OCV

Official Community Visitors

Annual Report 2019–2020

NSW GOVERNMENT

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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.

Tabling letter

15 December 2020

The Hon John Ajaka MLC
President
Legislative Council
Parliament House
Sydney NSW 2000

The Hon Jonathan O'Dea MP
Speaker
Legislative Assembly
Parliament House
Sydney NSW 2000

Dear Mr President and Mr Speaker

NSW Official Community Visitor Annual Report FY 19/20

We are pleased to present the Annual Report for the Official Community Visitor scheme for FY19/20, for tabling in NSW Parliament.

This report is presented to the Parliament in accordance with s25 of the *Ageing and Disability Commissioner Act 2019* and sections 138(2)(f) and 138(3) of the *Children's Guardian Act 2019*.

Yours sincerely

Robert Fitzgerald, AM
NSW Ageing and Disability Commissioner

Janet Schorer, PSM
Children's Guardian

Message from the Minister

This year, the Official Community Visitor (OCV) scheme celebrated its 25th year of ensuring children, young people and people with disability are better supported while living in residential services across the state.

The work of OCVs and their approach to resolving often complex issues is invaluable. I am grateful for the advice and support they provide, and for their consistent focus on the rights and needs of vulnerable people living in residential care.

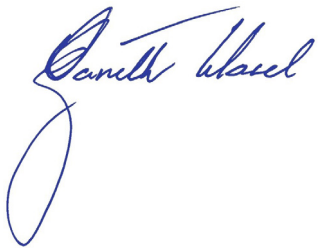
Over the past 25 years OCVs have conducted over 70,000 visits, and raised more than 95,000 issues with visitable services across NSW. These visits provide a vital safeguard for vulnerable children and adults.

Under the oversight of both the Ageing and Disability Commissioner and the Children's Guardian, this year OCVs conducted 3,040 visits and raised almost 6,000 issues.

It is so pleasing to read stories like Lyn's, who highlights how she has supported people to remain connected and safe during what has been a challenging year.

Similarly, it is heartening to read the help OCV's like Sally have provided to people like Sam, Sophie and Kate to ensure they are kept safe, supported and can reach their full potential.

I look forward to hearing more from the OCVs over the coming year and thank them again for their commitment to children, young people and adults with disability.



The Hon Gareth Ward

Minister for Families, Communities and Disability Services

Message from the Ageing and Disability Commissioner

The past year has been a difficult time for all in our community, with the COVID-19 pandemic, the bushfires, and ongoing uncertainties in employment, travel and contact with family and friends. This has been no different for Official Community Visitors (OCVs), who have lived through the same circumstances, as well as a change of organisation, with the move from the NSW Ombudsman to the newly established Ageing and Disability Commission in August 2019.

I was already very aware of the important work and role of OCVs – I was the Commissioner when the OCV scheme was part of the Community Services Commission and then the Ombudsman's office. I am delighted to be reconnected to the scheme, and pleased to continue to champion its critical role in promoting and upholding the rights of vulnerable people living in residential care. I know first-hand the difference OCVs make in the lives of residents, and in improving the provision and quality of services.

In this year's OCV annual report, the Visitors reflect on the changes to their visiting practice because of COVID-19 and the impact the pandemic and restrictions have had on residents and service providers. While a challenging period for all, the OCVs also recount stories of great resilience, increased confidence, and a level of flexibility and adaptation that was not initially expected. I am pleased to note that OCVs have been a consistent presence for residents throughout the COVID-19 pandemic, remaining in contact virtually and, when permissible, in person. We have worked with OCVs and service providers, guided by Health advice, to ensure that the OCV scheme has continued to operate throughout this period, and to resume in-person visiting at the earliest possible opportunity, with appropriate precautions. I am grateful for the unwavering commitment of the Visitors, and their flexibility – particularly during the pandemic.

In 2019-20, there were 2,160 visitable services in NSW, encompassing residential out-of-home care services, disability supported accommodation, and assisted boarding houses. As highlighted in this report, the number of visitable services has been increasing each year, primarily associated with the continuing growth in supported accommodation for people with disability. While we aim to allocate OCVs to 80% of all visitable services, the increased number of visitable locations has meant that we were only able to cover 65% of the premises within the existing budget. This will continue to be a significant challenge for the OCV scheme, and one that will need to be addressed to enable the effective operation of the scheme, and access to an important safeguard for highly vulnerable people living in residential care in NSW.

I would like to thank the Visitors for their hard work and dedication to the role of OCV, and their persistence throughout the year. They can be justifiably proud of the difference they have made. I would also like to thank the members of my staff who have provided support to the Visitors and managed the scheme through challenging circumstances. It is a privilege to support the OCV scheme to ensure the rights of children, young people and adults living in residential care are better respected and protected.

Robert Fitzgerald, AM

NSW Ageing and Disability Commissioner

Message from the Children's Guardian

Since the introduction of the Children's Guardian Act on 1 March 2020 the Office of the Children's Guardian has had responsibility for the Official Community Visitor scheme for children and young people in residential out-of-home care. To ensure a smooth transition of the scheme from the NSW Ombudsman and to streamline its administration, the Ageing and Disability Commission coordinates the scheme on behalf of the Office of the Children's Guardian. Our new legislation presents a unique and exciting opportunity to work in collaboration with the Official Community Visitors to help improve the circumstances of children and young people in residential out-of-home care.

Alongside our responsibilities with the Working with Children Check, Reportable Conduct Scheme and Child Safe Standards; the Official Community Visitor scheme is a critical safeguard for vulnerable children and young people in NSW.

This year, shortly after the *Children's Guardian Act 2019* was enacted, the COVID-19 pandemic meant that Official Community Visitors were needed to work more flexibly to continue to do their work in a time when there was a reduction in physical visits. You will read in this annual report how the Official Community Visitors responded to the pandemic creatively, with both professionalism and empathy.

The pandemic has meant that this has been a particularly difficult year for people in supported living. Physical visits were limited during the lock down period and increased sanitising and distancing measures meant increased workloads for support staff. But amid these difficulties, benefits were also realised. There has been an increased use of technology, and in turn social connections changed in form – but not necessarily in quality. It's these benefits that organisations need to retain and amplify.

It has been clear while working with the Official Community Visitors this year, that they are committed to the safety and wellbeing of the people they serve. I commend them for their hard work and tenacity in helping to be the independent voice for some of our most vulnerable in the community.

I thank the Official Community Visitors for their dedication, and I look forward to continuing to work closely with them in the coming years.

Janet Schorer, PSM
Children's Guardian

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 *Ageing and Disability Commissioner Act 2019* and the *Children's Guardian Act 2019*.

OCVs visit:

- accommodation services where residents are in the full-time care of the service provider, including:
  - children and young people in residential out-of-home care (OOHC)
  - people with disability living in supported accommodation operated by providers funded under the National Disability Insurance Scheme (NDIS) or the Department of Communities and Justice
- assisted boarding houses.

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 Ageing and Disability Commissioner and the Children's Guardian with advice and reports on matters relating to the conduct of the service.

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, the Ageing and Disability Commissioner and the Children's Guardian about matters affecting residents
- 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.

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.

Highlights of 2019–2020

In August 2019, responsibility for the oversight and coordination of the OCV scheme moved from the Ombudsman's office to the NSW Ageing and Disability Commission (ADC).

OCVs currently operate under both:

- Part 4 of the *Ageing and Disability Commissioner Act 2019* in relation to visitable services for adults, and
- Part 9 of the *Children's Guardian Act 2019* in relation to visitable services for children in care.

While the scheme has come under the responsibility of both the ADC and the Children's Guardian since March 2020, it is currently administered solely by the ADC by way of agreement between the two statutory officers.

Other than changes to the administrative arrangements, there was minimal change to the operation of the OCV scheme in the move to the ADC. The legislative provisions mirror those that were previously in the *Community Services (Complaints, Reviews and Monitoring) Act 1993;* the OCV team staff and OCV Online database transferred to the ADC; and the existing OCVs continued in their roles.

OCVs have:

Conducted **3,040** visits

Visited **1,401** services

Spent over **7,700** hours visiting residents, raising and monitoring issues affecting residents

Made **18** complaints about residential OOHC providers to the NSW Ombudsman

Referred **six** matters to the Children's Guardian in relation to concerns about individual young people in care and/or the quality of care being provided by specific service providers

Referred **seven** matters of concern affecting residents in NDIS accommodation to the NDIS Quality and Safeguards Commission for its action

Raised and monitored **5,844** issues, including:

4,365 issues for residents of disability supported accommodation services

1,378 issues for children and young people in residential OOHC services

101 issues for residents of assisted boarding houses

Voice of a resident living in a visitable service

My name is Judson Faggotter. I am 47 and I live with two other housemates in Coffs Harbour. Coffs Harbour is a town in the mid north coast of NSW and is known as the home of the Big Banana. I lead a very active life, which is just the way I like it. I enjoy going to work three days a week and believe I am a hard worker. I have been at my job for over 18 years. I make 'honeycombs' (bee hives).

I can't remember ever taking a sick day. Every morning (except on Sunday), rain, hail or shine, I walk by myself into town, wave and say 'hi' to people I pass on the way, buy a coffee from my favourite coffee shop, which is near where I catch my bus to work, and have a chat with the staff who work there. I love hats and have a big collection, including a captain's hat, a cowboy hat and a very special top hat. I am very proud of my hats. I always wear a hat whenever I go out.

Change makes me feel worried, sad and sometimes angry. When COVID-19 happened, it meant I wasn't able to go to work or even have my morning coffee. It was tough.

Suzette, the lady who manages my house, could see that it was worrying me, so we had a good chat about it and thought about ways I could stay active and feel involved.

As a result, we came up with the idea for me to set up a coffee shop at home. I called it 'Jud's Barista Bar'. Suzette arranged to buy me a coffee machine, and the local café, 'Chill and Chat', donated takeaway cups and lids, a table number, an order board to take orders, and found my old apron (I used to work there) with my name embroidered on it, and a chefs' hat, which gives my coffee shop that authentic café feel.

Every morning between 8am and 9am, I put on my apron and open my barista bar to take orders from my housemates and the staff. I then make the coffees to everyone's taste. I can even make patterns on the top using chocolate powder and stencils. It's not the same as being at work, but it's the next best thing.

I am learning new skills and I'm making the best of the situation. I also make a pretty tasty brew. As well as having my barista bar, I have been able to spend time with my support workers going fishing, taking photos of the local bush, and hiking, which is also helping me stay active.

Rebecca, our OCV, has been visiting me in my home since March 2019. She chats with me about how things are going, what I have been up to since she last visited, and asks if there is anything worrying me in the house, such as with my health or with my daily activities that I feel I could use more support with. She also likes it when I show her my hats and photos of some of the places I've visited or activities I've been involved in.

"It makes me feel good to have an OCV visit, I feel calm and better knowing there is someone checking in with me to see how things are going.

Rebecca, OCV

One of the great things about Judson's story is that his service provider recognised that Judson was having some trouble adjusting to the impacts of the COVID-19 restrictions. Together they were able to get creative and find ways for him to keep his strong work ethic alive, maintain his independence and keep him active and safe. Judson was so proud to tell me about his barista bar, how he makes the cappuccinos and how well he's doing now despite these strange times. It's great to hear he is enjoying himself and learning new skills in the process.

- Judson Faggotter, with Rebecca Thompson, OCV (as relayed in May 2020)

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 residential OOHC

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

b) assisted boarding houses.

