70	99	1,338 (22%)
Assisted boarding houses	15	0	20	22	9	66 (1%)
Total (% of total issues)	**3,675 (60%)**	**75 (1%)**	**1,494 (24%)**	**344 (6%)**	**537 (9%)**	**6,125 (100%)**

5. 'Ongoing issues (closed)' refers to matters that have been open for six to 12 months without being fully resolved by the service provider. In these matters, the OCV will close the issue in the OCV Online system, and either raise it afresh with the service provider, or continue to monitor the matter, until the remaining aspects are addressed.

6. 'Ongoing issues (open)' are the issues that remain as live issues at the time that the 12-month visiting schedule closes (30 June), and need to be carried over to the new visiting schedule as they require continued follow up and resolution.

Coordinated action by OCVs and the NSW Ombudsman to address service issues

OCVs refer matters that are beyond their OCV functions and powers to the NSW Ombudsman and other appropriate bodies, such as the NDIS Quality and Safeguards Commission, for further action. These matters are typically significant, urgent and/or systemic and require the Ombudsman's office or other body to make inquiries or take other action. More information about the NSW Ombudsman's complaint actions for this period is available in the NSW Ombudsman *Annual Report 2018–19*.

This year, in response to concerns that OCVs identified and reported, the NSW Ombudsman's office:

- handled 32 complaints made by OCVs or based on information provided by OCVs
- handled 31 enquiries to the Ombudsman's complaints team seeking advice on possible complaints identified by OCVs in their visiting
- facilitated the referral of nine matters raised by OCVs to the NDIS Quality and Safeguards Commission for its action
- provided detailed advice and information to OCVs on 500+ complex service issues
- facilitated meetings between OCVs and government and non-government agencies on systemic issues and challenges affecting residents in care, including the NDIS Quality and Safeguards Commission complaints handling and reportable incident processes, and DCJ on Intensive Therapeutic Care (ITC)
- attended meetings with OCVs and senior managers of services to assist in resolving issues.

Voice of residents living in visitable services

DANIEL .....

lives in an assisted boarding house with three women. His brother lives in another house in the same complex. Daniel says:

'I like it here. I've lived here for years. I can keep an eye on my brother. If he mucks up I'll chuck him in the bin! We're getting a BBQ soon – it will be good. We've got a new garden out the front and I like gardening. My room is ok. We have fish and chips on Mondays. I like bowling and I've got my bowling trophies in my room.

If I have any worries I can talk to Leissa (staff member).

I ALSO TALK TO MELANIE AND RHONDA (OCVS) WHEN THEY VISIT. I LIKE TO TALK TO THEM. THEY COULD HELP ME, BUT USUALLY I CAN TALK TO LEISSA OR KARINA (MANAGER)."

MICHAEL .....

lives in an assisted boarding house with three other men. Michael said:

'Yeah, I've lived here for a long time, maybe 11 or 12 years. I work at the laundry, folding sheets and stuff. It's pretty good. I've been sick so I haven't been at work for a while. I had to go to hospital but I'm better now and I went back to work yesterday. On weekends, I usually just have a rest. We go to the local club for dinner on Friday nights, have a talk and that. We have outings with the community access provider. They're good, I enjoy them. We've had some real good holidays with the boarding house owner. Yeah, they've been good. Lots of different places.

I REMEMBER THE OCVS. THEY COME AND TALK TO US NOW AND THEN. IT'S GOOD TO TALK.

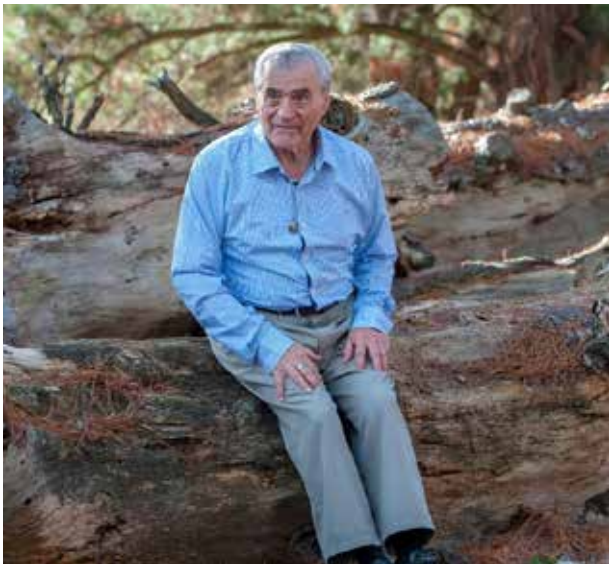
THE OTHER GUYS WHO LIVE HERE ARE GOOD, WE GET ON. THERE'S NOTHING I WOULD CHANGE AT THE MOMENT.'

DEBRA

'I love living here. I used to live in another house, run by the same boarding house proprietor, it was a very cold house. Our new house is cosy and I feel safe.

I live with my friends and feel safe. I get to pat the animals that are in the paddock. We are growing new pot plants for the garden. I love going to my activity program every week and doing craft and baking with staff in the big kitchen. I live with my friends and we have been together for a long time. We have had lots of holidays and adventures together, travelling all over Australia.

I LOVE WHO I LIVE WITH, I GET ON WITH STAFF AND MANAGEMENT. I VISIT MY FAMILY AND SOMETIMES THEY COME TO THE PARTIES HERE.'



FRANK

'I came to live here in 1982 after I left a large residential centre in Sydney. I came on the train. My friend Sheenagh moved here too. We used to share a different house together. I lived in different houses here, but this house is my favourite. We have dinner here and staff come to help us in the morning and at night. The boarding house proprietor has helped me. I go to Mass on Sundays and pick up the newspapers for the manager and we have a cup of tea. I live close to my girlfriend Sheenagh which is very important to me. My brothers, sisters and other family are important to me, they come to visit. At the last Christmas party they all came and Sheenagh sat with us.

THE OCV VISITS US TO SEE HOW WE ARE GOING, I LIKE IT BECAUSE MY FAMILY CAN'T ALWAYS COME AND I FEEL SAD. I LIKE TO TALK TO THE OCVS ABOUT WHERE I USED TO LIVE MANY YEARS AGO AND SHOW HER MY PHOTOS.

I have my own room and keep my photo albums, framed photos, and my favourite DVDs and CDs in there with me.'

Written by Daniel, Michael, Debra and Frank, with the help of OCVs Melanie Oxenham and Rhonda Santi

Who are the Official Community Visitors?

OCVs attend visitable services all over NSW. At the time of writing, the OCVs were grouped as follows:

North Coast/New England


Anne Harrison


Rhonda Reid


Rebecca Thompson


Wanda Thompson


Sabine Whittle

Hunter/Central Coast


Linda Evans


Carmel Hanlon


Kath Hayes


Maryanne Ireland


Mary-Ellen Kuiters


Kara Lackmann


Peta Meyerink


Amanda Reitsma


Renata Wilczek

Southern/Western region


Mick Herbertson


Jan Lang


James Lightfoot


Cathy Scarlett


Margaret Stevens

Metropolitan Sydney – South


Dennis Bryant


Maree Crosbie


Stephen Lord


Palani Subramanian

Metropolitan Sydney – North


Yvette Franks


Sally Garman


Susan Hayes


Diana Lo Cascio


Melanie Oxenham


Therese Peters

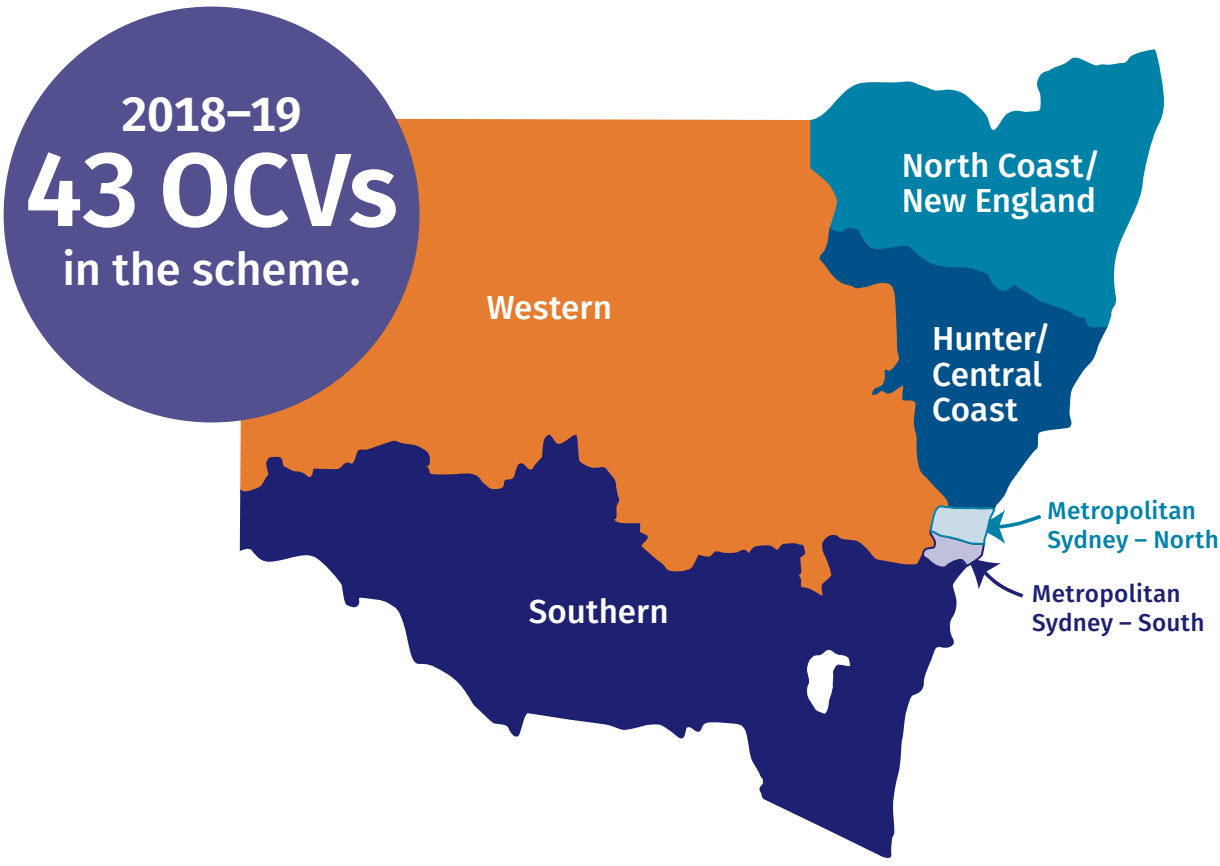

Lyn Porter


Elizabeth Rhodes


Rhonda Santi

OCVs who ended their appointment in 2019

Merilyn McClung
Jordie Murphy
Rachel Tozer
Sue Curley
Jo Hibbert
Bart Yeo
Cindy Grahame
Lia Price
Barbara Rodham
Cheryl Malloy



Voice of residents living in visitable services

We moved into our brand new house two years ago and we love it. Everything about our new house is good, so much better than where we used to live. We used to live with 40 other people in a large residential centre and we lived like that for a long time. The centre was a long way from town and there weren't many buses that travelled near where we used to live.

Now we live in a brand new home in a new housing estate really close to town, with a major shopping centre very close to us. We are part of the community, we go to monthly community BBQ's and we are getting to know our neighbours really well.

WE LIVE WITH TWO OTHER WOMEN AND WE ALL GET ALONG.

We have a big house that has two lounge rooms and an outdoor area. Our bedrooms are much bigger than before and we have decorated our house the way we want it.

Before, we had to eat our meals in a large dining room with everyone else at a set time. We didn't get much choice about what we could eat.

NOW WE CAN MAKE LOTS OF CHOICES ABOUT OUR LIVES.

We get to choose what we want to eat, we go grocery shopping with staff and we can cook in our own kitchen. We were not allowed to do that before. We all do jobs around the house and we have a roster to remind us what we need to do. The team leader and staff are good.

WE REALLY LIKE HAVING AN OCV COME TO SEE US.

DONNA SAYS THAT:

'IT LIGHTS UP MY DAY WHEN LYN COMES, BECAUSE I CAN TELL HER ALL THE EXCITING THINGS I AM DOING. IT IS GOOD WHEN SOMEONE DIFFERENT COMES TO SEE US. THERE HAVE BEEN A FEW TIMES WHEN THINGS HAVE NOT BEEN TOO GOOD AND I HAVE TOLD LYN AND WE CAN TALK ABOUT IT. SHE TALKS TO THE TEAM LEADER AND THEN WE ALL TALK TOGETHER AND WE CAN GET THINGS FIXED.

Sometimes she has to write to the manager or speak to her, and that is good as well. Mostly we are really happy that we now live in our own house and we are really enjoying a lot more things.'

Written by Donna and Kim with the help of OCV Lyn Porter

Reflections of a new OCV

By Stephen Lord,
Official Community Visitor

Early in 2018, I noticed an advertisement in my local paper for the role of OCV. How difficult could this be, I asked myself, visiting supported accommodation placements, talking to residents and raising issues on their behalf?

As I come up towards my first year in the role, I often look back at what I have learned, what I have felt and what I have absorbed. I have been challenged, inspired, amused, shocked, disappointed and satisfied. Sometimes all within the same visit.

I HAVE COME TO APPRECIATE HOW CRITICAL THE ROLE OF AN OCV IS IN ENSURING THE BEST POSSIBLE LIVING CONDITIONS, OPPORTUNITIES AND OUTCOMES FOR PEOPLE LIVING IN SUPPORTED ACCOMMODATION.

I have met some amazing people with disability, who have shown me how their lives are filled with dignity, grace, determination and joy. I have encountered staff who are kind and supportive, and work to empower the people in their care. I have benefited from the OCV team, who offer support while setting clear expectations, and I have been fortunate to gain insights from other OCVs, both as mentors and as colleagues sharing the same journey.

When I first started visiting, I met with a lot of management teams of the various organisations that I would be visiting. One of my first experiences was with a manager who was very defensive about her organisation. She wanted to know what sort of issues I would be looking for in her houses, and wanted to make it clear that she and her staff were doing the best they could do. Another organisation I initially met with assembled all of their senior staff, including caseworkers and psychologists, to give me a comprehensive picture of what was being done for residents. In all these cases, I felt I had an opportunity to provide information about my role and get an accurate picture of what to expect when I visited the houses.

In my previous employment I had some understanding of the disability sector. However, in this role I have developed a deeper understanding of the issues facing people with disability. One of the people who comes to mind straight away is a woman with cerebral palsy who cannot verbally communicate, but has no trouble conveying to me her excitement about going to her weekly art class. Another is an elderly gentleman in a purpose-built house, who takes great pride, each time I visit, in showing me what's new in the front garden that he tends. In residential OOHC, I think of a young man who would not engage with me in my first few visits, but now proudly tells me of the apprenticeship that he is looking forward to starting when he leaves care later this year.

There is so much to experience in the OCV role, but I have also achieved some positive outcomes.

A woman with disability raised an issue with me about a staff member who was regularly texting while driving residents to and from their social activities. I raised the issue in my visit report and the service responded promptly, letting me know that the staff member had been counselled and put on notice that the behaviour could not be repeated. The resident tells me that she feels safer as a result and is happy that she spoke up about her concerns.

In another example, a woman who uses a wheelchair and has a vision impairment told me about difficulties she was having at her day program. One of the other participants was often hitting her on the head and no one was doing anything about it. To add to her upset, she had a shunt placed in her head, which was at risk of being displaced. I contacted service management to raise this issue on her behalf, and following my visit report, service management told me that they had met with day program staff about better monitoring and supporting participants, and had reorganised activities at the day program so that the resident's contact with the man who was hitting her could be avoided.

In my final example, the brother of a resident who has very limited mobility and limited verbal communication contacted me via the OCV team to discuss concerns he had about his sibling's specialised equipment. This included his wheelchair, purpose built bed and hoist. Following my visit to the house, where I noted the same issues, I raised the issues in my visit report. After some time all of the resident's equipment was fixed or replaced, and as a further outcome my time spent interacting with the resident led to me establishing a meaningful relationship with him. I can now communicate with him much more freely and we can have chats about what is going on for him.

While positive outcomes such as those above give me great satisfaction as an OCV, the role can also be frustrating when services appear to ignore issues, or not take them seriously. I have found that some organisations are quick to respond, and take a constructive approach to issues raised. Some organisations take a defensive approach and others take an excessive amount of time to respond, or occasionally fail to respond. It is at times like these that I appreciate the collegiate support that I get from my OCV peers. I have appreciated the mentoring support, regional meetings, induction sessions and annual conference discussions, as a productive means of increasing my knowledge and understanding of the OCV role. These opportunities to share skills and experiences, leads to a broader understanding, on my part, of the challenges facing those living in supported accommodation, and enables me to raise issues from a wider perspective.