At 30 June 2020 there were:

2,160
visitable services in NSW

9,071
residents accommodated

1,401 (65%)
of visitable services allocated to an OCV for visiting on a regular basis

Visits conducted

Residential OOHC services

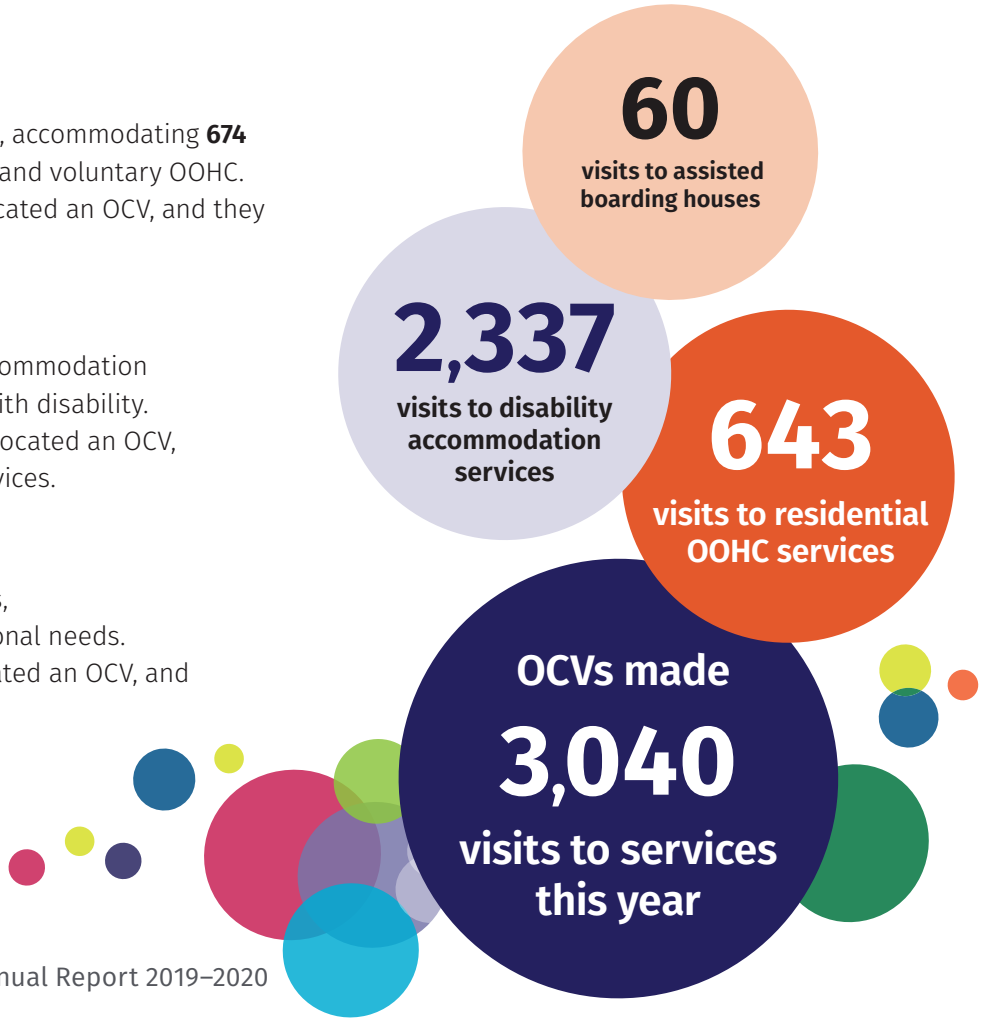
There were **280** visitable OOHC services, accommodating **674** children and young people in statutory and voluntary OOHC. In 2019-20, **185** services **(66%)** were allocated an OCV, and they made **643** visits to these services.

Disability accommodation services

There were **1,863** visitable disability accommodation services, accommodating **8,141** adults with disability. In 2019-20, **1,200** services **(65%)** were allocated an OCV, and they made **2,337** visits to these services.

Assisted boarding houses

There were **17** assisted boarding houses, accommodating **256** people with additional needs. In 2019-20, **16** services **(94%)** were allocated an OCV, and they made **60** visits to these services.



Main issues raised by OCVs

During the year, OCVs raised and monitored **5,844** issues about visitable services and support for residents. Of these, OCVs reported that **3,041 (52%)** issues were resolved. At the end of the financial year, OCVs identified that **414** issues **(7%)** were ongoing and needed to be carried over to 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. Identified health, medical, dental, optical, auditory, nutritional, psychological and development needs are not addressed — **438 (7%)**

326 (6%)

3. Appropriate furniture, fittings, amenities, heating and cooling are not provided and/or maintained in a reasonable state of repair and safe working order — **318 (5%)**

308 (5%)

5. Residents are not actively encouraged and supported to participate in their community in ways that are meaningful and important to them — **297 (5%)**

OCVs raised
5,844
issues about visitable services and support for residents

3,041
issues resolved

Identifying and resolving issues

How OCVs help to resolve service issues

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 an OCV 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 refer concerns to other agencies if they are not able to facilitate resolution at the local level, or if the issues are particularly serious or significant. This may include (among other things) referring matters of concern to the NSW Ombudsman or the Children's Guardian about children in care; and referring matters of concern involving NDIS providers and participants to the NDIS Quality and Safeguards Commission.

In 2019-20, OCVs raised, monitored and worked on 5,844 issues about the conduct of visitable services in NSW. This is a decrease on the previous year (6,125), due to a smaller number of visitable locations being allocated for visiting. Service providers resolved 52% of all identified concerns to the satisfaction of the OCV or the resident (3,041 issues). Services were unable to resolve 6% (340 issues) of the concerns reported by OCVs.

Table 1: Number of issues reported by OCVs by service type, 2019-2020

Service type	Total no. of visitable services	No. of allocated visitable services	No. of issues raised
Disability supported accommodation	1,863	1,200	4,365
Residential OOHC	280	185	1,378
Assisted boarding houses	17	16	101
Total	**2,160**	**1,401**	**5,844***

*NOTE: This figure includes new issues and issues carried over from 2018-2019

Table 2: Outcome of issues reported by OCVs, 2019-2020

Service type	No. of issues resolved	No. of issues outcome unknown	No. of ongoing issues (closed)*	No. of ongoing issues (open)**	No. of issues unresolved	Total issues (%)
Disability supported accommodation	2,350	240	1,212	287	276	4,365 (75%)
Residential OOHC	663	30	541	84	60	1,378 (23%)
Assisted boarding houses	28	0	26	43	4	101 (2%)
Total (% of total issues)	**3,041 (52%)**	**270 (4.6%)**	**1,779 (30.3%)**	**414 (7.1%)**	**340 (5.8%)**	**5,844 (100%)**

*NOTE: Ongoing issues (closed) relates to issues that were brought over from the previous reporting year (2018-2019) and were worked on and closed by OCVs in 2019-2020.

**NOTE: Ongoing issues (open) relates to issues that were brought over from the previous reporting year (2018-2019) and continued to be worked on by OCVs during this reporting year.

Coordinated action by OCVs and the Ageing and Disability Commission to address service issues

OCVs refer matters that are beyond their functions and powers to the ADC and other appropriate bodies, such as the Children's Guardian, the NDIS Quality and Safeguards Commission, and the NSW Ombudsman for further action. These matters are typically significant, urgent and/or systemic and require the agency to make inquiries or take other action.

This year, in response to concerns that OCVs identified and reported, the ADC supported OCVs to:

- make complaints about 18 matters to the NSW Ombudsman
- refer seven matters of concern to the NDIS Quality and Safeguards Commission
- refer six matters of concern to the Children's Guardian.

The ADC also:

- facilitated meetings with a number of service providers to resolve direct OCV access to information and records while visiting service locations
- attended meetings with OCVs and senior managers of services to assist in resolving issues.

Visiting during the COVID-19 pandemic

During the peak of the COVID-19 pandemic lockdown in NSW, some service providers put restrictions on 'in-person' visits by OCVs to houses. Understandably, this was due to health considerations and precautionary measures for residents, staff and OCVs. I was able to change my visiting practice to virtual visits via video-calls so that I was able to continue visiting residents.

I found that many of the residents were already communicating with their family members via phone or video-call and were used to this way of communicating. Some residents had their own laptops, tablets and phones, and had adapted very well to using the resources available to them. This was a positive thing as I was able to communicate with them to see how they were going in these unusual times.

"Conducting virtual visits as an OCV was a good way to keep in touch, and the ability to use video-calls worked well in most circumstances. One resident who is hearing impaired was able to see me via the computer screen and to sign her conversation with the assistance of her support worker."

On a number of occasions, I was able to take a virtual walk through a house with residents to look at the craft they had created, and the activities they had been participating in. I was also able to offer each resident the opportunity to discuss anything in private by giving them the option to take the electronic device into their bedroom, or a quiet space, and to communicate with me in private.

For residents who are non-verbal, the use of technology still provided a good platform to be able to see each other and to interact with them in a meaningful way. I was able to sight documents, with the assistance of staff that I would usually look at during an 'in person' visit.

Resident routines were significantly disrupted because of the COVID-19 pandemic, with many unable to see their families, go to their workplaces or day programs, and to participate in their usual social and community activities.

"In responding to the restrictions, I found that some residents were having weekly house meetings and developing their own individual program of activities each week. Developing their own plans gave structure and certainty to them during the days spent at home."

One service purchased a smart television so that residents were able to do exercise classes via YouTube. Staff were also joining in with the classes to encourage and support all residents to stay healthy and active. Residents told me how much they enjoyed the classes and how much they enjoyed the activities they organised for themselves at home.

Residents were researching their hobbies and interests on the internet, participating in art and craft activities of their choice, playing games and working on puzzles, as well as joining in on healthy cooking classes and walking programs via Zoom.

One service had developed a social story called ‘why do I have to stay at home?’, and the residents showed me the book via one of our video-calls. They explained that they could look at the book at any time and staff could go through it with them. They were able to explain to me what a virus was, and why germs can be so dangerous. They explained how they were keeping safe, why they needed to wash their hands and when to do so, and how to use hand sanitiser. Residents had a good understanding of why they could not go out to see their friends and family. I was very impressed with the level of knowledge and understanding they had, and how all staff were supporting them through the COVID-19 pandemic.

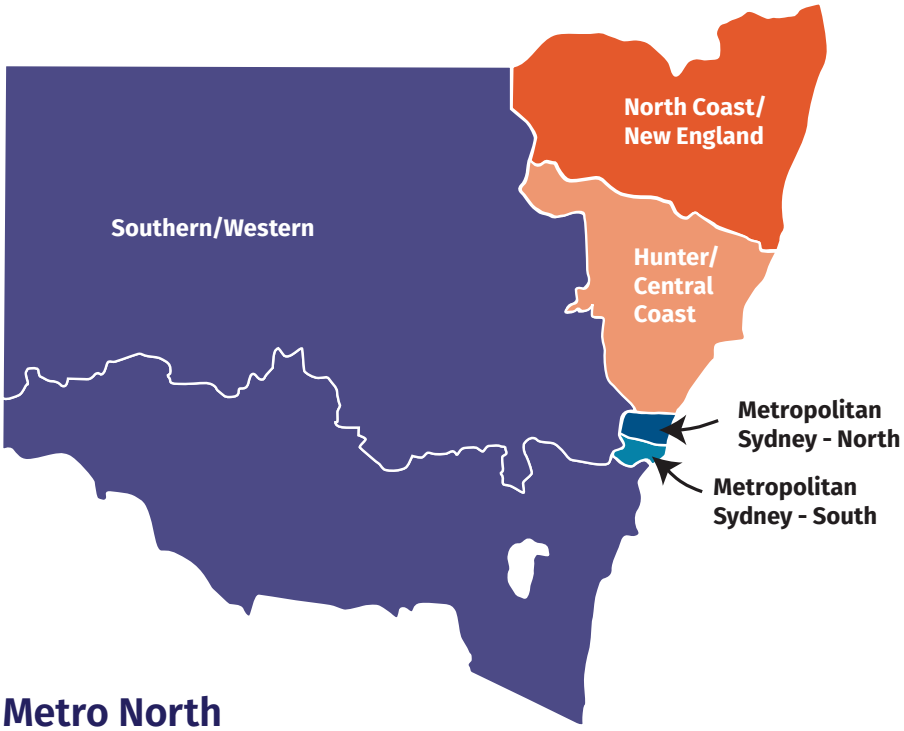
“It was clear to me that the available resources had alleviated a lot of stress for the residents and provided them the opportunity to learn and understand what was happening in the world.”

While the COVID-19 pandemic has not been a good time for the community as a whole, I was really heartened to be able to continue to visit residents and see that they had creative and physical outlets in which to pour their energy. With some of my initial trepidation around people being stuck at home for extended periods of time, and that possibly causing friction among housemates, I was happy to see and hear that most had taken the initiative to participate in activities of their choice and had steered their daily activities to suit them. I want to say a special thanks to technology and video-calling. Without it, we would have had a much harder time communicating with each other!

- Lyn Porter,
Official Community Visitor

Who are the Official Community Visitors?

OCVs attend visitable services all over NSW. At the time of writing, the OCVs were in the following five regional groups:



2019 – 2020

37 OCVs

in the scheme

Metro North

Yvette Franks

Sally Garman

Susan Hayes

Diana Lo Cascio

Melanie Oxenham

Therese Peters

Lyn Porter

Elizabeth Rhodes

Rhonda Santi

Metro South

Dennis Bryant

Maree Crosbie

Stephen Lord

Palani Subramanian

Southern/Western


Mick Herbertson


Jan Lang


James Lightfoot


Cathy Scarlett


Margaret Stevens

Hunter/Central Coast


Linda Evans


Carmel Hanlon


Kath Hayes


Mary-Ellen Kuiters


Kara Lackmann


Peta Meyerink


Amanda Reitsma


Renata Wilczek

North Coast/New England


Anne Harrison


Rhonda Tuck


Rebecca Thompson


Wanda Thompson


Sabine Whittle

OCVs who ended their appointment in 2019 – 2020:

Sue Curley
Jo Hibbert
Bart Yeo
Merilyn McClung
Rachel Tozer
Maryanne Ireland

Reflections of a new Official Community Visitor

I have had a varied career working with many groups of people in my community. As a teacher, working directly with young people with cerebral palsy, running community service programs and being a disability support worker, I have experienced the challenges and obstacles that can often be in place for people with disability. Having worked for many years in the education and disability sectors, I was delighted to take up the challenge of being an OCV.

A key part of what OCVs do is to identify a wide range of issues, raise those issues directly with service providers and monitor their resolution. My job is to bring a fresh pair of eyes to situations, and an expectation of services meeting sector standards, community standards, and relevant legislative requirements. I listen to residents and staff, observe their interactions and review documentation. I often ask myself 'would I be happy with this situation if this was my daughter or my son?' If the answer is 'no', then I will do what I can within my power as an OCV to ensure the service provider is aware of the need for change and takes action to resolve the matter.

At the best houses I visit, it is a resident who opens the front door, invites me in and shows me around their home.

Visiting in the late afternoon allows me to talk with residents as they come home from work or social activities, and to be there during afternoon tea and dinner. The age old question, 'what's for dinner?' is a deceptively important one. Is it a healthy and attractive looking meal? Are the residents' meal time management plans being followed? Can people access snacks and drinks between meals? Who plans the weekly menu, and who does the cooking? Are all questions that I ask.

Recently, I raised an issue on behalf of Sam, who communicates using a picture board and gestures. Sam asked if I could do anything about the thickly spread vegemite sandwiches being packed for his lunch each day.

Looking into the matter, I discovered that Sam's sandwiches were being made by an overnight staff member who had never eaten vegemite, and did not understand its taste and intensity. After I raised the issue with the service provider in my OCV visit report, they arranged for Sam to be involved in making his own sandwiches before he went to bed every night. Not only did this address Sam's issues, it also gave him some independence in choosing what he wanted to eat and how he wanted it prepared.

This kind of active support, where staff provide just the right amount of assistance to enable the residents to participate in meaningful activities of daily living rather than undertaking the tasks on their behalf, is something I am always delighted to see.

I visit Sophie, who lives with two other women. On my visits Sophie is always delighted to have someone to chat with over afternoon tea. With her warm and bubbly personality, we have developed a friendly relationship. On one visit I checked the house communication book and found an entry stating that on a recent trip home, Sophie's mum had discovered a lump in Sophie's right breast. An additional entry noted that a female staff member had checked for the lump but found nothing.

To my concern, I could not find any record of a medical appointment for Sophie to get this issue checked on by a medical professional. After I raised the issue in my OCV visit report, Sophie had an appointment with her GP that week and an ultrasound the following week. Fortunately, the test results came back negative. The actions provided relief to Sophie and her mum, and ensured the service provider followed good practice and an early intervention approach in providing appropriate health supports for everyone, regardless of disability or not.

In my experience, adults with intellectual disability are not routinely or regularly screened for skin, cervical, breast and bowel cancer as often as adults without disability. As a result of my visit report, Sophie's service provider now facilitates appropriate access to breast screening for the female residents.

Another matter I have raised concerns Kate who lives with cerebral palsy and uses a wheelchair. On one visit, Kate told me about recent surgery to her shoulder that meant she needed to use a hoist for transfers from her wheelchair to her bed and into the shower. Happy with all other aspects of her care, Kate confided in me her anxiety about the mechanical hoist. She thought some staff members lacked confidence in using the hoist, but she did not want to hurt their feelings by complaining. Kate hoped that a ceiling hoist could soon be installed.

Having worked as a disability support worker and been trained in using hoists, including being the recipient of a hoist transfer, I could understand Kate's anxiety. I raised the issue in my OCV visit report and the service provider explained that staff had received refresher training in using hoists, and an assessment for the installation of a ceiling hoist was being completed. Laminated copies of the occupational therapist's instructions for transfers were placed in Kate's bedroom and bathroom to assist staff, and Kate.

When I spoke to Kate on the phone a few weeks later, she felt much happier about the situation and thanked me for helping her with her concerns. I was pleased that I was able to voice Kate's concern and that she was now feeling safer and more comfortable in her home.

Over the last year, drought, bushfires and COVID-19 have had a big impact on all of us. Six months ago, residents in one house I visit had to leave their home because of bushfires. They were forced to evacuate when flames circled the town and threatened to race right up to their back door. The residents and staff spent a week at a motel in a safe location. At other houses in the same area, I was able to check on bushfire evacuation plans and ensure that staff were adequately prepared to help residents in emergency situations. As well as regular fire drills and good evacuation plans, well prepared houses had 'go bags' ready for each resident to take with them. This was very encouraging to see.

COVID-19 heightened anxiety levels for many residents and increased the level of responsibility for their support workers. Extra health and hygiene practices were put in place, managers organised extensive personal protective equipment (PPE) supplies and made special COVID-19 rosters to ensure adequate staffing at all times. Staff developed, in consultation with residents, home-based activities to replace the many social activities and community programs that were forced to shut down. At one house, a team of staff volunteered to quarantine at the house for 14 days to support any resident who contracted COVID-19. These dedicated staff had overnight bags packed in their cars, just in case.

In some houses, good things came out of the lockdown and I hope some of these changes will be incorporated into life post-COVID-19. The necessity for staff to work at one house rather than over many houses revealed the value of consistency of staffing for residents. Staff reported gaining a better understanding of residents' needs and means of communication. Increased use of video-calls for residents to maintain contact with family and friends is something that many houses will continue and encourage. Staff also reported increased positive interaction between housemates over board games, scrapbooking, in-house afternoon tea parties and BBQs.

Reflecting on my first year and a half as an OCV, three systemic issues stand out:

1 There is a need to provide a broader range of supported accommodation models to enable real choice for people living with disability.

A one-size fits all model fails people. I visit some really well managed group homes, shared by people who are truly compatible and have actually chosen to live together. However, I also visit houses where friction and tension between housemates occurs on a daily basis. In my view, your home should be a happy place – after all, it is hard to work on any aspect of your life if you don't have somewhere safe and secure to call home.

2 Attention must be focused on the quality of staff support and practice leadership across the entire disability sector. House managers and teamleaders are a key factor in the quality of a home. Better homes have a committed, skilled and passionate management team in place to manage a single house. Good leadership creates a person-centred culture in the home where a motivated, well-organised team of familiar faces provides support for residents. The best staffing teams focus on connecting with residents, knowing their stories, needs and preferences, and supporting each person to live a meaningful life.

3 There is a need to address the inequity in the standard of housing available for people with disability.

I see a great disparity between newly purpose-built homes versus older style accommodation. I see how poor quality housing affects daily living for people with disability. The impact on mobility, the use of space and difficulties in accommodating specific equipment in a house can cause great upset and distress. In my view, there is a need for greater choice about housing options – options typically available to other members of society – and funding for renovations and remodelling of currently operating disability accommodation.

As with most jobs, I have encountered challenges and frustrations in my role as an OCV but these have been outweighed by the knowledge that the issues I have raised for people would not have been addressed without my involvement. When I see how my actions as an OCV have affected the lives of people with disability, I love my job and look forward to building on the relationships that I have already made.

"Being an OCV is incredibly rewarding. I feel privileged to have the opportunity to be a 'voice for people living in care'."

- Sally Garman,
Official Community Visitor

Summary of activities and outcomes

Visiting and allocating services

Since 2012-13, there has been a 52% increase in the number of visitable services in NSW – increasing from 1,424 visitable services in 2012-13 to 2,160 visitable services this year. On average, the number of visitable services has increased 6% per year, mainly associated with a steady increase in the number of disability supported accommodation locations.

This year, the number of visitable locations increased by 5%, up from 2,051 the previous year to 2,160 this year. At the same time, budget restrictions resulted in a 4% reduction in the number of services allocated to be visited (1,401) in comparison to last year (1,419).

Table 3: Number of services allocated for visiting – 10-year comparison

Year	Total number of services (registered on OCV Online)	Total number of services allocated	% visitable services allocated
2010-2011	1,477	958	65%
2011-2012	1,482	934	63%
2012-2013	1,424	1,068	75%
2013-2014	1,495	1,192	80%
2014-2015	1,532	1,251	82%
2015-2016	1,625	1,297	80%
2016-2017	1,729	1,356	78%
2017-2018	1,975	1,492	76%
2018-2019	2,051	1,419	69%
2019-2020	2,160	1,401	65%

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.

The number of new services allocated for visiting is dependent on factors including the OCV scheme budget for the year; the number of appointed OCVs and their geographic coverage; and the number of unallocated visitable services in certain locations.

The OCV team aims 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 low, at 65% of all visitable services. This was due to a range of factors, including resource constraints, and an increasing number of visitable services. The 65% allocation of visitable services was the lowest allocation since 2011-12.

Number of visits and visit hours

7,742 visit hours completed by OCVs in 2019–20

3,040 visits conducted by OCVs in 2019–20

Table 4: Number and hours of visits made by OCVs – three-year comparison

Service type	No. of services			No. of residents			No. of service hours			No. of visits		
	17–18	18–19	19–20	17–18	18–19	19–20	17–18	18–19	19–20	17–18	18–19	19–20
Disability supported accommodation	1,660	1,764	1,863	7,591	7,771	8,141	5,889	6,415	5,935	2,215	2,468	2,337
Residential OOHC	297	270	280	740	703	674	1,934	1,935	1,640	740	741	643
Assisted boarding houses	18	17	17	294	260	256	197	133	167	63	47	60
Total	**1,975**	**2,051**	**2,160**	**8,625**	**8,734**	**9,071**	**8,020**	**8,483**	**7,742**	**3,018**	**3,256**	**3,040**

Visitor numbers

At the beginning of the financial year, there were 37 OCVs. During the year, five OCVs completed their second three year term and one OCV left before completing their full-term.

In 2019-20, the OCV team conducted recruitment in five areas across NSW. Four candidates were recommended for appointment following interview and employment checks, and were appointed by the Minister in August 2020. The new OCVs commenced visiting in October 2020.