An example of this arose from a question I asked at OCV induction about identifying issues. I asked what else I should be looking for and how best to support the residents I was visiting to have a voice. The discussion that followed made me consider the extent to which service providers were equipping residents with the skills to achieve their goals and have more meaningful lives. This reminded me of my time as an educator, when it was not acceptable to 'plan for plateauing'. Meaning that a level of improvement was integral to any plan developed for students. The people that I visit as an OCV are no different. There is very little that should prevent them from being encouraged to experience a new activity, acquire a new skill or develop a new understanding. Learning is a lifelong process, and we only truly grow and achieve satisfaction when we are given the opportunity to experience and learn.

In working in the OCV role, and thinking more broadly about residents having choice and control in their lives, it has been disheartening to find residents who are boxed into having a 'regular' life with fixed routines. There are attitudes among some staff and residents' families that I have met that see any new experience as beyond the resident's capacity. In raising these sorts of issues on behalf of the residents that I visit, I have had discussion with staff and management who have been open to constructive comment and have expressed a willingness to explore alternative pathways to the resident achieving their personal goals.

In my short time as an OCV, I have noted that one of the most significant obstacles has been the high turnover of staff in some services. This has an impact on continuity of support for residents. In an environment where it is an expectation that staff establish and develop interpersonal relationships as a critical part of their daily practice, this issue is one that I have found frustrating to have to raise time and again. In contrast, services that have consistent staff can often demonstrate more positive long term outcomes and improvements for residents.

Following the examples of positive outcomes I have been able to effect in resident's lives, I have also been asking myself how I have been changed in my time as an OCV. I feel that I have a significantly deeper understanding of the disability sector. This has been helped by my contact and support provided by my OCV colleagues.

THE OCV ROLE HAS ALLOWED ME TO USE SOME OF MY OWN CAREER EXPERIENCE, WITH SKILLS LIKE RELATIONSHIP BUILDING, WRITTEN AND VERBAL COMMUNICATION AND PROBLEM SOLVING. I BELIEVE THAT IN THE OCV ROLE HAVING SUCH A VARIETY OF BACKGROUNDS AND EXPERIENCE AMONG MY OCV PEERS ALLOWS

FOR VIBRANT DISCUSSION AND DEBATE, AND LEADS TO US PROVIDING A BETTER SERVICE.

I have developed a deeper respect for staff who work with and care for people living in supported accommodation. I have found that most staff are receptive to an independent person looking at how their service operates. Before taking on the OCV role, I did not appreciate the extent to which staff go to meet the needs of their clients. In a case of noteworthy practice, the staff of a service I visit provided a specific cologne for male personnel at the local hospital to wear, when an elderly resident was admitted to hospital for surgery. The resident was stressed at being in hospital, so the staff initiative to match the cologne worn by his GP, with whom he had a relationship of trust, went a long way to helping him feel safer.

I feel honoured and privileged to be an OCV. As a society, I believe that we are only as good as the manner in which we treat our most vulnerable members. As an OCV I have been given the opportunity to be a voice for my fellow citizens and to assist to make positive changes in their lives. It is exciting to me, to be growing in the OCV role, that there will always be a situation around the corner that I haven't yet encountered, and will challenge my preconceptions. Being an OCV has given me a new lease of life, where the reward goes beyond the money paid for my services.

MY INSPIRATION CONTINUES TO BE THE SMILES ON THE FACES OF THE RESIDENTS I VISIT, WHEN THEY SEE ME WALK THROUGH THE DOOR.

Reflections of an experienced OCV

By Rhonda Santi, Official Community Visitor

As an OCV I visit all three visitable sectors - disability supported accommodation, residential OOHC and assisted boarding houses. Many aspects of the role of an OCV are unique. One of those is the importance of reflection. No two visits are the same. Perhaps more than other roles, an OCV is faced with dynamic circumstances each time they visit. OCVs gather information that must be clarified and considered, and based on this they must decide on a course of action. Considering things such as what is happening for the resident, how issues will be classified in the visit report and what additional information is required from the service provider to get a better understanding of the issues at hand. After each and every visit, the OCV must write and send a visit report to the service. Once a response is received from the service provider, the OCV must consider if the issue has been resolved, whether it will continue to be monitored and if the resolution has brought a positive change for the resident.

The opportunity to contribute to the OCV annual report provides the chance for a different kind of reflection, a consideration of my role as an OCV, the OCV scheme itself and the community services sector more broadly. As a returning Visitor who has previously completed a six-year appointment, I have had this opportunity before. At that time, it was on the cusp of the roll out of the NDIS, the most significant change to the disability sector in over 30 years.

OCVs knock on the doors of visitable services, and speak with residents, staff and sometimes family members. OCVs observe what is happening and review files and policies.

INSIGHTS GAINED THROUGH VISITS CANNOT BE REPLICATED THROUGH A MORE REMOTE PAPER BASED AUDIT SYSTEM.

The regularity of visits can mean that OCVs sometimes pick up on the gradual decline in service provision or a person's wellbeing. The OCV scheme allows for issues affecting people on a daily basis to be raised with service management, and be resolved at a local level, sometimes before a situation reaches a critical level.

As an experienced OCV, there have been times that I have raised concerns with the service and changes have been made. There have also been times that changes have not been made or have not been possible. This can be a source of concern and frustration for OCVs. In these situations, I have resolved to continue to highlight the issue until a positive outcome is achieved. In situations that a resolution is not seen, I have escalated the issue with another appropriate body.

Any reflection on my role as an OCV must include the situation for children and young people living in residential OOHC. Over the previous 12 months, this area of my visiting has been the most challenging and concerning. I find it an emotive area, due to the age of the residents and the trauma that has so often loomed large in their short lives. It is also because of the challenge of the daily experiences of these children and young people. In my view, their day to day life not only tends to lack what most of society would consider 'normal', such as school attendance, and a nurturing and safe home environment, but also presents a level of risk to their safety and wellbeing that in some cases is substantial. This is not to say that there are no circumstances where positive outcomes are achieved. There are committed case managers and staff who work hard to support the child or young person in their care, but I am concerned at the level of systemic and individual issues that remain unresolved and are often compounded.

Significant changes to the OOHC sector have been introduced, which aim to reduce the number of children and young people in residential OOHC care and to ensure that services are provided that are trauma informed and therapeutic in nature. As with any significant change, this will take time to implement. Issues, including the capacity of the sector to provide appropriately skilled staff and suitable accommodation options, must be negotiated. Time, however, is not unlimited for this vulnerable group of young people. The window to provide an environment in which the

young people feel safe enough to engage with the people around them, including connecting with education and starting to develop an awareness and capacity to deal with the feelings, thoughts and actions that often lead to further negative experiences, is small.

I consider it crucial to 'get it right' as soon as possible, so that the opportunity to change the trajectory of the young person's life is realised. My role as an OCV will remain the same. I will continue to be a voice for children and young people in OOHC. I will visit them in their homes, talk with them and review information relating to their care.

I WILL IDENTIFY ISSUES ON THEIR BEHALF AND SEEK TO HAVE THEM RESOLVED. I WILL CONTINUE TO WORK WITHIN WHATEVER AVENUES THAT ARE AVAILABLE TO ME TO ADVOCATE FOR POSITIVE CHANGE IN THEIR LIVES.

The depth and breadth of the OCV scheme provides me job satisfaction, but also ensures that knowledge and information is gained across geographical distances, across service types, across an array of people with varied experiences and support needs.

The work of OCVs is made possible by the important support of the OCV team. This team shares the commitment to the rights of the people that OCVs visit and are strong allies of OCVs as they consider issues and strategies to seek positive changes. I often use the OCV team staff for support when facing the sometimes frustrating, confronting and maddening aspects of the situations I come across in my visiting role. Conversely, I love to share good outcomes and stories of the people that I have the privilege of visiting. This support, along with inevitable administrative and operational tasks, is invaluable.

I have also had the benefit of the combined knowledge, wisdom and understanding of my OCV colleagues. I am a member of the Metro North regional group, which is a passionate and vocal group of OCVs. I rely on this group for peer support, identification of systemic issues, and discussion of issues impacting the OCV scheme and our visiting practice. I am grateful for the support of my colleagues, past and present. The OCV scheme includes a mentoring program in which new OCVs are partnered with an experienced visitor for the first 12 months of their appointment. I have been both mentee and mentor and have found both roles very beneficial.

With all of the challenges that the role provides, I believe OCVs continue to visit because they share a passion for the rights of people with disability, and children and young people living in supported accommodation. I continue visiting not only because of that passion but also a desire to be an agent for change and a voice that continues to let service providers and governments know that all is not well, and as a society we shouldn't accept mediocrity for some of the most vulnerable members of our society.

I also continue to visit because I love being able to visit people in their homes, to spend time with them and hear about the parts of their lives they want to share.

I CONTINUE TO VISIT BECAUSE I LOVE TO SHARE MY PASSION FOR THE RIGHTS OF RESIDENTS AND TO SHARE EXAMPLES OF BEST PRACTICE. I LOVE TO HEAR STAFF SHARE THEIR PASSION, COMMITMENT AND CARE FOR THE RESIDENTS WITH ME.

I want to let the people that I visit know that they are valued and have a right to be heard, to make choices and to pursue their best life. I continue to visit to highlight the circumstances when these rights are not upheld, to highlight these issues and to stand up for the people living in visitable services across NSW.

Case Study Disability supported accommodation

At some time in our lives, many of us have lived in shared accommodation. We learned that living in a share house means respecting not just other people, but also their belongings, and that private spaces, such as bedrooms, along with private property, should be also be respected.

This was an issue that confronted Patrick when he moved into his current home that he shares with four other young men.

When Patrick moved in, he brought with him his fighting fish, Billy. Billy had lived with Patrick in his former home. Siamese fighting fish (or 'betta') are known for their strong, vibrant colours. Billy has blue, pink and purple fins.

Patrick feeds Billy every morning, cleans the rocks in the tank, and with staff support cleans the tank regularly.

When the OCV, Jan, visited Patrick's home, she noticed a fish tank in the office, and asked who owned it. Patrick said it was his. Jan asked why the tank was not in his room, and Patrick said it wasn't safe for Billy. Billy was at risk from another resident who would enter Patrick's room and move his stuff. Jan asked if Patrick's room had a lock on the door and he said no.

Jan asked if he would like her to raise this as an issue on his behalf. Patrick was not happy about the situation and said 'yes'.

IN HER VISIT REPORT, JAN ASKED THE SERVICE PROVIDER WHAT CONSIDERATION MIGHT BE GIVEN TO ENSURING PATRICK'S ROOM COULD BE SECURED TO ENSURE THE SAFETY OF HIS BELONGINGS, AND THAT BILLY COULD LIVE SAFELY IN HIS TANK IN PATRICK'S ROOM.

Patrick's service provider responded, saying that they had contacted the housing provider and that a lock would soon be put on Patrick's bedroom door.

To most this might seem a small issue, but we all need to pay attention to the little things in life, because if they are not addressed, they can build up and cause upset. It's the little things in life that can help define us, and that when we look back, give us pleasure.

PATRICK IS HAPPY THAT HE SPOKE UP. JAN IS HAPPY SHE COULD HELP IN RESOLVING THE ISSUE.

- By Patrick and OCV Jan Lang

Summary of activities and outcomes

Visiting services

This year, there was a 5% decrease in the number of services allocated to be visited (1,419) in comparison to last year (1,492). At the same time, there was a 4% increase in the overall number of visitable locations (2,051).

The OCV team prioritises and allocates visitable services to OCVs, and allocates most services two visits per year (each visit equates to three hours). In recognition of the heightened vulnerability and risks to residents in some environments, more visits are allocated to services for children and young people, and to services with residents with complex or high medical needs, and assisted boarding houses.

Number of services allocated for visiting

The number of new services allocated for visiting is dependent on the number of appointed OCVs; the availability of individual OCVs; and the number of unallocated visitable services in certain locations. We aim to allocate 80% of visitable services for visiting (generally 100% of visitable residential OOHC and assisted boarding houses, and 80% of disability supported accommodation).

This year, the number of allocated services was lower, at 69% of all visitable services. This was due to a range of factors, including resource constraints, and an increased number of visitable services.

Number of visits and visit hours

In 2018–19:

- OCVs completed 8,483 visit hours
- OCVs conducted 3,256 visits, an increase of 8% on visits undertaken in the previous year (3,018).

Visitor numbers

At the beginning of the financial year, there were 43 OCVs. During the year, three OCVs left before completing their full-term.

Figure 3: Number of services allocated for visiting – three year comparison

Year	2016-17	2017-18	2018-19
Number of services allocated	1,356	1,492	1,419
Total number of services (registered on OCV Online)	1,625	1,975	2,051
% Visitable services allocated	83%	76%	69%

Figure 4: Number of visits made by OCVs – three year comparison

Service type	No. of Services			No. of Residents			No. of Service Hours			No. of Visits		
	16/17	17/18	18/19	16/17	17/18	18/19	16/17	17/18	18/19	16/17	17/18	18/19
Disability supported accommodation	1,357	1,660	1,764	6,603	7,591	7,771	6,813	5,889	6,415	2,150	2,215	2,468
Residential OOHC	249	297	270	631	740	703	1,602	1,934	1,935	670	740	741
Assisted boarding houses	19	18	17	353	294	260	197	197	133	64	63	47
Total	**1,625**	**1,975**	**2,051**	**7,587**	**8,625**	**8,734**	**8,612**	**8,020**	**8,483**	**2,884**	**3,018**	**3,256**

Voice of a resident living in visitable services

My name is Thelma and I live in a house in Sydney with several other people. I have lived here for a few years. Before that, I lived in the cottages at Rydalmere large residential centre.

I am happy living here, I have my special friends, Jenny and Rhonda, who come and visit me. Blake (team leader) makes sure that I have the things that I need and like. I keep my budgie and I am going to get another budgie as well so she is not lonely. I like my garden and I like spending time there.

I HAVE BEEN TALKING TO LIZ, WHO IS THE OCV, SINCE MY DAYS AT RYDALMERE. SHE COMES TO SEE IF THINGS ARE ALRIGHT WITH ME. I CAN ASK HER ABOUT ANY PROBLEMS THAT I MIGHT HAVE.

I did have a problem with not being able to go out as much as I would like. I enjoy going to the club and having lunch. There have been times when there was not enough time or enough staff on duty to take me there (because they had to help the others in the house).

LIZ TALKED TO ME ABOUT THIS AND TOLD ME SHE WOULD SEE WHAT COULD BE DONE. I NOW CAN GO OUT MORE AS THERE IS A PERSON WHO HAS THE TIME TO TAKE ME OUT WEDNESDAYS AND THURSDAYS. SHE IS MY KEY SUPPORT WORKER AND SHE HELPS ME GO TO THE PLACES THAT I LIKE TO GO.

Written by Thelma with the help of OCV Elizabeth Rhodes

Services for adults with disability

In 2018–19, there were **1,764** visitable supported accommodation services for adults with disability, accommodating **7,771** residents.

OCVs made **2,468** visits to disability services and worked on **4,721** issues of concern. They reported that **2,886** issues (**61%**) had been resolved. OCVs are continuing to monitor the action taken by services to resolve **252** (**6%**) ongoing issues of concern.