Reflections of an experienced Official Community Visitor

I am entering my final year as an OCV. Reflecting on the role as an experienced OCV, it seems strange to me, as it feels like it was only yesterday that I got a call offering me the position. In fact, that was five years ago. The role has been the most challenging and most rewarding of all the positions I have held in my working career.

I have heard it said that an OCV may sometimes be the only independent person in a resident's life, whether they are an adult with disability or a young person in OOHC. For this reason, among many others, I believe the OCV role is vitally important. It brings to mind a discussion I recently had with a young person who is a family friend. Her companion, sitting next to her, jumped into our conversation, when she heard me explaining that I was an OCV, saying 'I know OCVs, I went through resi care when I was young and we loved the OCVs coming to the home. It was great to just sit and talk to them, and tell them things we weren't allowed to say to staff'. That was a really important moment for me, to realise that some people have no independent person to talk to, and that OCVs can play a small part in changing that. It was great to hear that the OCV role had featured positively in this young person's life.

OCVs are able to enter a visitable service unannounced and talk with residents and staff about the care and support being provided. The residents I visit require a high level of daily support and care, and each visit I undertake is different. I may go into the house expecting to see, hear, or read about certain aspects of a person's life, but often I am drawn to a new issue that requires my attention instead.

> ***It's important as an OCV to stay open-minded when talking to residents and staff, when asking about what is concerning them the most about where they live and work.***

One example involves a house where a number of residents live with complex health issues. One resident is very unwell and his sister visits him almost every day. On my visit, the resident's sister spoke with me to raise a concern about what appeared to be a manual handling issue. She was concerned about the instructions given to staff when providing her brother personal care. When I asked what her primary concern was, she told me that she was not consulted about the change in the manual handling practices, and that she felt excluded from the decision-making process, despite being her brother's guardian.

> ***I raised the issue in my OCV visit report. The service provider responded by resolving to undertake discussions with all relevant parties when significant changes or long-standing practices were implemented in the house.***

When I reflect back on being an OCV, it's been a challenging role. During my time I have experienced the transition of disability services to the National Disability Insurance Scheme (NDIS), the closure of Large Residential Centres (LRCs) and, most recently, the impact of the COVID-19 pandemic on the people that I visit.

The transition to the NDIS was a tumultuous period for some service providers and residents. In my experience, those who could advocate and speak for themselves and make their own decisions experienced a less disrupted transition than those who could not clearly communicate their wishes. For people living in LRCs, where most residents had high support and care needs, the transition into the community was difficult due to their many years living in the same location. People had become accustomed to the way things were done in an LRC. Medical services were on-site, recreational activities were organised, food was prepared and delivered, lives were structured, organised and monitored.

With the closure of the LRCs and the move to the NDIS, residents and families had the opportunity to make life-changing decisions they had never had to make before. Thinking about where they would live, who would they live with, which accommodation service providers to engage, how their leisure time should be spent, and who would provide for their health care needs, were all decisions that some had to make for themselves for the first time.

I am now visiting residents from an LRC who are now in their new purpose-built homes in the community. I take the opportunity to check that they live in a house that meets their needs, and that they are participating in their preferred activities, are eating healthy varied meals, having family and friends over to visit in their new homes, and are living their lives to their fullest. I continue to ask questions of the accommodation provider, about how their policy and practice determines how they connect with the resident, their families and their whole support network, to best support the resident to live their best life.

We have all had to deal with the COVID-19 pandemic. For those people that I visit who have chronic illness and some of whom are elderly, a decision was made to move to virtual visits as a precautionary measure and ensure residents were not put at any unnecessary risk. As part of this visiting model, I would make regular phone calls or video-calls to houses, and speak to residents who wanted to chat. Chatting with residents wasn't always possible, so I took the opportunity to have a conversation with staff.

"My visiting experience during the time of the COVID-19 pandemic was mainly positive. I heard stories of how staff were going the extra mile to ensure that residents stayed interested and engaged in their homes while self-isolating.

For some residents, it was difficult for them to understand why they couldn't see their friends and family, or go for a coffee, but staff made the effort to be creative and engaged in helping residents to understand the situation. One service provider took a resident to their local café to show them that it was not open, but they could get a take-away coffee instead. While this might seem a simple strategy, it was successful in helping the resident to understand what was happening.

Some residents were distressed by the situation, and in one case a staff member told me that a resident thought his parents couldn't visit because they had died. I raised the matter in my OCV visit report and asked how the resident was being supported to stay in contact with his parents and to better understand what was going on in the world. Following my visit report, the service took action to organise regular video-calls for the resident with his parents, and to organise a telehealth appointment to get professional support for him in working through his anxiety.

As an experienced OCV, it has been rewarding working with service providers who actively support OCV engagement with residents, and take Visitor feedback and concerns on board.

When raising concerns, I am doing so in an effort to support the better delivery of meaningful outcomes for people with disability. Most service providers acknowledge this and appreciate the different perspective an OCV can bring in their independent monitor role. There are service providers that, at times, resist OCV involvement and that is where I have found that I need to be tenacious and assertive, and keep the resident's needs at the forefront of my actions. If an issue is ongoing, or not adequately addressed by the service provider, I have the option of escalating the matter to a complaint. I have always approached this difficult task as an opportunity to seek positive change for the resident, and to learn and grow professionally in my OCV role.

"For me, care and support is more than just attending to someone's physical or psychological needs, it goes to the social, community and wellbeing needs of the individual as well. As an OCV, I observe the way support workers, family and friends interact with an individual, and try to use those cues for my own interaction with that person.

I question how residents spend their time, and whether their activities are meaningful to them. In my visiting, I have found that often young men with disability, mental health issues, or complex needs don't necessarily want to join a group of other people with disability in outings or group activities. To me, there seems to be a need for them to connect with others in a more casual way. Perhaps this is by playing team sport or engaging in physical fitness activities, or perhaps learning a more physical craft like woodwork while in the company of other men. Perhaps it could be something as simple as going for a beer with the guys.

I ask service providers how they determine which activities people participate in and who leads the discussions about what those activities are, and what is done in leisure time. When I raise those issues, I follow-up with questions on how they assessed and recorded for future planning purposes what worked and what didn't.

Most people's lifestyles are not stagnant, they are a continuous thing that evolves and changes. There should be no difference for people with disability, if that is what they choose.

In houses that I visit, I find it is far more 'homelike' when the residents, staff, family and friends sit, talk, play and eat together, respectful of each other's needs and wishes. These houses are less clinical and not just considered a workplace, but more like a place where people live, and is a home.

I am passionate about each individual playing a key role in informing decisions about their own lives. All too often, in my experience, I have seen where others make those decisions and the individual's participation has been overlooked for the sake of expediency or convenience. It is in these circumstances that residents don't get an opportunity to contribute meaningfully to their lives, and where most plans developed fail. This has been a key concern that I have raised over the years in my role as an OCV, reminding service providers to support residents in making decisions, not making those decisions for them.

The most rewarding part of being an OCV for me has been the relationships that I have built over time, gaining the trust of a person with disability or a young person in OOHC. For someone to let me, as an OCV, into their lives and discuss the most personal and intimate things, is always a privilege.

Through the role, I know a lot more people in my community, and appreciate the difference and variety of backgrounds that people have. My daughter manages a coffee shop where a person with disability goes every day to get a coffee. One day the resident saw me entering the coffee shop and we said hello to each other and had a chat. When the resident went up to order coffee, my daughter asked 'do you know my mum?', and the resident said 'yes she helps me'. I don't need to provide any further explanation for why I am an OCV.

- Amanda Reitsma,
Official Community Visitor

Outcomes for residents:

Disability supported accommodation services

In 2019-20, there were **1,863** visitable supported accommodation services for adults with disability, accommodating **8,141** residents.

OCVs made **2,337** visits to **1,200** allocated disability services and worked on **4,365** issues of concern. They reported that **2,350** issues **(54%)** had been resolved. OCVs are continuing to monitor the action taken by services to resolve **287 (7%)** ongoing issues of concern with service providers.

1,200

visitable disability supported accommodation services allocated

Worked on

4,365

issues of concern

Reported that

54%

issues had been resolved

Table 5: Data for allocated visitable disability services

	2019 2020
No. of services allocated	1,200
No. of visits	2,337
No. of issues worked on	4,365
Average no. of issues per allocated service	3.6

Table 6: Outcome of issues raised by OCVs about disability services

	2019 2020
No. resolved (%)	2,350 (54%)
No. outcome unknown (%)	240 (5%)
No. of issues unable to be resolved (%)	276 (6%)
No. ongoing (open) (%)	287 (7%)
No. ongoing (closed) (%)	1,212 (28%)
TOTAL	**4,365 (100%)**

Main issues raised in 2019–2020

This year, OCVs most often identified and raised the following issues with disability supported accommodation services:

1. Identified health, medical, dental, optical, auditory, nutritional, psychological and development needs are not addressed

   356 (8%)

2. Appropriate furniture, fittings, amenities, heating and cooling are not provided and maintained in a reasonable state of repair and safe working order

   260 (6%)

3. Residents are not actively encouraged and supported to participate in their community in ways that are meaningful and important to them

   246 (5%)

4. Residents are not supported to access appropriate health and medical services, and treatment as needed

   234 (5%)

5. Incidents are not recorded, appropriately managed, recommendations followed up and residents informed of outcomes

   222 (5%)

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

   222 (5%)

Table 7: Classification type of issues raised with disability services, 2019–2020

Issues classification	No. of issues
Individual development	1,128 26%
Health	1,021 23%
Safe and supportive environment	900 21%
Homelike environment	550 13%
Activities of choice and participating in the community	348 8%
Governance	193 4%
Finances	83 2%
Complaints and feedback	71 2%
Abuse and neglect	56 1%
Contact with Police	15 0.3%
TOTAL: 4,365	

Official Community Visitor message

I am fortunate to be able to say that I love my job. It is incredibly satisfying to see first-hand the very real difference that OCVs can and do make in the lives of the people we visit. Because OCVs visit residents in their own homes and get to see the reality of the residents' everyday lives, we are in a unique position to facilitate real change in the issues that matter. The best part of the job is meeting and connecting with the residents themselves. It is heart-warming to be welcomed into their homes, to be included in their lives and to hear from them directly about what is going well for them as well as what isn't working so well.

One of the biggest challenges for me in this role has been understanding the workings of the NDIS. I often reflect that if it is a challenge for me as an OCV to understand the processes and procedures of the NDIS, it must be really difficult for many of the residents that I visit to navigate the system. While one of the main goals of the NDIS is to empower participants and ensure that people with disability have a choice in who, how, where and when services are delivered to them, it is my experience that residents often do not understand the system that dictates so much of their lives, let alone have a choice in how these services are delivered.

> ***A very important part of my role is to ensure that residents are given choices about the things that affect their everyday lives.***

An example of this occurred several months ago when I visited two residents, Ben and Jason. I noticed that Jason seemed really down, but he didn't want to speak to me about what was going on. After speaking with staff at the house, reviewing the file notes, and following up with management, I was able to work out that following a recent NDIS plan review, Jason's plan had changed significantly at the suggestion of his NDIS support coordinator. Jason was really unhappy with the changes, which meant that he had less support when out in the community, and that his Supported Independent Living (SIL) provider was no longer funded to support him at home in the way they had been.

It seemed that while Jason had agreed to the changes being made, he had not really understood the full impact that the changes would have on him. Additionally, Jason referred to his support coordinator as 'the NDIS lady' and didn't know that he could decline her suggestions and engage a different support coordinator if he wished to. In my OCV visit report, I asked what the service could do to remedy the situation, particularly in relation to supporting Jason to better understand how the NDIS worked and his rights within the system. The accommodation provider gave Jason easy read information that explained the NDIS in a way that he could understand, and staff spent time with him answering his questions.

> ***Jason ended up engaging the services of a different support coordinator and, with their support, arranged for an appeal of his NDIS plan so that the changes that he was unhappy about could be rectified. When I last had contact with the house, I was advised that Jason was much happier having things returned to the way they had been previously.***

Another area of focus for me as an OCV is seeing how residents living together get on with each other, and if sharing a house is having a negative impact on any of them. I have seen that residents are sometimes not well suited to living together and there can be significant tensions that are not easily addressed. There are instances where it is clear that alternative living arrangements would be a much better option. Unfortunately, this can often be difficult to resolve, as SIL providers may be reluctant to support residents to seek alternative accommodation. It can be frustrating for me as an OCV to see residents having to share their home with someone that they have ongoing and unresolvable conflict with. In these situations, I raise my concerns with management in my OCV visit reports, discuss my ongoing concerns with the OCV team at the ADC, and make a complaint to the NDIS Quality and Safeguards Commission if the matter is not resolved through the use of my powers and functions.

However, there are times when bringing such an issue to the attention of service management results in quick and decisive action with a positive outcome.

Earlier this year I visited Karen and Marie, and had a long chat with them. Their housemate, Emma, was not at home at the time and I asked Karen and Marie how she was going. I noticed that they were dismissive when they spoke about Emma and I observed some interesting non-verbal communication between the two of them, including eye-rolling, when I asked about Emma. I asked staff how all the women were getting on in the house, and there was an acknowledgement that there had been some conflict.

I undertook a careful review of the communication books and shift notes, and confirmed this information. Two recent entries in the shift notes referred to Emma being bullied by Marie. I raised my concerns about Emma's wellbeing in my OCV visit report and asked what the service was doing to better support Emma, and what support was being provided to the housemates to improve their relationship with each other. Service management moved quickly following my visit report to implement strategies that included mandatory anti-bullying training for all staff working in the house, and a framework to support residents to develop their relationships with each other. Additionally, there was discussion with each of the residents individually and as a group about issues in the house.

Each resident was supported to identify strategies that they could use to manage their emotions if they became frustrated or annoyed with their housemates. At a recent visit to the house, I observed a much more harmonious atmosphere and Emma told me that she was getting on with the other women really well.

These are just two examples of the many issues that I find adults with disability encounter in their daily lives in supported accommodation. As an OCV, it is really gratifying to be able to facilitate positive change for residents, but there are times that issues are not addressed and resolved so quickly, if at all. I often raise issues related to the quality of the accommodation itself, particularly a lack of cooling in the harsh summers of regional NSW.

Other concerns that I raise relate to adequate support for residents in relation to weight management, particularly those with diabetes, as well as frequently raising issues about inadequate assessments and planning for residents, and the lack of consideration for supporting residents to build their capacity.

Despite the difficult situations, I am often impressed by the resilience and determination of residents to live full and meaningful lives no matter what their circumstances. In recent visits to a number of houses I have been really amazed by how well, with the support of staff at their houses, residents have managed the restrictions that were imposed as a result of the COVID-19 pandemic. I have found most residents have enjoyed this time at home, and while they understandably miss some aspects of their community access, they stayed busy, tried some new hobbies, enjoyed the experience of having contact with their families via digital platforms, exercised daily and, importantly, strengthened their bonds with their housemates and the staff that support them. Several staff commented to me that they have been pleasantly surprised by how well the residents have managed the lockdown, how meaningful this time has been, and that they had gained a new insight and perspective into the strengths of the residents that may have been overlooked in the busy-ness of daily life.

I rarely forget what a privilege it is to do this job and, if I do, the residents soon remind me. Not only do I have the satisfaction of being a voice for people who may not feel that they have one, I learn something new every day – about myself, about life, about the world. And my teachers are the people that I visit. It is a gift that I will always be grateful for.

- Renata Wilczek,
Official Community Visitor

Case studies

Disability supported accommodation

Making a complaint

When the OCV visited the house, Karly, a resident, raised a number of issues with her. Karly is very articulate and has gotten to know the OCV over a number of years. She had typed her concerns out on her computer and printed the page to give to the OCV. Karly told the OCV that some staff members had been using a mobile phone, and eating and drinking when driving residents around in the house van. Karly said she felt unsafe and had asked the staff not to do these things but they had not listened to her.

The OCV asked Karly if the team leader, who was in the office at the time, could join their meeting and Karly agreed. Karly gave her written complaint to the team leader and they discussed her concerns.

The team leader explained the complaints process and showed Karly a copy of the complaints policy. She explained to Karly what she would do with her complaint.

> ***The OCV told Karly that she would also be raising the issue in her OCV visit report to the service manager.***

In her visit report, the OCV sought details about the actions the service would be taking, including how Karly would be heard through the complaints process and informed of the outcome of her complaint. The complaint was investigated and staff members were given a formal warning by management. The issue was discussed at the staff team meeting, and training was provided on service policy and expectations when transporting residents. Staff were required to respond to an email from the service manager indicating that they fully understood that they must not eat, drink or speak on mobile phones when driving the house van.

Karly was told of the outcome of her complaint and was very happy that she had been taken seriously. She told the OCV that she is able to speak up for herself because she understands her rights and had done training in self-advocacy.

> ***Karly was happy that she had been listened to and felt supported by the OCV when making her complaint.***

Use of CCTV cameras

The OCV first visited Emma a year ago. She shares a home with two other people. Emma was happy to have a visitor and invited the OCV to look around her apartment. Emma told the OCV she would like to have her favourite Chinese takeaway food more often. The OCV spoke with staff, and learned about Emma's strict diet to assist in controlling her diabetes. The manager said that he would ensure staff involved Emma in menu planning and shopping, and incorporate healthy home-cooked stir-fries as part of her regular diet. These were some of her favourite meal choices from the Chinese restaurant.

While in the office, the OCV noticed CCTV camera split screens showing real-time footage from Emma's bedroom and living area.

The OCV queried the appropriateness of such surveillance to monitor Emma in her bedroom, and was told it was necessary because of the difficulty in managing Emma's food consumption.

In her visit report, the OCV raised questions about the use of CCTV cameras in private spaces, such as bedrooms, and whether there was a restrictive practice authorisation in place for their use. The OCV also queried whether Emma and other residents had provided their consent to the use of the CCTV cameras, and asked how the footage was stored and used by the service provider.

In response, senior management agreed the cameras had been installed and used without appropriate authorisation and approval, and were a breach of Emma's freedom of movement and her reasonable expectation of privacy. They notified the NDIS Quality and Safeguards Commission, and staff were counselled about the breach.

All staff received training about maintaining privacy and the correct use of restrictive practices. Emma's guardian was notified of the breach of privacy.

Most importantly, Emma received an apology and the CCTV cameras was disconnected at the house. Just like everyone else would expect, Emma is now free to relax in the privacy of her bedroom.

The right staff to provide personal care

On a visit, Annette, who requires assistance with her daily personal care needs, spoke with the OCV about an issue that was causing her some distress. She stated that she preferred her personal care to be provided by female staff.

The OCV was made aware of a recent incident in which Annette had needed urgent help to change her continence aid during the night and there had been no choice but to have the male staff member on shift provide this support.

In her visit report, the OCV asked the service provider how their policies and procedures guided staffing rosters, when a resident has requested gender-specific support workers to attend to their personal care needs.

Advice provided in the service response identified the incident as a 'one-off', however it prompted the service to put in place clear procedures should these circumstances arise again. The service advised that the house policy now states that rostered male staff will contact the on-call manager who will arrange for a female staff member to attend the house to provide the personal care needed.

Annette was informed of the change in policy and is happy with the outcome.

The transport run

An OCV visits a service in Sydney that has a number of group homes located close together. The OCV saw that the service shared the 'transport run' between two of the homes, taking a mix of clients to and from day service programs. Apart from this transport run, there is no other social interaction between the residents of the two houses and staff do not work across both houses.

The OCV was told of a recent incident that occurred while on the transport run. A staff member from house one was driving along a major road in heavy traffic, when a resident from house two (unknown to her) started to hit and punch one of the other people on the bus. The staff member had no knowledge of the behaviour support strategies for this resident and had not seen this behaviour from the resident before. She stopped the vehicle in a safe location, called her team leader and tried to use behaviour support strategies she was familiar with to de-escalate the situation. She was not successful in stopping the behaviour, and the staff member tried to move the other people on the bus away from the resident who was upset. Extra staff arrived and took over the situation, taking the upset resident home. All residents on the bus were very distressed by this incident.

"The OCV spoke with staff from both houses and was told that the transport run occurs each weekday and behaviour support training had not been provided in relation to the residents being transported on the bus."

The OCV raised her concerns with the service provider who acknowledged that training had been provided to staff four years ago and but no training had been provided since that time. Many current staff (including agency staff) were unfamiliar with the residents and their behaviour support needs. It was also service policy that all staff were required to conduct the transport run when they were on duty.

"As a result of the OCV raising the matter in her visit report, the service updated the behaviour support training for all staff across both houses."

It also suspended the shared transport run across both houses. They indicated they would be implementing a six monthly behaviour support training schedule for all staff in the cluster.

The OCV is pleased that the outcome of raising the issue will make it safer for the residents of both houses, and increase staff awareness of the support needs of the residents they are caring for.

Meaningful social activity

The OCV was checking community access records on a visit to see if the residents were having reasonable community access and social opportunities. The records showed that residents were being taken each Saturday on a rotating basis to pick up medications from the local chemist and returning to the house without participating in any social activity or leaving the van.

The OCV raised their concerns at the time of the visit and was told by staff on duty that there were not enough staff rostered on each weekend to provide the support needed for social activities. All the residents in the house use wheelchairs and it was considered difficult to take residents out into the community with the staff available. The OCV checked the roster and noted three staff members were rostered on each Saturday and Sunday to support the four residents.

The OCV raised her concerns in her visit report. Service management responded stating that the roster allowed for adequate 1:1 staffing to ensure that each resident enjoyed varied and frequent community access on a weekend. Management also undertook to review all of the community access records, rosters and progress notes for the house.

After their review, management agreed that residents were not being provided with adequate opportunities for outings and staff were not acting in accordance with the policy of the service to provide meaningful activities. As a result, service management created a new recording system for community access, and set clear guidelines for staff to follow on what was an appropriate social activity.

In staff meetings, management communicated the expectations in relation to each resident, and now regularly check the records to ensure that staff are meeting service guidelines. The OCV has noticed a marked change in resident wellbeing and the types of activities they are participating in.

Allie

Allie lives alone, as in the past she has struggled to feel safe and secure living with other people. She has a developed safety net of support workers that she knows and trusts, who are important to her wellbeing. With her home situation being nurturing and stable Allie was enjoying attending day programs and doing some volunteer work, as well as going bowling every Monday night with a group of friends.

The OCV visited the house as the lockdown restrictions were beginning to ease, and heard from Allie that, while she had coped with the restrictions fairly well, she was now starting to feel bored. She was not yet able to return to her volunteer work at an aged care facility due to it being 'locked down', and her day program and bowling night had not yet resumed either.

While Allie had enjoyed a variety of arts and crafts activities at home, as well as other games with her support workers, she was looking for other things to do. She told the OCV that she didn't really like many of the programs that were on TV, but did like the Disney Plus streaming service. She said she could not watch this very often because she did not have internet access unless the staff member on duty knew how to use their phone as an internet hotspot. Allie told the OCV that she had asked management about internet access previously, but had not received a reply.

The OCV raised the issue in her visit report. Within a few days, the OCV received a response from management advising that they had met with Allie and discussed her concerns.

As a result, internet access had been made available to Allie and an email account had been set up for her so that she could have her own online streaming account and watch the Disney Channel whenever she wanted to.

A house that meets everyone's needs

Five residents were moved to a new rental property. It became clear almost immediately that the property was not suitable for two of the five residents who used wheelchairs and required the use of an accessible bathroom. The service put a temporary measure in place, and advised the OCV that the owner of the property had agreed to pay for the necessary bathroom modifications.