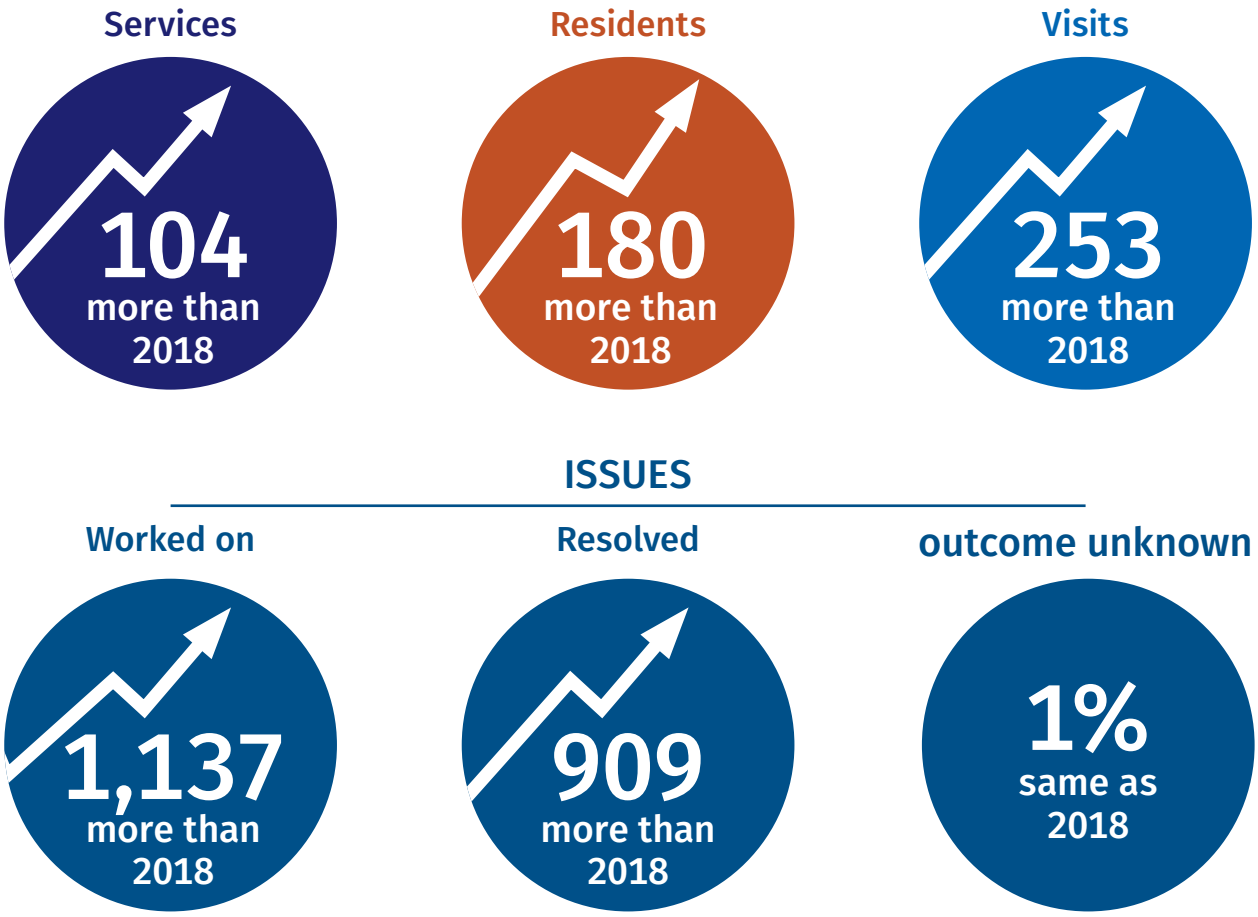


Figure 5: Data For visitable services for adults with disability

	Number
Services	1,764
Residents	7,771
Visits	2,468
Issues worked on	4,721
Average no. of issues per service	2.7

Figure 6: Outcome of issues raised by OCVs

	Number (%)
Resolved	2,886 (61)
Outcome unknown	66 (1)
Issues unable to be resolved	429 (9)
Ongoing (open)	252 (6)
Ongoing (closed)	1,088 (23)
Total	4,721 (100)

Main issues raised in 2018–19

This year, OCVs most commonly identified and reported the following issues in disability supported accommodation services:

Issue 1

Plans were not developed, documented, implemented and/or reviewed according to relevant legislation, policy, consents, approvals and assessments

358

Issue 2

Appropriate furniture, fittings, amenities, heating and cooling were not provided and/or maintained in a reasonable state of repair and/or safe working order

284

Issue 3

The use of restricted and restrictive practices did not comply with requirements (including appropriate consent, authorisation and review)

275

Issue 4

Residents were not actively encouraged and/or supported to participate in their community in ways that were meaningful and important to them

272

Issue 5

Identified health, medical, dental, optical, auditory, nutritional, psychological and/or development needs were not addressed

265

Figure 7: Type of issues raised on behalf of residents

Issues classification	No.
Individual resident development	1,344 28.5%
Safe and supportive environment	950 22%
Resident health care and/or personal care	924 20%
Accommodation environment	622 13%
Social independence of residents and participation in community life	349 8%
Service governance	257 5%
Complaints and feedback	99 2%
Management of resident finances	95 2%
Residents are free from abuse and neglect	57 1%
Contact with police	24 0.5%

Total: 4,721 issues (100%)

Official Community Visitor message

By Jan Lang,
Official Community Visitor

I remember the first day, many years ago, when I started working with people with disability. In those days there was very limited support available to people with disability and their families. Consequently, many children were raised in large institutions, initially managed under the health portfolio. I worked in a purpose-built facility that won several awards for architectural design. At the same time I was employed as a 'Mental Retardation Nurse', a term that would never be used today. I worked in a ward that accommodated 30 children aged 5 - 8 years. It was not an environment that was appropriate for little children. In my view, anywhere there is congregate care, there is depersonalisation and the clock rules everyone's day. As a young nurse it was a very steep learning curve for me.

That was long ago, and institutions were later renamed 'large residential centres'. Moving on to the present, there are now many different options to provide a variety of lifestyle choices for people with disability.

When I stopped working full-time two years ago, I still wanted to remain in the disability sector, and I was very happy when I secured a position as an OCV. I had some awareness of the role through reading OCV reports when I worked in a disability service. I would read the issues they raised when they visited the supported accommodation settings, but that only provided me a superficial understanding of the role.

The position of OCV is a unique role that requires good observation and listening skills. It also requires asking many questions, most direct, and others with a little more subtlety. As an OCV, I review documentation about the residents, their Health Care plans, Lifestyle Plans, Positive Behaviour Support Plans, financial records, therapist and clinician reports, and restricted practices authorisations. I have a lot of access into a resident's personal details.

An issue that I note often is the high turnover of staff in disability supported accommodation. In reviewing records, I often note blank spaces in rosters, with some houses appearing to take quite a while to recruit new staff and fill vacancies. In some services I visit, there appears to be a strong reliance on casual staff. In my view, this results in a lack of consistency in support, and increased anxiety for residents. I often wonder how many different staff come through each house every week and how this affects residents, and how they feel about having to educate yet another new staff member to meet their needs appropriately.

One of the most enjoyable parts of my role is catching up with individual residents and spending time hearing about their day to day lives. Having worked in a number of roles in the disability sector over the years, it has been lovely to become reacquainted with individuals I once knew, in a different capacity.

One such example, was re-establishing a connection with a man I had known on and off over the past three decades. I first met Tim when he lived with his parents. Many years later, following the loss of his loving parents, Tim was provided drop-in support in his home. This was not enough to ensure his well-being, and he became unable to live independently. He was well known in his local community and many people were concerned about his welfare. I recently met Tim again when I visited his new home, a disability supported accommodation service. He looked well. He was well dressed, taking pride in his appearance and had regained his health and his feeling of self-worth. He very proudly showed me his room, and also his 'man cave' where he plays music and enjoys his DVDs.

The large residential centre where I worked all those years ago, closed some years back. Since then I have caught up with many people that I knew as children living in institutional care, who are now living and participating in their local communities. These people have moved from a very restrictive environment to a place where they have a far more active say in what they do with their lives.

I also visit service providers and residents that I am unfamiliar with. It takes time as an OCV to establish rapport with individuals, and this cannot be rushed. I remember my first visit to a house that provides support to young men with complex needs. I was apprehensive as to how they would respond to me, a stranger in their house. At that visit, I met most of the residents, who were quite accepting of me. One young man took me on a tour around the house. Staff offered tips on how best to interact with the residents, and the environment was rather relaxed. It taught

me a valuable lesson that sometimes individuals have reputations that precede them, and that, while it is important to have information on what to expect, it is just as important to form your own opinion based on your own experiences. It was only during my third visit to the house that I met one of the residents for the first time. He took his time checking me out, and slowly approached me, then burst out laughing, and gave me a 'high five'. He was probably aware of his own reputation and wanted to test how I would react. This is now one of the houses that I most enjoy visiting. There is a consistent and responsive team of staff who know each resident well, and who are willing to try innovative approaches and offer new experiences to the men.

The role of OCV has also given me the opportunity to see firsthand the commitment and dedication of many staff, and their loyalty to the people to whom they provide support. Many staff are aware of the concept of 'active support'. To me, this means enabling people with disability to be more engaged in their day to day life. This is through targeted opportunities for participation, regardless of the individual's level of disability. I find that the level of disengagement of people with disability is an ongoing challenge within the disability sector. People can spend a lot of time waiting for something to occur. A number of houses I visit have ensured that staff are trained in the principles and application of active support, but in my OCV role, I seldom see it in practice when I am visiting. Consequently, many people can live in a support model where everything is done for them and they have no opportunity to learn and grow.

For some of the houses I visit, where active support is implemented, I have noted a decrease in disruptive incidents with a parallel increase in resident participation and initiation of activities that are meaningful to them. I look forward to visiting those houses where residents lead active lives, and are fully engaged in the running of their household. Each resident has the opportunity to explore their specific interests and, when it comes to household tasks they engage in, contribute to the smooth running of their home.

An issue I have found in visiting a variety of disability supported accommodation is that a person's capacity is often assumed to be limited. I see a fine line between presumption and protection, and it appears in many cases that protection of a person with disability wins out.

I have seen instances where a person's soft drink, money or cigarettes are kept in the staff office, generally for safekeeping. In these situations I typically don't see any evidence of support for the person to learn to manage their money or their soft drink consumption, or any consideration to a gradual exposure to increased personal responsibility. Some people may never be able to manage their own money, or their consumption of cigarettes, but how do we know this unless we give someone the means and opportunity to do so. In my OCV role, I always presume capacity and work from there.

The introduction of the NDIS has resulted in positive outcomes for some people with disability. It has been a welcome sight to me to see service providers 'thinking outside the box' when considering individuals' aspirations. I have noted moves away from the traditional day program model of social activity, to more individualised opportunities reflecting the person's wishes and interests. Another positive outcome that I have noticed over time is the increasing availability of quality purpose built accommodation. I have visited a number of residents who have moved from old, poorly maintained houses to fresh, modern homes, of which they are very proud. In these houses, residents have greater access to and mobility within the various parts of the house. It feels more like their home, than just a place where they live.

I note that in previous OCV annual reports, OCVs have often said what a privilege it is to have this role. It certainly is a privilege. For a brief time, I am a guest in someone else's home, focusing on what is important to them, listening to their concerns, getting their perspectives and hearing their positive news. During my visit, I am an independent set of 'eyes and ears', and when having discussions with staff, ask targeted questions, generally beginning with 'why?', 'can you show me?' or 'can you explain?'. I have a discrete number of houses to visit, which allows me to review the progress of issues that I have raised previously, and monitor residents' satisfaction with the outcomes. I am able to celebrate in their successes and look at other possible options when there are less positive outcomes.

YES, IT IS A PRIVILEGE TO BE AN OCV.

Case Studies Disability supported accommodation

Brett's room

An OCV met Brett on her first visit to the house that he shares with three other young men. He had lived at the house for the past three years, having been moved from a difficult foster family placement.

Brett was pleased to meet the OCV and, although shy to start, with the help of a staff member he was happy to show the OCV around his room. Brett's disability made verbal communication for him difficult, but not impossible. He showed the OCV his PlayStation and some favourite YouTube videos on his iPad.

During that visit, the OCV noticed that Brett's room was sparsely decorated. Just a few laminated photos of him as a young boy and none of his interests or personality reflected in his personal space.

The OCV raised this issue in her visit report and received a prompt response from the service, advising that 'decoration of client rooms' would be on the agenda at the next house meeting. The OCV was also told that Brett sometimes ripped pictures off walls, but they would see what they could do about that.

On the OCV's next visit to the house, Brett's room had a completely different feel. Brett pointed out favourite movie stars, cartoon characters, models and recent photos of himself, adorning the walls.

AFTER SHOWING THE OCV ALL OF HIS NEW STUFF, HE SAT ON HIS BED AND SMILED.

This might seem a trivial issue for an OCV to have raised, but our homes are a reflection of who we are and who we want to be. Photos and pictures reflect our personalities and remind us of people, places and activities that we love. They can help reduce loneliness and isolation. For Brett, they also help to share his story and potentially deepen his level of communication and connection with staff members and visitors to his home.

THROUGH AN OCV ASKING A SIMPLE QUESTION, BRETT NOW HAS ALL OF THIS AND A WARM AND INVITING SPACE TO BE IN.

Potential Masterchefs

An OCV visits a house where six men live together. Every night, staff would cook the evening meal, and when dinner was ready they would call the men to the table to eat.

During a visit, the OCV noticed the residents watching a cooking show and discussing the show, while their own dinner was being cooked by staff. The OCV joined the conversation and asked if they were interested in cooking food for themselves. The men answered by saying they wouldn't mind 'having a go', but didn't think they were allowed to, as it was the 'staff's job' to cook. They believed staff would get upset if someone made a mess in the kitchen.

The OCV knew that the men contributed to the weekly meal plan, each nominating a favourite dish for dinner on different days. However, the choices were often the same from week to week. The OCV raised the issue of meal preparation in her visit report. She followed up by speaking to service management about residents being supported to help with the daily meal preparation.

Service management were surprised to hear that the residents weren't helping to prepare meals, as it was a normal activity of daily life, and they assumed staff were encouraging their participation.

Service management worked with the house staff to trial residents being involved in cooking dinner each night. The trial worked well. New staff had been recruited to work in the house and they were keen to support residents build their skills. All of the residents became actively involved in the preparation of dinner each night.

On her next visit, the men told the OCV how staff made it fun to cook, and 'plate up' creatively. Some of the staff from culturally diverse backgrounds were introducing the men to spicier food and helping them 'spice up' their dishes. The men began to score each other's dishes, in a good humoured way, and new dishes were becoming household favourites.

THE ATMOSPHERE IN THE HOUSE HAD CHANGED BECAUSE OF THIS NEW FOUND ACTIVITY. THE MEN WERE MORE SUPPORTIVE OF EACH OTHER AND THE HOUSE HAD BECOME MORE RELAXED, JOVIAL AND ENGAGING.

With the OCV's last visit, not only were two residents cooking the evening meal, but they were competing with another home (some blocks away), with their interesting and varied menu planning and meal choices.

Linking to community

At an OCV's first visit to a house they met Jamie, a young Aboriginal man. Jamie has complex support needs associated with a background of childhood trauma. Jamie grew up in regional NSW and because of his complex family situation, and in an effort to limit his access to illicit drugs, he had chosen to move to another regional area and to have minimal contact with his family.

In the OCV's visit report, she asked about Jamie's links to the local Aboriginal community, including what discussions had taken place to ascertain his wishes about this. The service response was that they had spoken with Jamie about this, and while previous attempts had been made to support him to link up with the local community in the past, he was keen to re-visit this. He was very clear that he needed the permission of the local elders to participate in local community activities, and in particular he was very interested in participating in a smoking ceremony.

At a subsequent visit to the house, the OCV was told that Jamie had met with members of the local Aboriginal Land Council, and while he was ambivalent about further involvement, staff were going to continue to encourage and support him with this.

At the OCV's most recent visit to the house, it was clear that Jamie had continued to forge links with the local Aboriginal community. Staff at the house were much more proactive in supporting him to remain connected with his culture. The OCV was told that staff had supported Jamie and his support coordinator to link him with an Aboriginal worker who supports him with community access activities. The two of them have now forged a really good relationship.

Jamie had attended NAIDOC week celebrations and one of the support workers at the house had, the previous week, taken Jamie to visit a local Aboriginal sacred site which he really enjoyed, and wanted to do again.

FOR THE OCV, IT WAS TESTAMENT TO THE VALUE OF THE ROLE, TO SEE THAT JUST BY ASKING SOME QUESTIONS, THE ISSUE WAS PUT ON THE AGENDA, AND AS A RESULT, JAMIE IS NOW BEING SUPPORTED TO PARTICIPATE IN ACTIVITIES THAT ARE VERY IMPORTANT AND MEANINGFUL TO HIM.

Timely behaviour support

An OCV visited a service that had a mix of clients with well-established daily routines, stable staff and some involvement from their families.

The OCV noticed there was physical damage in the house - holes in the walls, windows covered or boarded up, and damaged furniture sitting out in the front yard. The OCV asked about the damage to the property and was told that one resident had been having outbursts of disruptive behaviour, which included punching holes in the walls, throwing furniture through windows, and assaulting other residents and staff.

The staff told the OCV that the service had sought specialist behaviour support, but were told there were delays in having a clinician attend the house and provide strategies.

During the visit, the OCV saw the resident kick and punch a staff member and attempt to punch and kick another resident. The other resident uses a wheelchair and was not able to move quickly out of the way. Staff intervened in this incident to keep the second resident safe and redirect the first resident away.

The OCV raised the issue of lack of positive behaviour support strategies and the risk of harm to the residents and staff in their visit report. Using the OCV's visit report, the service provider escalated the issues of concern to senior management. As a consequence, the resident is now receiving significant behaviour support services and has an updated behaviour support plan which outlines clear strategies for staff to use to better support him.

The service has also rostered on additional staff during periods when all residents are at home. Staff are being trained in the new positive behaviour support strategies.

THE OCV HOPES THAT THESE NEW INTERVENTIONS WILL CREATE A SAFER AND MORE STABLE ENVIRONMENT FOR ALL RESIDENTS IN THE HOUSE.

Pulling down barriers

An OCV visited a service that had not had a visit from an OCV for a number of years. On entering the house for the first time, the OCV saw a number of physical barriers installed that restricted resident access to the kitchen, outdoor paved area, and one of the two living rooms.

The OCV noted several residents asking staff for permission to go outside into the backyard and another resident waiting for some time until a staff member provided her with access to the kitchen to get a drink of water. The staff member on duty with the only key to the kitchen and the back door had been engaged in other tasks around the house.

On speaking with the manager, the OCV was told that the physical barriers had been installed to restrict the movements of a previous resident, who had left the service at least five years ago. The physical barriers remained despite not being needed for any of the current residents. The behaviour support plans for the current residents did not require any physical barriers to any rooms in the house or to the backyard.

The OCV raised the issue in her visit report. The service acknowledged that the physical barrier had been in place for many years, there was no authorisation for the restrictive practice, and it was not needed in the current circumstances of the home. The service arranged for the housing provider to remove the physical barrier.

ON THE MOST RECENT VISIT, THE BARRIER BLOCKING ACCESS TO THE KITCHEN WAS GONE AND THE OCV SAW SEVERAL RESIDENTS USING THE KITCHEN AS THEY NEEDED. THE OCV ALSO NOTED THAT THE BACKYARD WAS NOW FREE FOR ALL TO USE AS THEY WANTED.

A focus on what could work better

After visiting a house for over two years, an OCV became aware that John, a young adult, who lives alone in the house, was becoming isolated from the community. He had little opportunity to interact with his peers and was not participating in other activities that he was interested in. John has one to one support with male staff; however, the OCV noted that there was limited interaction between the staff and John.

THE OCV VISITED JOHN EVERY THREE MONTHS AND NOTICED HIM BECOMING MORE FAMILIAR AND COMFORTABLE WITH HER VISITS. JOHN WOULD INTERACT WITH THE OCV IN A WAY THAT SHOWED HE WAS HAPPY TO SEE A DIFFERENT FACE AT THE DOOR.

The OCV found John's isolation troubling. John had taken to causing harm to himself that would often result in hospital visits. John would also display agitation when he was bored and this resulted in property damage, including smashing his iPad or TV.

The OCV raised her concerns in the visit report. The service provider's response was that John did not participate in any activities outside of his house, and when out he would behave in a way that was disruptive to the community.

At a subsequent visit, the OCV's concerns about John's circumstances were increased when she read of an incident where his self-harm had resulted in a concussion and his wounds requiring stitches. The OCV read of increasing and multiple incidents of self-injurious behaviour.

Despite the OCV's many attempts to facilitate change for John through raising the issues in her visit reports, the service provider continued to take no action to remedy the situation.

With the assistance of the OCV team, the OCV escalated the matter as a complaint to the NDIS Quality and Safeguards Commission. A few months following the initial complaint, the OCV began to see improvements to John's home life. The OCV noted that activities had been introduced that took John into the community on a regular basis and he was now attending a music group. John's care and support in the house had also changed. He is now supported by a specialist team that assists John in reducing his self-injurious behaviours and working on strategies to better manage his emotions. The OCV has noted a lessening in his self-harm and property damage.

Following a struggle to have the issues acknowledged and acted on, the OCV is seeing the impact of the small changes that have been implemented in John's daily life.

HE NOW HAS THE OPPORTUNITY TO HAVE MORE MEANINGFUL ENGAGEMENT WITH COMMUNITY, PARTICIPATING IN ACTIVITIES THAT HE ENJOYS, WITH SUPPORT THAT HE NEEDS.

Engaging in meaningful social activities

An OCV visits a number of units in a large residential centre (LRC). In visiting the units, the OCV noted a lack of social activities for residents, as well as a lack of family connections.

Over time, the OCV began to notice that the LRC was solely using the onsite activity centre for resident activities. It was not clear that any third party providers were engaged to support residents in activities of their choice. The OCV had been raising this issue over a number of visit reports, without any change occurring. Some of the reasons for a lack of action, provided by management, was a lack of resources and a lack of desire by the residents to try something new.

The OCV had also noticed the lack of family contact and wondered if the two issues may be connected. She had asked about the blank records in client files where family visits should

have been recorded. The OCV was aware that some of the residents' families lived in the local area.

As the OCV visits these units on a regular basis, she was able to observe some residents showing signs of boredom and agitation, sometimes resulting in an incident occurring, where it was recorded that the behaviour was due to 'lack of stimulation'.

AFTER RAISING THIS ISSUE A NUMBER OF TIMES, THE OCV MET WITH THE LRC MANAGEMENT. FOLLOWING THESE DISCUSSIONS, AND ON SUBSEQUENT VISITS, THE OCV NOTED GREAT IMPROVEMENTS.

Residents were consulted about what they would like to do, and were now having regular one to one outings with external service providers, making choices about where they wanted to go and what they wanted to do. In some cases, residents went on a week long holiday.

Family visits have also recommenced, and the records of these visits are now properly recorded on client files. One particular resident, Edith, now regularly visits her mother who is in a local aged care facility and enjoys spending the time with her. Edith and her mother find this a great opportunity to connect with each other, which is very important to them as they are both ageing.

The overall improvement in engaging the residents in activities of their choice in the community, as well as continuing to participate in the in-house activities, continues to be a focus for staff and key support workers. The refocus on activities of choice for residents also appears to have lessened incidents in the units.

Addressing conflict

After being allocated a new service to visit, an OCV was keen to call in and meet the residents who had recently moved into the brand new villa complex. The complex included several separate units and a large common living space. The units were well situated near a shopping centre and the facilities in the units appeared to be purpose built to meet the residents' varied needs. The OCV noted that the shared living space was well used as the residents enjoyed the space for their meals, activities and friendships.

After calling in and speaking with four of the residents, it appeared that they had settled in well to their new home. There were some initial issues around food, cleaning rosters and accessibility to social activities, but they were rectified quickly. The OCV felt that the new living situation was going well for the residents.

However, within two weeks of the OCV's initial visit, things changed. The OCV began to receive calls requesting that they visit again as a new resident had moved in and this had caused serious conflict. The OCV made it a priority to visit again and found that things had become unsettled and the residents were distressed, including the new resident who had recently moved in, Gary.

The OCV reviewed the new resident's client file and noted that Gary had been moved from his previous home due to incidents with staff and housemates. The stress of the move to his new house meant that Gary continued to be unsettled and had been lashing out at staff and the other residents in his new home. His behaviour made it difficult to use the common areas in the complex, such as the kitchen and living rooms. Residents were scared and upset.

Gary had a condition that caused him to often feel fearful and to act in a way that made it difficult for others to interact with him. Consequently, he was very isolated. The OCV reviewed what strategies the service provider had in place, and it appeared that there was nothing in place to assist Gary and his fellow residents to interact with each other in a supported way. The service provider had only just engaged a specialist team to work with Gary and no information was yet available on how to best support him.

To the OCV, it appeared that the service had hoped that moving Gary into his own unit would assist him with his anxiety and agitation. However, it was clear that Gary would need to be able use the shared spaces in the complex

as well. The OCV raised his concerns in his visit report and organised to meet with management to discuss the concerns further.

Over several months, while continuing to visit and speak with management, the OCV has noted big improvements in the house that have meant that all five residents are now living well together. The changes made by the service included comprehensive health assessments and health care planning for Gary, behaviour support plan with clear strategies on supporting Gary when he is agitated, and a roster of staff support that allows all residents equal time in the common areas. The service has set up weekly resident meetings where all residents have a say in how the complex is run. Overall, the service is working to have issues resolved quickly and equitably. The OCV continues to monitor the situation and at his last visit, all residents said they now feel safe and happy in their home.

Waiting for a new set of wheels

Mark is an Aboriginal man with a fiercely independent spirit. The OCV met Mark in early 2019, when he had been living at the house for five months. Mark would normally use an electric wheelchair, but he had been bedridden for the past five months due to the fact 'he had no wheels'. The wheelchair he had been using had been taken away soon after he had moved into the house, as it had been assessed as causing him physical harm and required modifications. A replacement wheelchair was provided, but it was not one Mark could use. Since the time of his original wheelchair being taken, he had been stuck in his bed, all day every day, and in his words he was 'going out of my tree'.

The request for a new wheelchair seemed to be stuck in the system, unable to be readily progressed. Mark lives in a rural area of NSW which is not well resourced with therapists to conduct assessments, or service providers that are able to deliver the necessary equipment.

From the time of the OCVs first visit and her initial raising of the issue on Mark's behalf, there were significant hold ups, as month after month passed, and no wheelchair was provided. Mark was very stressed out. He had no one to advocate for him and his situation was becoming very difficult in terms of his physical and mental health.

HE TOLD THE OCV ON ONE OF HER VISITS THAT THE WAITING 'PUTS TEARS IN HIS EYES'. HE REMAINED STUCK IN HIS BED AT THE MERCY OF A SYSTEM THAT WAS OUTSIDE OF HIS CONTROL.

The OCV repeatedly raised the issue of Mark's wheelchair and his declining health and wellbeing, without success. Consequently, the OCV escalated the matter to the NDIS Quality and Safeguards Commission for its action.

After further months of effort, Mark finally received his new wheelchair. It was a long, drawn out and emotional process for Mark, but with the OCV providing him a voice, he is now tearing down the streets of his town in his new wheelchair, no longer being told to wait.

Ageing in place

Roger is an 87 year old man who shares a house with three substantially younger housemates. Roger loves to cook and used to be an avid vegetable gardener. Roger has been living in the same house for most of his life and he considers the people he lives with to be his family. At this house, he can participate in food preparation and enjoy his much loved vegie patch. Roger does not use verbal communication.

Early on in visiting this house, the OCV could not help but notice that Roger's intellectual disability was secondary to his needs as an ageing person. The OCV raised this matter in her visit report, noting some of the related health concerns that Roger was facing. The OCV asked in her report about the policies and strategies the service provider had in place to meet the needs of residents as they aged.

The service provider responded by acknowledging the OCVs concerns and addressing Roger's immediate health needs. They noted that they had no policies in place around the ageing needs of residents. They worked on ensuring that Roger had an age appropriate health care plan and gave a commitment to the OCV they would meet with Roger's guardian to further discuss and plan to meet his needs.

The OCV noted on subsequent visits that the service provider had implemented targeted strategies to ensure that Roger is able to stay in his home for as long as possible. Supports have been built around him, including regular health checks and an Enhanced Primary Care Plan to support his chronic health concerns.

Roger's supports in his home are now actively matched to his changing needs.

THE OCV'S FOCUS ON ROGER WAS TO ENSURE THAT OLDER PEOPLE WITH DISABILITY DO NOT MISS OUT ON QUALITY CARE JUST BECAUSE THEY ARE NOT ALWAYS ELIGIBLE TO ACCESS THE NDIS.

Making it roadworthy

Martyn is a mechanically minded young man. He lives in a supported accommodation unit, which is one of six in the complex. Martyn's dream is to fix up a car so that in the future, staff can drive him around town and, more importantly take him on longer trips out of town. Martyn lives in regional NSW. Longer trips for Martyn are out of reach, as the NDIS has placed constraints on how far participants can be driven within the funding limits. Martyn currently has a 6km a day limit on how far he can travel.

On a previous visit, Martyn had shown the OCV the car he had recently purchased - a V6 Holden Commodore. It was not roadworthy, had some bumps and scratches, and was missing a few parts. However, according to Martyn, it was really "hot' to look at, and had some extra cool features. Telling the OCV 'anyone would feel empowered sitting in that car!

Martyn had worked to install a sound system in the car, a tachometer and various other internal features. But, on a recent visit, he told the OCV he was upset. The service provider was complaining to him about the car. They were worried he was going to get into trouble driving it around, and that Martyn may be setting a precedent, in which other residents in the complex may also want a car. The OCV was also told that the landlord was not happy having the car in the driveway and the potential mess that could be created.

The OCV was not sure where the concerns were arising from. The car was kept around the back of the premises, and not visible from the street.

According to Martyn, he had no intentions of driving the car on his own and the extra parts he had for the car were stored behind the carport. In the OCV's view, working on the car kept Martyn engaged and feeling like a part of the wider community. The OCV raised the issue with the service provider in their visit report.

The service provider responded quickly. They had taken the time to consider the value of the car to Martyn's self-esteem and quality of life and told the OCV they were fully supportive of his continued desire to work on the car and to get it roadworthy. The OCV also understood that the service had discussed the matter with the landlord. On a subsequent visit Martyn told the OCV, 'thank you very much for raising the issue about my car, no one is harassing me anymore'. The OCV looks forward to seeing Martyn's car once it is finished.

Privacy at home

Graham is a young man who lives in a house. that is designed for people with disability who have had contact with the criminal justice system. Graham has complex needs and can be physically aggressive when he is upset. He lives with a housemate who has similar complex needs.

During a visit the OCV observed that the house was sparsely furnished and lacked any personal touches. Graham mentioned that he found the house depressing, in particular the lack of curtains or any sort of coverings on the windows.

The OCV raised the issue in his visit report. The house manager said that there was nothing to worry about, as the house was situated so that neighbours cannot see into the windows, meaning that privacy should not be a concern. It was also mentioned that blinds and curtains had been previously hung and had been damaged by previous residents. There was a concern held by staff that the blinds and curtains could be used by residents to harm themselves or others. The team leader reported that the service has not been able to find a safe alternative to the usual window coverings.

The OCV contacted service management following their advice and indicated that he would need to escalate Graham's concerns as a complaint if no action was taken to resolve the issues. At a subsequent visit, the house manager showed the OCVs new curtains on the windows which had been designed to be safe and durable. The curtains provided a great deal more privacy, light control and a more home-like appearance.

The opportunity for greater independence

Christine has a diagnosed mental illness and autism. She lives in a house by herself as she finds it hard to live with other people. Christine enjoys art and music, and has an NDIS package which provides for social activities, skill development, building relationships and behaviour support. Christine's NDIS goals include making friends and developing skills to engage in a greater range of activities outside her home.

Despite having funds available in her NDIS package, the OCV noted that Christine was not participating in social activities outside her home. She attended an art group once a week and visited her family regularly. Any other activities she was involved in were conducted one on one with staff from her home. These activities included walking around the neighbourhood and going to the local shop. Christine did not appear to be interacting with people other than her support staff.

Christine has restrictive practices in place when she is out in the community due to perceived risks to herself and others. It was explained to the OCV that, as a result, Christine was not able to leave the house without being accompanied by a staff member.

The OCV noted that there had been very few behavioural incidents in the past several months, and her behaviour support plan was overdue for review. The OCV was concerned that Christine was not getting the opportunity to build her capacity to engage with the community, make friends and develop relationships outside her home, due to a potentially outdated view of her behaviour and past actions.

The team leader told the OCV that Christine's NDIS plan had not been fully implemented, due to limited contact with her support coordinator over the past few months. The service provider had not actively tried to contact the support coordinator as they thought this was beyond the scope of their role.

THE OCV RAISED THE ISSUES IN HER VISIT REPORT. SHE ASKED HOW THE SERVICE WAS HELPING CHRISTINE TO ENGAGE WITH HER SUPPORT COORDINATOR, AND TO SUPPORT HER TO MEET HER NDIS GOALS.

The OCV also raised the issue of Christine's behaviour support needs, and any recent review that had been conducted to determine whether the restrictive practices in her behaviour support plan were still necessary.

The service provider considered the issues raised by the OCV and facilitated contact with Christine's NDIS support coordinator. They also arranged for a review of Christine's behaviour support plan and provided the data they had collected, which showed the reduction of incidents and that they were supportive of reducing the restrictive practices.

When the OCV visited again, Christine told her that she was going to try a new group activity. She was looking forward to spending more time away from the house and was planning to meet with her support coordinator again soon to talk about other activities she wanted to participate in. Staff told the OCV that a trial had commenced to reduce the restrictive practices. One example of this involved supporting Christine to feel comfortable to walk to the local shops to buy food or a drink without staff support.