The property was an older style house, had no insulation, and only a small reverse cycle air conditioner in the lounge room. During winter and summer, the residents had to purchase heaters and fans to manage the extreme temperatures in their bedrooms.

Each time the OCV visited the house, the residents would complain about how much they disliked living there. They indicated that they had all liked living in their previous home, and were frustrated as they felt that service management were not listening or taking their complaints seriously.

The OCV raised the issues in her visit report and met with the service coordinator who said that he was looking for another rental property. As the service coordinator left the role soon after, a new property was not found. The OCV raised the issue again in her next visit report, and emphasised the impact on the residents. The OCV requested a phone conversation with the regional manager of the service to escalate her concerns on behalf of the residents.

After a lengthy discussion, the regional manager agreed to undertake a visit to the house so that he could see the situation firsthand. Within a fortnight of his visit, the OCV was contacted by the manager who advised that he had no idea how inappropriate the property was for the five residents.

He had since sourced another rental property in the same area – a newly built home with ducted air conditioning, two living areas and an accessible backyard. The residents visited the house to see whether it met their needs, and indicated that they were happy to move. The service negotiated for a long lease on the property and arranged for the bathroom to be modified before the residents moved in.

Medication error resolved

During a visit to a house operated by a new disability accommodation provider, the OCV noted in his review of documentation that there had been recent medication errors. Medication had been missed and not administered to a resident on two occasions. On further reading the documents and speaking with staff, the OCV found it difficult to understand what had been done for the resident in relation to the missed medications and whether there had been any follow-up to review the error. Staff told the OCV that the usual practice was for one staff member to administer the medication and a different staff member to sign the medication log to state that the medication had been given.

The OCV was concerned to hear about this practice and the potential for mismanagement of medications.

He raised his concerns in his OCV visit report and asked for the service's policy and procedures regarding medication administration, incident reporting, and what the service expects of staff in relation to missed medication. The OCV also asked about actions by the service to prevent recurrence. The service responded to the visit report with a detailed description of the medication administration procedure and indicated that staff had been trained in the process. The service undertook to further review the incidents to understand what went wrong.

On a recent visit to the house, the OCV was advised that the medication administration procedure had been improved, requiring two staff to be present and to sign off that the medication had been administered. The OCV continues to check the medication administration process and implementation during his visits.

Achieving your goals

The OCV visits Jessica, who recently moved into a group home after living with her family. Jessica raised many concerns with the OCV about how her life had changed since her move. The OCV reviewed Jessica's client file and found little information about Jessica's goals and how she could be supported to achieve them.

Jessica's lifestyle plan was very brief and held little useful information for staff to support her. Goals listed on Jessica's plan included owning a tablet computer to access social media, and trying out for the Special Olympics tennis team.

> ***Jessica explained her frustration to the OCV after she understood what the OCV role was about and how the Visitor could help her be heard.***

The OCV raised her concerns with service management, and asked what the service had done to consult with Jessica as to her needs and wishes. The service expressed their concern for Jessica in having access to social media sites as a safety issue. In the recent past, Jessica had sent her home address and contact details to a stranger via social media, unaware of the risk it may have posed to her. The service also indicated that there was inadequate funding in Jessica's NDIS plan to allow her to try out for the Special Olympics.

> ***The OCV contacted service management to better understand the actions that had been taken to resolve these challenges.***

In conversation, the service said they would consider seeking a review of Jessica's NDIS plan, to gain increased funding to support her tennis goal, and look at putting a risk mitigation plan in place to support Jessica's use of social media.

Following a review process, Jessica was successful in gaining funding to attend a Special Olympics training program and was attending tennis training on a weekly basis. She was also assisted to buy her own tablet computer and educated in understanding protective and safe practices in using social media. The OCV has noted the change in Jessica from the time of her first visit to the young woman who is now outspoken and understands that she can raise concerns with staff or with the OCV if she has anything that she wants to get fixed.

Outcomes for residents:

Assisted boarding houses

In 2019-20, there were **17** assisted boarding houses in NSW, accommodating **256** residents.

In the past year, OCVs made **60** visits to **16** allocated assisted boarding houses, and raised **101** issues of concern affecting residents.

OCVs reported that assisted boarding houses resolved **28% (28)** of the issues they identified. Another **42%** of issues were ongoing and continue to be monitored by OCVs.

16

assisted boarding houses allocated

Raised

101

issues of concern

Reported that

28%

issues had been resolved

Table 8: Data for allocated assisted boarding houses

	2019 2020
No. of allocated assisted boarding houses	16
No. of visits	60
No. of issues reported	101
Average no. of issues per allocated service	6.3

Table 9: Outcome of issues raised by OCVs about assisted boarding houses

	2019 2020
No. resolved (%)	28 (28%)
No. outcome unknown (%)	0 (0%)
No. of issues unable to be resolved (%)	4 (4%)
No. ongoing (open) (%)	43 (42%)
No. ongoing (closed) (%)	26 (26%)
Total	**101**

Main issues raised in 2019 – 2020

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

1. Residents are not supported to access appropriate health and medical services, and treatment as needed

17 (17%)

2. Appropriate furniture, fittings, amenities, heating and cooling are not provided and maintained in a reasonable state of repair and safe working order

14 (14%)

3. Identified health, medical, dental, optical, auditory, nutritional, psychological and development needs are not addressed

9 (9%)

4. Residents are not supported to access services to address their individual needs and in their interaction with other agencies (e.g. DCJ, NDIS Quality & Safeguards Commission, Education, Ombudsman or Police)

6 (6%)

5. Residents are not actively encouraged and supported to participate in their community in ways that are meaningful and important to them

5 (5%)

Table 10: Classification type of issues raised by OCVs with assisted boarding houses, 2019-2020

Issues classification	No. of issues
Health	29 29%
Homelike environment	23 23%
Individual development	18 18%
Safe and supportive environment	14 14%
Activities of choice and participating in the community	8 8%
Finances	6 6%
Complaints and feedback	2 2%
Governance	1 1%
TOTAL: 101	

Official Community Visitor message

Assisted boarding houses are a small but significant part of the accommodation sector for people with disability. While there are over 1,800 visitable accommodation services for people with disability in NSW, there are only 17 assisted boarding houses.

Assisted boarding houses are defined in NSW legislation as a place of accommodation where two or more residents have 'additional needs'. These needs may arise from a disability, including mental illness, intellectual disability or brain injury and mean that the residents need a level of support with their daily lives.

Assisted boarding houses provide accommodation for many of our most marginalised populations. The people I meet in these facilities are men and women who often have limited access to funded supports, minimal social networks and long-term health issues.

Most assisted boarding houses are located in Sydney; however, there is a scattering of premises operating in regional and rural areas. At a time when large institutions have closed down, assisted boarding houses remain as some of the last congregate models of accommodation for people with disability. Assisted boarding houses often operate in a large building, including older buildings such as hotels and hostels that have been repurposed. Many assisted boarding houses are now moving towards smaller units, including clusters of villas or co-located houses in the community.

The nature of assisted boarding houses means that they are usually well-known within their local community. This has negative and positive benefits for residents. It means that residents are often known and recognised in their local area as belonging to the assisted boarding house. Many residents and local business owners are supportive and welcoming towards residents and will often 'look out' for known residents and offer a hand if they are experiencing any difficulties in the community.

However, the downside of this is that residents of assisted boarding houses can also be subject to negative stereotyping and lack dignity and privacy that other community residents enjoy.

As an OCV visiting assisted boarding houses, I have noticed a gradual improvement in the quality of the accommodation and the support offered to residents over the past few years. These changes have come about after years of advocacy and lobbying to improve the sector. The implementation of the recommendations from the Boarding House Act review in 2018 have led to the development of more resources for owners and operators of assisted boarding houses and support for residents. More recently, there has been a focus on the rights of residents to have access to advocacy support.

In my experience, visiting assisted boarding houses, there are still areas of concern and barriers faced by residents due to the nature of their accommodation. Assisted boarding houses are, by their nature, institutional settings where it can be difficult for the individual needs of residents to be promoted.

While assisted boarding houses can generally meet the day-to-day care needs of residents, opportunities to grow, develop and become more independent can be limited.

Assisted boarding houses have staff available to provide meals, cleaning and washing services for residents. This means that residents generally have little involvement in the daily tasks of housework or cooking and do not have the opportunity to develop skills in these areas. The expectation is that the staff will perform these services for residents, and staffing levels do not allow for individual support for residents to participate in household tasks. I have observed that residents are sometimes invited to prepare part of a meal (for example cutting some vegetables) or to fold laundry, however most of these tasks are managed without resident input.

In my role as an OCV, I have spent time getting to know residents and identifying their interests so that I can advocate for the boarding house staff to give residents more individualised opportunities to participate in daily tasks. For example, a resident who enjoys writing things down and keeping a daily journal can be encouraged to write up shopping lists or a roster for chores. Another resident who enjoys shopping can accompany staff to buy the groceries for the house.

Several residents that I visit in assisted boarding houses are getting older and have spent many decades living in institutional care. Some of them are receiving NDIS supports, while others were not eligible for this due to their age or the nature of their disability. My colleagues have observed that many boarding house residents have chronic mental health issues and have not been deemed eligible for NDIS supports. By definition, assisted boarding houses are not designed to meet the needs of people with higher support needs, and I have observed that providers often struggle to provide adequate care for older residents with increasing needs. I have raised concerns about the level of staff support available to assist older residents with personal care; the suitability of premises; and the availability of equipment and modifications for residents who are becoming frail.

For example, I visit an older man who has heart and lung conditions and his mobility is decreasing. He now finds it hard to move around the boarding house. The assisted boarding house manager has recently upgraded the bathroom to be more accessible, however many other areas of the house will continue to present difficulties for the resident. He can often be found sitting by himself in the lounge room while other younger and more boisterous residents move around him.

Assisted boarding houses tend to be made up of older housing stock or re-purposed buildings. This means that the quality of the premises, including bathrooms, kitchens and living spaces can be lower than other forms of supported accommodation. In the past year I have raised issues with assisted boarding house proprietors about broken furniture, damaged walls, and odours caused by damp and poor hygiene.

Many of the residents I visit in assisted boarding houses do not have family or friends involved in their lives. Their friendship circles consist of other boarding house residents or people they meet at work or in community activity programs. I have noted that, while residents often go out and meet others in the community, it is rare for visitors to spend time at the boarding house. Most assisted boarding houses do not have spaces available for residents to bring friends or other visitors home. Residents generally have access to a bedroom (which may be shared) and a large communal living area that does not allow for a smaller, more private conversation space.

This lack of social support means that many boarding house residents do not have anyone to advocate on their behalf if they have concerns. I have found that most residents I visit are not aware of their rights or the standards of accommodation and support that they are entitled to. When I ask who they could turn to if they had a problem, they will often nominate the boarding house manager.

I believe that OCVs have a crucial role in providing information to residents and giving them a voice, including having an independent person available to understand and communicate any concerns they may have about the service.

Some of the more positive trends I have observed in assisted boarding houses this year include:

Improved documentation and record keeping

Assisted boarding houses do not have the same regulatory requirements as other forms of supported accommodation to keep written records and documents about residents' needs and plans. However, over the past year I have identified better documentation of details about residents' goals, use of support funding, and health and medical issues.

Responding to community crises

2020 has been a challenging year. The year began with bushfires that affected many people in NSW either directly or indirectly, and this was closely followed by the restrictions and risks imposed by the COVID-19 pandemic. Because residents live together in large groups with limited space, there were serious risks, including potential harm from a COVID-19 outbreak or being caught in a fire area. There was also a risk that residents may experience mental health issues, frustration, boredom and interpersonal issues created by being confined to the boarding house. I was pleased to observe that, in general, assisted boarding house managers were able to demonstrate that they had appropriate contingency plans in place and residents were well supported. In speaking to residents, I found that they coped well with the challenges they faced. I was struck by the inner strength of many residents who have faced and dealt with adversity over a lifetime.