Making it easier to move around

Jones Street is home to four people who moved out of a large residential centre. The residents are older and have increasingly complex health and medical needs. They don't use verbal communication.

One of the residents, Adam, has been getting more unsteady on his feet and has progressed to using a walker and now a wheelchair. The OCV noticed that the house has a narrow corridor between the lounge and kitchen areas which was creating congestion for the residents, and making access difficult for Adam. As well as frequently getting stuck in the hallway, Adam's wheelchair was inadvertently damaging the walls.

The OCV raised these issues with the house manager at the time of the visit. The house manager advised that he had been trying to get home modifications approved by management, but it had been a slow process to work with service management and the housing provider.

THE OCV RAISED THE ISSUES IN HER VISIT REPORT. AT A RECENT VISIT, THE OCV SAW THAT THE HALLWAY HAD BEEN MODIFIED, WITH THE ADJOINING ROOMS RENOVATED TO MAKE THEM MORE OPEN PLAN. THE DOORWAYS HAD ALSO BEEN WIDENED.

Staff reported that this made access much easier for Adam and the other residents. It was a much better space for everyone to use together.

Escalating matters

An OCV was speaking to a resident in the shared outdoor area of a service that has six self-contained villas onsite. The resident became distressed when describing the state of his unit. He told the OCV that he feels like the ceiling in his unit is about to fall down on him and as a result of this fear, he cannot sleep at night. He said that it had been like this for months and nobody was listening to him.

The resident took the OCV to his unit and it was clear that there was structural damage to a significant amount of the gyprock ceiling in the living area of the unit. It appeared that the damage had been caused by a water leak in the ceiling cavity.

The OCV raised this issue immediately with the team leader who was onsite at the time of the visit. The team leader said that there has been a number of reports to management about this issue but no timeframe had been provided for when the damage would be repaired.

The OCV checked the records to see that the issue had been escalated to management a number of times, and noted that there had been no

response. The OCV raised the issue in her visit report as a matter requiring an urgent response, due to the potential for serious injury to the resident should the ceiling collapse.

Service management responded quickly, stating that they were unaware of the seriousness of the issue. Management attended the unit and took photos, and an urgent request was made to the landlord requesting immediate repairs.

The repair work commenced a few days later and was completed over the next week.

THE RESIDENT TOLD THE OCV AT HER NEXT VISIT HOW RELIEVED HE WAS THAT THE CEILING WAS FIXED AND THAT SINCE THAT TIME HE HAS BEEN ABLE TO SLEEP WELL AGAIN.

Personal hygiene routines

An OCV visited a house in the early afternoon. In the lounge room, a staff member and resident, Antonio, were sitting watching TV. The OCV noted Antonio's general appearance. He was dressed in a ripped t-shirt, with food encrusted all down the front. His tracksuit pants were stained and faded, and sat very low on his hips, as the elastic at the waist appeared to have perished. Antonio was wearing no shoes, so the OCV could see that his toenails were very long and did not appear to have not been clipped in some time. His scalp was thick with dandruff.

Antonio relied on staff to support him with his personal hygiene. The OCV was concerned to see that there seemed to be little support being provided to him to make sure that his health and hygiene were looked after.

The OCV raised the issue in their visit report. Service management responded by saying that they were unaware of Antonio's current situation and that all staff were required to make sure that residents were supported to have high levels of personal hygiene each day. They stated that Antonio would be supported to buy new clothes, and that old and inappropriate items of clothing would be thrown out, with Antonio's permission.

An appointment was made for Antonio to see a podiatrist to have his feet checked and his toenails attended to. Service management worked with the support staff in the house to develop a personal hygiene routine to make sure that each day Antonio had the opportunity to shower, wash his hair and feel fresh.

BY RAISING THE SIMPLE ISSUE OF SOMEONE'S PERSONAL HYGIENE ROUTINE, ANTONIO BENEFITTED FROM INCREASED SUPPORT AT HOME AND THE OPPORTUNITY TO FEEL BETTER ABOUT HIMSELF.

Moving forward

An OCV had been visiting a house for a number of years and had seen the numbers of residents living at the house reduce over time. The service provider had recently informed the residents of the need to leave this house and to find a new location that was better suited to their needs.

The service provider had invited input from all the residents, including their guardians and families. The OCV was told that the residents were anxious about the move. She decided to undertake a few extra visits to the house to be available to discuss the residents' ongoing concerns and to raise those concerns with the service provider.

In discussions, the OCV heard that four of the five residents were becoming more comfortable with the idea of moving, but were expressing concerns about the financial impact on them. They were worried about increased living expenses in the new

house and that they would be living further away from their social networks and daily activities. One resident was particularly resistant to the move.

As part of her discussions with the residents, the OCV explored the possibility of individual advocates and how they could help in this situation. One resident took the opportunity to contact a disability advocacy organisation, to assist her in advocating for herself.

In the visit report, the OCV raised the issue of resident finances and the general concerns the residents had.

The service provider responded telling the OCV that they were trying to be as transparent as possible and had recently communicated the financial requirements of the move with the residents. Residents were happier now they had this extra information and some of their financial concerns had been allayed.

When the OCV next visited the residents, it was at their new home address. The OCV heard how comfortable, happy and settled the residents felt in their new home.

They had been able to decide who was going to be their flatmate and make decisions on the decorations in their home. The financial concerns that residents had prior to the move had gone.

IN A REALLY POSITIVE UNEXPECTED OUTCOME FROM THE MOVE, ONE OF THESE RESIDENTS WHO RARELY SOCIALISED WITH HIS FELLOW HOUSEMATES, WAS NOW SPENDING A LOT MORE TIME IN THE SHARED SPACES WITHIN THE HOME, AND A LOT LESS TIME IN HIS BEDROOM WITH THE DOOR CLOSED.

A healthier way to be

Four older residents live together in supported accommodation. There were records showing that they had all been putting on weight over a significant period of time. During a visit, an OCV observed the residents eating their evening meal. It consisted of rissoles and oven baked chips. When the OCV asked the staff member on duty if the meal met the residents' dietary requirements, she said it did because she was serving it with peas.

The OCV reviewed the weekly meal plan and noted that each evening meal was low cost, low nutritional value, high fat foods, such as rissoles, sausages, pre-prepared lasagne, and pasta bakes. It appeared that all the meals were pre-packaged and no meals were prepared fresh at home.

One of the residents, Ivy, is diabetic and in conversation with her the OCV heard that her social activity provider was buying her sweets each time they went out together and it was making her feel unwell.

The OCV raised the issue in their visit report a number of times without success. When a new house manager was appointed, the OCV took the opportunity to speak with her about the issues they had been raising. The house manager acknowledged that more effort needed to be made to make sure that the residents had healthy meals and the opportunity to exercise.

The house manager met with the social activity provider and explained Ivy's health condition and the need for her to have a controlled low sugar diet. The activity provider was unaware of Ivy's health condition and immediately implemented a change to meal options when out on activities, providing healthier portion controlled options and the occasional sweet treat.

The house manager engaged and consulted with a dietician and developed a healthy weekly meal plan with input and advice from the residents. The new meal plan was implemented straight away and while residents struggled with the newer healthier options, they persisted with encouragement and support from the staff.

Over time, the residents embraced the healthier options, started taking regular weekend walks and participating in other types of exercise, and they all started to lose weight and appeared healthier for it.

Identifying incidents

While visiting a house, an OCV read through the communication book. She noted an entry where a member of staff had recorded a resident eating raw chicken that had been left on the kitchen bench while the staff member had momentarily turned away.

The OCV could not see an incident report or any follow up action for the resident. The staff member who had written the note was on duty during the visit and the OCV asked what had happened following the event. She stated that she had been unsure at the time whether to treat the matter as an incident and had spoken with a colleague about what to do. It was agreed between them that an incident report was not needed, and a note was made in the communication book instead.

THE OCV RAISED HER CONCERNS IN HER VISIT REPORT, HIGHLIGHTING THE APPARENT LACK OF ACTION TO SUPPORT THE RESIDENT, NO FOLLOW UP ON THE RESIDENT'S WELLBEING, AND A LACK OF A FORMAL INCIDENT REPORT.

The OCV was concerned that service management had not been made aware of the matter, and no incident management procedures were followed, or training needs identified to prevent further risk to residents in the house.

The OCV asked what the service was doing to ensure that staff were able to identify what was an 'incident', what incident management policies and procedures they have in place to support staff to act appropriately and what action would be taken to prevent recurrence.

The service responded by outlining their current policies and procedures and acknowledged that these were not followed in this case.

THEY ADDED THAT FOLLOWING THE OCV VISIT REPORT, ALL STAFF IN THE HOUSE HAD PARTICIPATED IN FACE TO FACE TRAINING WITH THE PRACTICE TEAM ON INCIDENT IDENTIFICATION, NOTIFICATION AND DOCUMENTATION.

Finding some peace

An OCV had become familiar with two residents who had been living together for a number of years – Mark and Oliver. Mark and Oliver were different ages, and had different interests and outlooks on life. When they first moved in together they both tried to get along as housemates. Unfortunately, over time, Oliver became unwell, and was refusing the treatment that had been prescribed by his doctor.

Oliver's ill health was affecting everyone in the house, particularly Mark. Oliver had started to become loud and difficult to be around. To deal with this, Mark tried to avoid Oliver. He left the house often and spent a lot of time in his bedroom reading and watching TV when he was at home.

MARK TOLD THE OCV THAT HE WAS VERY UNHAPPY AND OFTEN FELT UNSAFE, AS OLIVER COULD BE AGGRESSIVE.

The OCV raised Mark's concerns in her visit report. The service was trying very hard to encourage Oliver to follow his treatment plan. They scheduled more doctor's appointments, and involved Oliver's guardian and other health professionals to try and make it work. However, Oliver preferred not to follow their advice and became progressively unwell and difficult to live with.

To better support the needs of the two men, the service provider rostered two staff on duty at the home whenever both men were home. This was in an effort to support both to live independently within the same house.

The OCV discussed the respective concerns of both men in this situation with service management. Management agreed to take steps to ensure Oliver's mental health needs were better managed in the longer term. New health professionals were consulted and their recommendations were accepted and implemented. However, it would be many months and much perseverance before Oliver's treatment regime took effect.

Ultimately, the service provider took the step to relocate Mark, with his consent, to another house in the area. He knew several of the residents in the new house and thought he would get along well with them.

MARK WAS EXCITED ABOUT THE PROSPECT OF MOVING OUT OF HIS CURRENT SITUATION. HE TOLD THE OCV THAT IT WAS 'A HUGE RELIEF' AND WAS LOOKING FORWARD TO A BETTER HOME LIFE.

Dignity

An OCV was visiting a house for the first time, in the mid-afternoon. The house supports one resident, a young woman in her early 30's who receives one to one support.

The house was newly built, and sits among other homes still under construction. The OCV noted when she arrived, that there were a number of tradespeople working on the housing development, completing building work and footpaths.

When the OCV got to the front of the house, she saw that the front door and screen door were fully open. There was no doorbell to the property and it was some time before the OCV made herself heard by knocking.

As the OCV waited for someone to respond, the resident appeared in view of the front door. She was naked and the OCV assumed that she had just gotten out of the shower. The OCV was concerned that as the resident was in her view, it meant that she was also in full view of any people passing or working nearby.

The OCV raised the issue in her visit report, outlining her concerns about the individual's vulnerability and safety in respect to open and free access to the house. She asked about the steps the service would take to ensure that there was appropriate safety measures in place and action to respect the resident's privacy and dignity.

The service provider responded by saying that the situation was not appropriate and that it was in breach of the resident's privacy. They agreed that the open door did not provide for a safe environment or provide for privacy in the home. Further, the issues raised in the visit report were to be discussed at the next staff meeting as a learning tool on how to support a person in their home when offering personal care, and the safety issue regarding the open front door. The service also confirmed that a front doorbell has now been installed for the use of all visitors to the house.

Staying put

An OCV recently visited a house to find three very upset residents. They told the OCV that earlier that day they had been taken to look at a new house with a view to possibly moving there. They were not sure why they had to move house, and were also very concerned about another person who was looking at the house with them and who they were very definite that they did not wish to live with. In short, they had many unanswered questions.

The three women get on very well with each other and say they are happy and comfortable in their current home. They were very keen for the OCV to take the issue up on their behalf with service management.

In the OCV's visit report she asked for the reasons behind why the women were being moved to another house, raised the residents' concerns, asked about other available options and what could be done to facilitate a more open dialogue between management and the three women concerned.

The OCV received a swift response to her report. She was told that the women were not being made to move out and that the alternative house was just an option for them to consider. There was also an acknowledgement that communication with the women could be significantly improved to avoid any future misunderstandings and that further discussions would actively include the residents.

THE OCV WAS ADVISED THAT THE WOMEN HAVE BEEN TOLD THAT THEY DO NOT HAVE TO MOVE, AND THAT THEY WILL BE STAYING IN THEIR CURRENT HOUSE.

A few repairs

Several months ago, an OCV visited a house and noted a number of safety issues that could potentially present a risk to residents. The concerns included a ramp leading up to the rear of the house that became slippery when wet, and the shower in the communal bathroom that required the residents to step in and out of a deep bathtub without a grab rail. This situation made it very difficult for one of the residents to safely shower.

IN THE VISIT REPORT THE OCV ASKED WHAT RISK ASSESSMENTS HAD BEEN UNDERTAKEN PRIOR TO RESIDENTS MOVING IN,

and what plans were in place to resolve the specific safety risks that had been identified in the visit report.

In response, service management advised that the organisation was now going to make it policy to undertake formal risk assessments on each new house that is being considered for residents, prior to anyone moving in.

At a recent visit, the OCV observed that all of the safety issues she had raised in her previous report had been rectified. Additionally, one of the residents who was aware of the OCV's concerns following the previous visit, took the OCV aside and showed her a safety concern of his own, a cracked window pane that had not been fixed despite his requests. The OCV assured him that she would include the issue in her visit report, and the team leader who was present during the visit acted immediately to contact the maintenance team to arrange for the window to be attended to.

Getting out of the sun

When visiting a home with seven residents, living in individual units, an OCV noted that there was limited outdoor space that was protected from the elements, for the residents to socialise in together and get some fresh air. The one shared space that was available had outdoor furniture and a swing chair for residents to use, but it was in full view of the noon day sun.

Residents told the OCV how they enjoyed spending time with each other, catching up and chatting in the outdoor space. On this visit, on a midsummer day, an elderly resident was sitting in the full sun with no visible sun protection on. The OCV noted the radiant heat from the concrete paving and fence surrounding the space made the area incredibly hot, as well as the force of the direct sun shining down.

The OCV spoke with the staff on duty, asking how well the space was used. Staff said that the residents chose to sit in the communal space most days, and that staff made sure that sunscreen was regularly applied to everyone. The OCV raised the issue in her visit report, outlining her concerns that the radiant heat and direct sun within the outdoor space may be detrimental to resident's health and wellbeing.

On the next visit to the house, the OCV saw that shade sails had been erected over the table and surrounding area, providing protection from the sun. The staff told the OCV that the residents are enjoying the communal space at all times of the day, allowing them the opportunity to socialise and relax in comfort.

Emma

An OCV met Emma on her first visit to the house that Emma shares with four other women. Emma has cerebral palsy, diabetes, three types of arthritis and a dislocated hip. This means her support needs are high and complex. She is often physically uncomfortable and staff told the OCV that this often made Emma irritable, and advised that she might refuse to talk or would be rude.

On meeting Emma, she was very pleased to see the OCV and asked that she come into her room and meet her little dog, Banjo. From her bed, Emma chatted about Banjo and was soon telling the OCV about her problems.

Emma said that she had been waiting for a new electric wheelchair, on order from the USA, for over two years. Without it, Emma spent long periods of time in her bed rather than use her old uncomfortable wheelchair. In bed, she found it difficult to maintain a comfortable position, particularly after 10pm at night when staff were not available to reposition her. Emma mentioned her disputes with staff over her waking them up (on sleep-over shift) when she needed help with anything other than emergencies.

The OCV raised these issues in her visit report and received some assurance from the service provider that Emma's concerns were being addressed. However, a few weeks later Emma contacted the OCV team at the office asking to speak with the OCV. After a brief phone call with Emma, the OCV made an unannounced visit to the house. Talking with Emma and reading through the staff communication book and shift notes, the OCV could see the increased tension between Emma and the house staff, relating to Emma's requests for assistance during the night.

In one instance, Emma had been refused assistance when her hand had been stuck in the bed railings and on other occasions when she had dropped her phone to the floor, her asthma inhaler or TV remote control, or simply wanted to be repositioned to be more comfortable.

Being uncomfortable in bed meant that Emma was not getting adequate sleep. All of this was creating a general state of unhappiness between Emma and some staff members. Unfortunately, the conflict between Emma and the service provider had overflowed into her relationships with the other residents, which had become tense.

As a result of the questions asked in the OCV's visit report, the service provider responded to the individual issues. Emma's TV remote was attached to her bed railing using a lanyard. Emma's inhaler is now placed on the table within reach, on top of non-slip matting. Emma's occupational therapist and physiotherapist were contacted to work through how best to manage Emma not getting stuck in the bed rails, and have recommended a foam bumper and bolster for the bed railing.

A meeting was arranged between Emma, her parents and service management. Emma was able to explain her need to be positioned correctly in bed. Her physiotherapist took photos showing correct positioning to help support this process, and these photos are now displayed on Emma's noticeboard and used by staff to ensure she is positioned correctly. A reporting sheet on Emma's noticeboard also now documents what is and isn't working for her and Emma has the opportunity to discuss these issues with the house manager.

THE OCV INITIALLY RAISED THESE ISSUES ON EMMA'S BEHALF, BUT THE RESOLUTION CAME FROM THE DISCUSSION BETWEEN EMMA AND HER SERVICE PROVIDER. WORKING TOGETHER HAS MEANT AN IMPROVEMENT IN THE QUALITY OF CARE THAT IS BEING PROVIDED TO HER.

The OCV is confident that the improved lines of communication between Emma, her family and the service provider mean that the resolution of any future problems will be found in a more supportive way.

In other good news, Emma's new wheelchair finally arrived and made a significant improvement to Emma's day-to-day life!

Services for people in assisted boarding houses

The **17** assisted boarding houses that are visited by OCVs accommodate **260** residents. In the past year, OCVs made **47** visits to assisted boarding houses, and raised **66** issues of concern affecting residents.

OCVs reported that assisted boarding houses resolved **23% (15)** of the issues they identified, which was a decrease on the previous year (**41%**). Another **33%** of issues were ongoing and continue to be monitored by OCVs.

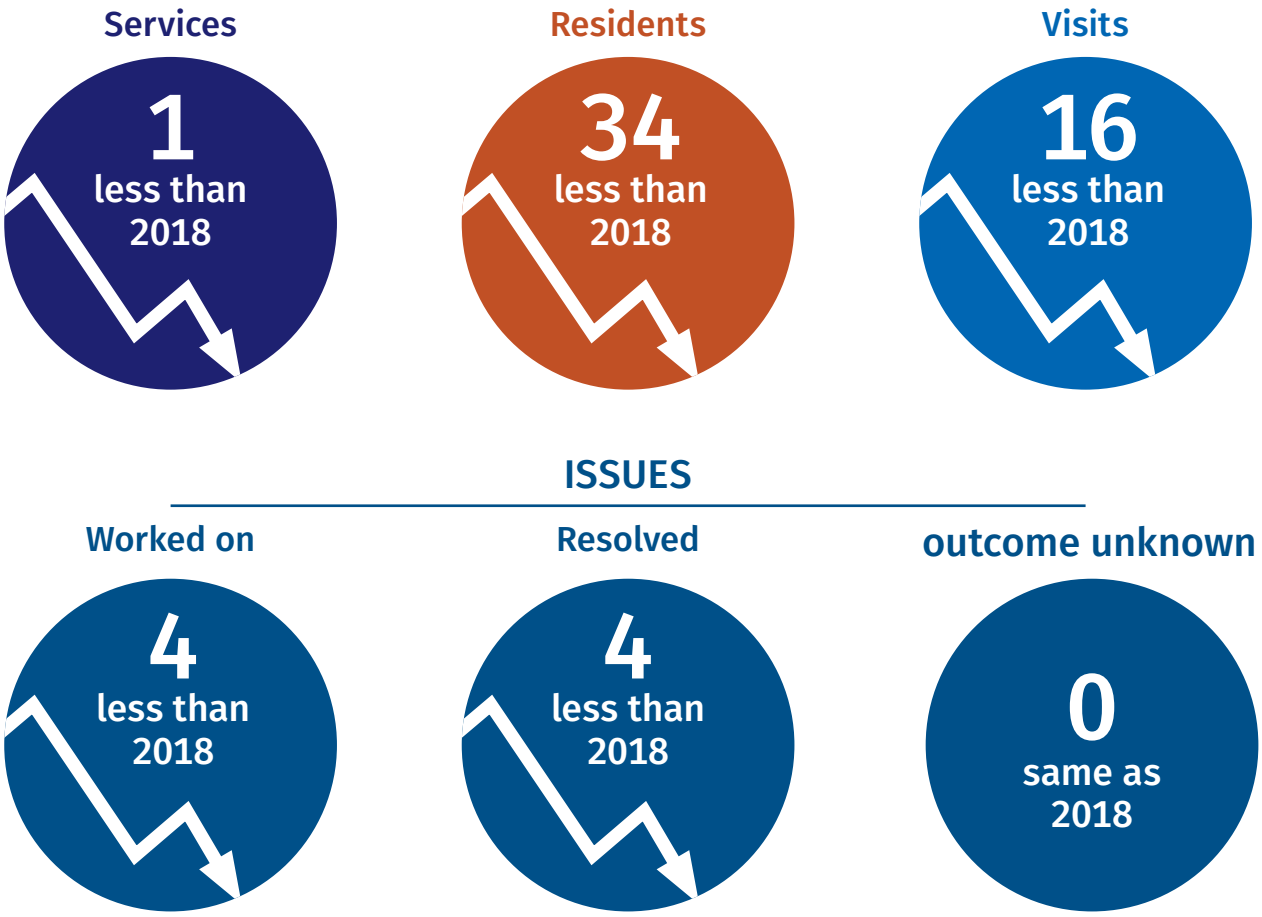


Figure 8: Data for visitable services for residents of assisted boarding houses

	Number
Services	17
Residents	260
Visits	47
Issues reported	66
Average no. of issues per service	3.9

Figure 9: Outcome of issues raised by OCVs

	Number (%)
Resolved	15 (23)
Outcome unknown	0 (0)
Issues unable to be resolved	9 (14)
Ongoing (open)	22 (33)
Ongoing (closed)	20 (30)
Total	66 (100)

Main issues raised in 2018–19

This year, Visitors most frequently identified and reported concerns about the following issues in assisted boarding houses:

Issue 1

Appropriate furniture, fittings, amenities, heating and cooling were not provided and maintained in a reasonable state of repair and/or safe working order

Issue 2

Residents were not supported to access appropriate health and medical services and treatment as needed

Issue 3

Initial placement and changes of placement were not based on comprehensive assessments of the needs of the individual resident and the shared needs of the other residents in the house

Issue 4

Residents (or their financial administrators) did not have access to protections of their financial positions

Figure 10: Type of issues raised on behalf of residents

Issues classification	No.
Accommodation environment	18 27%
Individual resident development	14 21%
Resident health care and/ or personal care	14 21%
Safe and supportive environment	11 17%
Management of resident finances	5 8%
Social independence of residents and participation in community life	3 5%
Service governance	1 1%
Contact with police	0 0%
Residents are free from abuse and neglect	0 0%
Complaints and feedback	0 0%

Total: 66 issues (100%)

Official Community Visitor message

By Dennis Bryant, Official Community Visitor

Assisted boarding houses are boarding houses that are authorised to accommodate two or more people with ongoing 'additional needs'; such as an age related frailty, a mental illness and/or an intellectual, psychiatric, sensory or physical disability that requires care and support services. In NSW, we have seen a decline in the number of assisted boarding houses from 21 boarding houses in 2014/15, accommodating 465 residents, to 18 assisted boarding houses in 2017/18, accommodating 294 residents.

In 2018, an evaluation[1] of the *Boarding Houses Act 2012*, identified residents of assisted boarding houses' self-reported high satisfaction ratings with their accommodation in 2014–2017. The ratings covered what residents were achieving in life, their future plans, health, standards of living, repairs and maintenance, and fire safety information. Residents in assisted boarding houses also reported higher use of medical, psychological and dental services, as well as more frequent access to community centres.

However, in the same report, residents reported much less satisfaction in relation to their occupancy rights in the same period. Privacy remained a concern of some residents who were unable to lock their rooms, and resident knowledge about the requirement of proprietors to provide four weeks written notice before an increase in occupancy fees was very low.

Half of all residents in boarding houses stated that they were unaware of the Boarding Houses Act. Significantly, more than a third did not have a signed tenancy agreement. In my experience as an OCV, it may be that residents may not have remembered that they had an agreement or indeed understood the significance of the agreement.

RESIDENTS WERE ALSO APPREHENSIVE ABOUT RAISING AND SEEKING RESOLUTION TO ANY CONCERNS THEY HAD FOR FEAR OF LOSING THEIR ACCOMMODATION. THIS UNDERSCORES THE IMPORTANT ROLE OCVS PLAY IN RAISING ISSUES AFFECTING ASSISTED BOARDING HOUSE RESIDENTS.

For me in my role as OCV, any consideration of outcomes for residents living in assisted boarding houses need to go beyond basic rights, and look at inclusion and meaningful community participation. The following observations look at outcomes from this perspective. They are typically the issues I raise in my visit reports, seeking better living conditions and lifestyle options for the residents I am visiting.

Skills and capacity building

Until the roll out of the NDIS, there was little evidence or opportunity for residents of assisted boarding houses to be supported to acquire or build living skills. Most daily tasks such as cleaning, clothes washing, and food preparation are provided as part of the board and lodging fees that are paid. Residents'NDIS plans are typically community and recreationally oriented and provide them with support and opportunities to access cafes, beaches, parks and gardens, movies, RSL clubs, shopping and the like. However, there is little evidence that these activities are linked to capacity building actions to help residents to develop skills such as independent travel to the activity, ordering food, managing money, or forming relationships with the people engaged in or running those activities.

Choice and control

It is often stated that residents have the freedom to determine their daily routine and that this is evidence of choice and self-determination. Yet my discussions with residents identify that many residents seem to spend a lot of time on their own at the boarding house or meandering around local shopping centres or clubs. It is not always evident to me that residents have

7. 'Evaluation of the Boarding Houses Act, Final Report', Associate Professor Gabrielle Drake, February 2018

formed meaningful relationships in their local communities and have a sense of belonging and connection with their community.

Residents are still subject to institutionalised routines within assisted boarding houses, including set meal times and/or queuing for meals and medications. While there may be menus that are rotated on a fortnightly and monthly basis, residents continue to have little choice in the menu, which often caters for up to 30 people.

Privacy and personal space

I have noted that the condition of bathrooms in assisted boarding houses has generally improved. The days of finding unclean toilets and bathrooms, leaking and faulty taps, broken privacy locks and light bulbs, and vermin, have become less frequent. Yet, assisted boarding houses may accommodate up to 30 people who may be competing for one or two available bathrooms. Sometimes these facilities are located in high traffic areas of the house which can be a disincentive to use them. There still is a prevalence of shared bedroom accommodation, and bedroom doors are often left open for ventilation, which exposes people and their personal effects to full view when they are sleeping. Yet, it must be acknowledged that some managers of assisted boarding houses have helped residents to have more homely and personalised bedrooms that reflect their interests.

Awareness of rights

In my discussions with residents I find there is an overall lack of resident knowledge of the boarding houses legislation. The lack of easy read, plain English documents can create confusion for residents and limit their opportunity to build knowledge and awareness of their rights.

Health

In my experience as an OCV, residents of assisted boarding houses have regular access to health professionals including general practitioners and psychiatrists when needed, with dental check-ups quite prevalent. Managers of assisted boarding houses have developed stronger collaborative relationships with health professionals in their local areas to support and monitor residents, especially in the area of mental health. This task is challenging for houses where one or two staff may be supporting up to 30 residents, some of whom may have complex needs and are at the centre of incidents in the boarding house or the community. The severity and number of such incidents is often unclear due to inadequate recording, staff are generally not trained to recognise indicators of mental health deterioration, such as depression and suicidal ideation.

The Boarding House Act has had a positive impact for residents with respect to the standards that it requires. Overall, assisted boarding houses are better maintained, cleaner, warmer, a little more homely and the food is generally better. Managers are generally working more effectively and in collaboration with local health providers to promote the interests of residents. On the other hand,

THERE IS SIGNIFICANT SCOPE TO IMPROVE OUTCOMES FOR RESIDENTS BASED ON AWARENESS OF RIGHTS, MEANINGFUL COMMUNITY INCLUSION, SELF-DETERMINATION, INDIVIDUAL ADVOCACY AND OPPORTUNITIES FOR BUILDING INDIVIDUAL CAPACITIES AND STAFF COMPETENCIES.

Case Studies Assisted boarding houses

Safe use of equipment

During a visit to an assisted boarding house, an OCV noticed that the microwave was missing from the common room.

THE OCV KNEW THE RESIDENTS USED THE MICROWAVE TO HEAT UP FOOD AND DRINKS, AND THAT IT IS A REQUIREMENT UNDER THE BOARDING HOUSE LEGISLATION THAT A MICROWAVE IS AVAILABLE FOR USE BY RESIDENTS.

The OCV asked the staff member on duty why the microwave had been removed. She was advised that the last one had been broken and that there were no plans to replace it because the residents kept breaking them due to incorrect use. The OCV was told that an electric hot plate had been provided as an alternative means to heat food up.

When the OCV opened the cupboards to see what was available to the residents, she noticed that there were no pots or pans available that would enable the residents to use the hot plate to heat food. She saw that there was an electric kettle available.

In her visit report, the OCV asked what could be done to provide equipment that would assist the residents to use the hot plates. She also asked what could be done to support the residents to use the microwave correctly, so it wouldn't be damaged.

In response, management told the OCV that another microwave had been purchased and residents had been given lessons on to how to use the microwave properly.

AT THE OCV'S MOST RECENT VISIT, SHE WAS HAPPY TO SEE THE MICROWAVE BACK IN THE COMMON ROOM AND TO SEE RESIDENTS ACTIVELY USING IT TO HEAT UP THEIR FOOD.

On the move

An OCV had been visiting a group of men who had been living in villas, which were broken up into three separate units, as part of a larger assisted boarding house complex, for over two years It was clear that they had been friends for many years. They often spoke about how they enjoyed the close proximity of their units, so they could meet up daily. Late in 2018, the OCV was informed that the villa complex was ending their lease and a new home would need to be found for the 12 men. The OCV had concerns that the men who had firm bonds with each other would be separated, as large units and homes in the local area were not easy to source.

After raising the issue in her visit report and speaking with the manager, the OCV was regularly updated on the changes to the resident's accommodation.

THE OCV CONTINUED TO VISIT THE MEN DURING THE PERIOD OF CHANGE AND TOOK THE TIME TO LISTEN AS THEY EACH DISCUSSED THEIR CONCERNS AND THEIR WISH TO STAY CLOSE TO EACH OTHER.

The OCV continued to raise the residents' concerns in her visit reports.

After a few months of searching, suitable properties were found and all the men were moved to a town quite a long way from their previous home.

There appeared to be little or no public transport in the town to take them to the local shops, and on the OCV's first visit, the new location did not appear to be a good fit to meet the men's needs. The OCV raised her concern in her visit report, noting that the lack of contact with the local community and between the men, seemed to be resulting in signs of ill health among the residents.

The service provider, who had been careful to find four houses within a 10 minute walk from each other, considered what options were available to remedy the situation. The manager

introduced a walking program for the residents. This empowered the men to feel confident to walk to each other's homes, giving them a chance to exercise more, and to have a feeling of greater independence. The service provider also ensured that a common vehicle shared between the homes was rostered to a daily visit between all the houses and the local shops, as well as making sure that the residents got to their appointments.

THE OPPORTUNITY TO DISCUSS THESE CONCERNS AND CONSIDER WORKABLE OPTIONS BETWEEN THE SERVICE PROVIDER, THE RESIDENTS AND THE OCV HAS PROVIDED A GOOD SOLUTION TO THE ISSUE OF AN UNEXPECTED MOVE. TO DATE, THE CHANGES HAVE BEEN WORKING WELL AND THE MEN HAVE ALSO HAD ADDITIONAL HEALTH BENEFITS.

Services for children and young people

In 2018-19, OCVs made **741** visits to the **270** residential OOHC services in NSW.

OCVs worked on **1,338** issues of concern in relation to residential OOHC services. Services resolved **774** (**58%**) of the issues, with only **7%** of issues unable to be resolved. A further **5%** of issues remain ongoing, with OCVs monitoring the action being taken by services to address them.