Better integration of NDIS services

Most residents that I visit in assisted boarding houses have supports provided by the NDIS. I have noted that there have been many instances of good communication between NDIS support coordinators and assisted boarding house managers regarding the implementation of individual plans. Residents have been able to engage in community activities in more individualised and meaningful ways, and boarding house staff have more time to interact with residents when they are home.

I hope that the quality of care can continue to improve for residents living in assisted boarding houses. I think that continued oversight, access to external supports and advocacy and the provision of resources will promote the wellbeing and potential of all residents to live their best lives.

- Melanie Oxenham,
Official Community Visitor

Case studies

Assisted boarding houses

Getting job satisfaction

Over the past 18 months, an OCV has been visiting a resident, Walter, who has a dual diagnosis of intellectual disability and a mental health condition. Walter has always been keen to engage with the OCV and talks about what his life is like at the boarding house. He recently told the OCV he is reducing his alcohol intake to take better care of his health.

> ***On a recent visit, Walter mentioned that his current supported employment was not something he wanted to do any more. He found it boring and it did not pay enough money for the amount of work he was doing.***

Walter had not spoken with his support coordinator about his feelings. He said that his support coordinator sometimes visited, and that he was able to call her if he needed to. After some further discussion with the OCV, particularly around the role of the support coordinator, he said was going to contact her and talk about his issues with work.

Walter and the OCV talked more about what he would prefer to do for a job, and it was clear he was interested in working outdoors and, in particular, in garden maintenance. With Walter's permission, the OCV raised the concerns in his OCV visit report and asked what the boarding house manager was doing to support him in gaining employment in an area of work he was interested in.

The boarding house manager responded and advised that Walter had contacted his support coordinator and that although Walter was allergic to bee stings, the support coordinator was meeting with him to explore options for employment in garden maintenance. This included looking at using local employment networks and volunteer opportunities.

> ***Walter says that he enjoys talking with the OCV as he is someone who listens and is interested in what he has to say. The OCV is waiting to hear of the outcome of Walter's search for a new job – one that he will enjoy doing.***

Outcomes for residents:

Residential out-of-home care services

In 2019-2020, there were **280** residential out-of-home care (OOHC) services, accommodating **675** children and young people. OCVs made **643** visits to **185** allocated residential OOHC services.

OCVs worked on **1,378** issues of concern in relation to these residential OOHC services. Services resolved **663 (48%)** of the issues, with only **4%** of issues unable to be resolved. A further **6%** of issues remain ongoing, with OCVs monitoring the action being taken by services to address them.

185

residential OOHC services allocated

Worked on

1,378

issues of concern

Services resolved

48%

of the issues (only **4%** of issues unable to be resolved)

Table 11: Data for allocated residential OOHC services

	2019 2020
No. of services allocated	185
No. of visits	643
No. of issues worked on	1,378
Average no. of issues per allocated service	7.4

Table 12: Outcome of issues raised by OCVs about residential OOHC services

	2019 2020
No. resolved (%)	663 (48%)
No. outcome unknown (%)	30 (2%)
No. of issues unable to be resolved (%)	60 (4%)
No. ongoing open (%)	84 (6%)
No. ongoing (closed) (%)	541 (39%)
TOTAL	**1,378 (100%)**

Main issues raised in 2019 – 2020

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

1. Leaving care and transition plans are not developed early, implemented and clearly documented

134 (10%)

2. Incidents are not recorded, appropriately managed, recommendations followed up and/or residents informed of outcomes

102 (7%)

3. Individuals are not supported and encouraged to participate in appropriate educational or vocational activities

90 (6%)

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

83 (6%)

5. Plans are not developed, documented, implemented and reviewed according to relevant legislation, policy, consents, approvals and assessments

77 (6%)

6. Identified health, medical, dental, optical, auditory, nutritional, psychological and development needs are not addressed

73 (5%)

Table 13: Classification type of issues raised by OCVs about residential OOHC services, 2019-2020

Issues classification	No. of issues
Individual development	527 38%
Safe and supportive environment	299 22%
Health	203 15%
Homelike environment	116 8%
Activities of choice and participating in the community	101 8%
Governance	49 4%
Abuse and Neglect	34 2%
Complaints and feedback	20 1%
Contact with Police	17 1%
Finances	12 1%
TOTAL: 1,378	

Official Community Visitor message

As an OCV, I visit children and young people living in OOHC. The young people that I visit sometimes live with their siblings, some live with other young people from similar backgrounds, and some live in a new model of care which provides an Intensive Therapeutic Care (ITC) framework of support and care to the young people.

As an OCV, it is my view that all children and young people have the right to live in a safe environment where they are supported to achieve their full potential.

When children and young people cannot live safely with their parents, the court may confer parental responsibility to the Minister for Families, Communities and Disability Services to ensure they are provided with safe, permanent, and alternative care until they are 18 years of age.

Many of the young people I visit have been exposed to domestic and family violence, neglect, exposure to substance abuse or criminal activities, which may have placed them in danger. They often blame themselves for ending up in OOHC, and feel fearful, nervous, anxious, guilty, and depressed about their situation. They know that their circumstances are different to other young people in the community. Often these young people experience restless sleep, have nightmares or suffer serious medical conditions because of the trauma they have experienced.

One of the challenges for OOHC providers is to ensure a safe environment for this group of young people. The compatibility of residents, achieved by 'matching' young people who live together in a house, is often difficult to achieve. I visit houses where children as young as 12 are living with young people five and six years older than them. This does not always seem like a good match. In my experience, the older residents seem to influence the younger ones into engaging in sometimes risky and illicit behaviours. Unfortunately, these circumstances are not helpful in supporting and guiding the care for a 12 year old, or a young person of any age.

When young people in care are exposed to alcohol and drug use, often criminal activity accompanies those behaviours. Once a young person has ventured into this sort of activity, service providers have difficulty engaging them in educational and life skill building activities that are important to developing their independent living skills. The challenge for service providers is to build young people's trust from the outset of the placement and to keep them engaged in a pathway that provides an avenue of positive activities, learning and achievement. I acknowledge that this is not easy and an ongoing challenge for all staff and management teams.

In one situation, a grandmother of three siblings who lived together wanted one of her grandchildren restored to her care. However, she could not manage the behaviours of the two other siblings who were using illicit drugs and engaging in risky behaviours, and was not willing to take them into her care. The difficulty in this situation was for the service provider to weigh up the needs of the individual young person, as well as the group of siblings. Not an easy decision for anyone to make.

The purpose of my visiting is to consider the care and support provided to young person, and to identify issues affecting residents that require resolution. If I need clarification or I can see that there are issues that may affect the young person's rights or level of care, I raise those with the staff who are on duty and hope to resolve them at the local level. I send a visit report to service management after each visit I conduct. My visit report provides an opportunity for the service provider to be aware of the issues I have found in their houses, and to consider how to improve their practices to better meet the needs of the young people in their care.

It is difficult to walk in the shoes of a young person living in residential OOHC and to understand the complex feelings they have.

I can only imagine what they may have already experienced in their young lives. This presents challenges for me as an OCV, but for the young person those challenges may seem insurmountable.

At the same time staff are expecting them to engage in education or vocational training, and it is not surprising to know that participation is extremely low for this group of young people.

The Department of Education, as well as residential OOHC providers have a responsibility to support young people to go to school and get an education. In conjunction with working on the young person's trauma, I think that schooling may be achievable with a lot of focus, support and effort.

One of the most common issues that I raise in my OCV visit reports relates to transition planning, or a lack of such a plan. From the age of 15 years, a service provider should start working with a young person to plan for their transition from care. This process aims to help a young person develop the skills and means to achieve and maintain independent living when they leave OOHC care.

As an OCV, when I see a service provider is not preparing a young person for their transition from OOHC care, I raise my concerns with them, seeking their action and response to resolve the issue. By doing this, I give the service provider the opportunity to review their processes and to act to ensure they support the young person appropriately to develop a plan and the skills they need.

Most young people in OOHC have experienced a level of trauma that no young person should. As an OCV I am passionate about the welfare of this group of young people and will continue to raise concerns on their behalf with the aim of improving the quality of the care and support they receive in residential OOHC.

- Kath Hayes,
Official Community Visitor

Case studies

Residential OOHC

Maintaining stability for Zoe

An OCV visits 16-year-old Zoe. As the OCV visited Zoe over the year, she became more comfortable to sit and have a chat. She shared her love of animals with the OCV and they were able to bond over their shared love of horses. Zoe was very proud of her bedroom and on entering it the OCV could see her personality and interests in her private space.

Zoe has high anxiety and one of the strategies being used to support her with managing this is equine therapy. Zoe is able to spend time at a local horse stable and learn to care for horses. The youth workers said that they could see how these sessions were helping Zoe with her anxiety and her overall wellbeing.

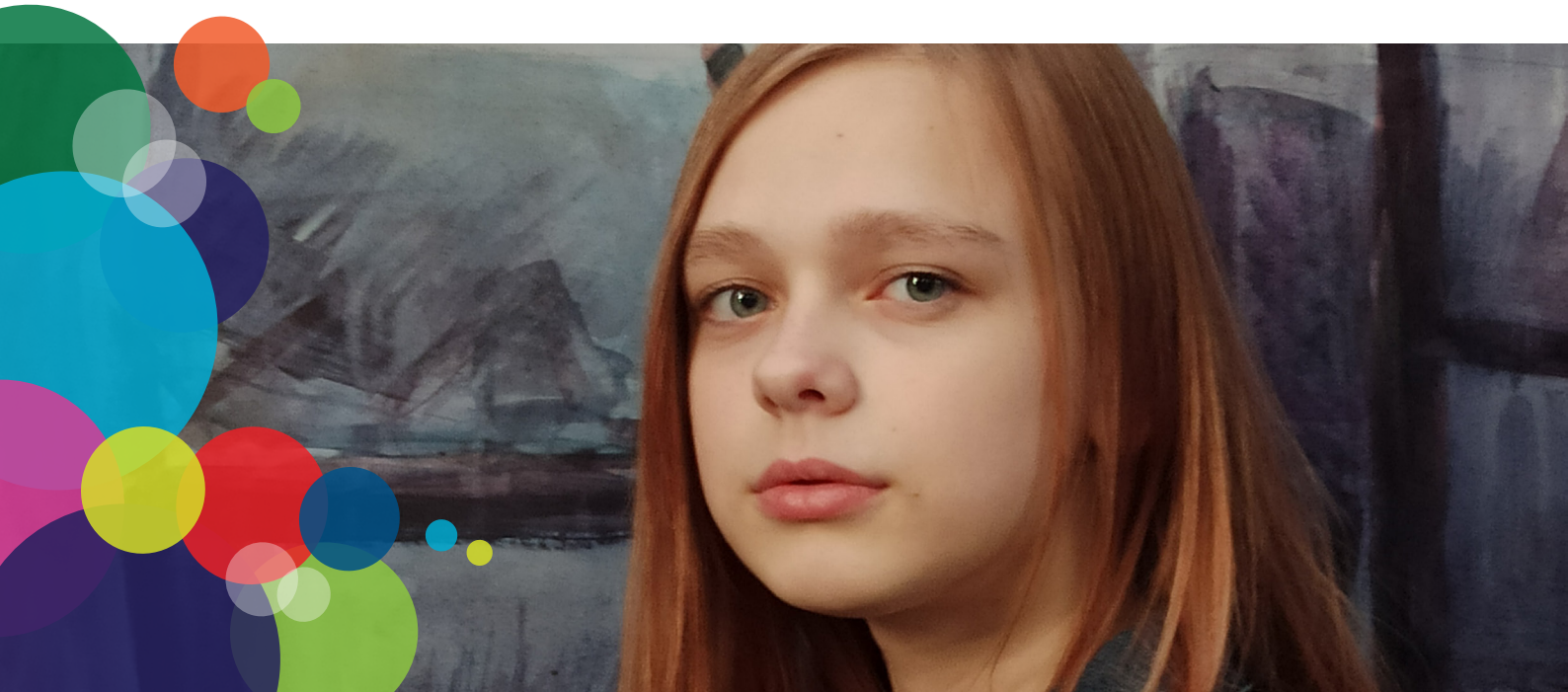
Zoe was moved to a different house, and the OCV was allocated to visit her at her new home. On the OCV's first visit to the new house, she could see that Zoe had lost some of her confidence. The OCV asked Zoe how she liked her new home and while she said that it was 'ok', the OCV could see that Zoe's bedroom was not the personalised space she had at her previous house.

There were no pictures on the walls, and her belongings were piled up on the floor in boxes and bags. Zoe said that she had asked for her pictures to be hung up and shelves for her belongings, but it had been taking a long time for anything to happen. The OCV asked about Zoe's equine therapy sessions and was told that it had stopped and Zoe was not sure why.

> ***The OCV raised her concerns in her visit report, and asked questions about how the service was helping Zoe to settle into her new home and support her with managing her anxiety.***

> ***On the OCV's next visit she saw that Zoe's bedroom was back to being her personal space, equine therapy had been reinstated, and Zoe was excited to tell the OCV that she was enrolled in TAFE to do animal studies.***

The OCV has taken this scenario as a win, and hopes that the small difference she has been able to make in Zoe's life continues to have a positive focus for her in the future.



Reconnecting with family

An OCV has been visiting a young person, Sandy, with complex mental health concerns for a number of years. Sandy has had a lot of trauma in her short life. During the time that the OCV has been visiting, Sandy was not engaged in school or other activities, and had disengaged from her family, including a sibling who was also in residential OOHC. Following a visit, the OCV raised several concerns in her visit report, including Sandy not having seen her brother for over a year, despite saying that she would like to see him. Not long after the OCV submitted her visit report, Sandy transitioned to another placement and the OCV was no longer allocated to visit her.

Nine months later, the OCV was allocated to visit a new house. The only information the OCV had was that it was a house where two siblings would be living together after many years of living apart.

On the OCV's first visit to the house, she was surprised to find Sandy. Sandy told the OCV that, following her last visit, the service provider had organised for her to have renewed contact with her brother.

Sandy told the OCV how thankful she was for this and how much it meant to her to have a relationship with her brother once again. They were seeing each other on a regular basis. Sandy's brother was moving into the house with her in the next few weeks.

Sandy spoke of her long-term goal of possibly living with her brother once they had both left OOHC. The OCV discussed Sandy's goal with staff who told her they were working towards this being a possibility. Sandy also advised the OCV that she had been accepted to university and had recently started a new job that she was enjoying. She told the OCV how glad she was that she had spoken up about her concerns to the OCV and that the service had done something to support her to change her situation.

Actively responding to a request

During a visit by the OCV, a resident, Adrian, communicated that he was quite upset. He said that he had asked his care staff about becoming a 'nipper' at his local surf lifesaving club and had been told that he was not able to, because he was not a strong swimmer.

The OCV spoke with the staff member on duty, who said that he was not aware that Adrian had expressed a desire to become a nipper, but that he would follow this up with management.

The OCV raised the matter in her visit report. In response, the service advised that, following receipt of her report, Adrian had been taken by his support worker to the local surf lifesaving club to find out what they needed to do to get Adrian enrolled in nippers.

A few days later, the service confirmed that Adrian had been enrolled in the next season of nippers and that he needed to do some work to strengthen his swimming. He was now also enrolled in swimming lessons to help him build his swimming skills.

Adrian is on his way to becoming a nipper.

Nate

The OCV has been visiting a young person, Nate, for a few years. At her first visit, the OCV was advised by Nate's care team that he had frequent physical outbursts which often resulted in damage to the house and occasional injury to staff.

Nate was reluctant to engage with the OCV during the initial visit. He had had a significant incident the previous night and there were a number of holes in the lounge room walls as a result. As Nate did not want to speak, the OCV left him with one of the OCV scheme booklets, and told him that she looked forward to talking to him the next time she visited.

By the OCV's next visit, Nate had moved houses. The OCV was allocated to visit him in his new house and arranged to meet him the following day. Unfortunately, just before arriving for the visit, the OCV was advised that Nate was having a bad day and it would not be advisable for the visit to go ahead.

A few months later, the OCV arranged another visit. The OCV spoke with Nate about how things were going at his new house, and he said that he had a few things he hoped she would help him with. Nate said that he felt his house was quite bare and he would really like some items to help decorate it. Nate also said that he would like to register to play football with the local team. He told the OCV he used to play football but hadn't done so for a while.

The OCV raised both of these issues in her visit report, asking the service what action they had taken to talk with Nate about his wishes and how they would work with him to make them happen.

The OCV received a response to say that the concerns were being addressed.

> ***Following the OCV's last visit, staff had arranged some funds and a day trip to the shops for Nate to buy some home décor items he liked.***

The service advised that Nate had previously played football, but had to stop because his behaviour was too disruptive to the other players. His frequent outbursts reportedly affected his ability to be in the team and play the game. The service acknowledged that it had been some time since Nate had had any kind of violent outburst, and advised that they would re-investigate football clubs for him to join.

Due to COVID-19, the OCV's next visit was via video call with Nate. He told the OCV about the home decorating items he had been able to buy and how it helped make his house feel better. He also said that he had registered with the local football club and had done some training sessions before having to stop because of the pandemic.

> ***Nate said that he couldn't wait to get back out on the field. The OCV was really happy to see the change in Nate, and how he was feeling more stable and safe in care.***

Small steps

Janie and Taylah live in a house where they have separate living areas that each can use. The service provider chose this set-up to manage Janie's behaviours and reduce the tension between the two young women.

When the OCV first visited, he noted that Janie was living in the main part of the house, which had a large living area that was bright and airy, a full sized kitchen and bathroom. A locked glass door separated Janie and Taylah's living spaces, and each young woman had a staff member who supported them during the day. When Janie was not home, Taylah was able to use the main part of the house, but would be taken back to her area when Janie came home.

Taylah's area had a bedroom, a small living area, an ensuite type bathroom and a refrigerator. In essence, her living area was a converted garage that did not have any windows. Apart from the obvious inequality of the living arrangements, Taylah's area of the house lacked natural ventilation and air conditioning, the flooring was threadbare, and the walls were dark and dirty. The OCV raised his concerns in his visit report.

Changes were subsequently made to Taylah's part of the house over several months. The service replaced the carpet, put up new curtains, repainted the walls with light colours, installed ceiling fans and bought new furniture. A security screen door was installed so that Taylah could open a door to the backyard to get fresh air and ventilation.

The service also outlined their strategy to better manage Janie's behaviour, with the hope that both Taylah and Janie would be able to share the house equally and without the need for a locked door separating them.

The OCV reports that staff have been bringing Janie and Taylah together in the shared common areas of the house in a staged approach. It is an ongoing process that requires careful planning, but it appears to be succeeding.

During the OCV's last visit, he was pleased to see how much happier and engaged Taylah had become. She is now using the main parts of the house. Taylah is also now included in household decision-making with Janie about what meals to cook, and what to watch on TV – a small step that is making a big difference.

Making an effort to meet the neighbours

An OCV has visited a house for over a year. What was originally a much disrupted environment for the resident, Sam, and staff, has transformed into a much more responsive, supportive and homelike environment. Over the last year, the OCV has seen a continued approach of positive support and growth for Sam, with the ultimate aim of moving him to his 'forever home'. This would be a purpose-built house, designed around his specific needs. The house is currently being built, but has unfortunately been delayed by 12 months due to the COVID-19 pandemic.

> ***With this delay in mind, house staff decided to forge a much stronger connection between Sam and his current neighbours. This would help Sam have a better connection with his community, and help his neighbours to understand the challenges Sam faces each day and how staff are working with him to improve his life and future.***

Sam held a BBQ at his home and he invited his neighbours. Sam got to meet everyone, show them around his house and talk about his life. As a result of this social connection, now when Sam is upset and engaging in unsocial behaviour, which would have an impact on his neighbours, there is a better understanding and acceptance that what he is doing is not deliberate or aimed at anyone personally. Since the BBQ, neighbours have engaged more with Sam and his staff, and have helped to minimise Sam's absconding.

> ***At each visit, the OCV is heartened to see the ongoing enthusiasm demonstrated by house staff and the positive impact this is having on Sam.***

The OCV has provided positive feedback about their strategies and actions and how staff continuing to work with the innovative and appropriate strategies will benefit Sam in his journey of support and care.

Coordination of the OCV scheme

In relation to the OCV scheme, the ADC has a general oversight and coordination role, and supports OCVs on a day-to-day basis. Under the Ageing and Disability Commissioner Act and the Children's Guardian Act, and in agreement between both agencies, the ADC:

- recommends eligible people to the Minister for appointment as a Visitor
- may determine priorities for the services to be provided by OCVs
- may convene meetings of OCVs, including at least one meeting each year
- may look into matters arising from OCV reports or refer them to other appropriate bodies on a Visitor's behalf.

As part of this work, the OCV team at the ADC:

- 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 ADC 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, ADC's OCV team:

- recruited four new OCVs, who commenced visiting in October 2020
- liaised with and provided training to OCVs as part of the transfer of the OCV scheme to the ADC
- organised a meeting between the Department of Communities and Justice (DCJ) and the Australian Childhood Foundation to discuss OCV concerns arising from their visits in the residential OOHC sector
- facilitated OCV involvement in feedback sessions to inform submissions to the Disability Royal Commission and the Boarding Houses Act review conducted by DCJ
- facilitated and supported OCVs with complaints and referrals of matters of concern to the NDIS Quality and Safeguards Commission, the Children's Guardian, and the NSW Ombudsman
- facilitated the regular regional group meetings of OCVs
- held regular OCV consultation group meetings with a representative group of OCVs from across the five Visitor regions
- organised and ran a two-day virtual OCV conference (delayed to October 2020), which included presentations from the Minister and the Children's Guardian, and an interactive session on using Key Word Sign as a communication tool with people with disability.

Financial

The OCV scheme forms part of the NSW Ageing and Disability Commission'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 ADC in facilitating the scheme, including administration costs such as payroll processing.

The financial statement below includes the expenditure of the NSW Ombudsman on the OCV scheme during the five weeks it coordinated the scheme from 1 July 2019, pending transfer to the ADC in August 2019. During that period, the Ombudsman applied an efficiency dividend of $38,000 and expended $91,000 on payroll and other operating expenses.

Due to the COVID-19 pandemic, between the months of March and July 2020, OCVs undertook mainly virtual visits (video-calls and phone calls) to their allocated services. This change to usual Visitor practice is shown in a significant decrease in the amount of money spent on travel, accommodation, and associated expenses.

Table 14: Visitor related expenses, 2019-2020

	2018 2019	2019 2020
Payroll expenses		
Salaries and wages	719,650	648,481
Superannuation	69,589	75,822
Payroll tax	40,062	37,156
Payroll tax on superannuation	3,786	270
Subtotal	**833,087**	**761,730**
Other operating expenses		
Advertising – recruitment	1,134	5,997
Fees – conferences, meetings and staff development	48,849	11,479
Fees – other	-	-
Publications and subscriptions	-	-
Postage and freight	442	1,207
Maintenance – equipment	-	-
Stores	1,830	70
Travel – petrol allowance	151,217	129,125
Travel and accommodation	95,319	19,840
Efficiency dividend	-	38,000
Subtotal	**298,791**	**205,718**
TOTAL	**1,131,878**	**967,448**


WHY WE

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.adc.nsw.gov.au

NSW GOVERNMENT