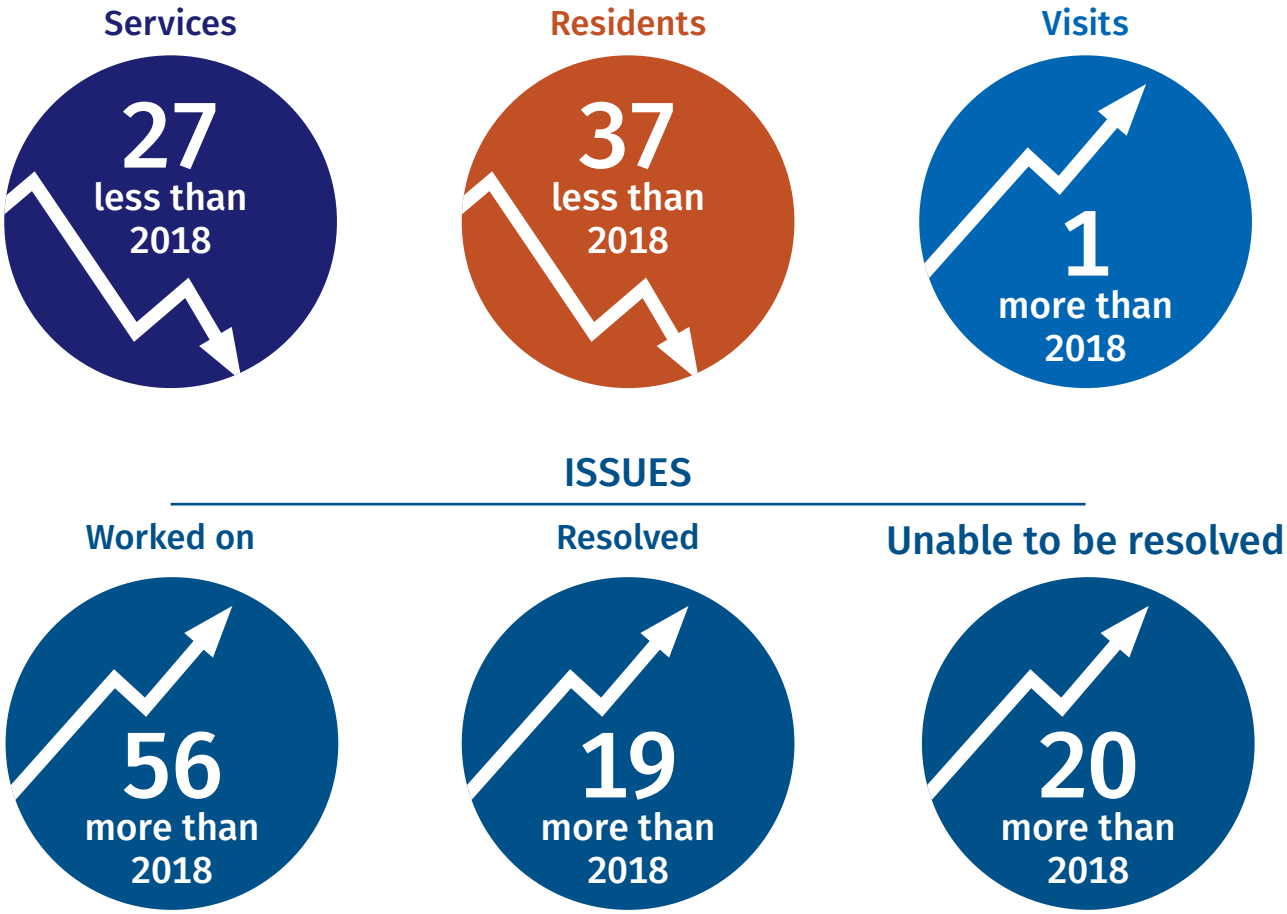


Figure 11: Data for visitable services for residents of assisted boarding houses

	Number
Services	270
Residents	703
Visits	741
Issues reported	1,338
Average no. of issues per service	5

Figure 12: Outcome of issues raised by OCVs

	Number (%)
Resolved	774 (58)
Outcome unknown	9 (1)
Issues unable to be resolved	99 (7)
Ongoing (open)	70 (5)
Ongoing (closed)	386 (29)
Total	1,338 (100)

Major issues raised in 2018–19

This year, OCVs most frequently identified and reported concerns about the following issues in residential OOHC services:

Issue 1

Leaving care and transition plans were not developed early, implemented and/or clearly documented

Issue 2

Individuals were not supported and/or encouraged to participate in appropriate educational or vocational activities

Issue 3

Appropriate furniture, fittings, amenities, heating and cooling were not provided and/or maintained in a reasonable state of repair and safe working order

81

Issue 4

Initial placement and changes of placement were not based on comprehensive assessments of the needs of the individual resident and the shared needs of the other residents in the house

73

Issue 5

Incidents are recorded, appropriately managed, recommendations followed up and residents informed of outcomes

61

Figure 13: Type of issues raised on behalf of residents

Issues classification	No.
Individual resident development	543 41%
Safe and supportive environment	261 20%
Accommodation environment	155 12%
Resident health care and/or personal care	137 10%
Social independence of residents and participation in community life	94 6%
Service governance	76 5%
Residents are free from abuse and neglect	28 2%
Complaints and feedback	22 2%
Contact with police	18 2%
Management of resident finances	4 1%

Total: 1,338 issues (100%)

Official Community Visitor message

By Peta Meyerink, Official Community Visitor

As an OCV, I believe that all children and young people should be able to live in safe environments in their communities where they are supported to achieve their full potential. For most children, safety, a sense of belonging, stability and love are provided by their birth family. Unfortunately, many children in residential OOHC do not experience the safety and love a permanent home can offer. For some, carers and guardians may be able to provide the stability and loving home children deserve and need.

Children and young people in OOHC are widely recognised as some of the most vulnerable and at-risk individuals in our community. These young people come into care with long histories of trauma resulting from chronic exposure to abusive and/or neglectful environments.

The care and protection needs of young people in statutory OOHC is the responsibility of the Minister for Families, Communities and Disability Services until they turn 18 years of age. The Department of Communities and Justice (DCJ) assesses the history and needs of each of these young people who require alternative care and makes placement recommendations for them. Ideally, for the best outcomes for this group, a kinship care arrangement or foster care placement is the preferable option. Unfortunately, this is not always possible, or these placements breakdown and the young person is placed in residential OOHC.

Significant reforms to the delivery of OOHC services in NSW is currently underway. In July 2018, DCJ commenced the replacement of the residential OOHC service system with an Intensive Therapeutic Care (ITC) model.

The aim of the ITC service system is to help create more pathways into permanent, supportive and caring homes for these children and young people. The ITC model aims to create a therapeutic homelike environment in a community setting that assists the young people to develop the necessary skills to transition to either a family-based placement or independent living. Young people in the ITC model are typically accommodated in small groups depending on their care needs. Some children and young people require intensive supervision and may be placed in a house on their own.

Case management responsibility for children and young people in OOHC may be retained by DCJ or transferred to the OOHC provider. Case management responsibilities include the development, implementation and review of case plans, coordination of services for the young person, provision of relevant information to all services involved in the care of the young person, and monitoring the safety and suitability of the placement.

ONE OF THE MAIN FUNCTIONS OF MY ROLE AS AN OCV IS TO LOOK AT WHETHER YOUNG PEOPLE IN RESIDENTIAL OOHC ARE RECEIVING QUALITY SERVICES AND INTERVENTIONS IN ORDER TO ASSIST THEM IN ADDRESSING THE LEGACY OF POOR PARENTING, AND THE ABUSE AND NEGLECT THAT OCCURRED PRIOR TO THEM ENTERING CARE.

This not only involves considering the provision of services to address their physical and mental health, but also actions to address their socio-emotional and cognitive development needs, and support placement stability.

ENGAGING WITH YOUNG PEOPLE IS OFTEN ONE OF THE BIGGEST CHALLENGES AS AN OCV.

Young people in residential OOHC are at times reluctant to talk, often feeling like you are 'just another adult' in their life or that what they have to say doesn't matter.

THE STRENGTH AND RESILIENCE OF THESE YOUNG PEOPLE IS REMARKABLE, AND I FEEL PRIVILEGED IN MY ROLE TO BE ABLE TO PROVIDE THEM WITH A VOICE AND TO VALIDATE THAT WHAT THEY HAVE TO SAY DOES MATTER.

At times, when the young person is unavailable or has decided they do not want to talk when I visit, I spend my time speaking with staff and reviewing client files. The client files contain important documentation such as case plans and behaviour support plans, that assist the service to support the young person and monitor the safety and suitability of the placement. Organisations are required to provide young people in their care with a case plan that demonstrates how the young person's needs, rights and interests are being met as they transition into independent young adults.

IT IS HERE THAT AS AN OCV I FOCUS ON RAISING ANY CRITICAL ISSUES THAT NEED TO BE ADDRESSED TO ENSURE THE YOUNG PEOPLE ARE RECEIVING THE HIGHEST DEGREE OF CARE.

In the first instance, I raise any issues with the staff on duty at the time of my visit in the hope that it can be resolved at this local level. Following my visit, I provide a visit report outlining the issues providing the service with an opportunity to respond. Often this can provide service providers with the opportunity to reflect on their practices and make changes where necessary.

Unfortunately, one of the difficult aspects of this role is knowing that outcomes for young people are not being met. In general, outcomes for young people placed in residential OOHC are worse than for those who have never been in care. Lack of secure attachment, and a lack of feeling safe and secure, can be consequences of continual placement breakdowns and often result in associated behavioural problems. Some services do placement matching well and group placements seem to be successful, but the majority of group placements I have seen, have resulted in placement breakdowns and have had a significant impact on ongoing placement stability for the young person.

While the implementation of a therapeutic care model should provide young people with specialised care, it remains to be seen how the system will meet the needs of young people who struggle to be placed in a family environment, but are not eligible for entry into the therapeutic care system. Additionally, for many young people in residential OOHC, participation in an education program is low or non-existent. Many young people do not engage in schooling, and those that do are often on reduced or flexible timetables where they only attend for short periods each day. Many of the young people in residential OOHC have had contact with the juvenile justice system, with some having spent time in detention, and others with many charges against them, and are spending a significant amount of time in the court system. Leaving care plans, for when a young person turns 18 years and is no longer in OOHC, are often inadequate, with many young people leaving residential OOHC without the necessary skills and supports to live a productive and independent life post care.

With the current environment being one of change, it is hoped that the standards that underpin the framework of OOHC and ITC will remain the same.

THAT IS, THE UNWAVERING FOCUS OF SERVICE PROVISION NEEDS TO BE ON CONTINUING TO KEEP VULNERABLE YOUNG PEOPLE SAFE FROM HARM AND TO DO EVERYTHING WE CAN TO GIVE THEM THE BEST ENVIRONMENT POSSIBLE WHILE THEY ARE IN CARE.

Case Studies Residential OOHC

Feeling better about himself

An OCV had been visiting a young person, Jaz, for some time and had noted that his behaviour was unpredictable, and often resulted in significant property damage. Jaz had complex needs and did not use verbal communication. After a few visits and spending time with him, he was beginning to engage with the OCV. During a visit the OCV was informed that Jaz would be transitioned to a new placement with a different service provider. The OCV was concerned to hear this news and was worried about the impact the move would have on Jaz. She asked questions about it in her visit report.

Following the move, the OCV made arrangements to visit Jaz at his new house. The visit took several attempts to arrange, as Jaz's behaviour had escalated, with frequent violent outbursts and significant property damage. Staff at the new placement told the OCV that the transition between placements had not gone well. Jaz was now extremely unsettled.

When the OCV turned up to visit him, things did not go well. Jaz assaulted a staff member and the OCV made the decision to end the visit, and contacted service management to let them know that an incident was occurring. Alarmed at Jaz's situation, the OCV raised concerns in her visit report. She identified that when she had first visited him in his previous placement, he had been engaged in school, and social activities, and had regular family contact. Since the move to the new house, all of these things had ceased. The OCV spoke with service management and asked that they keep her informed of what action they were taking to better support Jaz and keep him safe.

Several months after her visit, the OCV received an email from the service provider to tell her that Jaz had settled down and they encouraged her to visit. On arrival at the house, it was as though the OCV was meeting a whole new person. Jaz waved excitedly from the front window, and greeted the OCV at the door. He checked the OCV's ID and invited her into the house. He spent time showing her around the house. There were freshly painted walls and decorations that reflected his interests. Staff told the OCV that Jaz was now engaged in school, attended several regular social activities, and had reconnected with his family. Staff said that Jaz had not had any incidents for several months.

Reading Jaz's client file the OCV was able to see the intensive work the service had done with him and the therapeutic supports they had engaged to assist Jaz to settle into his new home. Staff said they were looking at options for independent supported living for Jaz, something that had not been thought possible 12 months earlier.

Being supported to thrive

An OCV was asked to visit a young person, Alishya, who had recently been placed in residential OOHC following an extensive stay in hospital due to significant mental health concerns. Alishya had a history of traumatic events and the OCV was advised that it would be unlikely that she would speak with the OCV or even want to see her during the visit. On visiting the house, Alishya avoided speaking with the OCV and remained in her room. Staff told the OCV that Alishya had significant anxiety and possible body dysmorphia. She had a real fear of people looking at her. The OCV left the visit without seeing Aliysha, but left behind information about the OCV role and indicated that she would visit again soon.

On the OCV's next visit, staff informed her that Alishya was more settled and had said she wanted to speak with her. The OCV met with Alishya, who remained covered as much as she could, holding her hand or her phone over her face while she spoke. The OCV spent time with Alishya discussing her placement and any concerns she had. Alishya raised a couple of concerns, including not having any current identification, not having any Centrelink payments, and being unsure about what was happening in regard to her leaving care. The OCV raised all of these issues with staff during the visit and in her subsequent visit report.

At the OCVs next visit Alishya greeted her in the lounge room. While she still covered her face when she spoke, it was less frequent than on the previous visit. Alishya told the OCV that since

her last visit she had obtained identification documents and was due to receive her first Centrelink payment that day. Alishya told the OCV that a leaving care meeting had been set up between her and service management the following week to discuss her options.

At the time of the OCV's next visit to the house, she found that Alishya had moved. The OCV visited her at her new home, and noted that she made no attempts to cover her face. She spent the visit showing the OCV around her new house. The OCV commented that she seemed happier than in their previous meetings and had she had noticed that Alishya had made significant progress since they had first met. Alishya agreed and said that this was the first placement she had been at where she felt supported and listened to by the staff.

SHE ALSO SAID IT WAS THE FIRST TIME SHE HAD ENCOUNTERED AN OCV AND WAS GRATEFUL THAT SHE KNEW SHE COULD RAISE CONCERNS WITH OCVS IF SHE NEEDED TO IN THE FUTURE.

SHE THANKED THE OCV FOR HER SUPPORT.

The long game

An OCV started visiting a group of young people with disability in July 2017. They were aged between 13 and 17 years old. The support needs of the young people were varied and all of them had well documented therapeutic and clinical support needs. The service provider had implemented an improvement plan in response to serious concerns raised by the OCV about the quality of service provision.

When the OCV first started to visit the young people, they all attended school and some had contact with family members. However, concerns were raised by the OCV about the overly restrictive environment at the house, including restrictions on access to food and water, and a lack of a therapeutic environment in which the boys could be supported to live a quality life.

As the OCV continued to visit the service, spending time with the residents and staff, making observations and reviewing records, she gained more of an understanding of what the needs were for this group of young people and the progress the service was making with its improvement plan.

She noted that there were constant changes to staff in the house on each visit, which appeared to be resulting in disruptive behaviours and incidents between the young people. There appeared to be disconnect between the work of service management and clinicians, and what the staff on-the-ground were implementing on a daily basis.

The OCV raised her concerns with management, noting that while she was able to see general improvement in many areas, she had observed over time that these improvements were not maintained due to staff consistency issues. She highlighted the escalating behaviours of the young people, which were affected by a lack of consistent therapeutic care and support.

A year after the OCV's initial visit to the house, she noted that the needs of the young people were still not being met despite the efforts of service management. The OCV found that it was often the case that the off-site managers were not fully aware of what was happening on a day-to-day basis. In a meeting with the manager, the OCV expressed her concern that, despite the strategies put in place, the outcomes for the young people did not appear to have improved.

NOW TWO YEARS AFTER THE OCV'S FIRST VISIT, SHE CAN REPORT AN IMPROVEMENT IN THE DAY-TO-DAY QUALITY OF CARE AND SUPPORT FOR ALL OF THE RESIDENTS.

Some of the young people have now graduated from school and are searching for suitable activities to fill their days. The physical environment of the house has improved and the OCV has observed a positive change in the interactions between the young people and staff.

THROUGHOUT THIS TIME, THE OCV HAS REMAINED A CONSISTENT VOICE TO PROVIDE INDEPENDENT OVERSIGHT AND MONITORING.

She cannot say that she has played a direct part in the improvements and achievements of the young people, this lies with the staff who provide care and support and the management who have implemented and fostered change. The OCV has spent time at the house in the afternoons and evenings as the young people arrived home from school. She has seen firsthand how the young people are progressing, the quality of their interactions with staff, and the improvements in their health and wellbeing as documented in their client files. As a matter of process, the OCV has captured this information in her visit reports, providing positive feedback when warranted and raising issues and asking questions to seek resolution when matters arise.

Over her last few visits to the house, the OCV has seen significant improvements in all aspects of life for the young people. Reflecting on these improvements, the OCV believes it is due to strong leadership, support from line management and a shift in thinking that saw staff increasing their expectations of the boys. The OCV also believes that her regular and consistent visiting and monitoring of the outcomes contributed to highlighting the ongoing deficiencies and ultimately bringing about positive change by the service provider.

Identifying restrictive practices

Jessie is a young person with disability who lives in residential OOHC and requires support with most of his daily activities and his personal hygiene routines.

At the end of an OCV's visit, he noticed that Jessie had his 'onesie' pyjamas on back to front. Wearing them this way prevented Jessie from being able to undo his onesie independently.

The OCV was concerned that this was a restrictive practice and that it prevented Jessie from taking his onesie off himself and that he would need to rely on staff to do it for him. The OCV thought that it would also be uncomfortable for Jessie to wear his onesie in this manner.

The OCV spoke to staff on duty and asked why his pyjamas had been put on back to front and whether this was common practice. They were not able to provide an answer. In his visit report, the OCV sought advice from the service provider about whether the situation was a mistake or if there was restrictive practice authorisation for the onesie to be put on Jessie back to front.

The service provider responded telling the OCV that this was not an approved practice and that they would be speaking with the staff who support Jessie to make sure it does not happen again. The OCV followed up and identified that the practice had ceased.

Respect and being heard

At a recent visit, an OCV had two of the young people eager to speak to her. They wanted to talk to her about the attitude and behaviour of the house manager and the lack of respect they felt they received from her.

The OCV listened to their individual complaints, clarified their information, and tested their expectations in regards to the outcome they were looking for. They both said that they were getting mixed messages from the house manager, even when they attempted to communicate in a mature and reasonable way. It appeared to them that they only got a response when they escalated their needs into a shouting match with the house manager.

The OCV reviewed the communication book and other documents related to the incidents that had been recorded about the residents'

behaviour. The OCV spoke with staff on duty and it seemed that the young people had a reasonable argument.

The OCV wrote up her visit report, raising the concerns of the two residents. When she received the response from the service provider, it acknowledged the young people's concerns, and outlined a plan of action to remedy the situation. This involved a mediation discussion to try to 'talk through' the issues with all parties and reach a point of conciliation.

AT THE OCV'S NEXT VISIT, SHE WAS TOLD THAT THERE WAS A NEW HOUSE MANAGER AND THE CULTURE AND ATTITUDE IN THE HOUSE HAD CHANGED CONSIDERABLY. THE YOUNG PEOPLE SAID THE HOUSE FELT CALMER AND THEY HAD OPPORTUNITIES TO EXPRESS THEIR VIEWS AND BE INVOLVED IN DECISION MAKING ABOUT THEIR LIVES.

Focusing on individual needs

Over the past year, an OCV has been visiting a house which has demonstrated how quality care, hard work and persistent endeavour can produce positive change for the better.

When the OCV first visited the house, it was an unfriendly and difficult place, where staff practice was not consistent with required standards, and the residents were not achieving positive outcomes.

One of the young people, Christo, had a range of aggressive, repetitive and unhygienic behaviours which seemed impossible to change. The OCV was told that the staff working with him felt like they were guards, and often had to lock themselves in the office for their own safety. It seemed that most areas of the house had been repaired several times because of Christo's behaviours, and despite the efforts of management to improve the situation, there was a very palpable feeling of despair in the house.

The OCV's visit reports raised concerns for the wellbeing of Christo and the rest of the house. The OCV asked the service what avenues they had explored to improve the situation, and what further options they were considering to provide innovative solutions. In the OCV's view, things could not continue as they were.

The service provider sought help from (then) FACS. They found a suitable psychiatrist who was skilled in working with young people, and after a few months, things started to improve for Christo.

The service provider introduced monthly clinical supervision meetings, where all staff worked with specialist clinicians to discuss and implement strategies to better support the young people in their care. These sessions were also an opportunity to review theory, develop good practice and have a space to debrief. Following the implementation of this new supportive therapeutic approach the situation for Christo has improved considerably. The level of intervention is slowly being wound back, as he is better able to self-regulate and manage his behaviours.

CHRISTO IS GETTING TARGETED TREATMENT THAT MEETS HIS SPECIFIC NEEDS. STAFF FEEL PROPERLY SUPPORTED AND KNOW THEY ARE PROVIDING MORE APPROPRIATE CARE AND SUPPORT FOR HIM.

With this specific focus on what Christo needed, his life has substantially improved and there is a significant decrease in tension and fear in the house.

Getting out in the community

A group of young people with significant disability were always at home whenever an OCV visited after school hours, on weekends and during school holidays.

On reviewing the documentation on each young person's client file, it was apparent that none of them were having regular access to social activities or outings in the community. Each time they did go out, the young people were taken to the same place - a park down the road from their home.

THE OCV RAISED THE ISSUE IN HER VISIT REPORT, ASKING WHY THE YOUNG PEOPLE WERE NOT ENJOYING A GREATER LEVEL OF COMMUNITY ACCESS.

The response given by the service provider was not adequate. As a result, the OCV escalated the matter and raised her concerns with the young people's case workers. This resulted in the issue being raised with the local DCJ casework manager.

An audit of community access for all the residents was undertaken and it was confirmed that the young people were not enjoying a reasonable level of community access. A meeting was set up between service management and the OCV to discuss.

Following the meeting, a new position was created at the house that was responsible for ensuring that each young person was participating in a much higher level of social activity, including outings after school, during school holidays and on weekends. A speech therapist was employed to facilitate the young people's capacity to have a say about where they would like to go. The service provider developed a resource folder for all staff to use when working with a young person to make a decision about what activity to do each day.

THE INVOLVEMENT OF THE OCV RESULTED IN THE YOUNG PEOPLE ENJOYING A MUCH HIGHER RATE OF COMMUNITY ACCESS.

The service provider now takes photos on all of the outings and records whether the young person enjoyed the outing or not, allowing future activities to be tailored to each individual's interests and wishes.

Coordination of the OCV scheme

In relation to the OCV scheme, the NSW Ombudsman has a general oversight and coordination role, and supports OCVs on a day-to-day basis. Under CS CRAMA, the Ombudsman:

- recommends eligible people to the Ministers for appointment as a Visitor
- may determine priorities for the services to be provided by OCVs
- may convene meetings of OCVs, and
- may investigate matters arising from OCV reports.

As part of this work, the OCV team:

- runs the day-to-day operation and administration of the scheme, including management and maintenance of the electronic database (OCV Online)
- prioritises visits to meet the needs of residents, provides information to OCVs to assist them in their work, and ensures that resources are used as effectively and efficiently as possible
- provides professional development
- supports OCVs to respond to concerns about people living in visitable services
- assists OCVs in the early and speedy resolution of issues they identify
- identifies and addresses issues of concern that require complaint or other action
- coordinates the responses of OCVs and the Ombudsman to individual and systemic concerns affecting residents of visitable services
- works strategically with OCVs to promote the scheme as a mechanism for protecting the human rights of people in care.

This year, the NSW Ombudsman's OCV Team:

- recruited 12 new OCVs, who commenced visiting in November 2018
- consulted and liaised with OCVs on the transfer of the OCV scheme to the NSW Ageing and Disability Commission
- organised an information session for all OCVs on the complaint handling practice of the NDIS Quality and Safeguards Commission
- facilitated the regular regional group meetings of OCVs across five regions – Metro North, Metro South, Southern/Western, North Coast/New England and Central Coast/Hunter
- held regular OCV consultation group meetings with a representative group of OCVs from across the five Visitor regions
- worked with a representative group of OCVs to review and update OCV scheme policy and practice
- organised and ran the two-day OCV annual conference, which included presentations on the NDIS Commission's behaviour support and reportable incidents framework, and the disability restrictive practice authorisation process; the continuing roll out of the OOHC Intensive Therapeutic Care model; disability advocacy support; and relationship and sexual health education for people with disability.

Financial

The OCV scheme forms part of the NSW Ombudsman's financial statements (and budget allocation from the NSW Government). OCVs are paid on a fee-for-service basis and are not employed under the *Government Sector Employment Act 2013*. However, for budgeting purposes, these costs are included in Employee Related Expenses (see Visitor Related Expenses table below).

Costs that are not included here are items incurred by the NSW Ombudsman in coordinating the scheme, including administration costs such as payroll processing, Employee Assistance Program fees, and workers' compensation insurance fees. Full financial details are included in the audited financial statements in the *Ombudsman Annual Report 2018-19*. Copies of this report are available from the NSW Ombudsman's website at www.ombo.nsw.gov.au.

Figure 14: Visitor related expenses 2018–19

Payroll expenses	**2017–18**	**2018–19**
Salaries and wages	613,940	719,650
Superannuation	58,251	69,589
Payroll	33,438	40,062
Payroll tax on superannuation	3,175	3,786
Subtotal	**708,804**	**833,087**
Other operating expenses	**2017–18**	**2018–19**
Advertising – recruitment	48,690	1,134
Fees – conferences, meetings & staff development	19,238	48,849
Fees - other	359	-
Publications and subscriptions	-	-
Postage & freight	157	442
Maintenance - equipment	-	-
Stores	955	1,830
Travel – petrol allowance	123,827	151,217
Travel & accommodation	70,175	95,319
Subtotal	**263,401**	**298,791**
Total	**972,205**	**1,131,878**

Appendix

OCV Classification Codes

1	**Health**
1.1	Residents are supported to access appropriate health and medical services, and treatment as needed
1.2	Choice of health care provider appropriate to resident needs
1.3	Health and development needs are assessed, recorded, monitored, and reviewed as required, at least annually
1.4	Identified health, medical, dental, optical, auditory, nutritional, psychological and development needs are addressed
1.5	Recommendations from health assessments and reviews are clearly documented and implemented in a timely way
1.6	Storage and administration of medication is safe and follows medical practitioners and manufacturer's instructions
2	**Homelike environment**
2.1	A homelike environment which reflects the individual and shared needs and interests of residents
2.2	Quantity, quality, variety and choice of meals, including individual access to snacks between meals, water and other beverages
2.3	Normality and choice of day to day routines (e.g. bed and meal times)
2.4	Appropriate furniture, fittings, amenities, heating and cooling are provided and maintained in a reasonable state of repair and safe working order
2.5	The premises and grounds are maintained in a safe, clean and hygienic condition and kept free of vermin and pests
2.6	Residents have an appropriate amount of personal space to ensure privacy, and comfort, and their belongings are safe and respected
3	**Safe and supportive environment**
3.1	Initial placement and changes of placement are based on comprehensive assessments of the needs of the individual resident and the shared needs of the other residents in the house
3.2	The shared needs and compatibility of residents are reviewed regularly, documented and identified issues addressed
3.3	Incidents are recorded, appropriately managed, recommendations followed up and residents informed of outcomes
3.4	Staff are trained and adequately resourced to respond to incidents and emergencies
3.5	Resident files, records and plans, including staff communication systems are in place, operational, up to date and available on site; and staff are trained in their appropriate use

OCV Classification Codes

3.6	Communication needs are assessed and met, including development and use of appropriate communication systems
3.7	Sufficient communication systems located on premises to allow residents to contact staff in the case of an emergency
3.8	Residents have a key role in informing service delivery
3.9	Food safety and mealtime requirements are met
3.10	Safe storage of chemical requirements observed
3.11	Fire safety evacuation plans, regular safety drills, and safety equipment are in place and exits are kept clear
4	**Individual development**
4.1	Plans are developed, documented, implemented and reviewed according to relevant legislation, policy, consents, approvals and assessments
4.2	Relevant, appropriate and comprehensive assessments are conducted regularly to identify the needs of the individual
4.3	Residents and people important to them are actively involved in planning and decision-making about their lives
4.4	Leaving care and transition plans are developed early, implemented and clearly documented
4.5	Living skills and routines are developed, implemented and reviewed
4.6	The use of restricted and restrictive practices complies with requirements (including appropriate consent, authorisation, and review)
4.7	Individuals are treated with respect and dignity by staff and the service
4.8	Support to residents is least restrictive and least intrusive as possible, focusing on their needs, abilities and interests
4.9	Behaviour support and management practices have a positive focus and plans are developed and approved by appropriately qualified persons
4.10	Resident information (such as birth certificates, medical records, legal and placement information) is evident and the information is kept confidential
4.11	Residents are supported to access services to address their individual needs and in their interaction with other agencies (e.g. CS, ADHC, Education, Ombudsman, Juvenile Justice or Police)
4.12	Individuals are supported and encouraged to participate in appropriate educational or vocational activities
4.13	Residents have access to personal clothing and footwear that is age and seasonally appropriate, and adequate to allow for laundering and repair

OCV Classification Codes

5	**Governance**
5.1	The service provider operates ethically, and in the best interests of residents
5.2	Staffing levels are sufficient to cater for the needs of residents, as individuals and as a group
5.3	Staff members have the required knowledge, skills, values and support to provide services to the people in their care
6	**Activities of choice and participating in the community**
6.1	Residents are actively encouraged and supported to participate in their community in ways that are meaningful and important to them
6.2	Residents have opportunity for and are involved in planning and participating in holidays
6.3	Residents are supported to maintain appropriate family contact, friendships and relationships of their choice
6.4	Residents are able to practice religious and cultural customs
6.5	Residents are supported to exercise their rights as citizens, such as the right to vote
7	**Finances**
7.1	Residents (or their financial administrators) have access to protections of their financial position, residential statements, service agreements, financial information and records of expenses, fees and assets
7.2	Residents have access to and discretionary rights over their individual finances, where appropriate
7.3	Residents have access to financial managers, powers of attorney or informal supports to discuss their financial position
8	**Complaints and feedback**
8.1	Residents, and their supporters are provided with relevant information about the service, their rights and responsibilities, and are encouraged to comment on, or complain about, service delivery when they have an issue
8.2	A complaints policy is in place, promoted, and easy to access and understand
8.3	The management of complaints is appropriate to the seriousness of the complaint
8.4	Residents and complainants are treated fairly and respectfully and are involved in the resolution of any complaint raised by them or on their behalf
8.5	Resident views are encouraged, sought and recorded, in a manner that is meaningful, whenever there is significant change to service delivery
8.6	Information about and access to Official Community Visitors is evident
8.7	Information about and access to advocates, guardians, and relevant departmental officers/ caseworkers is evident

OCV Classification Codes

9	**Abuse and Neglect**
NB – If raising an issue under any of the categories here, the OCV should consider contacting the OCV team to discuss the matter	
9.1	Residents are free from abuse & neglect
9.2	Allegations and incidents of abuse and neglect are identified, appropriately managed (including risk management and provision of support), and notified to the Ombudsman, as appropriate
9.3	Staff are aware of their responsibilities to protect residents from abuse and neglect and of their reporting responsibilities
10	**Contact with Police**
10.1	Police are called to attend incidents in accordance with procedures or policies, and records are kept of all Police attendance at the service.
10.2	Staff respond appropriately during and following an incident, and behaviour support strategies are developed, reviewed, renewed and implemented to manage specific situations which involve Police contact.
10.3	Staff are aware of their responsibilities and requirements outlined in the Joint Protocol to reduce the contact of residents with Police and the criminal justice system (or any other relevant protocols or guidelines).

OCV
Official Community Visitors

Contact us

Official Community Visitor scheme
Manager OCV Scheme

c/-NSW Ageing and Disability Commission
Level 6, 93 George Street
Parramatta NSW 2150

General inquiries: 02 9407 1831
NRS: 133 677
TIS: 131 450

Email: OCV@adc.nsw.gov.au

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

www.ageingdisabilitycommission.nsw.gov.au